

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

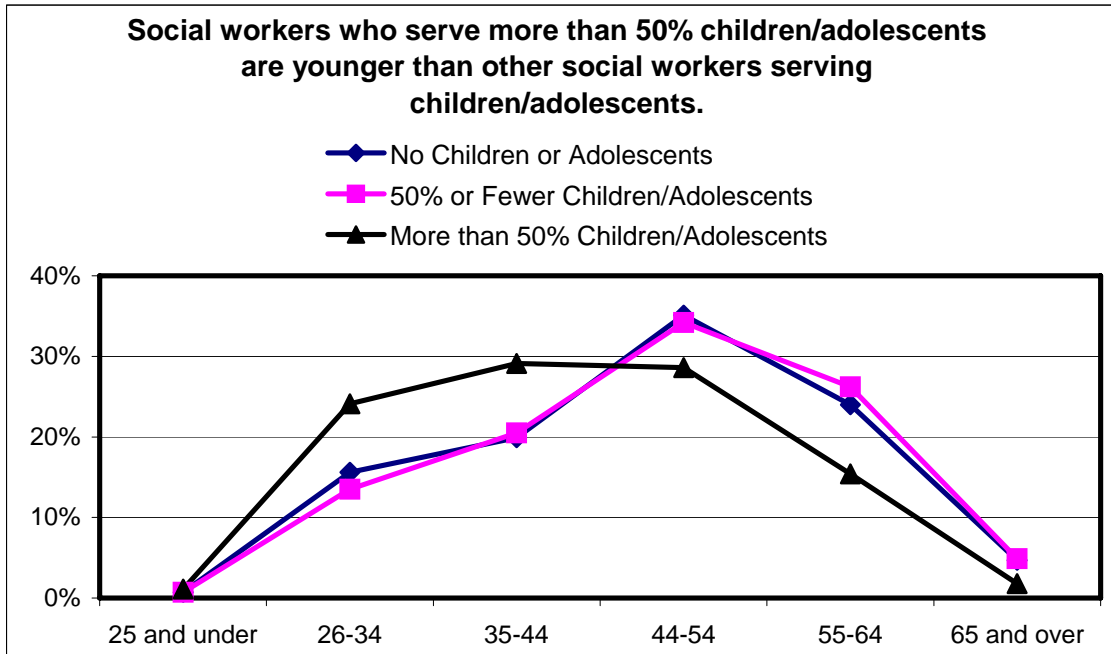
Age

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

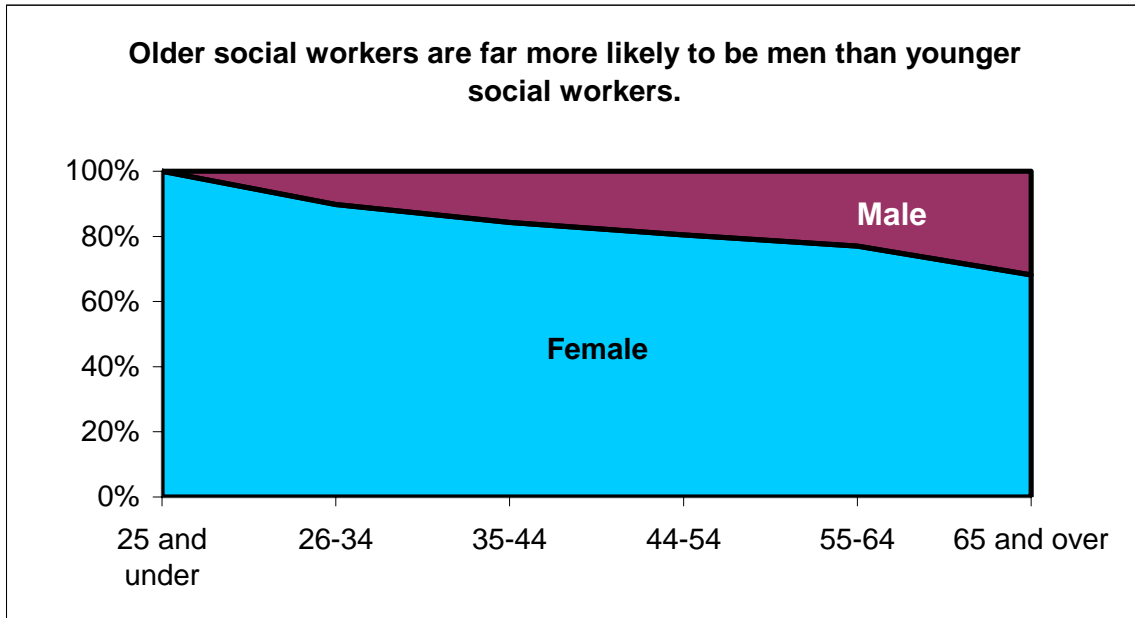


Gender

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

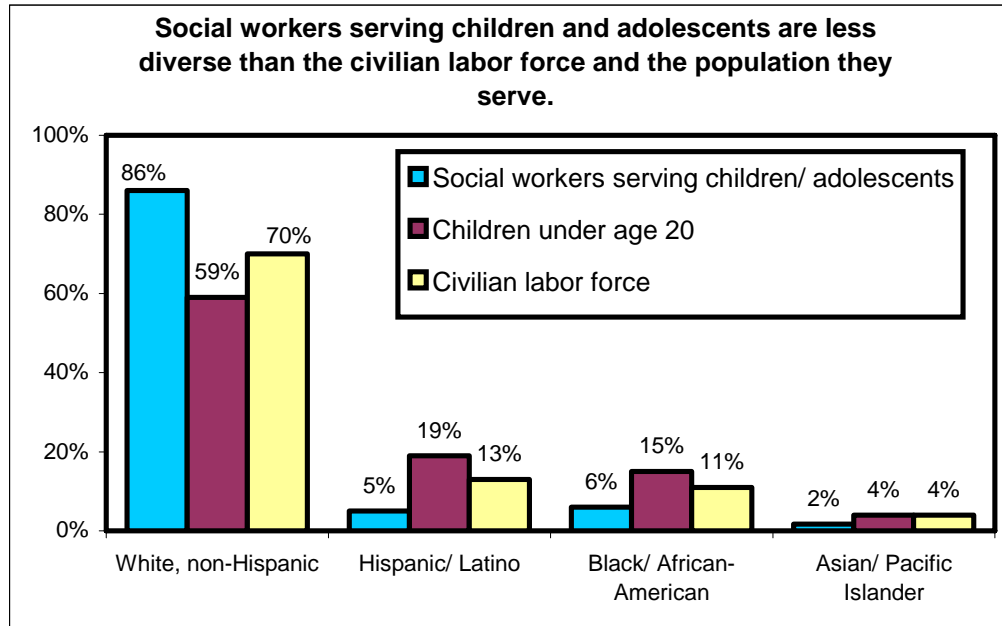


Race/Ethnicity

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

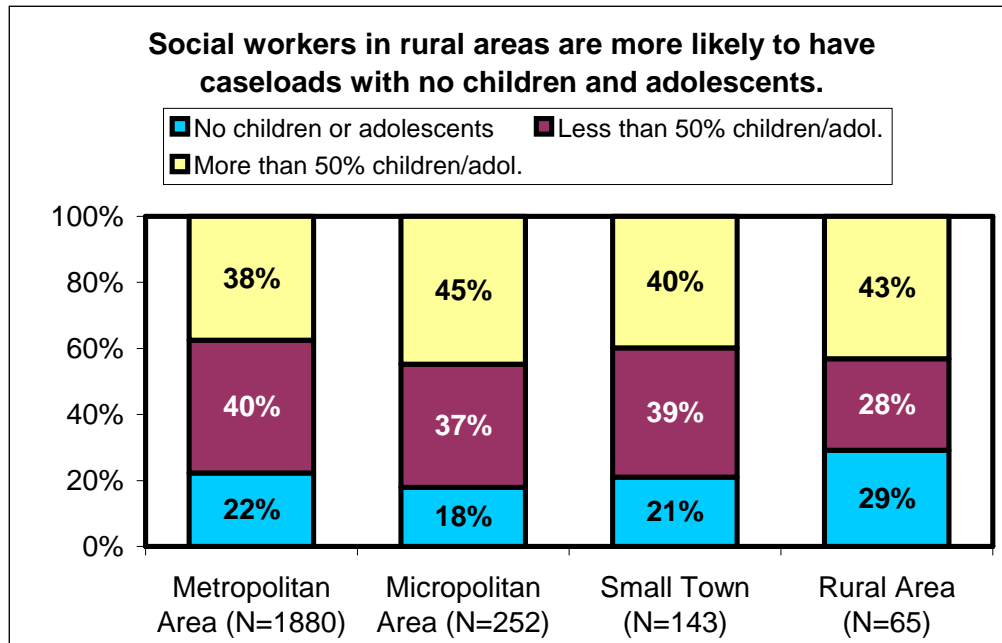
The geographic location of social workers' practices affects their access to resources for clients; professional development opportunities, including education and training; job prospects and level of salary. More than 90% practice in metropolitan (80%) or micropolitan areas¹ (11%). Six percent practice 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.

¹ 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

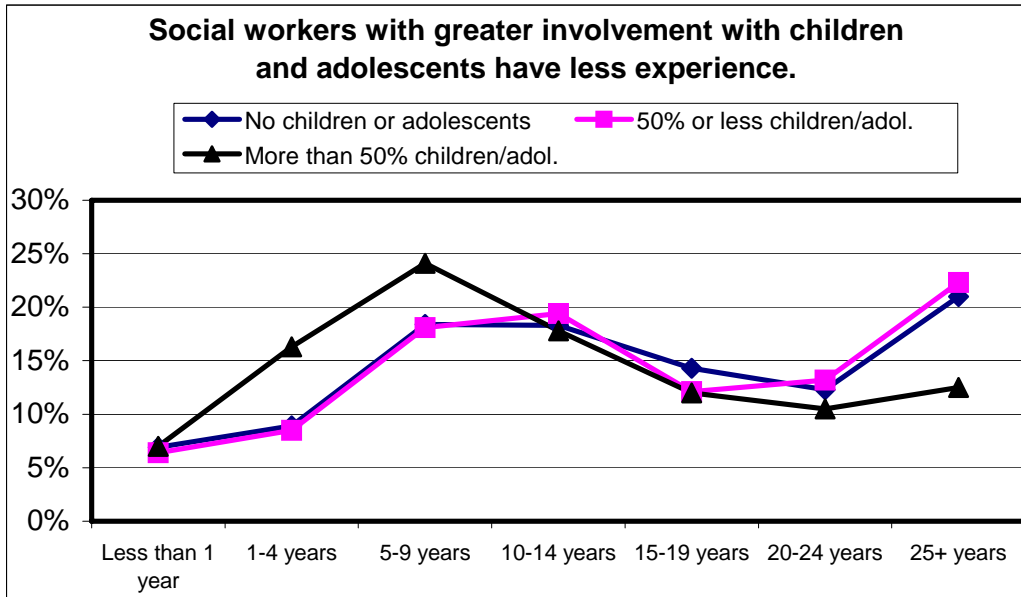
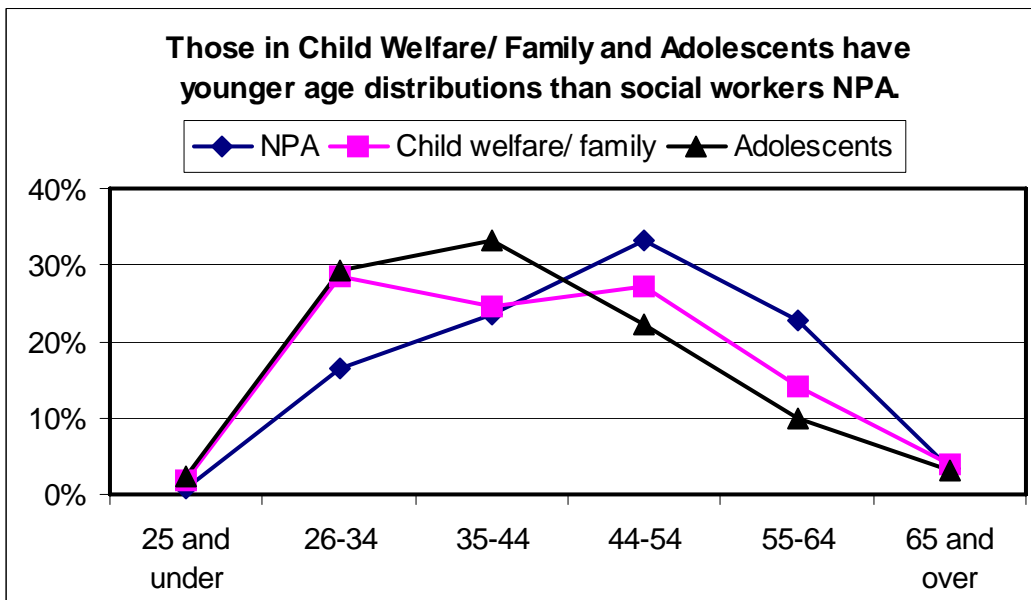


Figure 6. Age Distributions of Social Workers in Selected Practice Areas



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

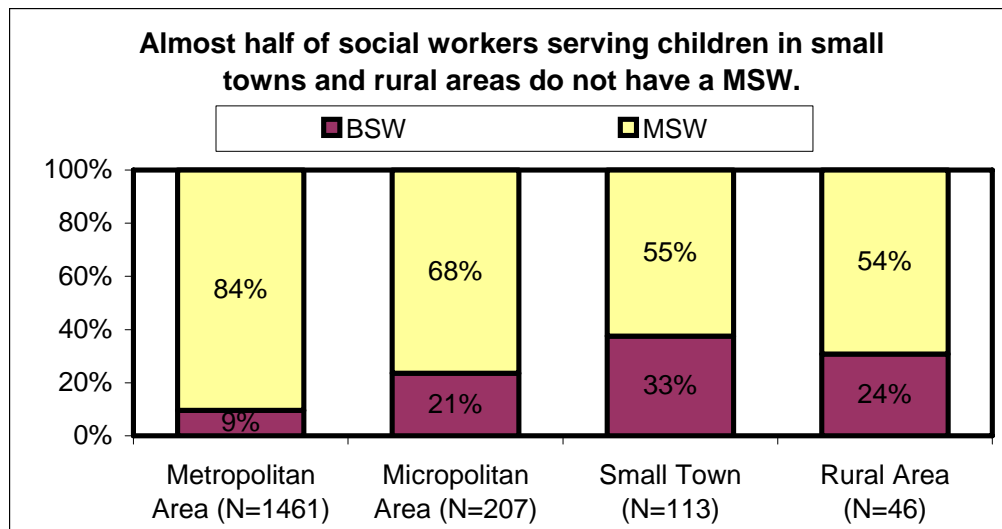
The MSW is the predominant social work degree for those currently serving children and adolescents (80%). BSWs constitute 12% of those serving children and adolescents, with an additional 7% having no formal social work degree. This is generally consistent with the educational distribution for social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



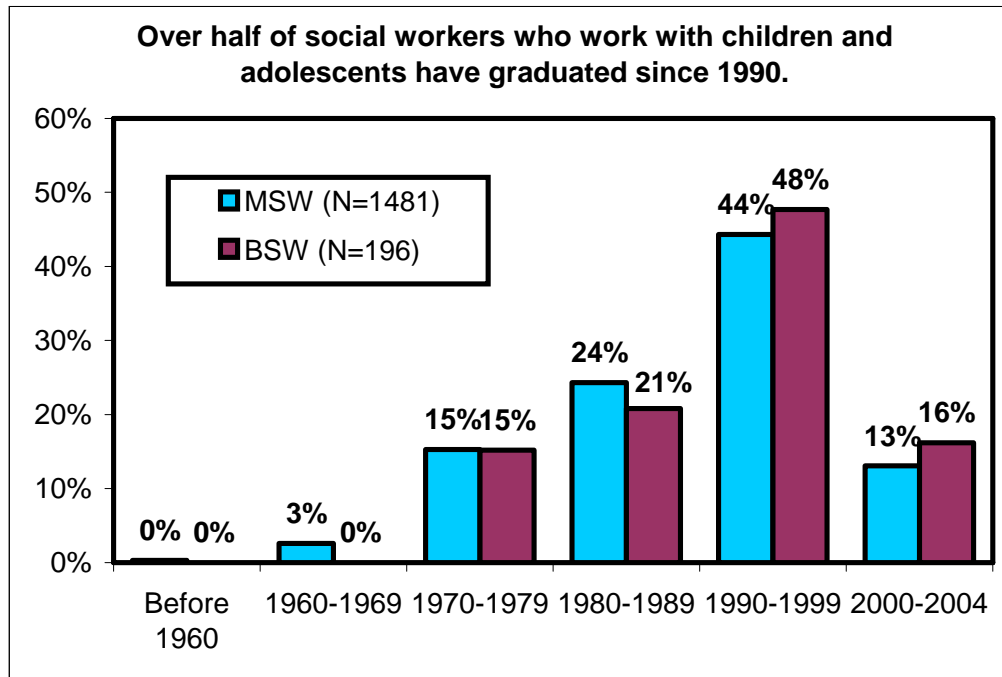
There was also variation in highest degree by the number of years worked with children and adolescents. Those who had worked with this population for less than a year were 77% MSWs, 19% BSWs, and 4% without a formal degree. In contrast, those who had worked with this population for more than 15 years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

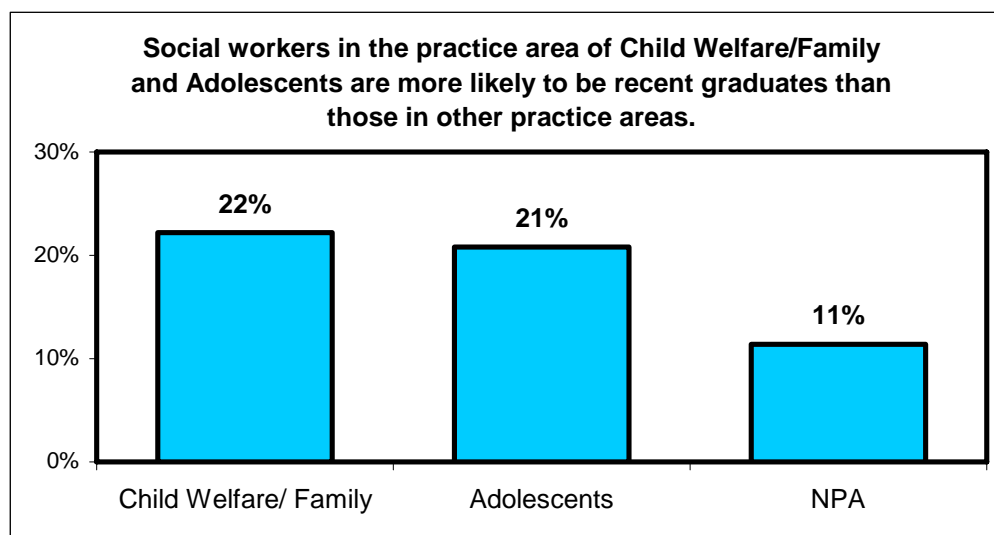
2000 and 2004, comparable to the figures for social workers overall (54% and 11% respectively). BSWs were no more likely to be recent graduates (2000 to 2004) than MSWs (16% and 13%).

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

