

**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.

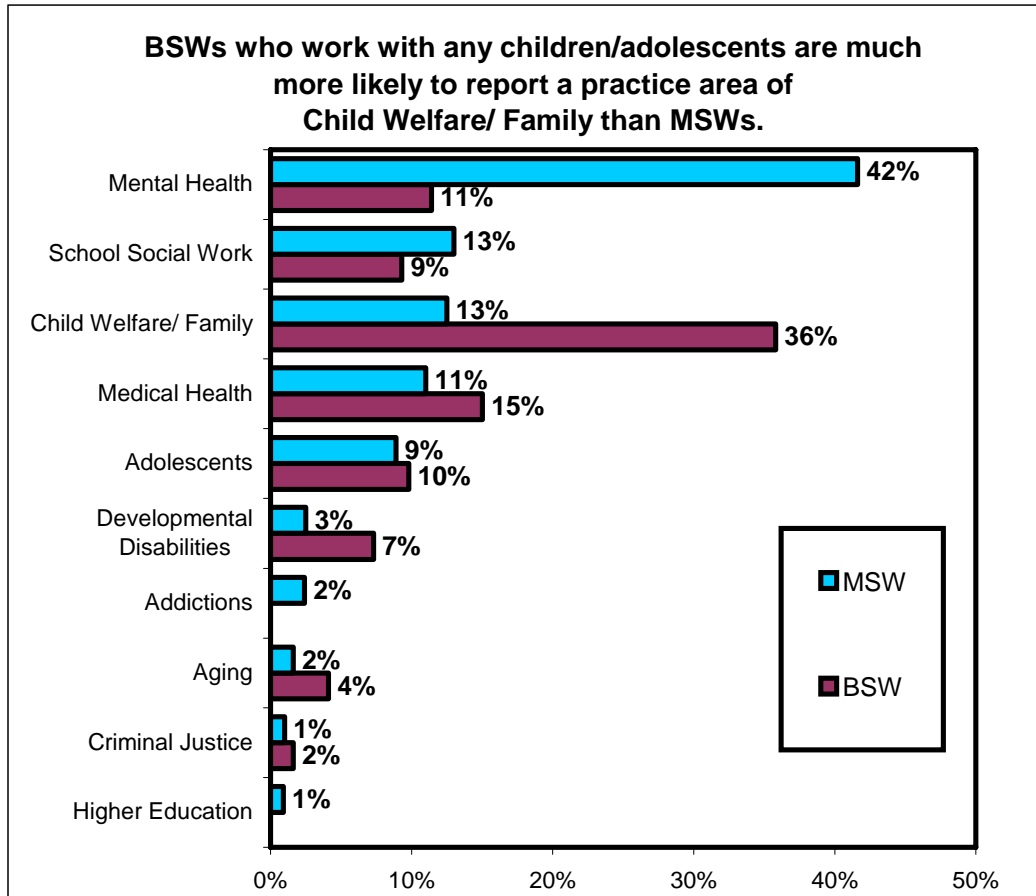
Practice Area

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

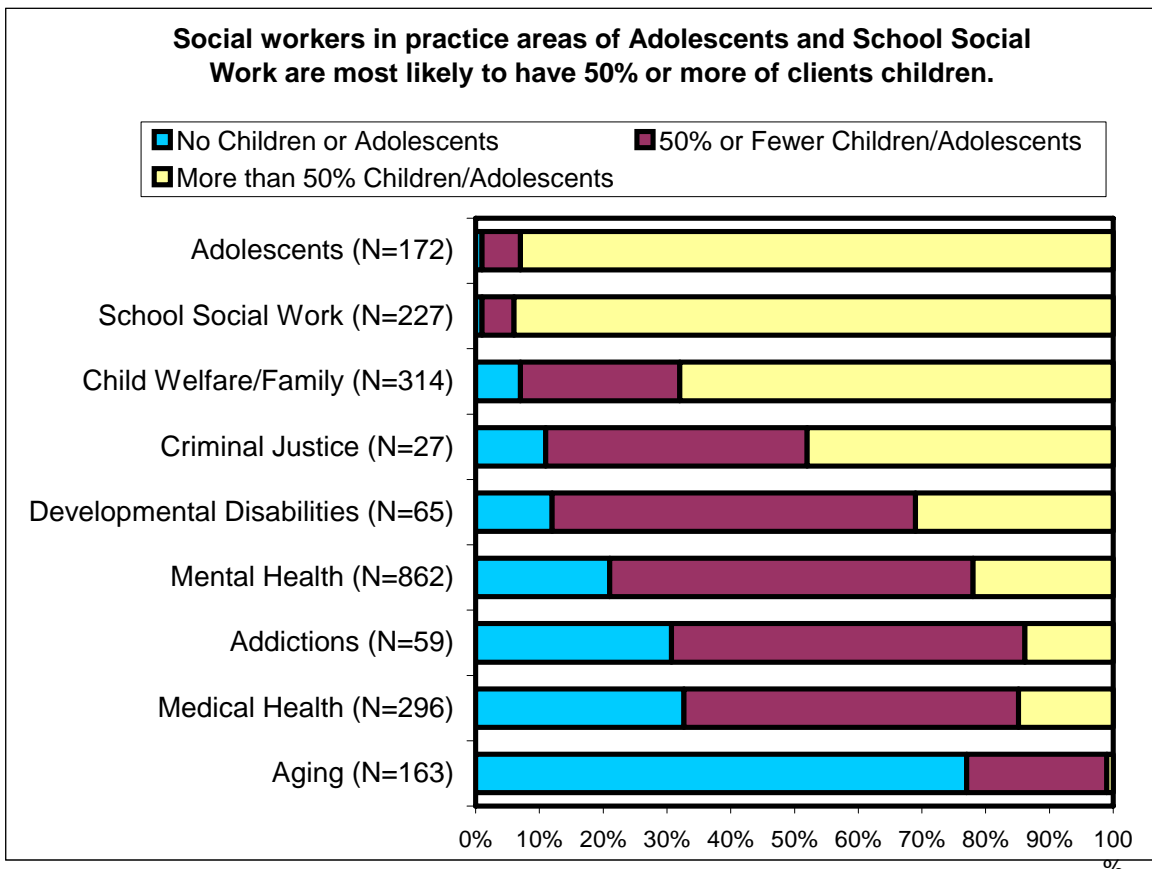


By Caseload

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.

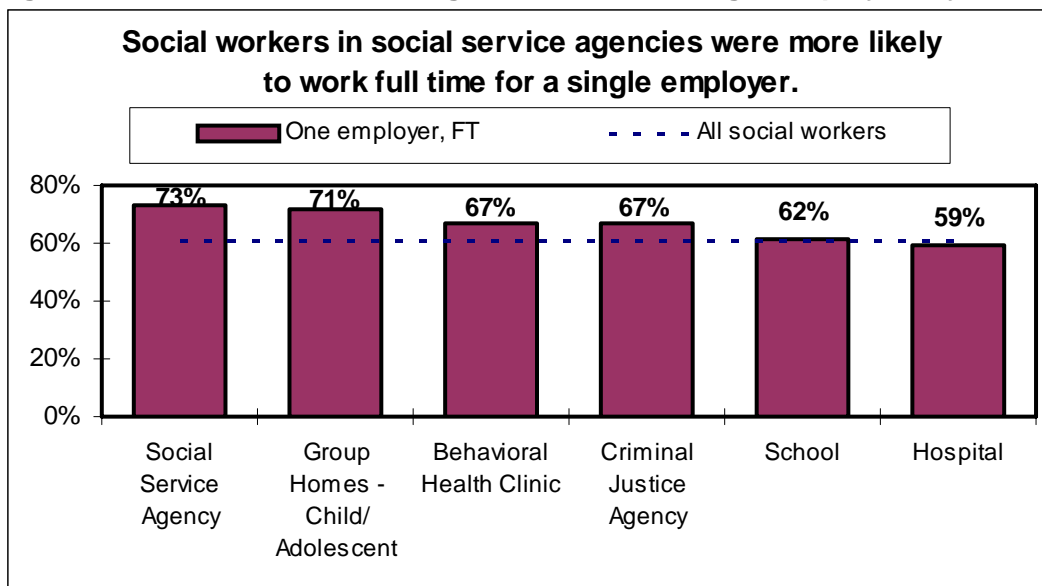
Those in Child Welfare/Family were more likely to work full-time for a single employer (70%), and somewhat less likely to work part-time or for multiple employers (9% and 21%). In contrast, those in Adolescents were less likely to work full-time for a single employer (54%), and somewhat more likely to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



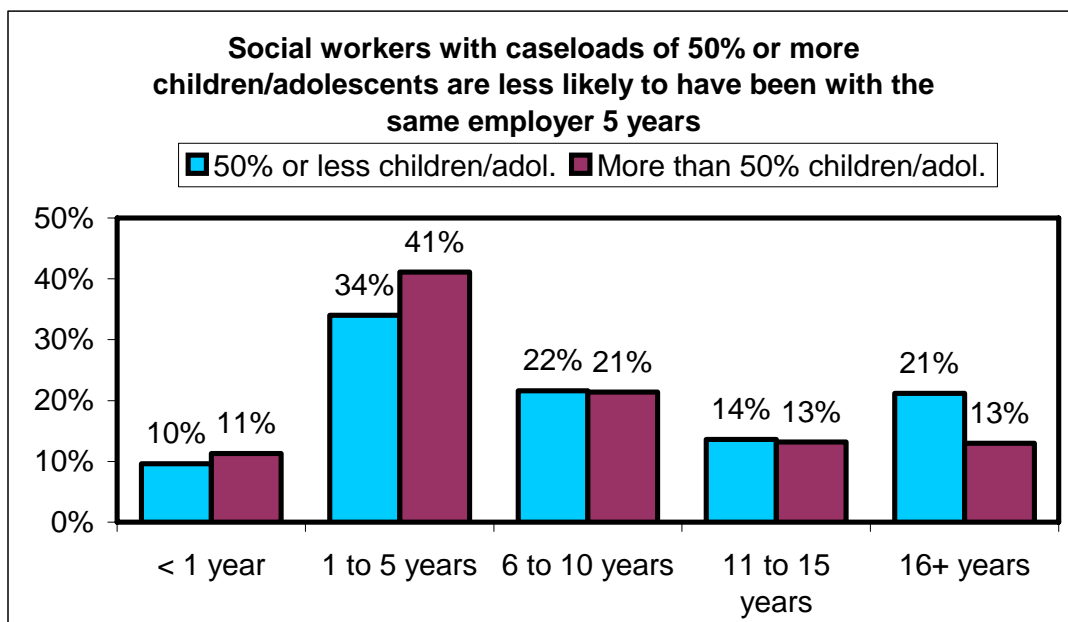
Years with Current Employer

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.

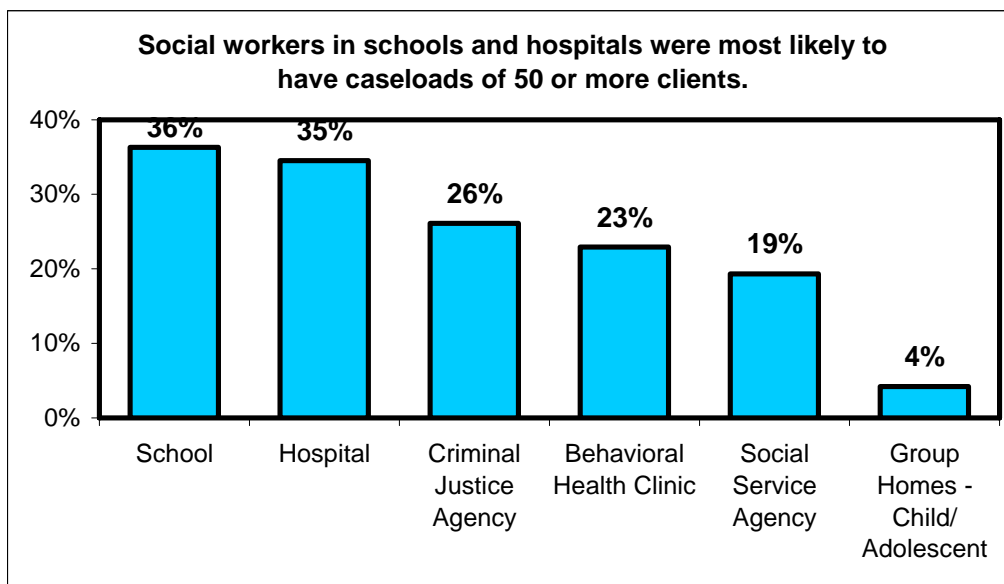
Social workers in the practice areas of Child Welfare/Family and of Adolescents were less likely to have caseloads of 50 or more clients (19% and 16%) than those not in these practice areas (26%). Social workers in Adolescents were more likely to have caseloads of ten or fewer clients (25%) than either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

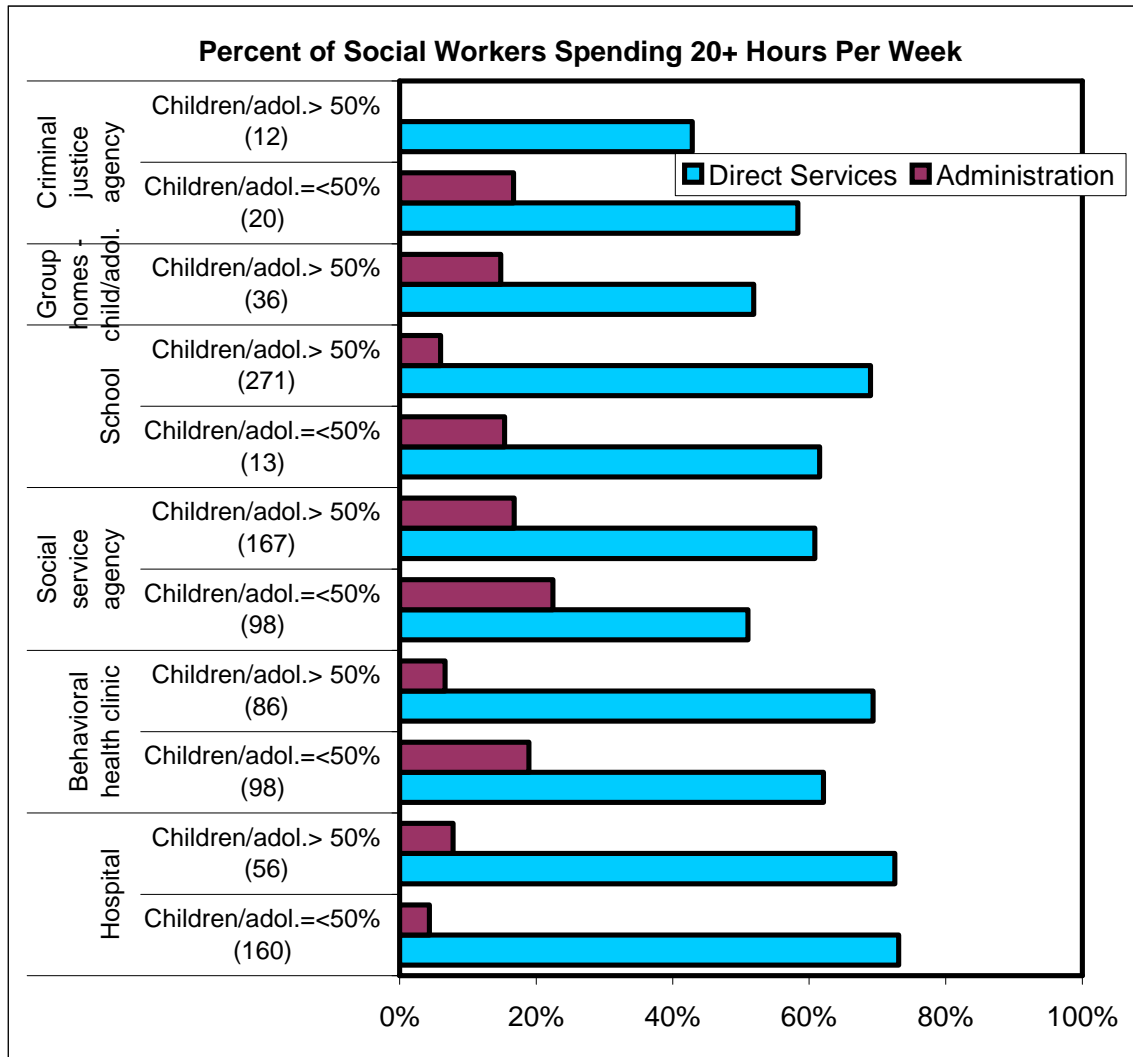
Social workers in Child Welfare/Family spent more hours on administration/management, community organizing, supervision, and training/education than others who serve children and adolescents, while those in Adolescents were no different in the way they spent their time than those not in the practice 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%).

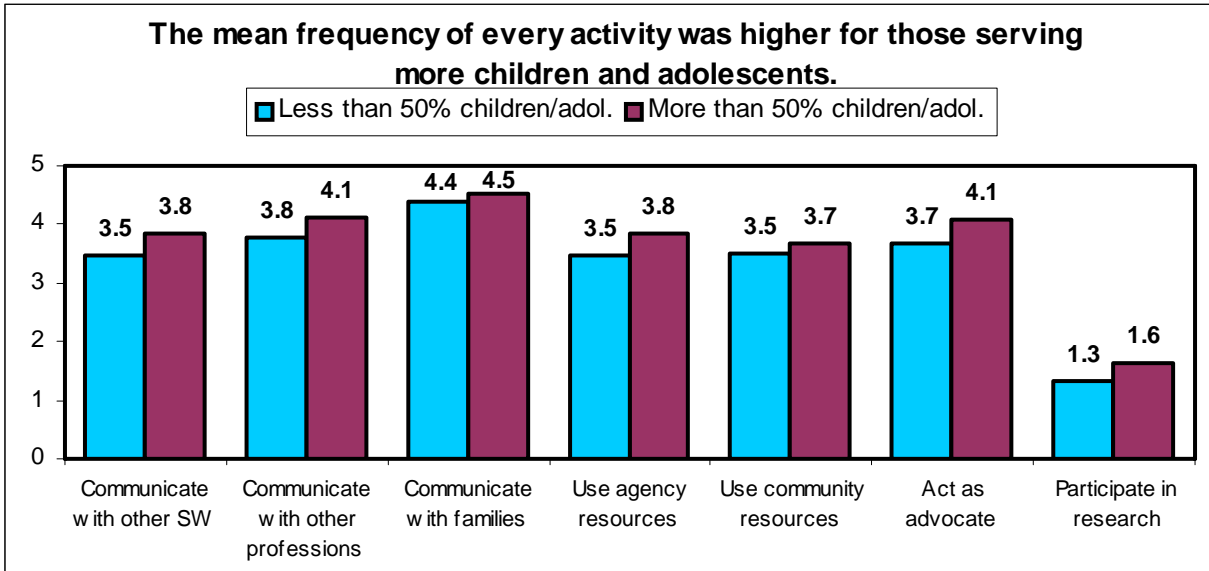
Using a composite scale seen in Table 12, the mean frequency of every activity was shown to be higher for those in Child Welfare/Family than other social workers. Those in Adolescents, on the other hand, reported communicating with families and using community resources significantly less often. BSWs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