

# **LICENSED SOCIAL WORKERS SERVING CHILDREN AND ADOLESCENTS, 2004**

**Prepared by**

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**For**

**The National Association of Social Workers  
Center for Workforce Studies  
Washington, DC**

**March 2006**

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## **Chapter 1 of 7**

### **Overview**

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## Preface

*Licensed Social Workers Serving Children and Adolescents, 2004* is one of six reports prepared by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany. It summarizes and interprets the responses of social workers serving children and adolescents obtained through a national sample survey of licensed social workers in the United States conducted in 2004.

Existing sources of data on social workers provide important but fragmented information on the profession, preventing the development of an accurate, comprehensive picture of the social work workforce. The NASW/CHWS study provides comprehensive, up-to-date information on active licensed social workers serving children and adolescents, as well as other client groups. This information includes demographic characteristics, education and training, employment roles and tasks, work environment, client characteristics, career paths, and workplace issues.

The profile of the licensed social work workforce serving children and adolescents will be a valuable resource for educators, planners and policymakers making decisions about the future of the social work profession and its related education programs. The information provided will facilitate the development of effective workforce policies and strategies to assure that adequate numbers of professionals are prepared and available to address the needs of children and adolescents.

This report was prepared by Bonnie Primus Cohen, Sandra McGinnis, and Paul Wing of the CHWS staff, with assistance and guidance from Tracy Whitaker and Toby Weismiller of NASW. Reviews by a project advisory committee are gratefully acknowledged.

Funding support from the Annie E. Casey Foundation is also gratefully acknowledged. Findings and conclusions presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the foundation.

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## Chapter 1. Overview

Children and adolescents are among the most vulnerable populations in the U.S. Many face a number of troubling socioeconomic, health, and behavioral issues, most of which require a comprehensive array of services to resolve. Some of the stressors on children and their families are revealed in the following statistics from 2003<sup>1</sup>:

- Eighteen percent of all children ages 0–17 lived in poverty in 2003.
- Seventeen percent of children were reported by parents to be in less-than-good overall health, and 8% were reported to have activity limitations due to chronic conditions.
- Five percent of children ages 4–17 were reported by a parent to have definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people. (Sixty-five percent of the parents of these children reported engaging mental health, medical, or special education services for their child for these difficulties.)
- Eighteen per 1,000 juveniles were victims of serious violent crimes (homicide, rape, aggravated assault, and robbery) and 15 per 1,000 juveniles were reported by victims to have committed such crimes.

Although their numbers have declined as a proportion of the overall U.S. population in recent decades, there are currently 73 million children ages 0–17, or 25 percent of the population. Another 17 million Americans (6% of the population) are ages 18 to 21. These children and adolescents are more culturally diverse than the nation's population as a whole, with 40% from racial/ethnic backgrounds other than non-Hispanic white. This proportion is expected to grow to 44 percent by the year 2020.

The wide range of issues vulnerable children and adolescents confront mean their families must often negotiate with multiple systems (medical, mental health, school, and/or social welfare) to access services essential to their children's well-being. Furthermore, many young people and their families face complex circumstances that require both direct services and case management. Increasing cultural diversity also means that professional services will need to be expanded and specifically tailored to best serve children and their families.

Licensed social workers currently work with children and adolescents and their families in diverse settings (e.g., hospitals, schools, social service agencies, the criminal justice system), and provide varied services (e.g., counseling, crisis intervention, medication management, case management, treatment planning, and information/referrals). They are the frontline workforce serving young people's needs, and because of the broad nature of their skills and knowledge,

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<sup>1</sup> Source: Federal Interagency Forum on Child and Family Statistics. 2005. *America's Children: Key National Indicators of Well-Being, 2005*. [www.childstats.gov](http://www.childstats.gov).

they are often better prepared than other clinical professionals to connect children and families to the various systems of social services they need. As a result, these social workers fill a vital role through their support and recommendations in improving life chances for vulnerable children and families.

### **Goal of this Report**

This report has been developed to help assure that a well-prepared social work workforce is available to contribute to improving the quality of life and care available for children in America.

The report will help policymakers, educators and practitioners better understand the education and training needs of social workers who serve children and adolescents, the roles and tasks they currently perform and the responsibilities and workplace challenges they face. Identifying what is common and what differs among these professionals will facilitate future educational planning, policy development and program design.

The workforce profile that follows is a comprehensive description of the licensed social work workforce serving children and adolescents up to and including age 21 in 2004. It is intended to increase understanding of the roles and practices of social workers across diverse settings as well as the issues they confront in providing services to clients. This baseline description will help focus attention and resources to engage and prepare current and future social workers to meet the needs of children.

## **The Social Work Workforce Serving Children and Adolescents**

### **Background**

The data presented in *Licensed Social Workers Serving Children and Adolescents, 2004* is drawn from a study undertaken in 2004 by the National Association of Social Workers (NASW) in collaboration with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany. The study, *The Role and Use of Licensed Social Workers in the United States*, provides important new data on the nation's licensed social workers.

Despite the significant contributions of social workers to the health and well-being of children and adolescents, knowledge gaps continue to exist about the roles and tasks they perform in different settings. Existing sources of data about the field (e.g. Bureau of Labor Statistics [BLS], Census Public-Use Microdata Sample [PUMS], and NASW studies) are valuable, but the picture they provide of the profession is fragmented. The NASW/CHWS study was undertaken to clarify practice patterns among licensed social workers, a major cohort within this profession who are licensed by their respective states to provide social work services.

Licensed social workers were selected for this study because they represent a major cohort of social workers that provide direct services to clients, and that were readily identifiable through state licensing lists. Their commitment to the field, as evidenced by their pursuing licensure, and the diversity of their practice focuses makes them a very important group to study. Licensed social workers constitute 63 percent of the 460,000 reported by the Bureau of Labor Statistics (BLS), and the study findings provide an important baseline for monitoring changes within this profession.

Legal regulation of professions, including social work, varies from state to state. Generally, jurisdictions may regulate as many as four broad areas of social work practice: baccalaureate social work degree (BSW) upon graduation; master's degree in social work (MSW) upon graduation; MSW with two years of postgraduate supervised experience; and MSW with two years of post-master's direct clinical social work experience. Some jurisdictions regulate only one of these practice levels, but most regulate two or more levels of social work practice. Currently, 35 and the District of Columbia jurisdictions recognize and regulate baccalaureate level practice, while all states recognize and regulate master's degree level practice. A few jurisdictions license at an associate level, and a small number offer more than four licensure categories. While the study sample of licensed social workers does not represent the full range of professionally educated social workers, it does offer a good representation of those providing frontline services.

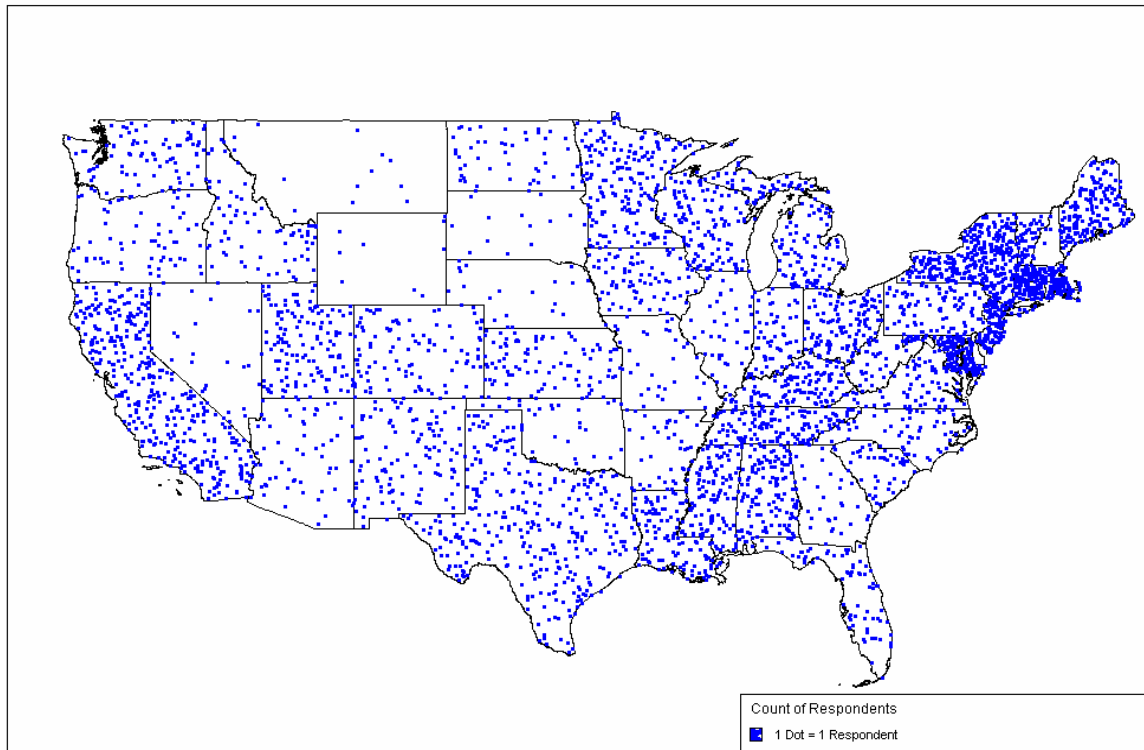
The study findings are based on a national survey distributed to a stratified random sample of 10,648 licensed social workers in 48 states plus the District of Columbia. It is estimated about 220,000 licensed social workers serve older adults nationwide. The study achieved a response rate of 49.4%. The distribution of licensed social workers that responded to the survey is seen below. Data collected include information on licensed social workers' demographic and educational backgrounds, practice patterns, the clients they serve, and their perspectives on changes in their practice.

The findings of this report, *Licensed Social Workers Serving Children and Adolescents*, 2004 pertain only to licensed social workers. Findings should not be generalized as conclusions about practice patterns of the non-licensed social work workforce. In addition, as previously indicated, 35 states and the District of Columbia require the BSW as the minimum licensure; the minimum in the remaining states is the MSW. While the sample permits discussion of licensed social workers with these degrees, it is again important to caution against generalizing about practice patterns and perspectives by degree to non-licensed MSWs and BSWs.



**Figure 1. Distribution of Responses to NASW/CHWS Survey**

**DISTRIBUTION OF RESPONDENTS  
BY STATE OF LICENSURE**



Note: The above map reflects only responses received to the NASW/CHWS survey, and is not intended for use in comparing actual numbers of social workers practicing in these states. Response rates varied dramatically from state to state. Furthermore, the original sampling frame was restricted to licensed social workers, and was subject to variations among states in licensing requirements.

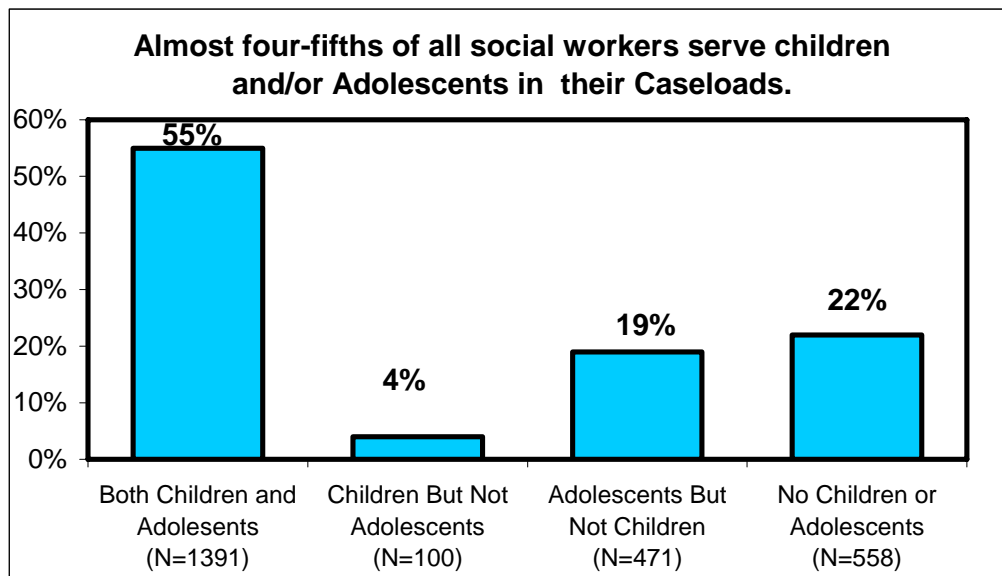
**Framework for Analysis**

Almost four-fifths of licensed social workers responding to the NASW/CHWS survey provide services to some children ages 21 and younger (78%).

As can be seen in Figure 2, more than half of all licensed social workers carry caseloads that include both children and adolescents (55%). A very small percentage of social workers (4%) served only children, while 19% served only adolescents.<sup>2</sup>

<sup>2</sup> For the purposes of this study, children are defined as ages 0-12 years and adolescents as 13-21 years of age. These age determinations were established consistent with categorizations used by NASW.

**Figure 2. Percentages of Licensed Social Workers Serving Children/ Adolescents in the U.S.**



This report will provide a comprehensive description of these social workers, including their demographics, education/training, practice patterns, clients, and perspectives on social work practice. It will also highlight differences and similarities among these social workers related to three variables that provide insights into social work practice related to children/ adolescents. These variables include practice area, highest earned degree in social work and prevalence of children/adolescents within caseload.

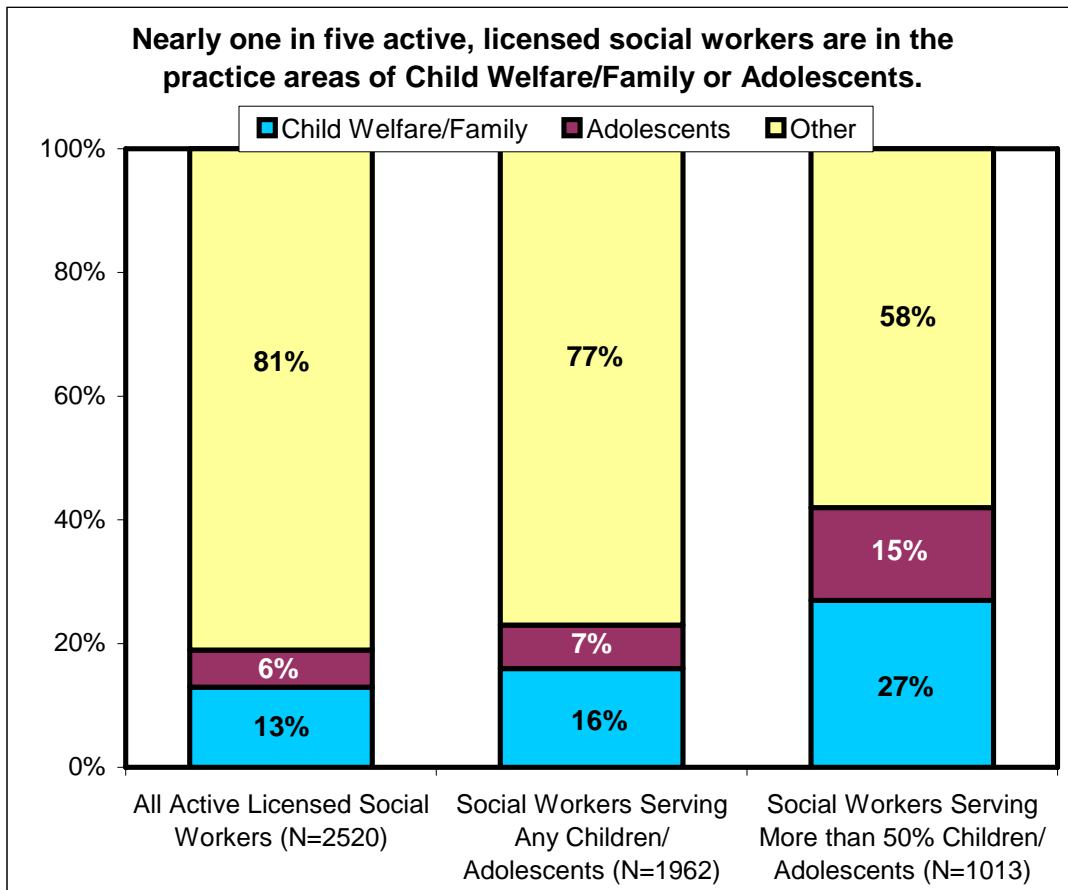
NASW identified Child Welfare/Family and Adolescents as two child-related practice areas addressing human service or health related issues that are key to understanding the experiences of frontline social workers working with these age groups. Thirteen percent of social workers report Child Welfare/Family as their practice area within their primary employment, and 6% report Adolescents.

BSWs are a significantly smaller cohort of those serving children and adolescents as compared with MSWs (12% versus 80%). However, insights into the similarities and differences between these two groups is important, since the number of BSWs being produced by schools of social work is increasing and as they are a major feeder into higher degree programs.

Finally, the prevalence of children and adolescents within social work caseloads proved to be an important variable for analysis. Practice patterns differ between social workers carrying caseloads that are predominantly children and/or adolescents, i.e. more than 50% children/adolescents, as compared with social workers carrying caseloads that are 50% or fewer children/adolescents.

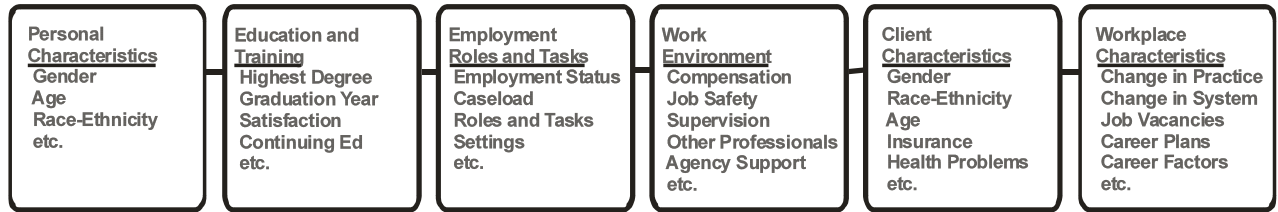
The groups of social workers identified for analysis are not identical. For example, 68% of social workers in Child Welfare/Family and 93% of social workers in Adolescents carry caseloads that are more than 50% children/adolescents. They are not, however, the majority of social workers whose caseloads are more than 50% children/adolescents. Figure 3 below shows the prevalence of children/adolescents within the caseloads of social workers by practice area. Similarly, 36% of BSWs are in Child Welfare/Family, but they are only 24% of social workers in this practice area.

**Figure 3. Percentages of Licensed Social Workers Serving Children and Adolescents, for Selected Practice Areas**



The report will reference the following characteristics of subgroups of social workers serving child and adolescence.

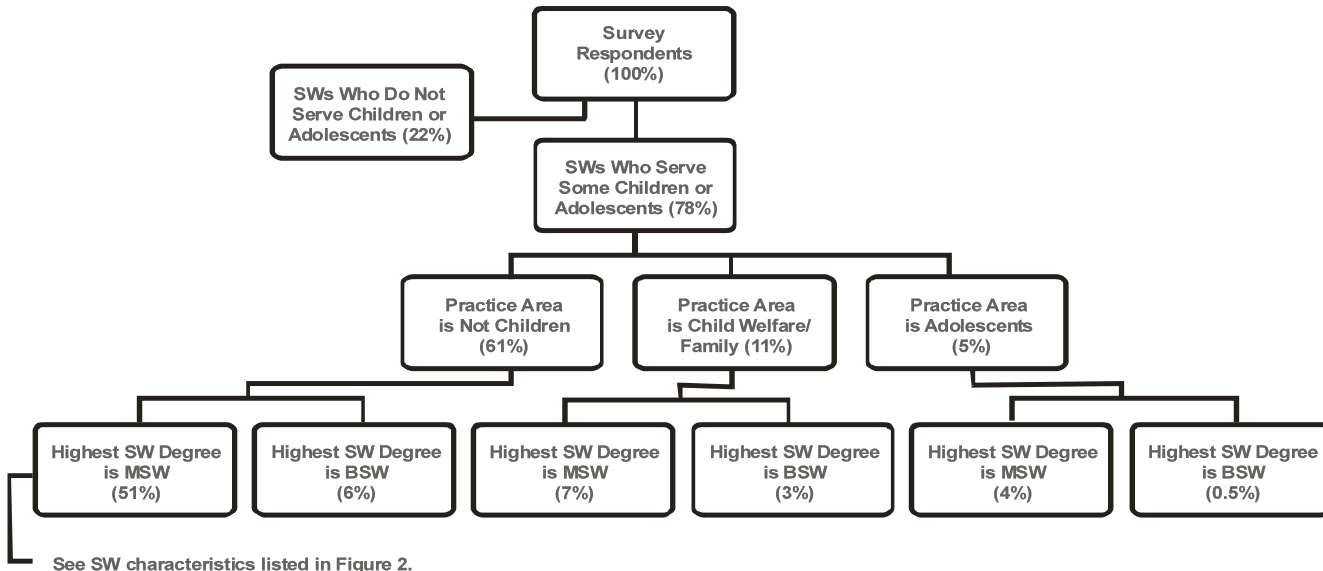
**Figure 4. Characteristics of Licensed Social Workers Serving Children and Adolescents Examined in this Report**



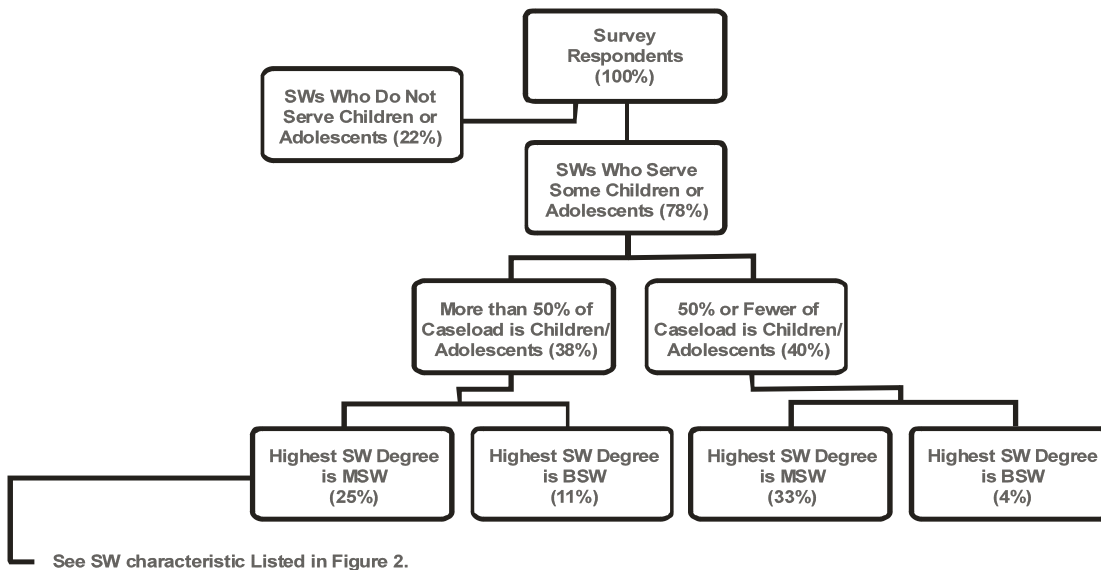
The primary analytical framework used in the preparation of this report is summarized in Figure 5. It shows that two different methods were used to identify survey respondents who specialized in serving children and adolescents.

**Figure 5. Two Groupings of Licensed Social Workers Serving Children and Adolescents Used in This Report**

**Grouping #1 of SWs Serving Children and Adolescents**



**Grouping #2 SWs Serving Children and Adolescents**



*Note 1: Two charts are provided because two different groupings of SWs serving children have been used at different sections of this report, one based on self-reported practice area, and one based on percent of caseload that is children or adolescents.  
 Note 2: Sum of %'s for highest SW degree is less than % for previous category because DSWs and 'No SW Degree' are not included.*

Interesting variations in the patterns in tables and charts will be displayed throughout the report. The pink cells in the tables highlight the smallest percentages in their respective rows, and the green cells highlight the largest percentages. Only rows for which the difference between the

largest and smallest percentages are at least 10 percentage points have highlighted cells. Only differences among groups will be presented in the text.

## Appendix A. A Comparison of Social Work Survey Respondents Who Serve Any Children and Adolescents by Practice Area and Prevalence in Caseload

Survey Question Topics	Social Workers Serving Any Children and Adolescents	Involvement with Children and Adolescents		Practice Area		
		50% or Fewer children and adolescents	More than 50% Children and Adolescents	Child Welfare/ Family	Adolescents	Not in practice area
<b>1. Demographic Profile of Licensed Social Workers Serving Children and Adolescents</b>						
Percent of survey respondents	78%	40%	38%	11%	5%	84%
Gender:						
Female	83%	80%	84%	83%	77%	83%
Male	17%	20%	16%	17%	23%	17%
Percent Non-Hispanic White	86%	87%	84%	84%	88%	86%
Median Age	46	49	43	43	42	48
Location of practice						
Metropolitan areas	80%	82%	78%	72%	75%	82%
Rural areas	3%	2%	3%	3%	4%	2%
Median years experience in social						
MSWs	13	14	11	9.5	10	14
BSWs	9	10	8	7	9	10
<b>2. Education and Training</b>						
Highest earned social work degree						
MSW	80%	82%	78%	64%	79%	84%
BSW	12%	10%	12%	24%	11%	9%
No social work degree	7%	6%	9%	12%	10%	5%
Percent reporting they were well prepared by:						
Formal degree program	61%	58%	63%	59%	64%	60%
Post degree program	72%	75%	69%	71%	66%	73%
Percent reporting "many" opportunities for CE/training	60%	60%	58%	58%	59%	59%
Percent with previous CE in children and family	94%	81%	98%	99%	98%	93%
Percent interested in additional CE in children and family	89%	81%	96%	96%	98%	86%
<b>3. What Social Workers Do</b>						
Most common practice area	Mental Health (37%)	Mental Health (53%)	Child Welfare/ Family (24%)	Child Welfare/ Family (100%)	Adolescents (100%)	Mental Health (52%)
Most common role	Direct services (95%)	Direct services (95%)	Direct services (94%)	Direct services (92%)	Direct services (94%)	Direct services (95%)
Median hours per week providing direct services to clients	24	24	25	20	20	25
Median percent of total hours spent on direct services to clients	75%	75%	68%	63%	68%	75%
Years with current employer:						
< 1 year	11%	10%	11%	10%	14%	11%
<5 years	49%	44%	52%	53%	57%	49%
16+ years	17%	21%	13%	16%	12%	18%
Percent carrying caseloads of 50 or more clients	25%	24%	25%	19%	16%	26%

Survey Question Topics	Social Workers Serving Any Children and Adolescents	Involvement with Children and Adolescents		Practice Area		
		50% or Fewer children and adolescents	More than 50% Children and Adolescents	Child Welfare/ Family	Adolescents	Not in practice area
Most common tasks performed	Information/ referral (92%), Screening/ assessment (92%), Crisis Intervention (91%)	Information/ referral (83%), Screening/ assessment (85%), Individual counseling (80%)	Information/ referral (85%), Crisis intervention (83%), Screening/ assessment (81%)	Information/ referral (83%), Screening/ assessment (81%), Crisis intervention (79%)	Information/ referral (81%), Individual counseling (82%), Crisis intervention (79%)	Information/ referral (83%), Screening/ assessment (84%), Individual counseling (81%)
Percent performing tasks that tend to						
Above level of skills/training	34%	33%	33%	28%	38%	34%
Below level of skills/training	11%	10%	13%	14%	9%	10%
<b>4. Where Social Workers Work</b>						
Sector:						
Non-profit sector	37%	35%	37%	32%	38%	37%
Public sector	32%	22%	47%	53%	32%	28%
For-profit sector	11%	29%	9%	10%	13%	12%
Private practice	21%	14%	8%	6%	17%	23%
Most common employment settings	Private practice (21%)	Private practice (31%)	School (30%)	Social service agencies (59%)	School or private practice (both 17%)	Private practice (24%)
<b>5. Social Workers' Work Environment</b>						
Median Wage:						
MSWs	\$47,099	\$48,412	\$45,780	\$43,607	\$45,504	\$47,290
BSWs	\$34,532	\$35,586	\$33,871	\$33,154	\$36,668	\$34,630
Percent satisfied with wages	68%	68%	67%	57%	64%	69%
Percent satisfied with benefits	71%	66%	76%	75%	84%	70%
Job safety						
Experience safety issues	55%	52%	56%	60%	50%	46%
Employer adequately address	68%	69%	65%	59%	69%	71%
Vacancies in agency:						
Are common	21%	20%	21%	40%	18%	16%
Are hard to fill	21%	23%	19%	24%	23%	20%
SW positions are filled with non-social	28%	27%	30%	38%	30%	18%
SW functions are outsourced	23%	20%	26%	45%	28%	21%
Supervised by a social worker	52%	53%	49%	69%	52%	47%
Only social worker at primary job	12%	12%	14%	4%	14%	14%
Reporting respect for social work services in agency	65%	66%	64%	62%	69%	65%
<b>6. Who Do Social Workers Serve</b>						
Caseload >50% male	54%	47%	64%	52%	61%	54%
Caseload >50% non-Hispanic	55%	62%	49%	47%	52%	58%
Ages 0-5	66%	55%	77%	93%	35%	61%
Ages 6-12	83%	73%	93%	96%	85%	78%
Ages 13-17	91%	87%	95%	97%	100%	89%
Ages 18-22	86%	95%	76%	78%	76%	90%
Most common health coverage of clients:						
Medicaid	44%	29%	62%	74%	54%	38%
Private insurance	29%	38%	17%	13%	23%	32%



Survey Question Topics	Social Workers Serving Any Children and Adolescents	Involvement with Children and Adolescents		Practice Area		
		50% or Fewer children and adolescents	More than 50% Children and Adolescents	Child Welfare/ Family	Adolescents	Not in practice area
<b>7. Perspectives on Practice/Career Plans</b>						
Most frequently reported changes in SW practice in past 2 years						
Increased paperwork	74%	73%	76%	79%	79%	72%
Increased caseload size	69%	68%	70%	69%	68%	68%
Increased severity of client	74%	69%	78%	75%	82%	72%
Increased waiting lists for services	61%	60%	61%	62%	57%	60%
Most frequently reported changes in						
Increased eligibility requirements	51%	51%	51%	47%	47%	52%
Decreased services eligible for	51%	54%	48%	48%	47%	53%
Satisfaction with skills:						
Helping clients with a range of	91%	91%	86%	85%	91%	92%
Improving quality of life for clients	85%	89%	80%	81%	85%	87%
Helping clients address key issues	86%	87%	80%	81%	87%	87%
Satisfaction with resources:						
Agency services	65%	63%	67%	68%	67%	64%
Community resources	54%	55%	51%	53%	59%	54%
Mental health services	57%	60%	46%	47%	62%	59%
Most important factors influencing care for client	Training/ education (85%), Availability of services (81%), Caseload size (80%)	Training/ education (83), Availability of services (78%), Caseload size (72%)	Training/ education (86%), Availability of services (84%), Caseload size (87%),	Training/ education (88%), Availability of services (85%), Caseload size (91%),	Training/ education (86%), Availability of services (82%), Caseload size (85%),	Training/ education (84%), Availability of services (80%), Caseload size (76%)
Career plans						
Continue providing services to children	78%	79%	77%	73%	76%	79%
Remain in current position	70%	73%	67%	58%	66%	73%
Leave social work practice	5%	4%	5%	8%	5%	4%
Retire	5%	5%	4%	7%	3%	4%
Percent who believe opportunities in the field will increase	76%	70%	81%	84%	83%	73%
Most common reasons to consider making a job change:						
Higher salary	76%	75%	77%	81%	82%	75%
Lifestyle/ family concerns	53%	52%	54%	50%	49%	55%
More interesting work	36%	36%	36%	41%	36%	35%
Job stress	36%	33%	38%	45%	34%	34%

## Appendix B. Methodology

Data were collected from 4,489 licensed social workers from 48 states and the District of Columbia through a mailed survey instrument. These responses resulted from surveys distributed to a stratified random sample of 10,000 licensed social workers across the United States. Details of the sampling procedure are provided below.

**Survey design.** The design of the instrument was informed by extensive interviews and focus groups with practicing social workers, including a number of social workers specifically drawn from the areas of child welfare/family social work, aging, behavioral health, and medical health.

The core survey had four sections: **Background**, which included questions on demographics and education/training; **Social Work Practice**, which included questions on hours worked, roles, setting, practice area, and salary; **Services to Clients**, which included questions on tasks and caseload; and **Workplace Issues**, which included questions about changes in the practice of social work, satisfaction, and career plans.

Additionally, special supplements were included in the instrument for social workers who serve older adults (age 55 and older) or children and adolescents (age 21 or younger). These supplements gathered more detailed information on working with these populations.

**Sampling and survey administration.** A database was constructed from approximately 255,000 names of licensed social workers from state licensure and registration lists. These lists included anyone credentialed by the state as a social worker, regardless of whether the state title was licensed social worker, certified social worker, registered social worker, or any other. The master list was then presented to an address-cleaning service to obtain updated address information.

The list was then stratified by Census division. The U.S. Bureau of the Census recognizes nine such divisions: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific. The purpose of the stratification was to draw equal-sized samples from regions of the country that are both heavily and sparsely populated. This strategy resulted in a sample in which social workers in less-populated divisions were over-represented, which was desirable because it allowed large enough samples from each division to permit meaningful analysis of regional and rural/urban differences.

A random sample of 9,999 social workers was drawn from this master list (1,111 from each of the nine Census divisions). The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names from the same Census division.

Table B-1 shows that the final sample represented approximately 4 percent of the master list. This represented very different proportions of the social workers in each division, however, ranging from 8 percent of social workers in the East South Central division to 2 percent of social workers in the South Atlantic division.

**Table B-2. Sampling Rates for Census Regions for 2004 Licensed Social Worker Survey**

Census Region	Total number	Percent	Number	Percent of total
New England	14,436	5.67	1,111	7.7%
Middle Atlantic	25,267	9.93	1,111	4.4%
East North Central	57,174	22.46	1,111	1.9%
West North Central	24,904	9.78	1,111	4.5%
South Atlantic	56,265	22.11	1,111	2.0%
East South Central	13,974	5.49	1,111	8.0%
West South Central	25,040	9.84	1,111	4.4%
Mountain	15,595	6.13	1,111	7.1%
Pacific	21,859	8.59	1,111	5.1%
<b>Total</b>	<b>254,514</b>	<b>100</b>	<b>9,999</b>	<b>3.9%</b>

Because many of the addresses were no longer valid, a number of surveys in the first mailing were returned undelivered. A supplementary sample was drawn to replace surveys that were returned undelivered in the first few weeks of the mailing cycle. The replacement sample was matched by Census division to the undeliverable addresses, and a total of 692 additional surveys were sent as part of the replacement sample.

Three mailings were sent to the social workers in the sample. The first mailing generated most of the valid responses (57%), although a third of the responses were generated by the second mailing (32%). Approximately one in ten (11%) of responses resulted from the third mailing. One Census division, East North Central, only received two mailings due to a database error, although the overall response rates for this division was similar to others. Each mailing offered respondents an opportunity to participate in a lottery drawing for varying amounts of money: \$1,000 for the first mailing, \$500 for the second mailing, and \$250 for the third mailing. Respondents who returned their surveys were eligible for each subsequent drawing.

**Table B-2. Response Patterns by Mailing**

Mailing	Number	Percent of responses
First	2535	57%
Second	1445	32%
Third	510	11%

Response rates varied by Census division, with the highest response rate in the Middle Atlantic (53%) and the lowest in the South Atlantic (46%).

**Table B-3. Response Rates by Census Division**

Census Division	Total: all mailings			Response rate
	Responses	Removals	Total surveyed	
New England	476	273	1,261	48.2%
Middle Atlantic	564	115	1,183	52.8%
East North Central	471	197	1,204	46.8%
West North Central	488	113	1,067	51.2%
South Atlantic	469	190	1,205	46.2%
East South Central	501	173	1,200	48.8%
West South Central	504	62	1,135	47.0%
Mountain	521	198	1,202	51.9%
Pacific	495	210	1,191	50.5%
<b>Total</b>	<b>4,489</b>	<b>1,531</b>	<b>10,648</b>	<b>49.2%</b>

**Survey analysis.** Our strategy for analysis centered on variation by demographics, degree, and sector. Subsequent reports will analyze the data in more detail by practice area and setting. Only data from active social workers were used in the analyses unless otherwise specified.

A number of variables used in these analyses were created from the survey data. “**Active**” status was defined as working either a full-time or a part-time job in social work. “**Sector**”, which was asked in detail, was grouped into four categories: public sector (which included federal, state, and local government and military), private non-profit, private for-profit other than private practice, and private practice. Social workers were asked to indicate all degrees they held in both social work and another field. **Highest social work degree** was the most advanced of the social work degrees indicated, although some respondents held a higher degree in another field than they did in social work.

Age and income were asked as categorical variables, but an estimation procedure was used to assign exact values from within each category randomly to each respondent in that category. This procedure allows some statistical procedures, such as the estimation of mean values and the use of regression analysis, which would not be possible with categorical data. This procedure also allowed the calculation of an “**age at entry**”, which was defined as the estimated age of respondents in the year in which they reported receiving their first social work degree: the BSW (if applicable), or the MSW (if they did not hold a bachelor’s degree in social work). Age at entry could not be calculated for licensed social workers who did not hold a BSW or MSW.

**Data limitations.** Although these data represent an important contribution to knowledge of licensed social workers, there are a number of important limitations which need to be recognized.

Perhaps the most serious of these is that the data are not generalizable to non-licensed social workers who may perform different functions and serve different populations. This lack of generalizability may be particularly important to two groups of social workers who are likely to be underrepresented among licensees: BSW-level social workers, who are not eligible to become licensed in many states; and social workers, who are not required to hold licenses. When statements are made about the percentage of social workers doing policy development, for example, the word “licensed” should always be understood, even if not explicitly stated.

There is also the potential for some response bias even within the universe of licensed social workers. NASW members may have been more likely than other social workers to respond to the survey, which featured the NASW name and logo prominently. Also, because much of the instrument concentrated on the provision of direct services, social workers working in other capacities may have been less likely to feel that the survey was relevant to their work.

Another shortcoming of the data for the purposes of analyzing employment-related trends such as supply, demand, and turnover is that there is no data on the previous jobs held by social workers. It is therefore not possible to reliably estimate whether social workers are leaving certain sectors, settings, or practice areas for others.

A final caveat is that some data were collected on both primary and secondary employment: sector, setting, practice area, and caseload. This was intended to capture information about multiple jobholders, but subsequent analyses showed that most social workers who offered information about both primary and secondary employment only reported holding one social work job. Presumably, these social workers reported what they felt to be the second-most fitting information for their first job under “secondary.” For example, if they worked only one job treating addicted teenagers they may have indicated that the “primary” practice area was addictions and that their “secondary” practice area was adolescents. Due to this apparent misunderstanding of the survey instructions, data on secondary employment was not deemed valid for analyses of multiple jobholders, except (cautiously) when more than one social work job was indicated by the respondent.

# **LICENSED SOCIAL WORKERS SERVING CHILDREN AND ADOLESCENTS, 2004**

## **Chapter 2 of 7**

## **Demographics**

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## **Chapter 2. Demographic Profile of Social Workers Serving Children and Adolescents**

### **Summary of the Findings**

- Almost 4/5 of all licensed social workers provide services to clients 21 years of age or younger (78%).
- Of these social workers, half carry caseloads that are more than 50% children/adolescents.
- More than half of licensed social workers provide services to both children and adolescents (55%).
- Social workers providing services to children are more likely to be female than licensed social workers overall (83% versus 81%).
- Social workers in the practice area of Child Welfare/Family were more likely to be female (83%) and those in Adolescents less so (77% than social workers overall).
- Licensed social workers providing services to children and adolescents are less diverse in racial and ethnic background than both the client populations they serve and the U.S. civilian labor force (86% are non-Hispanic white, compared to 70% of the civilian labor force and 59% of children under age 20).
- Social workers serving children and/or adolescents are younger than licensed social workers overall, with a median age of 46 years versus 49 years.
- Social workers in Child Welfare/Family and in Adolescents have median ages of 43 and 42 years, respectively.
- BSWs have a median age of 40 years as compared to MSWs with a median of 47 years.
- Eighty percent of social workers who work with children or adolescents practice in metropolitan areas while 3% practice in rural areas.
- Social workers in Child Welfare/Family and Adolescents are less likely to practice in metropolitan areas than social workers overall (72% and 75% versus 80%).
- Social workers providing any services to children and/or adolescents have less experience in the field than licensed social workers overall (a median of 12 versus 14 years, respectively).
- Those in Child Welfare/Family and Adolescents have median years of experience of 9 and 9.5 years, respectively.
- BSWs have a median of 9 years experience while MSWs have a median of 13 years experience.
- The MSW is the predominant social work degree for those licensed social workers serving children and adolescents (80%). Twelve percent of licensed social workers serving this population have BSWs and 7% have no formal social work degree.

- Social workers in Child Welfare/Family were less likely to have MSWs (64%) and more likely to be BSWs (24%) or have no formal social work education (12%). Those in Adolescents more closely mirrored all social workers serving clients under 21 years of age (79%, 11% and 10%)
- The majority of social workers providing services to children and adolescents believe they were well prepared for social work practice by their formal degree (61%) and post-degree training (72%).
- 84% of new graduates (2000-2004) work with some children and/ or adolescents indicating that work with children may be a primary avenue of entry into the social work field.
- Social workers with caseloads of more than 50% children and adolescents were more likely to be recent graduates, of social work programs (18%) than those who served fewer of these groups (10%).
- Twenty two percent of social workers in Child Welfare/Family are recent graduates compared to 11% of social workers serving children or adolescents overall.
- Sixty percent of licensed social workers serving children and/or adolescents report many opportunities for continuing education and training in social work.
- Social workers working in agencies in the public sector and private nonprofit sector, which employ the greatest number of new social workers, were more likely to report limited options for training for new workers.
- Eighty five per cent of those serving children and adolescents identify opportunities for education and training as the most important factor in improving care for children and adolescents.
- Clinical practice (52%), specialty practice area (32%), trauma/disaster preparedness (31%), medication use (21%), are the topics most desired for future continuing education and training.
- Social workers in the practice areas of Child Welfare/Family and in Adolescents were much more interested than social workers in other practice areas in substance abuse training (26% versus 18%).
- Social workers whose practices are predominantly children and adolescents are more likely to participate in training focused on these populations than those serving fewer children and adolescents (98% versus 81%).
- Ninety four percent of licensed social workers who serve children and adolescents have participated in some type of continuing education specifically related to this population, and 89% desire additional training related to children/adolescents.
- Social workers in Child Welfare/Family and Adolescents were more interested in additional training than those in other practice areas (96% and 98% versus 86%).
- Social workers with caseloads of more than 50% children and adolescents were more interested in such training than those with 50% or fewer children/adolescents in their caseloads (96% versus 81%).

- Social workers in hospitals (36%) and schools (35%) are the most likely to carry caseloads more than 50 clients.
- BSWs are more likely than MSWs to have 10 or fewer clients (10% versus 16%), but no more likely to carry caseloads of 50 or more clients.

## **Demographics**

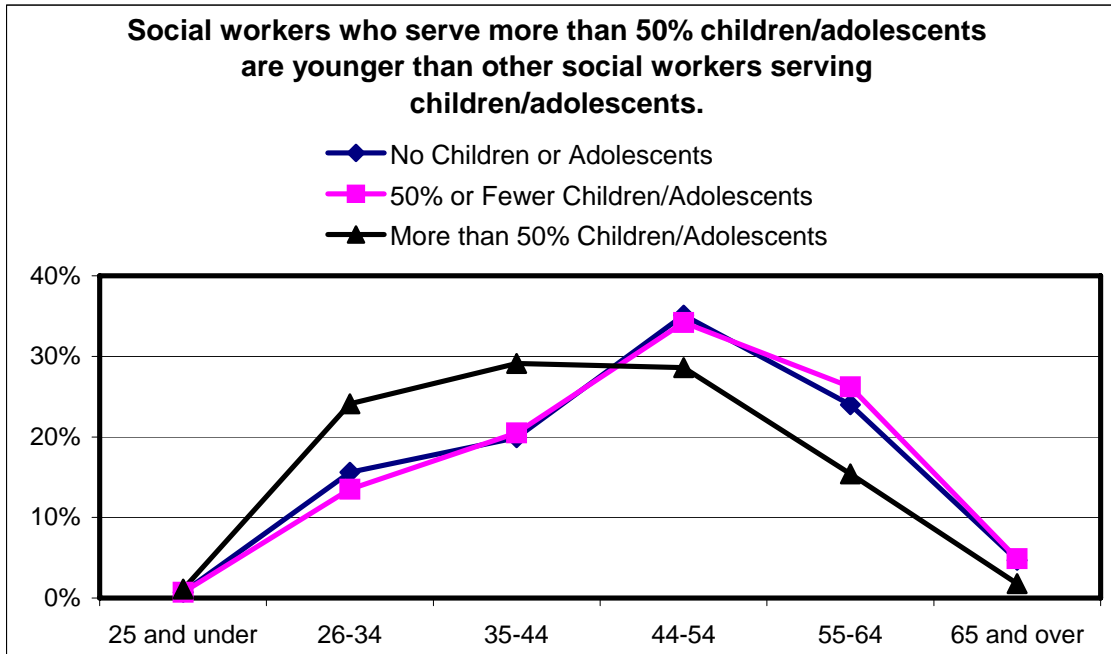
### *Age*

Age distribution is important in examining any group of professionals because of the implications for workforce planning. Every profession needs to recruit a steady stream of younger entrants in order to maintain a sufficient labor force, but also needs to retain experienced workers, including future leaders in the profession.

Social workers serving some 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.

Social workers with caseloads of more than 50% older adults were younger than those with caseloads of 50% or fewer children/adolescents, with median ages of 43 years and 49 years respectively. The age distribution pattern of social workers based on prevalence of children/adolescents is shown in Figure 1. One-fourth (25%) of social workers whose caseloads were predominantly children/adolescents were under the age of 35, compared to 14% of those seeing fewer than half children/adolescents. Similarly, only 17% of social workers who saw predominantly child/adolescent caseloads were age 55 or older, compared to 31% of those who saw fewer than half children/adolescents. Greater involvement with children and adolescents is clearly attractive to young social workers.

**Figure 1. Age Distribution of Social Workers Serving Children and Adolescents, by Emphasis on Children and Adolescents**

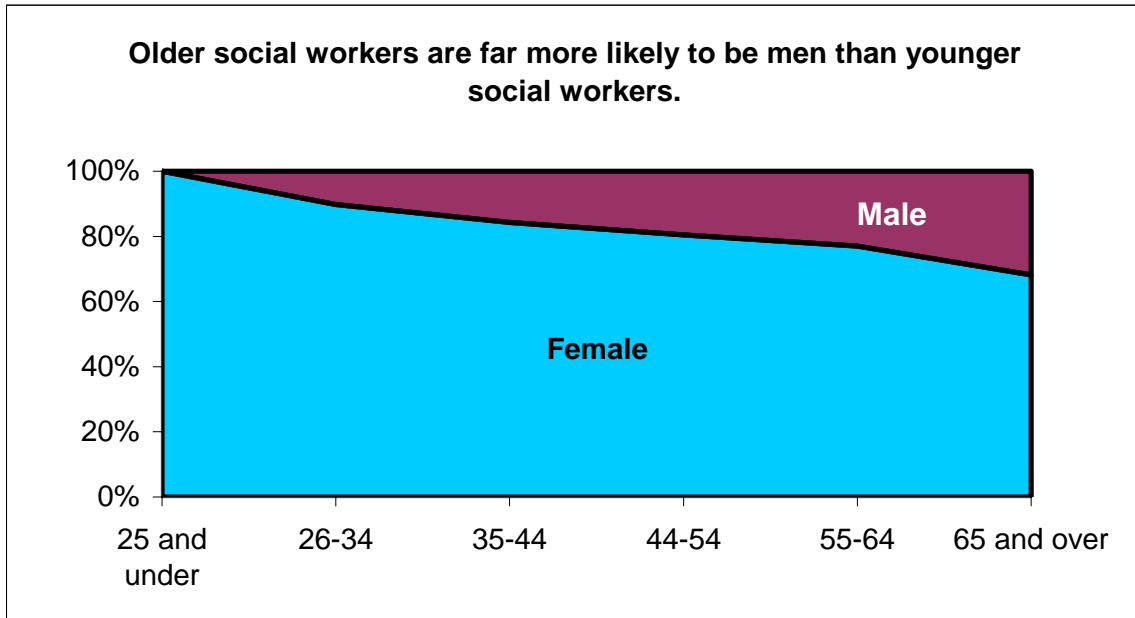


*Gender*

Social workers who served children and adolescents were predominantly female (83%), consistent with social workers overall (82%). Social workers in Child Welfare/Family did not differ in gender composition from those not in the practice area (both 83%), while those in Adolescents were less likely to be female (77%).

BSWs were more likely to be female than MSWs (88% verses 82%). Those with caseloads of more than 50 percent children/adolescents were slightly more likely to be female (84%) than those serving 50 percent or fewer children/ adolescents (80%).

**Figure 2. Gender Mix of Licensed Social Workers by Age Group**

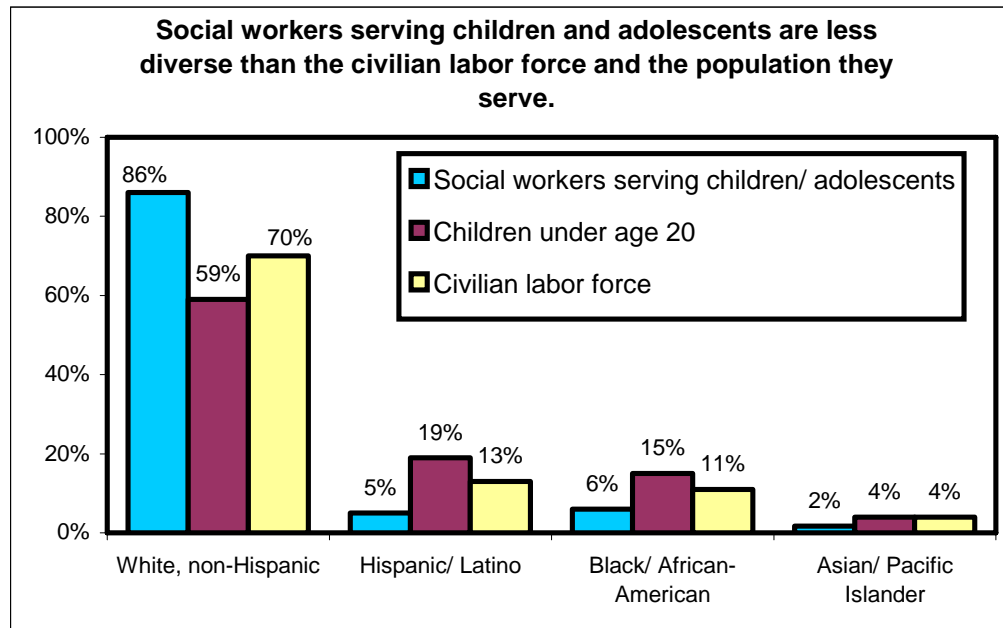


*Race/Ethnicity*

Social workers who served children and adolescents were 86 percent non-Hispanic white, 6 percent Black/African-American, 5 percent Hispanic/Latino, and 2 percent Asian/Pacific Islander. This is consistent with the racial/ethnic distribution of social workers overall. Only slight differences exist by practice area, degree or prevalence of children/adolescents within caseloads.

Figure 3 shows that social workers serving children and adolescents are not as diverse as the population they serve.

**Figure 3. Racial/Ethnic Distributions of Social Workers Serving Children, Children Under Age 20, and the U.S. Civilian Labor Force**



The race/ethnicity of social workers serving children and adolescents does vary by sector and setting. Social workers are most likely to be non-Hispanic white in private practice (93%) and the non-profit sector (89%), as compared with for-profit sector agencies (85%) and public sector agencies (82%). Social service agencies are most diverse (81%), followed by schools (82%). Group homes, private practice, and behavioral health clinics are least diverse (where 94%, 93%, and 90% of social workers were non-Hispanic white, respectively).

Diversity is lower among social workers who have spent more time working with children and adolescents. While 24% of those social workers serving this population for less than a year are minorities, this drops to only 12% among those serving this population for more than 15 years.

#### *Geographic Location of Practice*

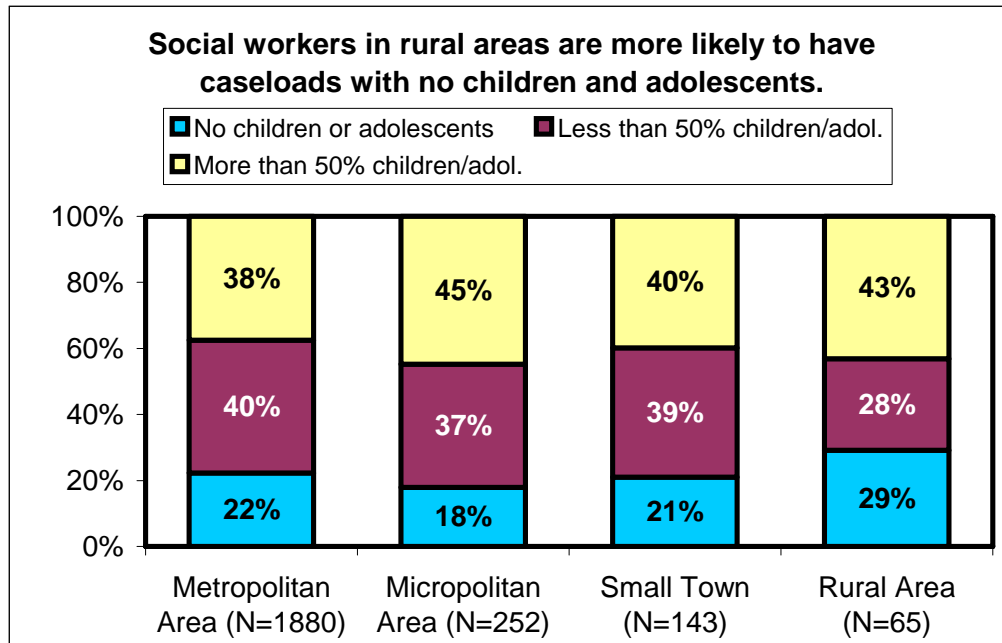
The geographic location of social workers' practices affects their access to resources for clients; professional development opportunities, including education and training; job prospects and level of salary. More than 90% practice in metropolitan (80%) or micropolitan areas<sup>1</sup> (11%). Six percent practice in small towns, and 3% practice in rural areas. These percentages are similar to the distribution of the U.S. population overall.

Social workers in Child Welfare/Family and Adolescents were more likely to practice in micropolitan areas (17% and 15%, respectively, versus 10%), than those not in the practice area, and less likely to practice in metropolitan areas (72% and 75% respectively, versus 82%). MSWs were far more likely than BSWs to practice in metropolitan areas (84% versus 59%), and BSWs were more likely to practice in micropolitan areas (20% versus 10%), small towns (17% versus 4%), and rural areas (5% versus 2%). Figure 4 shows that geographic location varied little by involvement with children and adolescents.

<sup>1</sup> See Glossary for definitions of metropolitan, micropolitan, small town, and rural.

Children in non-metropolitan areas may be less likely to receive services from MSW-prepared social workers than those in metropolitan areas. Social workers in rural areas are more likely to have caseloads with no children or adolescents.

**Figure 4. Mix of Social Workers Serving Children and Adolescents, by Rural/Urban Area**

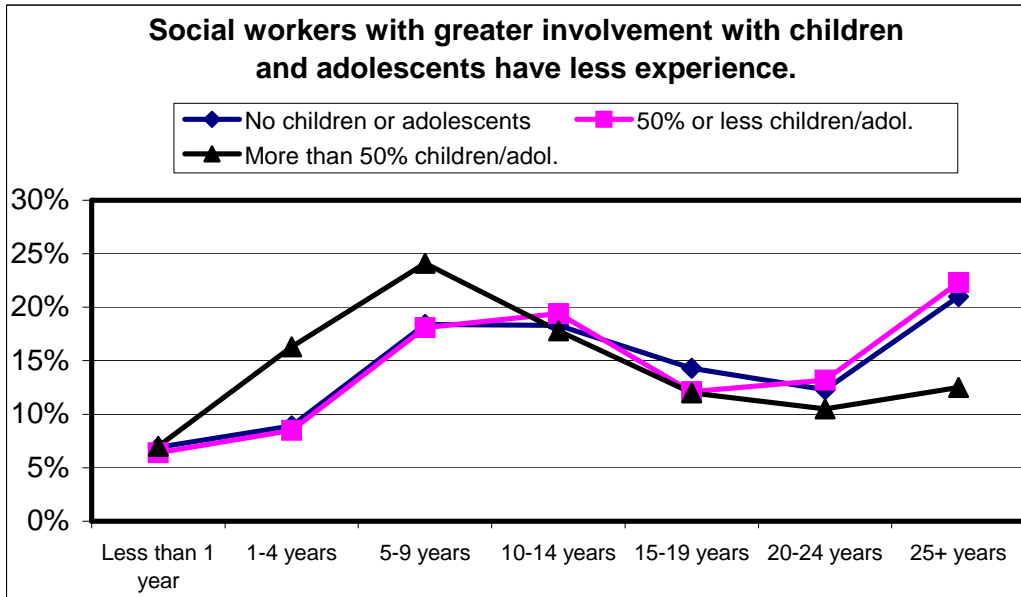


### *Years of Experience*

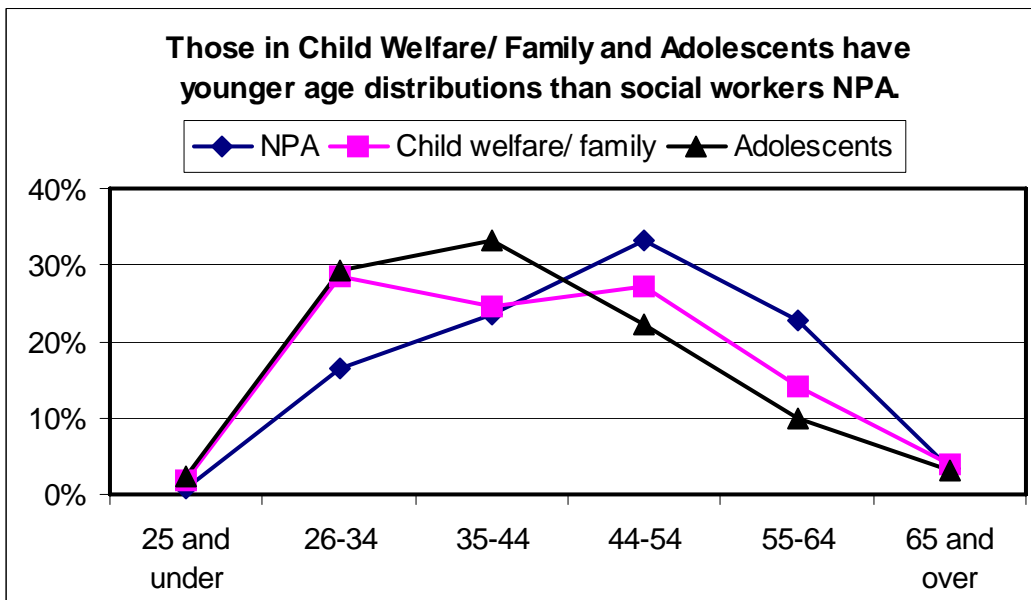
Licensed social workers who worked with children and adolescents have a median of 12 years experience in the field of social work compared to 14 years experience for those social workers not providing services to this population. This is consistent with their being younger as a group than other social workers.

Social workers in Child Welfare/Family or Adolescents were less experienced than those not in these practice areas (a median of 9 years and 9.5 years, respectively, versus 13 years). BSWs had fewer years experience than MSWs, with a median of 9 years experience compared to 13 years. Those carrying caseloads that were more than half children/adolescents had a median of 10 years experience compared to 14 years among social workers with caseloads with fewer children/adolescents. Figures 5 and 6 provide additional details.

**Figure 5. Years of Professional Experience of Social Workers, by Emphasis of Practice on Children and Adolescents**



**Figure 6. Age Distributions of Social Workers in Selected Practice Areas**



### Education and Training

Educational programs are potent policy levers, influencing the number and professional competencies of practitioners in the field. Since initial and continuing education are important components of licensure, understanding training and education needs will help promote delivery of better services.



### Highest Formal Degree

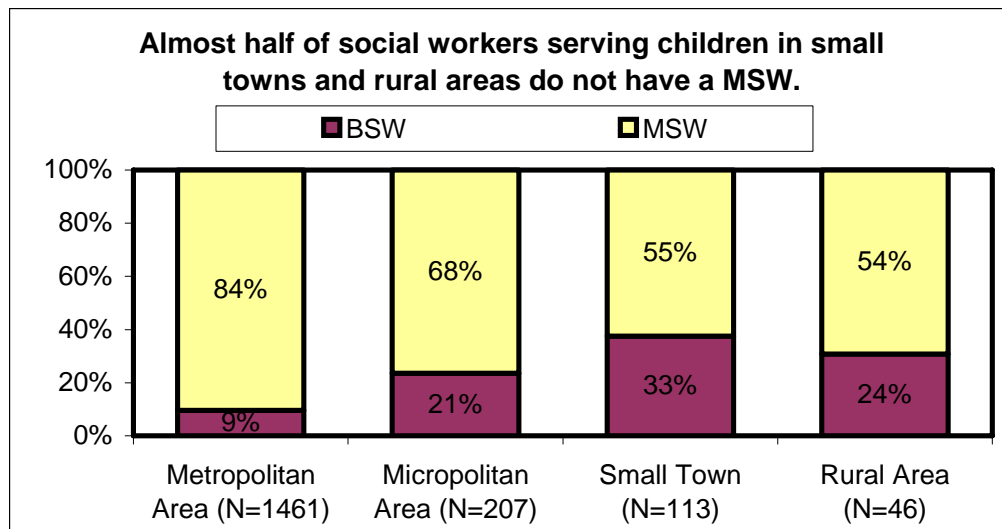
The MSW is the predominant social work degree for those currently serving children and adolescents (80%). BSWs constitute 12% of those serving children and adolescents, with an additional 7% having no formal social work degree. This is generally consistent with the educational distribution for social workers overall.

Those in Child Welfare/Family, who are 13% of all social workers serving children and adolescents and the second largest practice area among respondents, were more likely to have BSWs compared with those not in the practice area (24% versus 9%) or no formal social work degree (12% versus 5%). They were less likely to be MSWs (64% versus 84%).

Those in Adolescents, who constitute approximately 6 % of all social workers serving children and adolescents, were more likely than those not in the practice area to have BSWs (11% versus 9%) and no formal social work degree (10% versus 5%), and somewhat less likely to have MSWs (79% versus 84%).

Educational background did not vary substantially by prevalence of children/adolescents within social workers' caseloads. There was, however, dramatic variation in terms of educational distribution by geographic location, as shown in Figure 7 below.

**Figure 7. Educational Distribution of Social Workers by Geographic Location**



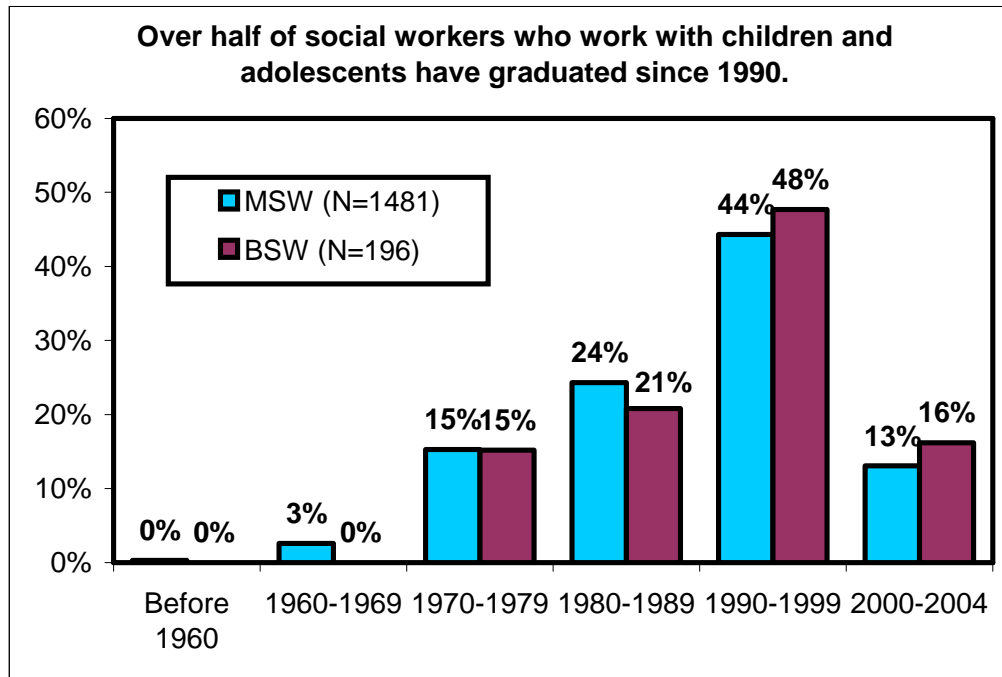
There was also variation in highest degree by the number of years worked with children and adolescents. Those who had worked with this population for less than a year were 77% MSWs, 19% BSWs, and 4% without a formal degree. In contrast, those who had worked with this population for more than 15 years were 81% MSWs, 6% BSWs, and 9% without a formal degree.

### Graduation Year and Work with Children and Adolescents

Figure 8 shows that approximately three-fifths of those serving children and adolescents (58%) graduated from their first social work degree program since 1990, and 14% graduated between

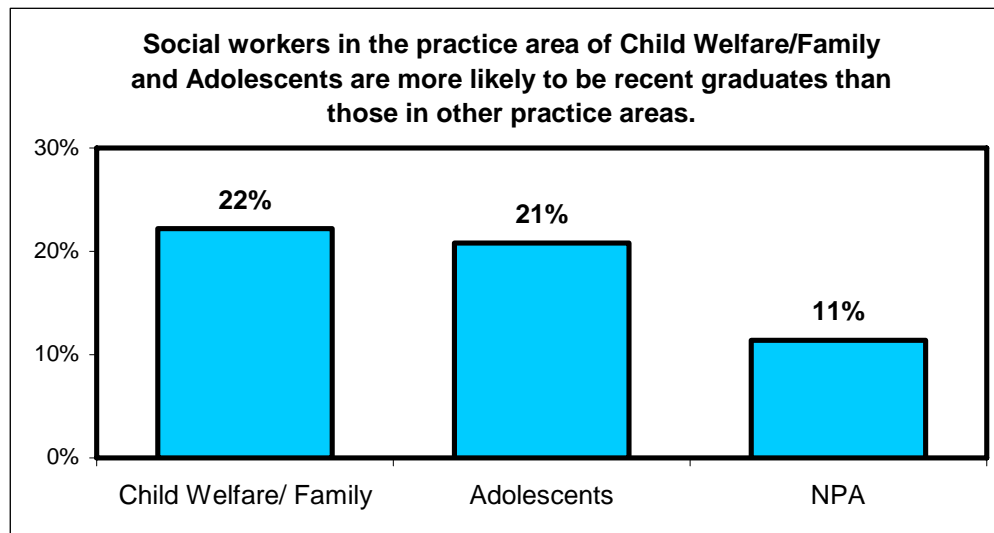
2000 and 2004, comparable to the figures for social workers overall (54% and 11% respectively). BSWs were no more likely to be recent graduates (2000 to 2004) than MSWs (16% and 13%).

**Figure 8. Percentage of Social Workers with MSWs and BSWs Who Work with Children and Adolescents, by Social Work Graduation Year**



Social workers with caseloads of more than 50% children and adolescents were more likely to be recent graduates (18%) than those who served fewer clients in these populations (10%). The proportion became even higher in the practice areas focused upon children: 22% of those in Child Welfare/Family and 21% of those in Adolescents were recent graduates, compared to 11% of those not in the practice area.

**Figure 9. Percent Graduated 2000-2004, by Practice Area**



*Satisfaction with Education and Training*

The majority of social workers providing services to children and adolescents believe they were well prepared for social work practice by their social work degree program (61%) and post-degree training (72%). Significant differences in satisfaction did not appear based on age, race/ethnicity, or practice areas. Women were significantly more satisfied with their degree program preparation than men. They were also more satisfied with their continuing education, as shown in Table 1 below.

Satisfaction with continuing education (CE) also varied by degree and by prevalence of children and adolescents in caseloads.

**Table 1. Statistically Significant Differences in Average Satisfaction with CE by Gender, Degree, and Involvement with Children (Scale of 1 to 5)**

Category of Social Worker	Score
All	3.94
Gender	
Male	3.95
Female	3.82
Degree	
MSW	3.95
BSW	3.81
Involvement with children/adolescents	
50% or fewer children and adolescents	4.01
More than 50% children and adolescents	3.85

### *Continuing Education (CE) and Training in Social Work*

Eighty five percent of social workers working with children and adolescents identified opportunities for training and education as the most important factor in improving care for children and adolescents. Earlier analyses reveal that approximately one in five social workers would consider changing positions for more opportunities for training and education. Ninety-nine percent of social workers seeing children and adolescents have participated in social work training/continuing education (CE) in the past two years.

Three fifths of social workers (60%) serving children/adolescents felt that they had many choices available to them for continuing education in general, although 12 percent were dissatisfied with the availability of CE. Satisfaction with availability of CE was higher for MSWs (62%) than for BSWs (45%). Reported availability of CE did not differ by practice area or prevalence of children and adolescents in caseloads.

Short courses/workshops were the most common source of training/CE (83%), followed by conference CE programs (82%). On-the-job training and professional association programs were also cited by many social workers as sources of training (36% and 31%, respectively). Clinical practice (52%), specialty practice area (32%), trauma/disaster preparedness (31%), medication use (21%), best practices (20%), and substance abuse (20%) are topics most desired for future social work training. Social workers in Child Welfare/Family and Adolescents did not differ greatly from other social workers, but were somewhat more likely than other social workers serving some children/adolescents to desire training in substance abuse (both 26% versus 18%).

### *Continuing Education (CE) and Training in Child and Family Issues*

Ninety-four percent of social workers providing some services to children and adolescents participated in some type of continuing education addressing issues related to children and families. As seen in Table 2, MSWs were more likely to get additional training from all potential sources than BSWs.

Those with caseloads of more than 50% children and adolescents were also more likely to participate in training from any source than those with 50% or fewer children/adolescents in their caseload (98% compared to 81%). Differences do not appear by practice area.

**Table 2. Sources of Child and Family Training by Degree and Level of Involvement with Children and Adolescents**

	MSW	BSW	50% or fewer children/adol.	More than 50% children/adol.	All serving children/adolescents
Training at conferences	81%	74%	74%	88%	80%
Seminars/workshops	78%	76%	70%	87%	78%
Interdisciplinary seminars/workshops	77%	66%	69%	83%	75%
Courses in SW school	76%	68%	71%	76%	74%
On-the-job training	64%	56%	59%	69%	63%
Supervised clinical practice	65%	14%	55%	61%	58%
Field placement	59%	37%	50%	60%	55%
Courses in other program	37%	23%	36%	38%	37%
Distance learning	9%	8%	9%	9%	9%

The availability of training related to children and adolescents varied by type of training. A majority of social workers who served children and adolescents reported satisfaction with the availability of conferences (56%) and workshops (54%). At the same time, a majority reported dissatisfaction with the availability of distance learning programs (54%).

The reported availability of training specifically on topics related to children and adolescents varied by practice area, highest social work degree and prevalence of children and adolescents in caseloads, as shown below. For example, BSWs reported significantly more child/family training available for new workers and more on-the-job child/family training available than MSWs. MSWs reported significantly more training available than BSWs through workshops, courses, conferences, and distance learning.

The charts that follow provide information on types of training that are reported as “unavailable” by a majority of social workers.

**Table 3. Mean Ratings Of Continuing Education Availability (Scale Of 1 To 5), By Prevalence Of Children And Adolescents In The Caseload, Practice Area And Degree**

Type of Training	50% or fewer children/adolescents	More than 50% children/adolescents	Child Welfare/Family		Adolescents		All serving children
			MSW	BSW	MSW	BSW	
Training for new workers	2.63	3.03	3.46	3.88	2.83	3.36	2.81
On-the-job training	2.85	3.35	3.65	3.75	3.23	3.71	3.08
Workshops	3.56	3.63	3.63	3.43	3.61	3.50	3.60
Courses	3.21	3.03	2.96	2.70	2.99	3.43	3.12
Training at conferences	3.60	3.56	3.53	3.28	3.47	3.50	3.59
Distance learning	2.61	2.32	2.37	2.20	2.36	2.57	2.48

**Table 4. Percent Reporting “None” or “Few” Options Available in Child- and Family-Related Training, by Practice Area and Degree**

	CWF - MSW	CWF - BSW	Adol - MSW	Adol - BSW	NPA - MSW	NPA - BSW	All
Training for new workers	26%	15%	43%	14%	48%	41%	42%
On-the-job training	19%	13%	30%	14%	38%	40%	34%
Workshops	11%	16%	12%	14%	13%	18%	13%
Courses	35%	47%	36%	0%	28%	42%	31%
Conferences	18%	24%	21%	7%	13%	22%	15%
Distance learning	61%	62%	58%	57%	51%	64%	54%
Other training	73%	82%	74%	40%	66%	72%	68%

**Table 5. Percent Reporting “None” or “Few” Options Available in Child- and Family-Related Training, by Employment Sector**

Training Option	Public agency	Private non-profit org	Private for-profit org	Private practice
Training for new workers	35%	40%	47%	57%
On-the-job training	28%	30%	37%	49%
Workshops	14%	15%	17%	7%
Courses	33%	34%	32%	18%
Conferences	17%	17%	16%	8%
Distance learning	60%	57%	51%	37%
Other training	70%	73%	68%	57%

**Table 6. Percent Reporting “None” or “Few” Options Available in Child- and Family-Related Training, by Rural/Urban Location**

Training Option	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Training for new workers	43%	32%	40%	50%
On-the-job training	34%	32%	38%	48%
Workshops	14%	13%	11%	20%
Courses	31%	32%	29%	30%
Conferences	15%	19%	13%	11%
Distance learning	55%	52%	50%	56%
Other training	71%	63%	69%	70%

Almost nine of ten social workers who work with children and adolescents desire additional training related to these populations (89%). Those in Child Welfare/Family and Adolescents were more likely to report a desire for more training (96% and 98%, respectively) than other social workers NPA (86%).

Ninety-six percent of those who carry caseloads of more than 50% children/adolescents desire additional related training compared to 81% of those with caseloads of 50% or fewer children/adolescents. There was no variation in desire for training by highest social work degree.

**Table 7. Interest in Child- and Family-Related Training, by Highest SW Degree**

Practice Area	MSW	BSW	All
Practice Area is Child Welfare/Family	96%	94%	96%
Practice Area is Adolescents	98%	100%	98%
Not CWF or Adolescent Practice Area	86%	88%	86%

Social workers who work with children/adolescents are most likely to report satisfaction with their knowledge of theories of child development (86%), and least likely to report satisfaction with their knowledge of psychopharmacology (46%). Social workers in the practice area of Child Welfare/Family are more confident in their knowledge of cultural differences than other social workers, as shown in Table 8.

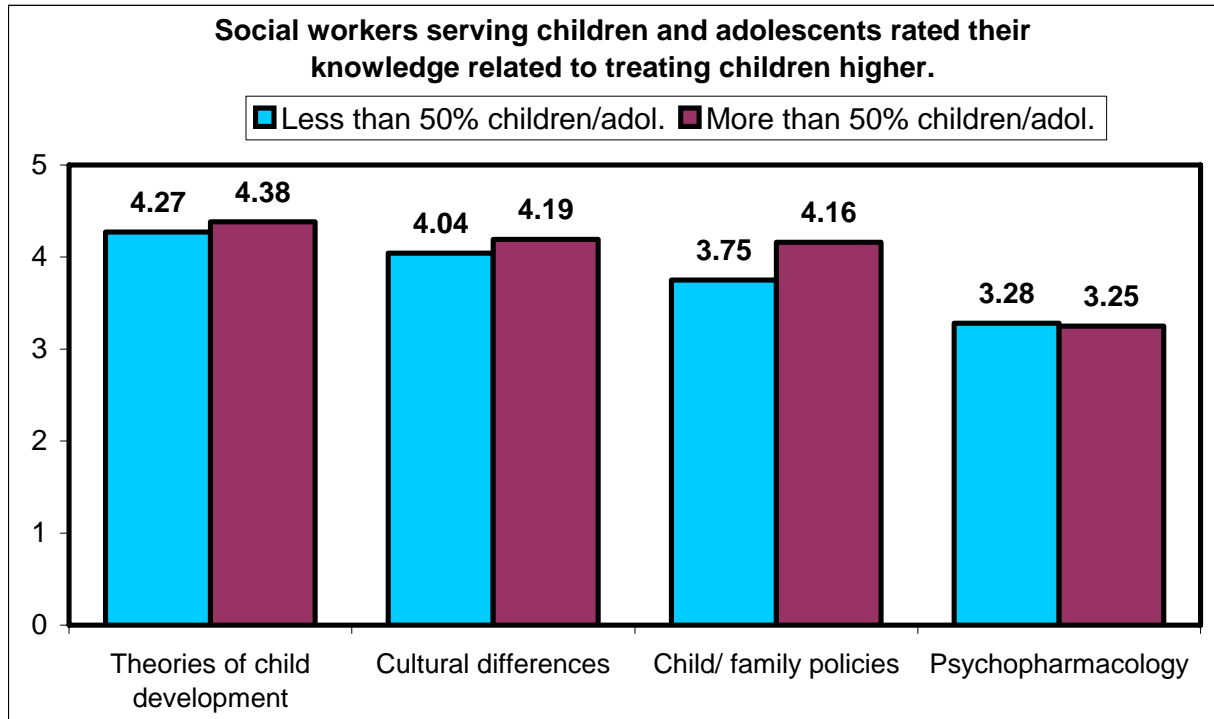
**Table 8. Percent Reporting that Knowledge of Child/Family-Related Areas is High (4 or 5 on a 5-Point Scale)**

Knowledge Area	All	CWF - MSW	CWF - BSW	Adol - MSW	Adol - BSW	NPA - MSW	NPA - BSW
Know theories of child development	86%	92%	84%	80%	100%	87%	71%
Know cultural differences for children	78%	84%	74%	77%	69%	78%	62%
Know child/family policies	72%	88%	93%	78%	86%	68%	58%
Know psychopharmacology for children	46%	39%	18%	53%	33%	50%	34%

Social workers with caseloads of 50% or more children/adolescents consistently report higher confidence with their knowledge of child/family issues than those serving fewer children/adolescents, as shown in Figure 10.



**Figure 10. Average Self-Ratings Of Knowledge Related To Treating Children And Families**



**LICENSED SOCIAL WORKERS  
SERVING CHILDREN AND  
ADOLESCENTS, 2004**

**Chapter 3 of 7**

**What Social Workers Do**

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## Chapter 3. What Social Workers Do

### Summary of the Findings

- Providing direct services to clients is the most common role of social workers serving children and/or adolescents (95%), as well as the role they are most likely to perform 20 hours a week or more (63%).
- While most social workers perform multiple roles in their jobs, 74% spend more than 20 hours in one role.
- Social workers in Child Welfare/Family and Adolescents spend less time providing direct services to clients than social workers not in these practice areas (a median of 20 hours for both versus 25 hours).
- Social workers in Child Welfare/Family spend more hours on roles including administration management, community organizing, supervision and training/ education than all other practice areas, including Adolescents which mirrored patterns of social workers overall.
- Mental Health, Child Welfare/Family and School Social Work are the practice areas most frequently reported by social workers who serve some children and adolescents (37%, 16%, and 12%, respectively).
- MSWs are most likely to report Mental Health as their practice area (42%) and BSWs Child Welfare/Family (36%).
- A majority of social workers in all practice areas except Aging work with some children and/or adolescents.
- Practice area appears keyed to setting: Child Welfare /Family is the predominant report among social workers in social service agencies (67%); Adolescents is the predominant report in group homes targeted to younger populations (73%); and Mental Health is the predominant report in behavioral health clinics (76%).
- Social worker who serve children and/or adolescents work a median of 40 hours per week in their primary employment, consistent with social workers overall.
- BSWs are more likely to work for a single employer than MSWs (79% versus 58%). MSWs are more likely to have multiple employers (26% versus 12%).
- Almost half of social workers serving children/adolescents have worked with their current employer five or fewer years (49%).
- Information referral (92%), screening/assessment (92%) and crisis intervention (91%) are the most common tasks that social workers serving any children/adolescents report performing for any clients within their practices.
- Individual counseling (31%), psychotherapy (27%) and case management (13%) are the tasks most frequently performed 50 percent of the time or more by these social workers for all clients.

- MSWs serving any children/adolescents spend most time on individual counseling, psychotherapy and screening assessment while BSWs spend most time on information referral, screening assessment and home visits.
- Social workers in the practice area Child Welfare/Family spend most time on case management, home visits and screening assessment, while those in Adolescents spend most time on individual counseling, psychotherapy and case management.
- More than 95% of respondents serving any children/adolescents specifically performed the following tasks related to their work with children and adolescents: communicating with families, with other professions, and with other social workers; using community resources; serving as advocates, and using agency resources.
- One third of social workers (34%) thought that tasks they performed were above their levels of skills and training, while 11% felt they were below their skills and training.

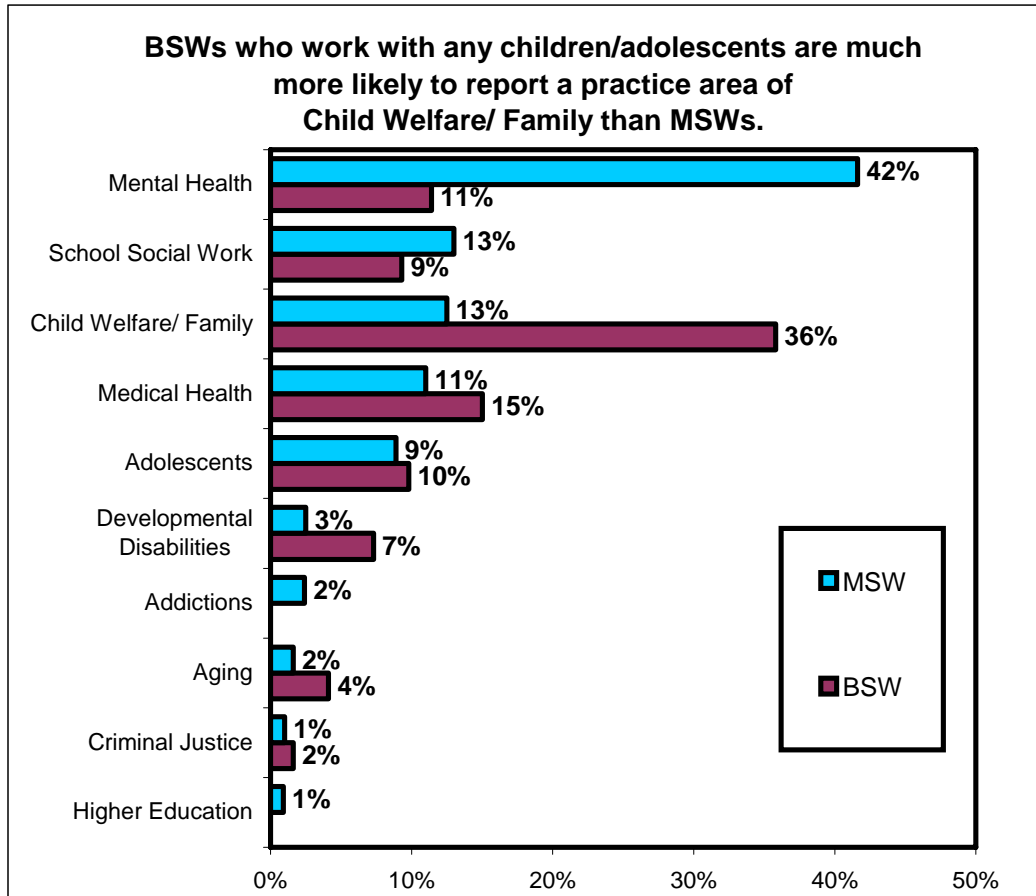
### **Practice Area**

Mental Health (37%), Child Welfare/Family (16%) and School Social Work (12%) are the most common practice areas of social workers who provide services to children and adolescents. Practice area is an important indicator of how social workers view their mission and their role.

### *By Degree*

Social workers with MSWs were much more likely to report Mental Health as their practice area in their primary employment (42%), and BSWs were most likely to report Child Welfare/Family (36%) as their practice area. While significant differences by highest social work degree can be seen across practice areas, MSWs constitute the majority of social workers providing services to children and adolescents in all practice areas.

**Figure 1. Percentages of Licensed Social Workers with MSWs and BSWs Who Reported Different Practice Areas**

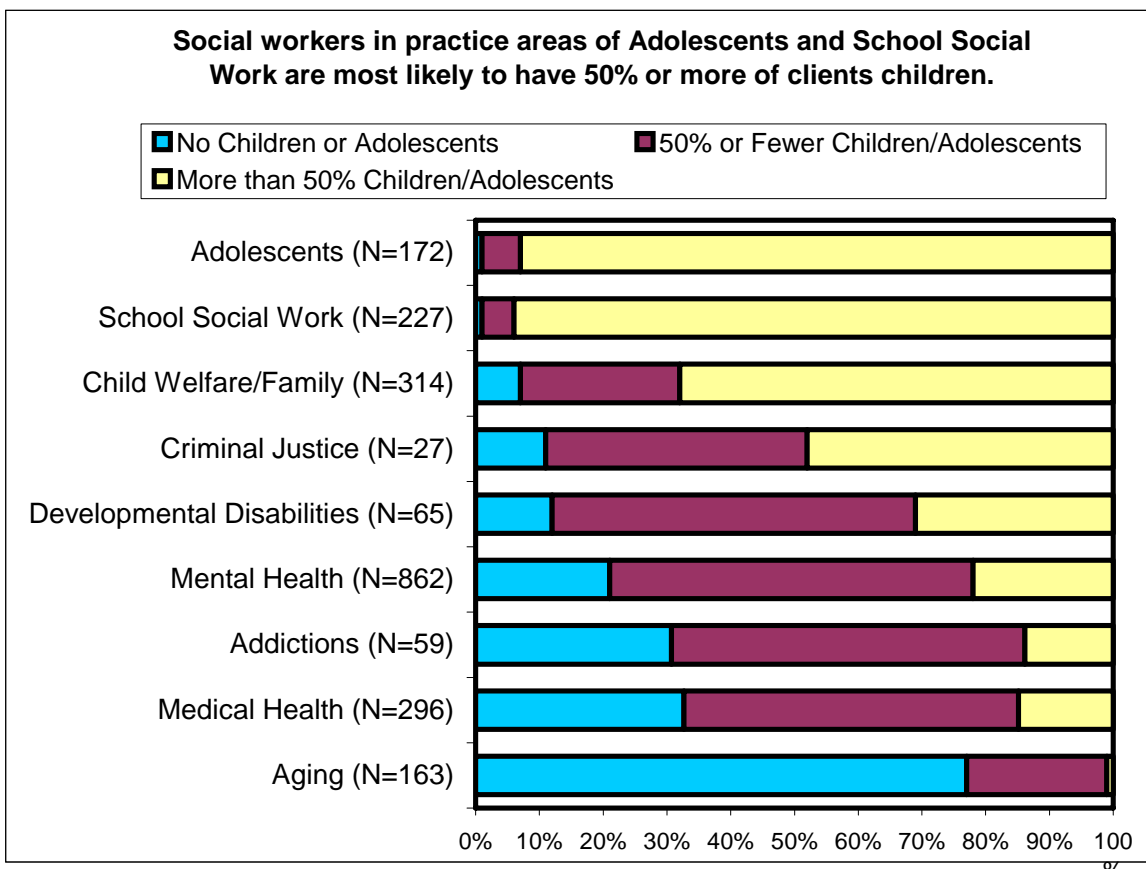


*By Caseload*

The three most common practice areas remained the same for social workers with caseloads of more than 50% children and adolescents, but differed in order and prevalence: Child Welfare/Family (24%), School Social Work (24%) and Mental Health (21%). For those carrying caseloads of 50% or fewer children/adolescents, the most common practice areas were Mental Health (53%), Medical Health (17%) and Child Welfare/Family (8%).

Figure 2 shows that a majority percentage of social workers in almost all practice areas saw at least some children and adolescents. The exception is Aging, although it is interesting that 23% of social workers in this practice area nonetheless reported serving at least some children and adolescents.

**Figure 2. Percentages of Caseload Children/Adolescents, by Practice Area**



*By Setting*

The most common practice areas for social workers who serve children and adolescents varied dramatically by the settings in which these target populations are frequently served (Table 1). Practice area appeared to be keyed to setting.

**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%



## Employment status

### *Number of Jobs and Hours Worked*

Social workers who served children and adolescents worked a median of 40 hours per week at their primary job, consistent with social workers overall. Sixty-one percent worked for one employer full-time, 14% worked for one employer part-time, and 25% worked for multiple employers, also consistent with social workers overall.

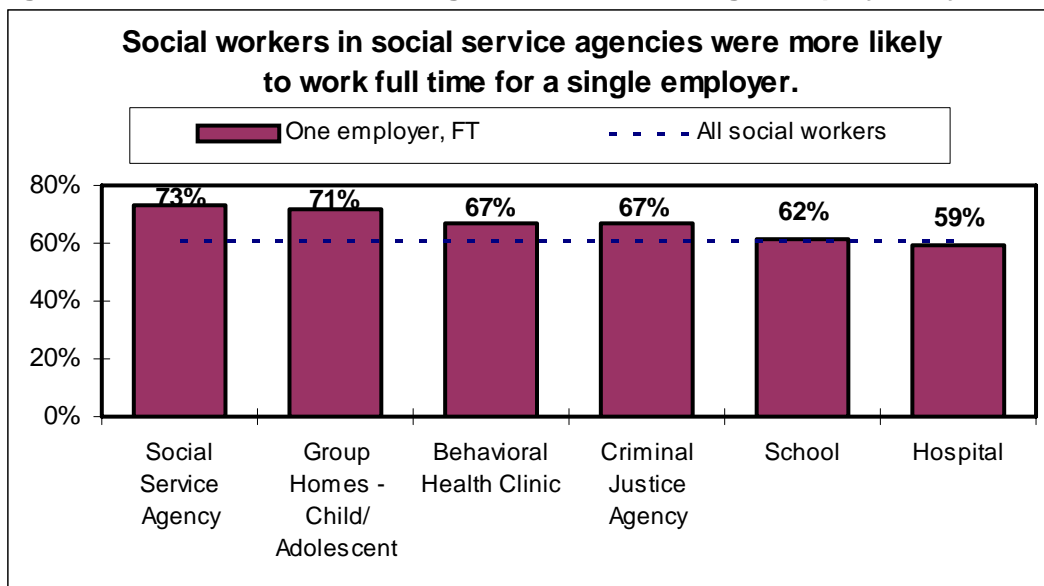
Those in Child Welfare/Family were more likely to work full-time for a single employer (70%), and somewhat less likely to work part-time or for multiple employers (9% and 21%). In contrast, those in Adolescents were less likely to work full-time for a single employer (54%), and somewhat more likely to work part-time or for multiple employers (19%, 28%).

As with overall employment patterns of the social work workforce, BSWs who served children/adolescents were substantially more likely than MSWs to work full-time for a single employer (79% versus 58%), while MSWs were substantially more likely than BSWs to work part-time for a single employer (16% versus 9%) or to work for multiple employers (26% versus 12%).

There were not substantial differences in number of jobs by prevalence of children and adolescents in the caseload.

Social workers who served children and adolescents in social service agencies were most likely to work full-time for a single employer, followed by those working in group homes serving children/adolescents (Figure 3). Social workers in hospitals were least likely to work full-time for a single employer. Part-time work for a single employer was most common in criminal justice agencies (20%), and least common among social workers in group homes (7%). Multiple jobs were most common among those in hospitals (26%) and behavioral health clinics (24%).

**Figure 3. Social Workers Working Full Time for a Single Employer, By Setting**



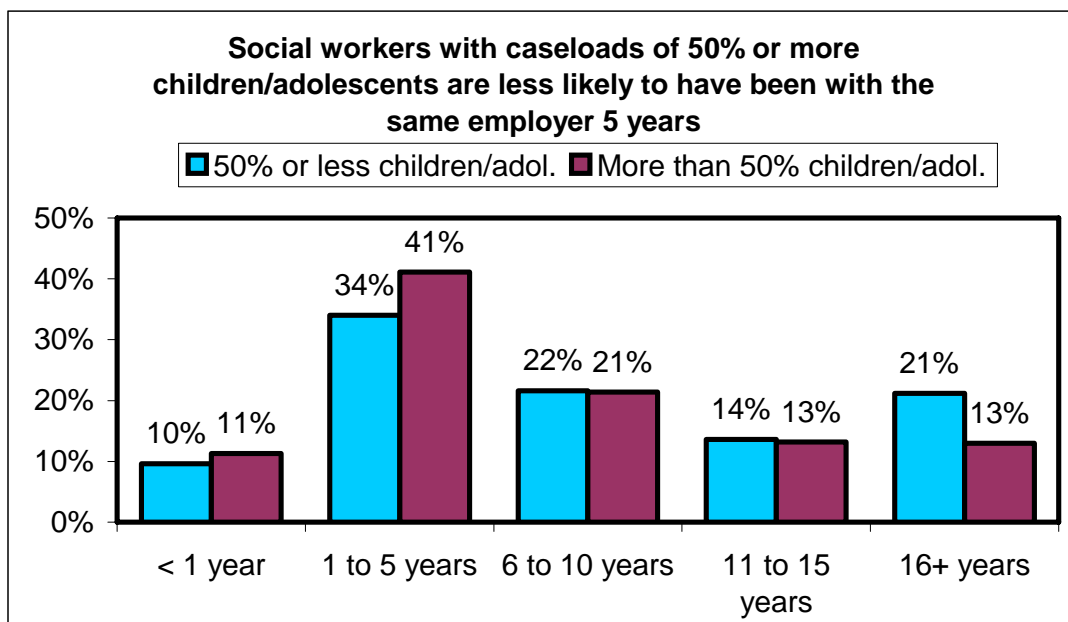
### Years with Current Employer

Nine out of ten social workers who work with children or adolescents (89%) have been with their current employer for at least one year, and 17% had been with their employer for more than fifteen years. At the same time, half have been with their current employer for fewer than five years (49%).

Years with current employer did not differ between those in Child Welfare/Family and social workers in other practice areas. However, social workers in the practice area of Adolescents were much more likely than social workers NPA to be new to their jobs in the past year (14% versus 11%) or the past five years (57% versus 49%). There were not substantial differences by highest social work degree.

Figure 4 shows that social workers who provide services to caseloads of more than 50% children/adolescents were more likely to have worked fewer than five years for the same employer (52%) than those who carry caseloads that were 50% or fewer children (44%).

**Figure 4. Percentages of Social Workers with Different Emphases on Children and Adolescents with Different Numbers of Years with Current Employer**



### Caseload size

As will be seen, caseload size varies among social workers serving some children/adolescents by practice area and degree. However, setting appears to be a major determinant of caseload size.

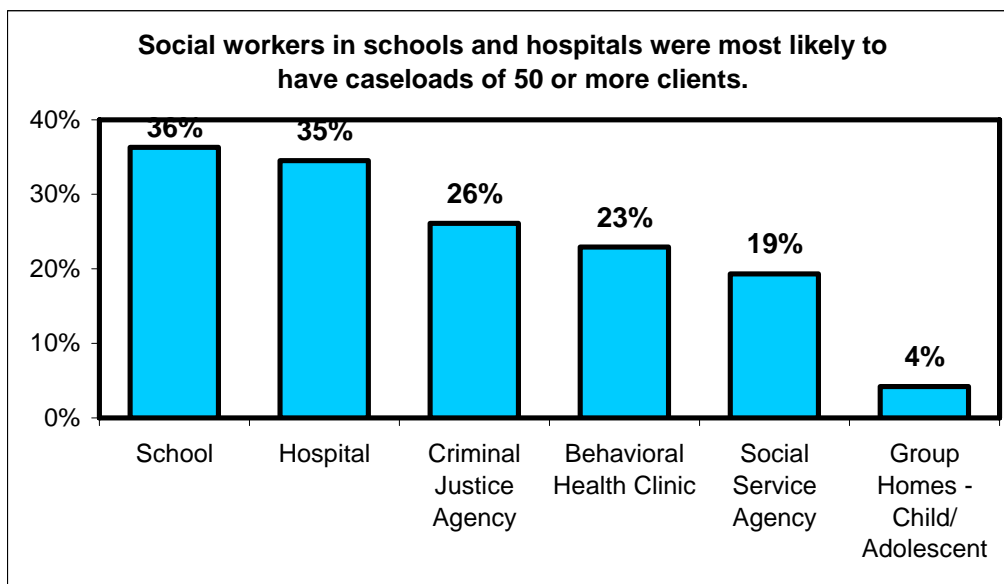
Social workers in the practice areas of Child Welfare/Family and of Adolescents were less likely to have caseloads of 50 or more clients (19% and 16%) than those not in these practice areas (26%). Social workers in Adolescents were more likely to have caseloads of ten or fewer clients (25%) than either those in Child Welfare/Family or other licensed social workers NPA (16%).

BSWs were no more likely than MSWs to carry caseloads of more than 50 clients, but were less likely to carry caseloads of ten or fewer clients (10% versus 16%).

The caseload size of social workers' primary jobs did not vary by the extent of their involvement with children or adolescents. Of those serving children and adolescents, 25% had more than 50 clients and 15% had ten or fewer clients.

Caseload size does appear to vary by setting (Figure 5). The largest caseloads were found in schools and hospitals, where 36% and 35% of social workers respectively carried caseloads of more than 50 clients. Fewer social workers in behavioral health clinics (23%) or social service agencies (19%) carried caseloads of this size. Very few social workers in group homes carried caseloads of more than 50 clients (4%).

**Figure 5. Percentages of Social Workers Reporting Caseload of Fifty or More Clients, by Employment Setting**



## Roles

Although social workers that serve children/adolescents participate in a wide variety of roles, 86% spend 20 or more hours weekly on one primary role. Providing direct services to clients is the most common role performed (95%), and the role most likely to be performed 20 or more hours per week (64%). Other common roles include consultation (53%), administration/management (50%) and planning (44%). The majority of social workers spend fewer than 10 hours per week on any single role other than their major role across settings in which older adults are commonly served.

As noted in Table 3, a higher percentage of social workers serving children and adolescents spend 20 hours per week providing direct services to clients than social workers overall and social workers who do not provide services to these target populations.

**Table 3. Percentages of Licensed Social Workers That Spend Any Time or 20 or More Hours per Week Performing Selected Roles**

Roles	All social workers		Social workers serving children and adolescents		Social workers not serving children or adolescents	
	Any	20 hours or more	Any	20 hours or more	Any	20 hours or more
Direct services	93%	59%	99%	63%	96%	52%
Administration/management	50%	12%	64%	10%	64%	18%
Consultation	48%	4%	74%	4%	65%	4%
Planning	38%	3%	66%	3%	65%	3%
Supervision	35%	3%	56%	3%	52%	5%
Community organizing	18%	1%	33%	1%	31%	1%
Teaching	22%	2%	37%	1%	36%	3%
Training/Education	35%	1%	58%	1%	54%	1%
Policy development	15%	0%	26%	0%	29%	0%
Research	9%	0%	18%	0%	16%	0%

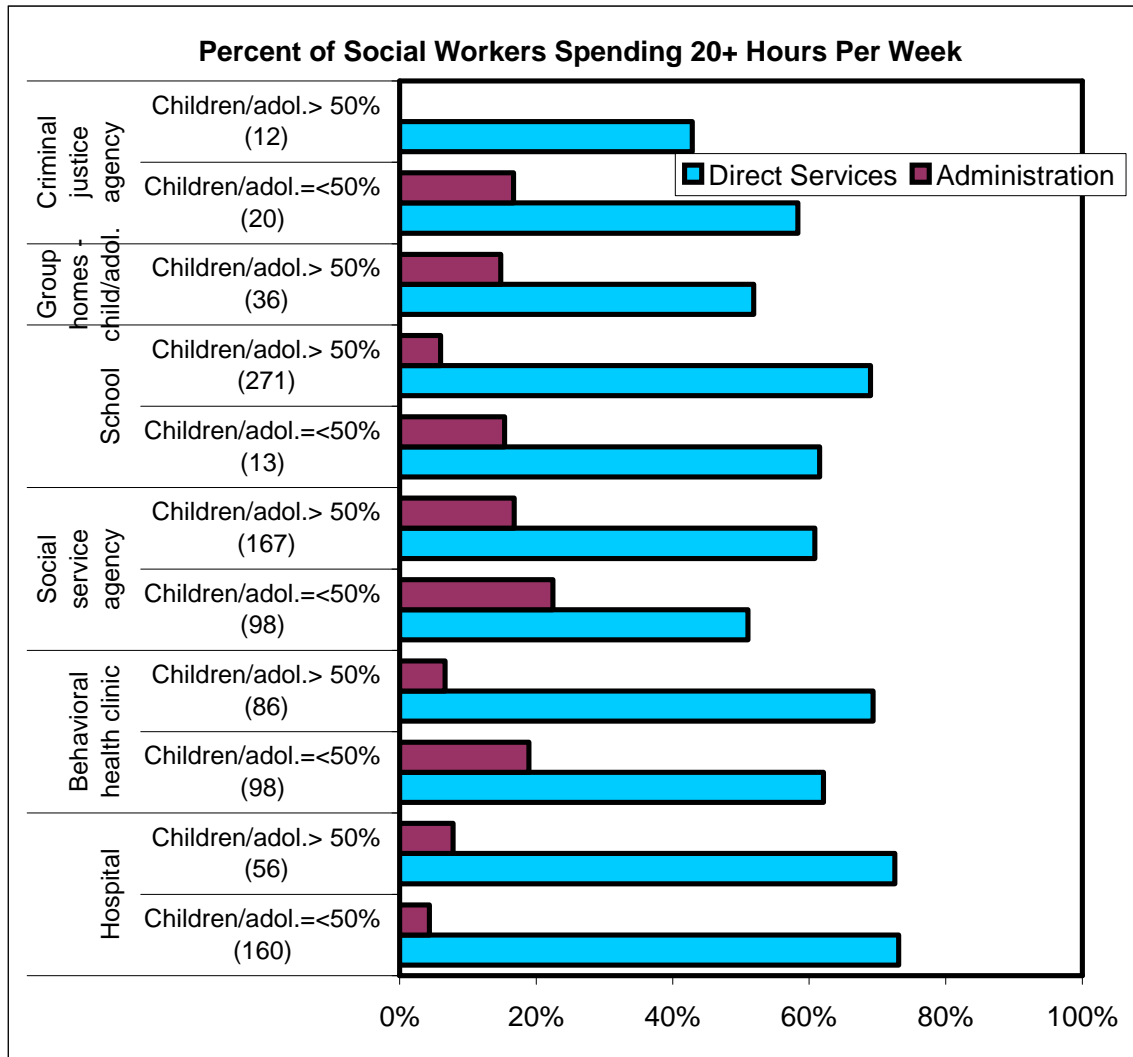
Social workers in Child Welfare/Family spent more hours on administration/management, community organizing, supervision, and training/education than others who serve children and adolescents, while those in Adolescents were no different in the way they spent their time than those not in the practice area. BSWs who provide services to children and adolescents did more planning and community organizing than MSWs. There was little variation in average frequencies among other roles by degree or level of involvement with children/adolescents within caseloads.

**Table 4. Percentages of Licensed Social Workers Serving Some Children and Adolescents That Spend 20 Hours or More In Specific Social Work Roles**

	Child Welfare/ Family		Adolescents		Not Practice Area	
	MSW	BSW	MSW	BSW	MSW	BSW
Direct services	51%	68%	56%	79%	66%	59%
Administration/management	18%	13%	13%	7%	9%	8%
Consultation	4%	4%	3%	14%	3%	4%
Planning	4%	4%	3%	7%	2%	8%
Supervision	11%	9%	2%	7%	1%	2%
Teaching	2%	0%	0%	7%	1%	1%
Community organizing	1%	1%	0%	0%	0%	1%
Training/Education	2%	3%	0%	0%	1%	4%
Research	0%	0%	1%	0%	0%	0%
Policy development	0%	0%	0%	0%	0%	0%

Figure 6 shows the complex relationship between roles, caseload composition, and setting. As can be seen, social workers in hospitals spend more time providing direct services to patients, regardless of prevalence of children/adolescents within their caseloads, and the least time on administration/management, as compared to social workers in other settings.

**Figure 6. Percentages of Social Workers Devoting 20+ Hours per Week to Selected Roles, by Employment Setting**



*Direct Service Hours*

Social workers who served any children/adolescents spent a median of 24 hours a week on direct care services in their primary job, with a median of 75 percent of total hours spent on direct care services.

Social workers in the practice area of Child Welfare/Family spent a median of 62.5 percent of hours on direct services and social workers in Adolescents 68 percent of hours compared to 75 percent for those not in the practice area. BSWs and MSWs were similar with 73% and 75% of hours spent on direct services. Social workers with caseloads of 50 percent or fewer children/adolescents within their caseloads spent more of their time on direct care services (75%) than those who carried caseloads of more than 50 percent children and adolescents (68%).

**Table 5. Median Hours per Week of Direct Service to Clients for Selected Groups of Licensed Social Workers**

Category of Licensed Social Worker	Direct care hours - primary job	Percent of total hours spent on direct care
All seeing any children and adolescents	24	75%
Practice area is Child Welfare/Family	20	62.5%
Practice area is Adolescents	20	68%
Not in practice area	25	75%
More than 50% of caseload	25	68%
50% or less of caseload	24	75%
No children or adolescents	20	67%
All social workers	24	75%

Percent of total hours spent on direct care varied by settings in which children and adolescents were frequently served, from a median of 80% of time among those who worked in hospitals to a low of 50 percent among those who worked in group homes for children and adolescents (Table 6).

**Table 6. Median Percent of Total Hours Spent on Direct Care, by Employment Setting.**

Setting	% of Hours
Hospital	80%
School	75%
Criminal Justice Agency	75%
Behavioral health clinic	63%
Social Service Agency	57%
Group homes – Child/Adolescents.	50%

## Tasks

Direct service was the most common role and the one in which social workers spent the most hours, but direct service can encompass many different tasks. Some tasks are interpersonal and client-centered (e.g. psychotherapy, counseling), while others are focused on connecting clients to resources (e.g. case management, information/referral).

Table 7 shows that the tasks that social workers who served children and adolescents were most likely to perform were: information/referral (92%), screening/assessment (92%), crisis intervention (91%), treatment planning (88%), and individual counseling (88%). Three tasks emerged on which substantial numbers of social workers working with children and adolescents spent more than 50% of their time: individual counseling (31%), psychotherapy (27%), and case management (13%). Fewer than 10% of licensed social workers reported spending more than half their time on any other task.

**Table 7. Prevalence and Frequency of Tasks Performed by Social Workers Serving Children and Adolescents.**

Tasks	Spend Any Time	50+% of Time
Information/Referral	92%	6%
Screening/Assessment	92%	8%
Crisis Intervention	91%	5%
Treatment Planning	88%	5%
Individual Counseling	88%	31%
Client Education	82%	7%
Case Management	78%	13%
Family Counseling	75%	6%
Psycho-education	64%	5%
Psychotherapy	63%	27%
Discharge Planning	50%	6%
Group Counseling	48%	3%
Couples Counseling	47%	2%
Advocacy/Community Organization	46%	1%
Home Visits	45%	8%
Medication adherence	43%	2%
Program Development	42%	1%
Supervision of staff	38%	3%
Program Management	35%	3%

Table 8 identifies tasks that social workers serving children and adolescents are more or less likely to perform. While there is much overlap in tasks, practice area and degree both clearly influence the tasks performed by these social workers. This table helps to illustrate the variability of jobs within social work.

**Table 8. Tasks that Social Workers Serving Children and Adolescents Are More or Less Likely to Perform, by Practice Area and Highest Social Work Degree**

Practice Area	SW Degree	Most likely to do...	Spend the most time on...
Child Welfare/ Family	MSW	Screening/Assessment (80%)	Case Management
		Information/Referral (80%)	Individual Counseling
		Crisis Intervention (78%)	Screening/Assessment
	BSW	Information/Referral (93%)	Case Management
		Screening/Assessment (90%)	Home Visits
		Case Management (86%)	Screening/Assessment
Adolescents	MSW	Individual Counseling (89%)	Individual Counseling
		Crisis Intervention (83%)	Psychotherapy
		Family Counseling (83%)	Treatment Planning
	BSW	Information/Referral (86%)	Case Management
		Case Management (86%)	Home Visits
		Client Education (86%)	Information/Referral
NPA	MSW	Screening/Assessment (85%)	Individual Counseling
		Information/Referral (83%)	Psychotherapy
		Individual counseling (83%)	Screening/Assessment
	BSW	Information/Referral (91%)	Case Management
		Crisis Intervention (83%)	Information/Referral
		Screening/Assessment (82%)	Individual Counseling

Table 9 shows how involvement in these tasks varied by the extent of involvement with child/adolescent clients. There was a particularly dramatic relationship with home visits.



**Table 9. Prevalence of Tasks Performed by Social Workers by Involvement with Children and Adolescents**

Tasks	Practice Area is Child Welfare/Family	Practice Area is Adolescents	Not in Practice Area	Fewer than 50% Children/Adolescents	More than 50% Children/Adolescents	All social workers
Information/Referral	83%	81%	83%	83%	85%	85%
Screening/Assessment	81%	76%	84%	85%	81%	85%
Treatment Planning	73%	78%	76%	76%	77%	77%
Crisis Intervention	79%	79%	80%	78%	83%	80%
Case Management	76%	71%	63%	63%	72%	69%
Individual Counseling	58%	82%	81%	80%	77%	79%
Group Counseling	26%	52%	40%	36%	46%	40%
Family Counseling	58%	76%	63%	61%	66%	60%
Couples Counseling	26%	21%	42%	53%	20%	36%
Medication Adherence	17%	30%	37%	39%	27%	35%
Advocacy	42%	32%	36%	35%	40%	38%
Psychotherapy	26%	58%	58%	61%	44%	51%
Psycho-education	31%	53%	55%	55%	49%	51%
Client Education	61%	68%	69%	69%	68%	69%
Supervision	38%	39%	31%	31%	34%	32%
Program Development	34%	41%	34%	33%	36%	34%
Program Management	30%	25%	28%	28%	30%	29%
Discharge Planning	29%	45%	41%	43%	37%	43%
Home Visits	68%	39%	32%	27%	51%	39%

Among social workers who served children and adolescents, the frequency of tasks also varied by setting. Table 10 shows that only individual counseling ranked in the top five most frequent tasks in all six settings, while screening/assessment and case management made the top five in five of the six settings.

**Table 10. Top Five Most Frequently Performed Tasks, by Employment Setting**

Hospital	Behavioral Health Clinic	Social service agency
Screening/assessment	Individual counseling	Case management
Discharge planning	Psychotherapy	Home visits
Information/referral	Family counseling	Screening/assessment
Individual counseling	Psychoeducation	Individual counseling
Case management	Screening/assessment	Crisis intervention
School	Group Home	Criminal Justice Agency
Individual counseling	Individual counseling	Individual counseling
Case management	Case management	Case management
Crisis intervention	Treatment planning	Screening/assessment
Information/referral	Crisis intervention	Information/referral
Screening/assessment	Client education	Treatment planning

*Tasks Appropriate to Training.*

Table 11 shows that most social workers who work with children and adolescents felt that their tasks were consistent with their training and skills (56%). Nonetheless, 34% felt that their tasks were above their skills and training, and 11% felt that their tasks were below their skills and training. These perceptions are comparable to reports of all social workers.

Social workers in Child Welfare/Family are less likely to find tasks above their skill level (28%) and more likely to be below (14%). Those in Adolescents in contrast are even more likely to report that tasks are above their level of skill (38%) and less likely to be below (9%). MSWs were more likely than BSWs to feel that they performed tasks below their skills/training (11% compared to 6%). Differences are not substantial by prevalence of children/adolescents in caseloads.

**Table 11. Ratings by Selected Groups of Social Workers Serving Children and Adolescents of the Skill Requirements of Their Work**

Skill Requirement	All who serve children and adolescents	MSW	BSW	Child Welfare/Family	Adolescents	NPA
Below my skills	11%	11%	6%	14%	9%	10%
Consistent with my skills	56%	55%	60%	57%	54%	56%
Above my skills	34%	34%	34%	28%	38%	34%

### *Tasks Specific to Children and Families*

In addition to the information about the tasks performed for all clients, survey respondents were asked about tasks specific to children and adolescents. More than 95% reported that they communicated with families, communicated with other professions, communicated with other social workers, used community resources, acted as advocates, and used agency resources. Many fewer reported that they participated in research (33%).

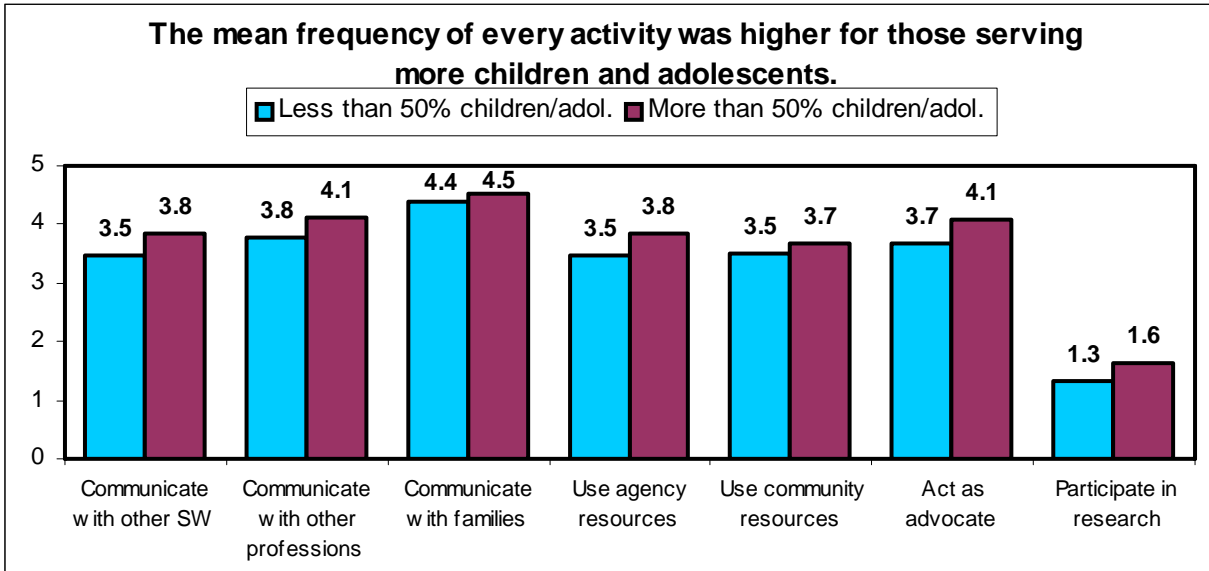
Using a composite scale seen in Table 12, the mean frequency of every activity was shown to be higher for those in Child Welfare/Family than other social workers. Those in Adolescents, on the other hand, reported communicating with families and using community resources significantly less often. BSWs communicated with other professions and other social workers, and used agency and community resources significantly more than MSWs.

**Table 12. Mean Frequencies of Performing Tasks in Providing Services to Children (Scale of 1 to 5)**

Tasks in Providing Services to Children and Adolescents	Child Welfare/Family		Adolescents		NPA		All serving children/Adol
	MSW	BSW	MSW	BSW	MSW	BSW	
Communicate with Other SWs	4.10	4.13	3.53	4.00	3.48	3.64	3.59
Communicate with Other Professions	4.06	4.18	3.72	4.42	3.88	3.99	3.92
Communicate with Families	4.64	4.51	4.28	4.36	4.45	4.25	4.44
Use Agency Resources	4.03	4.10	3.48	4.23	3.51	3.93	3.63
Use Community Resources	3.87	4.07	3.20	4.00	3.51	3.82	3.58
Act as Advocate	4.19	3.95	3.94	4.29	3.77	3.94	3.85
Participate in Research	1.67	1.53	1.59	1.57	1.42	1.46	1.46

The mean frequency of every activity was higher for those serving more children and adolescents in their caseload (Figure 7). The mean frequency score in this figure is based on a 1 to 5 scale, where 1 = Never and 5 = Always.

**Figure 7. Rating of Frequency that Selected Activities Are Done by Licensed Social Workers Serving Children and Adolescents (Scale of 1 to 5)**



The average frequency of tasks undertaken specifically with children and adolescents also varied by setting, as shown in Table 13.

**Table 13. Tasks Performed More and Less Frequently by Social Workers Serving Children and Adolescents in Selected Settings**

Employment Setting	Do significantly more...	Do significantly less...
Hospitals	Communicate with other professions	
	Use community resources	
Behavioral Health Clinic	Communicate with families	Communicate with other professions
		Use community resources
		Use agency resources
Social Service Agencies	Communicate with other social workers	
	Communicate with other professions	
	Use agency resources	
	Use community resources	
	Act as an advocate	
	Participate in research	
Schools		Use agency resources
		Use community resources
Group Home		Communicate with families

**LICENSED SOCIAL WORKERS  
SERVING CHILDREN AND  
ADOLESCENTS, 2004**

**Chapter 4 of 7**

**Where Social Workers Work**

**Prepared by**

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**For**

**The National Association of Social Workers  
Center for Workforce Studies  
Washington, DC**

**March, 2006**

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## Chapter 4. Where Social Workers Work

### Summary of the Findings

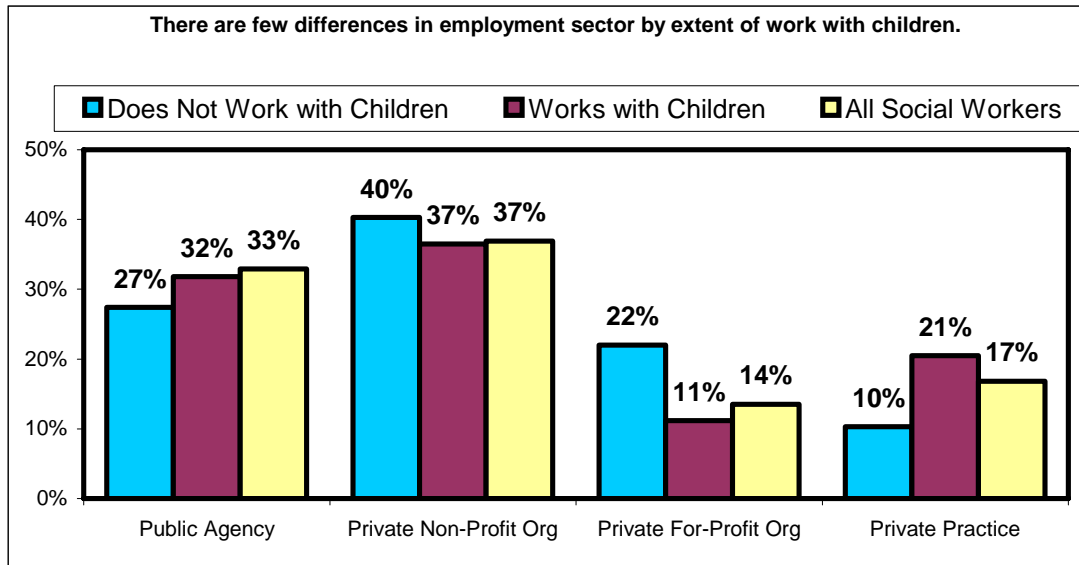
- Social workers are employed across employment sectors and settings. This demonstrates the broad need for social workers, but presents challenges in terms of formulating practices and policies that address varied missions, resources and funding available to support social work services.
- The private nonprofit sector is the most common employment sector for social workers who serve children and/or adolescents (37%), followed by the public sector (32%), private practice (11%) and the 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 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%).
- Private practice (24%), social service agencies (15%), hospitals (12%) and schools (12%) are the most common settings of social workers serving some children/adolescents.
- Social service agencies are the settings with the highest percentages of social workers in the practice area of Child Welfare/Family (59%) as well as BSWs (39%).
- Private practice is the setting with the highest percentages of social workers with 50% or fewer clients who are children and/or adolescents (80%), as well as MSWs (24%).
- Social workers in Adolescents are most likely to work in private practice (17%), schools (17%) and group homes (16%).

### Employment Sector

Figure 1 shows that the most common employment sector for social workers who serve children/adolescents is the private non-profit sector (37%), followed by the public sector (32%), private practice (21%) and the private for-profit sector (11%). This distribution is largely consistent with that of social workers overall.

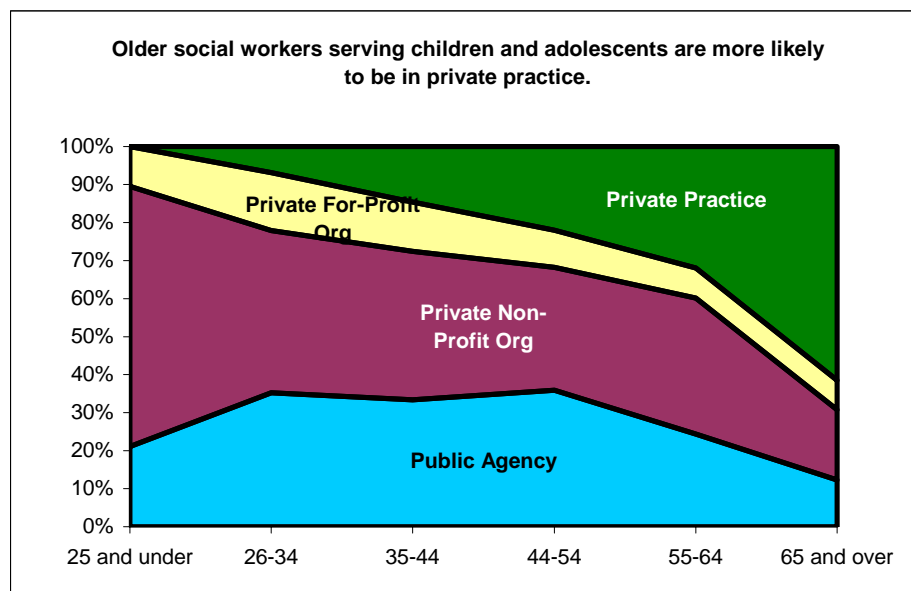


**Figure 1. Percent of Licensed Social Workers in Selected Employment Sectors, by Extent of Involvement with Children and Adolescents**



As can be seen in Figure 2, licensed social workers age 26-34 years and younger are most likely to work in private non-profit organizations (43%). Those 55-64 are most likely to be in private non-profit organization (36%).

**Figure 2. Percent of Licensed Social Workers Serving Children and Adolescents in Different Employment Sectors, by Age Category**



As seen in Figure 3, BSWs were more likely than MSWs to work in public agencies and MSWs are more likely than BSWs to work in private practice.

**Figure 3. Percent of Social Workers Serving Children and Adolescents Working in Selected Employment Sectors, by Highest Social Work Degree**

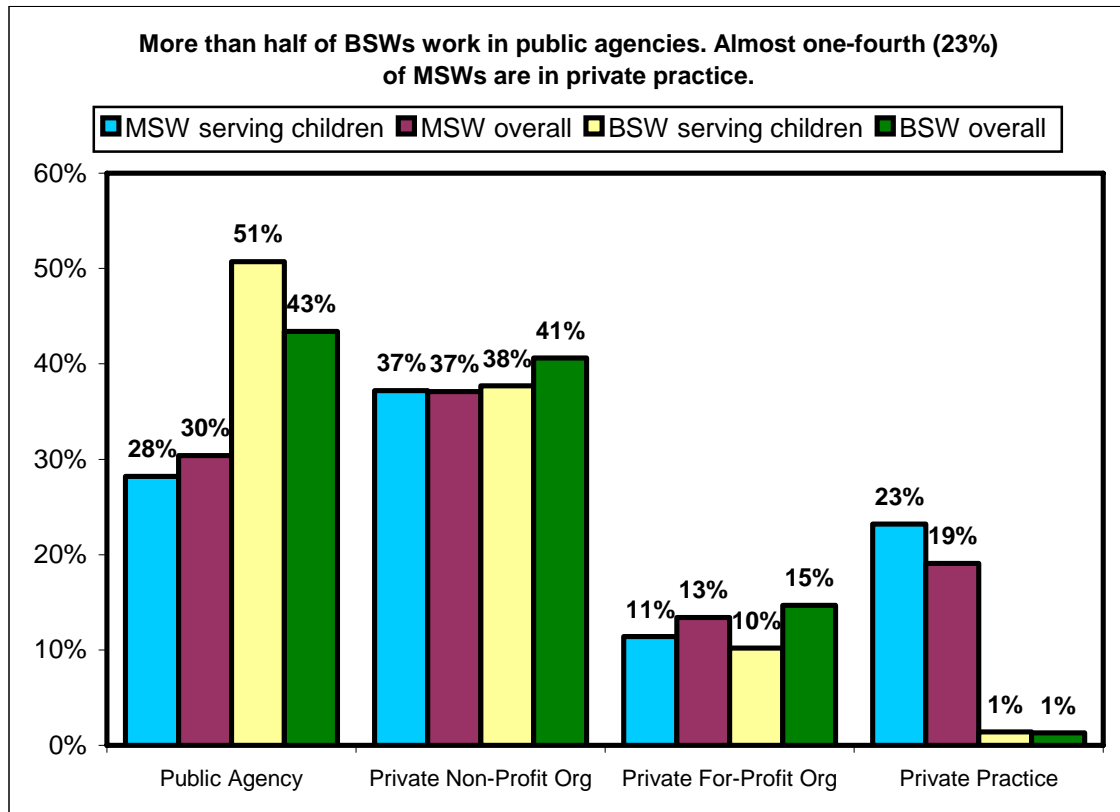
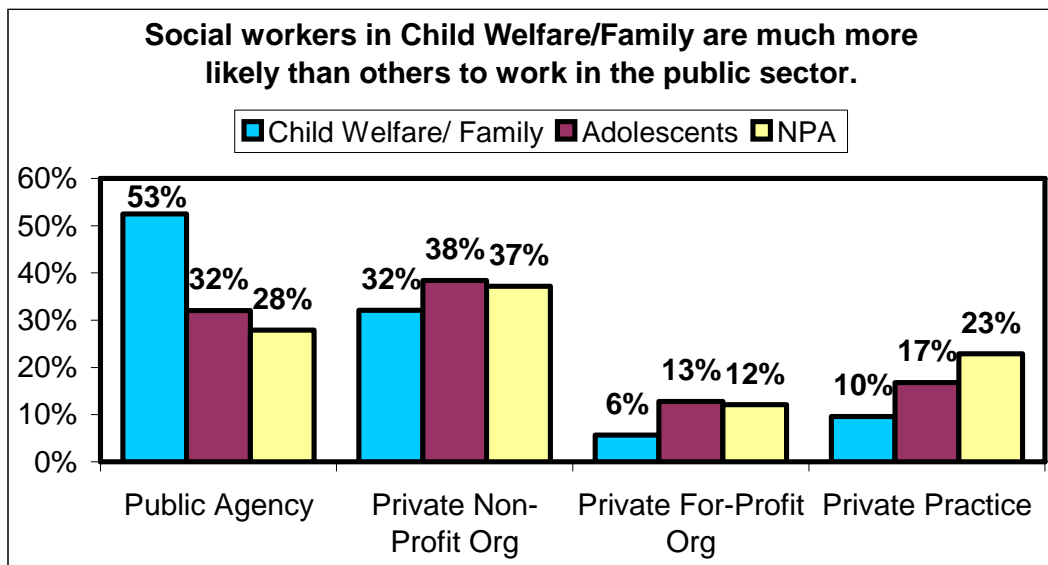


Figure 4 shows that social workers in Child Welfare/Family were significantly more likely than those not in this practice area to be in the public sector (53% versus 28%). They were less likely than social workers NPA to be in the private nonprofit sector (32% versus 37%), the private for-profit sector (6% versus 12%), or private practice (10% versus 23%).

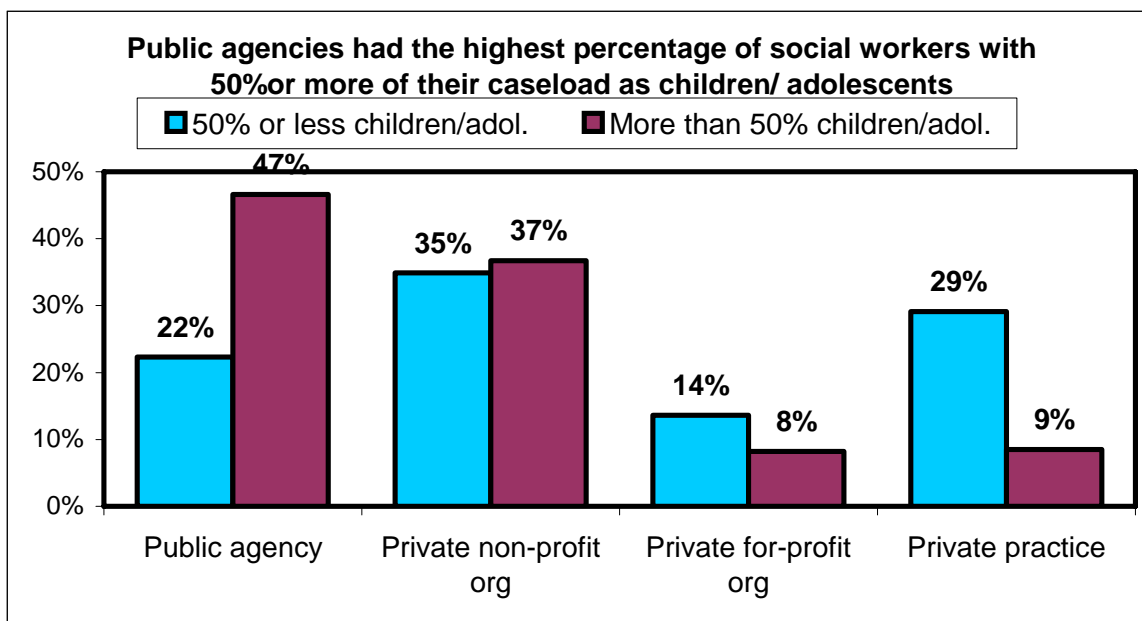
Social workers in Adolescents were also more likely than social workers NPA to be in the private non-profit sector (38% versus 28%). They were less likely to be in the public sector (32% versus 37%), private for-profit organizations (13% versus 12%) and private practice (17% versus 23%).

**Figure 4. Employment Sector by Practice Area**



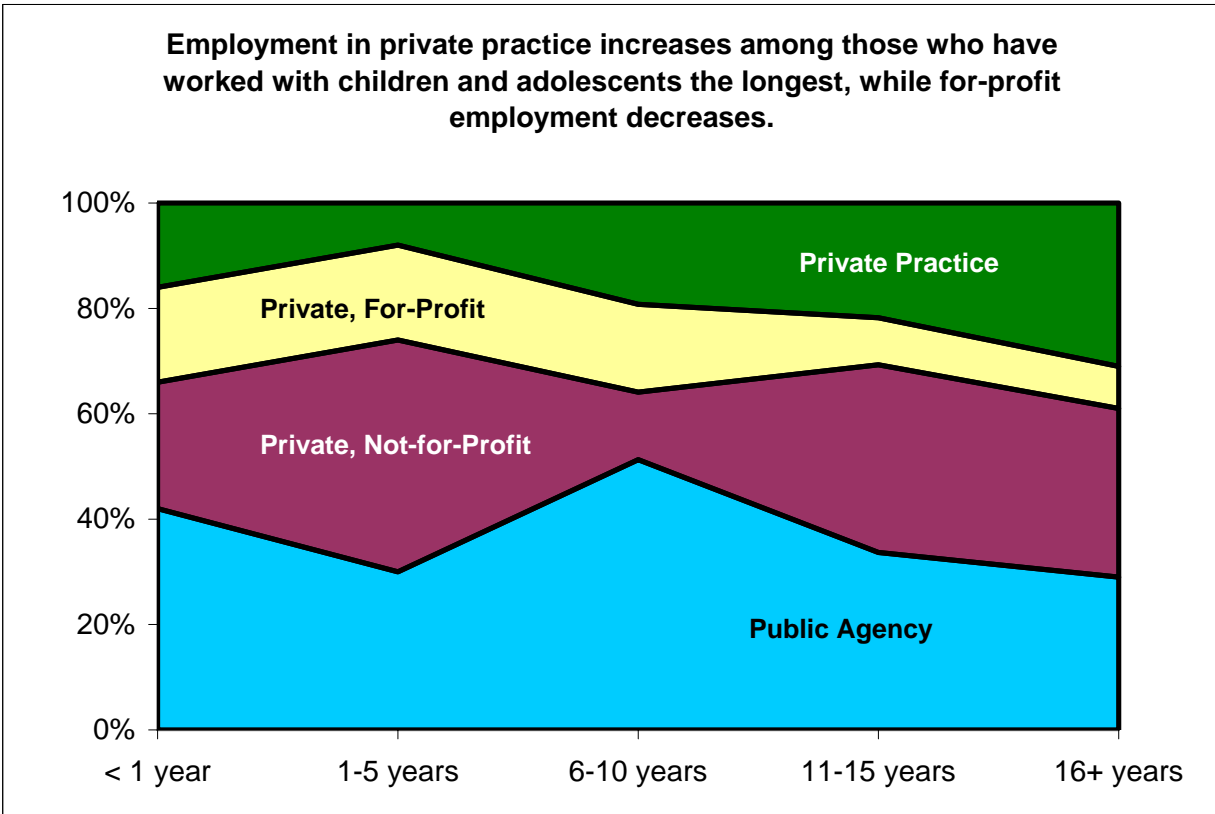
As seen in Figure 5, a great deal of variation exists in employment sector related to the level of involvement with children/adolescents. Almost half (47%) of social workers who served more than 50% children/adolescents work in the public sector, compared to only 22% of those who served fewer than half children/adolescents.

**Figure 5. Percentages of Social Workers Employed in Selected Employment Sectors, by Level of Involvement with Children and Adolescents**



Employment by sector also varies according to experience with children and adolescents, as shown in Figure 6.

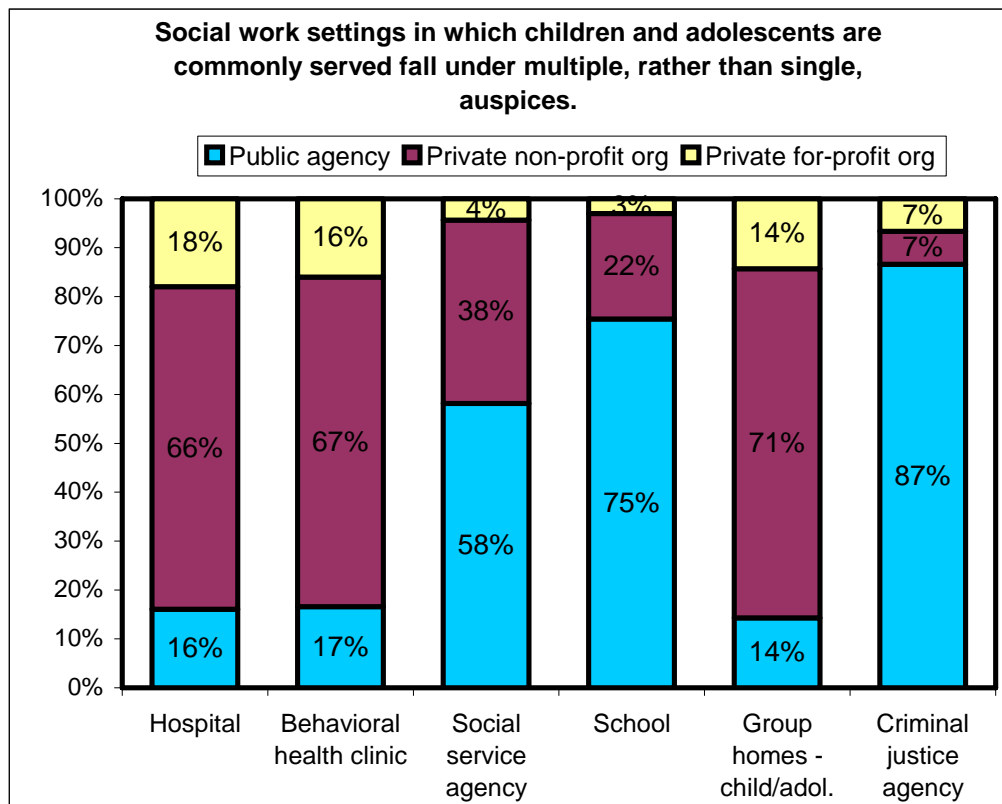
**Figure 6. Primary Employment Sector by Years Experience with Children and Adolescents.**



### Settings

Settings can cross sectors, complicating the understanding of the distribution of licensed social work employment across sectors. For example, Figure 7 shows that the majority of hospitals (66%) are private, nonprofit organizations, but they can also be public (16%) or for profit organizations (18%).

**Figure 7. Sector of Employment of Licensed Social Workers Serving Children and Adolescents, by Employment Setting**



The most common settings for social workers providing services to some children and adolescents are private practice (21%), social service agencies (15%), hospitals (12%) and schools (12%).

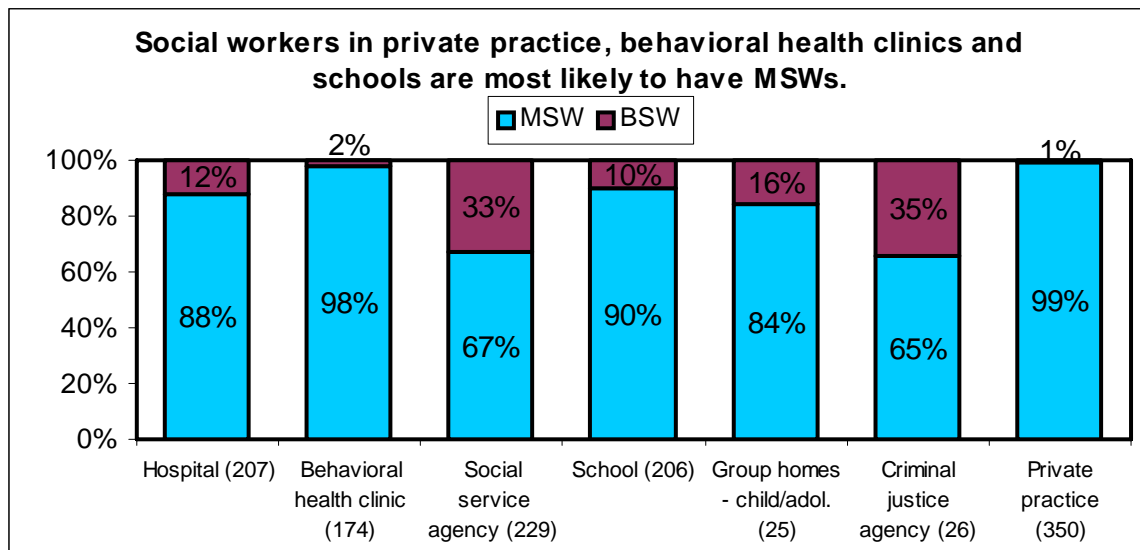
Most common settings vary with practice area. Social workers in Child Welfare/Family are most likely to be employed in social service agencies; those in Adolescents are most likely to work in schools or private practice; and those social workers not in these practice areas are most likely to be in private practice, as shown in Table 1.

**Table 1. Primary Employment Setting of Social Workers Serving Children and Adolescents, by Practice Area**

Employment Setting	Child Welfare/Family	Adolescents	NPA	All serving children/adolescents
Private Practice	10%	17%	24%	21%
Social Service Agency	59%	10%	6%	15%
Hospital/Medical Center	3%	3%	15%	12%
School	1%	17%	14%	12%
Behavioral Health Clinic/Outpatient Facility	4%	13%	11%	10%
Health Clinic/Outpatient Facility	2%	0%	7%	6%
Psychiatric Hospital	0%	5%	3%	3%
Group Home - Child/Adolescent	1%	16%	0%	2%
Criminal Justice Agency/Court	1%	3%	2%	2%
Other	19%	17%	17%	17%

Setting also varied by degree and prevalence of children/adolescents within caseloads (Table 2). 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 served children/adolescents, followed by hospitals (13%), and schools (11%).

**Figure 8. Percentage of Licensed Social Workers Serving Children and Adolescents with MSWs and BSWs, by Employment Setting**



MSWs who have 50 percent or fewer children/adolescents in their caseloads were most commonly found in private practice, while MSWs with more than half of their caseload

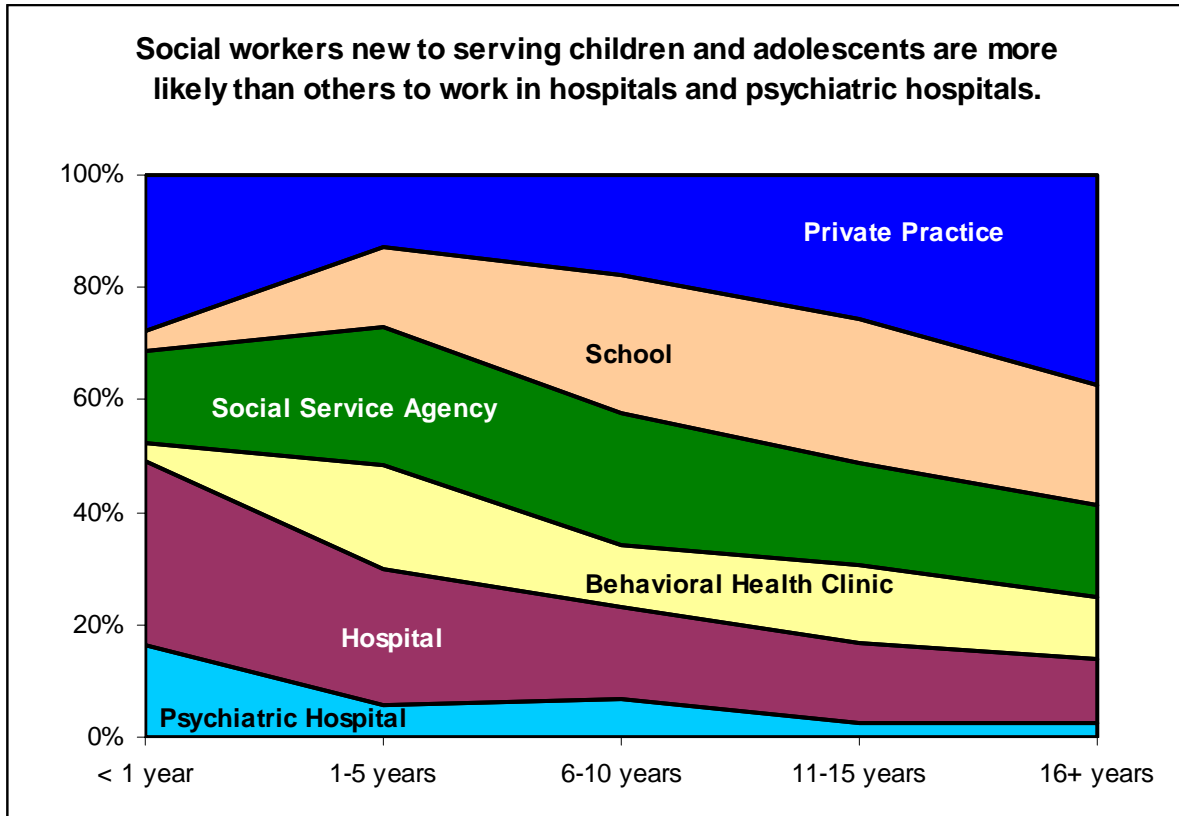
children/adolescents worked in schools. Social service agencies were the most common setting for BSWs regardless of prevalence of children/adolescents within their caseloads.

**Table 2. Employment Settings of MSWs and BSWs Serving Children and Adolescents, by Level of Involvement with Children and Adolescents (Ns in Parentheses)**

Employment Setting (n)	MSW			BSW		
	50% or fewer of caseload	More than 50% of caseload	All MSWs	50% or fewer of caseload	More than 50% of caseload	All BSWs
Private Practice (350)	33%	11%	24%	2%	1%	2%
Hospital (207)	16%	8%	13%	27%	2%	13%
Psychiatric Hospital (49)	4%	3%	3%	4%	0%	2%
Health Clinic/Outpt Facility (95)	7%	4%	6%	2%	2%	2%
Behavioral Health Clinic (174)	12%	12%	12%	2%	2%	2%
Social Service Agency (229)	8%	14%	11%	29%	46%	39%
School (206)	2%	28%	13%	0%	21%	11%
Group Homes - Child/Adol. (25)	0%	3%	1%	0%	4%	2%
Criminal Justice Agency (26)	1%	2%	1%	5%	2%	5%
Other (281)	17%	15%	16%	29%	20%	22%

Most common settings also vary by years working with children and adolescents. Among those newest to serving this population (less than one year), the most common employment settings include hospitals (20%), psychiatric hospitals (10%) and criminal justice agencies (7%). These settings are less common among social workers who are more experienced with this population, who are more likely to be found in private practice, schools, and behavioral health clinics, as shown in Figure 9.

**Figure 9. Primary Employment Setting by Years Experience with Children and Adolescents**



Social workers practicing in rural areas are much more likely than others to work in behavioral health clinics, schools, or group homes, as shown in Table 3.

**Table 3. Percent of Licensed Social Workers Serving Children and Adolescents Working in Selected Employment Settings, By Rural/Urban Setting**

Employment Setting	Metropolitan Area (N=1052)	Micropolitan Area (N=153)	Small Town (N=98)	Rural Area (N=34)
Hospital	18%	11%	14%	3%
Psychiatric Hospital	4%	0%	4%	0%
Health Clinic/Outpatient Facility	7%	8%	3%	9%
Behavioral Health Clinic	13%	14%	16%	26%
Social Service Agency	17%	25%	30%	20%
School	17%	14%	12%	20%
Group Homes - Child/Adolescent	2%	1%	2%	9%
Criminal Justice Agency	2%	3%	3%	3%
Other	21%	25%	16%	11%



**LICENSED SOCIAL WORKERS  
SERVING CHILDREN AND  
ADOLESCENTS, 2004**

**Chapter 5 of 7**

**Work Environment**

**Prepared by**

**Center for Health Workforce Studies  
School of Public Health, University at Albany  
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**For**

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**March, 2006**

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## Chapter 5. Social Workers' Work Environment<sup>1</sup>

### Summary of the Findings

- Seven in ten social workers serving some children and/or adolescents are satisfied with their compensation packages. MSWs are more satisfied with wages than BSWs, but less satisfied with benefits.
- Median wages of social workers with MSWs and BSWs are \$47,099 and \$33,154, respectively.
- Social workers in Child Welfare/Family and in Adolescents earn less than other social workers regardless of degree. They are less satisfied with their wages but more satisfied with benefits.
- MSWs and BSWs carrying caseloads of more than 50% children and adolescents earn less than social workers with similar degrees serving fewer children and adolescents.
- Salary differences are pronounced among MSWs who work in different employment sectors, but not among BSWs. MSWs earn the highest median salaries in private practice (\$56,853) and the lowest in private non-profit organizations (\$43,548).
- Men earn \$5,834 more than women in the practice areas of Child Welfare/Families and Adolescents. Controlling for multiple factors, this disparity is attributable specifically to differences in gender.
- More than one-fifth of social workers report staffing challenges in their agencies, including vacancies that are common and /or difficult to fill, and use of outsourcing or non-social work staff to perform social work functions.
- Social workers in Child Welfare /Families are much more likely than other social workers to report vacancies as common (40% versus 21%), hiring of non-social workers (38% versus 28%) and outsourcing of social work functions (45% versus 23%).
- Group homes targeted to children/adolescents are the settings most likely to experience vacancies that are both common and difficult to fill. They are also the settings with the lowest median salaries for MSWs and BSWs.
- Outsourcing social work jobs and hiring staff with no formal social work education for social work jobs are most common in criminal justice and social service agencies.
- More than half (55%) of social workers who serve children and adolescents face personal safety issues on the job. Sixty eight percent of these social workers indicate that employers have not adequately addressed their concerns.

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<sup>1</sup> With the exception of wages and benefits, all data in the section on “agency environment” is limited to social workers practicing in organizational settings for their primary practice and excludes those in private practice as their primary job.

- Criminal justice agencies (77%), social service agencies (62%), group homes (61%) and behavioral health clinics (60%) are the settings most commonly reported as having job safety concerns. Three fourths of social workers in criminal justice agencies and group homes report that their issues were resolved as compared with just more than half in social service agencies.
- The service systems social workers who serve children and adolescents most commonly work with are the mental health (66%), school (63%), and protective services systems (52%).
- The percentages of MSWs working with mental health and school systems are significantly higher than for BSWs, and significantly lower in work with children within the courts, foster care and income maintenance systems.

### **Wages and Benefits**

Social workers who served any children or adolescents earned a median of \$34,532 at the BSW level and \$47,099 at the MSW level working full-time for a single employer (compared to \$33,466 and \$51,764 respectively for those who did not see any child/adolescent clients). BSWs in Child Welfare/Family earned a median of \$33,154, while MSWs in this practice area earned a median of \$43,607. BSWs in Adolescents earned \$36,668, and MSWs earned \$45,504. As can be seen in Table 1, licensure results in increased wages for social workers overall.

**Table 1. Median Annual Salaries of Licensed Social Workers Serving Children and Adolescents in Selected Categories, 2004**

Category of Social Worker	2003 U.S. Employment	Mean Salary	Median Salary
Licensed Social Worker, BSW	37,400	\$34,274	\$32,356
Licensed Social Worker, MSW	249,136	\$48,782	\$46,825
Licensed Social Worker, DSW	6,676	\$64,798	\$94,314
MSW – Practice Area is Child Welfare/Family	40,111	\$43,607	\$44,037
BSW – Practice Area is Child Welfare/Family	13,838	\$33,154	\$33,405
MSW – Practice Area is Adolescents	21,426	\$45,504	\$44,796
BSW – Practice Area is Adolescents	3,104	\$36,668	\$33,710
MSW – NPA	187,350	\$47,290	\$47,569
BSW – NPA	20,458	\$34,630	\$34,578
Licensed SW - More than Half Children	114,353	\$46,070	\$42,636
Licensed SW - 50% or Fewer Children	115,819	\$52,605	\$46,718
Social Worker, Mental Health and Substance Abuse*	102,110	\$35,860	\$33,650
Social Worker, Medical and Public Health*	103,040	\$40,540	\$39,160
Social Worker, Child, Family and School*	252,870	\$37,190	\$34,300

\*Source for non-licensed SW salaries is Bureau of Labor Statistics.<sup>2</sup>

Median salaries for full-time social workers working for a single employer vary dramatically by demographic characteristics such as gender, race/ethnicity, and practice location. Men earn \$5,834 more than women in the practice areas of Child Welfare/Families and Adolescents, after controlling for other factors. Some race/ethnicity differences are explainable by differences in practice location (non-white minorities are more likely to be in metropolitan areas, where pay is higher).

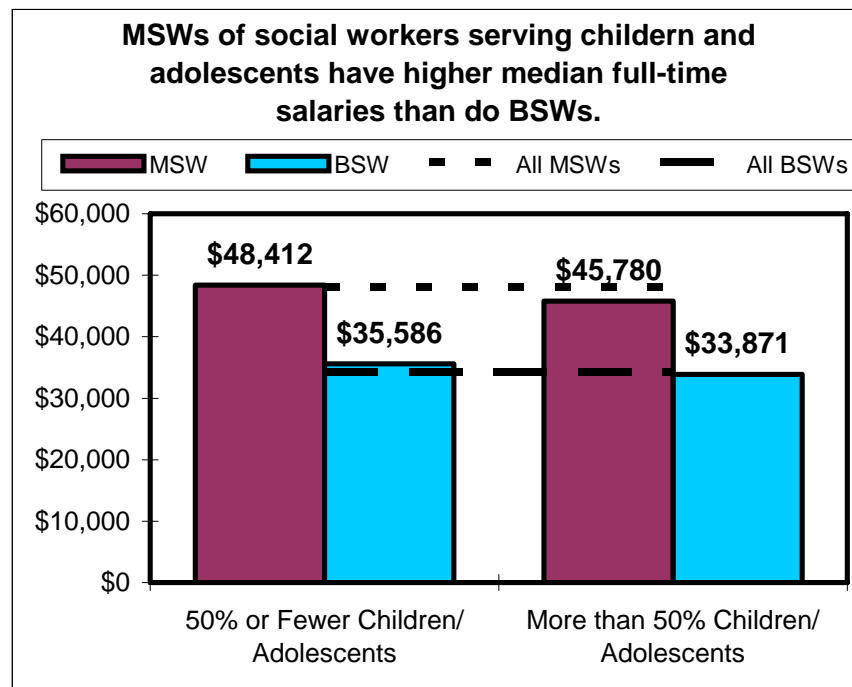
<sup>2</sup> The summary report on licensed social workers provides a more extensive examination of social work salaries. This includes discussion of approaches used by the Bureau of Labor Statistics and the Current Population Survey to compare salaries of different classes of social workers.

**Table 2. 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
<b>Gender</b>		
Male	\$52,778	\$39,238
Female	\$46,207	\$34,108
<b>Race/Ethnicity</b>		
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
<b>Practice Location</b>		
Metropolitan	\$47,649	\$34,294
Micropolitan	\$43,759	\$33,918
Small town	\$42,152	\$38,571
Rural	\$49,595	\$31,343

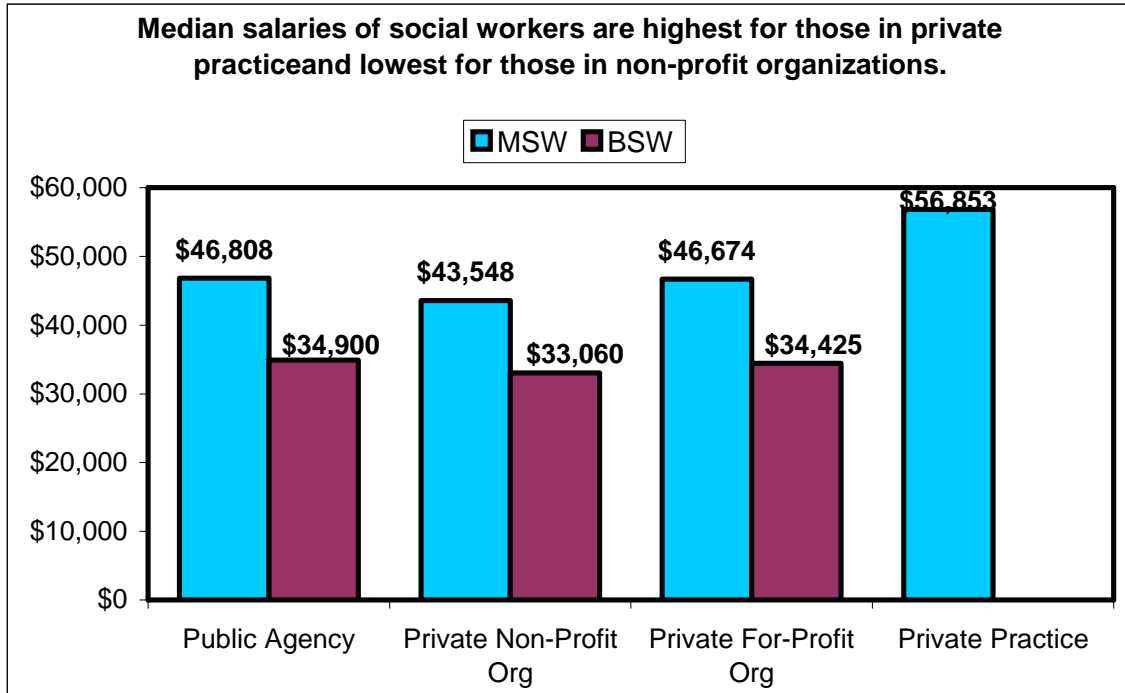
Figure 1 shows that social workers carrying caseloads of 50% or more children also had a lower median salary regardless of degree level, although some of this variation may be due to the settings in which they worked, as discussed below

**Figure 1. Median Full-Time Salaries of Social Workers Serving Children and Adolescents by Highest Social Work Degree**



Salary differences exist by sector for MSWs. MSWs earned the least in the private nonprofit sector (\$43,548), while those in private practice earned the most, a median of \$56,853 (Figure 2). Differences in BSW salaries by sector are not pronounced.

**Figure 2. Median Annual Salaries of Social Workers Serving Children and Adolescents, by Degree and Employment Sector**

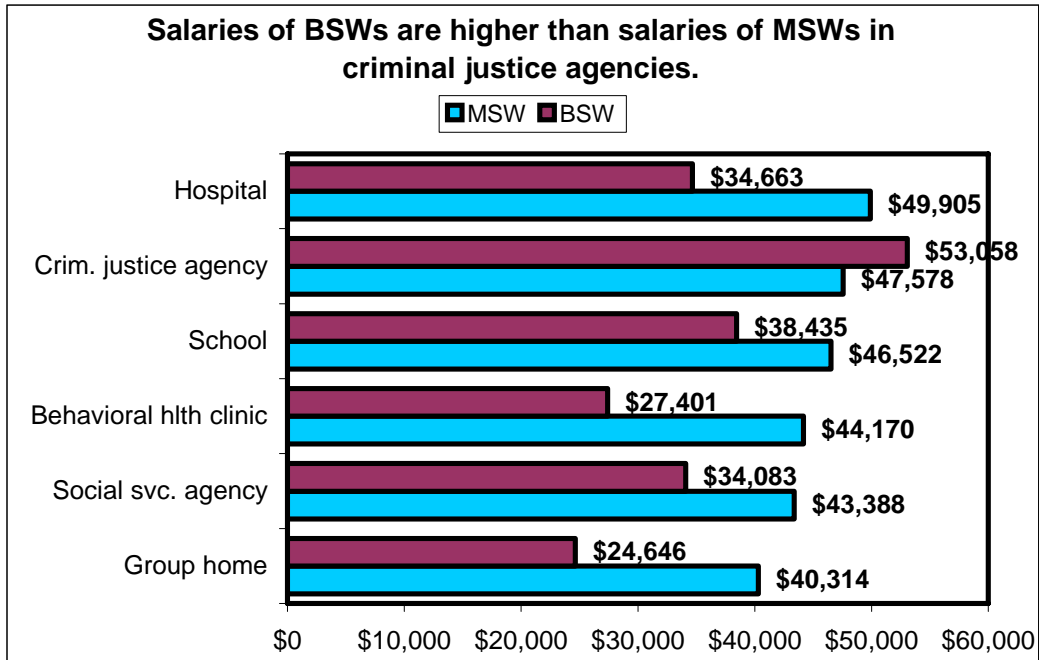


Geographic location of practice was seen to impact salaries. BSWs who serve children and adolescents earned a median of \$38,435 in small towns, \$34,083 in metropolitan areas, and \$33,905 in micropolitan areas. MSWs earned the most in metropolitan areas (\$47,498), followed by micropolitan areas (\$43,856), and small towns (\$42,872). (Only 14 MSWs and 7 BSWs practiced full-time and served children/adolescents in rural areas, so reliable estimates for rural areas are not available.)

There was also variation in full-time median salary by setting. MSW earned the most in hospitals and the least in group homes (Figure 3). BSWs earned the most in criminal justice agencies (although this number was based on an N of only 7), followed by schools, and the least in group homes.



**Figure 3. Median Full-Time Salaries of Social Workers Serving Children and Adolescents, by MSW/BSW and Employment Setting**



### *Benefits*

Eighty-three percent of full-time social workers who serve children and adolescents receive health insurance, 67 percent receive dental insurance, 62 percent receive life insurance, and 56 percent receive pensions. Twenty-eight percent report that tuition reimbursement was available, and 42 percent report that they have flexible working hours. BSWs were more likely than MSWs to receive health insurance (93% vs. 80%), life insurance (75% vs. 59%), and pensions (64% compared to 53%).

Those in Child Welfare/Family were more likely than those NPA to receive health insurance (92% versus 70%), dental insurance (74% versus 58%), and pensions (56% versus 47%), and were somewhat more likely to report that they had flexible working hours (48% versus 41%). Those in Adolescents were also more likely to receive health insurance (93%), and were more likely to report that flexible working hours were available (51%).

Further variation existed among full-time social workers by the extent of their involvement with children and adolescents. As seen in Figure 4, those who served more children and adolescents in their caseloads were more likely to receive most benefits than those serving fewer children and adolescents.

**Figure 4. Benefits of Full-Time Social Workers Serving Children and Adolescents, By Level of Involvement with Children and Adolescents**

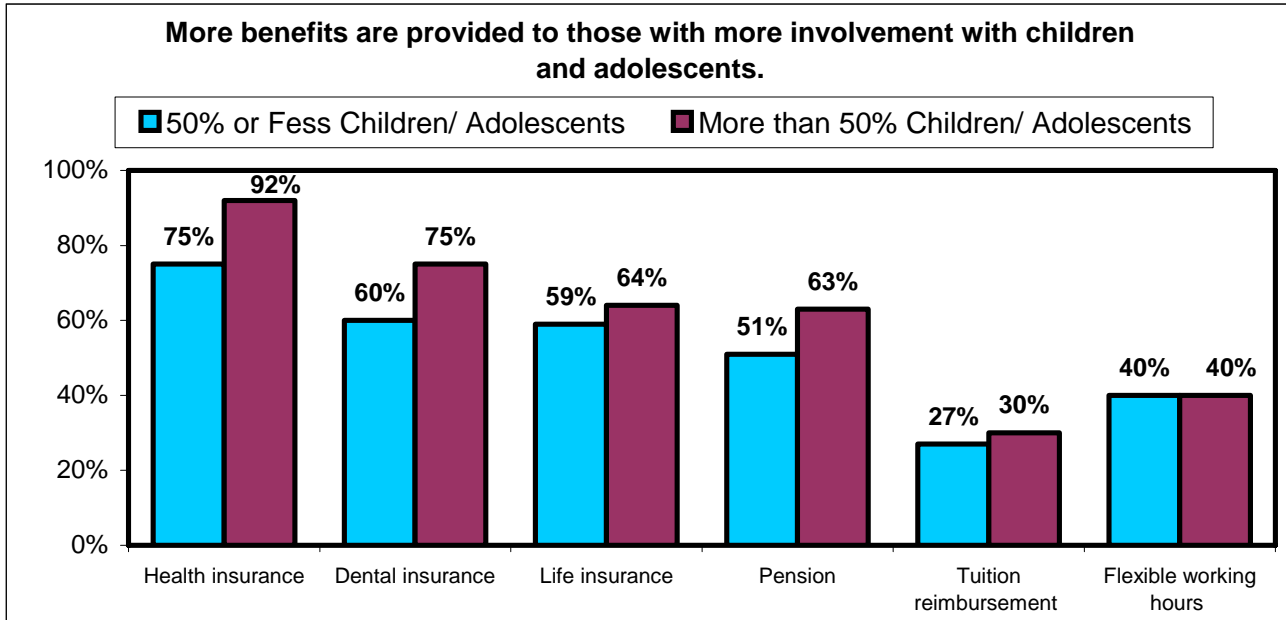


Table 3 shows that fringe benefits also varied by setting among social workers who served children and adolescents.

**Table 3. Percent of Social Workers Serving Children and Adolescents Receiving Selected Fringe Benefits, By Employment Setting**

Employment Setting	Health Insurance	Dental Insurance	Life Insurance	Pension	Tuition Reimburse	Flexible Working Hours
Private Practice (N=182)	15%	7%	8%	7%	5%	44%
Hospital/Medical Center (N=128)	91%	76%	72%	66%	49%	32%
Psychiatric Hospital (N=36)	92%	83%	79%	66%	43%	47%
Health Clinic/Outpatient Facility (N=52)	89%	73%	60%	52%	39%	45%
Behavioral Hlth Clinic/Outpt Facil (N=122)	85%	68%	63%	53%	22%	54%
Social Service Agency (N=186)	92%	72%	64%	65%	22%	52%
School (N=177)	90%	75%	65%	70%	22%	21%
Group Home - Child/Adolescent (N=26)	79%	54%	46%	39%	29%	68%
Criminal Justice Agency/Court (N=19)	80%	70%	70%	77%	20%	40%

### *Satisfaction With Wages and Benefits*

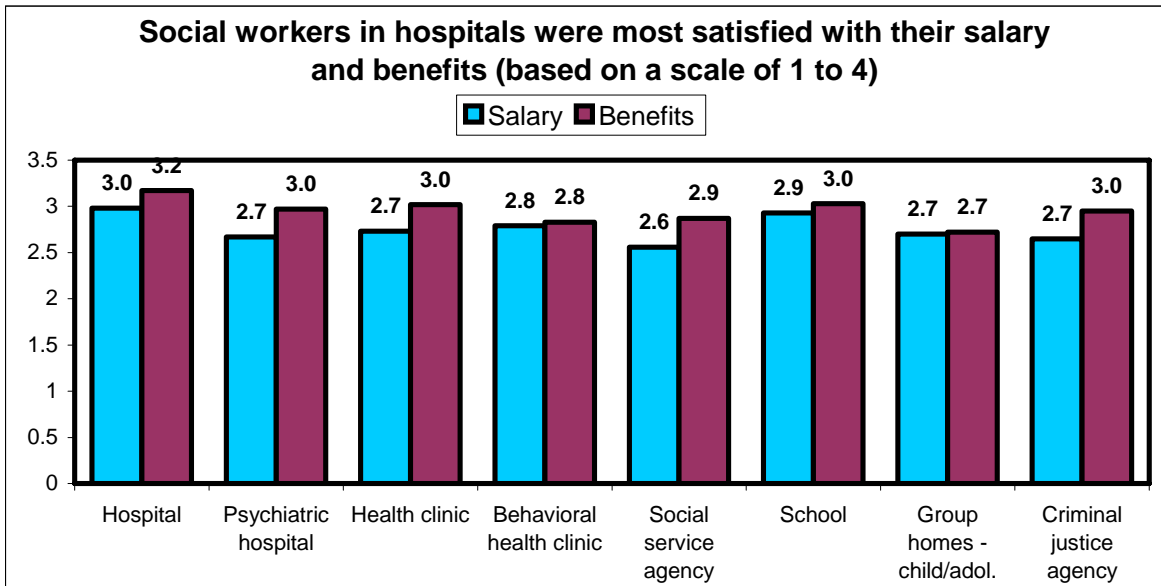
Sixty-eight percent of full-time social workers who serve children and adolescents report satisfaction with their salary, and 71% report satisfaction with their benefits. They were significantly less satisfied with both salary and benefits, on average, than social workers who did not serve this population (72% versus 68% for salary and 77% versus 71% for benefits). Men who serve children and adolescents (who earn a median of \$49,905 for full-time work for one employer compared to \$43,548 for women) were significantly more satisfied with both salary and benefits than women who serve this population, and MSWs were significantly more satisfied with salary, but not benefits, than BSWs. Satisfaction with salary is clearly linked to actual earnings, with those who earn more money reporting greater satisfaction.

Social workers in Child Welfare/Family—who are most likely to be in the public sector—were less likely to be satisfied with salaries than those NPA (57% versus 69%), while those in Adolescents differed less substantially from NPA (64%). Those in Adolescents were more likely than NPA to be satisfied with their benefits (84% versus 70%), while those in Child Welfare/Family did not differ substantially (75%).

Satisfaction with salary is not associated with prevalence of children and adolescents in caseloads. However, social workers who served predominantly child and adolescent caseloads were significantly more satisfied with their benefits than those with caseloads of 50% or fewer children/adolescents.

Differences in satisfaction exist across settings in which social workers are employed. Figure 5 shows that social workers in hospitals were significantly more satisfied with both salary and benefits than others who work with children/adolescents, while those in social service agencies and schools were significantly less satisfied with their salary. Those in behavioral health clinics were significantly less satisfied with benefits.

**Figure 5. Ratings of Salary and Fringe Benefits of Licensed Social Workers Serving Children and Adolescents, By Employment Setting**



### Vacancies and Outsourcing of Social Work Roles

Seventy-two percent of social workers who serve children and adolescents rate adequate staffing as important to improving care provided to children and their families.

#### *Vacancies*

Twenty-one percent of social workers who work with children/ adolescents report that vacancies in their agencies are common, and 21% report that vacancies are difficult to fill. This does not differ substantially by degree.

Social workers in Child Welfare/Family are more than twice as likely as social workers in Adolescents or NPA to report vacancies as common (40% versus 18% and 16%). These social workers did not differ in their reports of difficulty in filling positions. Similar significant differences exist by highest earned social work degree as seen in Table 4.

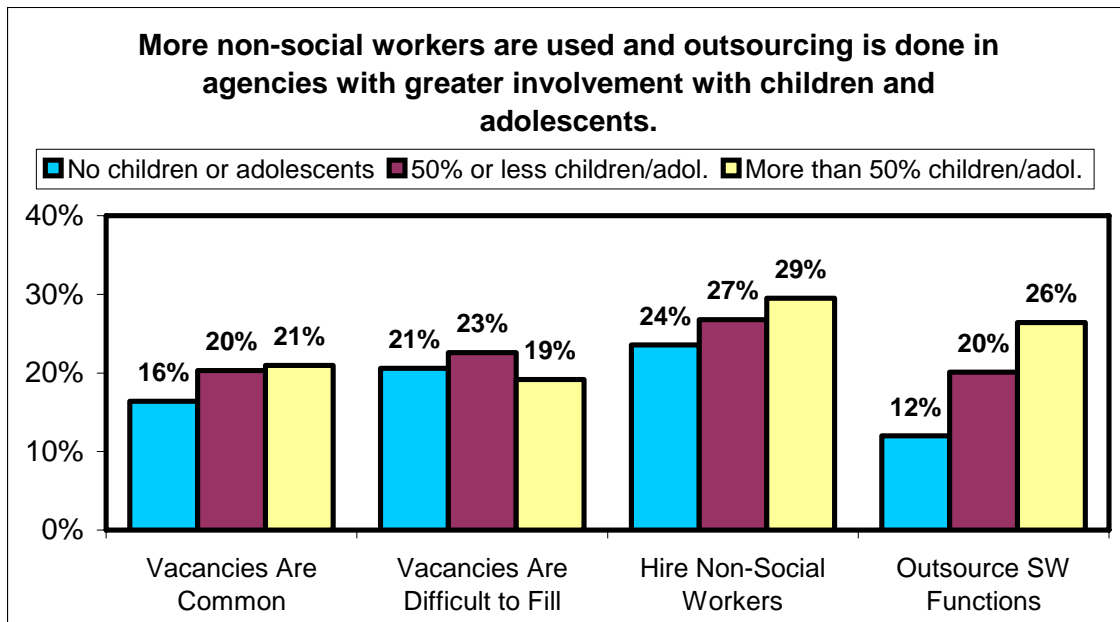
**Table 4. Ratings by Social Workers of Vacancies and Responses**

Vacancy Situation	All	Child Welfare/ Family		Adolescents		Not practice area	
		MSWs	BSWs	MSWs	BSWs	MSWs	BSWs
Vacancies are common	21%	36%	47%	18%	17%	17%	12%
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%).

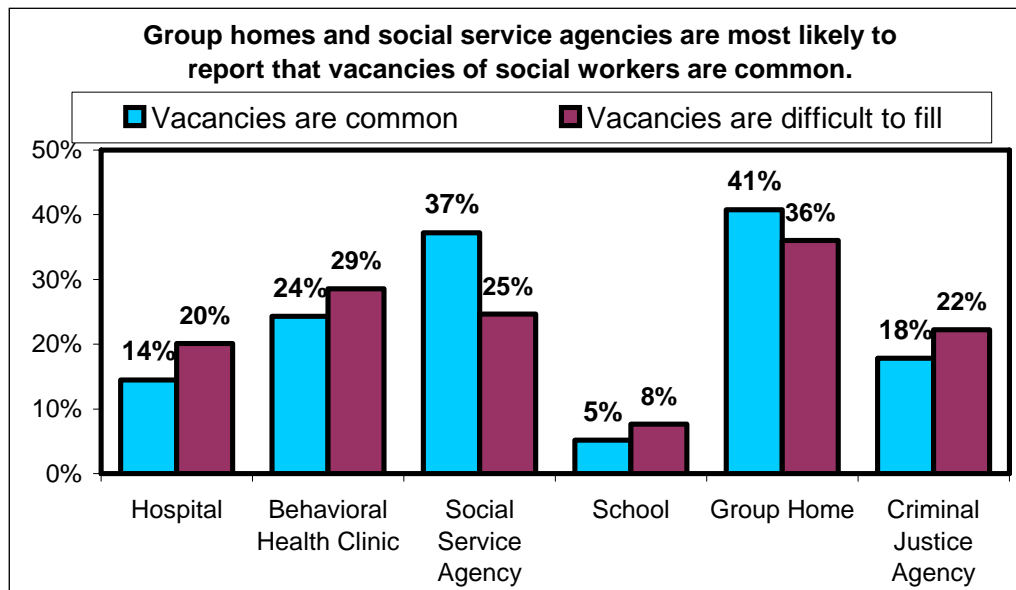
Social workers were much less likely to report that vacancies were common in metropolitan areas (17%) than in micropolitan areas, small towns, or rural areas (26%, 26%, and 28% respectively). They were also much less likely to report that vacancies were difficult to fill (18%) than those in micropolitan 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 6 below.

**Figure 6. Social Work Hiring Experiences by Level of Involvement with Children and Adolescents**



Frequency of vacancies 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 (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 7. Social Work Hiring Experiences by Employment Setting**



### *Outsourcing and Hiring Non-Professional Staff*

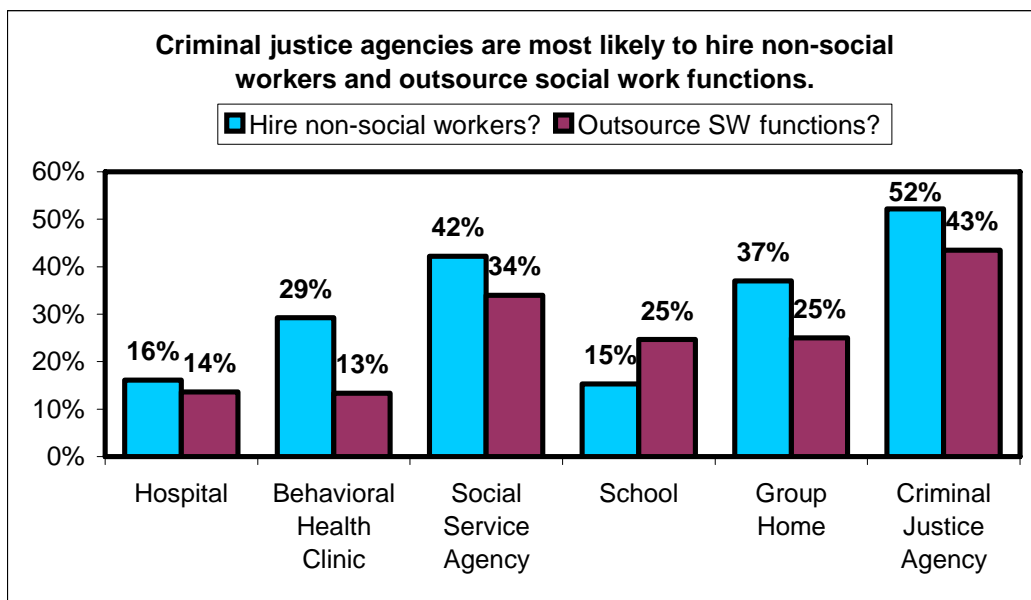
Twenty three percent of social workers report their agencies outsource social work jobs, and 28% report that workers lacking formal social work degrees were hired for social work positions. BSWs were much more likely than MSWs to report that their agency hired non-social workers for social work roles (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%).

Figure 8 shows that social workers in public agencies and non-profit organizations are most likely to report that non-social workers are hired to fill social work roles (31% and 27%, versus 23% in for-profit organizations). Those in public agencies are much more likely than others to report that social work functions are outsourced (35% versus 15% in non-profit and 17% in for-profit organizations). Outsourcing of social work functions is also most common in criminal justice agencies (43%) and social service agencies (34%), and least common in hospitals (14%) and behavioral health clinics (13%). Hiring non-social workers to fill social work roles is most common in criminal justice agencies (52%) and social service agencies (42%), but uncommon in schools (15%).

**Figure 8. 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**

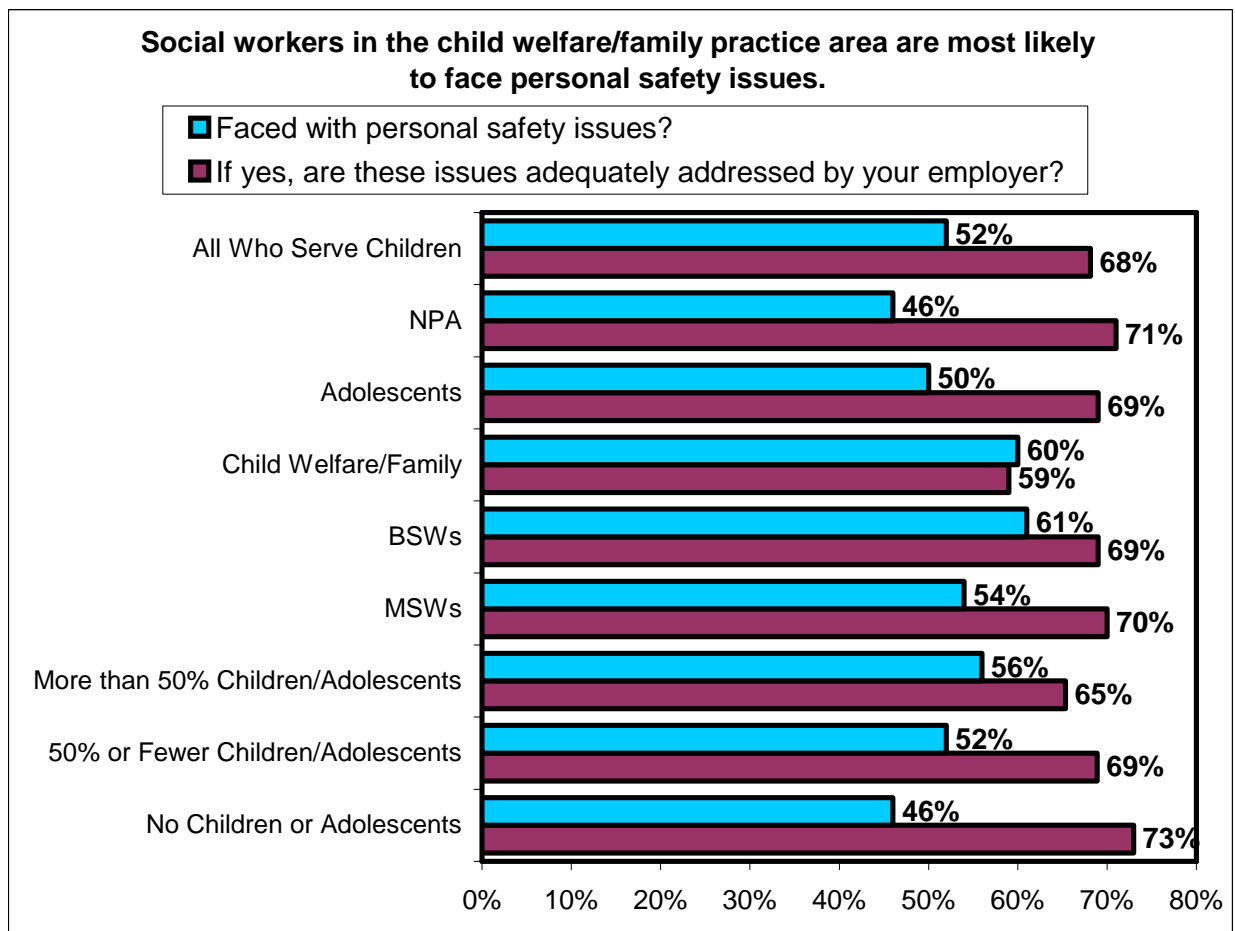


### Job Safety

More than half (55%) of social workers who serve children and adolescents report facing personal safety issues on the job, with 68% of these social workers indicating employers did not adequately address their concerns. These reports are higher than for those social workers who did not serve children/adolescents (46%).

Social workers in Child Welfare/Family were more likely than those NPA to have job safety concerns (60% versus 46%) and less likely to report that their concerns were addressed (59% versus 71%). Social workers in the practice area of Adolescents did not differ from those NPA. 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. Differences by prevalence of children/adolescents within caseloads were modest, as seen in Figure 9.

**Figure 9. Percentages of Social Workers Serving Children and Adolescents Facing Personal Safety Issues, by Emphasis on Children and Adolescents, Degree, and Practice Area**



Settings influenced the reporting of job safety issues. Those 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%).

### Supervision by Social Workers

Previous analyses in the NASW/CHWS study of *The Role and Use of Social Workers in the U.S.* indicate that approximately 1 in 10 social workers report quality of supervision and peer support as factors influencing a change in position. Furthermore, 64% of social workers who serve children and adolescents rate supervision as important to improving care for children and families.

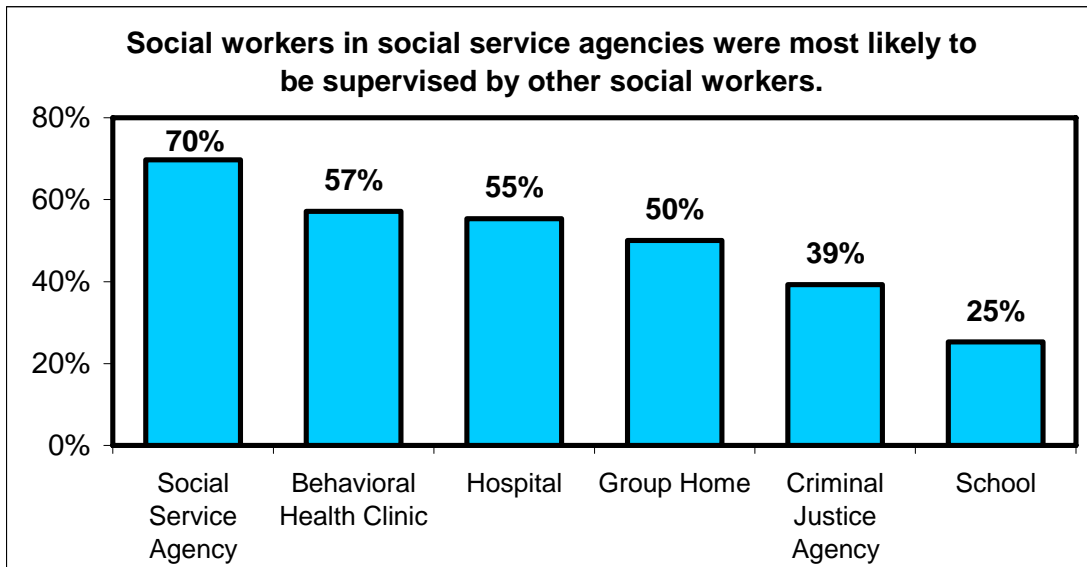
Fifty-two percent of social workers who served children and adolescents in an organizational setting were supervised by social workers compared to 44% of those who did not serve this



population. This varied little by degree, and there were only small differences by prevalence of children/adolescents within caseloads.

Social workers in Child Welfare/Family, however, were more likely than others to be supervised by a social worker (69%). Those in social service agencies were most likely to be supervised by a social worker (70%), while those in schools were least likely to be (25%).

**Figure 10. Percentages of Social Workers Serving Children and Adolescents Supervised by Other Social Workers, by Employment Setting**



## Work with Other Professionals

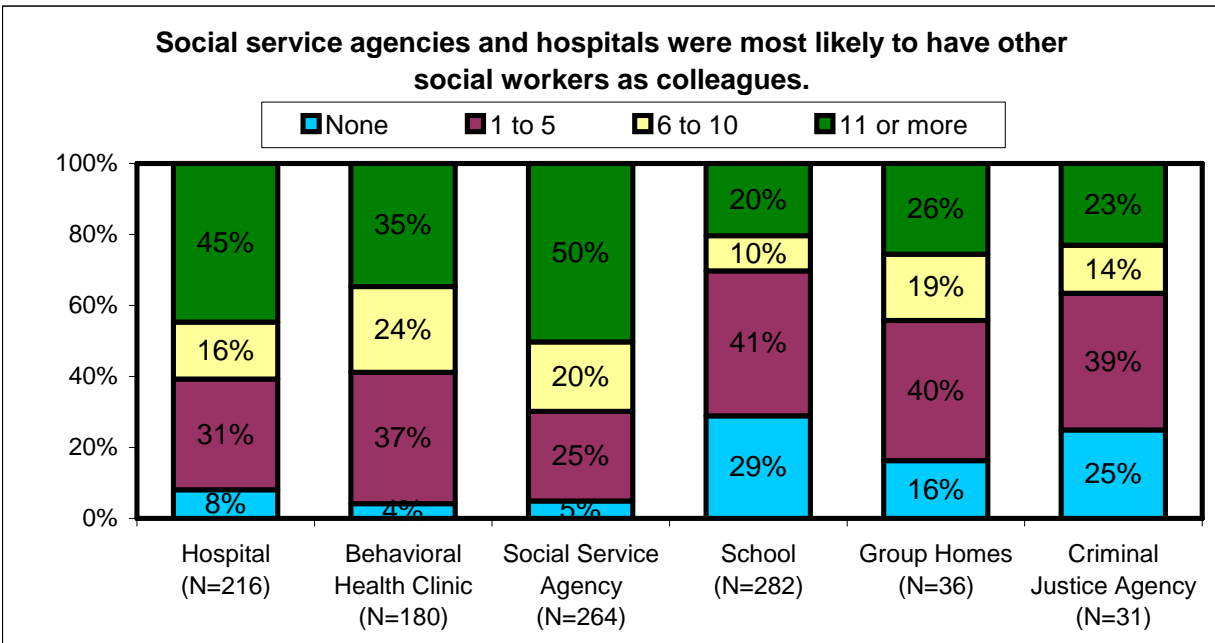
### *Working With Other Social Workers*

Social workers who work with children and adolescents are more likely to be employed in organizations with more other social workers on staff than those who did not serve this population. They were more likely to work with 6 or more other social workers (51% compared to 43%) and less likely to work in settings with no other social workers (12% compared to 17%). This did not vary by degree, or by the extent of their involvement with this population.

However, social workers in Child Welfare/Family were much more likely than those NPA to work with 6 or more social workers (72% versus 46%), and less likely to work with no other social workers (4% versus 14%). Those in Adolescents did not differ from NPA.

Figure 11 shows that virtually all social workers in behavioral health clinics (96%) and social service agencies (95%) had social work colleagues in their job settings, while fewer social workers in schools (71%) and criminal justice agencies (75%) did. Fifty percent of social workers in social service agencies and 45% of those in hospitals reported having 11 or more other social workers at their job site.

**Figure 11. Numbers of Other Social Workers as Colleagues, by Employment Setting**



### Working with Systems

Seventy percent of social workers identified interagency coordination as important to improving the care provided to children and families.

The mental health system (66%), school system (63%), and protective services system (52%) are the systems social workers most commonly work with. MSWs are more likely than BSWs to work with each of these three. In contrast, BSWs were more likely than MSWs to work with the court system, foster care system, and income maintenance system, as seen in Table 28 below.

Social workers in Child Welfare/Family differ from other social workers in that they work most commonly with the protective services system (68%), the foster care system (65%), and the court system (63%).

**Table 5. Percentages of Social Workers Who Work With Various Service Systems on Behalf of Children, by Degree and Practice Area**

Service System	Child Welfare/ Family		Adolescents		NPA		All Serving Children and Adolescents
	MSW (N=185)	BSW (N=69)	MSW (N=132)	BSW (N=19)	MSW (N=1220)	BSW (N=134)	
MH System	57%	49%	78%	54%	71%	51%	66%
Schools	58%	53%	78%	92%	64%	53%	63%
Protective Services	71%	65%	52%	38%	49%	36%	51%
Health System	20%	13%	14%	15%	39%	50%	35%
Courts	59%	68%	41%	62%	23%	24%	31%
Foster Care	64%	69%	33%	38%	21%	18%	29%
Supplemental Services	16%	19%	16%	0%	26%	33%	24%
Police/CJ System	8%	24%	42%	69%	18%	15%	19%
Social/Recreational Systems	12%	15%	23%	23%	17%	22%	17%
Income Maintenance System	6%	12%	2%	8%	10%	21%	10%
Legal Aid/Attorneys	14%	12%	1%	0%	7%	7%	7%

Table 6 shows that social workers with caseloads of more than 50% children and adolescents worked with all systems with a greater frequency than others, except for the health care system.

**Table 6. Percentages of Social Workers Working With Various Systems on Behalf of Child or Adolescent Clients by Prevalence of Children/Adolescents in the Caseload**

Systems Interacted With on Behalf of Children	50% or Fewer Children/Adolescents (N=1026)	More than 50% Children/Adolescents (N=1013)
MH system for children	66%	72%
Schools for children	52%	79%
Protective services for children	42%	56%
Health system for children	39%	27%
Courts for children	26%	39%
Supplemental services for children	22%	20%
Foster care for children	17%	38%
Social/recreational systems for children	16%	19%
Police/CJ system for children	15%	22%
Income maintenance system for children	10%	6%
Legal aid/attorneys for children	9%	7%

The systems that social workers worked with varied by setting as seen in Table 7. It is notable that school and mental health systems ranked in the top three systems with which social workers interacted across the six settings examined.

**Table 7. Top Four Systems Social Workers Work With on Behalf of Children and Adolescents, by Employment Setting**

<b>Hospital (N=216)</b>	<b>Behavioral Health Clinic (N=181)</b>
Health (77%)	Mental health (77%)
Protective services (61%)	Schools (74%)
Mental health (52%)	Protective services (60%)
School (38%)	Foster care (37%)
<b>Social Service Agency (N=265)</b>	<b>School (N=284)</b>
Courts (59%)	Schools (96%)
Protective services (58%)	Mental health (85%)
School (57%)	Protective services (56%)
Mental health (54%)	Health (28%)
<b>Group Home - Child/Adolescents (N=37)</b>	<b>Criminal Justice Agency (N=32)</b>
School (75%)	Courts (73%)
Mental health (64%)	Police (70%)
Courts (57%)	Mental health (60%)
Protective services (54%)	Schools (37%)

### Agency Participation in Professional Activities

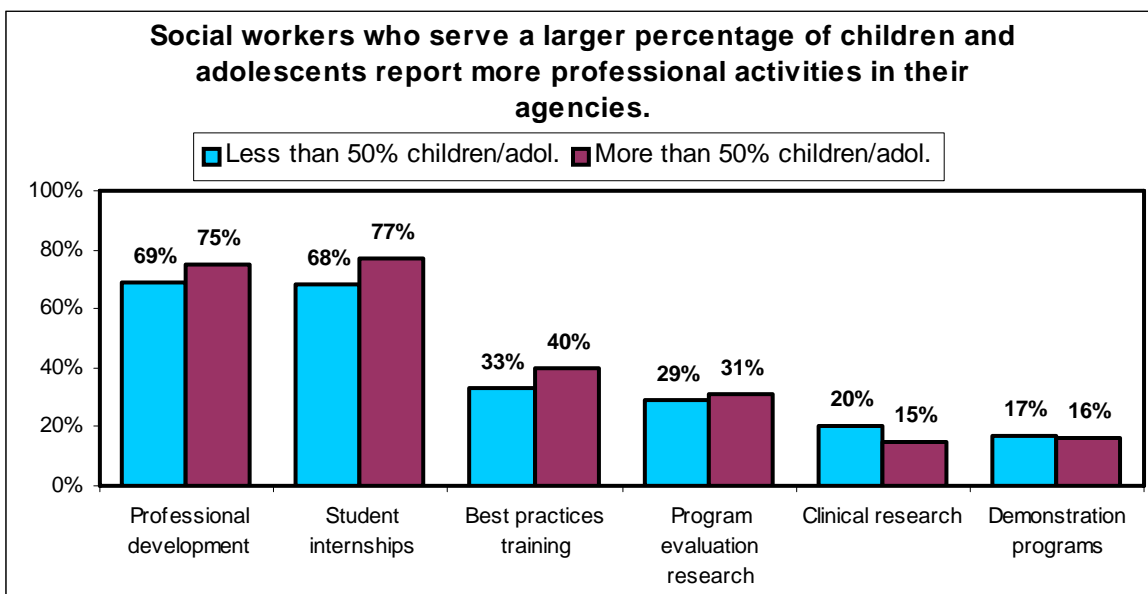
Professional development programs and student internships (both 72%) are the most common professional activities in organizations in which social workers serve children and adolescents. Participation in professional activities varies by setting. Between two-thirds and three-fourths of each type of organizational setting participates in some types of professional development programs. Agency participation in professional activities by setting is presented in Table 9.

**Table 9. Percentages of Employment Settings Offering Selected Professional Activities**

Professional Activity	Hospital (N=216)	Behavioral Health Clinic (N=181)	Social Service Agency (N=265)	School (N=284)	Group Homes (N=37)	Criminal Justice Agency (N=32)
Demonstration Programs	16%	19%	16%	12%	18%	7%
Clinical Research	38%	21%	8%	5%	11%	13%
Student Internships	76%	80%	80%	70%	82%	57%
Best Practices Training	34%	41%	51%	28%	36%	47%
Program Evaluation Research	30%	34%	33%	15%	25%	40%
Professional Development	77%	72%	76%	79%	75%	53%

Those who are more heavily involved with children and adolescents have access to more of certain kinds of professional activities within their agencies, as shown below.

**Figure 12. Agency Participation in Selected Professional Activities, by Level of Involvement of Respondent with Children**



### Agency Support and Guidance

Among those who serve children and adolescents, 66% say that organizational support for social work is important to improving care provided for children and families.

Two-thirds to three-quarters of social workers serving children/adolescents felt positively about the support and guidance provided by their agency. Sixty-five percent agreed that there was respect and support for social work services in their agency, and 67% agreed that they received support and guidance from their supervisor. Seventy-four percent report assistance with issues of ethical practice. These responses did not differ from those social workers not working with children or adolescents

At the same time, 16% felt that there was not support for social work in their agency, and 17% reported that they did not receive support and guidance from their supervisor. Ten percent reported that they did not give/receive assistance with ethical practice.

Rates of dissatisfaction did not vary by degree, practice area, or prevalence of children and adolescents in caseloads. Women tended to be more dissatisfied than men with the respect and support for social work services in their agency (17% versus 11%).

Setting significantly affected satisfaction with support and guidance. Social workers in behavioral health clinics reported the highest agreement that there was respect and support for social work services, followed by those in group homes. Those in criminal justice agencies reported the lowest respect and support for social work. Behavioral health clinics, group homes, and schools had the highest average levels of support and guidance from supervisors, while social service agencies and hospitals had the least. There were minimal average differences among settings related to assistance with ethical practice.

**LICENSED SOCIAL WORKERS  
SERVING CHILDREN AND  
ADOLESCENTS, 2004**

**Chapter 6 of 7**

**Who Do Social Workers Serve?**

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**March, 2006**

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## **Chapter 6. Who Do Social Workers Serve? Demographic Profile of Clients**

### **Summary of the Findings**

- Social workers with caseloads of more than 50% children and/or adolescents are more likely to have predominantly male caseloads (64%); those with 50% or fewer children and adolescents are more likely to have caseloads that are predominantly female (53%).
- MSWs have a higher percentage of predominantly female caseloads than BSWs (48% versus 39%).
- Social workers in Adolescents have a higher percentage of predominantly male caseloads than all social workers serving some children and adolescents (61% versus 54%).
- Fifty five percent of social workers serving children/ adolescents carry caseloads that are predominantly children of color.
- Social workers with caseloads of more than 50% children and/or adolescents are more likely than other social workers to work with Black/African American and non-Hispanic /Latinos and less likely to work with non-Hispanic whites and Asians.
- Social workers serving some children and/or adolescents are most likely to carry caseloads that include youth of different ages rather than specializing in a specific age subcategory.
- Family functioning (76%), mental health conditions (65%), school problems (61%), abuse/neglect (47%), and socioeconomic disadvantage (47%) are most commonly reported problems of children and adolescents.
- Family functioning and mental health conditions are common presenting problems of children and youth across age groups.
- The most common presenting problems of clients seen by social workers in Child Welfare/Family are family functioning (84%), abuse/neglect (81%) and socioeconomic disadvantage (66%). The most common among clients of those in Adolescents are family functioning (85%), school problems (83%) and mental health conditions (75%).
- Almost half of children and adolescents seen by social workers have health coverage through Medicaid (44%).
- BSWs are more likely to have clients covered by Medicaid than MSWs (65% versus 41%).
- Seventy four percent of clients of those in Child Welfare/Families and 54% of those in Adolescents receive coverage through Medicaid.
- Client health coverage varies by settings, with group homes and social service agencies most likely to work with clients covered by Medicaid (88% and 71 % respectively).

- Almost all social workers report presenting problems of some children in their caseloads as “complex” or “very complex” problems. One-third report having no children in their caseloads with problems that were “not complex”.

## **Demographics**

### *Gender*

Client caseloads tend to be primarily male, comparable to social workers overall. Fifty-four percent of social workers who served children or adolescents carried caseloads that were 50% or more male versus 53% of those who did not serve children/adolescents.

Fifty-two percent of social workers in Child Welfare/Family, and 61% of those in the practice area of Adolescents serve predominantly male caseloads, versus 54% NPA. Among BSWs, this figure was 62%, versus 52 % for MSWs.

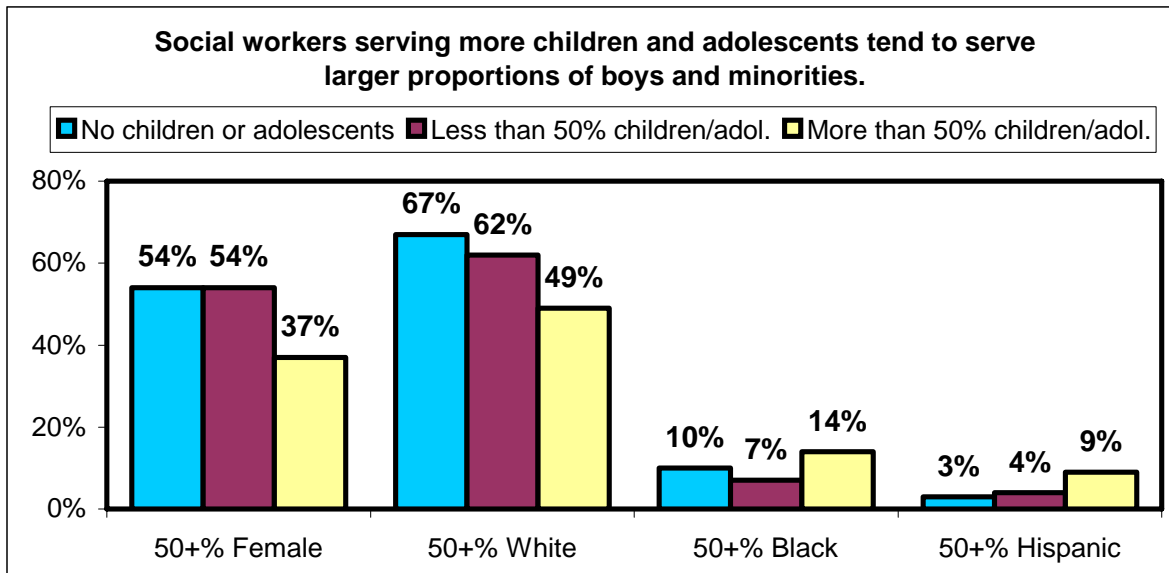
Client gender varies substantially by involvement with children/adolescents. While 64% of those who serve more than half children and adolescents have predominantly male caseloads this is true for only 47% of those whose caseloads are 50% or fewer children/adolescents.

### *Race/Ethnicity*

The majority (55%) of social workers who provide services to children/adolescents carry caseloads that are predominantly (50% or more) non-Hispanic white. This is a significantly lower percentage than among social workers who not working with children or adolescents (67%). Ten percent of social workers serving some children/adolescents carried caseloads that were predominantly Black/African-American, and 6% served caseloads that were predominantly Hispanic/Latino. This did not vary by degree or practice area.

Figure 1 reveals differences in the racial-ethnic mix of caseloads by level of involvement with children and adolescents. Social workers who served predominantly children and adolescents had caseloads that contained a smaller percentage of female, Asian, and non-Hispanic white clients, and a larger percentage of Black/African-American or Hispanic/Latino clients compared to those whose caseloads were 50% or fewer children and adolescents.

**Figure 1. Gender and Racial-Ethnic Mix of Caseload, by Level of Involvement with Children and Adolescents**



### Age

Social workers were asked how many of their total clients 0-21 years of age came from four different age categories: preschoolers (5 years and under), elementary-age (6 – 12 years), adolescents (13 – 17 years), and young adults (ages 18 – 21). These age groups roughly correspond with discrete phases in a child’s life that reflect different responsibilities, privileges, and daily settings. Children in these groups are therefore also likely to have very different needs for social work services.

Social workers who serve children/adolescents generally see mixed-age caseloads, with only 1-10% of their total clients coming from any one of the four age groups described above. Many do not see any clients from one or more of these age groups. For example, more than 35 percent of the social workers who see children and adolescents do not see any clients under the age of 6, as shown in Figure 2. It is also relatively uncommon for a single age group to constitute more than half of a social worker’s caseload: 6 percent serve caseloads that are predominantly ages 0 – 5; 10% serve caseloads that are predominantly ages 6-12; 15 percent serve caseloads that are predominantly 13-17; and 5% serve caseloads that are predominantly ages 18-21.

**Figure 2. Percentages of Social Workers Serving Children and Adolescents Seeing Various Age Groups in Their Caseload**

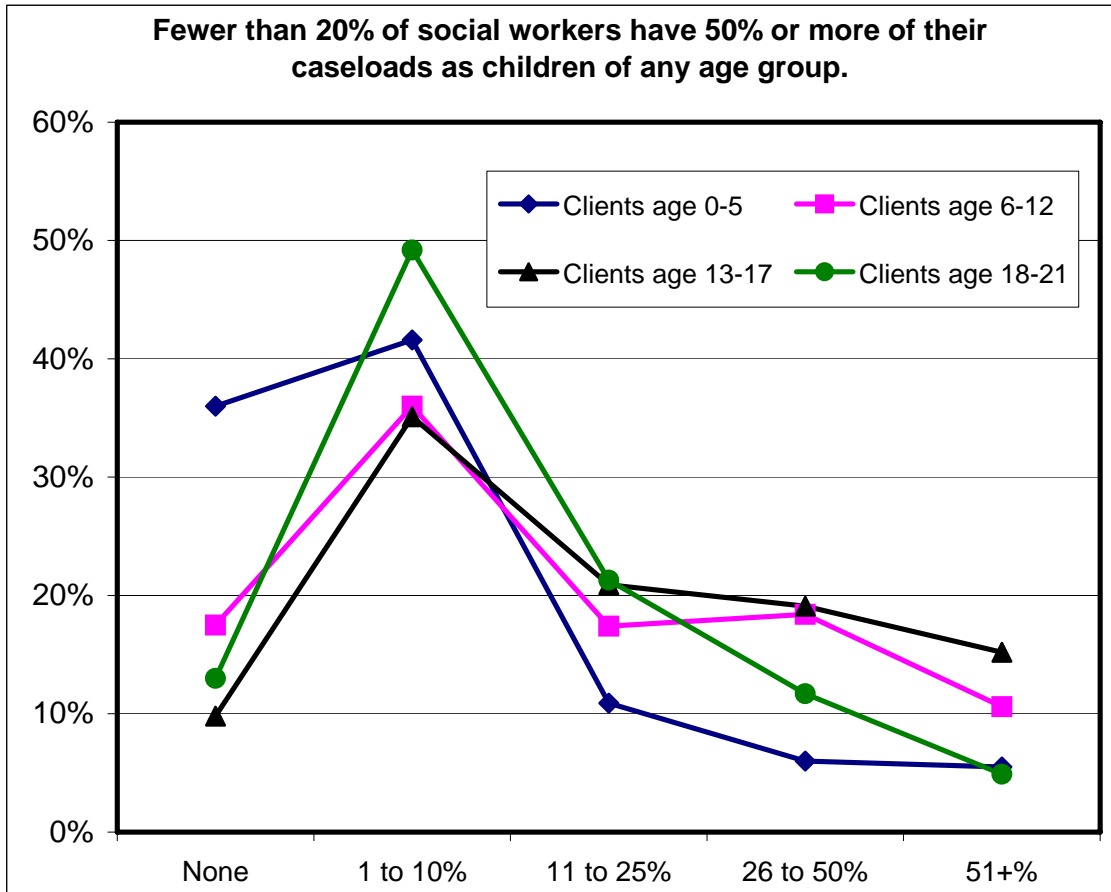


Table 1 profiles those social workers who carry caseloads of *predominantly one age group*. This table is included to show differences in the needs and services for children of different ages.

**Table 1. Profile of Social Workers Serving Specific Age Groups by Practice Area, Setting, and Presenting Problems**

Caseload is predominantly:				
	Ages 0 – 5 (92)	Ages 6 – 12 (172)	Ages 13 – 17 (264)	Ages 18 – 21 (77)
Pct served by BSWs	22%	13%	15%	15%
Top Practice Areas	Child Welfare/ Family (46%)  Medical Health (16%)  Mental Health (13%)  School Social Work (10%)	School Social Work (44%)  Child Welfare/ Family (23%)  Mental Health (16%)	Adolescents (37%)  School Social Work (19%)  Mental Health (18%)  Child Welfare/ Family (16%)	Mental Health (30%)  Child Welfare/ Family (22%)  Adolescents (14%)  Medical Health (10%)
Top Settings	Social Service Agencies (32%)  Hospitals (21%)  Schools (16%)	Schools (47%)  Social Svc Agencies (18%)	Schools (30%)  Social Service Agencies (17%)	Social Service Agencies (25%)  Private Practice (16%)  Schools (12%)  Hospitals (11%)
Top Presenting Problems	Family Functioning  Socioeconomic Disadvantage  Abuse/Neglect  Mental Health Conditions	School Problems  Family Functioning  Mental Health Conditions  Socioeconomic Disadvantage	Family Functioning  School Problems  Mental Health Conditions  Abuse/Neglect	Family Functioning  Mental Health Conditions  School Problems  Socioeconomic Disadvantage

**Table 2. Profile of Social Workers Serving Specific Age Groups by Practice Location and Sector**

Practice Characteristic	Caseload is predominantly:			
	Ages 0 – 5 (N=92)	Ages 6 – 12 (N=172)	Ages 13 – 17 (N=264)	Ages 18 – 21 (N=77)
Location of practice				
Metropolitan Area	77%	83%	80%	81%
Micropolitan Area	16%	10%	14%	9%
Small Town	6%	6%	4%	8%
Rural Area	1%	1%	3%	3%
Employment Sector				
Public Sector	49%	55%	45%	32%
Non-Profit Sector	35%	32%	35%	43%
For-Profit Sector	14%	8%	13%	13%
Private Practice	1%	6%	7%	13%

### Health Coverage

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 as the most common sources of coverage. The most common source of health coverage of clients of social workers serving children and adolescents differs from that of social workers who do not serve these target populations (Medicaid, 29%; private insurance, 13%; and Medicare, 39%).

Social workers in Child Welfare/Family are much more likely than social workers NPA to report Medicaid as clients' most common health care coverage (74% versus 38%), and less likely to report private insurance (13% versus 32%). Those in 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 as the most common source (7% compared to 32%). Sources of coverage vary by involvement with children and adolescents as shown in Table 3 below.

**Table 3. Most Common Source of Client Health Coverage, by Practice Area and Prevalence of Children and Adolescents in the Caseload**

Type of Insurance	Child Welfare/ Family		Adolescents		No Children or Adolescents (N=507)	Fewer than 50% Children/Adol (N=968)	More than 50% Children/Adol (N=946)
	MSW (N=169)	BSW (N=67)	MSW (N=125)	BSW (N=19)			
Medicaid	69%	84%	53%	50%	29%	29%	62%
Medicare	2%	3%	3%	0%	39%	17%	3%
Private Insurance	17%	3%	22%	36%	13%	38%	17%
Private Pay	4%	2%	6%	0%	7%	7%	3%
Not Insured	4%	3%	7%	7%	9%	8%	4%
Don't Know	5%	6%	8%	7%	3%	2%	11%

It is worth noting that 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 4.

**Table 4. 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%

Social workers in rural areas are much more likely than those in small towns and micropolitan areas to work with primarily Medicaid caseloads (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%).

## Presenting Problems

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 5 shows the most frequent problems addressed by social workers by degree and practice area. Those who saw predominantly child/adolescent caseloads were more likely to report that each of these problems was frequent among their child/adolescent clients compared to those who saw fewer of this population.

**Table 5. 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/Adolescents	Adolescents	NPA
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%

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



**Table 6. 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%

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 7. 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

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 8. 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%

### *Complexity Of Client Problems*

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% 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). As shown in Table 9, social workers who served children and adolescents as more than half of their caseload were more likely than social workers who served fewer children/adolescents to report high percentages of children/adolescents with very complex or complex problems.

**Table 9. Degree of Complexity of Presenting Problems Reported by Social Workers Serving Children and Adolescents, by Practice Area and Emphasis on Children and Adolescents**

Degree of Complexity	Child Welfare/ Family	Adolescents	NPA	50% or Fewer children/ adolescents	More than 50% children/ adolescents	All Serving children/ adolescents
Very complex	57%	52%	43%	39%	54%	46%
Complex	34%	30%	32%	30%	36%	32%
Not complex	6%	5%	6%	8%	5%	6%

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 10. 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%

**LICENSED SOCIAL WORKERS  
SERVING CHILDREN AND  
ADOLESCENTS, 2004**

**Chapter 7 of 7**

**Perspectives on Social Work Practice**

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## Chapter 7. Perspectives on Social Work Practice

### Summary of the Findings

- Increases in paperwork (74%), severity of client problems (73%), caseload size (68%), and waiting lists for services (60%) are the changes in practice most frequently reported by social workers serving children and adolescents.
- Social workers with caseloads of more than 50% children and adolescents were more likely than others to report that the severity of clients' problems increased (78% versus 69%).
- The most significant changes reported in service delivery systems in the past two years include *decreases* in services eligible for funding (52%) and *increases* in eligibility requirements for services (51%) and in the number of clients presenting for reasons other than personal choice e.g. court-mandated to receive services (46%).
- Social workers are most satisfied with their ability to help clients with a range of problems (91%), improve clients' quality of life (86%), and help clients address a few key problems (86%). Satisfaction was lowest regarding their ability to respond to the number of requests received for help (51%), work with community organizations to adapt the service delivery system (46%), and their ability to influence the design of services (44%).
- MSWs were generally more confident of their effectiveness in practice, though BSWs were more likely to be satisfied with their ability to help clients navigate systems and work with community organizations to adapt the service delivery system.
- Social workers who serve children and adolescents are more likely to be satisfied with their ability to address cultural differences than social workers who do not serve this population (76% versus 67%).
- Those in the practice area of Child Welfare/Family were less likely to be satisfied with their cultural abilities than those serving this population overall, (69%), although those in Adolescents were more likely to be satisfied (82%).
- Social workers in public sector agencies were most likely to report increased challenges in both social work practice and service delivery systems. They were most satisfied with their ability to address challenges in the service delivery systems and least satisfied with respect to effectiveness in practice. In contrast, those in private practice reported fewer changes in practice and service delivery systems than others, though still reporting barriers. They were most satisfied with practice overall and least satisfied with their effectiveness in addressing changes in the service delivery system.
- One in five social workers serving some children/ adolescents was dissatisfied with access to mental health care, appropriate medical care and appropriate medications.
- Social workers in Child Welfare /Families and those serving caseloads that were predominantly children and adolescents were most dissatisfied with available resources.

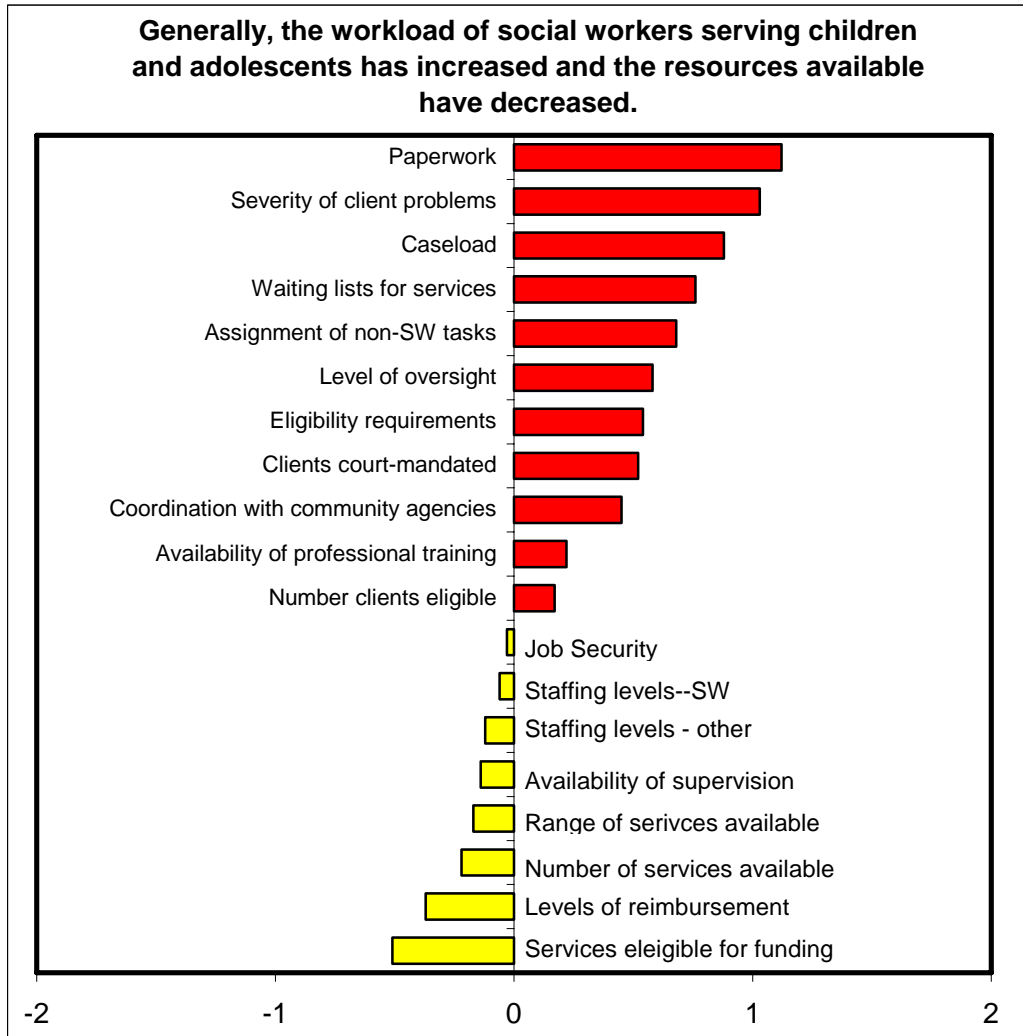


- Satisfaction was highest with time to provide clinical services, and lowest with time to conduct investigations. Satisfaction with time was lower among those more heavily involved with children/adolescents.
- The availability of training/education, the availability of services for clients and caseload size are the factors social workers identified as most important for improving care for children and adolescents.
- Seven in ten social workers who serve children/adolescents plan to remain in their current position in the next two years.
- Higher salary, lifestyle/family concerns, and job stress were the top reasons given for considering job changes.
- The majority of social workers plan to continue providing services to children and adolescents (71%).
- Those in Child Welfare/Family, those with caseloads of more than 50% children/adolescents, and those working in social service agencies were most likely to plan to change positions.
- Three quarters of social workers expected future opportunities to work with children to increase (76%).

### **Changes in the Practice of Social Work and in the Service Delivery System**

In the past two years, more than three-fifths of social workers who provide services to children and adolescents report increases 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%).

**Figure 1. Mean Reported Increases or Decreases in Factors Affecting Social Work Practice and the Service Delivery System**



Social workers who served children and adolescents were less likely than those who did not to report that the number of clients eligible for services increased (38% versus 45%); but more likely to report that the range of services available decreased (40% versus 33%); the number of services available decreased (42% versus 34%); services eligible for funding decreased (52% versus 43%), and the number of clients presenting for reasons other than personal choice increased (46% versus 37%).

Social workers in the practice area of Child Welfare/Family were more likely than social workers NPA 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%), but less likely to report decreases in social worker staffing (25% versus 31%), in range of services (33% versus 40%),

and in number of services (34% versus 42%). Table 1 below shows the differences in perceived barriers by highest social work degree.

**Table 1. Changes in Service Environment for Children and Adolescents for Selected Groups of Social Workers**

Service Characteristic	All	MSW	BSW	Child Welfare/ Family	Adol- escents	NPA
Paperwork increased	74%	72%	79%	79%	79%	72%
Severity of client problems increased	73%	73%	74%	75%	82%	72%
Caseload increased	68%	68%	71%	69%	68%	68%
Waiting lists for services increased	60%	59%	66%	62%	57%	60%
Assignment of non-SW tasks increased	53%	52%	54%	54%	50%	54%
Services eligible for funding decreased	52%	52%	48%	48%	47%	53%
Level of oversight increased	51%	51%	50%	62%	47%	49%
Eligibility requirements increased	51%	52%	46%	47%	47%	52%
Clients court-mandated increased	46%	44%	53%	58%	50%	43%
Levels of reimbursement decreased	44%	45%	40%	39%	39%	46%
Number of services available decreased	42%	42%	36%	45%	34%	42%
Range of services available decreased	40%	40%	38%	41%	33%	40%
Number clients eligible increased	38%	36%	47%	42%	43%	37%
Staffing levels decreased - other	33%	33%	28%	36%	30%	33%
Staffing levels decreased - SW	32%	32%	32%	39%	25%	31%
Job security decreased	29%	28%	32%	27%	29%	29%
Availability of supervision decreased	29%	29%	23%	25%	28%	29%
Availability of professional training decreased	17%	18%	17%	16%	18%	18%
Coordination with community agencies decreased	11%	12%	8%	13%	10%	11%

While there were few differences by prevalence of children/adolescents within caseloads, social workers who carry caseloads of more than 50% 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%).

Table 2 shows perceived changes in practice and delivery systems by sector. All sectors are experiencing changes in a relatively short-term period. Social workers in the public sector appear most affected by changes.

**Table 2. Changes in Service Environment for Children and Adolescents  
By Practice Sector**

Service Area Characteristic	Public	Non-Profit	For- Profit	Private Practice
Caseload increased	71%	69%	75%	59%
Severity of client problems changed	82%	73%	73%	59%
Waiting lists for services changed	67%	60%	59%	50%
Paperwork changed	78%	71%	73%	67%
Level of oversight changed	53%	54%	47%	43%
Assignment of non-SW tasks changed	57%	50%	52%	50%
Eligibility requirements changed	49%	50%	51%	56%
Clients court-mandated changed	53%	40%	46%	44%
Number clients eligible changed	45%	38%	33%	28%
Levels of reimbursement decreased	41%	48%	40%	44%
Coordination with community agencies changed	10%	10%	11%	16%
Staffing levels changed - SW	37%	32%	27%	18%
Staffing levels changed - other	42%	29%	30%	22%
Job security changed	31%	29%	25%	27%
Availability of supervision changed	30%	29%	32%	20%
Availability of professional training changed	20%	21%	15%	6%
Range of services available changed	39%	37%	41%	45%
Number of services available changed	42%	41%	39%	44%
Services eligible for funding changed	49%	51%	52%	58%

### **Satisfaction with Resources and Skills**

More than half of social workers who work with children and adolescents were satisfied with access to various types of resources for their clients. They were most likely to be satisfied with their access to agency resources and appropriate mental health care, and least likely to be satisfied with their access to appropriate medical care for clients. BSWs were more likely than MSWs to report satisfaction with access to agency services and community resources, while MSWs were more likely than BSWs to be satisfied with access to appropriate medications and appropriate mental health care.

**Table 3. Percentages of Social Workers Serving Children and Adolescents Satisfied and Dissatisfied with Selected Resources for Their Clients**

Access to...	Percent Satisfied (4 or 5 on 5-point scale)			Percent Dissatisfied (1 or 2 on 5-point scale)		
	All	MSWs	BSWs	All	MSWs	BSWs
Type of Resource						
Agency Services	65%	64%	70%	11%	12%	8%
Community Resources	55%	53%	61%	16%	17%	13%
Appropriate Meds	55%	57%	41%	17%	19%	19%
Appropriate Med Care	53%	52%	54%	19%	17%	14%
Appropriate MH Care	58%	59%	47%	21%	21%	26%

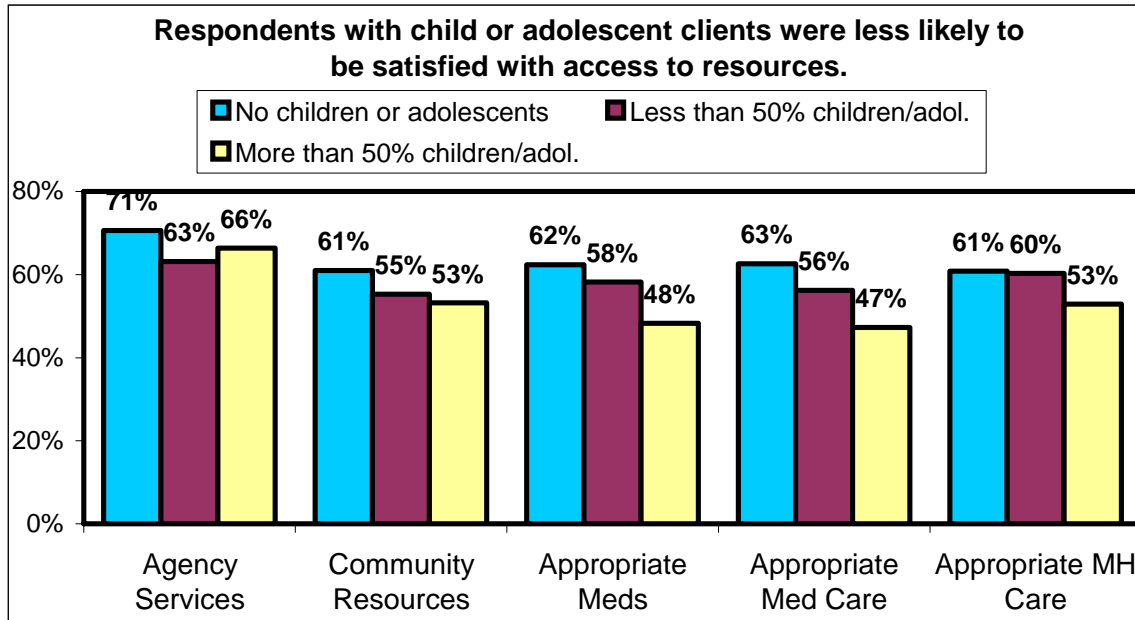
As shown below, social workers in Child Welfare/Family were less likely to be satisfied and more likely to be dissatisfied than social workers NPA in relation to access to medications, medical care, and mental health care. Those in Adolescents did not differ from social workers NPA.

**Table 4. Percentages of Social Workers Serving Children and Adolescents Satisfied and Dissatisfied with Selected Resources for Their Clients**

Access to...	Percent Satisfied (4 or 5 on 5-point scale)			Percent Dissatisfied (1 or 2 on 5-point scale)		
	Child Welfare/ Family	Adolescents	NPA	Child Welfare/ Family	Adolescents	NPA
Type of Resource						
Agency services	68%	67%	64%	9%	11%	12%
Community resources	53%	59%	54%	15%	15%	16%
Appropriate meds	38%	55%	57%	28%	14%	19%
Appropriate med. care	42%	50%	55%	23%	15%	16%
Appropriate MH care	47%	62%	59%	29%	18%	20%

Figure 2 shows that social workers serving children and adolescents were somewhat less satisfied with their access to resources than social workers not working with children and/or adolescents. Those who worked with predominantly child/adolescent caseloads were less likely to be satisfied than those carrying caseloads of 50% or fewer children/adolescents, as shown below.

**Figure 2. Percentages of Social Workers Serving Children and Adolescents Satisfied with Access to Selected Resources, by Level of Involvement with Children and Adolescents**



Sector made a pronounced difference in the levels of satisfaction and dissatisfaction reported. Those in private practice were substantially less likely to say they were satisfied with their access to agency resources, but were substantially more likely to be satisfied with access to medications and mental health care. Those in the public sector, in contrast, were less likely than others to report being satisfied and more likely to report being dissatisfied with access to medications, medical care, and mental health care.

Differences by demographic location of practice were not pronounced, although those in rural areas were less likely than others to be satisfied with access to community resources and mental health care.

**Table 5. Percentages of Social Workers Serving Children and Adolescents Satisfied and Dissatisfied with Selected Resources for Their Clients**

Access to...	Percent Satisfied (4 or 5 on 5-point scale)				Percent Dissatisfied (1 or 2 on 5-point scale)			
	Public	Nonprofit	For-profit	Private practice	Public	Nonprofit	For-profit	Private practice
Agency services	65%	68%	65%	54%	11%	9%	10%	18%
Community resources	56%	54%	57%	52%	15%	16%	19%	16%
Appropriate meds	44%	57%	56%	68%	26%	18%	21%	12%
Appropriate med. care	41%	57%	57%	61%	23%	16%	14%	10%
Appropriate MH care	49%	56%	61%	73%	28%	21%	19%	10%

### **Perceived Satisfaction and Efficacy**

Social workers who served children and adolescents were most likely to be satisfied with their ability to help clients with a range of problems, and to improve quality of life for their clients. They were least likely to be satisfied with their ability to influence service design, or to work with community organizations to adapt the service delivery system.

These results are not substantially different from responses of social workers who do not serve children/adolescents, except that those who do were more likely to agree that they help clients address a few key problems, resolve crisis situations, and feel satisfied with their ability to address cultural differences.

Social workers in the practice area of Child Welfare/Family were less satisfied than those serving children/adolescents overall on several important measures. They were less likely to agree that they: helped clients with a range of problems; felt satisfied with their abilities handling cultural differences or complex issues; effectively responded to the number of requests for help; or were satisfied with their ability to coordinate care.

Those in Adolescents were less likely than all social workers serving this population to agree that they effectively responded to the number of requests for help, but were more likely to agree that they helped clients with a range of problems, that they were satisfied with their ability in cultural differences, and that they were satisfied with their ability to influence service design.

**Table 6. Satisfaction with Selected Aspects of Practice by Social Workers Serving Children and Adolescents, by Practice Area**

Satisfaction Factor	All Who Serve Children and Adolescents	Do Not Serve Children or Adolescents	Child Welfare/ Family	Adolescents	NPA
Help clients with range of problems	91%	92%	85%	91%	92%
Help clients address one or two key problems	86%	80%	81%	87%	87%
Improve quality of life	86%	89%	81%	85%	87%
Help clients resolve crisis situations	83%	73%	79%	81%	83%
Help clients meet objectives	79%	75%	74%	85%	80%
Satisfied with ability in cultural differences	76%	67%	69%	82%	76%
Help families respond to client needs	72%	64%	77%	72%	71%
Satisfied with ability to address complex problems	67%	66%	55%	67%	69%
Satisfied with amount of time spend with clients	59%	57%	47%	56%	61%
Satisfied with ability to help clients navigate	57%	64%	56%	54%	57%
Satisfied with ability to coordinate care	52%	58%	43%	47%	54%
Effectively respond to number of requests for help	51%	53%	44%	45%	53%
Work with community orgs to adapt system	46%	43%	50%	45%	45%
Satisfied with ability to influence service design	44%	45%	39%	52%	44%

Table 7 shows differences in satisfaction with efficacy between BSWs and MSWs. Although MSWs were generally more confident than BSWs, BSWs were more satisfied with their ability to help clients navigate systems and work with community organizations to adapt the service delivery system.



**Table 7. Satisfaction with Selected Aspects of Practice by Social Workers Serving Children and Adolescents, by MSW and BSW**

Assessment Factor	MSW	BSW
Improve quality of life	86%	80%
Help clients meet objectives	80%	76%
Help clients with range of problems	92%	87%
Help clients address few key problems	87%	78%
Help clients resolve crisis situations	83%	79%
Help families respond to client needs	71%	73%
Satisfied with ability to help clients navigate	55%	66%
Satisfied with ability to coordinate care	51%	55%
Effectively respond to number of requests for help	51%	52%
Work with community orgs to adapt system	42%	61%
Satisfied with ability to address complex problems	68%	61%
Satisfied with amount of time spend with clients	61%	46%
Satisfied with ability in cultural differences	77%	65%
Satisfied with ability to influence service design	44%	45%

Table 8 shows key differences based on prevalence of children and adolescents in caseloads.

**Table 8. Satisfaction with Selected Aspects of Practice by Social Workers Serving Children and Adolescents, by Level of Involvement with Children and Adolescents**

Assessment Factor	All who serve children/adolescents	50% or fewer children/adol.	More than 50% children/adol.
Help clients with range of problems	91%	91%	90%
Improve quality of life	86%	89%	82%
Help clients address few key problems	86%	87%	86%
Help clients resolve crisis situations	83%	83%	82%
Help clients meet objectives	79%	83%	76%
Satisfied with ability in cultural differences	76%	76%	76%
Help families respond to client needs	72%	66%	79%
Satisfied with ability to address complex problems	67%	70%	62%
Satisfied with amount of time spend with clients	59%	64%	50%
Satisfied with ability to help clients navigate	57%	58%	56%
Satisfied with ability to coordinate care	52%	53%	51%
Effectively respond to number of requests for help	51%	56%	45%
Work with community orgs to adapt system	46%	44%	49%
Satisfied with ability to influence service design	44%	43%	45%

Finally, Table 9 shows important sector differences. Social workers in the public sector were least likely to be satisfied with their effectiveness overall, though they were most likely to report satisfaction on items related to the service delivery system. Those in private practice were the most satisfied overall, although they were less likely to indicate satisfaction on items related to the service delivery system (e.g. ability to help clients navigate the system; working with community organizations to adapt the delivery system).

**Table 9. Satisfaction with Selected Aspects of Practice by Social Workers Serving Children and Adolescents, by Employment Sector**

Assessment Factor	Public	Nonprofit	For-profit	Private practice
Improve quality of life	79%	84%	90%	95%
Help clients meet objectives	73%	77%	84%	91%
Help clients with range of problems	88%	90%	94%	95%
Help clients address few key problems	83%	87%	89%	89%
Help clients resolve crisis situations	82%	82%	87%	82%
Help families respond to client needs	72%	72%	76%	70%
Satisfied with ability to help clients navigate	59%	56%	67%	50%
Satisfied with ability to coordinate care	51%	49%	59%	55%
Effectively respond to number of requests for help	46%	48%	54%	65%
Work with community orgs to adapt system	51%	47%	42%	34%
Satisfied with ability to address complex problems	61%	68%	71%	74%
Satisfied with amount of time spend with clients	48%	54%	55%	86%
Satisfied with ability in cultural differences	73%	73%	77%	83%
Satisfied with ability to influence service design	39%	42%	43%	56%

*Self-Assessment Of Child/Family Skills*

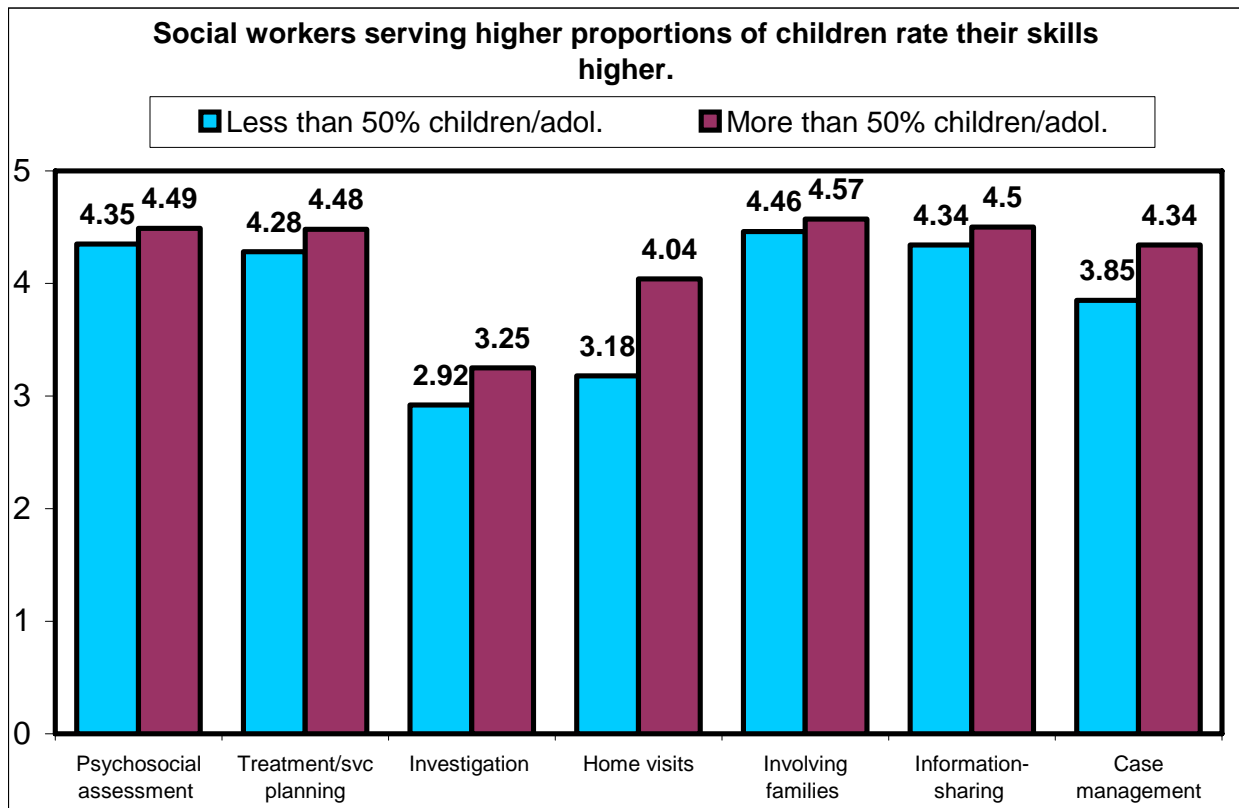
Social workers who work with children/adolescents were most likely to rate their skills at involving families highly (90%), and were least likely to be satisfied with their investigation skills (42%).

**Table 10. Percentages reporting their child/family-related skills are high (4 or 5 on a 5-point scale)**

	All	CWF - MSW	CWF - BSW	Adol - MSW	Adol - BSW	NPA - MSW	NPA - BSW
Psychosocial assessment skills	87%	94%	64%	91%	92%	90%	67%
Treatment/svc planning skills	86%	91%	80%	96%	100%	87%	66%
Investigation skills	42%	60%	58%	33%	62%	37%	39%
Home visit skills	61%	85%	94%	51%	92%	52%	70%
Skills involving families	90%	97%	96%	91%	93%	90%	82%
Information-sharing skills – other agencies/professionals	87%	87%	93%	92%	100%	87%	83%
Case management skills	75%	84%	94%	81%	100%	71%	77%

Social workers with caseloads of 50% or more children/adolescents consistently report higher confidence with their skills than those serving fewer children/adolescents, as shown in Figure 3.

**Figure 3. Average Self-Ratings of Skills Related to Providing Services to Children and Their Families, by Level of Involvement with Children**



### *Satisfaction with Time*

Reported satisfaction and dissatisfaction with time available varied dramatically as shown in Table 10 below. Social workers who served children and adolescents were most likely to be satisfied with 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.

MSWs were generally more likely than BSWs to be satisfied with the time available for most tasks (Table 10). BSWs were more likely than MSWs to be satisfied with the time available to access basic services and conduct investigations.

**Table 10. Percentages of Social Workers Serving Children and Adolescents Satisfied and Dissatisfied with Time Available for Selected Services for their Clients**

Satisfied with time available for...	All serving children and adolescents		MSWs		BSWs	
	Satisfied	Dissatisfied	Satisfied	Dissatisfied	Satisfied	Dissatisfied
Providing clinical services	72%	11%	75%	10%	51%	19%
Addressing presenting problems	71%	8%	74%	7%	60%	9%
Addressing severity of problems	68%	10%	70%	9%	55%	13%
Addressing breadth of problems	59%	14%	61%	13%	48%	18%
Providing services to client families	56%	14%	56%	13%	51%	16%
Participating in training	49%	25%	49%	25%	48%	22%
Accessing basic services	46%	20%	44%	21%	55%	10%
Addressing service delivery issues	41%	22%	42%	22%	37%	21%
Performing administrative tasks	38%	32%	38%	32%	39%	33%
Conducting investigations	37%	32%	34%	34%	46%	25%

Social workers who carried predominantly child/adolescent caseloads were less satisfied with the availability of time than those who served fewer child/adolescent clients. Specifically, they were less satisfied with time to address presenting problems, severity of problems, breadth of problems, provide clinical services, participate in training, and perform administrative tasks.

As an overall trend, social workers in private practice were more satisfied with the time available than those in other sectors, while those in the public sector were the least satisfied, as shown below in Table 12.

**Table 12. Percentages of Social Workers Serving Children and Adolescents Satisfied with Time Available for Selected Tasks, by Employment Sector**

Service Factor	Public	Non-Profit	For-Profit	Private Practice
Satisfied time address presenting problems	58%	72%	66%	93%
Satisfied time access basic services	42%	50%	46%	39%
Satisfied time providing services to client families	46%	58%	51%	71%
Satisfied time addressing severity of problems	54%	68%	69%	88%
Satisfied time addressing breadth of problems	47%	56%	57%	85%
Satisfied time addressing service delivery issues	38%	41%	44%	50%
Satisfied time providing clinical services	57%	71%	74%	95%
Satisfied time conducting investigations	41%	35%	30%	35%
Satisfied time participating in training	48%	43%	48%	64%
Satisfied time performing administrative tasks	34%	40%	37%	44%

## Importance of Factors to Improve Care for Children/Families

The availability of training/education (85%), availability of services (81%), and caseload size (79%) are the factors identified by social workers as most important in assisting them provide quality care to children and families (85%).

Those in Child Welfare/Family were more likely than other social workers to assign importance to supervision (73%), organizational support (73%), caseload size (91%), time (78%), manageable paperwork (83%), staffing (81%), and better opportunities (68%). They were less likely to assign importance to better reimbursement (55%). Those in Adolescents were more likely than others to assign importance to supervision (69%), caseload size (85%), interagency coordination (78%), time (77%), and better opportunities (69%).

**Table 13. Percentages of Social Workers Serving Children and Adolescents Who Rated Selected Service Factors as Important for their Clients**

Service Factors	MSW	BSW	50% or fewer children/ adolescents	More than 50% children/ adolescents	All who serve children/ adolescents
Training/Education	85%	83%	83%	87%	85%
Availability of Services	80%	85%	78%	83%	81%
Caseload Size	78%	86%	72%	86%	79%
Manageable Paperwork	72%	79%	69%	76%	73%
Staffing	71%	79%	69%	76%	72%
Better Compensation	72%	72%	71%	73%	72%
Interagency Coordination	70%	72%	67%	74%	70%
Time	68%	78%	68%	72%	70%
Organization Support	64%	71%	61%	70%	65%
Supervision	63%	60%	59%	67%	63%
Better Reimbursement	64%	52%	69%	55%	62%
Better Opportunities	59%	67%	57%	63%	60%
Resource Centers	54%	64%	57%	54%	55%

## Career Plans

The majority of social workers who served children and adolescents expect future opportunities to work with children and adolescents to increase (76%). Eighty-four percent of those in Child Welfare/Family and 86% of those in Adolescents believed that opportunities would increase. Eighty-one percent of BSWs and 75 percent of MSWs thought opportunities would increase. Eighty two percent of those with predominantly child/adolescent caseloads and 70% of those who served 1-50% children/adolescents see future opportunities to work with children to increasing.

The majority of social workers who serve children/adolescents (71%) planned to remain in their current position in the next two years, and 28% planned to pursue another opportunity or a promotion. Eleven percent planned to decrease their social work hours, but almost as many (9%) planned to increase their hours. Five percent planned to retire, 5% planned to leave social work but continue working, and 1% planned to stop working. These figures do not differ substantially by degree or by demographic location of practice. Plans to remain in current positions are highest, however, among those who have worked with children the longest, while plans to leave the field but continue working are highest among those who are least experienced with this population.

Those in Child Welfare/Family were less likely to plan to remain in their current position (59%), and more likely to plan to seek a new opportunity or promotion (35%) than other social workers. Social workers in Adolescents did not differ substantially from all who served children/adolescents.

Those who served more children and adolescents are less likely than those who served fewer to plan to remain in their current position (67% versus 73%); but they are more likely to plan to seek a new opportunity or promotion as a social worker (31% versus 25%). Those in private practice were much more likely to report plans to stay in their current position (84%), and less likely to plan to pursue a new opportunity (11%).

Table 14 shows career plans for social workers in different employment settings. The least projected stability was in social service agency settings, where only 58% of social workers planned to remain in their current job for the next two years.

**Table 14. Two-Year Career Plans of Social Workers Serving Children and Adolescents, By Employment Setting**

Five-Year Career Plan	Private practice (N=367)	Hospital (N=216)	Behavioral Health Clinic (N=181)	Social Service Agency (N=265)	School (N=284)	Group Home (N=37)	Criminal Justice Agency (N=32)
Plan remain in current position	84%	73%	67%	58%	79%	79%	83%
Plan leave SW but continue to work	3%	5%	4%	8%	2%	4%	7%
Plan retire	5%	3%	5%	7%	4%	4%	7%
Plan stop working	1%	1%	1%	1%	1%	0%	0%

### *Factors*

Higher salary (76%), lifestyle/family concerns (54%), stress of current job (36%), and interesting work (35%) are the top reasons identified by social workers providing services to children and/or adolescents for changing jobs.

Table 15 shows how factors differ by practice area and highest earned social work degree.

**Table 15. Percentages of Social Workers Serving Children and Adolescents Who Would Change Jobs for Selected Factors**

Job Change Factor	Child Welfare/ Family		Adolescents		NPA		All MSWs (N=1638)	All BSWs (N=228)	All serving children/ adolescents (N=1866)
	MSW (N=185)	BSW (N=69)	MSW (N=132)	BSW (N=19)	MSW (N=1220)	BSW (N=134)			
Higher Salary	79%	84%	77%	79%	74%	83%	75%	83%	76%
Lifestyle/Family Concerns	48%	57%	51%	36%	57%	50%	55%	51%	55%
Stress of Current Job	42%	55%	37%	14%	34%	39%	35%	42%	36%
Interesting Work	45%	29%	32%	21%	35%	28%	36%	28%	35%
Location	27%	23%	39%	43%	33%	34%	33%	32%	33%
Personal Reasons	30%	35%	28%	36%	33%	29%	32%	31%	32%
Better Benefits	27%	33%	32%	43%	30%	41%	30%	39%	31%
Increased Mobility	27%	36%	32%	36%	24%	25%	25%	29%	26%
Lighter workload	25%	42%	25%	14%	21%	21%	22%	27%	23%
Opportunities Training/Educ.	23%	23%	21%	14%	21%	20%	21%	21%	21%
Different Supervisor/Mgmt	16%	22%	18%	36%	13%	20%	13%	21%	14%
Peer Support	11%	3%	13%	29%	10%	9%	10%	8%	10%
Quality of Supervision	15%	13%	6%	21%	10%	10%	10%	12%	10%
Agency Mission	11%	7%	9%	14%	9%	8%	9%	8%	9%
Increased Responsibility	11%	14%	9%	21%	9%	9%	9%	11%	9%
Other	7%	12%	8%	21%	9%	8%	9%	10%	9%
Ethical Challenges	7%	1%	7%	21%	6%	3%	6%	4%	6%



Social workers with caseloads of 50% or more children and adolescents were more likely than those who served fewer to cite the stress of their current job (38% versus 33%) or increased mobility (29% versus 23%) as reasons to change jobs.

Social workers employed in public sector agencies were more likely to cite increased mobility (32%) or stress of current job (45%) as reasons to change jobs than social workers in other sectors. Those in private for-profit organizations were more likely to say that they would consider changing for better benefits (40%). Those in private practice were more likely than others to cite lifestyle/family concerns (62%) and personal reasons (40%),

Almost half of social workers who work with children/adolescents (46%) do not plan to change their involvement with children and families in the next five years, and 23% plan to increase their time working with this population. Ten percent indicate plans to decrease their work with children and adolescents, and 2% plan to discontinue working with these populations. Twenty percent said that their plans were unsure.

Social workers in Child Welfare/Family did not differ substantially from the other social workers except that they were more likely to be unsure of their future career plans (26%). Those in Adolescents did not differ from other social workers.

MSWs were more likely than BSWs to say that they did not anticipate career changes (46% versus 40%), or plans to reduce their time working with children/adolescents (11% versus 5%). BSWs were more likely to plan to increase their time with this population (28% versus 22%) or that they were unsure of their plans (25% versus 19%).

While there were not substantial differences by involvement with children/adolescents, sector, or rural/urban location, some differences emerged by setting, as shown in Table 16.

**Table 16. Plans for Future Work with Children and Families, by Setting**

	Hospital (N=203)	Psychiatric Hospital (N=51)	Health Clinic/ Outpatient Facility (N=84)	Behavioral Health Clinic (N=172)	Social Service Agency (N=255)	School (N=282)	Group Homes - child/adol. (N=37)	Criminal Justice Agency (N=30)
No Change	48%	39%	40%	44%	41%	53%	43%	30%
Increase Time	19%	22%	24%	21%	20%	22%	21%	26%
Reduce time	9%	12%	9%	16%	9%	10%	7%	4%
No future work	2%	6%	6%	2%	1%	1%	0%	15%
Unsure	22%	22%	21%	18%	29%	15%	29%	26%