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## Social Worker Shortages and The Rise in Competition for a Competent Child Welfare Workforce

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## Social Worker Shortages and The Rise in Competition for a Competent Child Welfare Workforce (Blog Post)

Posted on September 30, 2020

Several national studies have been conducted over the past few years (e.g. [Hooyman, & Unitzer, 2011](#); [Lin, Lin, & Zhang, 2016](#)) to project the number of social workers that will be needed by the year 2030. What they all point to is a huge deficit in the number of social workers (upwards of 200,000) needed to care for children, the elderly and those with addictions, mental health, and other health issues. However, those estimates may be low given that as of 2018 there was no regular gathering of comprehensive data on workforce needs in such areas as child welfare, juvenile justice and medical settings where the jobs have often been de-professionalized ([Spetz, et al., 2015](#); [Williams & Vieyra, 2018](#)). Another take away from these studies is that the competition for high quality staff with a social work education is increasing ([Fraser, et al., 2018](#)). Increased demand for social workers in other fields, such as education, health care and criminal justice, and in other areas of social work such as mental health and aging, and likely contributing to the drop in the number of students taking advantage of Title IV-E and Title IV-B education programs in child welfare. This trend is impacting the size of the pipeline of social work students into child welfare agencies. In fact, multiple federal agencies in the U.S. Department of Health and Human Services, such as the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), are funding student stipends to increase the number of social work and other students specializing in behavioral health, integrated health, and gerontology (e.g. [Putney, et al., 2017](#); see the description below of three such programs). The race for talent is on!

### **Behavioral Health Workforce Education and Training (BHWET) Program**

HRSA established the BHWET program to increase the number of professionals practicing in behavioral health serving those living in medically underserved areas by establishing or expanding internships or field placements for students and interns, faculty, and supervisors.

### **Center for Integrated Health Solutions (CIHS)**

This center “promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions,” whether seen in a specialty behavioral health setting or in primary care provider settings. CIHS is run by the National Council for Behavioral Health and is an interagency collaboration between SAMHSA and HRSA. There is an emphasis on developing the workforce to work in integrated health settings.

### **Geriatric Workforce Enhancement Program (GWEP)**

HRSA established the GWEP program to increase the number of professionals

practicing in health care with a focus on patient and family engagement by integrating geriatric care to improve health outcomes for older adults.

The QIC-WD is studying the impact of employee selection protocols on worker job performance and retention. The QIC-WD is also testing the effectiveness of using psychological testing to help find those who are likely to fit the front level child welfare job the best. Once these studies are completed, we will have more data regarding whether or not the pool of applicants was large enough for choice to even be possible. A next step may be expanding recruitment efforts so that the pool of qualified applicants is larger. On another front, the QIC-WD is studying the impact of educational degree (e.g. social work, psychology, family studies) and participation in Title IV-E education programs on worker retention and outcomes for children across all of our sites. This will be one of the few national studies on the impact of degree and preparation on these important outcomes. We may also see if the number of social workers in child welfare is declining, remaining stable, or increasing. If the numbers are declining, we hope that our findings can be a call to action to university schools of social work to find ways to overcome barriers to recruitment of students into Title IV-E education programs and the child welfare field.

Information from the following articles contributed to this blog post and are summarized below.

**Fraser, M. W., Lombardi, B. M., Wu, S, de Saxe Zerden, L., Richman, E. L., & Fraher. L. P. (2018). Integrated primary care and social work: A systematic review. *Journal of the Society for Social Work Research, 9(2), 175–215.***

The goal of the study was to assess research examining the function of social workers on interprofessional teams in primary care settings and the impact that teams including social workers have on key outcomes. A systematic review yielded thirty-two publications based on twenty-six random controlled trials. Three meta-analyses were conducted as part of this review of behavioral health outcomes comparing routine versus integrated care. Overall, results point to the added value of social worker inclusion on interprofessional teams in integrated care settings.

**Hooyman, N., & Uniitzer, J. (2010–2011). A perilous arc of supply and demand: How can America meet the multiplying mental health care needs of an aging populace? *Generations: Journal of the American Society on Aging, 34(4), 36–42.***

By 2030 the number of aging adults with mental health issues in the United States may reach 15 million. But few social workers have skills in geriatric mental health and do not match the demographics of a diversifying population. While the Hartford Foundation invested in the development of gerontology programs in schools of social work and gerontology research, recruiting students to these programs remains a challenge.

**Lin, V. W., Lin, J., & Zhang, X. (2016). U.S. social worker workforce report card: Forecasting nationwide shortages. *Social Work, 61(1), 7–15.***

Using a well-established formula for calculating per-population shortage ratios for each

state up to the year 2030, researchers found that the shortage ratios will increase everywhere, particularly in the South and West (due to more elderly and ethnically diverse children). The number of states experiencing a shortage jump will increase from 20 to 38 for a shortfall of almost 200,000 social workers. Solutions include increased funding to educate and retain social workers and organizational reforms.

**Putney, J. M., Sankar, S, Harriman, K. K., O'Brien, K. H. M., Robinson, D. S., & Hecker, S. (2017). An innovative behavioral health workforce initiative: Keeping pace with an emerging model of care. *Journal of Social Work Education, 53*(S1), S5–S16.**

With the increasing integration of primary care and behavioral health, there is a need for social workers to gain new skills in interprofessional practice, use of evidence-based screening tools, and implementation of brief interventions. The Health Resources and Services Administration (HRSA) gives grants to Master of Social Work (MSW) programs to develop targeted coursework and advanced training in integrated care. The article shares an example of such a program aimed at settings serving children, adolescents, and transition-aged youth.

**Spetz, J., Trupin, L., Bates, T., & Coffman, J. M. (2015). Future demand for long-term care workers will be influenced by demographic and utilization changes. *Health Affairs, 34*(6), 936–945.**

While the estimate for the number of additional staff needed to meet the demands for long-term care by 2030 is 1.5 million, this study tested a model for workers needed by type of care needed and projected demographics of the elderly population. They found that the greatest number of social workers will be needed in adult day care, followed by nursing homes, and then other settings. The authors calculated various scenarios based on possible changes in use of different forms of care by ethnicity and care type.

**Williams, J. H., & Vieyra, M. J. (2018). Developing a social work workforce: We need additional data. *Social Work, 42*(1), 3–7.**

There has been growth in social work research and social work education, with over 800 Bachelor of Social Work (BSW) or MSW programs, and a 42 percent increase in MSW students between 2011 and 2015, yet there continue to be efforts to deprofessionalize the workforce in child welfare, juvenile justice, and medical settings. There is no regular gathering of comprehensive data on the social work workforce, even in areas with emphasis on workforce; thus, there is a need for forecasting.