

**LICENSED SOCIAL WORKERS IN
THE UNITED STATES, 2004**

SUPPLEMENT

Prepared by

**Center for Health Workforce Studies
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and

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Washington, DC**

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LICENSED SOCIAL WORKERS IN THE U.S., 2004
Volume 2 Supplement

Chapter 1

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PREFACE

This report is one of several prepared as part of a national study of licensed social workers conducted by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS) of the School of Public Health at the University at Albany. It summarizes and interprets the responses of licensed social workers obtained to a national sample survey of licensed social workers in the U.S. 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. This information includes: demographic characteristics, education and training, employment roles and tasks, work environment, client characteristics, and workplace issues.

This statistical profile of the licensed social work workforce will be a valuable resource for educators, planners, and policy makers making decisions about the future of the social work profession and its related education programs. The information will support the development of effective workforce policies and strategies to assure the availability of adequate numbers of social work professionals prepared to respond to the social work needs of the population in the U.S.

This report has been prepared by Sandra McGinnis, Bonnie Primus Cohen, 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. The funding support of The Atlantic Philanthropies, the John A. Hartford Foundation, the Annie E. Casey Foundation, and the Robert Wood Johnson Foundation is also gratefully acknowledged.

Table of Contents

Chapter 1. Overview	4
The 2004 Survey of Licensed Social Workers in the U.S.	4
Remainder of this Report	4

Overview

In 2004 the National Association of Social Workers, in collaboration with the Center for Health Workforce Studies at the University at Albany, began a major study of licensed social workers in the U.S. At the heart of the study was a survey of a random sample of 10,000 licensed social workers designed to gather information and insights about several aspects of these professionals, including personal demographics, educational background, employment sectors and settings, roles and tasks performed, career plans, and attitudes about employment.

Several reports were prepared based on the responses to this survey, including a summary report that synthesized the major findings revealed by the survey responses. This report is a supplement to the primary synthesis report. It provides a variety of additional charts, tables, and interpretive notes based on the survey responses, many of which are not included in any of the other study reports.

The 2004 Survey of Licensed Social Workers in the U.S.

The 2004 survey instrument included 75 questions organized into six sections, including Background, Social Work Practice, Services to Clients, and Workplace Issues, plus supplements on Services for Older Adults and Services for Children and Families. The first four sections of the questionnaire, which included 48 questions, were to be completed by all respondents, and the two supplements were to be completed by respondents who served *any* older adults or *any* children and families, respectively.

Responses to the survey were received from more than 4,500 social workers, which after adjusting for bad addresses and other problems with the original mailing lists resulted in a response rate of 49.4%. Additional details about the survey process and response patterns can be found in the report on the 2004 survey process.

Remainder of this Report

The remainder of the report is presented in chapters addressing several themes important for a thorough understanding licensed social workers. The chapters include:

Who Are Licensed Social Workers? This chapter presents basic information on licensed social workers in the U.S. with special attention to their demographic characteristics, education, licenses and certifications, age at entry into the profession, and continuing education. This provides a general context for the tabulations that follow.

Licensed Social Work Practice. This chapter presents basic information about employment patterns of licensed social workers. It covers such topics as hours worked, numbers of employers, roles, employment sectors and settings, practice areas, wages and benefits, and tasks performed.

Clients of Licensed Social Workers. This chapter describes the clients served by licensed social workers. It covers such topics as caseload size, client demographics, and client presenting problems.

Perspectives on Licensed Social Work Practice. This chapter covers such topics as changes in social work practice in recent years, changes in the delivery of social work services, thoughts about skills and efficacy, satisfaction with access to resources and time

available to serve clients, agency environment, career plans, changing jobs within social work, and who has left social work.

This report does not have a formal summary. It is meant to serve primarily as a supplement to the other reports, providing additional detail about selected topics for interested readers. An overall summary of the key findings, conclusions, and recommendations of the entire study can be found in the synthesis report that covers many of the same topics as presented in this report, but with less detailed tabulations and more attention to policy implications.

LICENSED SOCIAL WORKERS IN THE U.S., 2004
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Chapter 2

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Table of Contents

Who Are Licensed Social Workers?.....	1
Demographic Characteristics	1
Education	3
<i>Educational trajectories: first degrees and progressions of degrees.</i>	5
<i>Educational trajectories by race/ethnicity.</i>	6
<i>Current enrollment in social work degree programs.</i>	6
Licenses and Certifications	7
<i>Licenses.</i>	7
<i>Certifications.</i>	7
<i>Certifications by gender, age, and race/ethnicity.</i>	8
Age at Entry and Years Experience	9
Continuing Education (CE).....	10
<i>Satisfaction with training.</i>	10
<i>Sources of CE/Training</i>	12

List of Figures

Figure 1. Age Distribution of Active, Licensed Social Workers and the U.S. Civilian Labor Force	1
Figure 2. Gender Distribution of Licensed Social Workers by Age Group.....	2
Figure 3. Racial/Ethnic Distribution of Active, Licensed Social Workers and the U.S. Population, 2004	3
Figure 4. Minimum Degree Requirements for Licensure in Social Work, 2002.....	4
Figure 5. Percentages of Licensed Social Workers Holding BSWs, MSWs, and DSWs, By Age Group	5
Figure 6. Percentages of Licensed Social Workers Holding Certifications, by Specialty Area....	8
Figure 7. Average Age at First Social Work Degree, by Decade of First Degree.....	9
Figure 8. Percentages of Licensed Social Workers with Highest Degrees of BSW and MSW with Different Years of Practice	10
Figure 9. Average Ratings of Adequacy of Preparation of Training from Degree and Post-Degree Programs, by Highest Social Work Degree.....	11
Figure 10. Average Ratings of Adequacy of Preparation of Degree and Post-Degree Training, by Practice Area.....	12
Figure 11. Percentages of Respondents Who Participated in Selected Types of Continuing Education During Last Two Years	13
Figure 12. Percentages of Respondents Participating in Selected Types of Continuing Education/Training, By Age Group.....	14

List of Tables

Table 1. Mean Number of Years Between Bachelor's Degree and MSW, by Decade of Bachelor's Degree.....	6
Table 2. Percentages of Respondents in Different Practice Areas Participating in Selected Types of Continuing Education.....	15

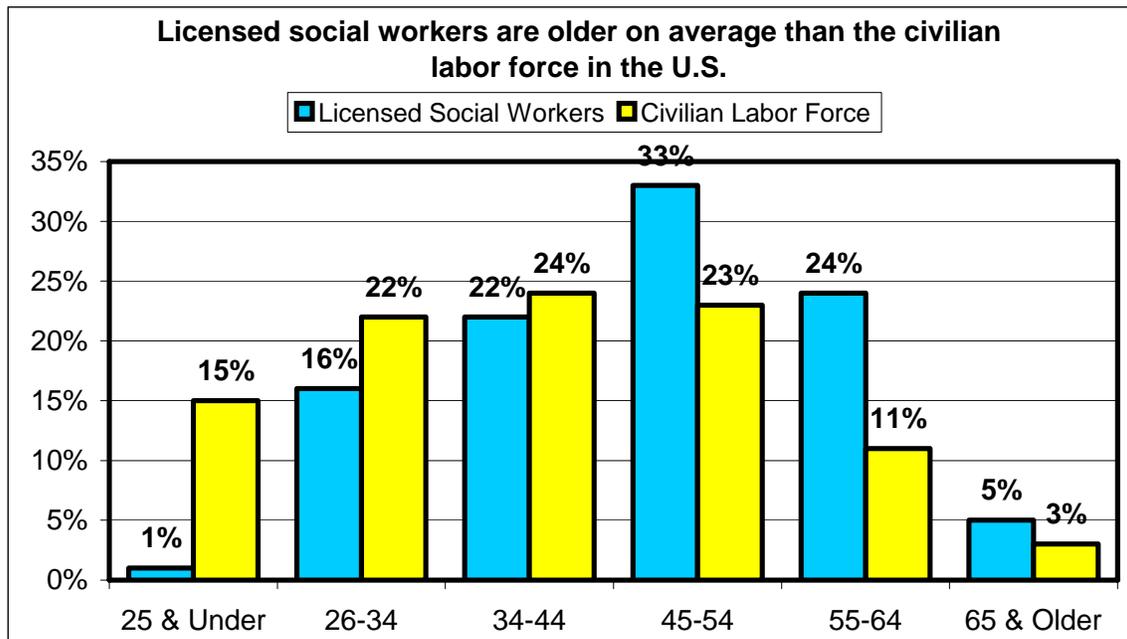
Who Are Licensed Social Workers?

Social workers are the largest and most important social service profession in the U.S. With as many as 840,000 practitioners, depending on the definition used, the profession is second only to RNs in terms of numbers of practitioners. The approximately 310,000 *licensed* social workers in the U.S. represented about 38% of all self-identified social workers in the U.S. in 2004.

Demographic Characteristics

The demographic profile of licensed social workers differs from the U.S. population and civilian labor force as a whole. Social workers were significantly more likely to be in older age groups than the U.S. civilian labor force. Figure 1 shows that a higher percentage of social workers were ages 45-54 (33% compared to 23%), ages 55-64 (24% compared to 11%) and 65 and older (5% compared to 3%).

Figure 1. Age Distribution of Active, Licensed Social Workers and the U.S. Civilian Labor Force

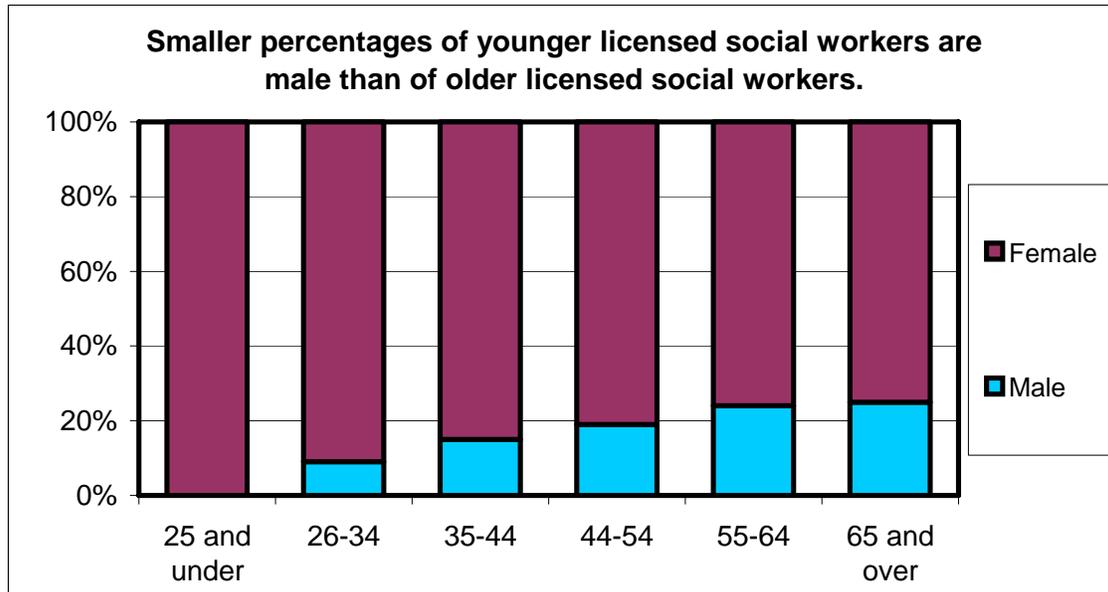


Licensed social workers were disproportionately likely to be women (81% compared to 51% of the U.S. population), although this varied by race/ethnicity. Twenty-six percent of Hispanic/Latino social workers were male, compared to only 17% of non-Hispanic White social workers, and 15% of both Black/African-American and Asian/Pacific Islander social workers.

Figure 2 shows that social workers nearing retirement age are substantially more likely than young social workers to be men, so that the percent of male social workers may decrease as older social workers age out. Of the social workers in our study, fewer than one in ten social workers age 26 to 34 (9%) and no social workers under the age of 25 were men. In contrast one-quarter (25%) of social workers age 65 and over and nearly one in four social workers age 55-64 (24%)

were men. Social work may become further female-dominated as older men age out of the workforce.

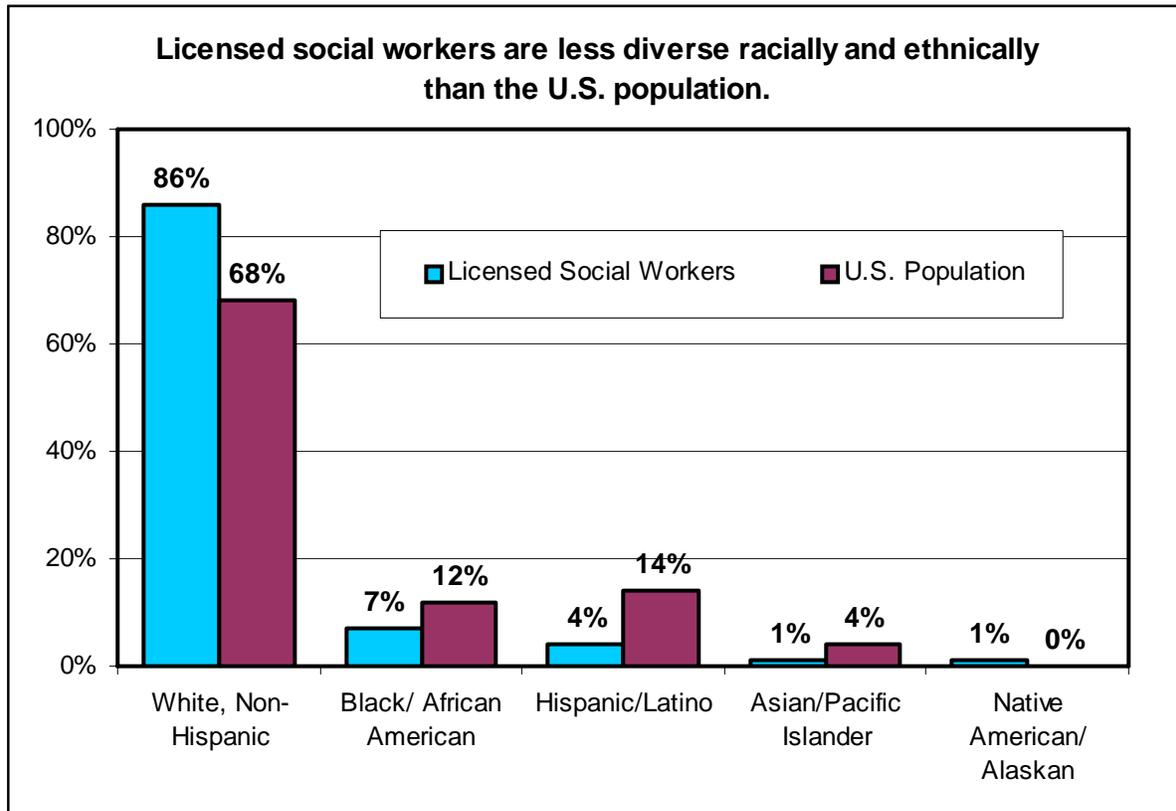
Figure 2. Gender Distribution of Licensed Social Workers by Age Group



Social workers were less racially/ethnically diverse than the U.S. population, as can be seen in Figure 3. Eighty-six percent of social workers were non-Hispanic White, compared to 68% of the U.S. population. Black/African-Americans, Hispanic/Latinos, and Asian/Pacific Islanders were all underrepresented in social work relative to the U.S. population. Although younger survey respondents were somewhat more diverse than older social workers, average age and average years experience did not vary significantly by race/ethnicity.

Although Black/African-American social workers did not significantly differ from White, non-Hispanic social workers in their gender distribution (15% versus 17% male), Hispanic/Latino social workers were substantially more likely to be men (26%) than other social workers.

Figure 3. Racial/Ethnic Distribution of Active, Licensed Social Workers and the U.S. Population, 2004



Education

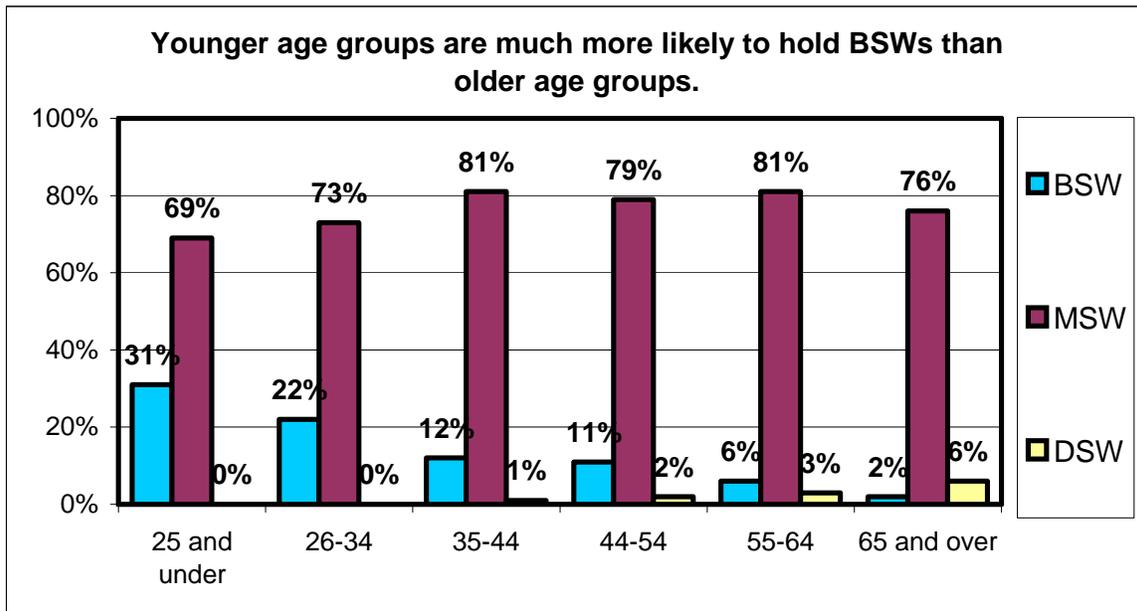
The formal education of licensed social workers is dictated in part by the educational requirements for licensure in each of the states. Figure 4 shows that in 2004, 21 states required an MSW degree as a prerequisite for licensure. The other 30 states had at least one social work license that required only a BSW, although most also had several other social work licenses and/or certificates that required an MSW. This helps to explain the predominance of the MSW among the survey respondents.

Of the states that required an MSW, there were four (including the District of Columbia) that offered a Social Work Associate license that required a BSW. If these are counted among the states that license BSWs, the total increases to 34.

Highest social work degree.

Figure 5 shows that the Master’s in Social Work (MSW) is the predominant social work degree for licensed social workers. Seventy-nine percent of the active, licensed social workers responding to this survey had an MSW as their highest social work degree, while 12% had a BSW only, and 2% held the DSW. Men were slightly more likely than women to have an MSW (81% compared to 78%) or a DSW/PhD (4% compared to 2%).

Figure 5. Percentages of Licensed Social Workers Holding BSWs, MSWs, and DSWs, By Age Group



Educational trajectories: first degrees and progressions of degrees. The MSW is the most common first degree at entry to the field. Fifty-nine percent of survey respondents entered the field with an MSW. Another 31% entered at the BSW level. Younger social workers were far more likely to have entered the field of social work through a BSW program, reflecting growth in social work programs, particularly at the BSW level. Non-degreed social workers account for most of the remainder (8%), although a small number of social workers received a DSW or PhD as their first social work degree.

BSW programs are a potentially important feeder for MSW programs. Sixty-three percent of first-degree BSWs in the survey subsequently received a MSW, although later BSW recipients have been less likely to receive subsequent MSWs than early BSW recipients. Eighty percent of the social workers who completed a BSW program between 1960 and 1969 subsequently completed an MSW, while this fell to 66% of the social workers who completed a BSW in the 1970s, 62% of those who completed a BSW in the 1980s, and 58% of those who completed a BSW in the 1990s. Forty-two percent of those who received BSWs in the year 2000 or later have now completed MSWs, and another 9% are currently enrolled in MSW programs.

Table 1 shows the estimated mean number of years between their bachelor's degree and MSW for licensed social workers by decade of bachelor's degree. The time delay gets progressively longer for older respondents.

Table 1. Mean Number of Years Between Bachelor’s Degree and MSW, by Decade of Bachelor’s Degree

Decade of Earliest Bach Degree	Mean Years	N
Before 1960	15.9	36
1960 to 1969	10.0	265
1970 to 1979	8.0	643
1980 to 1989	6.2	599
1990 to 1999	3.6	693
2000 and After	1.7	59
Total	6.4	2295

Approximately one-quarter of current MSWs (20% of all social workers) received their MSW after completing a BSW program, after an average of 3.76 years practicing as a BSW. Younger MSWs are more likely than older ones to have gone into their MSW program already holding a BSW. Female MSWs are also more likely than males to have pursued BSWs first (26% compared to 17%).

Educational trajectories by race/ethnicity. Educational trajectories varied significantly by race/ethnicity, with members of certain groups significantly more likely to attain a BSW and than an MSW while members of other groups were significantly more likely to have attained a MSW as a first degree. Asian MSWs are by far the most likely to have earned a prior BSW (35%), while Hispanic/Latino MSWs were less likely to have earned a prior BSW (16%). Non-Hispanic Whites and Black/African Americans were in the middle, at 25% and 27%, respectively. This indicates that BSW programs may have differential value as feeders for MSW programs depending upon race-ethnicity.

Asian/Pacific Islanders were most likely to have entered at the BSW level (37% compared to 31% for non-Hispanic Whites), while Hispanic/Latinos were substantially less likely than other groups to have entered at the BSW level (24%) and more likely to have entered at the MSW level (67%). Only 15% of Hispanic/Latinos with MSWs had a prior BSW. African American social workers were the least likely of all racial/ethnic groups to have entered at the MSW level (53%).

The likelihood that someone receiving a BSW as an entry-level degree continued on to get a higher degree also varied by race/ethnicity. Eighty-nine percent of Asian BSW graduates in the survey subsequently received MSWs or DSW/PhDs, compared to 63% of non-Hispanic White BSW graduates, 59% of African-American BSW graduates, and 54% of Hispanic BSW graduates.

Current enrollment in social work degree programs. Relatively few licensed social workers reported that they were currently enrolled in a social work degree program (3%). Roughly two-thirds of these were enrolled in MSW programs, while one-third were enrolled in a DSW or PhD program. Interestingly, 45% of these current social work students are age 45 or older, suggesting interest in advanced educational almost comparable to younger age groups. The average age of a MSW student was 41.4, while the average age of a DSW/PhD student was 44.7.

Seventeen percent of the current social work students (26% of the MSW students and 3% of the DSW/PhD students) were men. Nine percent were African-American, 7% were Hispanic/Latino, and 3% were Asian, although this varies by type of program. The MSW students in the survey were overwhelmingly non-Hispanic White (84%) or Hispanic/Latino (9%), while African Americans and Asians were more strongly represented among the DSW/PhD students, at 17% and 7%, respectively. Fifty-three percent of those enrolled in MSW programs had BSWs.

Licenses and Certifications

Licenses. Because of the nature of the sampling, all survey respondents are licensed to practice social work in at least one state. Twelve percent reported that they were licensed in more than one state. In addition, some states license behavioral health personnel to provide chemical dependency services. Fourteen percent of the social workers in this survey reported that they also held state licensure in chemical dependency treatment.

Seventy-six percent of active, licensed social workers reported that their current job required a license. This is highly dependent on state regulations, however, with as many as 93% of social workers or as few as 50% of social workers reporting that they are required to be licensed. Licensure was most likely to be required in the Mountain Region (83%), and least likely to be required in the Pacific Region (65%).

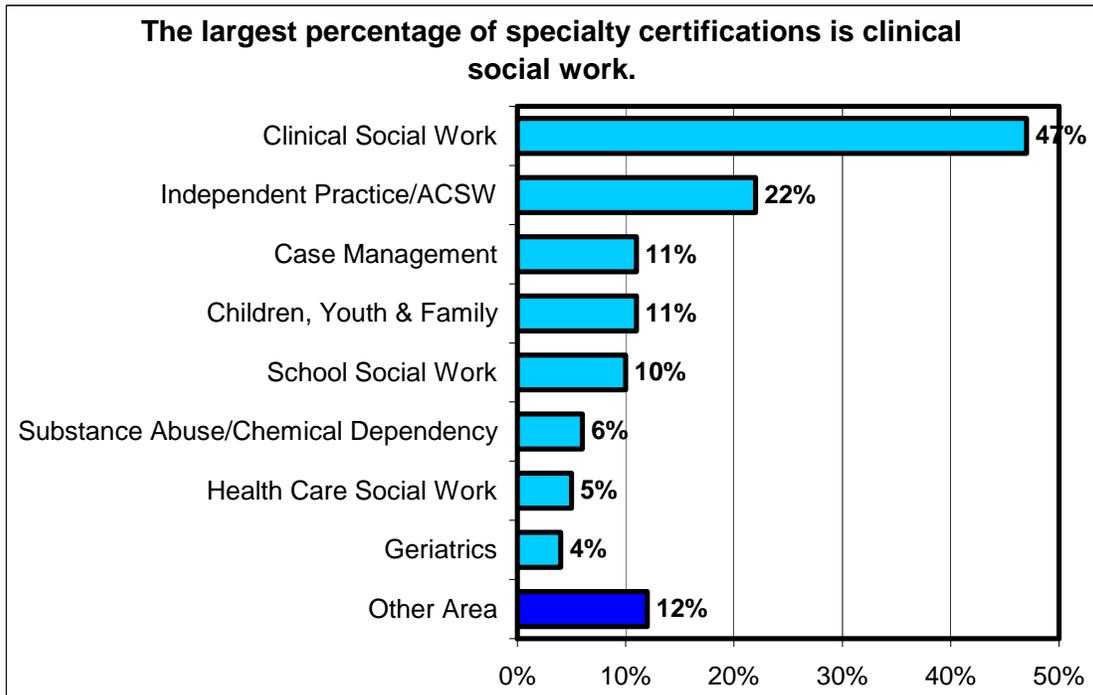
Requirements for licensure varied widely by practice area. Mental health social workers were most likely to report that a license was required for their job (88%), while higher education social workers were least likely (34%). Required licensure was most commonly reported by respondents in private practice, 97% of whom said that their job required a license. Seventy-seven percent of social workers in private/non-profit organizations reported that their primary job required a license, while 65% of social workers in public sector agencies were required to be licensed.

The settings most likely to require a social work license were nursing homes (86%), health clinics, hospitals, and behavioral health clinics (all 85%), hospices (83%), and psychiatric hospitals (82%). Seventy-nine percent of social workers in home health agencies and 71% of social workers in schools were required to have a license. Social workers in social service agencies were least likely to be required to have a license, at 63%.

Certifications. In addition to licensure credentials, national certifications are available to social workers in a variety of practice areas. These certifications are generally optional, although some specific jobs may require certain certifications, e.g., private practice in some states requires an independent practice certificate. Eighty-eight percent of licensed social workers reported holding at least one social work certification. Forty-four percent of respondents held one certification, an additional 23% held two, and 11% held three or more.

The most commonly held social work certification, by far, was clinical social work (Figure 6). Nearly half of all survey respondents (47%) reported holding this certification, followed by a certification in independent practice or ACSW (22%).

Figure 6. Percentages of Licensed Social Workers Holding Certifications, by Specialty Area



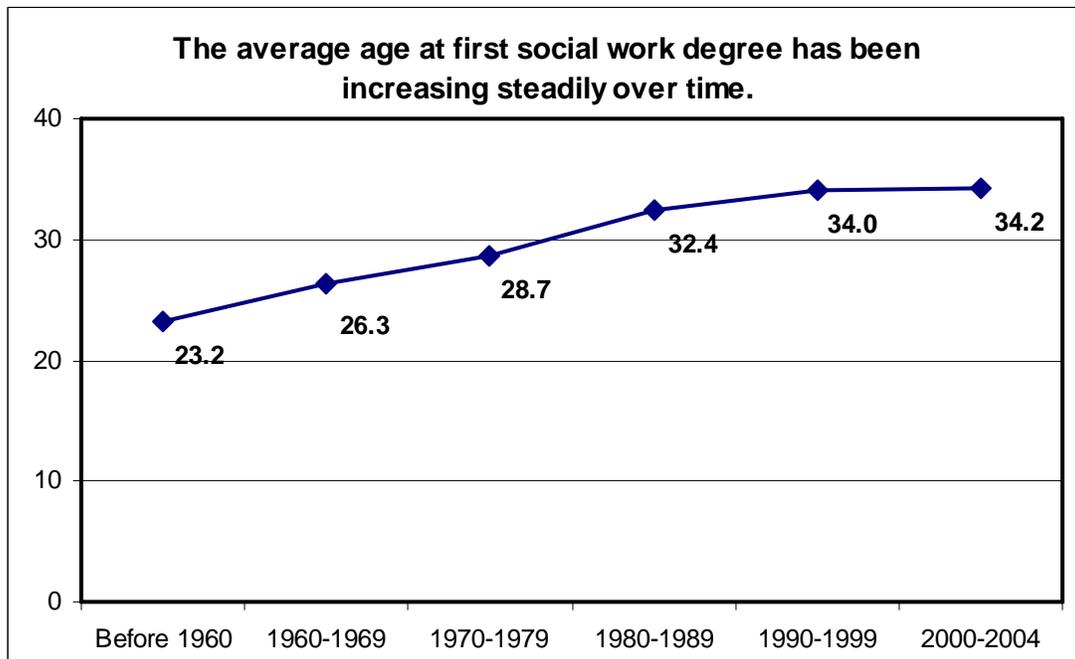
Certifications by gender, age, and race/ethnicity. Men were more likely than women to have at least one certification (82% compared to 78%), and were specifically more likely to become certified in clinical social work (53% of men compared to 46% of women), independent practice (28% versus 21%), or substance abuse/chemical dependency (10% versus 5%). Older social workers were more likely than younger social workers to hold at least one certification, and were specifically more likely to hold certifications in clinical social work, independent practice, or geriatrics. Younger social workers were more likely than older social workers to hold certifications in children, youth and family or in school social work.

There were not substantial racial/ethnic differences in the proportions of respondents that held at least one certification, but there was wide variation in some specific certifications. Non-Hispanic White social workers were most likely to be certified in clinical social work (48%) and independent practice (24%), while African American social workers were least likely (42% and 11%, respectively). Asian social workers were more likely than other social workers to be certified in case management (20% compared to 11% of social workers overall), while African Americans, Hispanics, and Asians were all more likely to be certified in children, youth, and family (19%, 16%, and 16%, respectively) than White social workers (10%). Hispanic social workers were most likely to be certified in geriatrics (9%), while non-Hispanic Whites were least likely (4%). Asians were more likely than others to be certified in health care social work (14% compared to 5% overall), while Hispanics were more likely than others to be certified in school social work (20% compared to 10% overall). There was little racial/ethnic variation in the percent certified in substance abuse/chemical dependency.

Age at Entry and Years Experience

Licensed social work appears to be a growing profession. More than half of social workers² (53%) received their first social work degree between 1990 and 2004, although social workers are entering the field at older ages than in the past. Figure 7 shows that the average age at entry among those who received their first degree between 2000 and 2004 was 34.2, although a majority of all social workers (66%) entered social work before the age of 35.

Figure 7. Average Age at First Social Work Degree, by Decade of First Degree

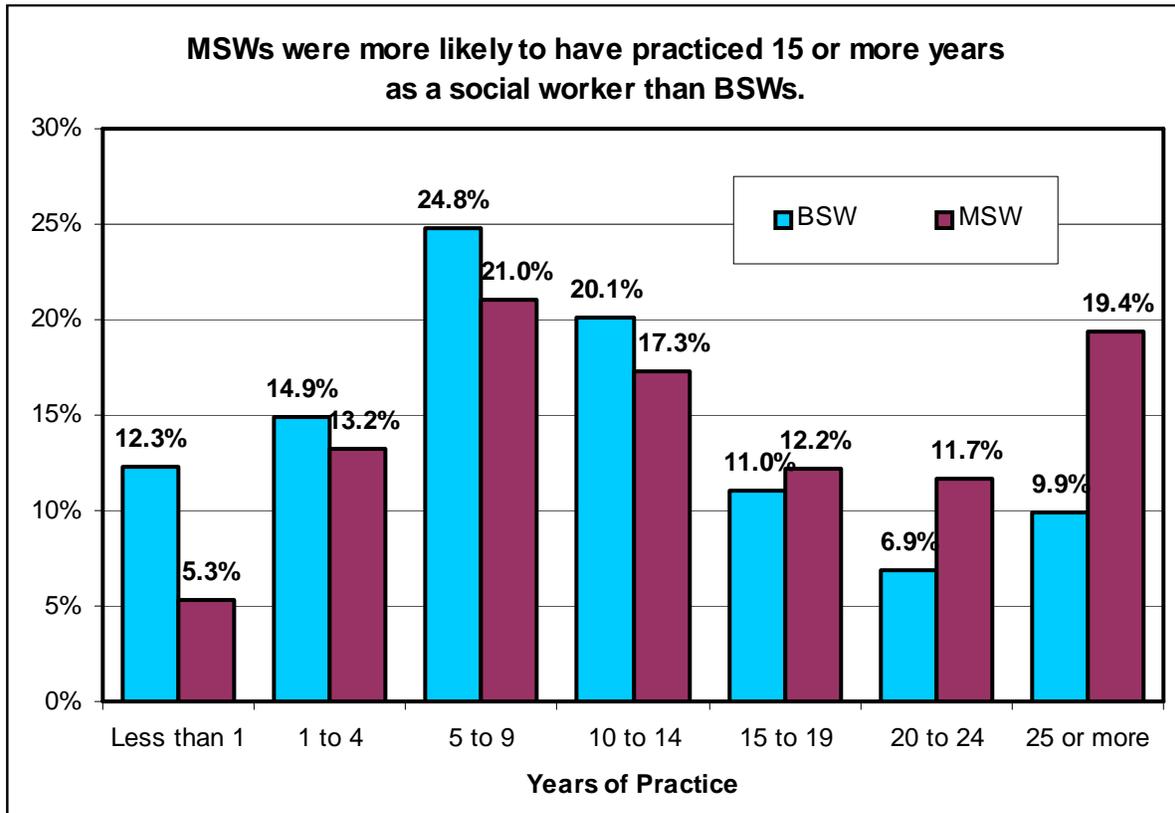


Seventeen percent of social workers reported less than five years experience, and 32% reported more than 20 years experience. Male social workers had been in the field longer than females (17.0 years compared to 14.6). Non-Hispanic White social workers had been in the field the longest on average (15.2 years), while Black/African-American social workers have been in the field the shortest period of time (13.4 years).

Social workers with MSWs had been in the profession for longer on average than those with BSWs (15.8 years compared to 11.1 years), while DSW/PhDs had been in the field the longest (23.4 years). Figure 8 shows that MSWs were much more likely than BSWs to have worked at least 20 years as a social worker.

² Data on age at entry and years experience is limited to licensed social workers with social work degrees.

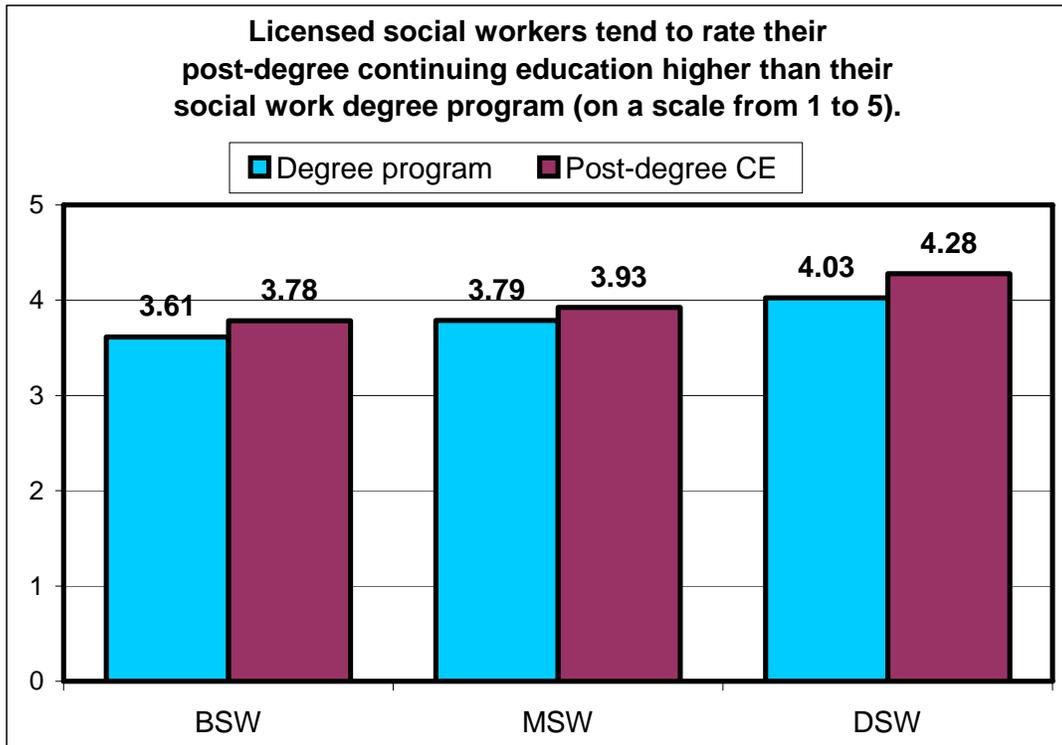
Figure 8. Percentages of Licensed Social Workers with Highest Degrees of BSW and MSW with Different Years of Practice



Continuing Education (CE)

Satisfaction with training. The majority of social workers across race, gender, and age reported that both their degree program (61%) and post-degree continuing education/training (71%) prepared them for the work they do. Ten percent of social workers, however, were dissatisfied with the preparation they received from their degree program, and 6% were dissatisfied with the preparation they received from their post-degree continuing education/training. Figure 9 shows that survey respondents with MSWs and DSWs rated both their social work degree program and their post-degree continuing education higher than those with BSWs.

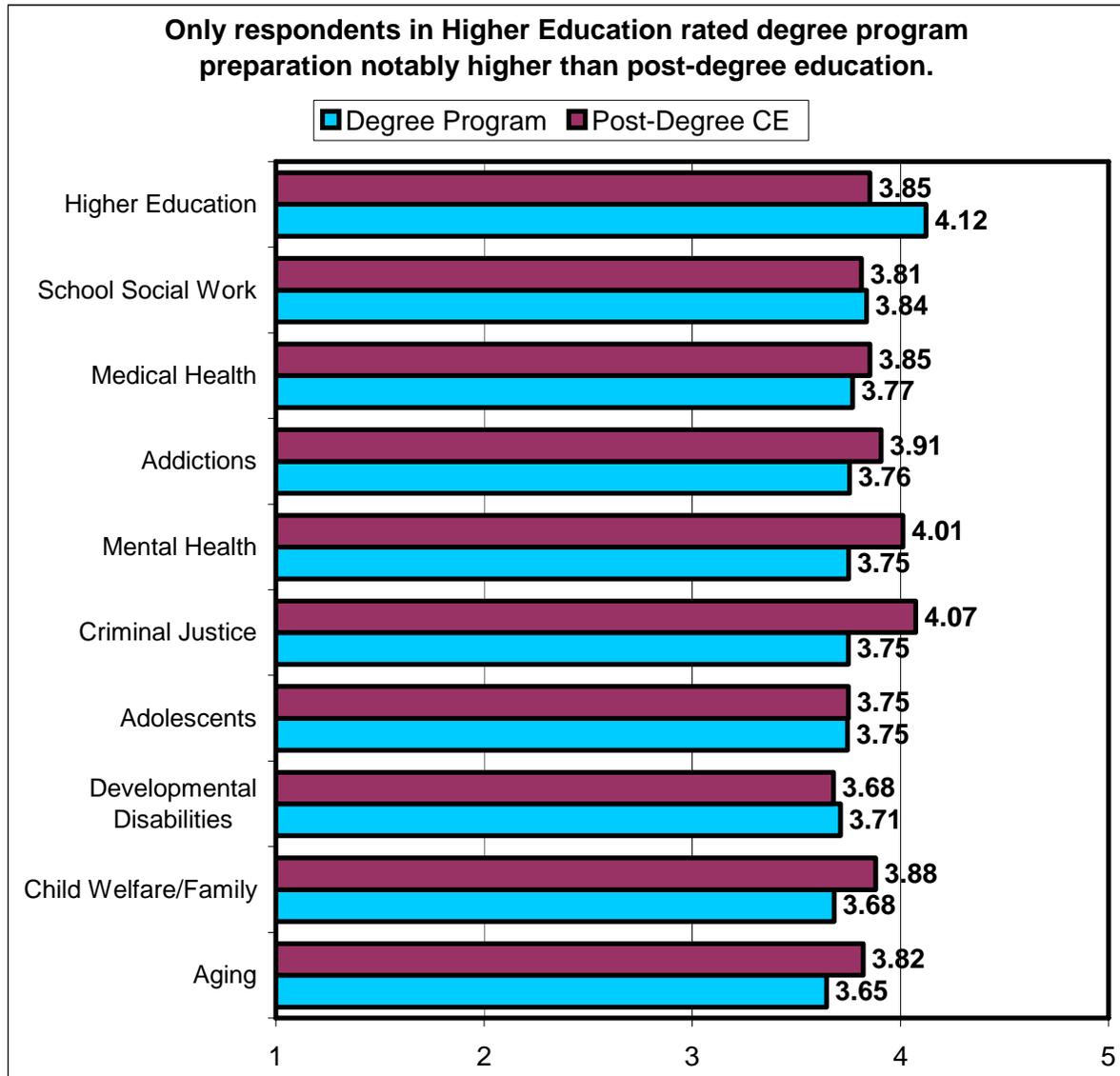
Figure 9. Average Ratings of Adequacy of Preparation of Training from Degree and Post-Degree Programs, by Highest Social Work Degree



Satisfaction with education and training also varied with respondents' highest social work degree and practice area. Satisfaction with both degree and post-degree training was higher for MSWs than BSWs, and higher for DSW/PhDs than for MSWs.

Figure 10 shows that licensed social workers in the fields of higher education, school social work, and medical health on average rated the preparation in their social work degree program highest, while those in aging, child welfare/family, and developmental disabilities rated this preparation lowest. Social workers in criminal justice, mental health, and addictions were most satisfied with their post-degree CE/training, while those in developmental disabilities, adolescents, and school social work were least satisfied. None of the differences between ratings of degree programs and post-degree continuing education were noteworthy.

Figure 10. Average Ratings of Adequacy of Preparation of Degree and Post-Degree Training, by Practice Area



Note: Ratings were on a scale of 1 (not at all adequate) to 5 (very adequate)

Sources of CE/Training. As is true in many licensed professions, continuing education is a requirement for re-licensure of social workers in all 50 states³. This is a mechanism for ensuring that practitioners maintain the basic knowledge and skills expected of licensed social workers in their work.

Survey respondents most frequently reported that recent sources of training and continuing education (past two years) included: short courses or workshops (reported by 82% of social workers), conference CE programs (81%), on-the-job training (36%), professional association

³

programs (31%) and certificate programs and supervised clinical practice (both 22%). Differences in percentages for MSWs and BSWs are shown in Figure 11.

Sources of continuing education/training varied by highest degree, with MSWs being more likely than BSWs to receive training through supervised clinical practice, other supervised practice, or professional association programs. BSWs were more likely to receive training through certificate programs and courses with academic credit.

Figure 11. Percentages of Respondents Who Participated in Selected Types of Continuing Education During Last Two Years

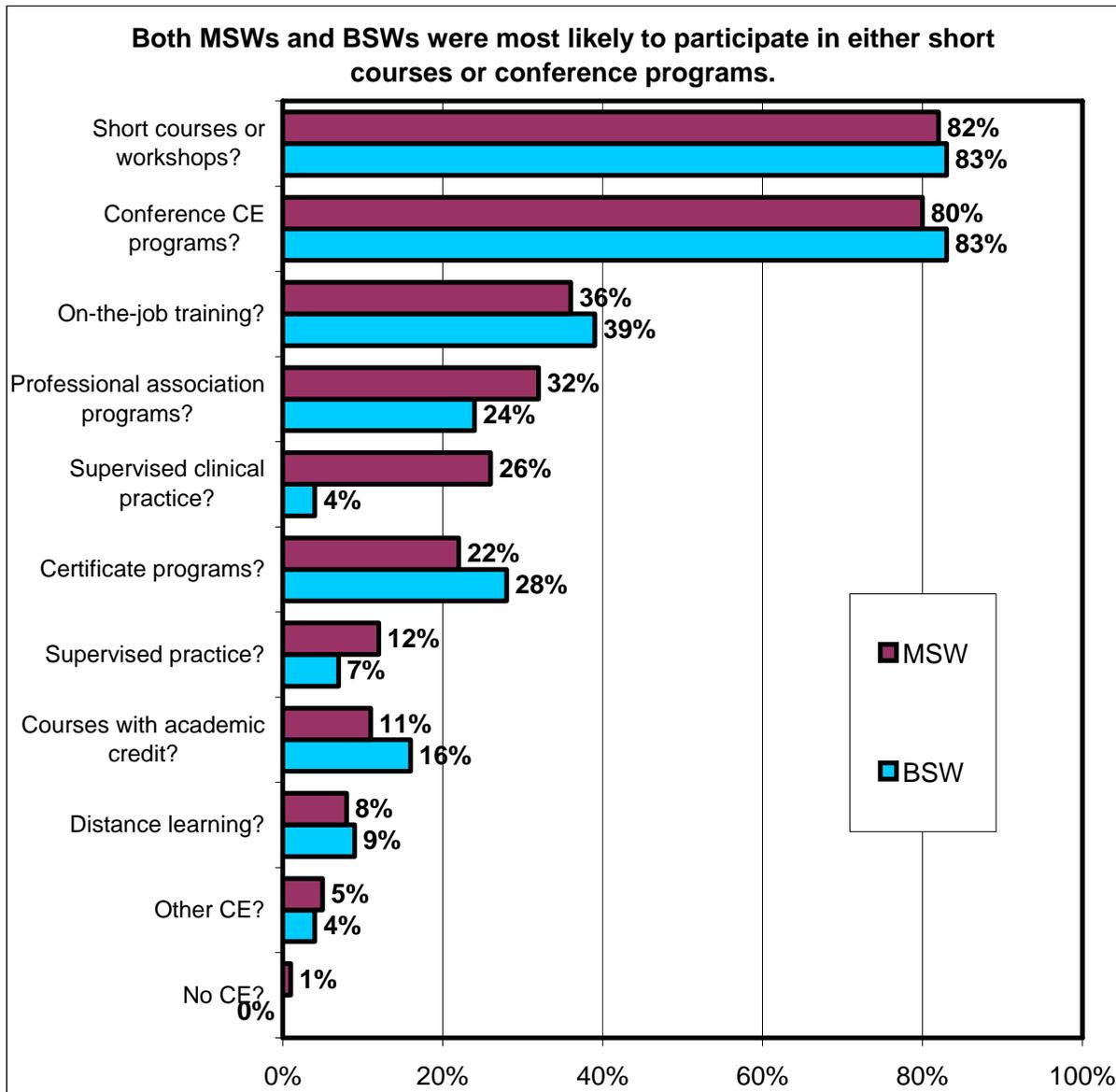
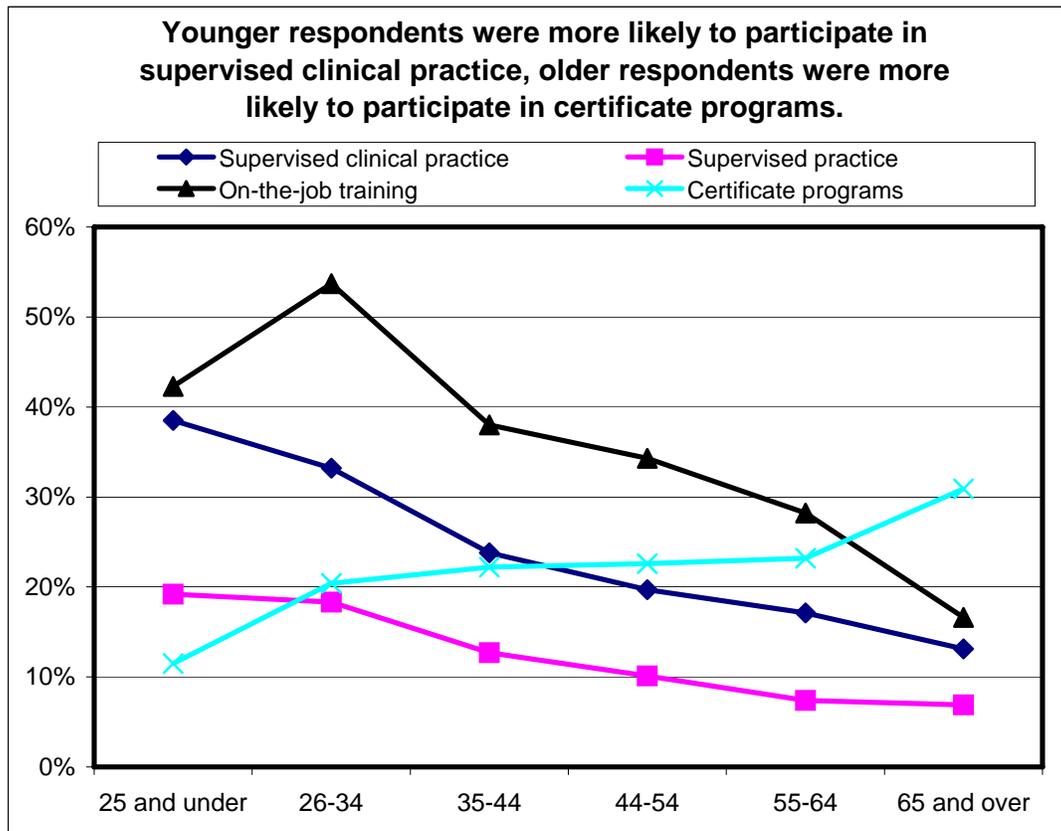


Figure 12 shows that sources of training also varied by age. The likelihood that a social worker had participated in supervised clinical practice, supervised practice, or on-the-job training in the past two years decreased steadily with age. Older social workers were more likely to have

participated in training through a certificate program in the past two years. There are no significant differences by race/ethnicity in the sources of continuing education/training in which social workers participated in the past 2 years.

Figure 12. Percentages of Respondents Participating in Selected Types of Continuing Education/Training, By Age Group



Types of continuing education/training varied by practice area, although Table 2 shows that there were some common patterns across most practice areas. On-the-job training was the most common type of continuing education for all practice areas except Criminal Justice and Income Assistance, which were more likely to use certificate programs. Supervised practice was the least often reported type of continuing education for all practice areas except Criminal Justice and Income Assistance.

Social workers in certain practice areas (e.g., addictions, mental health, and adolescents) were more likely than others to participate in supervised clinical practice, while those in aging, developmental disabilities, and occupational social work were least likely. The pattern is different for supervised practice. Social workers most likely to participate in supervised practice were in the fields of income assistance, criminal justice, addictions, and child welfare/family, while those in the fields of health, school social work, community development, and higher education were least likely.

Social workers most likely to have on-the-job training were in the practice areas of child welfare/family, homeless/displaced persons, and occupational social work. Those in school social work, mental health, and aging were least likely to have done so. Social workers in the fields of income assistance, criminal justice, and occupational social work were most likely to have taken certificate program training. Social workers in higher education, developmental disabilities, and adolescents were least likely to have done so.

Table 2. Percentages of Respondents in Different Practice Areas Participating in Selected Types of Continuing Education

Social Work Practice Area (Specialty)	Supervised Clinical Practice	Supervised Practice	On-the-Job Training	Certificate Programs
Addictions	33%	16%	42%	25%
Adolescents	28%	14%	40%	18%
Aging	9%	9%	32%	22%
Child Welfare	19%	16%	49%	25%
Community Development	25%	8%	42%	25%
Criminal Justice	15%	17%	44%	48%
Developmental Disabilities	11%	9%	38%	14%
Higher Education	14%	8%	18%	10%
Homeless/Displaced Persons	26%	11%	48%	26%
Income Assistance	17%	33%	33%	50%
Medical Health	15%	7%	41%	20%
Mental Health	29%	11%	31%	22%
Occupational Social Work	13%	13%	48%	30%
School Social Work	24%	8%	31%	19%

The continuing education topics/themes most requested by respondents included: clinical practice (46%), trauma/disaster preparedness (27%), specialty practice area (27%), best practices (21%), medication use (19%), program development (19%), and professional ethics (18%). Respondents reported that continuing education (CE) was generally available to them, and this positive assessment was relatively consistent across race, gender, and age. Thirteen percent of respondents, however, reported that CE and training was unavailable or limited.

Social workers who reported that CE was not available tended to be in smaller practice areas such as occupational social work or higher education. BSWs were more likely than MSWs to report low availability for CE/training (17% versus 12%), and less likely to report high availability (46% versus 61%).

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Table of Contents

Licensed Social Work Practice	1
Hours Worked, Number of Employers, and Duration with Employer	1
<i>Number of social work employers</i>	2
<i>Hours worked</i>	3
<i>Hours worked by sector and setting</i>	4
<i>Duration with employer</i>	4
Roles of Licensed Social Workers	4
<i>Roles by gender and age</i>	5
<i>Roles by race/ethnicity</i>	6
<i>Roles by highest degree</i>	6
<i>Roles by setting</i>	8
Sector and Setting of Primary Employment	9
<i>Sector</i>	9
<i>Sector by age, gender, and race/ethnicity</i>	9
<i>Setting</i>	10
Practice Areas	11
<i>Practice areas by age and gender</i>	12
<i>Practice areas by race/ethnicity</i>	13
<i>Practice areas and settings</i>	13
<i>Practice area and sector</i>	13
<i>Practice area and certification</i>	14
<i>Practice area and hours</i>	14
Wages/Salary and Benefits	15
<i>Salary</i>	16
<i>Salary by practice area, sector and setting</i>	16
<i>Salary by age, gender, and race/ethnicity</i>	17
<i>Salaries by Urban/Rural and Sector</i>	18
<i>Satisfaction with salary</i>	18
<i>Benefits</i>	19
Tasks of Licensed Social Workers.....	19
<i>Tasks by Gender</i>	19
<i>Tasks by race/ethnicity</i>	20
<i>Tasks by highest social work degree</i>	20
<i>Tasks by setting</i>	20
<i>Tasks by caseload characteristics</i>	21
<i>Numbers of tasks performed</i>	22

List of Figures

Figure 1. Employment Status of Active, Licensed Social Workers	1
Figure 2. Employment Status of Licensed Social Workers, By Age Group.....	2
Figure 3. Distribution of Total Hours Worked for Pay and Direct Care Hours in Primary Social Work Jobs	3
Figure 4. Percentage of Respondents Spending Any Amount of Time or 20 Hours or More on Selected Roles.....	5
Figure 5. Percentages of Respondents Performing Selected Roles in Their Social Work Employment, By Gender	6
Figure 6. Percentage of Licensed Social Workers with Primary Employment in Selected Sectors	9
Figure 7. Primary Practice Area (Specialty) of Licensed Social Workers	12
Figure 8. Sector of Primary Employer, by Practice Area of Primary Employment	14
Figure 9. Estimated Percentage of Hours Spent on Direct Care, by Primary Practice Area	15
Figure 10. Distribution of Annual Gross Wages/Salary From All Social Work Positions.....	16
Figure 11. Estimated Average Annual Salaries of Licensed Social Workers in Selected Practice Areas	17

List of Tables

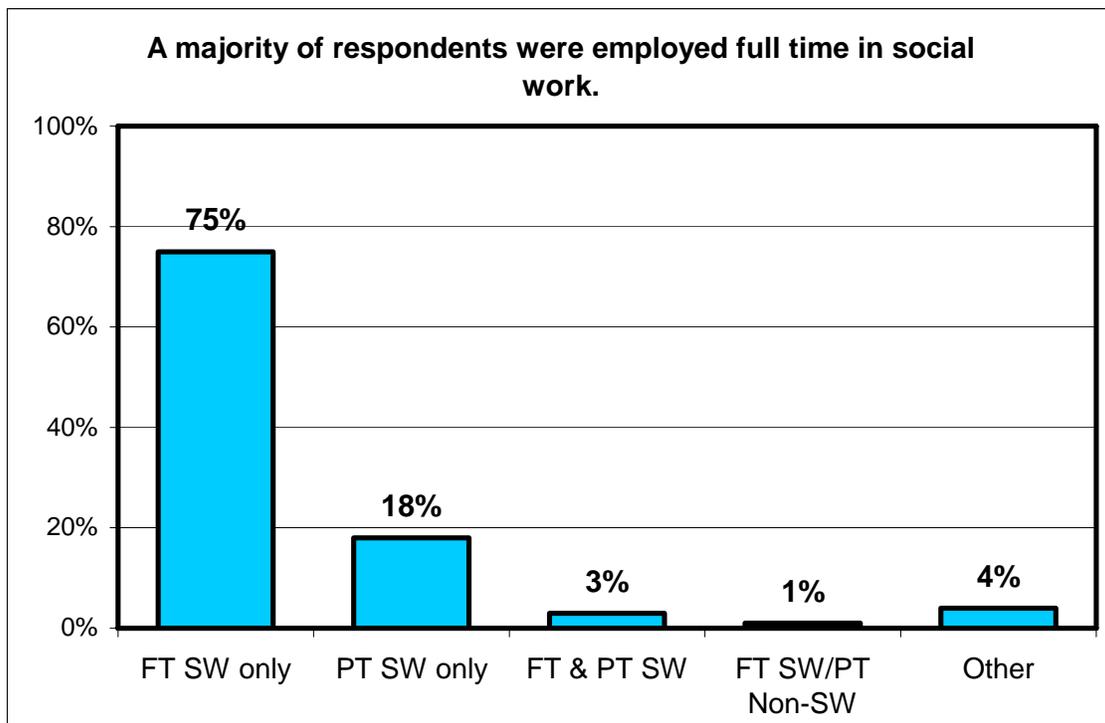
Table 1. Percentages of Respondents Spending Any Time on Selected Roles, By Highest Social Work Degree.....	7
Table 2. Percentage of Respondents Sending Any Time on Selected Roles, by Employment Setting	8
Table 3. Rank of the Most Commonly Reported Roles of Licensed Social Workers, by Employment Setting.....	8
Table 4. Percentages of Active Licensed Social Workers Employed in Selected Settings	10
Table 5. Active Licensed Social Workers with Primary Employment in Different Settings by Primary Employment Sector.....	11
Table 6. Median Salaries of Full-Time Social Workers, by Rural Urban Location and Sector of Primary Employment.....	18
Table 7. Relative Time Spent on Selected Activities, By Client Condition.....	22

Licensed Social Work Practice

Hours Worked, Number of Employers, and Duration with Employer

In contrast to the view that social work is a field where part-time practice and multiple jobs are common, 75% of survey respondents reported working in only one, full-time social work job (Figure 1). Seventy-nine percent reported that they were in social work at least full-time, and 96% of respondents reported doing social work only. The percent working full-time, the percent working part-time, and the percent working multiple jobs were not notably different from the patterns in the overall civilian labor force.

Figure 1. Employment Status of Active, Licensed Social Workers

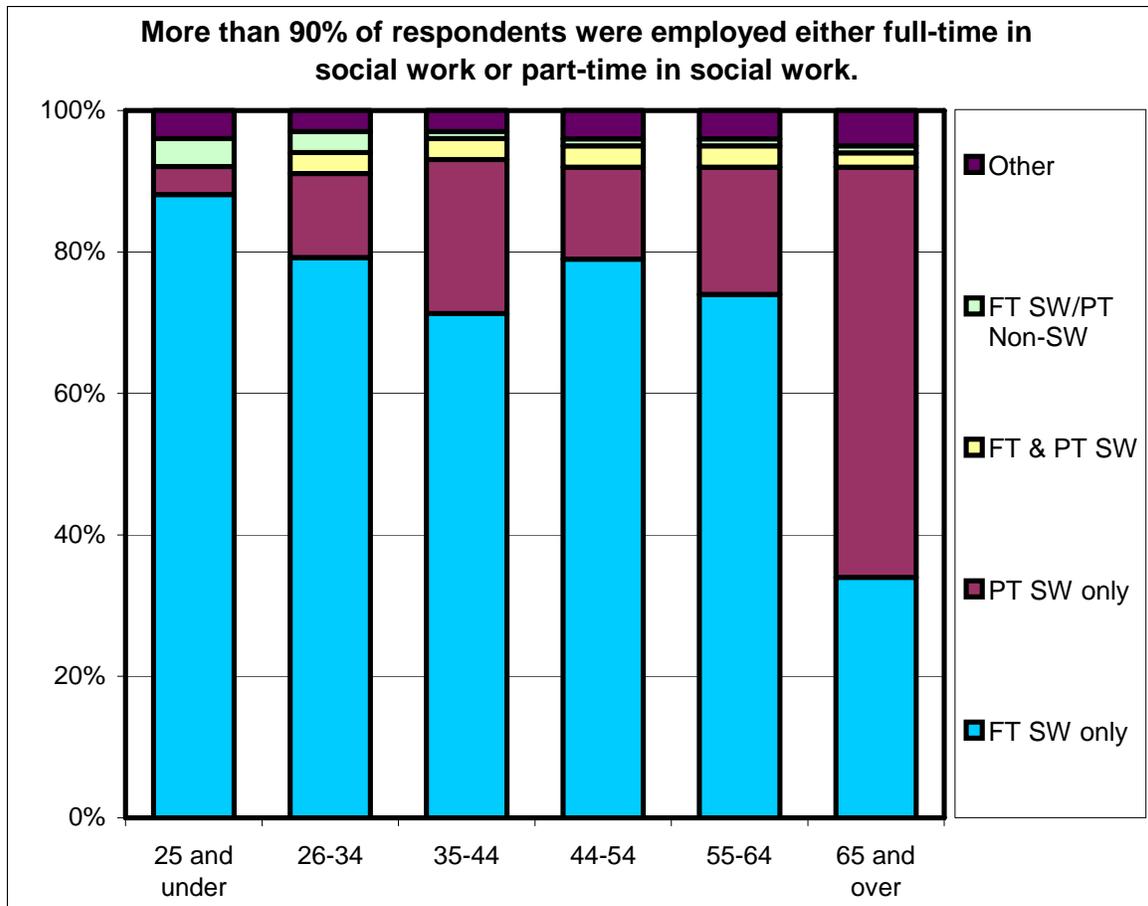


Men were more likely than women to report working full-time as social workers only (80% compared to 73%), or in both part-time and full-time social work jobs (4% compared to 3%). Women were much more likely to report being in part-time social work jobs (20%, compared to 10% for men).

Figure 2 shows that licensed social workers were most likely to report being employed in a single, part-time social work job and least likely to report working in only a single, full-time social work job when they were ages 65 and older (34% full-time only and 58% part-time only) and when they are ages 35-44 (72% full-time only and 22% part-time only). The latter age group was likely to be involved in child-rearing and other family concerns, and their lower workforce participation is mirrored in other female-dominated professions such as nursing. The youngest

social workers were most likely to work full-time only (89% among those 25 and under, and 80% among those ages 26-34).

Figure 2. Employment Status of Licensed Social Workers, By Age Group



BSWs were more likely than either MSWs or DSWs to work only one, full-time social work job. MSWs were most likely to work only one, part-time social work job, while DSWs were most likely to work some combination of full-time and part-time jobs and to hold some non-social work employment.

Part-time work was most common among social workers in medical health and mental health (both 22%), and least common among addictions social worker (9%) and school social workers (10%). Private practice was the practice sector most amenable to part-time work (37% do part-time social work only), while public-sector agencies were least amenable (only 8% do part-time social work only). Eighteen percent of social workers in private/nonprofit-sector agencies worked part-time only.

Number of social work employers. The majority of respondents (76%) had one social work employer, while 16% worked for two. Only 7% worked for three or more employers. BSWs were most likely to work for only one social work employer (87%), and few BSWs worked for more than two (4%). In contrast, 25% of MSWs and 46% of DSW/PhDs worked for two or more

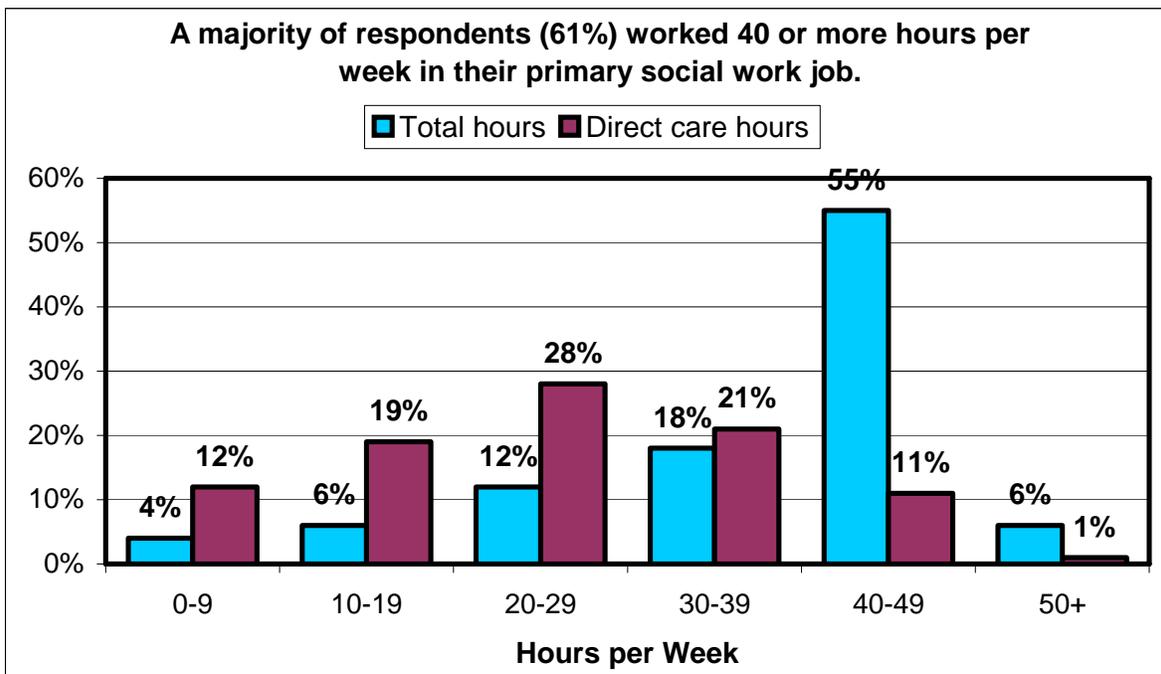
employers. DSW/PhDs were especially likely to work for multiple employers, with 7% working for four or more.

Hours worked. Social workers worked a median of 40 hours per week in their primary job, including 20 direct care hours per week. Social workers averaged 68% of total hours devoted to direct care, although 22% of social workers reported spending more hours on direct care than total hours for pay.

Figure 3 shows that 61% of licensed social workers devoted at least 40 hours per week to their primary social work job. The figure also shows that a majority (61%) devoted at least 20 hours per week to direct care in their primary social work job.

Men worked slightly more hours per week than women on average (37.5 compared to 34.6). Women worked a greater percentage of their time in direct care (60% of their total hours compared to 54% for men). Total hours did not differ significantly by age up until the age of 65, but when social worker hours declined, they declined substantially. The median number of hours worked by social workers through age 64 is 40 hours per week, but social workers age 65 and over worked a median of 20 hours per week. The percentage of total hours devoted to direct care, however, tended to increase with social worker age, so that social workers age 55-64 reported spending an average of 71% of their time in direct care, and social workers age 65 and up spent an average of 85% of their time on direct care. MSWs devoted more of their hours (70%) to direct care than BSWs (64%), while DSWs devoted less than half of their hours (42%) to direct care.

Figure 3. Distribution of Total Hours Worked for Pay and Direct Care Hours in Primary Social Work Jobs



Six percent of active, licensed social workers had minimal paid involvement in social work (fewer than 15 hours per week in their primary job). Although some of these (24%) were age 65

or older, most are under traditional retirement age and 10% are ages 26-34. Women were more likely than men to fall into this category (7% of women compared to 4% of men work fewer than 15 hours per week), and 55% are in private practice.

Hours worked by sector and setting. Total hours worked in the primary job were slightly higher on average in public-sector agencies than in private/nonprofit-sector agencies (37.9 compared to 36.3). Social workers in private practice worked the fewest hours, with an average of 25.9. The percentage of total hours devoted to direct care varied substantially by sector. Those in private practice spent an average of 91% of their time on direct care, compared to 62% in the private/non-profit sector and 58% in public agencies.

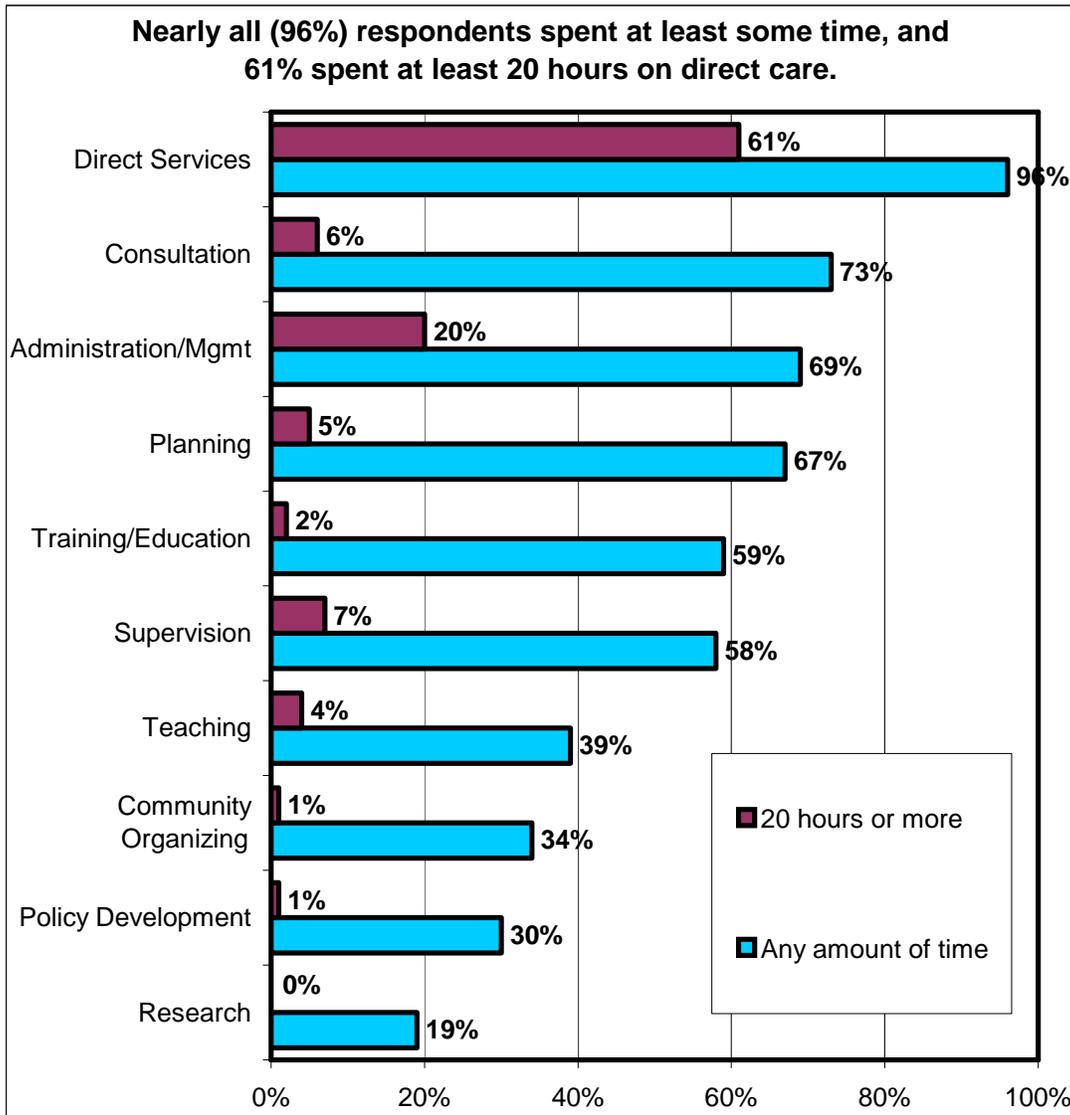
Hours worked did not vary by setting, with social workers in most settings reporting a median of 40 hours per week. There was, however, substantial variation in the percent of hours spent on direct care by setting. Hospital social workers spent the most time on direct care (80% of their hours), followed by hospice social workers and psychiatric hospital social workers (both 75%). School social workers spent 73% of their hours on direct care, while health clinic social workers spend 71% and nursing home social workers spent 67%. The settings where the least hours were spent on direct care were behavioral health clinics (60%) and social service agencies (50%).

Duration with employer. Almost half (46%) of respondents had been in their current job for five years or less, and nearly one in five (18%) had been in their current job for more than 15 years. An interesting pattern exists in regard to time with current employer by gender. Although 10% of both men and women reported that they had been with their current employer for less than a year, women were much more likely than men to report having been in their job for ten or fewer years (69% compared to 58%), while men were much more likely to report having been in their job for sixteen or more years (26% versus 17%).

Roles of Licensed Social Workers

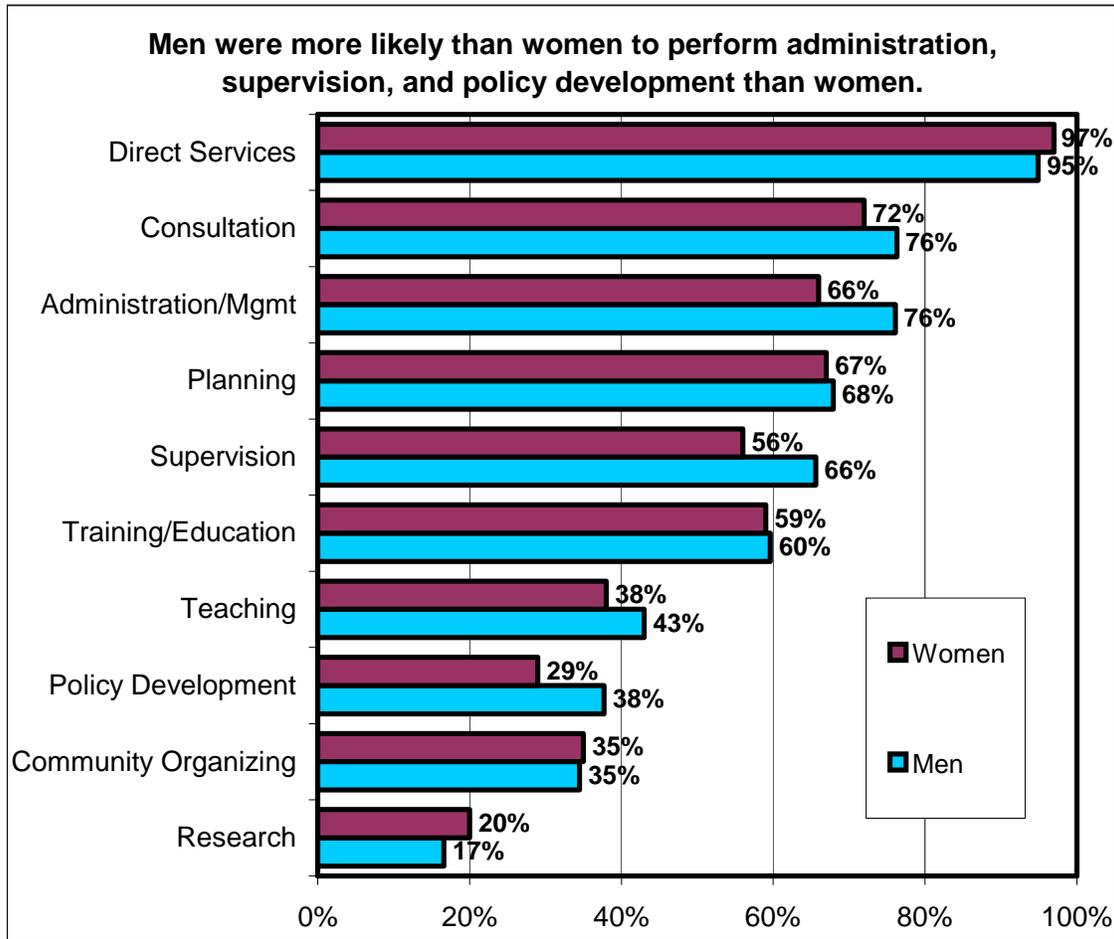
The most common role in which survey respondents reported spending *any* time was direct services (96%), followed by consultation (73%) and administration/management (69%). Social workers were least likely to spend any time in research (19%), policy development (30%), and community organizing (34%). Figure 16 shows that relatively few social workers devoted more than 20 hours a week to any role other than direct services (61%) and administration/management (20%).

Figure 4. Percentage of Respondents Spending Any Amount of Time or 20 Hours or More on Selected Roles



Roles by gender and age. As can be seen in Figure 5, men were substantially more likely than women to report some hours of administration/management (76% compared to 66%), policy development (38% compared to 29%), supervision (66% compared to 56%), and teaching (43% compared to 38%). The percentages of social workers involved in administration/management, consultation, policy development, supervision, teaching, or training/education increased with age, while the percentages of social workers involved in community organizing decreased.

Figure 5. Percentages of Respondents Performing Selected Roles in Their Social Work Employment, By Gender



Roles by race/ethnicity. Hours spent in various social work roles also varied significantly by race/ethnicity, with most of the differences between African American and White social workers. African American social workers spent significantly more time in administration/management, community organizing, consultation, planning, policy development, supervision, and training/education than non-Hispanic White social workers. Hispanic/Latino social workers also spent significantly more time on planning and training/education than non-Hispanic Whites.

Roles by highest degree. Table 1 shows that social work roles also depended upon educational attainment. BSWs were most likely to devote any amount of time to direct services (96%), planning (77%), and consultation (64%). MSWs were most likely to spend some time on direct services (96%), consultation (74%), administration/management (69%), and planning (66%). Both BSWs and MSWs were least likely to devote time to research (both 18%), policy development (both 30%), and teaching (39% and 37% respectively). In contrast, the roles to which DSWs/PhDs were most likely to devote any time are teaching (88%), direct services (86%), and administration/management (84%). Fifty-eight percent of DSW/PhDs devoted time to research (compared to 19% of social workers overall).

Table 1. Percentages of Respondents Spending Any Time on Selected Roles, By Highest Social Work Degree

% Spending Any Time	BSW	MSW	DSW
Administration/Mgmt	58%	69%	84%
Community Organizing	47%	31%	34%
Consultation	64%	74%	81%
Direct Services	96%	96%	86%
Planning	77%	66%	43%
Policy Development	30%	30%	31%
Research	18%	18%	58%
Supervision	47%	60%	71%
Teaching	39%	37%	88%
Training/Education	60%	58%	77%

Almost all respondents in all settings spent at least some time on direct services (from 93% in social service agencies to 100% in psychiatric hospitals and hospices). Table 2 shows that participation in administration/management roles was also relatively evenly distributed, from 49% among hospice social workers to 75% among nursing home social workers. In contrast, the likelihood of spending time on consultation varied widely, from 90% among school social workers to only 55% among nursing home social workers. School social workers did a great deal of planning (80% do some), while social workers in health care settings such as hospitals and health clinics were less likely to spend time doing planning (both 62%).

Participation in supervision varied widely, from 75% of behavioral health clinic social workers to 43% of nursing home social workers. School social workers were the most likely to report that they spend some time teaching (53%). There was relatively little participation in research by social workers in any setting (ranging from 16% in hospitals to 21% in schools), and little in policy development (ranging from 39% in psychiatric hospitals to 25% in schools). Between 51% and 66% of social workers reported participating in training/education, with relatively little variation by setting.

Table 2. Percentage of Respondents Sending Any Time on Selected Roles, by Employment Setting

% Spending Any Time	Hospital	Psychiatric Hospital	Health Clinic/ Outpatient Facility	Behavioral Health Clinic	Social Service Agency	Nursing Home	Hospice	School
Administration/Mgmt	53%	59%	69%	72%	70%	75%	49%	61%
Community Organizing	26%	30%	28%	26%	43%	29%	44%	48%
Consultation	64%	60%	72%	73%	69%	55%	72%	90%
Planning	62%	71%	62%	69%	73%	76%	70%	80%
Policy Development	32%	39%	29%	31%	37%	34%	31%	25%
Research	16%	17%	19%	17%	20%	20%	18%	21%
Supervision	51%	60%	62%	75%	64%	43%	50%	49%
Teaching	36%	39%	31%	36%	39%	35%	40%	53%
Training/Education	51%	66%	60%	61%	63%	60%	55%	61%

Roles by setting. Table 3 shows that the roles played by social workers in selected settings varied widely. Direct care was by far the most commonly reported role in each setting, with 93% or more of social workers reporting some participation. Other commonly reported roles included consultation (hospitals, health clinics), planning (psychiatric hospitals, social service agencies, nursing homes) or supervision (behavioral health clinics). Training and education was also one of the top roles in some settings (psychiatric hospitals, nursing homes, hospices, and schools).

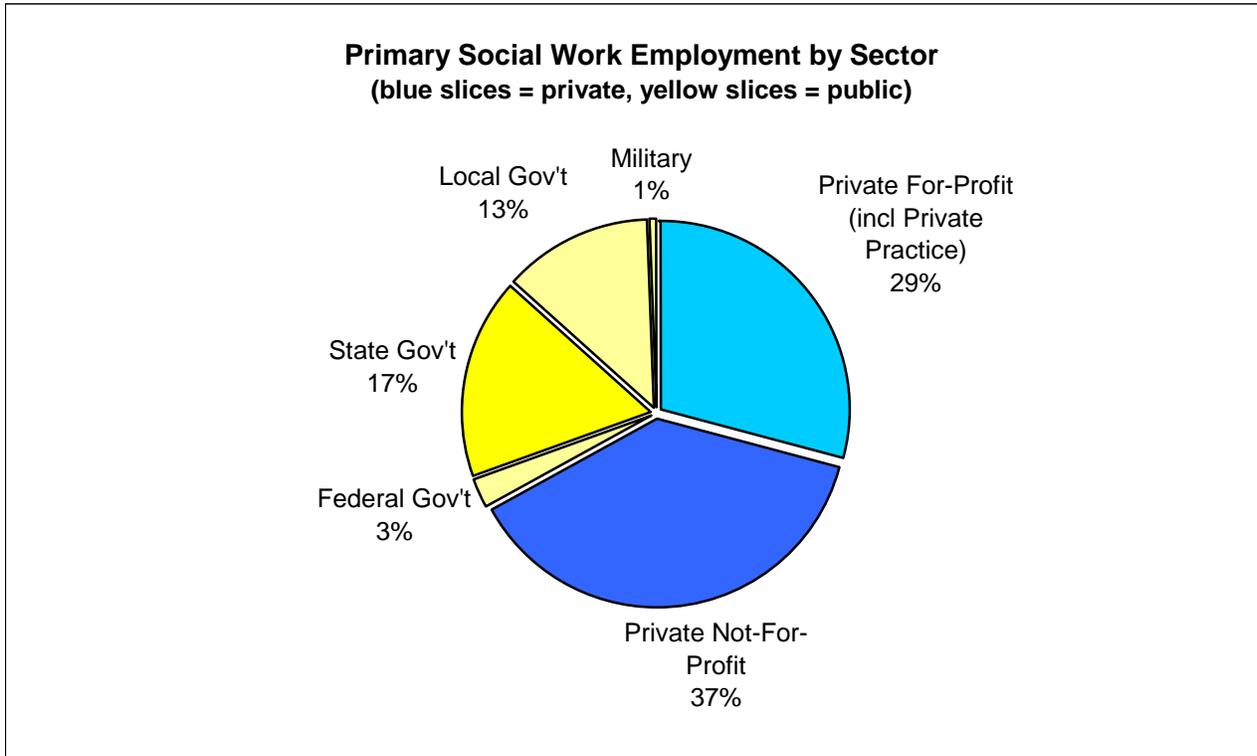
Table 3. Rank of the Most Commonly Reported Roles of Licensed Social Workers, by Employment Setting

% Spending Any Time	Hospital	Psychiatric Hospital	Health Clinic/ Outpatient Facility	Behavioral Health Clinic	Social Service Agency	Nursing Home	Hospice	School
Administration/Mgmt	3	-	2	3	2	2	-	3
Consultation	1	3	1	2	3	-	1	1
Planning	2	1	3		1	1	2	2
Supervision	-	3	3	1	-	-	-	-
Training/Education	-	2	-	-	-	3	3	3

Sector and Setting of Primary Employment

Sector. Figure 6 shows that 37% of licensed social workers worked in the private not-for-profit sector for their primary employment, while another 29% work in the private, for-profit sector (including private practice [17%] and for-profit organizations [12%]). Seventeen percent worked in state government, 13 percent worked in local government, and 3% worked in Federal government. One percent worked for the military.

Figure 6. Percentage of Licensed Social Workers with Primary Employment in Selected Sectors



Sector by age, gender, and race/ethnicity. Social workers were more likely to report working in private practice and less likely to report working in private/nonprofit organizations as they grow older. A majority of social workers age 65 and older (52%) worked in private practice. There were not significant differences between men and women in the employment sectors in which they worked.

African American and Hispanic social workers were substantially more likely to work in public-sector agencies (51% and 48%, respectively) than non-Hispanic White and Asian social workers (31% and 33%, respectively). Asians were much more likely than other groups to work in private/nonprofit-sector organizations (60% compared to 40-51% for other groups), while non-Hispanic Whites were significantly more likely than other groups to work in private practice (18% compared to 5-9% for other racial/ethnic groups).

Setting. Table 4 shows that the most common practice settings (primary) for licensed social workers were private practice and social service agencies (both 17%), followed by hospitals (15%) and schools (12%). There were not significant differences by gender or age in work setting, although there were differences by race/ethnicity. African-American social workers were far more likely to work in social service agencies than social workers overall (24% compared to 17%), while Hispanic social workers were more likely than all social workers to work in schools (17% compared to 12%). One out of three Asian social workers (34%) worked in a health care setting¹, compared to 28% of social workers overall.

Table 4. Percentages of Active Licensed Social Workers Employed in Selected Settings

Employment Setting	Percent
Private Practice	17.5%
Social Service Agency	14.5%
Hospital	12.2%
Behavioral Health Clinic	9.4%
School	9.0%
Health Clinic/Outpatient Facility	5.6%
Psychiatric Hospital	3.7%
Nursing Home	2.9%
Hospice	2.5%
Higher Education	2.1%
Other	20.6%
N	3,178

Table 5 provides additional details on the employment patterns of social workers. It shows the percentages of active licensed social workers in different primary employment sectors employed in different primary employment settings.

Respondents in the Private-For-Profit sector were most likely to be employed in Private Practice (56.8%) or a Hospital/Medical Center (8.3%). Those in the Private Not-For-Profit sector were most likely to be in a Hospital/Medical Center (18.9%), Social Service Agency (16.6%), or a Behavioral Health Clinic (16.5%). Those in the State Government sector were most likely to work in a Social Service Agency (27.7%) or a School (14.0%), as were those in the Local Government sector (22.0% and 32.0%, respectively).

¹ Non-psychiatric hospital, health clinic other than behavioral health, nursing home, or hospice.

Table 5. Active Licensed Social Workers with Primary Employment in Different Settings by Primary Employment Sector

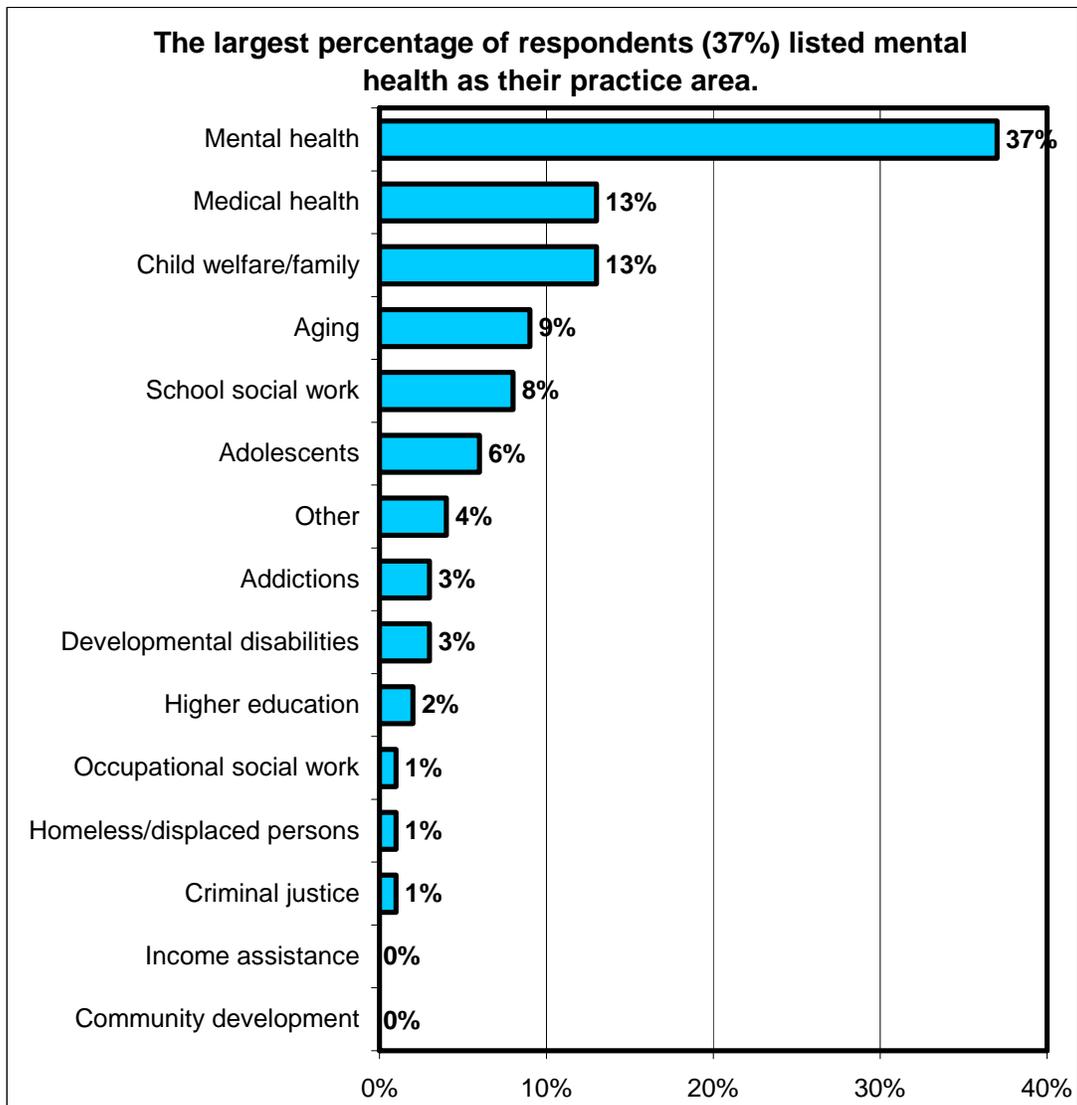
Primary Employment Setting	Primary Employment Sector						
	Private For-Profit	Private Not-for-Profit	Federal Gov't	State Gov't	Local Gov't	Military	Total
Private Solo Practice	44.9%	0.8%	0.0%	0.7%	0.0%	5.0%	13.6%
Private Group Practice	11.9%	1.0%	0.0%	0.2%	0.0%	0.0%	3.9%
Hospital/Medical Center	8.3%	18.9%	43.8%	5.5%	4.9%	5.0%	12.2%
Psychiatric Hospital	2.8%	3.4%	7.5%	7.1%	1.2%	0.0%	3.7%
Health Clinic/Outpatient Facility	4.5%	7.0%	13.8%	2.0%	6.8%	15.0%	5.6%
Home Health Agency	2.0%	1.5%	0.0%	0.0%	0.7%	0.0%	1.3%
Behavioral Health Clinic	4.7%	16.5%	8.8%	3.1%	7.3%	15.0%	9.4%
Social Service Agency	1.7%	16.6%	2.5%	27.7%	22.0%	10.0%	14.5%
Employee Assistance Program	1.2%	0.7%	0.0%	0.4%	0.5%	0.0%	0.7%
Case Mgmt Agency - Older Adults	0.4%	1.0%	0.0%	1.3%	2.0%	0.0%	1.0%
Case Mgmt Agency - Other	0.8%	2.2%	1.3%	1.5%	1.0%	0.0%	1.4%
Nursing Home	5.0%	3.3%	0.0%	0.5%	1.2%	0.0%	2.9%
Assisted Living Facility	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.3%
Hospice	2.3%	4.9%	1.3%	0.2%	0.0%	0.0%	2.5%
Group Home - Adult	0.4%	0.8%	0.0%	0.2%	0.0%	0.0%	0.4%
School	1.2%	4.9%	10.0%	14.0%	32.0%	5.0%	9.0%
Child Guidance Clinic	0.2%	0.5%	0.0%	0.2%	0.0%	0.0%	0.3%
Group Home - Child/Adolescent	0.6%	2.8%	0.0%	0.4%	0.7%	0.0%	1.4%
Resource Center	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Information and Referral Service	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%
Insurance Company/HMO	2.0%	0.3%	0.0%	0.2%	0.0%	5.0%	0.8%
Criminal Justice Agency	0.3%	0.3%	0.0%	5.3%	4.4%	0.0%	1.7%
Public Health Agency	0.0%	0.1%	1.3%	5.5%	2.4%	0.0%	1.3%
Other Gov't Agency	0.0%	0.1%	6.3%	10.6%	8.0%	15.0%	3.1%
Business	0.2%	0.0%	1.3%	0.0%	0.0%	0.0%	0.1%
Higher Education	0.4%	1.7%	0.0%	6.7%	1.0%	5.0%	2.1%
Other	3.6%	9.9%	2.5%	6.9%	3.9%	20.0%	6.6%
Total	927	1,192	80	549	410	20	3,178

Practice Areas

As can be seen in Figure 7, the most commonly reported practice areas (specialties) of licensed social workers were mental health (37%) and child welfare/family and medical health (both at 13%). Nine percent of social workers reported their primary practice area as aging, and 8% as school social work. Six percent reported a primary practice area in adolescents. Developmental disabilities, addictions, higher education, criminal justice, homeless/displaced persons, occupation social work, community development, and income assistance were each reported by

fewer than 5% of social workers, with the latter four reported by fewer than 2% of social workers.

Figure 7. Primary Practice Area (Specialty) of Licensed Social Workers



Practice areas by age and gender. There were relatively few notable differences in practice areas by age. Adolescents, child welfare/family, and school social work were much less common as practice areas for older social workers, but mental health increased dramatically from 13% for those under the age of 25 to 55% for those ages 65 and older. Aging as a practice area remains around 9% for all age groups except those age 25 and under, who are less likely to practice in aging.

There were also few notable differences in practice areas by gender. Women were more likely than men to practice in health (14% compared to 8%) and aging (10% versus 5%), while men

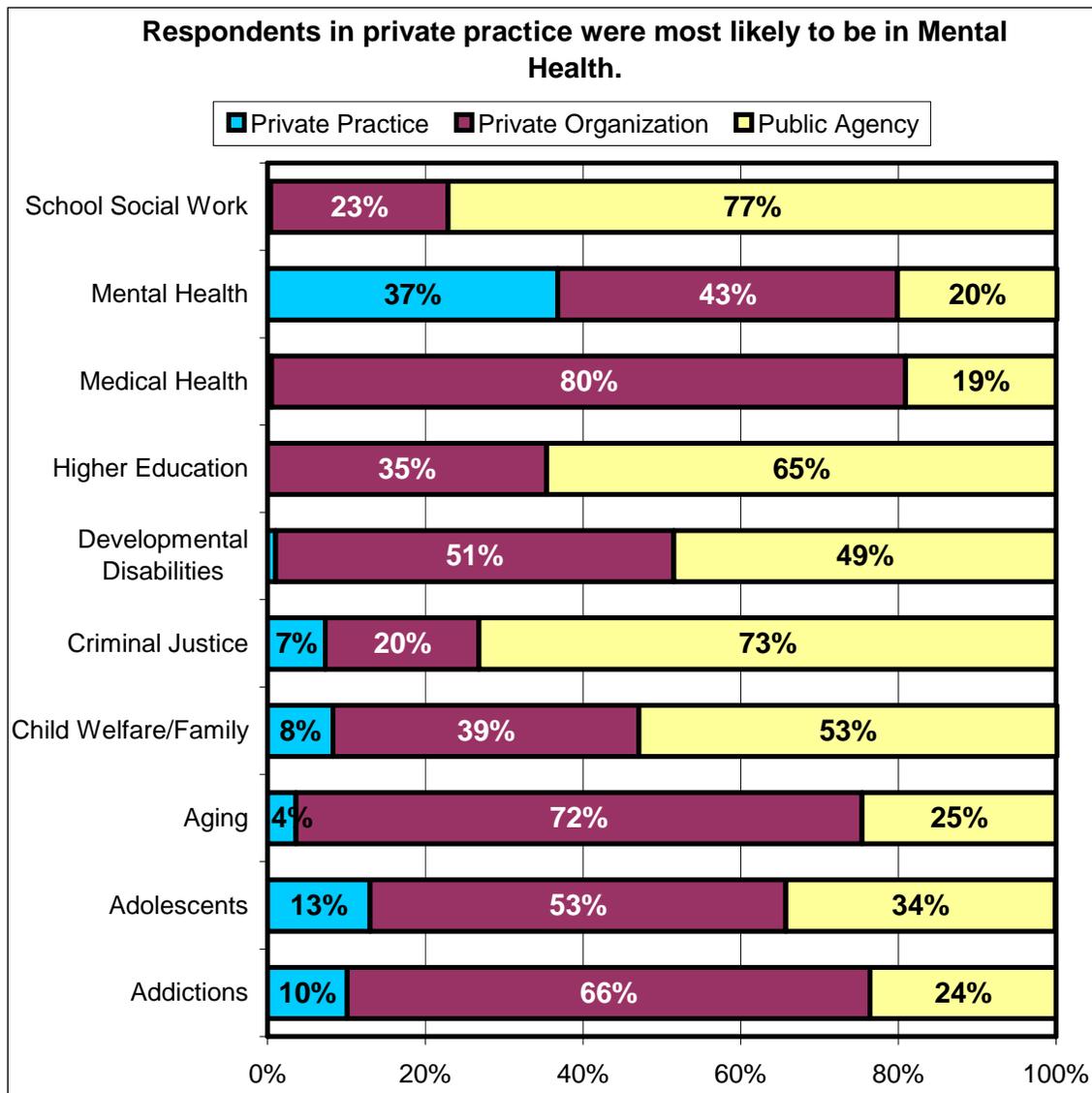
were somewhat more likely to practice in mental health (41% compared to 35%) and addictions (5% compared to 2%).

Practice areas by race/ethnicity. There were notable differences in practice areas chosen by different racial/ethnic groups. Medical health social work seemed particularly attractive to Asian/Pacific Islanders (26% of whom are in medical health), while child welfare/family social work and school social work were more popular among African Americans (17% and 11%, respectively) and Hispanics (15% and 32%, respectively). There were few racial/ethnic differences in mental health social work and aging, although African American social workers were much less likely to be in mental health (23%) compared to 37% of social workers overall.

Practice areas and settings. Settings varied by practice area. Mental health social workers were most likely to be found in private practice (38%) or behavioral health clinics (20%), and medical health social workers were most likely to be found in hospitals (56%). Child welfare/ family social workers were most likely to be found in social service agencies (60%), while aging social workers were most likely to be found in nursing homes (29%). Addictions social workers were most likely to be found in behavioral health clinics (20%), while adolescent social workers were most likely to be found in schools (17%) and developmental disabilities social workers were most likely to be found in social service agencies (22%).

Practice area and sector. Figure 8 shows that employment sector also varied by practice area. Licensed social workers in many practice areas were most likely to work in the private/nonprofit-sector, including those in addictions (66%), adolescents (53%), aging (72%), developmental disabilities (36%), medical health (51%), and mental health (43%). Social workers in some other practice areas were more likely to work for public-sector agencies, including (child welfare/family social workers at 53%, criminal justice social workers at 73%, higher education social workers at 65%, and school social workers (77%). Although there was no practice area in which private practice was the most common sector, private practice accounted for a large proportion of primary employment in mental health (37%), and notable proportions in adolescents (13%) and addictions (10%).

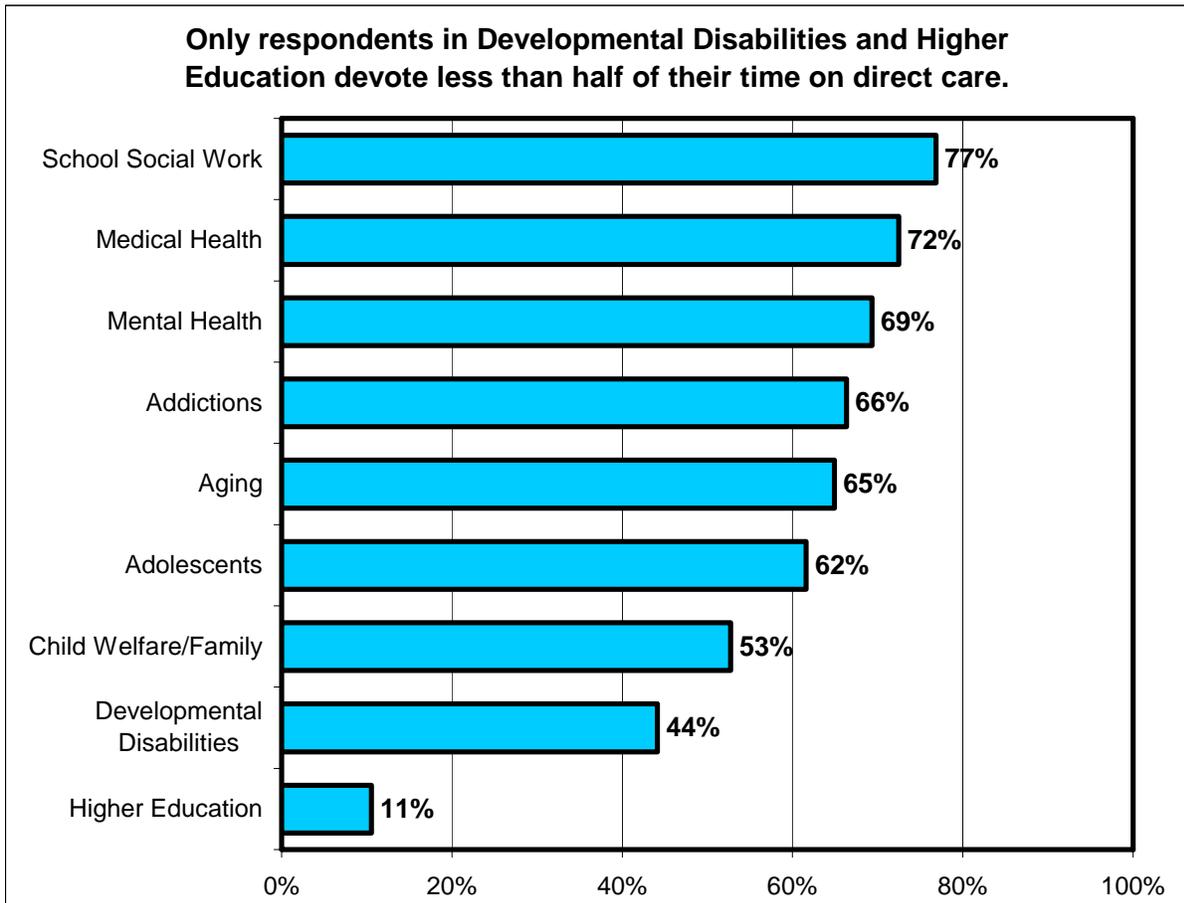
Figure 8. Sector of Primary Employer, by Practice Area of Primary Employment



Practice area and certification. As previously noted, the most common certification in most practice areas was clinical social work. Exceptions to this were for child welfare/family social work, for which the most common certification was in children, youth and family; and school social work, for which the most common certification was in school social work.

Practice area and hours. Figure 9 shows that hours spent on direct care as a percent of total hours worked for pay in the primary job varied by practice area of the primary job. School social workers devoted the most time to direct care (77% of total hours), while social workers in higher education devoted the least (11%). Social workers in all practice except for developmental disabilities and higher education reported spending more than 50% of their time providing direct care to clients.

Figure 9. Estimated Percentage of Hours Spent on Direct Care, by Primary Practice Area



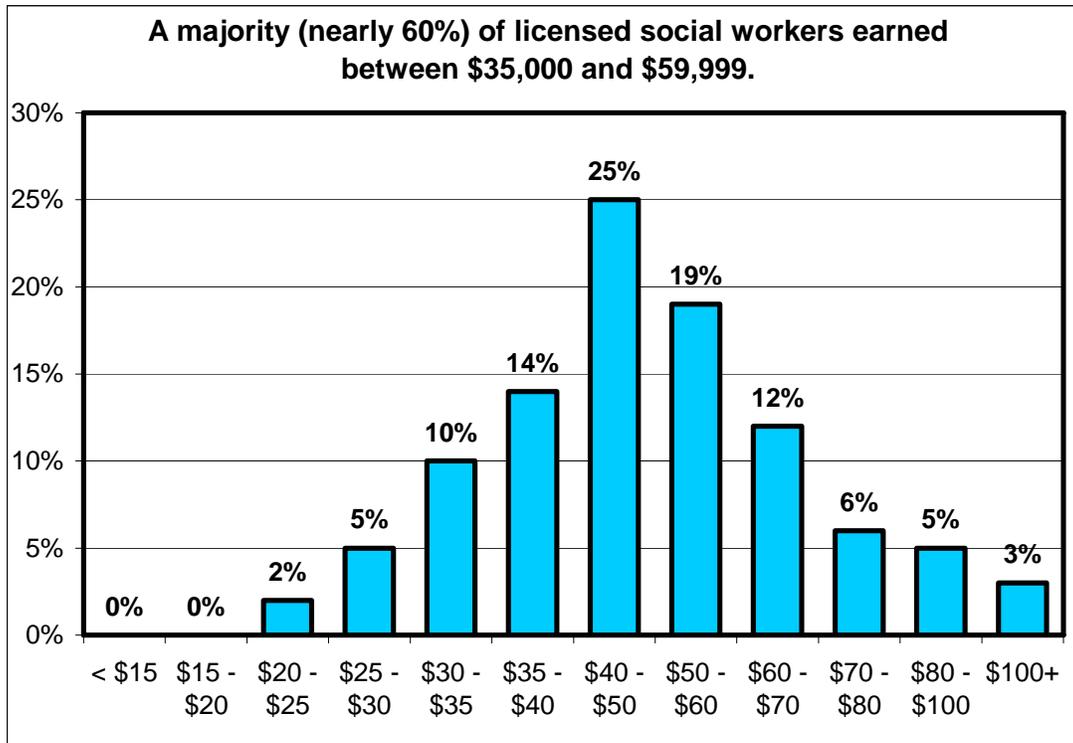
Wages/Salary and Benefits

Wages and salaries are an important measure of the value that is placed on the services of a professional by employers and to some extent society. The discussion that follows summarizes a number of different tabulations of salaries and wages that help to create reference points that readers can use to put their own local statistics into context. Additional tabulations and analyses can be found in the summary report for the study.

Social work salaries varied depending upon whether one is working full-time, part-time, or multiple jobs. Median salaries range from a high of \$55,129 among those working both full-time and part-time social work jobs to a low of \$24,067 among those working only part-time social work jobs. Subsequent analyses examine only those working a single, full-time social work job in order to ensure comparability across the categories.

Salary. Figure 10 shows that the most commonly-reported salary category for full-time licensed social workers was \$40,000 to \$49,999, reported by 25% of social workers. Nearly 60% of social workers earned between \$35,000 and \$59,999. A significant proportion (26%) earned more than this, and a smaller proportion (17%) earned less. Estimated annual salaries varied substantially by highest social work degree. The medians were \$33,628 for BSWs, \$46,845 for MSWs, and \$58,390 for DSW/PhDs.

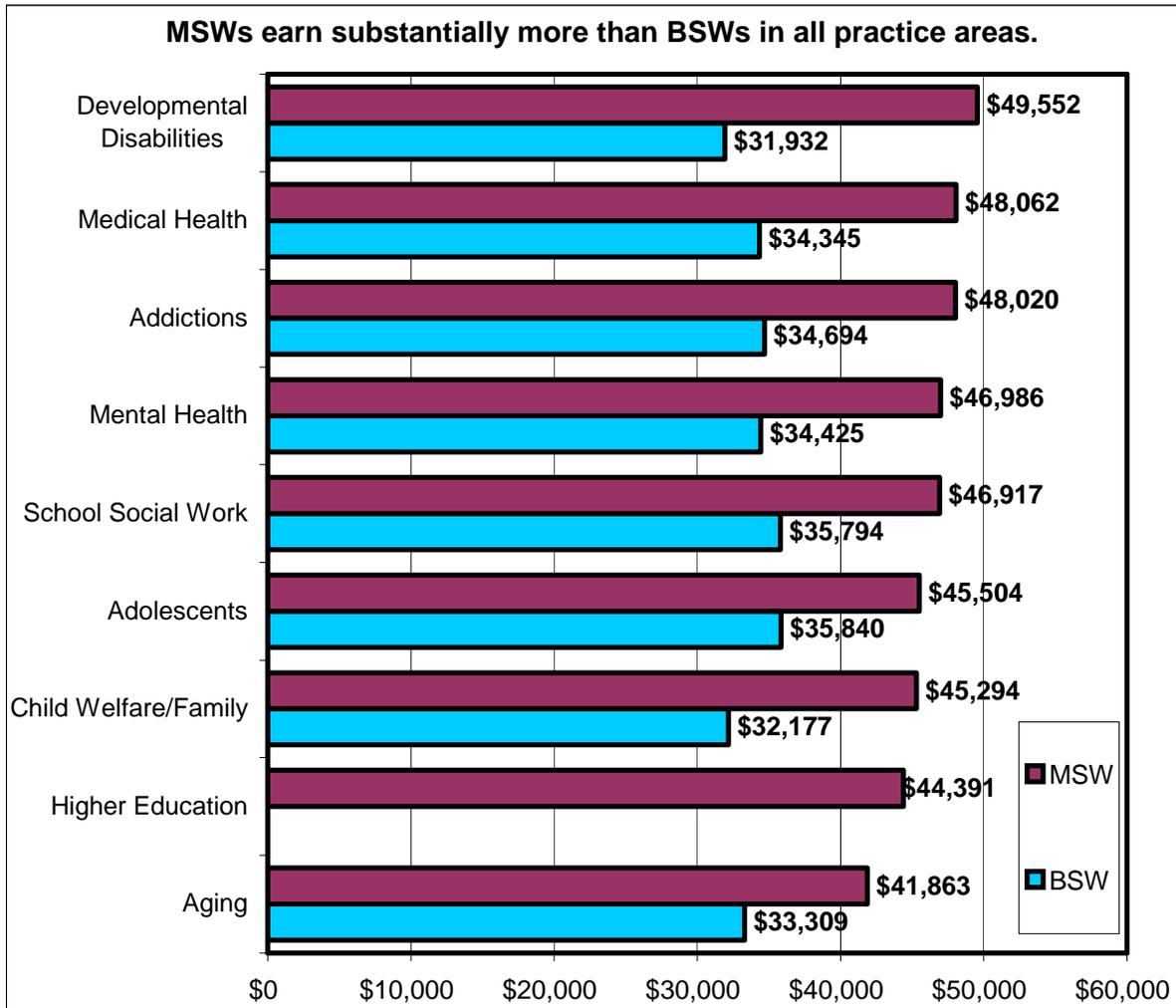
Figure 10. Distribution of Annual Gross Wages/Salary From All Social Work Positions



Salary by practice area, sector and setting. Figure 11 shows that MSWs salaries were highest in the practice areas of developmental disabilities and medical health, and lowest in the practice areas of aging and higher education. Median MSW salaries for all practice areas, however, fell between \$40,000 and \$49,999.

A slightly different pattern prevailed for BSWs. BSWs earned the highest average salaries in the practice areas of adolescents and school social work, and the lowest in developmental disabilities and child welfare/families. Variations in salaries by practice area for BSWs are not noteworthy.

Figure 11. Estimated Average Annual Salaries of Licensed Social Workers in Selected Practice Areas



Salaries were higher in public agencies than in private/nonprofit-sector organizations (\$48,313 compared to \$45,329), but were highest in private practice (\$57,297). Most of this variation was in MSW salaries, however. MSWs earned a median of \$52,593 in public-sector agencies, \$47,634 in private/nonprofit-sector organizations, and \$56,449 in private practice. In contrast, there was variation of less than \$1,000 in full-time BSW salaries by sector.

Salary by age, gender, and race/ethnicity. Median social workers salaries increased steadily with age. BSW salaries increased from a median of \$32,115 at ages 26-34 to a median of \$38,466 at ages 55-64. MSW salaries increased even more with age, from a median of \$43,241 at ages 26-34 to a median of \$54,166 at ages 55-64.

Male full-time social workers earn substantially more than females – a median of \$56,475 compared to a median of \$46,355. Although the difference was smaller at the BSW level (\$34,123 compared to \$39,007), the difference was larger at the MSW level (\$48,778 compared to \$59,494). This gender difference does not appear to be explained by reported years in practice.

Differences in average full-time salaries were not statistically significant for different race/ethnic groups.

Salaries by Urban/Rural and Sector. Table 6 shows the estimated median salaries for full-time social workers by urban/rural location and sector of primary employment. Those in metropolitan areas earned substantially more than those in micropolitan areas, small towns, and rural areas, especially in the government and private practice settings. The table also shows that median salaries for those in private practice were substantially higher than those in the other three sectors.

Table 6. Median Salaries of Full-Time Social Workers, by Rural Urban Location and Sector of Primary Employment

Sector of Primary Employment	Metropolitan Area	Micropolitan Area	Small Town	Rural Area	Total
Private Practice	\$58,747	\$47,820	\$46,415	\$34,266	\$57,357
Private, Not-For-Profit	\$46,482	\$40,658	\$36,344	\$38,542	\$44,998
Private, For-Profit	\$47,286	\$45,713	\$39,332	\$33,628	\$46,433
Government	\$51,833	\$39,681	\$41,123	\$37,906	\$48,351
Total	\$49,175	\$42,160	\$39,014	\$37,641	\$47,640
N	2,033	258	153	61	2,505

Satisfaction with salary. The percentages of social workers who rated their salary and benefits as “very adequate” were 15% and 20%, respectively. The percentages of those who rated salary and benefits as “adequate” were 52% and 45%, respectively. Substantial minorities of social workers rated that their salary and benefits were “limited” (26% and 17%, respectively). A small percentage (7%) of social workers rated their salary as “very limited”, while 18% rated their benefits as “very limited”.

Not surprisingly, the respondents who earned more were more satisfied with their salaries, and those who earned less were less satisfied. Satisfaction with salary increased with age, so that the youngest social workers were generally the most dissatisfied. Men were more satisfied than women. There were not significant differences in satisfaction by race.

Dissatisfaction with salary was highest for BSWs and lowest for DSW/PhDs. Forty-one percent of BSWs reported that their salary was “limited” or “very limited”, compared to 31% of MSWs and 22% of DSW/PhDs. Only 12% of BSWs felt that their salary was “very adequate”, compared to 16% of MSWs and 28% of DSW/PhDs. Negative evaluations of salaries decreased and positive evaluations increased with more years experience in the field, as well.

Those working in public-sector agencies reported significantly higher satisfaction with their salaries than those in either private/nonprofit organizations or private practice. Those in private/nonprofit-sector organizations and those in private practice did not differ significantly from one another.

By comparing subjective evaluations salary with actual salary, it was possible to estimate the median salary levels which BSWs and MSWs felt were limited versus adequate. For BSWs, a “very limited” salary was \$26,042 on average, while a “limited” salary was \$31,198. An “adequate” salary averaged \$36,772, and a “very adequate” salary averaged \$47,098.

MSWs had higher salary expectations. The median “very limited” MSW salary was \$31,866, while the median “limited” salary was \$39,991. An “adequate” MSW salary was \$49,722, while salaries rated as “very adequate” averaged \$71,023.

Benefits. A majority of licensed social workers received health insurance (84%), dental insurance (69%), life insurance (63%) and pensions (58%). Forty-one percent reported that flexible working hours were available to them, and 29% reported that tuition reimbursement was available. Fifteen percent cited “other” benefits.

Social workers in public-sector agencies had the most comprehensive benefits, with 92% receiving health insurance and 73% receiving dental insurance (compared to 83% and 69% respectively in the private/nonprofit sector). Sixty-nine percent received life insurance (versus 62% in the private/nonprofit sector), and 79% received a pension (versus 50% in the private/nonprofit sector). Social workers in private practice received the poorest benefits—14% received health insurance, 7% received dental insurance and life insurance, and only 6% received a pension. Flexible working hours were more common in private practice and private-sector organizations (42% and 46%, compared to 38% in the public sector).

Evaluation of benefits varied by sector. Social workers in private practice were most likely to rate their benefits “limited” (82%). This assessment was echoed by only 33% of social workers in private/nonprofit sector organizations, and 18% of those in public-sector agencies. While only 4% of social workers in private practice characterized their benefits as “very adequate”, 18% in private/nonprofit-sector organizations and 30% in public-sector agencies did so.

Tasks of Licensed Social Workers

Licensed social workers were most likely to be involved with the tasks of screening/assessment (93%), information/referral (91%), crisis intervention (89%), individual counseling (86%), and client education (86%). These are not necessarily tasks on which they spent a majority of their time, however. There were only four tasks on which substantial numbers of social workers reported spending more than half of their time: individual counseling (29%), psychotherapy (25%), case management (12%), and screening/assessment (10%). Fewer than 10% of social workers reported spending more than half their time on any other task.

Tasks by Gender. Women were significantly more likely than men to spend at least some time on information/referral, screening/assessment, treatment planning, crisis intervention, case management, family counseling, medication adherence, advocacy/community organizing, client education, supervision of staff, discharge planning, and home visits. There was no listed social work task in which men were more likely to have some involvement than women.

There were also significant differences between male and female social workers in the percent of their time spent on social work tasks. Men spent significantly more time than women on couples counseling, psychotherapy, supervision of staff, and program management (although they were no more likely to perform these tasks). Women spent significantly more time than men on information/referral, screening/assessment, treatment planning, crisis intervention, advocacy/community organizing, psychoeducation, client education, discharge planning, and home visits.

Tasks by race/ethnicity. Hispanics were more likely than White social workers to have some involvement in crisis intervention (81% compared to 68%), case management (71% compared to 57%), and psychoeducation (68% versus 58%). African Americans were significantly less likely than either Hispanics or Whites to have any involvement in psychoeducation (28%).

There were more pronounced differences in terms of percent spent on these various tasks. Black/African American social workers devoted more time on average than White social workers to information/referral; screening/assessment; treatment planning; crisis intervention; case management; group counseling; advocacy/community organizing; client education; supervision of staff; program development; program management; and home visits. They devoted less time to psychotherapy. Similarly, Hispanic social workers devote more of their time than White social workers to information/referral; screening/assessment; treatment planning; crisis intervention; and advocacy/community organizing. Asian social workers devoted more time than Whites to screening/assessment, treatment planning, and case management.

Tasks by highest social work degree. BSWs and MSWs do not significantly differ in the number of different tasks they perform, but BSW and MSW tasks clearly differ, and the variation is more in terms of how much of certain tasks social workers do rather than whether they are involved in a task or not. The five most common tasks for BSWs to perform are information/referral (97%), screening/assessment (91%), crisis intervention (86%), case management (85%), and client education (77%). In contrast, the five most common tasks for MSWs are information/referral (91%), screening/assessment (91%), crisis intervention (89%), individual counseling (89%), and treatment planning (88%).

When it comes to tasks upon which social workers spent more than half their time, the differences are sharper. BSWs were most likely to spend more than half their time on case management (22%), home visits (18%), individual counseling (15%), information/referral (12%) and screening/assessment (12%). MSWs, on the other hand, were most likely to spend more than half their time on individual counseling (31%), psychotherapy (28%), case management (11%), and screening/assessment (10%).

Tasks by setting. Screening/assessment and information/referral appear to be key tasks across all settings, but information/referral was less common among social workers in behavioral health clinics (86%), and screening/assessment was less common among those in social service agencies (84%). There was more variation in the performance of treatment planning and crisis intervention, but 80-95% of social workers in most settings devoted some time to these tasks. Social workers in social service agencies were least likely to do treatment planning (77%), while social workers in schools were more likely to do crisis intervention (97%). Nursing home social workers were most likely to do some case management (94%), while social workers in behavioral health clinics were least likely (72%).

Medication adherence was least common in social service agencies and schools, with 20% and 28% of social workers in these respective settings doing some. It was most common in psychiatric hospitals (71%) and health clinics (70%). Involvement in discharge planning was most common among social workers in nursing homes (96%), and least common among those in social service agencies (33%), while home visits were most common in hospice settings (98%) and least common in hospital settings (16%).

Counseling tasks varied more widely than other tasks, with social workers in social service agencies least likely to do all types of counseling, psychotherapy, and psychoeducation.

Individual counseling was most common in schools and hospices (both 94%), followed by behavioral health clinics and health clinics (both 93%). Group counseling was most likely to occur in schools (78%) and psychiatric hospitals (74%), while family counseling was much more likely to occur in hospice settings (94%) than any other setting. Couples counseling was slightly more common in hospice settings (53%) than in most other settings, followed by behavioral health clinics (51%). Psychotherapy and psychoeducation were most common in behavioral health clinics, where 83% and 80% of social workers report spending time on these tasks, respectively. There was relatively little variation in the percent of social workers doing client education across settings (from 80% to 96%), except that social workers in social service agencies were less likely to perform this task (67%).

Advocacy and community organization was much more common in hospice settings (70%) than other settings, and was least common in behavioral health clinics (40%). Supervision of staff was performed by 61% of social workers in behavioral health clinics, but only 35% of those in schools. Both program development and program management were most common in nursing homes and behavioral health clinics (53% and 51% for program development and 47% and 48% for program management), but least common in hospices (33% and 30%).

There was also substantial variation in the percentage of time spent on these tasks by setting. Social workers in hospitals, psychiatric hospitals, and nursing homes spent more time on screening and assessment than any other task, while health clinic social workers spent more time on psychotherapy, and behavioral health clinic social workers and school social workers spent more time on individual counseling than on other tasks. In social service agencies, case management was the most time-consuming task. Hospice social workers spent the most time on home visits.

Tasks by caseload characteristics. Age of caseload clients had a substantial impact on the kinds of tasks social workers perform. Social workers working with predominantly child caseloads (50+%) did significantly more information/referral, crisis intervention, case management, group counseling, family counseling, and home visits compared to other social workers. They did significantly less individual counseling, couples counseling, medication adherence, psychotherapy, and discharge planning. Those with predominantly adolescent caseloads reported significantly more crisis intervention, case management, and group counseling than other social workers, but significantly less screening/assessment, couples counseling, medication adherence, and psychotherapy. Finally, those with predominantly older adult caseloads reported significantly more information/referral, screening/assessment, case management, medication adherence, advocacy/community organizing, client education, discharge planning, and home visits than other social workers. They reported significantly less individual counseling, group counseling, couples counseling, psychotherapy, and psychoeducation.

Table 7 shows that the types of problems experienced by the clients social workers serve were associated with the types of tasks they perform, with social workers who see many clients with a problem or disorder tending to do significantly more or less of selected tasks than other social workers. Interestingly, the same task patterns are evident for social workers treating many clients with physical disabilities, acute medical conditions, chronic medical conditions, and neurological conditions. These types of clinical tasks may represent a different constellation of tasks than the counseling, psychotherapy, and psychoeducation which were more common for treatments of other disorders.

Table 7. Relative Time Spent on Selected Activities, By Client Condition

Client Conditions	More Time Spent On	Less Time Spent On
Mental Illness	Treatment planning Crisis intervention Medication adherence Psychoeducation	Information/referral Home visiting
Affective Conditions	Individual counseling Couples counseling Medication adherence Psychotherapy Psychoeducation	Information/referral Screening/assessment Case management Advocacy/community organizing Home visiting
Developmental Disabilities	Treatment planning Case management Advocacy/community organizing Program development Home visits	Individual counseling Couples counseling Psychotherapy Psychoeducation
Physical Disabilities Acute Medical Conditions ² Chronic Medical Conditions ³ Neurological Conditions ⁴	Information/referral Screening/assessment Treatment planning Case management Medication adherence Advocacy/community organizing Client education Discharge planning Home visiting	Individual counseling Group counseling Couples counseling Psychotherapy
Substance Abuse Conditions	Screening/assessment Treatment planning Crisis intervention Case management Group counseling Medication adherence Psychoeducation Client education Discharge planning	Psychoeducation
Psychosocial Stressors	Treatment planning Individual counseling Couples counseling Medication adherence Psychotherapy Psychoeducation	Information/referral Home visiting

Numbers of tasks performed. The numbers of tasks performed by licensed social workers tended to vary depending on the characteristics of the respondents and their practice areas and work settings. Patterns revealed in the responses include:

² Treatment planning not significant.

³ Treatment planning not significant.

⁴ Client education not significant.

- Older social workers performed fewer tasks than younger ones.
- Women performed more tasks than men.
- Social workers in private/nonprofit-sector organizations performed more tasks on average than those in public agencies.
- School social workers, Adolescent social workers, and Addictions social workers performed the greatest number of tasks, while higher education social workers performed the least number of tasks on average.
- Social workers in hospices performed the greatest breadth of tasks, while those in social service agencies performed the least number of tasks on average.

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Chapter 4

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Table of Contents

Clients of Licensed Social Workers.....	1
Caseload size.....	1
Client Demographics	1
<i>Gender of caseload</i>	1
<i>Gender of caseload by gender and race of social worker</i>	2
<i>Gender of caseload by practice area</i>	2
<i>Race/ethnicity of caseload</i>	3
<i>Race/ethnicity of caseload by race/ethnicity of social worker</i>	4
<i>Race/ethnicity of caseload by practice area</i>	4
<i>Age of caseload</i>	5
<i>Age of caseload and practice area</i>	5
<i>Age of caseload and practice setting</i>	6
<i>Age of caseload and highest social work degree</i>	6
<i>Health coverage</i>	7
<i>Health coverage and practice area</i>	7
<i>Health coverage and employment sector</i>	8
<i>Health coverage and employment setting</i>	8
<i>Health coverage and degree</i>	9
Client Presenting Problems.....	9
<i>Client problems and gender of social worker</i>	10
<i>Client problems and race/ethnicity of social worker</i>	10
<i>Client problems and age of caseload</i>	11

List of Figures

Figure 1. Percentage of Caseload That Was Female	1
Figure 2. Percentages of Respondents Serving Any or a Majority of Clients in Selected Race- Ethnic Categories	4
Figure 3. Percentages of Respondents Serving Any or a Majority of Caseload in Different Age Groups.....	5
Figure 4. Percentage of Social Workers Serving 50% or More Children, Adolescents, or Older Adults, by Highest Social Work Degree.....	7
Figure 5. Most Common Client Health Coverage, by Practice Area.....	8
Figure 6. Percentage of Clients Reported to Have Many or None of Selected Conditions.....	10

List of Tables

Table 1. Percentages of Clients That Are Female, by Practice Area.....	3
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Clients of Licensed Social Workers

Caseload size

Caseload sizes varied widely. Most social workers (52%) served a primary caseload of between 11 and 50 clients. Fifteen percent served ten or fewer clients, and 8% did not have a client caseload. Almost one in four (24%), however, served more than 50 clients, and 15% served more than 75 clients. Seven percent served more than 100 clients.

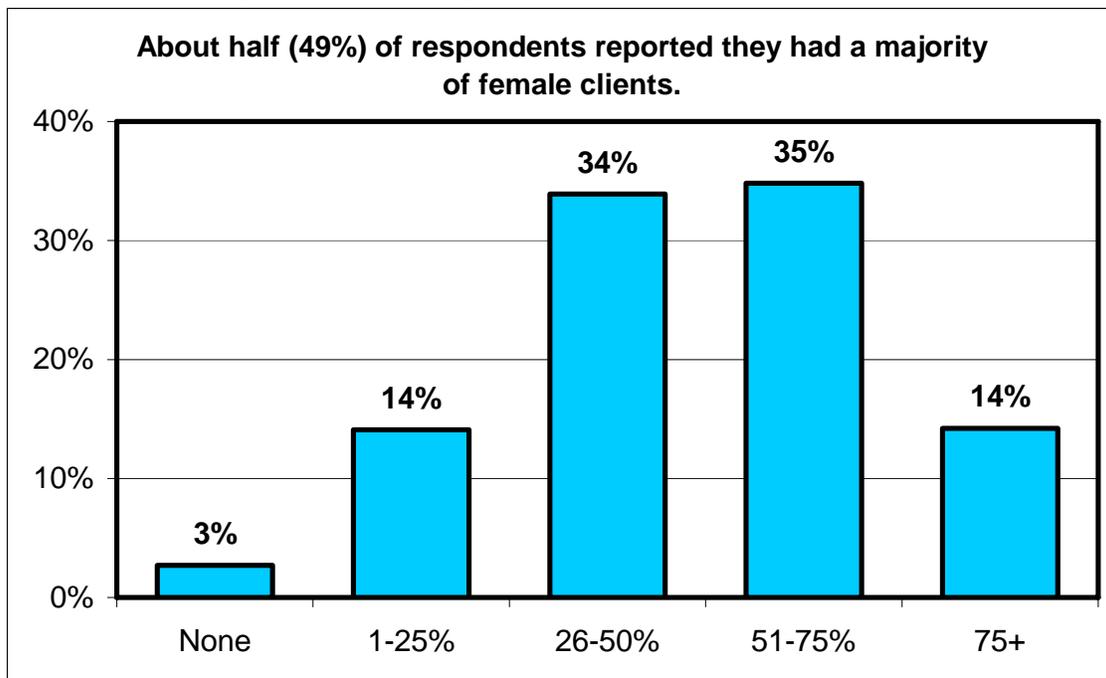
The largest caseloads were found in health clinics and nursing homes, where 43% and 32% of social workers reported caseloads of more than 75 clients, respectively. The smallest caseloads were found in psychiatric hospitals and social service agencies, where 58% and 41% of social workers reported caseloads of 1 to 15 clients.

Client Demographics

An important and often unavailable aspect of the practice of social work is related to the characteristics of clients that social workers serve. The 2004 survey provides interesting information and insights about this topic.

Gender of caseload. Figure 1 shows that a majority (51%) of social workers reported that their caseload¹ was 50% or fewer females (51% of the U.S. population is female), including 3% who reported that they had no female clients. Only 14% of social reported that their caseloads were 75% or more female.

Figure 1. Percentage of Caseload That Was Female



¹ Some social workers that did not have a caseload indicated “0%” for this question. These responses were removed and data given here only reflects social workers with a current caseload.

Gender of caseload by gender and race of social worker. Male social workers were much more likely to see only male clients than were female social workers (7% versus 2%). Nearly two of three (66%) of male social workers reported that their caseload was 50% or less female (compared to 48% of female social workers). Female social workers were much more likely than male social workers to have caseloads that were 75% or more female (16% compared to 5%). African Americans reported caseloads that were significantly less female than non-Hispanic White caseloads.

Gender of caseload by practice area. Table 10 shows that social workers in the practice area of Criminal Justice were *least* likely (of practice areas with more than 10 respondents) to report seeing any female clients (72.1%), followed by those in the practice areas of Homeless/ Displaced Persons (91.8%) and Higher Education (84.4%). At least 88.9% of social workers in all other practice areas reported seeing some female clients. Although virtually all school social workers reported seeing some female clients, 74.3% report that their female caseload was less than 50% female.

Table 1 also shows that social workers who reported predominantly (75% or more) female caseloads were those in the practice areas of homeless/displaced people (40.9%), higher education (34.4%), community development (33.3%), and aging (24.1%). Despite the association between addictions and criminal justice practice and a low percentage of female clients, only 6.2% of addictions social workers and 5.9% of social workers in developmental disabilities had predominantly female caseloads.

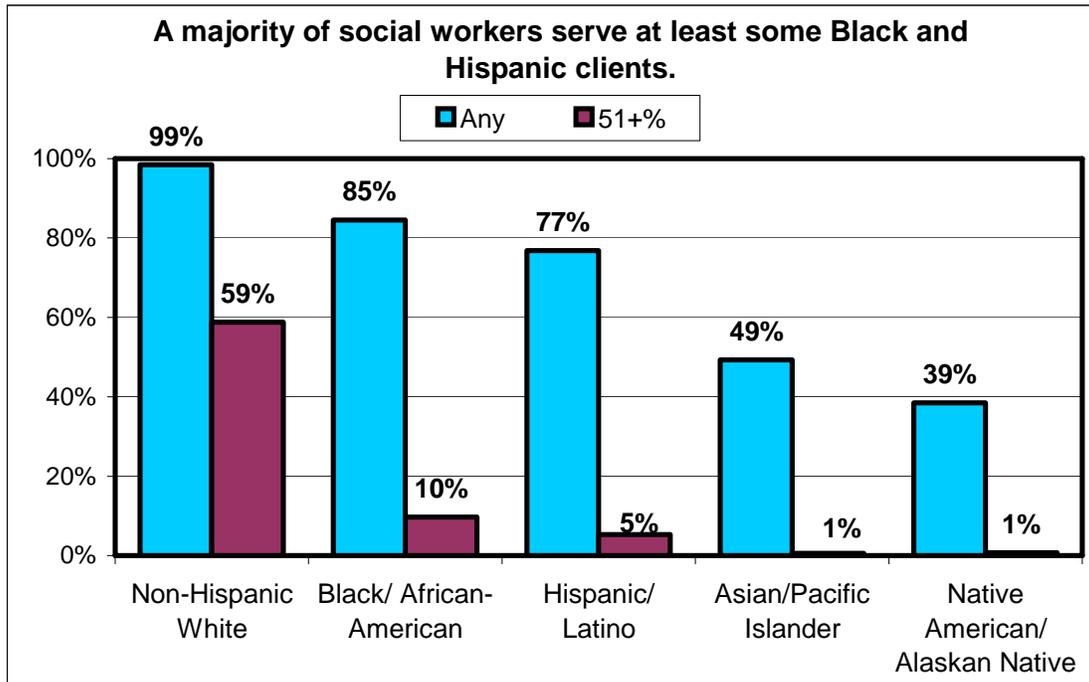
Table 1. Percentages of Clients That Are Female, by Practice Area

Practice Area	Percent of Clients that are Female					Total
	None	1-25%	26-50%	51-75%	75+%	
Addictions	11.1%	42.0%	32.1%	8.6%	6.2%	81
Adolescents	10.4%	19.2%	31.9%	24.2%	14.3%	182
Aging	2.6%	4.4%	21.9%	47.1%	24.1%	274
Child Welfare/Family	6.0%	10.7%	36.0%	29.9%	17.3%	364
Community Development	0.0%	33.3%	16.7%	16.7%	33.3%	6
Criminal Justice	27.9%	44.2%	7.0%	7.0%	14.0%	43
Developmental Disabilities	7.1%	17.6%	51.8%	17.6%	5.9%	85
Higher Education	15.6%	6.3%	25.0%	18.8%	34.4%	22
Homeless/Displaced Persons	18.2%	13.6%	13.6%	13.6%	40.9%	22
Income Assistance	33.3%	0.0%	33.3%	16.7%	16.7%	6
Medical Health	2.8%	9.4%	49.7%	28.3%	9.7%	392
Mental Health	7.2%	8.8%	27.8%	42.3%	13.9%	1,135
Occupational Social Work	4.5%	13.6%	27.3%	40.9%	13.6%	22
School Social Work	1.7%	32.4%	41.9%	19.9%	4.1%	241
Other	9.9%	18.0%	31.5%	25.8%	14.8%	644
Total Number	218	451	1,089	1,094	461	3,313

Race/ethnicity of caseload. Figure 2 shows that most survey respondents reported having client bases that are racially and ethnically diverse. Virtually all social workers (99%) see at least some non-Hispanic White clients, and most see some Black/African American and Hispanic clients (85% and 77%, respectively). Fewer social workers reported seeing any Asian clients (49%) or Native American clients (39%).

Forty-one percent of social workers reported that more than half of their caseload belonged to a non-White minority group. Still, few social workers reported seeing caseloads that were predominantly (51% or more) composed of any *single* minority group. Ten percent of social workers reported seeing caseloads that were predominantly Black/African-American, and 5% reported seeing caseloads that were predominantly Hispanic. Fewer than 1% reported seeing caseloads that were predominantly Asian, predominantly Native American, or predominantly “other” race/ethnicity.

Figure 2. Percentages of Respondents Serving Any or a Majority of Clients in Selected Race-Ethnic Categories



Race/ethnicity of caseload by race/ethnicity of social worker. Licensed social workers were more likely than not to report having caseloads comprised predominantly of their own racial/ethnic group. Fifty-nine percent of social workers had caseloads that were more than half non-Hispanic White, but among non-Hispanic White social workers this increased to 63%. Similarly, only 10% of social workers saw predominantly African-American caseloads, but this increased to 44% for African-American social workers. Five percent of all social workers, but 42% of Hispanic social workers reported seeing predominantly Hispanic caseloads, and 1% of social workers but 18% of Asian social workers reported seeing predominantly Asian caseloads. Less than 1% of social workers reported seeing predominantly Native American caseloads, but 31% of Native American social workers did.

Race/ethnicity of caseload by practice area. Licensed social workers in all practice areas reported seeing at least some non-Hispanic White clients (with the percentage ranging from 91% in higher education to 100% in criminal justice, developmental disabilities and medical health). There was much greater variation in the percentage of social workers seeing any members of other racial/ethnic groups by practice area, however. The percent seeing Black/African American clients ranged from 76% in developmental disabilities to 97% in criminal justice, while the percentage seeing Hispanic/Latino clients ranged from 72% in medical health to 60% in aging. Asian/Pacific Islanders were most likely to be seen by higher education social workers (73%), and least likely to be seen by addictions social workers (38%). Native Americans were most likely to be seen by criminal justice social workers (61%), and least likely to be seen by social workers in aging.

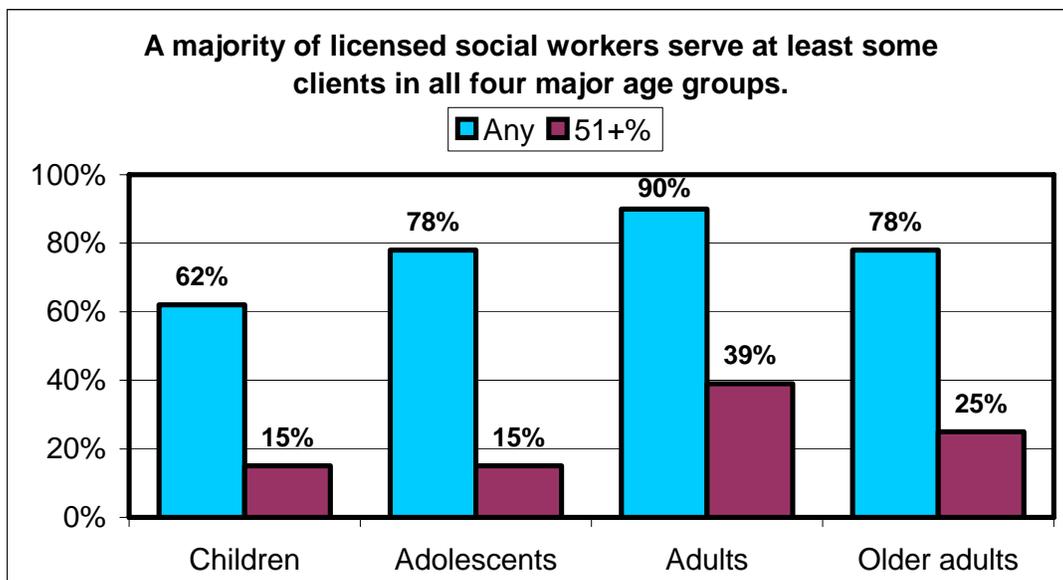
Social workers in the practice area of aging were the most likely to report a predominantly (51% or more) non-Hispanic White caseload (72%), while social workers in the practice area of higher

education were least likely (36%). School social workers were most likely to report a predominantly Black/African-American caseload (19%), followed by higher education social workers (18%). Social workers in developmental disabilities and mental health were least likely to serve a predominantly Black caseload (5% and 6%, respectively).

The percentage of social workers serving a predominantly Hispanic/Latino caseload ranged from 12% in school social work to none in criminal justice or higher education, while the percentage serving a predominantly Native American population ranged from 3% in adolescents and 2% in addictions to none in most other practice areas. There was no practice area in which 2% or more of social workers reported serving a predominantly Asian caseload.

Age of caseload. Figure 3 shows that 62% of social workers reported seeing at least some clients ages 12 and under, and 15% reported seeing a caseload predominantly (50% or more) in this age group. Seventy-eight percent reported seeing at least some clients ages 13 to 21, and 15% reported seeing a predominantly adolescent caseload. Seventy-eight percent reported seeing at least some clients age 55 and over, and 25% reported seeing a predominantly older adult caseload.

Figure 3. Percentages of Respondents Serving Any or a Majority of Caseload in Different Age Groups



Female social workers reported seeing significantly more children in their caseloads than male social workers, and male social workers reported seeing significantly more adolescents and adults. There was not a significant gender difference in the percentage of older adults in respondents caseloads. Age of caseload did not differ notably by race/ethnicity of social worker or by age of social worker.

Age of caseload and practice area. Social workers in the areas of school social work and child welfare/family were most likely to see children ages 12 and under (both 94%), and school social workers were most likely to see caseloads that were predominantly children 12 and under (53%).

Children were least likely to be seen by social workers in the practice areas of aging and addictions, but 13% of aging social workers and 21% of addictions social workers reported seeing at least some children.

Adolescents were most likely to be in the caseloads of social workers in the practice area of adolescents (100%), and least likely to be included in the caseloads of social workers in aging (21%). Seventy-six percent of social workers in the practice area of adolescents had caseloads that were predominantly (50% or more) adolescent, followed by 39% of school social workers.

Social workers in the area of aging were most likely to report seeing any older adults (100%), and 95% of them reported seeing caseloads that were predominantly (50% or more) older adults. These were followed by social workers in medical health, 91% of whom reported seeing some older adults and 57% of whom reported seeing predominantly older adults. Social workers in the areas of adolescents and school social work were least likely to report seeing any older adults (both 28%) and least likely to report predominantly older caseloads (both 0%).

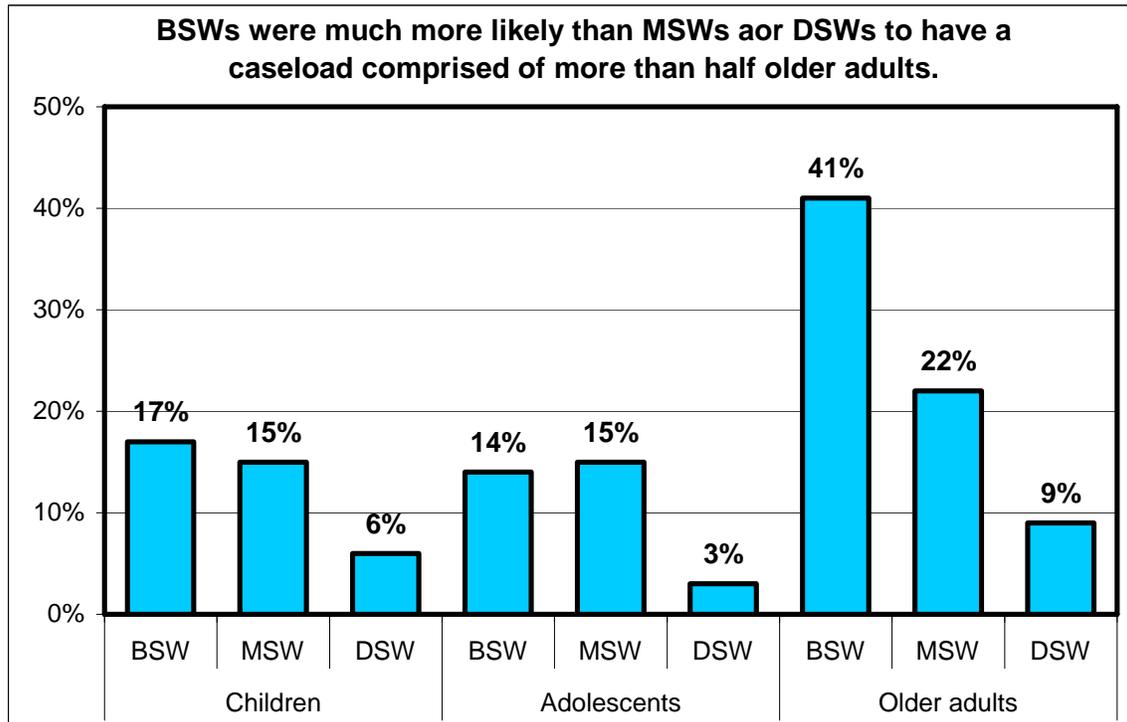
Age of caseload and practice setting. Social workers in schools, social service agencies, and behavioral health clinics were most likely to report seeing any children (90%, 79% and 67%, respectively) or adolescents (86%, 85%, and 85%, respectively), while hospital and health clinic social workers were most likely to report seeing any adults (96% and 95%, respectively), and nursing home and hospice social workers were most likely to report seeing any older adults (100% and 97%).

Similarly, social workers in schools and social service agencies were most likely to report caseloads that were predominantly (50% or more) children (49%, 21%, and 12%, respectively) or adolescents (47%, 18%, and 14%, respectively). Social workers in psychiatric hospitals were most likely to have predominantly adult caseloads (58%), while those in nursing homes and hospices were most likely to have predominantly older adult caseloads (99% and 82%, respectively).

Age of caseload and highest social work degree. Differences in whether a social worker reported seeing any children, adolescents, or older adults by highest degree are modest, except that DSW/PhDs were less likely to see any children or any adolescents than BSWs and MSWs. Figure 4 shows much greater differences in the percentages of social workers at each education level that see caseloads that were *predominantly* (50% or more) from one age group.

The difference between the percentage of MSWs and BSWs seeing predominantly older adult caseloads was very large, with almost twice as many BSWs reporting that they worked mostly with older clients. In addition, DSW/PhDs were substantially less likely than BSWs or MSWs to report seeing caseloads of predominantly children or adolescents (6% for children and 3% for adolescents compared to 17% of BSWs and 15% of MSWs for children and 14% of BSWs and 15% of MSWs for adolescents). DSW/PhDs were also less likely to see predominantly older adults (9% of DSWs, compared to 41% of BSWs and 22% of MSWs).

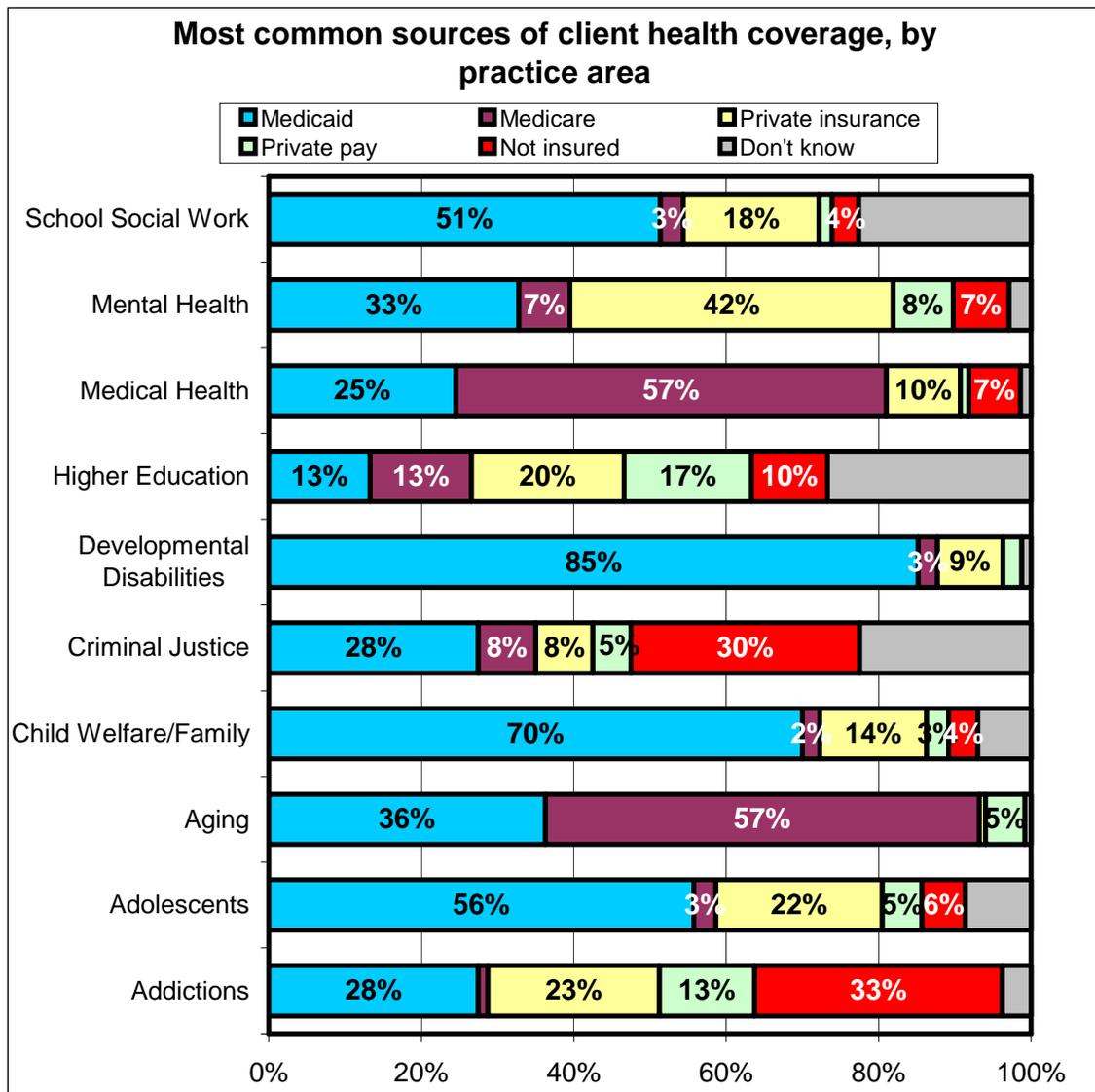
Figure 4. Percentage of Social Workers Serving 50% or More Children, Adolescents, or Older Adults, by Highest Social Work Degree



Health coverage. Client health coverage is an important indicator of client socioeconomic status. Social workers who reported that Medicaid was the most common source of client health coverage or that most of their clients were uninsured were likely to work with low-income populations. On the other hand, social workers who reported that private insurance was the most common source of client health coverage were likely to work with a middle-class caseload. Social workers were most likely to report Medicaid as the most common source of client health coverage (41%), followed by private insurance (24%) and Medicare (16%). Smaller percentages of clients were uninsured (7%) or private pay (6%). Six percent of social workers reported that they did not know their clients' most common source of health coverage.

Health coverage and practice area. Figure 5 shows that social workers in developmental disabilities and child welfare/family were most likely to work with Medicaid populations (86% and 70%, respectively), while only 10% of higher education social workers reported that their clients were primarily Medicaid-insured. Social workers in medical health and aging were most likely to report working with Medicare populations (58% and 56%, respectively), while this was unlikely in higher education (0%), addictions (2%), and child welfare/family (2%). Private insurance was most often reported by mental health social workers (44%), followed by addictions (25%) and adolescents (21%). No social workers in higher education and only 1% in aging reported that most of their clients had private insurance. Private pay was most common in addictions (13%) and higher education (10%), and least common in medical health and school (both 1%). Social workers in criminal justice (31%), addictions (30%), and higher education (30%) were most likely to report that their clients were not insured.

Figure 5. Most Common Client Health Coverage, by Practice Area



Health coverage and employment sector. Social workers in public-sector agencies were more likely than those in private/nonprofit-sector organizations to report serving clients Medicaid populations (55% compared to 43%) or uninsured populations (11% compared to 6%). Those in the private/nonprofit sector were much more likely to report serving Medicare populations than those in the private sector (26% compared to 10%), and somewhat more likely to report serving clients with private insurance (17% compared to 12%). Social workers in private practice overwhelmingly reported serving populations that have private insurance (66%) or private pay (18%).

Health coverage and employment setting. Medicaid was more common in social service agencies (64%) and nursing homes (60%), and least common in hospices (6%). Medicare was most common in hospices (88%), and least common in schools (2%). Private insurance was most

common in psychiatric hospitals (24%), although not as common in this setting as Medicaid (38%). A significant number of social workers in behavioral health clinics also reported that private insurance was their clients' most common source of health coverage (22%). Private pay was most common in nursing home caseloads (11%), and non-insurance was most common in psychiatric hospitals (20%).

Health coverage and degree. BSWs were much more likely than MSWs to work with Medicaid populations (61% compared to 37%), and were somewhat more likely to work with Medicare populations (21% compared to 16%). MSWs, in contrast, were more likely than BSWs to work with clients who were predominantly privately insured (27% compared to 6%) or private pay (6% compared to 3%).

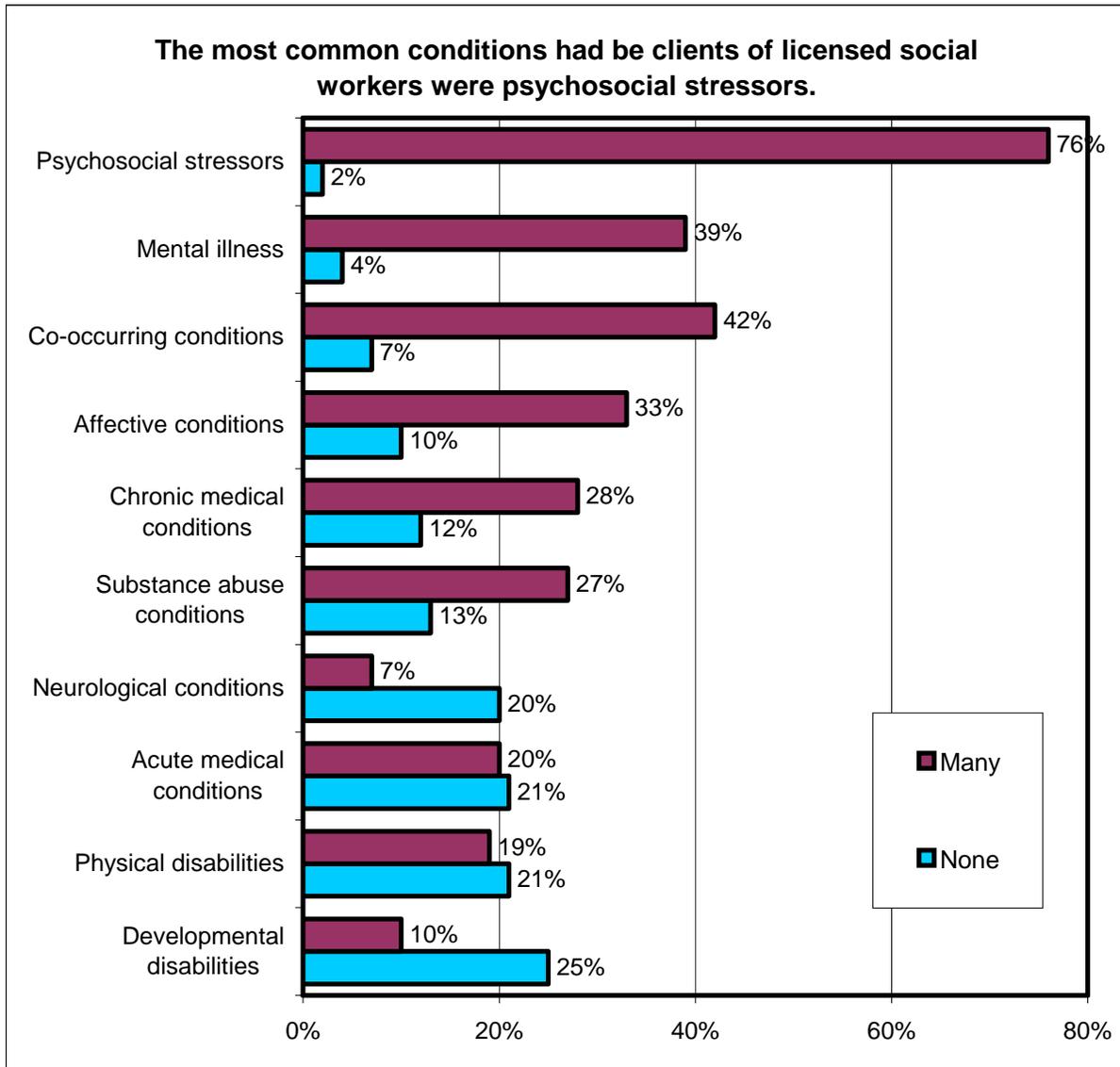
Client Presenting Problems

Survey respondents treated clients with a wide variety of problems. These problems were physical, psychological, or social in nature and they may have required different tasks and treatments on the part of social workers. The problems that social workers confronted most often varied by factors such as the composition of the caseload and the settings in which clients were seen.

Virtually all social workers reported seeing some clients who suffer from psychosocial stressors (98%) or mental illness (96%). A large percentage of social workers also had some clients with co-occurring disorders (93%), affective conditions (90%), and substance abuse conditions (87%). Although these problems were commonly associated with social work practice, 88% of social workers reported serving clients with chronic medical conditions; 80% of social workers reported serving at least some clients with neurological conditions; 79% of social workers reported serving clients with acute medical conditions or physical disabilities; and 75% of social workers reported serving clients with developmental disabilities.

A better indicator of the client problems that social workers confront on a day-to-day basis, however, is how many social workers report “many” clients with given problems or conditions. Figure 6 shows that the majority of social workers (76%) reported that “many” of their clients suffer from psychosocial stressors, and that other conditions were less common within caseloads and were likely to be associated with certain practice areas and types of clients. Forty-two percent of social workers reported serving “many” clients with co-occurring conditions, and 39% report having “many” clients with mental illness. Thirty-three percent reported serving “many” clients with affective conditions. Chronic medical conditions were a common problem, with 28% of social workers reporting that “many” of their clients have such conditions, and many social workers (27%) reported seeing “many” clients with substance abuse conditions. Twenty percent of social workers reported seeing many clients with acute medical conditions, and 19% reported seeing many clients with physical disabilities. Developmental disabilities and neurological conditions appeared to be specialty niches for most social workers—although many social workers reported having some clients with these conditions, relatively few (10% and 7% respectively) reported having “many” clients with these conditions.

Figure 6. Percentage of Clients Reported to Have Many or None of Selected Conditions



Client problems and gender of social worker. Male social workers reported significantly more clients than female social workers with mental illness, affective conditions, and substance abuse conditions. Women reported more clients with physical disabilities, acute medical conditions, and chronic medical conditions.

Client problems and race/ethnicity of social worker. There were also differences between Black/African American and non-Hispanic White social workers in terms of the problems of their clients. Black social workers reported fewer clients with mental illness, affective conditions, neurological conditions, psychosocial stressors, chronic medical conditions, or co-occurring conditions than did White social workers.

Client problems and age of caseload. The most common problems in a social worker caseload varied by the age distribution of the caseload. Social workers whose caseload was predominantly children, adolescents, or adults reported the greatest prevalence of psychosocial stressors and mental illness, regardless of the size of their caseload. The percentage reporting 'many' clients with mental illness varied from 30% among children to 46% among adolescents and 47% among adults. The third most common condition also varied among social workers who reported serving these three groups. For those seeing predominantly children, co-occurring conditions ranked third (27%), while substance abuse conditions ranked third for adolescents (35%), and affective conditions ranked third for adults (47%).

Older adults had very different presenting problems. The most common problem reported by social workers who saw a predominantly older caseload was chronic medical conditions. This was followed by psychosocial stressors (67%), acute medical conditions (62%), physical disabilities (61%), and co-occurring conditions (60%). Psychological conditions were all much less common in predominantly elderly caseloads.

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Chapter 5

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Table of Contents

Perspectives on Licensed Social Work Practice	1
Changes in the Practice of Social Work	1
Changes in the Service Delivery System	3
Licensed Social Worker Perspectives on Skills and Efficacy	4
<i>Satisfaction by gender</i>	6
<i>Satisfaction by age</i>	6
<i>Satisfaction by race/ethnicity</i>	6
<i>Satisfaction by degree</i>	7
<i>Satisfaction by experience</i>	8
<i>Satisfaction by employment sector</i>	8
<i>Appropriateness of tasks</i>	9
Satisfaction with Access to Resources and Time Available	9
<i>Satisfaction with access to resources</i>	9
<i>Satisfaction with time available</i>	11
<i>Time available, education, and experience</i>	11
<i>Time available and practice area</i>	12
<i>Time available and employment sector</i>	12
<i>Time available and employment setting</i>	12
Agency Environment	13
<i>Supervision</i>	13
<i>Social work colleagues</i>	13
<i>Agency participation in professional development programs</i>	13
<i>Job safety</i>	14
<i>Vacancies</i>	14
<i>Use of non-social workers</i>	14
<i>Support and guidance</i>	15
Career Plans of Licensed Social Workers	16
<i>Career plans</i>	16
<i>Career plans by gender</i>	16
<i>Career plans by race/ethnicity</i>	17
<i>Career plans by degree</i>	17
<i>Career plans by age</i>	17
<i>Career plans by practice area</i>	17
<i>Career plans by sector</i>	18
<i>Factors in career plans</i>	18
<i>Career plan factors by gender</i>	19
<i>Career plan factors by race/ethnicity</i>	19
<i>Career plan factors by age</i>	19
<i>Career plan factors by degree</i>	19
<i>Career plan factors by practice area, sector, and setting</i>	19
Who Plans to Leave Social Work?	20
<i>Demographics</i>	20
<i>Education and background</i>	20
<i>Employment setting and sector</i>	21

<i>Salary and benefits</i>	22
<i>Client populations</i>	22
<i>Perspectives on social work practice</i>	23
<i>Agency environment</i>	28
<i>Motivating factors in changing positions</i>	29
Changing Jobs Within Social Work.....	30
Who Has Left Social Work?.....	32
<i>Years before leaving</i>	32
<i>Reasons for leaving</i>	33
<i>Plans to re-enter social work</i>	34

List of Figures

Figure 1. Rating of Changes in Social Work Practice Over Past Two Years	1
Figure 2. Changes in Selected Aspects of Social Work Practice, by Employment Sector	2
Figure 3. Average Reported Changes in Selected Aspects of the Social Work Service Delivery System.....	3
Figure 4. Average Reported Changes in Selected Aspects of the Social Work Service Delivery System, by Employment Sector	4
Figure 5. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Social Work	5
Figure 6. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Helping Clients	6
Figure 7. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Helping Clients, by MSW and BSW	7
Figure 8. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Helping Clients, by MSW and BSW	8
Figure 9. Percentages of Licensed Social Workers Reporting Satisfaction or Dissatisfaction with Ability to Access Services for Clients	10
Figure 10. Percent of Social Workers Satisfied or Dissatisfied with Time Available for Selected Tasks	11
Figure 11. Percentages of Respondents Agreeing with Selected Statements About Receiving and Providing Support	15
Figure 12. Career Plans of Respondents in the Next Two Years.....	16
Figure 13. Percentage of Respondents Indicating That Selected Factors Would Influence a Decision to Change Their Current Position	18
Figure 14. Percentages of Respondents Planning to Change Career in Next Two Years, by Reported Availability of Continuing Education Programs.....	21
Figure 15. Ratings of Changes in Selected Aspects of Social Work Practice, by Whether or Not Planning to Leave the Social Work Field	24
Figure 16. Ratings of Changes in Selected Aspects of Social Work Delivery System, by Whether or Not Planning to Leave the Profession	25
Figure 17. Ratings of Agreement with Selected Statements about Social Work Practice, by Whether or Not Planning to Leave the Profession.....	26
Figure 18. Satisfaction with Access to Selected Social Work Services for Clients, by Whether or Not Planning to Leave the Profession.....	27
Figure 19. Ratings of Satisfaction With Time Available for Selected Social Work Tasks, by Whether or Not Planning to Leave the Profession.....	28
Figure 20. Ratings of Agreement with Selected Statements About Respect and Support, by Whether or Not Planning to Leave the Profession.....	29
Figure 21. Percentages of Respondents Selecting Different Factors as a Top Five Influence on Changing Current Position, by Whether or Not Planning to Leave the Profession.....	30
Figure 22. Practice Area of Licensed Social Workers, by Time on the Job	31
Figure 23. Percentages of Licensed Social Workers New to Their Job in Past Year, by Age Category	32

List of Tables

Table 1. Estimated Average Annual Wages/Salaries of Respondents Planning to Leave or Not Leave Social Work, by BSW and MSW and Years of Experience	22
Table 2. Reasons that Respondents Reported They Were Not Currently Working as a Social Worker	33

Perspectives on Licensed Social Work Practice

Changes in the Practice of Social Work

Although individual responses varied, social workers as a group indicated that over the course of the last two years, they had experienced increases in paperwork, severity of client problems, caseload size, waiting lists for services, assignment of non-social work tasks, level of oversight, coordination with community agencies, and availability of professional training. Most of these can be characterized as barriers to effective practice, except for the latter two, which were also the factors reported to have increased the least (Figure 1).

Social workers also reported that they had experienced decreases in job security, staffing levels (both social worker and other), availability of supervision, and levels of reimbursement, with the greatest decrease indicated for the latter.

Figure 1. Rating of Changes in Social Work Practice Over Past Two Years

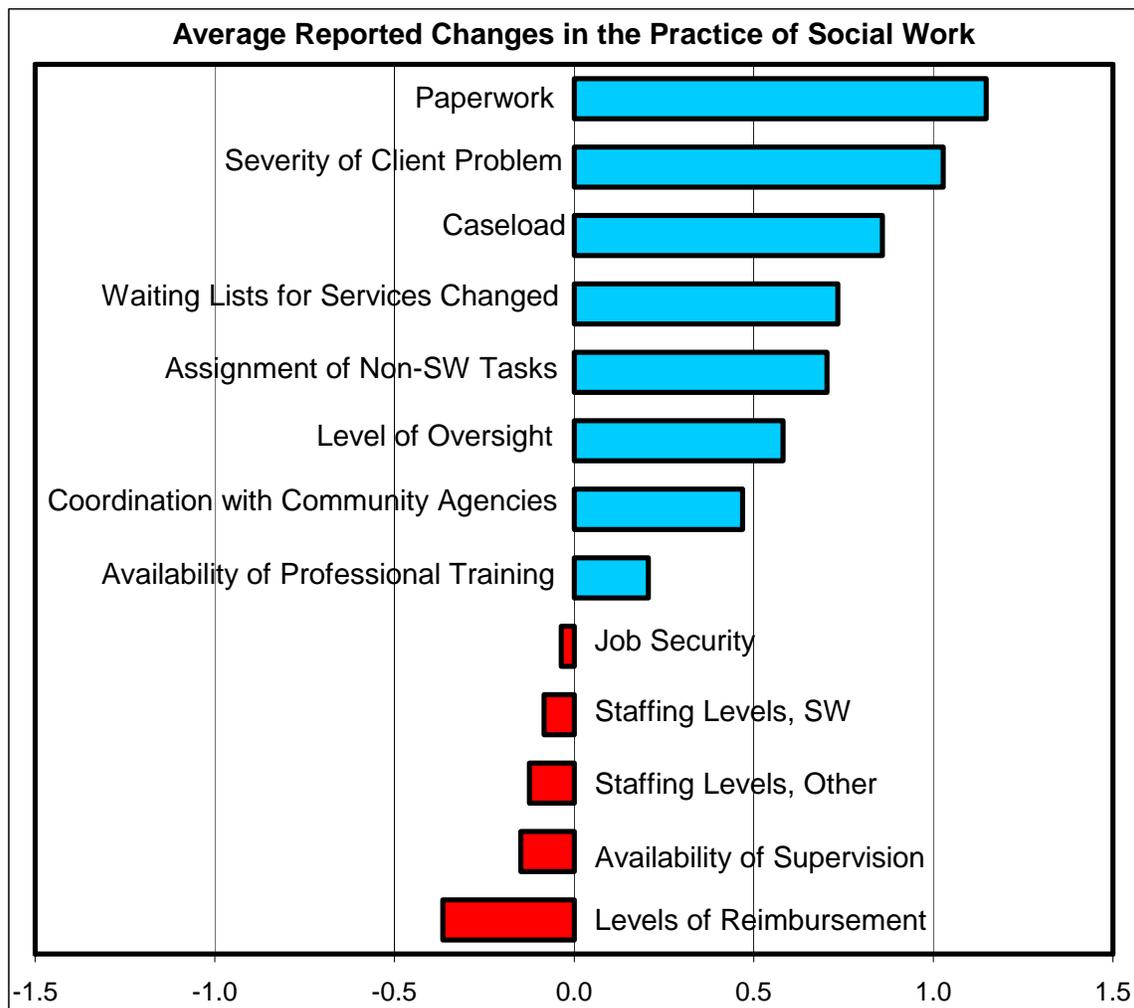
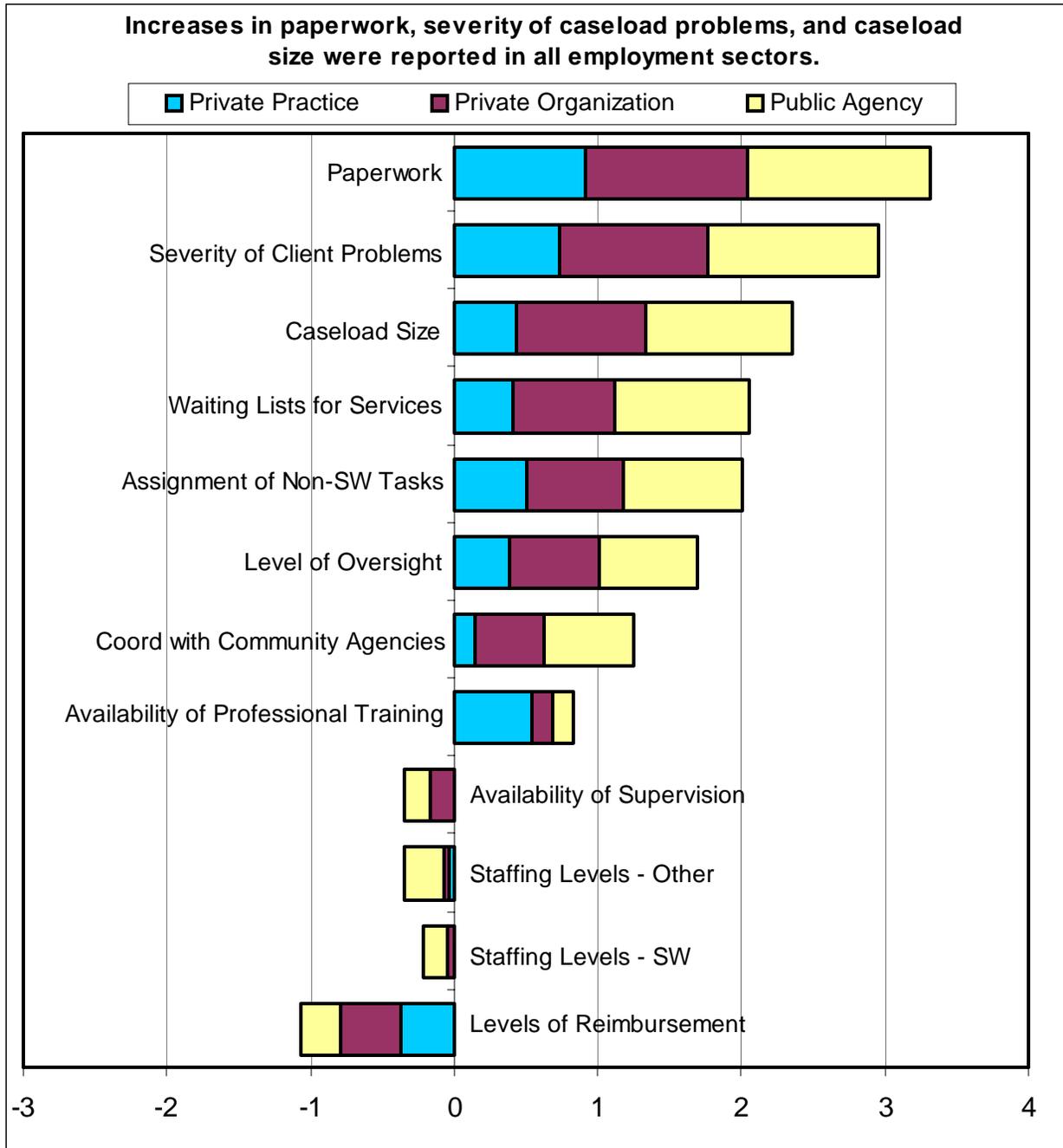


Figure 2 shows that social workers in the three major employment sectors reported increase in demands placed on them. Those in private practice reported the most moderate changes. Social workers in public agencies generally rated the magnitude of changes as greater than social workers in private-sector/non-profit organizations. This was particularly pronounced with regard to staffing levels.

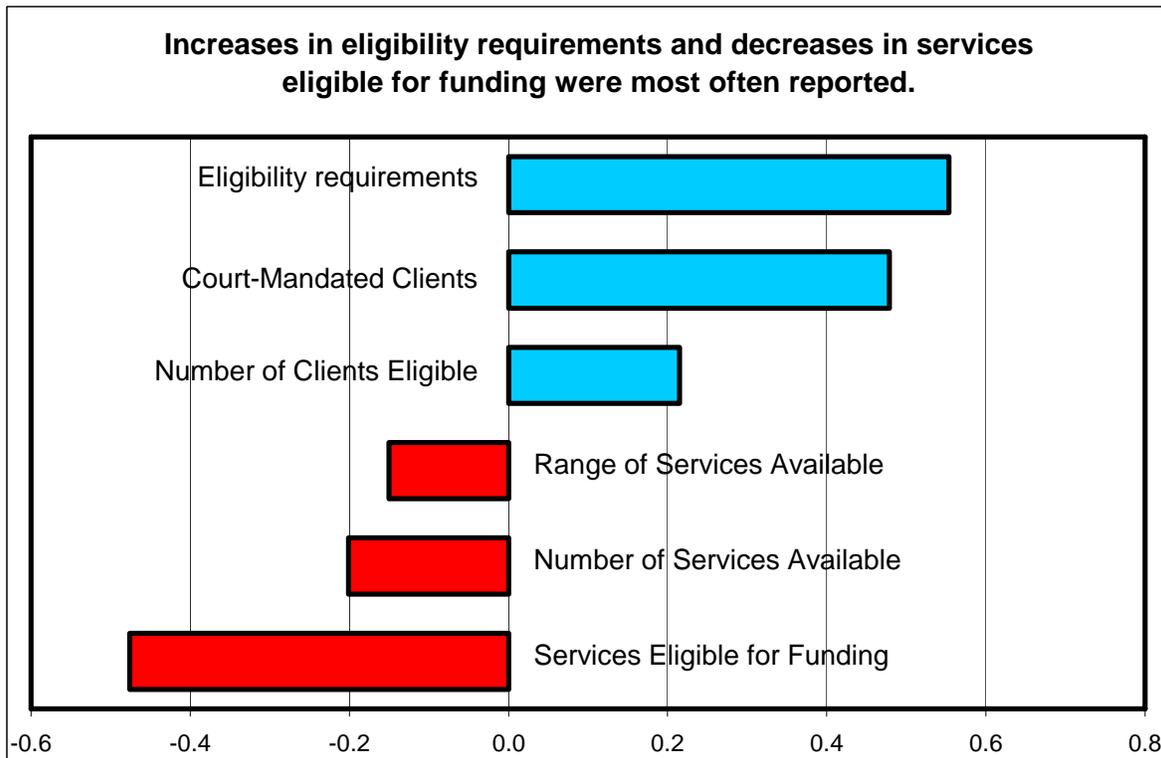
Figure 2. Changes in Selected Aspects of Social Work Practice, by Employment Sector
 [Scale: -2 = Decreased to +2 = Increased]



Changes in the Service Delivery System

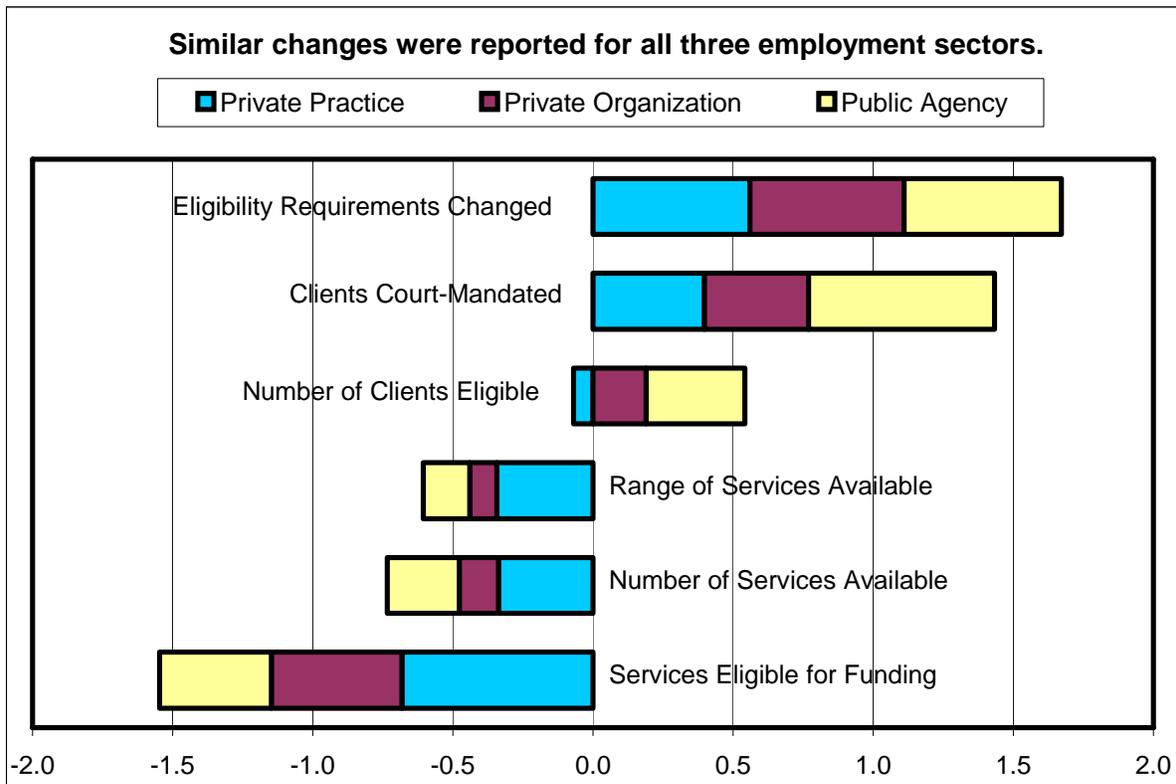
The changes in the service delivery system reported by social workers were generally more moderate than those reported for social work practice. Figure 3 shows that, on average, responses indicated that eligibility requirements had increased, the percentage of clients receiving services mandated by the court or a condition of some program increased, and the number of clients eligible for services increased. At the same time, respondents reported that the range and number of services available and especially the number of services eligible for funding had decreased.

Figure 3. Average Reported Changes in Selected Aspects of the Social Work Service Delivery System
[Scale: -2 = Decreased to +2 = Increased]



There was noticeable variation in responses by sector of employment, with social workers in private practice reporting the greatest decreases in the range and number of services available and the number of services eligible for funding, and with social workers in public-sector agencies reporting the greatest increases in the number of clients eligible for services and the proportion of court-mandated clients. Figure 4 shows the patterns graphically.

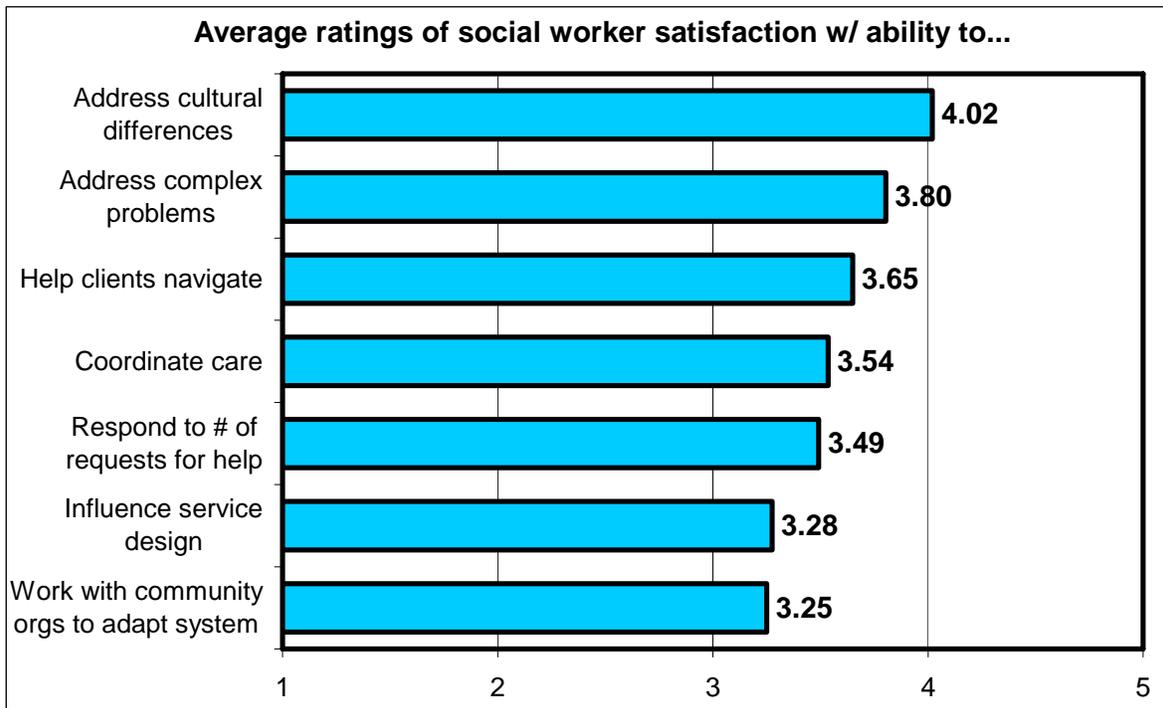
Figure 4. Average Reported Changes in Selected Aspects of the Social Work Service Delivery System, by Employment Sector
 [Scale: -2 = Decreased to +2 = Increased]



Licensed Social Worker Perspectives on Skills and Efficacy

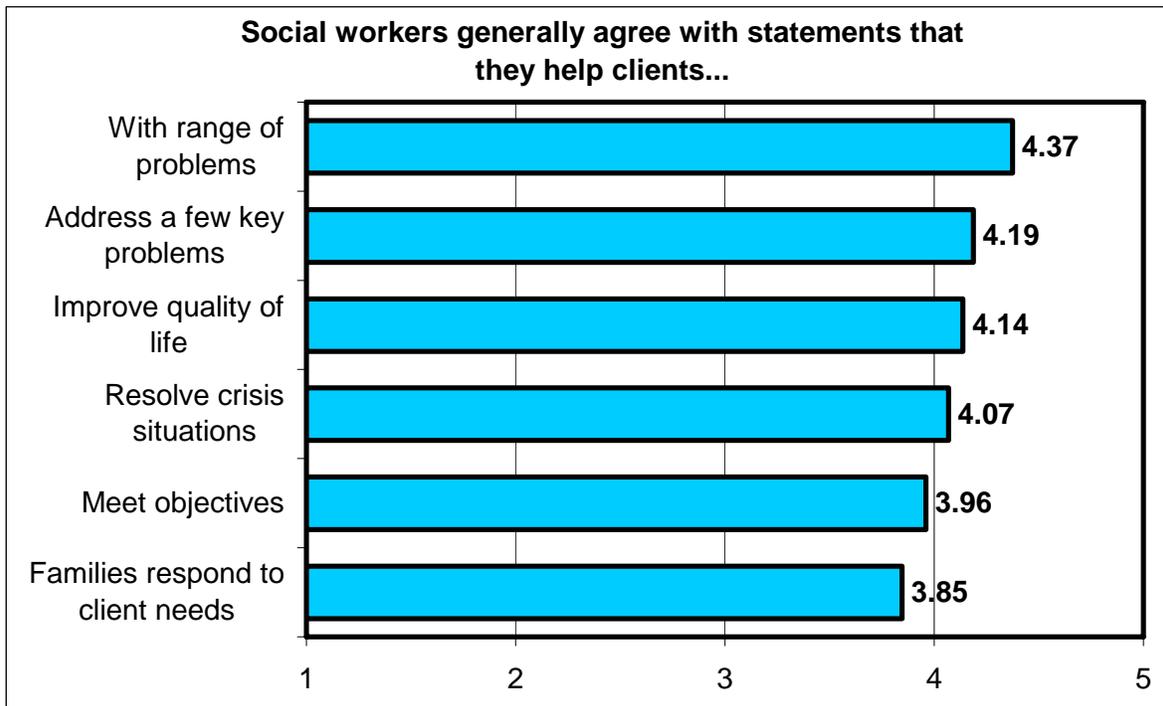
On average, social workers reported that they were satisfied with their abilities and skills on a number of different dimensions of social work practice. Figure 5 shows that they were most satisfied with their ability to address cultural differences and address complex problems, and least satisfied with their ability to influence service design and to work with community organizations to adapt the service delivery system.

Figure 5. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Social Work
 [Scale: 1 = Never to 5 = Always]



Social workers were also, on average, positive in their assessments of what they accomplished for their clients. As can be seen in Figure 6, they were most likely to agree that they helped clients with a range of problems and that they helped clients to address a few key problems, and least likely to agree that they helped client families respond to client needs. Even the lowest average score, however, was close to the equivalent of 4 on a 5-point scale, indicating that social workers were generally satisfied with what their efforts were able to accomplish.

Figure 6. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Helping Clients
 [Scale: 1 = Never to 5 = Always]



Satisfaction by gender. Social workers did not differ greatly by gender in their feelings about their skills and efficacy. Women indicated significantly higher agreement than men with the statement that they helped clients with a range of problems, while men agreed significantly more than women that they were able to effectively respond to the number of requests for help and that they were able to influence service design.

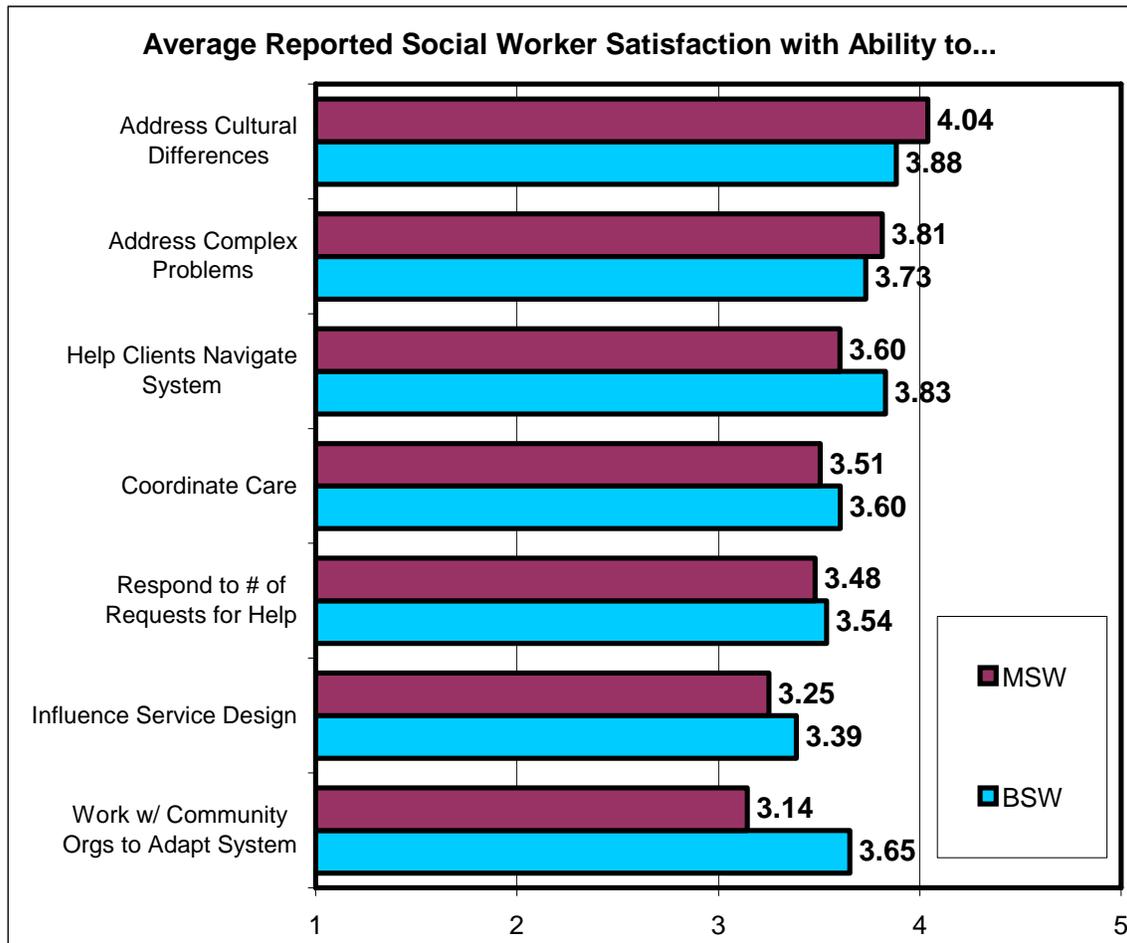
Satisfaction by age. Social worker age was positively related to the perception that they improved quality of life for clients, helped clients meet objectives, helped clients with a range of problems, helped clients address a few key problems, and responded effectively to the number of requests for help. Older social workers were also more satisfied with their ability to address complex problems, the amount of time they spent with clients, and their ability in cultural differences. Younger social workers, however, were significantly more likely to feel that they helped families respond to client needs.

Satisfaction by race/ethnicity. Generally, non-Hispanic White social workers seemed least satisfied with their abilities and their effect on clients. They indicated significantly less agreement than Black, Hispanic, or Asian social workers that they helped improve the quality of life of their clients, that they were satisfied with their ability to respond to cultural differences, and that they were satisfied with their ability to coordinate care between the medical and mental health community. They also indicated less agreement than Black and Hispanic social workers that they are satisfied with their ability to help clients navigate through the social services system

and less agreement than Black social workers that they worked with community organizations to adapt the service delivery system. Non-Hispanic White respondents were also less satisfied with their ability to influence service design and less satisfied than Asian social workers that they helped clients address one or two key problems and that they helped families respond to client needs.

Satisfaction by degree. There were apparent relationships between the reported satisfaction with abilities in various tasks and highest social work degree, but they were not always in the direction one would expect (Figure 7). BSWs were more satisfied than MSWs with their abilities in almost every competency described, except for addressing cultural differences and addressing complex problems. Differences were strongest for factors related to relationships between agencies (e.g., helping clients navigate the system, influencing service design, working with community organizations to adapt the system, and coordinating care).

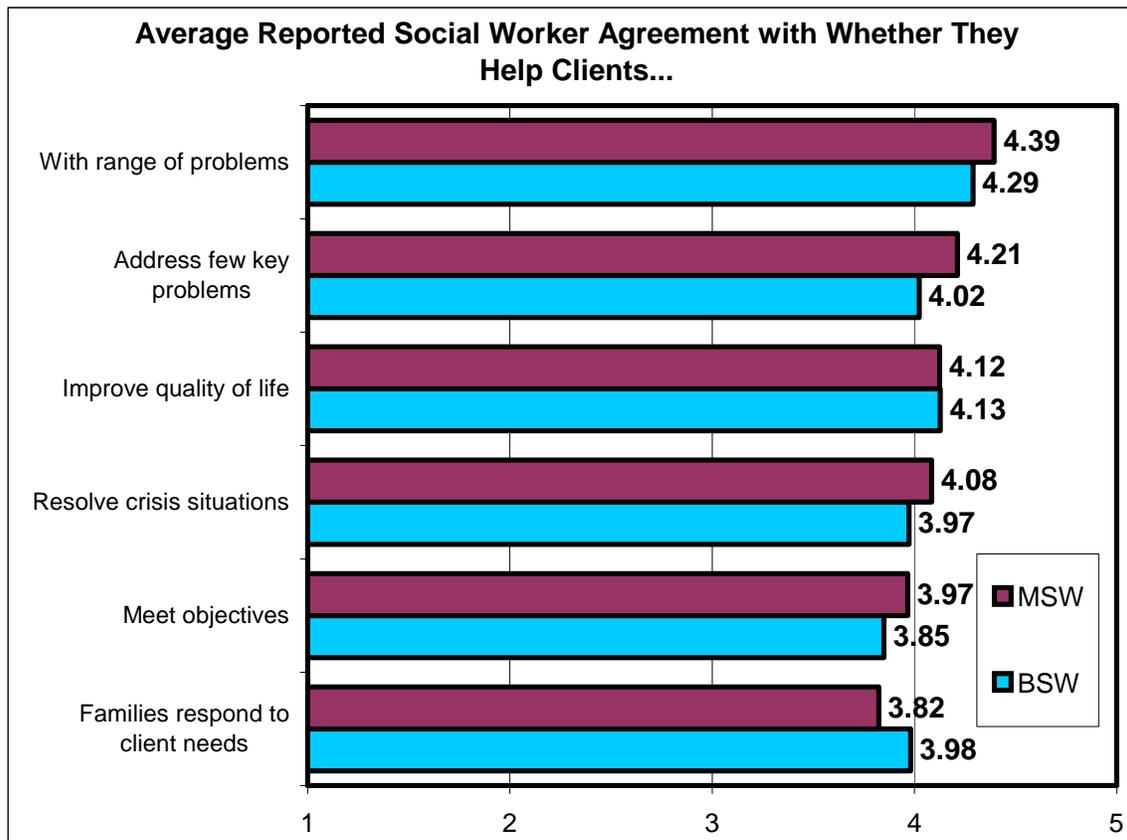
Figure 7. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Helping Clients, by MSW and BSW
[Scale: 1 = Never to 5 = Always]



A somewhat different pattern emerged when examining social worker attitudes about their own performance. Figure 8 shows that MSWs tended to have more positive opinions about whether

they helped clients in a variety of ways. The single exception to this pattern was that BSWs were more positive about whether they were able to help client families respond to client needs.

Figure 8. Average Ratings of Agreement by Licensed Social Workers with Selected Statements About Helping Clients, by MSW and BSW
 [Scale: 1 = Never to 5 = Always]



Satisfaction by experience. Although it seemed probable that attitudes would vary by years in practice, with more experienced social workers rating their skills and efficacy more positively, there were not significant differences on many of the variables. More experienced social workers expressed agreement with the statements that they helped clients meet objectives, that they addressed a few key problems, that they addressed complex problems, and that they were satisfied with the amount of time they have to spend with clients. On the other hand, they expressed significantly less agreement with the statements that they helped families respond to client needs and that they were satisfied with their ability to coordinate care.

Satisfaction by employment sector. Satisfaction with abilities in various aspects of social work varied significantly by sector, with social workers in private practice tending towards greater agreement, except in matters of working with community agencies and helping clients navigate the service delivery system, in which social workers in public-sector agencies reported the greatest satisfaction.

Attitudes about efficacy in social work practice also varied by employment sector, with social workers in private practice consistently expressing more satisfaction than other social workers

with their ability to help clients. The exceptions were that they were not significantly more or less likely to agree that they help clients resolve crisis situations, and were in fact less likely than social workers in other sectors to agree that they helped client families respond to client needs. There was less variation between social workers in private-sector organizations and those in public-sector agencies, but generally private-sector social workers expressed more satisfaction with their efficacy than public-sector social workers.

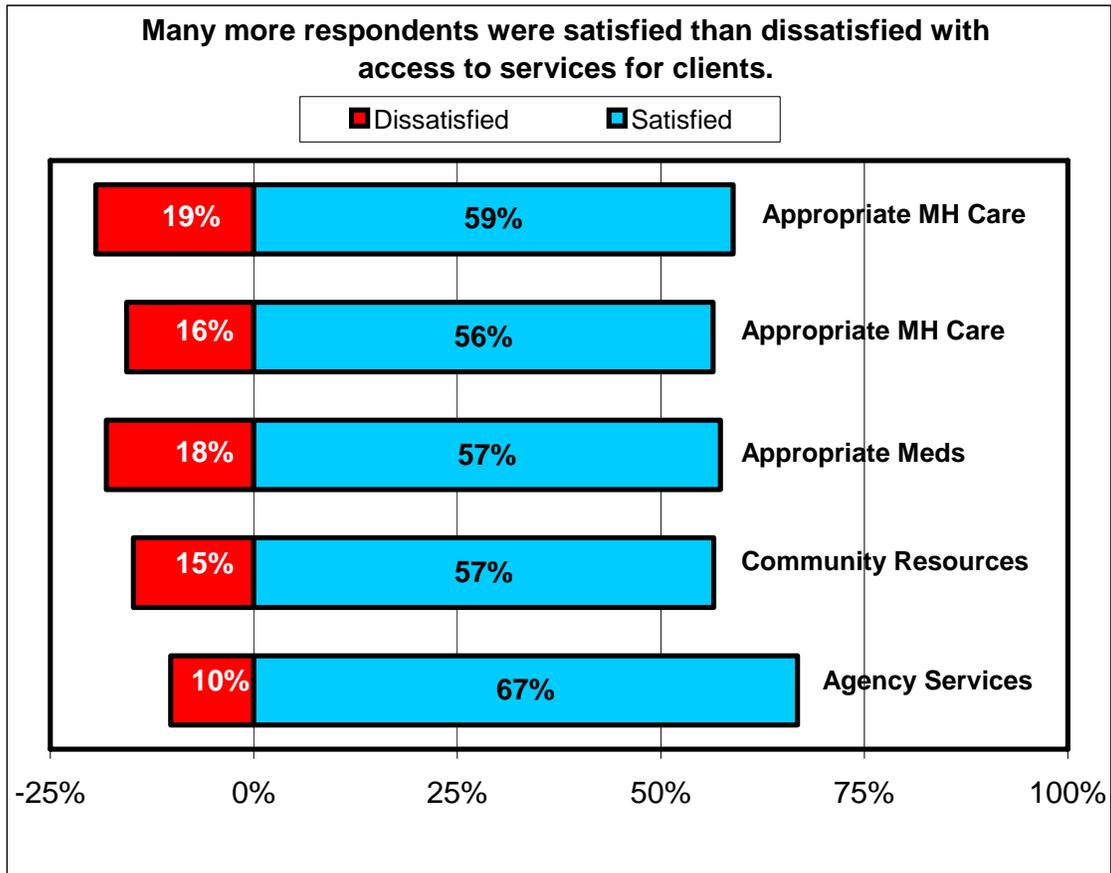
Appropriateness of tasks. Most social workers (54%) felt that their tasks were well-matched to their training, but 13% reported that they were asked to do tasks below their training, and 34% reported that they were asked to do tasks above their training. This varied somewhat by practice area, with social workers in the areas of aging and developmental disabilities reporting the best match between tasks and training. Social workers in the practice area of criminal justice were most likely to report their tasks being above their training, followed by social workers in mental health, higher education, and adolescents. There was no practice area in which the average response indicated that tasks were notably below one's training.

The appropriateness of education to tasks also varied significantly by sector, with social workers in private practice most likely to report tasks were above their level of training, and social workers in public-sector agencies reporting being closest to their level of training. Respondents in most settings reported that their tasks were on average close in appropriateness to their training, with the exception of social workers in hospices, 39% of whom felt that their tasks were above their level of training. There were not significant differences in how well tasks matched to training by highest social work degree or by years experience.

Satisfaction with Access to Resources and Time Available

Satisfaction with access to resources. Figure 9 shows that between 67% and 57% of social workers reported being satisfied with their ability to access various services for clients. Social workers were most satisfied with their access to agency services for their clients, with 67% reporting satisfaction overall. This was followed by access to appropriate mental health care, with 59% satisfied, and access to appropriate medication, medical care, and community resources, all with 57% satisfied. Reported dissatisfaction ranged from 19% in access to appropriate mental health care to 10% in access to agency services.

Figure 9. Percentages of Licensed Social Workers Reporting Satisfaction or Dissatisfaction with Ability to Access Services for Clients



Satisfaction with access to resources for one’s clients varied significantly by employment sector. Social workers in public agencies were significantly less satisfied than social workers in private /nonprofit-sector organizations with their access to appropriate medication and medical care.

Social workers in private practice were significantly more satisfied with their access to medications and mental health care than other social workers, and more satisfied with their access to medical care than social workers in public-sector agencies, but were significantly less satisfied than both other groups with their access to agency services.

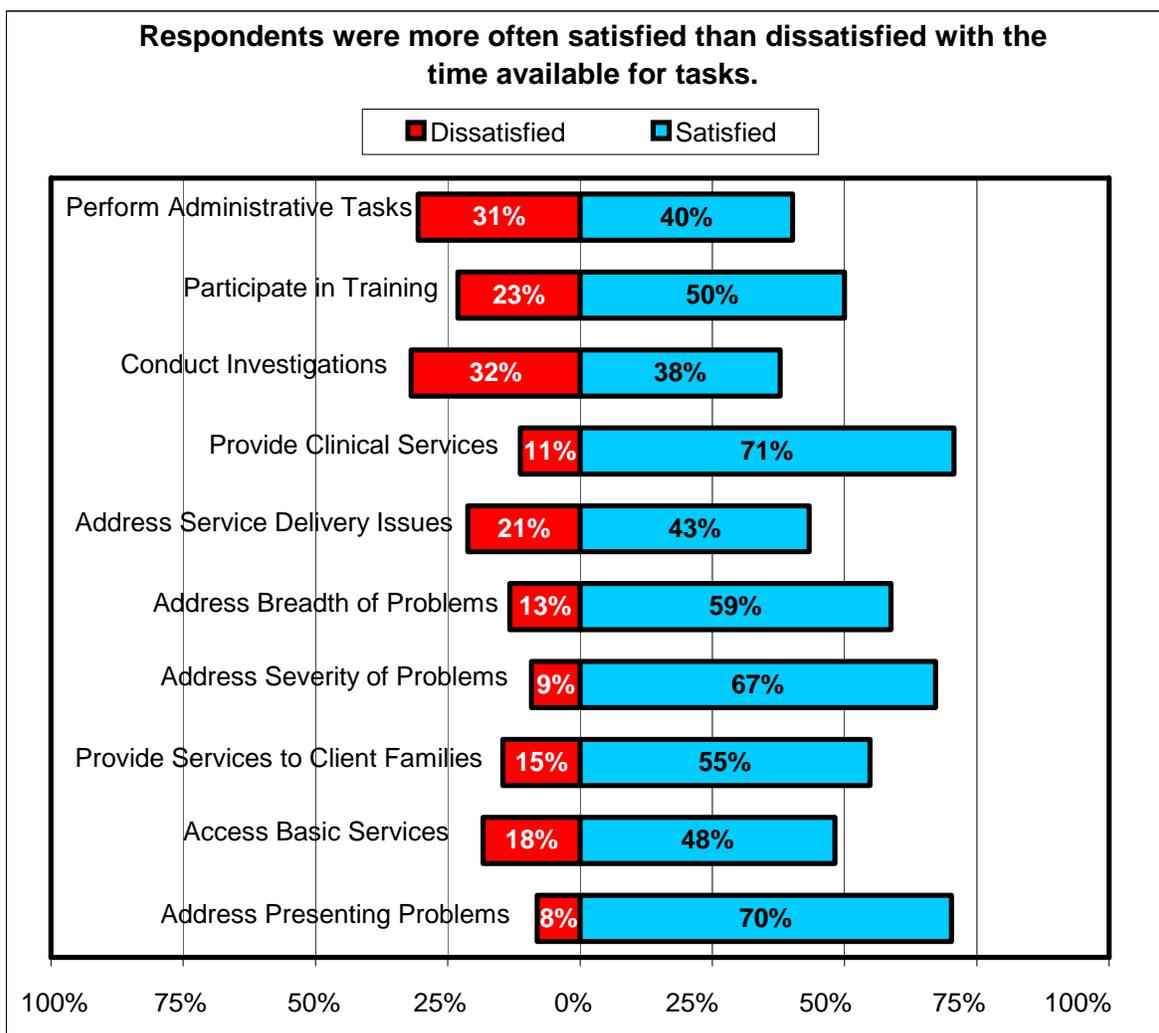
Satisfaction with access to resources also varied by setting. Social workers in hospices were most satisfied with their access to both agency services and community resources, while social workers in psychiatric hospitals were least satisfied. Social workers in schools were least satisfied with their access to appropriate medications and medical care, while social workers in hospices were again the most satisfied. Hospital social workers were least satisfied with their access to appropriate mental health care, while those in behavioral health clinics were most satisfied.

There were no significant differences between BSWs and MSWs in terms of their satisfaction with access to medication and medical care, although years experience was positively correlated

with both. BSWs were significantly more satisfied with their access to agency services and community resources for their clients, however, while MSWs were significantly more satisfied with their access to appropriate mental health care. Years experience was not significantly correlated to access to agency services, community resources, or mental health care.

Satisfaction with time available. Figure 10 shows that between 38% and 71% of social workers reported satisfaction with the time available to them for various tasks, with the most satisfaction reported for time to provide clinical services and the least satisfaction reported for time to conduct investigations. Reported dissatisfaction ranged from 8% (time to address presenting problems) to 32% (time to conduct investigations).

Figure 10. Percent of Social Workers Satisfied or Dissatisfied with Time Available for Selected Tasks



Time available, education, and experience. Education and experience were significantly correlated with satisfaction with time available. MSWs were significantly more satisfied than BSWs with their time to address presenting problems, severity of problems, and breadth of

problems, and to provide clinical services. BSWs, on the other hand, were more satisfied with their time to provide basic services and to conduct investigations. More experienced social workers expressed more satisfaction with time to address presenting problems, severity of problems, and breadth of problems; to provide clinical services; to provide services to client families; and to participate in training and perform administrative tasks.

Time available and practice area. Satisfaction with the time available for selected tasks varied by practice area. Highlights are presented below.

- Higher education social workers were the most satisfied with the time available to them for every one of the ten tasks listed on the survey questionnaire.
- Child welfare/family social workers were the least satisfied with time to address presenting problems, to address breadth of problems, and to address service delivery issues.
- Criminal justice social workers were the least satisfied with time to access basic services and time to provide services to client families.
- School social workers were least satisfied with their time to address severity of problems and to perform administrative tasks.
- Social workers in developmental disabilities were least satisfied with their time to provide clinical services and participate in training.
- Social workers in addictions and mental health were least satisfied with their time to conduct investigations.

Time available and employment sector. Satisfaction with the time available for selected tasks also varied by employment sector. Some highlights are presented below.

- Generally, social workers in private/nonprofit-sector organizations reported significantly more satisfaction with their time than those in public-sector agencies, although there were no significant differences in their time to conduct investigations, participate in training, or perform administrative tasks.
- Social workers in private practice were significantly more satisfied with other social workers in their time for all tasks except for time to access basic services (which was significantly lower for those in private practice), and time to conduct investigations, which was not significantly different.

Time available and employment setting. Satisfaction with the time available for selected tasks also varied by employment setting. Some highlights are presented below.

- Social workers in hospice settings reported the highest average satisfaction with their time to perform all tasks except for conducting investigations, in which nursing home social workers were most satisfied.
- Social service agency social workers were least satisfied with their time to address presenting problems, severity of problems, and breadth of problems.
- Social workers in behavioral health clinics were least satisfied with their time to access basic services and conduct investigations.

- Social workers in schools were least satisfied with the time available to provide services to client families and perform administrative tasks.
- Hospital social workers were least satisfied with their time to address service delivery issues. Nursing home social workers were least satisfied with their time to provide clinical services. Social workers in psychiatric hospitals were least satisfied with their time to participate in training.

Agency Environment

Survey responses reveal that there were noteworthy differences in the work environments offered by different types of agencies. Tabulations of a variety of different aspects of the agency environment are provided below to suggest some of the important factors.

Supervision. Of the active, licensed social workers who reported that they were supervised, 51% reported that they were not supervised by a social worker. There were no significant differences in the likelihood of being supervised by a social worker by highest degree, although there were significant differences by setting. Social workers were most likely to be supervised by other social workers in social service agencies (68%), and least likely in schools (21%). Social workers in the practice area of child welfare/families were most likely to be supervised by a social worker (69%), and school social workers were least likely (22%), consistent with the finding for practice settings.

Social work colleagues. Although a large number of social workers (27%) worked in settings where there are more than 10 other social workers, nearly as many (23%) work in settings with no other social workers. The most common number of other social workers reported by respondents was between one and five social workers (35%). The number of other social workers in one's practice setting was related to whether or not one is supervised by a social worker. Twenty-three percent of those who reported being supervised by a non-social worker were the only social worker in their setting, compared to only 5% of those supervised by a social worker. Similarly, 45% of those supervised by a social worker reported that they worked with more than ten other social workers, compared to only 20% of those supervised by a non-social workers.

Nursing home social workers and school social workers reported working with the fewest other social workers, with 30% in both settings being the only social worker at their job site. Social workers in social service agencies and psychiatric hospitals reported working with the most other social workers, with 50% of each group working with more than ten other social workers.

*Agency participation in professional development programs.*¹ The most common type of professional development program in which social workers' agencies participated in was professional development (72%), followed by student internships (70%) and best practices training (36%). Thirty-one percent of social workers reported that their agency participated in evaluation research, and 19% say that their agency participated in clinical research. Only 17% reported that their agency participates in demonstration programs.

Public agencies were more likely to participate in student internships and best practices training, whereas private-sector organizations were more likely to participate in clinical research. Demonstration programs were most common in hospice programs (75%), while student

¹ These figures only include social workers who work in an agency/organizational setting, and excludes those in private practice.

internships were most common in psychiatric hospitals (86%). Clinical research was most common in hospitals and psychiatric hospitals (38% and 36%, respectively), while best practices training was most likely in social service agencies (51%). Program evaluation research was most common in behavioral health clinics (35%) and psychiatric hospitals (34%), and professional development programs were most common in schools (78%) and social service agencies (77%).

Job safety. Forty-four percent of social workers reported that they faced personal safety issues on the job, and of these, 70% report that these safety issues were adequately addressed by their employer. Social workers in criminal justice were most likely to report personal safety issues (67%), followed by those in child welfare/family and addictions (both 52%). Those in higher education and aging were least likely to report personal safety issues (13% and 32%, respectively). Of those reporting safety issues, those in medical health were most likely to say that their issues had been addressed (84%), while those in child welfare/family were least likely (61%).

Psychiatric hospitals were rated the least safe place to work, with 81% of social workers in this setting reporting personal safety issues, followed by hospices (58%). Nursing homes, in contrast, appeared to be the safest places, with 27% of social workers reporting safety issues. Of those social workers reporting safety issues, hospice social workers were the most likely to report that their issues were addressed (89%), followed by those in nursing homes (84%). Social workers in social service agencies were least likely to report that these issues had been addressed (58%), followed by social workers in schools (64%).

Vacancies. A majority of social workers reported that vacancies were not common in their agency, with 19% indicating that vacancies were common and 29% indicating that they were “somewhat common”. A slight majority (53%) reported that vacancies were either difficult (21%) or “somewhat difficult” (32%) to fill.

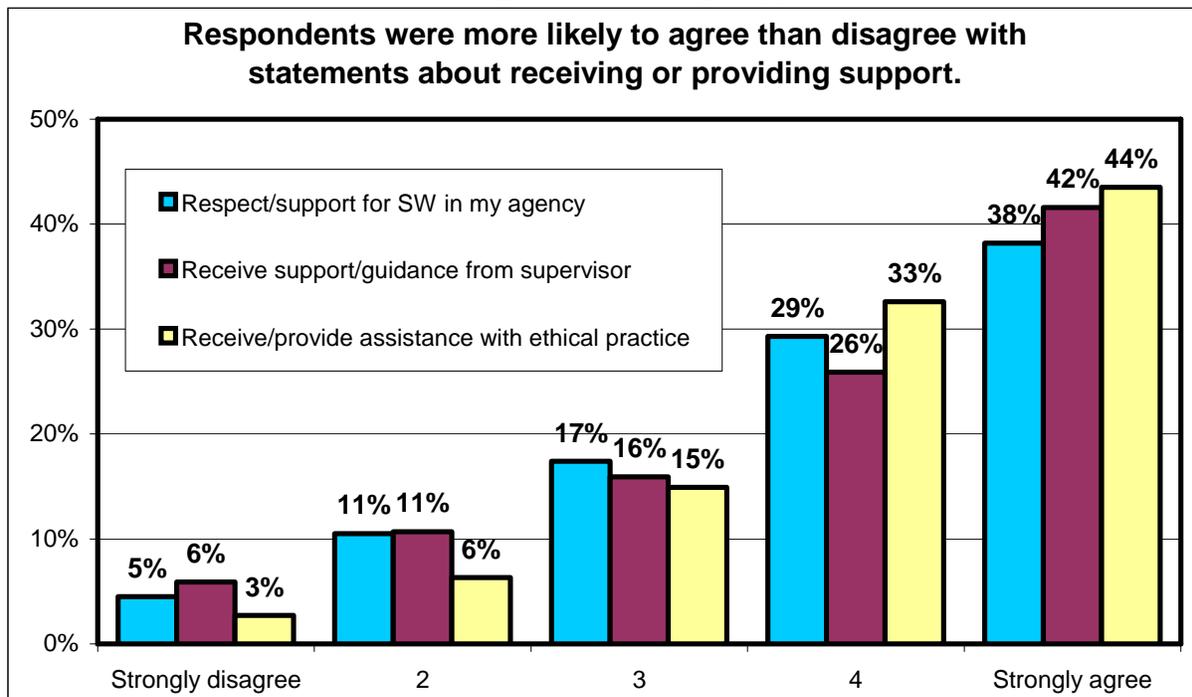
Use of non-social workers. Of those social workers who were able to report² whether or not their employers recruited non-social workers for social work vacancies or outsourced social work functions, 27% reported the recruitment of non-social workers, and 20% reported outsourcing of social work functions. Both of these practices were somewhat more common in the public sector. Social workers in state and local government agencies were most likely to report that non-social workers were recruited for social work jobs (32% and 31%, respectively), while this practice was least common in the military (10%) and federal government agencies (12%). Outsourcing of social work functions, in contrast, was most common in the military (41%), followed by local government (34%). Private Not-for-Profit and Private For-Profit agencies were least likely to outsource social work functions (14% each).

Across settings with at least 15 responses, Criminal Justice Agencies and Case Management Agencies – Other were most likely to recruit non-social workers (both at 51%). Criminal Justice Agencies and Social Service Agencies were most likely to outsource social work functions (40% and 34%, respectively). Hospices and hospitals were least likely to recruit non-social workers (10% and 16%, respectively). Nursing Homes and Hospices were least likely to outsource social work functions (7% and 6%, respectively).

² Percentages are calculated excluding social workers who reported “don’t know” and respondents in private practice.

Support and guidance. Social workers were generally positive about the supportiveness of their work environment (Figure 11). Thirty-eight percent strongly agreed that there was respect and support for social work services in their agency, 42% strongly agreed that they received support and guidance from their supervisor, and 44% strongly agreed that they received and/or provided assistance on issues of ethical practice in the workplace. Only 16% indicated any disagreement about social work services being supported in their agency, and only 17% indicated any level of disagreement about receiving support and guidance from their supervisor. Only 9% indicated any disagreement about receiving or providing assistance with issues of ethical practice.

Figure 11. Percentages of Respondents Agreeing with Selected Statements About Receiving and Providing Support



Question 46

There was, however, significant variation in these ratings by employment setting. Social workers in psychiatric hospitals and hospices reported the least support for social work services and the least support from their supervisor, while those in behavioral health clinics reported the most. Social workers in behavioral health clinics also reported the most guidance on ethical issues, while those in schools and psychiatric hospitals reported the least support.

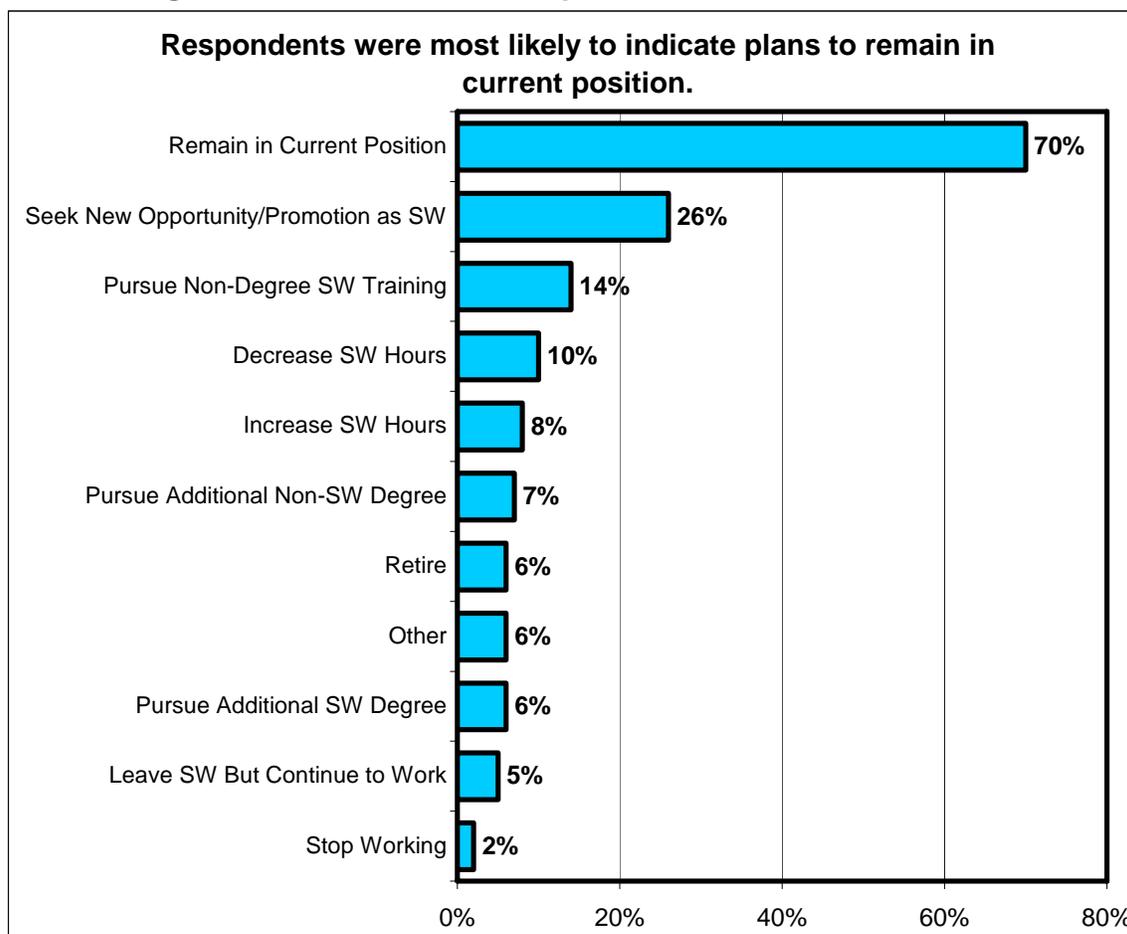
There was also variation in support by practice area. Social workers in mental health reported the most support for social work and the most support from their supervisor. Those in criminal justice reported the least support for social work, and those in higher education and school social work felt the least supported by their supervisor. Those in higher education did, however, give or receive the most assistance with ethical practice, while those in criminal justice experienced the least.

Career Plans of Licensed Social Workers

Career plans provide insights about the reasons that licensed social workers are thinking about leaving the social work profession. Question 47 asked respondents to mark all that apply, so that the response categories summarized below are not mutually exclusive.

Career plans. When asked about career plans in the next two years, the most frequent response from social workers (70%) was to remain in their current position (Figure 12). Twenty-six percent reported they would seek a new opportunity or a promotion as a social worker, and 14% planned to pursue additional non-degree training. Although 5% wanted to leave the field of social work to do other work and 6% planned to retire, relatively few wanted to leave the workforce by means other than retirement (2%).

Figure 12. Career Plans of Respondents in the Next Two Years



Career plans by gender. Although the career plans of men and women over the next two years looked very similar, women were more likely than men to plan to pursue non-degree training in social work and to increase their social work hours. Men, on the other hand, were more likely to plan to retire (8% of men versus 5% of women), which is consistent with the fact that the proportion of respondents who were men was larger in older age groups.

Career plans by race/ethnicity. There were some striking differences in career plans between non-Hispanic Whites and minority social workers, particularly Black/African Americans. African Americans were less likely than Whites to say that they planned to remain in their current position (54% compared to 72%), and more likely to say that they planned to seek a new opportunity/promotion (40% compared to 24%) or to leave the field of social work but continue to work (10% compared to 4%). Both African American and Hispanic/Latino social workers were more likely than Whites to report plans to pursue an additional social work degree or non-social work degree.

Career plans by degree. There were few significant differences in career plans between BSWs and MSWs. BSWs were more likely than MSWs to report that they planned to seek a new opportunity or promotion in the next two years (27% compared to 14%).

Career plans by age. Career plans varied based on social worker age. The reported desire to remain in one's current position increased steadily from 54% among those ages 25 and under to 76% among those ages 55-64, but then dropped to 65% among those ages 65 and up. Plans to retire in the next two years were first reported among those ages 35-44 (1%), and increased steadily to 34% of those ages 65 and up. Plans to increase social work hours peaked for the 35-44 age group at 10%, while plans to decrease hours fluctuated more (peaking at 26-34, when some social workers may be planning families, and again at age 55-64 when they may be planning retirement). There was no steady pattern for those who planned to leave social work but continue to work, or for those who planned to leave the workforce other than by retirement.

Plans for career development tended to decrease with age. Thirty-one percent of social workers age 25 and under planned to pursue an additional social work degree, but this dropped to 14% among those ages 26-34, and then to 7% among those ages 35-44. Only 2% of those over the age of 55 planned to pursue an additional social work degree. A similar pattern was observed for plans to pursue a non-social work degree, to pursue non-degree social work training, or to seek a new opportunity or promotion as a social worker.

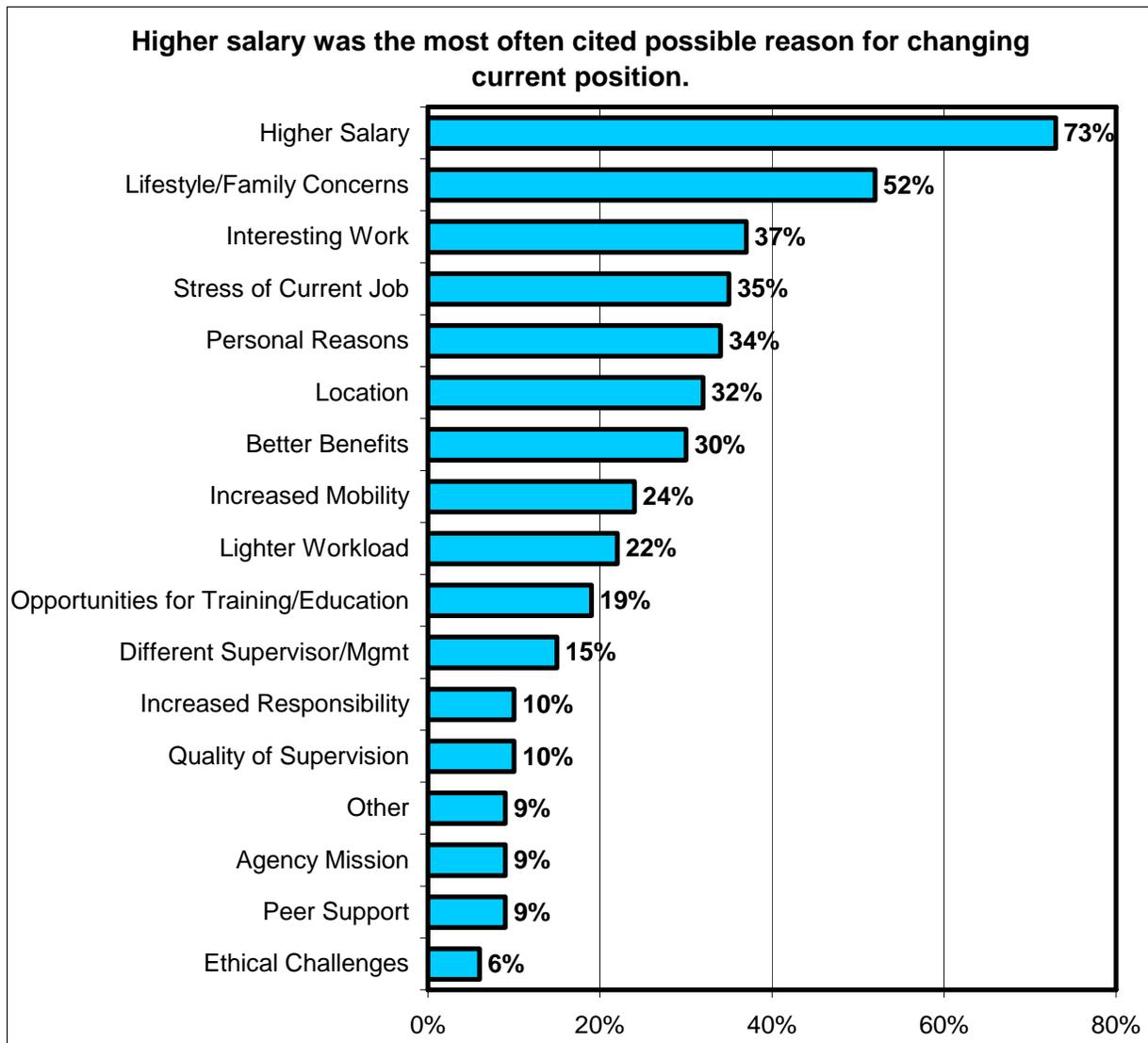
Career plans by practice area. There was also wide variation in career plans by practice area. Plans to remain in one's current position ranged from 79% among school social workers to 54% among addictions social workers. Plans to increase hours were most common among social workers serving adolescents (12%) and least common among school social workers, aging social workers, and medical health social workers (all 5%). Plans to decrease hours were most common among addictions social workers (17%) and least common among criminal justice social workers (4%). Seven percent of criminal justice social workers planned to leave the field of social work to do other work, compared to only 2% of higher education social workers, and 10% of higher education social workers planned to retire, followed by 9% of aging social workers, compared to only 3% of adolescents social workers.

Plans to seek a new opportunity or promotion ranged from 41% among addictions social workers to 12% among higher education social workers. Plans to pursue an additional social work degree were highest among child welfare/family social workers (11%) and lowest among mental health social workers (3%). Plans to pursue an additional degree in an area other than social work were highest in criminal justice and lowest in higher education. Variation was moderate in plans to pursue social work non-degree training, ranging from 18% for social workers serving adolescents to 11% for social workers in medical health.

Career plans by sector. In terms of variation by sector, social workers in private practice showed a profile of overall satisfaction. They were most likely to plan to remain in their current position (82%), pursue additional non-degree social work training (16%), and/or increase their hours (16%). Social workers in private-sector organizations and public-sector agencies were less likely to plan to remain in their current position (both 68%), and were more likely to plan to seek a new opportunity or promotion (29%), and were less likely to plan to increase their hours (8% of private-sector social workers and 4% of public-sector social workers). Eight percent of public agency social workers plan to retire in the next two years, compared to 6% of those in private practice and 4% of those in private-sector jobs.

Factors in career plans. Figure 13 shows that the factors most frequently cited as an important influence on decisions to change current positions were higher salary (73%), lifestyle/family concerns (52%), more interesting work (37%), and stress of the current job (35%).

Figure 13. Percentage of Respondents Indicating That Selected Factors Would Influence a Decision to Change Their Current Position



Career plan factors by gender. Although there were few gender differences in career plans, there were several significant differences in the factors that would motivate male or female social workers to change positions. Men were more likely to say that they would change positions for more interesting work, increased mobility, location, or agency mission. Women were more likely to say that they would change positions due to lifestyle/family concerns, quality of supervision, or stress of current job.

Career plan factors by race/ethnicity. Black/African American social workers were more likely than Whites to cite several factors that would influence a decision to change position: higher salary (81% compared to 72%), opportunities for education or training (26% compared to 18%), ethical challenges (11% compared to 6%), and increased mobility (26% compared to 18%). Hispanic/Latino and Asian social workers were also significantly more likely than Whites to cite mobility as a potential reasons for changing (26% and 22%, respectively).

Career plan factors by age. There were also clear patterns of factors being more or less important to various age groups. The importance of increased mobility steadily declined with age. Similarly, the importance of a different supervisor or management declined with age, from 23% among the youngest social workers to 6% among the oldest. Opportunities for training and education also became less important with age, as did lifestyle/family concerns, peer support, quality of supervision, and stress of current job. Salary concerns peaked among the 26-34 age group, and declined steadily from there.

A few factors appeared to become greater concerns as social workers aged. Personal reasons were cited by 27% of social workers under the age of 35, but increased steadily to 55% of those ages 65 and older. Similarly, ethical challenges became more important, and were mentioned by 7% of social workers 45-64, compared to 4% of social workers age 25 and under. Concern with benefits and agency mission peaked among those ages 35-44 before falling in importance for older social workers.

Career plan factors by degree. BSWs and MSWs did not significantly differ in most of the factors that would influence a decision to change careers. There were striking differences, however, in a few key factors. BSWs were much more likely than MSWs to report that they would be influenced to change positions by higher salary (72% compared to 47%), lifestyle/family concerns (53% compared to 34%), stress of current job (34% compared to 16%), or opportunities for training or education (19% compared to 8%).

Career plan factors by practice area, sector, and setting. Social workers did not appear to differ substantially by practice area or setting in the factors they felt would influence them to change positions. Although there was variation between employment sectors in the reasons that social workers indicated would influence them to change jobs, the top two reasons given in all three major sectors were higher salary and lifestyle/family concerns (the latter reason being first for social workers in private practice and second for other social workers). The third reason given by social workers was personal reasons in private practice, more interesting work in private-sector organizations, and stress of current job in public-sector agencies.

Most reasons given were similar for social workers in the public sector and the private sector, but increased mobility was cited by 30% of social workers in public agencies compared to only 24% of social workers in private-sector organizations, and better benefits were cited by 35% of social workers in private-sector organizations compared to only 24% of social workers in public-sector agencies.

Who Plans to Leave Social Work?

Of those social workers who planned to remain in the labor force in the next two years, 4% reported that they planned to leave social work but continue to work. This is an important group to examine because presumably they plan to leave due to dissatisfaction of some sort with social work as a career.

Demographics. Social workers who reported plans to leave social work but continue working differed somewhat from those who planned to continue working in social work³ in their age distribution. They were more likely to be ages 26-34 (21% of those who planned to leave compared to 17% of those who did not), and were less likely to be ages 55-64 (13% of those who planned to leave compared to 22% of those who did not). In fact, those ages 55-64 were less likely than any other age group to report plans to leave the field of social work but continue to work (2% compared to 4% for social workers overall).

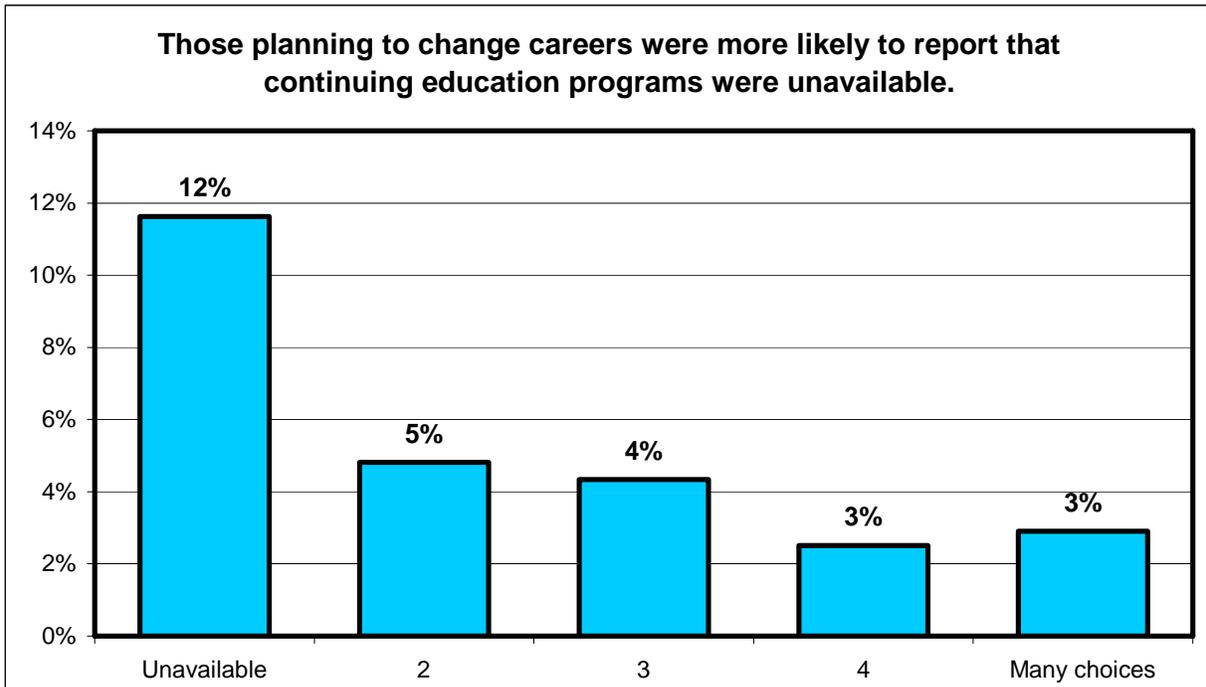
Social workers who planned to leave social work but continue to work were also different from other social workers in their racial/ethnic distribution, with those who reported plans to leave social work being 14% African American compared to 7% of those who planned to continue in social work, and 6% being an “other” race/ethnicity compared to 1% those who plan to continue in social work. Overall, 7% of African American social workers and 13% from “other” race/ethnicity plan to leave social work, compared to only 3% of non-Hispanic White social workers, 4% of Hispanic social workers and 2% of Asian social workers.

Education and background. The greater the level of formal education in social work respondents had, the less likely they were to report plans to leave for another field. Fully 7% of non-degreed licensed social workers planned to leave social work for another line of work within two years, compared to 4% of BSWs, 3% of MSWs, and none of the DSW/PhDs in the study.

Satisfaction with one’s degree and post-degree training was not significantly associated with plans to leave the profession, but the reported availability of continuing education (CE) programs was. Thirteen percent of those who reported that CE was unavailable planned to leave the field for other work, compared to only 3% of those who reported many choices for continuing education (Figure 14).

³ Comparisons exclude those who report planning to leave the labor force completely (e.g. retire or stop working).

Figure 14. Percentages of Respondents Planning to Change Career in Next Two Years, by Reported Availability of Continuing Education Programs



Licensed social workers who plan to leave appear to be lost to the profession early. Those who plan to leave social work for other work were disproportionately in their first four years of practice, compared to those who did not plan to change careers (27% versus 17%).

Employment setting and sector. Plans to change career were most common among those working in a nursing home (8%), social service agency (6%) or hospital (5%). Four percent of social workers in behavioral health clinics and hospices, and 3% of social workers in psychiatric hospitals and clinics reported plans to leave social work. School social workers appeared the most satisfied, with only 1% reporting plans to leave social work for other work. There were not significant differences by sector (e.g., private practice, private organization, or public agency) or by practice area in terms of desire to change careers.

Social workers working only a single, full-time social work job were more likely to report plans to change careers than other social workers (4%), followed by those who work only a single, part-time social work job (3%). Those combining a full-time social work job with a part-time job (either social work or non-social work) were less likely to report plans to leave the field (2%). Social workers working other combinations of jobs (e.g., a combination of part-time jobs or a full-time non-social work job with a part-time social work job) were likely to report plans to leave (4%). Those who plan to leave the field report working significantly more hours per week in their primary job (an average of 37.8 hours) than those who do not (an average of 35.1 hours).

Working in a job where social work licensure was required, being supervised by a social worker, and the number of other social workers at one's primary job were not associated with the likelihood of planning to leave social work for another field. There does not appear to be a

significant difference between those who planned to leave and those who did not in terms of caseload size.

Salary and benefits. Social workers who planned to leave the field rated the adequacy of their salary significantly lower than other social workers, although there were not significant differences between the two groups in their assessment of their benefits. Nearly 10% of social workers who described their salary as “very limited” planned to leave the field, compared to 5% of those who describe their salary as “limited”, 3% of those who describe their salary as “adequate”, and 1% of those who describe their salary as “very adequate”.

Table 1 shows that those who were planning to leave earned a smaller salary (full-time social work only) than those who planned to stay. This was true for almost every level of education and experience.

Table 1. Estimated Average Annual Wages/Salaries of Respondents Planning to Leave or Not Leave Social Work, by BSW and MSW and Years of Experience

SW Degree	Years of Experience	Planning Not to Leave	Planning to Leave
BSW	1 to 4	\$27,760	\$27,000
	5 to 9	\$33,380	\$26,686
	10 to 14	\$35,181	\$33,918
	15 to 19	\$42,419	\$35,169
	20 to 24	\$36,174	\$37,647
	25+	\$38,992	\$32,837
MSW	1 to 4	\$38,280	\$39,183
	5 to 9	\$44,749	\$44,536
	10 to 14	\$45,727	\$39,238
	15 to 19	\$48,540	\$44,186
	20 to 24	\$52,406	\$45,744
	25+	\$51,394	\$49,036

Red estimates are the largest in the respective rows.

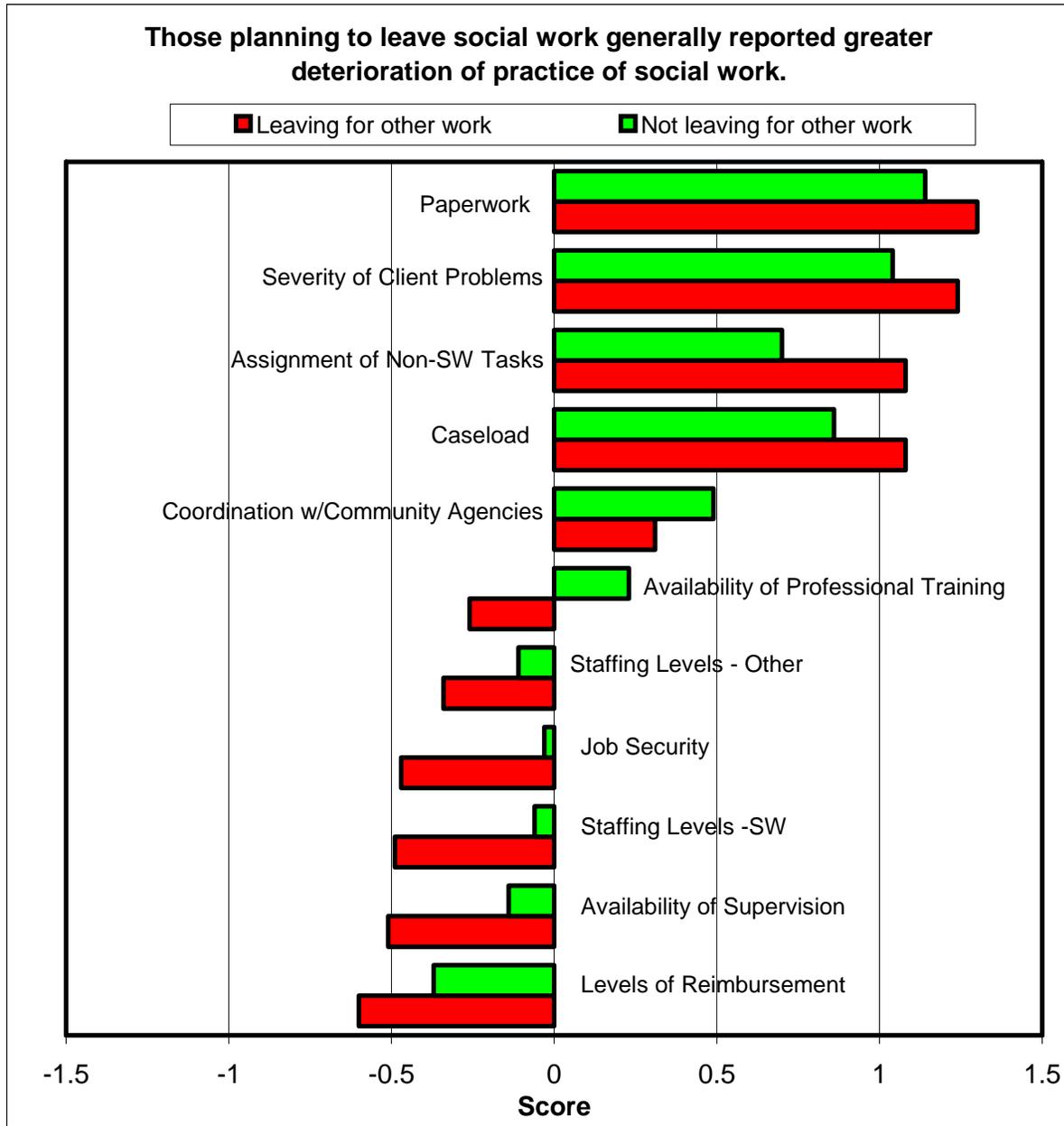
Client populations. Client populations were associated with plans to change careers. Social workers who plan to leave the field were more likely than others to report that most of their clients were not insured (13% versus 7%), and were less likely than others to report that their most common insurance coverage for their clients was private insurance (13% compared to 25%). Six percent of social workers serving a predominantly uninsured population planned to leave in the next two years, compared to less than 2% of social workers serving a predominantly privately-insured population. There were not significant differences in the likelihood that a social worker planned to change careers based upon presenting problems of clients.

Perspectives on social work practice. Figure 15 shows that social workers who planned to leave the field in the next two years were significantly more likely than those who did not plan to leave to report negative changes in the practice of social work over the past two years, including:

- increased caseloads,
- increased severity of client problems,
- decreased levels of reimbursement,
- increased paperwork,
- decreased social worker staffing levels,
- decreased job security,
- decreased availability of supervision,
- increased assignment of non-social work tasks, and
- decreased availability of professional training (social workers who planned to stay in their jobs actually reported an increase in the latter).

Additionally, social workers who planned to leave reported a smaller increase in coordination with community agencies than those who planned to stay.

Figure 15. Ratings of Changes in Selected Aspects of Social Work Practice, by Whether or Not Planning to Leave the Social Work Field
 [Scale: -2 = Decreased to +2 = Increased]



Social workers who planned to leave the social work field also reported a greater increase in the number of court-mandated clients and greater decreases in the range of services available, the number of services available, and services eligible for funding, compared to social workers who planned to remain in their current positions.

Figure 16. Ratings of Changes in Selected Aspects of Social Work Delivery System, by Whether or Not Planning to Leave the Profession [Scale: -2 = Decreased to +2 = Increased]

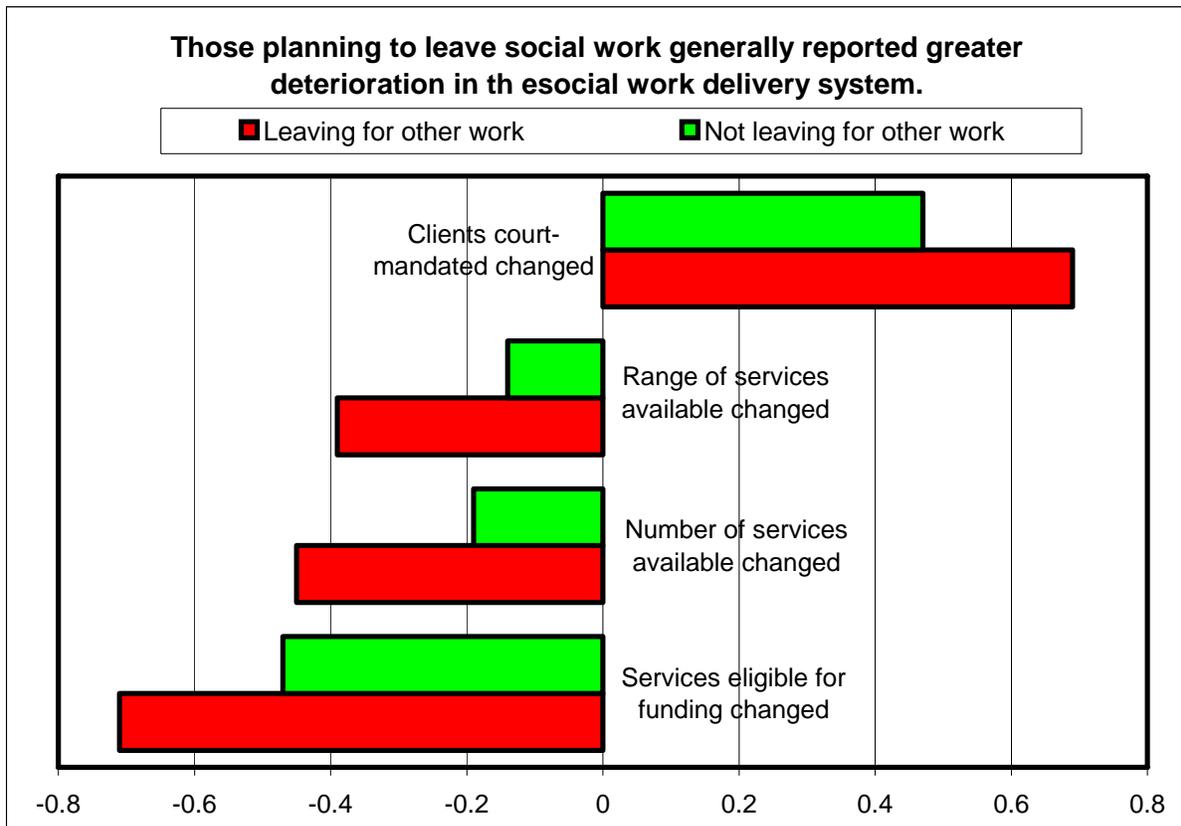


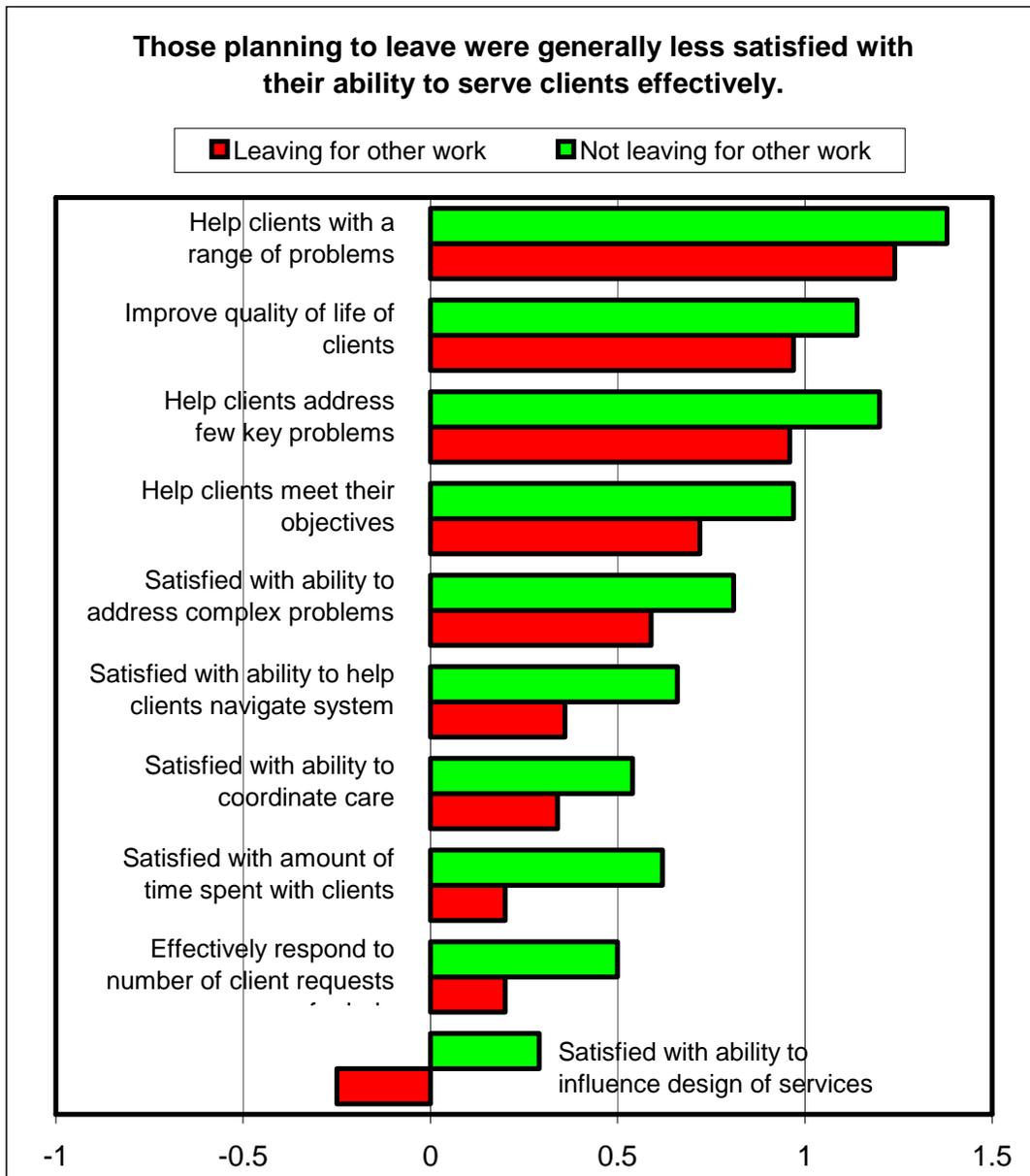
Figure 17 shows that social workers who planned to leave were less likely to agree that they:

- improved quality of life for clients,
- help clients meet objectives,
- help clients with a range of problems,
- help clients address key problems, and
- help client resolve crisis situations.

Figure 17 also shows that they were less likely to agree that they:

- were satisfied with their ability to help clients navigate the service delivery system,
- could effectively respond to the number of requests for help,
- were satisfied with their ability to address complex problems,
- were satisfied with the amount of time they could spent with clients, and
- were satisfied with their ability to influence service design.

Figure 17. Ratings of Agreement with Selected Statements about Social Work Practice, by Whether or Not Planning to Leave the Profession [Scale: -2 = Decreased to +2 = Increased]



Social workers who planned to leave for another field were much more likely than other social workers to report that they were assigned tasks below their training (29% compared to 9% of those who planned to stay in their jobs), while those who planned to stay in their jobs were much more likely to report that they were assigned tasks above their training (36% compared to 26% of those who planned to leave social work). Figure 18 shows that social workers who planned to leave the field were also less satisfied with their access to three types of resources (agency resources, medical care, and mental health care) than those planning to remain in their jobs.

Figure 18. Satisfaction with Access to Selected Social Work Services for Clients, by Whether or Not Planning to Leave the Profession
 [Scale: 1 = Not at All to 5 = Very]

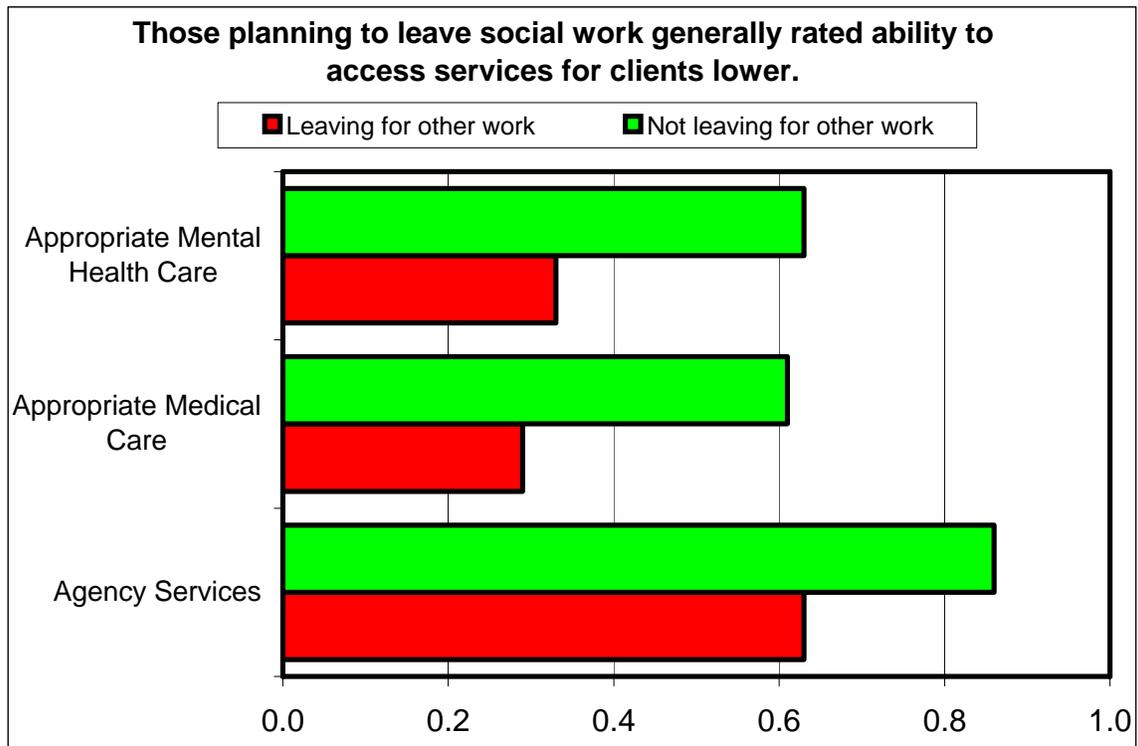
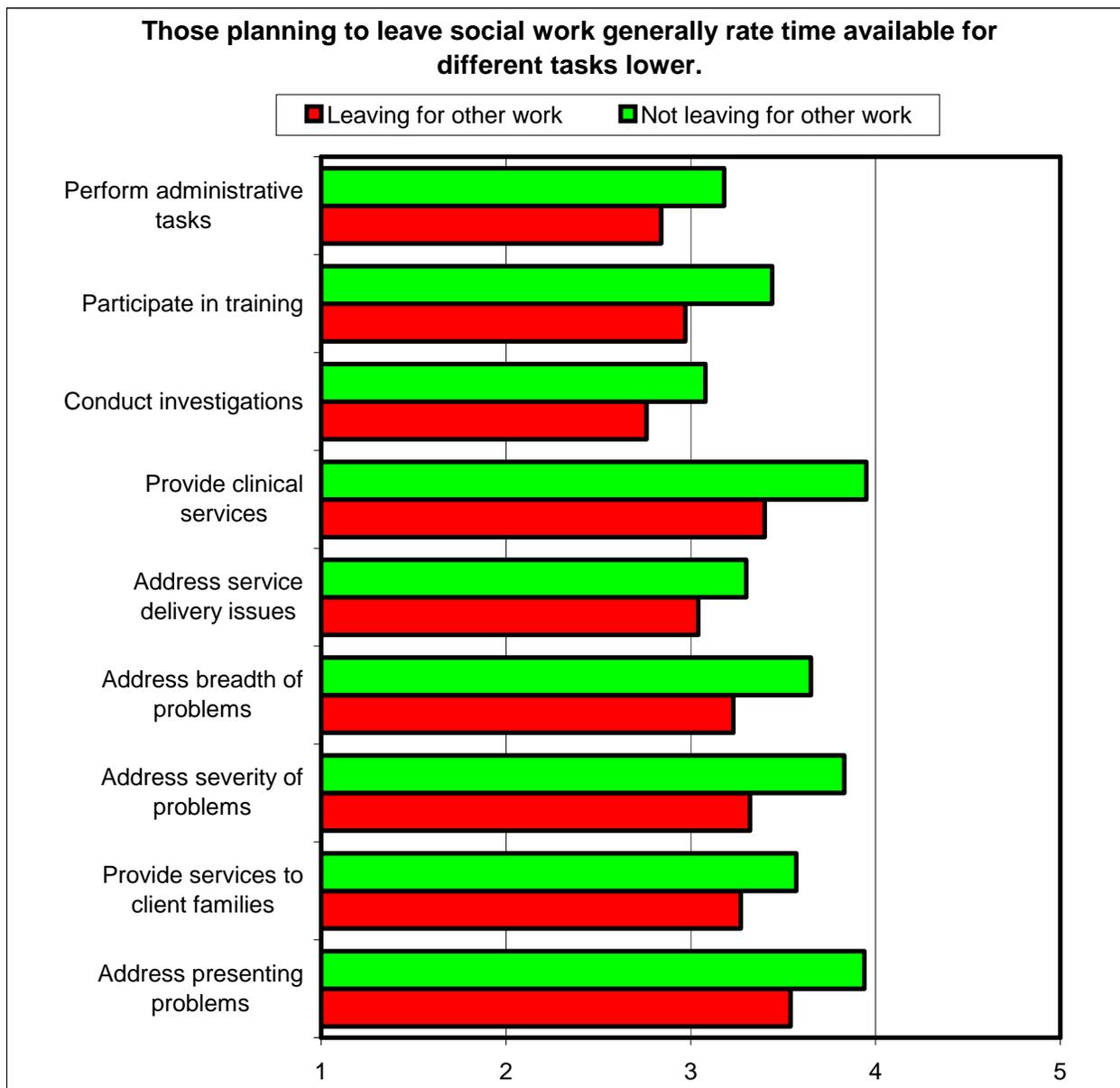


Figure 19 shows that social workers planning to leave were less satisfied than social workers not planning to leave with their time available to:

- address presenting problems,
- provide services to client families,
- address severity and breadth of client problems,
- address service delivery issues,
- provide clinical services,
- conduct investigations,
- participate in training, and
- perform administrative tasks.

Figure 19. Ratings of Satisfaction With Time Available for Selected Social Work Tasks, by Whether or Not Planning to Leave the Profession [Scale: 1 = Not at All to 5 = Very]

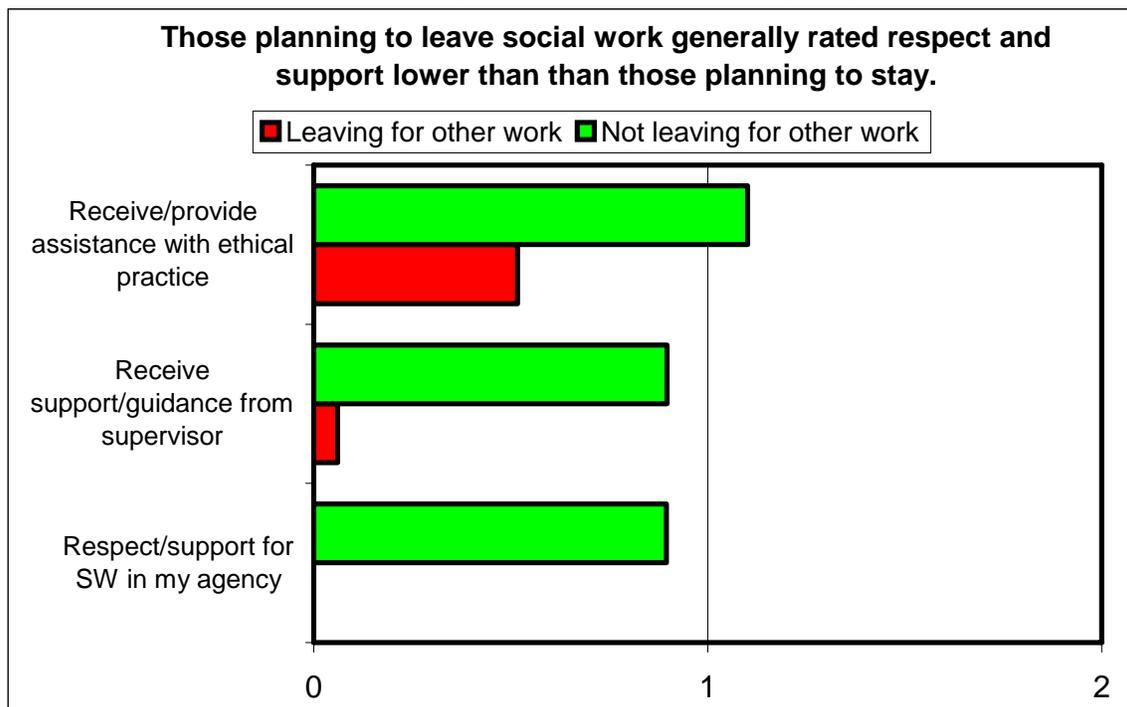


Agency environment. Reported agency environment is associated with the plans of social workers to leave the field for other work. Social workers who planned to leave were significantly less likely than others to report that their agencies engage in demonstration programs (9% versus 16%) and best practices training (23% versus 31%). They were also significantly more likely to report that vacancies in their agency are common (33% compared to 19%), that their employer recruits non-social workers to fill social work positions (34% versus 25%), and that their

employer outsourced social work functions (27% compared to 19%). Plans to leave were not significantly associated with whether vacancies in one's agency were difficult to fill.

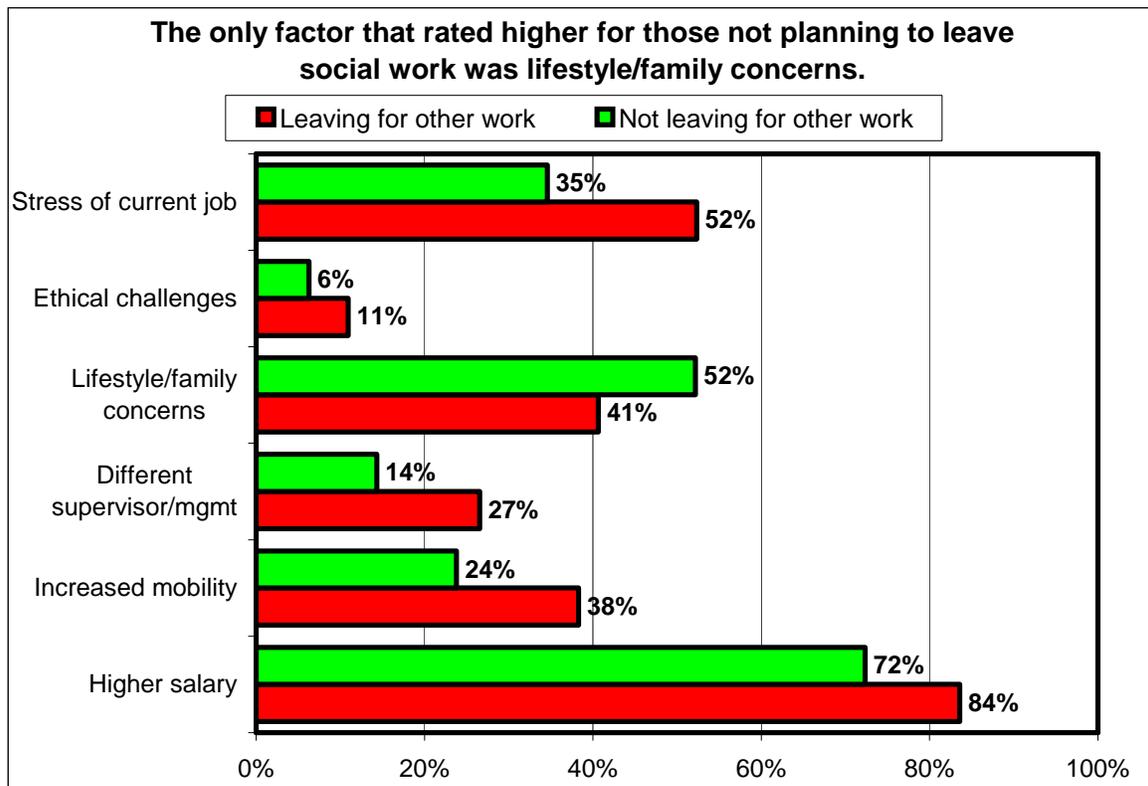
Social workers who planned to leave were significantly more likely than other social workers to report that they face personal safety issues (58% compared to 44%), and significantly less likely to report that these issues are adequately addressed (51% compared to 71%). Figure 20 shows that they were also significantly more likely to report that there was respect/support for social work services within their agency, that they received support and guidance from their supervisor, and that they received or provided support on issues of ethical practice in the workplace.

Figure 20. Ratings of Agreement with Selected Statements About Respect and Support, by Whether or Not Planning to Leave the Profession
 [Scale: -2 = Strongly Disagree to +2 = Strongly Agree]



Motivating factors in changing positions. Social workers who planned to leave were significantly more likely than other social workers to say that they would change position due to higher salary, increased mobility, different supervision or management, ethical challenges, and stress. They were significantly less likely to report that they would be influenced to change jobs by lifestyle or family concerns.

Figure 21. Percentages of Respondents Selecting Different Factors as a Top Five Influence on Changing Current Position, by Whether or Not Planning to Leave the Profession



Changing Jobs Within Social Work

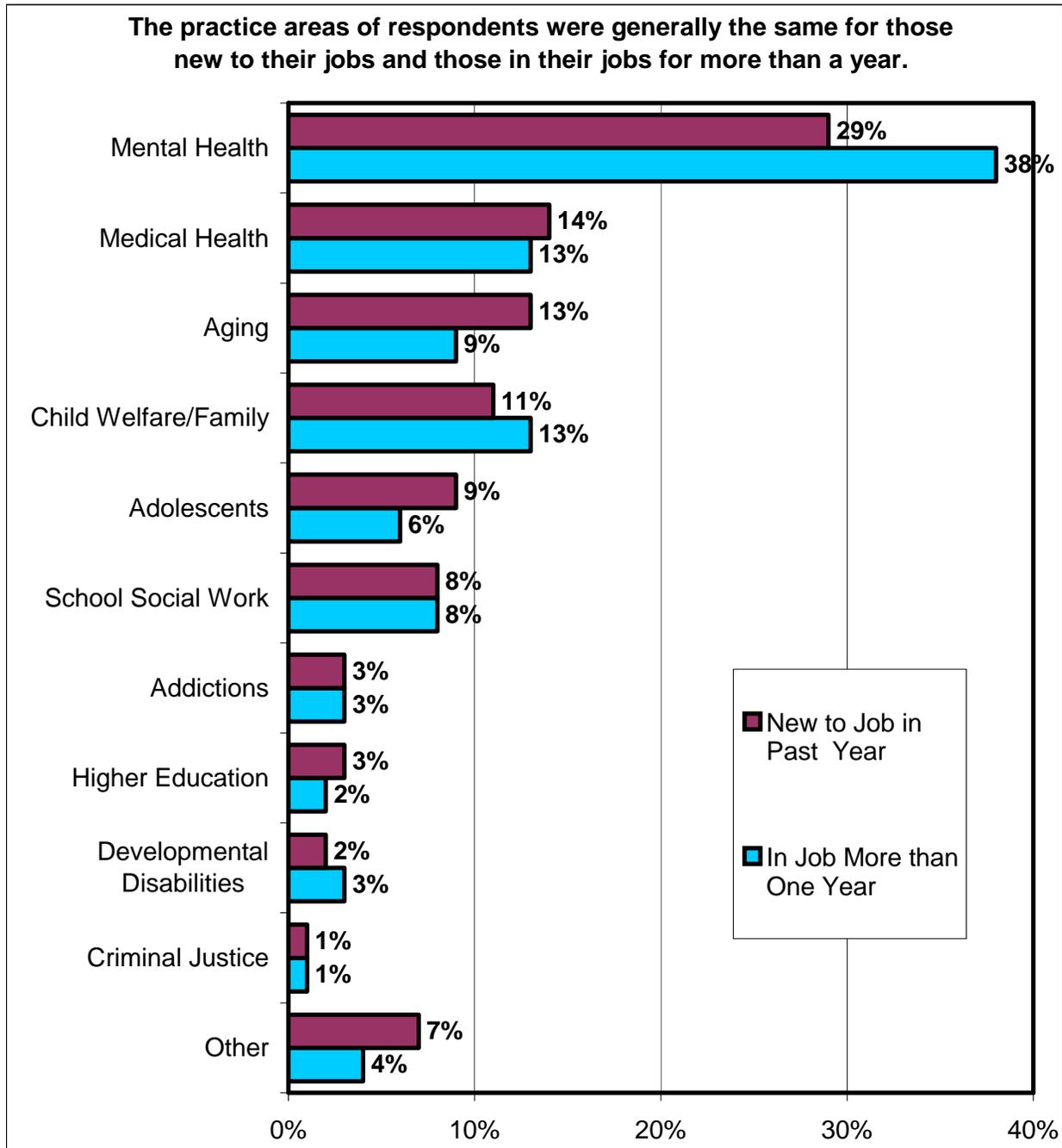
Seven percent of the active social workers in the study had changed primary jobs within the past year⁴. The characteristics of these social workers may tell us who tends to be dissatisfied with their jobs and in what areas of social work turnover is more common.

Social workers who changed jobs within the past year were more likely than other social workers to work in psychiatric hospitals (7% versus 4%), nursing homes (7% versus 3%), adult and child/adolescent group homes (2% compared to 0% and 4% compared to 2%, respectively), and criminal justice agencies (4% versus 2%). They were less likely than other social workers to work in behavioral health clinics (9% compared to 12%), social service agencies (12% compared to 17%), and schools (9% compared to 12%).

Figure 22 shows that social workers who changed jobs within the past year were more likely than other social workers to be working in the practice area of aging (13% versus 9%) or adolescents (9% versus 6%). They were less likely to be working in the area of mental health (29% compared to 38%).

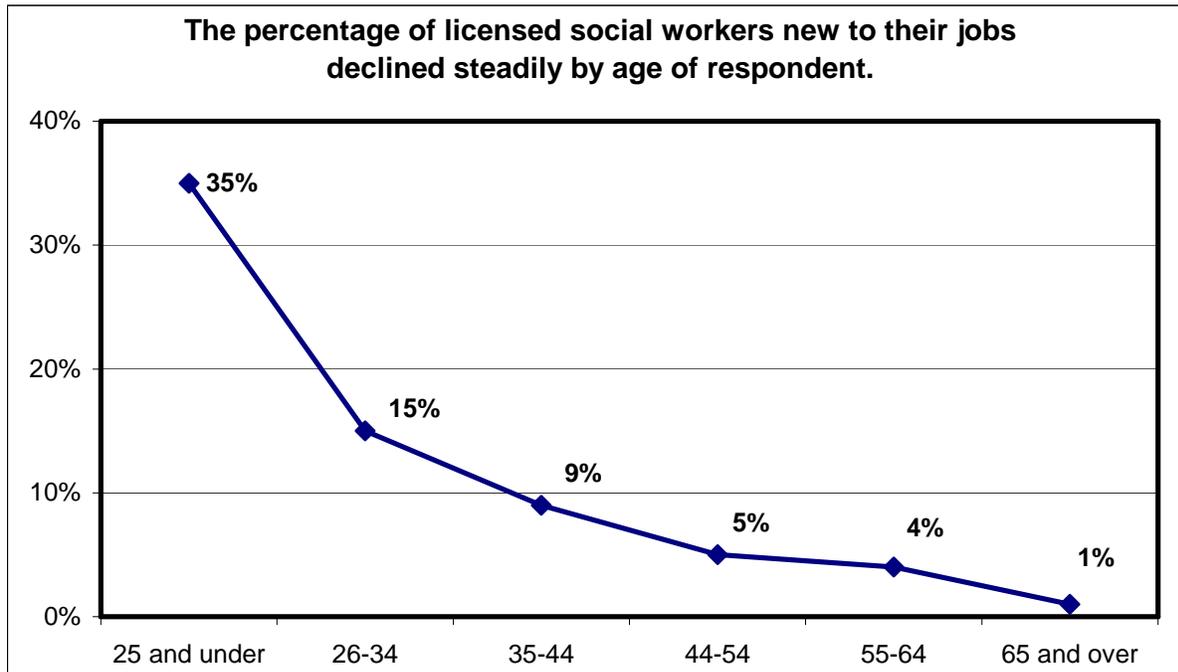
⁴ Analyses exclude social workers with less than one year experience in social work, to distinguish between job-changers and new entrants.

**Figure 22. Practice Area of Licensed Social Workers,
by Time on the Job**



MSWs were more likely to report having changed jobs in the past year (8%) than either DSW/PhDs (7%) or BSWs (5%). The likelihood that a social worker had changed jobs in the past year decreased with age, from 35% among social workers 25 and under to 1% among those 65 and over.

Figure 23. Percentages of Licensed Social Workers New to Their Job in Past Year, by Age Category



Who Has Left Social Work?

Nineteen percent of the social workers who responded to the 2004 survey were not currently active in a social work job. Although many of these inactive social workers responding to the survey were older (with 45% age 55 and older, and 17% age 65 and older), the majority of the inactive licensed social workers (55%) were under the age of 55.

Consistent with their older age on average, inactive social workers were more likely not to have a social work degree than active social workers (19% compared to 8%), and less likely to hold MSWs (65% compared to 79%). Inactive social workers did not differ significantly from active social workers in their gender or racial/ethnic distribution.

Years before leaving. The median years experience as a degreed social workers among those who have left the field is 13 years. Ten percent reported less than a year's experience, and another 11% reported one to four years experience, so that one out of every five inactive social workers left the field in their first five years. Still, nearly one in five inactive social workers had 25 or more years experience in the field.

Women left the field after many fewer years than men (a median of 11 years compared to 25 years for men). Race/ethnicity had little effect upon when social workers left the field, although Asians left sooner (a median of 7 years) than Blacks, Hispanics, or Whites (all 13 years). Older social workers left after more experience than younger ones. Years experience before leaving the field also varied substantially by degree. BSWs left after a median of 7 years, while MSWs left after a median of 14 years and DSWs after a median of 27 years.

Reasons for leaving. The most common reason for being no longer active as a social worker was retirement (24%), but the majority of social workers reported other reasons, especially personal reasons and level of pay (both 21%). Eighteen percent simply preferred other work.

Table 2 shows that older, inactive social workers were much more likely than younger active ones to report that their reason for leaving the field was retirement (37% among those ages 55-64 and 69% among those ages 65 and older). Younger social workers were more likely to report that they left due to almost any reason other than retirement. The youngest inactive social workers (ages 26-34) were most likely to report leaving due to personal reasons (43%), level of pay (28%) or few social work jobs (21%). Forty percent of young inactive social workers indicated they left for an “other reason”.

Table 2. Reasons that Respondents Reported They Were Not Currently Working as a Social Worker

Reason for Leaving Social Work	Age Group					
	Under 35	35-44	44-54	55-64	65 and Over	Total
Other Reason	40.9%	42.4%	27.4%	20.3%	9.8%	26.4%
Retired	0.0%	0.0%	7.8%	37.5%	69.2%	24.6%
Personal Reasons	42.0%	30.6%	22.4%	13.8%	9.8%	21.3%
Level of Pay	26.1%	31.3%	23.7%	18.5%	7.7%	21.1%
Convenience of Hours	13.6%	14.6%	8.2%	5.6%	4.2%	8.5%
Prefer Other Work	14.8%	18.8%	26.9%	18.1%	4.9%	17.9%
Few Jobs	22.7%	9.7%	12.3%	9.9%	4.2%	10.9%
Convenience of Location	9.1%	6.9%	7.3%	5.2%	4.2%	6.3%
Total	88	144	219	232	143	826

Women were significantly more likely to report having left social work due to few available jobs (13% compared to 6%), convenience of hours (10% compared to 1%), convenience of location (8% compared to none), personal reasons (24% compared to 12%), and other reasons (30% compared to 16%). Men were significantly more likely to report having left social work due to retirement (44% compared to 20%).

Black/African Americans were significantly more likely than non-Hispanic Whites to report having left social work because few social work jobs were available (24% compared to 11%), and Hispanic/Latinos were significantly more likely to report having left due to level of pay (41% compared to 21%).

BSWs were more likely than MSWs to cite almost every reason for leaving except for retirement (only 8% of inactive BSWs report that they are retired). The most common reason given for leaving the field by inactive BSWs was level of pay (29%), followed closely by personal reasons (25%) and few social work jobs (24%). MSWs, in contrast, were most likely to report leaving due to retirement (27%), personal reasons (22%), or level of pay (20%).

Plans to re-enter social work. Sixteen percent of inactive social workers reported that they planned to re-enter social work within the next two years. Plans to re-enter decreased with age, from 40% of those ages 25 and under to 8% of those ages 65 and older. Hispanics were significantly less likely than non-Hispanic Whites to report plans to re-enter social work (3% compared to 19%), and women were significantly more likely to report plans to re-enter than men (41% compared to 19%). BSWs were more likely than MSWs (26% compared to 16%) to report plans to re-enter the field.

Several reasons for leaving were associated with an increased likelihood of planning to return. Those who left due to too few jobs were more than twice as likely to plan to re-enter than those who left for other reasons (36% compared to 15%). The same is true for those who left due to convenience of hours (34% compared to 16%) or location (36% compared to 16%), or for personal reasons (42% compared to 11%).

Other reasons were associated with a decreased likelihood of planning to return. Social workers who left due to a preference for other work were less likely to plan to return than those leaving for other reasons (11% compared to 19%). Social workers who are retired were relatively unlikely to plan to return, although nearly one in ten plan to do so (9% compared to 20%).