

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

Chapter 6 of 7

Who Do Social Workers Serve?

Prepared by

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

For

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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.

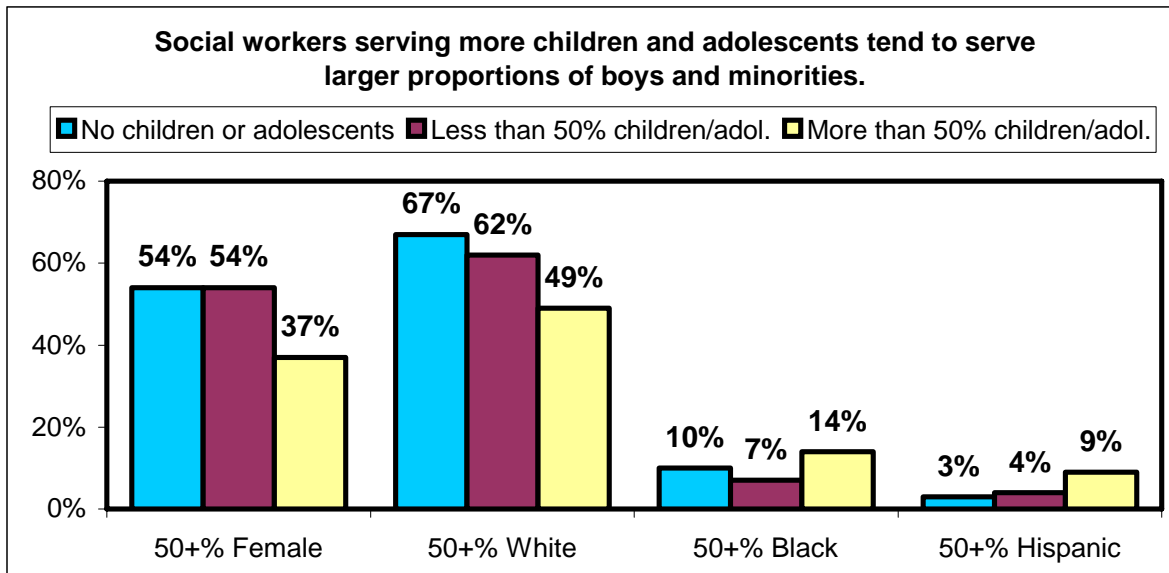
Client gender varies substantially by involvement with children/adolescents. While 64% of those who serve more than half children and adolescents have predominantly male caseloads this is true for only 47% of those whose caseloads are 50% or fewer children/adolescents.

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

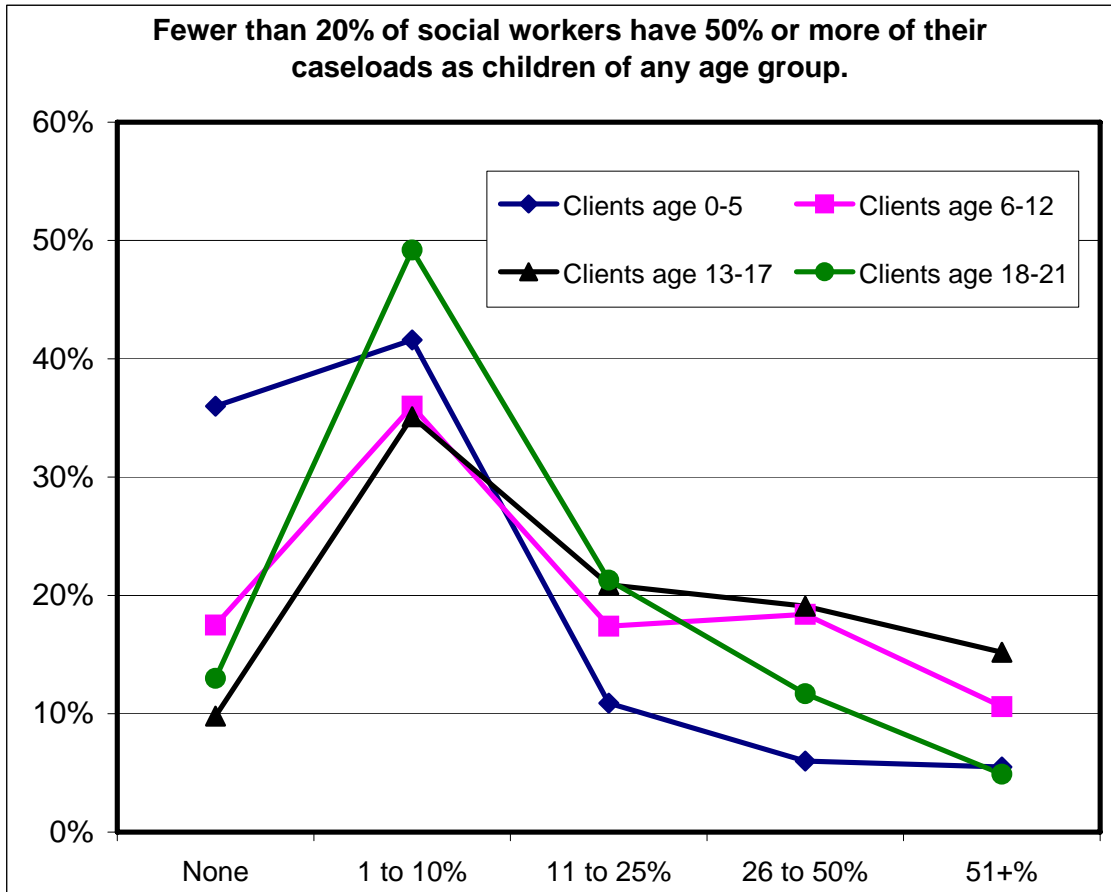


Table 1 profiles those social workers who carry caseloads of *predominantly one age group*. This table is included to show differences in the needs and services for children of different ages.

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%