

Licensed Social Workers in the U.S., 2004

February 6, 2006

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Preface

This report presents a variety of facts and figures about licensed social workers in the U.S. The findings and conclusions are based primarily on the responses to a survey of a stratified random sample of approximately 10,000 licensed social workers in the U.S. conducted in 2004. The report also provides several recommendations for improving the status and conditions of the social work profession.

A supplementary report containing a set of more detailed tabulations and interpretive notes based on the responses to the 2004 Licensed Social Worker Survey is available on request from NASW. The supplementary report provides one or more tables or charts with interpretive text for each of the 48 questions on the main section of the survey questionnaire.

Four other reports have been prepared as part of this study to examine and document the demographic characteristics, educational background, practice patterns, workplace issues, and career paths of licensed social workers. The subjects of the four reports are: licensed social workers serving older adults, licensed social workers serving children and adolescents, licensed social workers working in the field of medical health, and licensed social workers working in the behavioral health field. Copies of these reports are also available from NASW.

The dataset containing the coded and labeled responses to the 2004 survey is now available from NASW to other interested researchers. A code book for the data set is also available. This dataset provides an opportunity for in-depth exploration of topics of special interest to social work researchers and stakeholders.

This report was prepared by the Center for Health Workforce Studies at the School of Public Health at the University at Albany. Staff responsible for this report include Paul Wing, Sandra McGinnis, and Bonnie Primus Cohen. The assistance and support of Toby Weismiller and Tracy Whitaker of the Center for Workforce Studies at NASW is gratefully acknowledged. The study has also benefited from the insights of a number of other researchers and stakeholders, who helped design the survey instrument, reviewed drafts of this and other reports, and provided valuable insights and context for the analyses. The financial support of the John A. Hartford Foundation, The Atlantic Philanthropies, the Annie E. Casey Foundation, and the Robert Wood Johnson Foundation is gratefully acknowledged.

The findings and conclusion presented in this report are those of the authors alone, and do not necessarily reflect the opinions of the foundations.

Table of Contents

Executive Summary	1
A. Study Data.....	1
B. Important Findings	2
1. Supply of and Demand for Licensed Social Workers.....	2
2. Demographic Characteristics	3
3. Educational Background.....	3
4. Social Work Practice.....	4
5. Salaries.....	4
6. Services to Clients.....	4
7. Workplace Issues	5
C. Future Challenges for Social Work.....	6
I. Introduction	9
A. The 2004 Survey of Licensed Social Workers in the U.S.	10
B. Objectives of this Report.....	10
C. Remainder of the Report	11
D. Other Reports	12
II. Profile of Licensed Social Workers	13
A. Demographic Characteristics	13
1. Social Work is a Predominantly Female Profession.....	13
2. Licensed Social Workers Are Older Than Many Health Professions.....	14
3. Social Work Not Keeping Pace with Racial-Ethnic Trends in the Population.....	16
B. Educational Background	17
1. The MSW is the Predominant Social Work Degree	17
2. Approximately One-Quarter of all MSWs Previously Earned BSWs	18
3. Few Licensed Social Workers Currently Enrolled in Social Work Degree Programs	19
III. Employment Patterns of Licensed Social Workers	20
A. Supply of Social Workers	20
1. Supply Keeping Up with Demand	20
2. Numbers Per Capita Vary Across States	20
B. Employment	22
1. Sector of Primary Employment	23
2. Practice Area.....	25
3. Primary Employment Setting.....	26
C. Roles and Tasks.....	26
1. Roles	27
2. Tasks	28
3. Hours.....	30
D. Clients	31
1. Client Demographics	31
2. Client Caseload	34
3. Client Conditions	35
4. Client Health Coverage.....	36
E. Salaries and Benefits	37
1. Gender Gap	37
2. Rating of Compensation	38

3. Comparisons with Other Professions.....	40
4. Urban/Rural Differences.....	41
IV. Workplace Issues for Licensed Social Workers.....	42
A. Career Plans.....	42
B. Workplace Safety.....	43
C. Factors Influencing Employment Decisions.....	44
D. Working with Other Social Workers.....	46
E. Satisfaction with Work Situations.....	46
F. Changes in the Workplace.....	48
G. Changes in the Service Delivery System.....	49
H. Educational Needs of Practitioners.....	51
I. Comparisons of Selected Social Work Practice Areas (Specialties).....	52
1. Similarities Across Practice Areas.....	52
2. Differences Across Practice Areas.....	58
J. Future Supply and Demand for Licensed Social Workers.....	60
References.....	61
Appendix A: 2004 Licensed Social Worker Survey Instrument.....	65
Appendix B: 2004 Licensed Social Worker Survey Process.....	73
Appendix C. Glossary.....	77

List of Figures

Figure 1. Schematic “Map” of the Factors and Characteristics of Licensed Social Workers Discussed in the Report	11
Figure 2. Percentage of Licensed Social Workers Who Were Male, by Age Group, 2004	14
Figure 3. Age Distribution of Active, Licensed Social Workers and the U.S. Civilian Labor Force, 2004	15
Figure 4. Mean Age at Entry Into Licensed Social Work, by Decade of Entry	16
Figure 5. Percentage of Licensed Social Workers with Selected Highest Social Work Degrees, By Age Group, 2004	18
Figure 6. Social Workers per 100,000 Population and Average Annual Salary of Social Workers in the U.S., 1999 to 2003	21
Figure 7. Licensed Social Workers per 100,000 Population for the Fifty States and the District of Columbia, 2004	22
Figure 8. Employment Status of Active, Licensed Social Workers, 2004	23
Figure 9. Sector of Primary Employment of Licensed Social Workers, By Age Group, 2004 ...	24
Figure 10. Percent of Social Workers Spending Any Time or 20 or More Hours per Week on Selected Roles, 2004	27
Figure 11. Percent of Licensed Social Workers Spending Any Time or More Than Half Their Time on Selected Activities	28
Figure 12. Percent of Caseload of Licensed Social Workers That is Female, 2004	32
Figure 13. Percent of Caseload of Licensed Social Workers, by Client Age Group, 2004	33
Figure 14. Percent of Caseload of Licensed Social Workers, by Client Race/Ethnic Category, 2004	34
Figure 15. Ratings of Wages/Salaries of Licensed Social Workers, 2004	39
Figure 16. Percentage of Survey Respondents Rating Licensed Social Work Earnings as ‘Very Limited’ or Limited, 2004	39
Figure 17. Reasons That Would Influence Changing Current Employment Position	45
Figure 18. Ratings of Agreement of Respondents with Statements About Their Practice Environment	47
Figure 19. Extent of Agreement by Licensed Social Workers With Statements About Their Ability to Help Clients	48
Figure 20. Changes in the Practice of Social Work in the Past Two Years Reported by Licensed Social Workers in 2004	49
Figure 21. Changes in the Service Delivery System Reported by Licensed Social Workers, 2004	50

List of Tables

Table 1. Percentage of Selected Professions Who Were Female in Selected Years	13
Table 2. Median Ages of Selected Health Professions and U.S. Civilian Labor Force.....	15
Table 3. Racial-Ethnic Composition of Selected Groups Social Workers and the U.S. Population	17
Table 4. Sub-Sector of Primary Employment of Licensed Social Workers in the Public Sector, By Age Group, 2004.....	24
Table 5. Practice Area of Primary Employment of Active Licensed Social Workers in the U.S., By Sector of Primary Employment, 2004.....	25
Table 6. Primary Employment Setting of Active Licensed Social Workers in the U.S., By Age Group, 2004	26
Table 7. Number of Hours, Total and Direct Care, Worked by Licensed Social Workers in Primary and Secondary Employment Settings, 2004	31
Table 8. Current Caseload of Licensed Social Workers, for Primary and Secondary Employment Settings, 2004.....	35
Table 9. Percentage of Clients with Selected Conditions	36
Table 10. Percentages of Clients of Respondents in Selected Practice Areas with Selected Health Coverage	37
Table 11. Variables with a Statistically Significant Relationship with Estimated Salaries of Licensed Social Workers Working Full Time in a Single Social Work Job	38
Table 12. Ratings of Benefits by Respondents Working Full Time in Social Work.....	40
Table 13. Comparative Wages for Social Workers and Selected Professions, as of 2003	40
Table 14. Salaries of Licensed Social Workers by Rural/Urban Location, 2004	41
Table 15. Career Plans of Active Licensed Social Workers by Age Group, 2004.....	42
Table 16. Extent of Concerns About Job Safety by Licensed Social Workers, by Setting of Primary Employment, 2004.....	44
Table 17. Percent of Employed Licensed Social Workers Working with Other Social Workers, for Selected Practice Areas	46
Table 18. Percentages of Social Workers Employed Full Time in Selected Practice Areas Interested in Pursuing Selected Education/Training Topics.....	51
Table 19. Comparisons of Selected Characteristics of Licensed Social Workers in Several Practice Areas	53
Table B-1. Sampling Rates for Census Regions for the 2004 Licensed Social Worker Survey .	74
Table B-2. Response Patterns by Mailing.....	74
Table B-3. Response Rates by Census Division.....	75

Licensed Social Workers in the U.S., 2004

Executive Summary

Social work is the largest and most important social service profession in the U.S. Social workers help people function better in their environments, improve their relationships with others, and solve personal and family problems¹ through individual, social, and psychological counseling². Social workers may provide counseling, education, psychotherapy, and/or other services to help their clients in a wide range of settings, including public agencies, private organizations, and private practice arrangements. Some function as members of interdisciplinary teams that evaluate and manage the care of patients in health care settings like hospitals and long-term care facilities.³

The Social Work Congress convened by National Association of Social Workers (NASW) in March of 2005⁴ was an important first step in a process for developing a coherent strategy for moving the social work profession forward in the 21st Century. Drawing on the expertise and insights of a wide range of constituents and stakeholders in the social work profession, the Congress sorted through a very long list of topics to identify a dozen critical issues that require attention by the profession as it evolves in the future.

A number of follow-up activities to this seminal event are possible, one of which is a “strategic plan” for the social work profession that describes the current status of the profession and lays out future directions that will ensure continuing success for the profession and its constituents. Among the possible components of this plan are

- documentation of the current status, strengths, and weaknesses of the profession;
- articulation of a clear vision of the goals and roles of the profession; and
- descriptions of programs and initiatives to help the profession achieve these goals.

This report is an important part of the first of these three steps. It profiles licensed social workers in the U.S., providing comprehensive information on their demographic characteristics, educational preparation, and professional practice. The authors hope that it will be a valuable resource to all who are trying to understand the social work profession and its contributions to society.

Drawing on a 2004 survey of licensed social workers, the report provides current information on the characteristics and practice patterns of licensed social workers. It also highlights issues of concern to these practitioners that should be considered in any subsequent strategic planning process.

A. Study Data

This report is based in large part on the responses to a survey of a stratified random sample of more than 10,000 licensed social workers out of more than 254,000 social workers licensed to practice in 48 states and the District of Columbia conducted in 2004 by the National Association

¹ BLS, 2001(c)

² Volland et al, 2000

³ BLS, 2001(c)

⁴ Citation needed

of Social Workers (NASW) in collaboration with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany. The survey, which achieved a response rate of 49.4%, collected a variety of data about licensed social workers in the U.S. The data included: demographic characteristics, education and training, employment sector and setting, wages and benefits, clients served, perspectives on social work practice, and career plans.

In addition to a battery of 48 questions asked of all survey respondents, the survey asked additional questions of those respondents who reported serving any older adults and/or children and adolescents. These questions provide a unique opportunity to understand the roles and responsibilities of social workers serving these populations.

Licensed social workers were selected for this study because they represent a major cohort of workers who provide frontline social services to clients, and were readily identifiable through state licensing lists. Their commitment to the field, as evidenced by their licensure status and the diversity of their practices, makes them an important group to study. Licensed social workers constitute approximately 63% of the 460,000 social workers reported by the Bureau of Labor Statistics (BLS). Thus the survey responses provide an important baseline for monitoring the status of and changes in this important component of the social work profession. Readers should remember that the 2004 survey data do not necessarily reflect the characteristics and work patterns of non-licensed social workers.

Legal regulation of licensed professions, including social work, varies from state to state. Generally, states regulate up to four levels of social work preparation: a baccalaureate degree in social work (BSW); a master's degree in social work (MSW); an MSW with two years of postgraduate supervised experience; and an MSW with two years of post-master's direct clinical social work experience. Some states regulate only one of these practice levels, but most regulate two or more levels of social work practice. Currently, all states recognize and regulate master's degree level practice, 35 states recognize and regulate baccalaureate level practice, a few states license at an associate level, and a small number offer more than four licensure categories. The sample of licensed social workers used for this survey offers a good representation of the professionals providing frontline social services.

This report is a synthesis of findings and conclusions about licensed social workers in the U.S. A technical supplement to this report is also available that provides more detailed tabulations of the survey responses for those interested in delving more deeply into particular topic or theme. In addition, four other supplemental reports based on the survey responses have also been prepared to examine the status and experience of four specific subgroups of licensed social workers: 1) those serving older adults; 2) those serving children and/or adolescents; 3) those providing behavioral health services; and 4) those providing services related to medical health needs.

B. Important Findings

The survey responses have revealed a number of insights about licensed social workers and their professional practice in the U.S. The most important findings are summarized below, organized into broad categories used in all the reports of the survey responses.

1. Supply of and Demand for Licensed Social Workers

- The total supply of social workers in the U.S. has increased in recent years, although it is not easy to develop reliable estimates of the growth rates for different categories of social

workers, including licensed social workers. A major reason for this difficulty is the lack of specific information about the career paths that take social workers from their respective educational programs into different types of professional practice.

- The ratio of active licensed social workers per 100,000 population revealed by the 2004 survey process varied by a factor of about 17 across the states, from 408 in Maryland to 23.7 in New Hampshire. This variation results in different employment and utilization patterns of these professionals across the states.
- Indications from a number of sources are that demand for social workers in the aggregate is likely to increase over the next decade or more. This increasing demand can be attributed to a number of causes, including increased numbers of social workers retiring from practice and increased numbers of older adults in the population who in general require more social work services than younger adults. Several findings from the responses to the 2004 survey buttress these findings, including the fact that many respondents reported increased caseloads, increased use of non-social workers to fill vacant social work positions, and increased outsourcing of social work tasks.
- The bottom-line conclusion based on all of these findings is that, even though there exists in the U.S. a well-developed infrastructure of social work education that produces more than 30,000 MSWs and BSWs per year, one cannot be certain that this educational pipeline will continue to meet fully all the future demands for new licensed social workers.

2. Demographic Characteristics

- About four out of five (81%) of respondents to the survey were women. The percentage of licensed social workers who were male was progressively smaller for younger age cohorts. The percentage declined from 25% of those 65 and over to fewer than 10 percent of respondents who were less than 35.
- Survey responses show that licensed social workers are older on average than most health professions. The mean age of entry into the licensed social work profession has increased over the years, from 26.3 years old for those who entered prior to 1960, to 34.2 years old for those who entered in 2000-2004. This means that the average career duration for licensed social workers is now about 25 or 30 years, which is shorter than for most major health professions.
- Social work, like most health care professions, is less ethnically diverse than the U.S. population. In 2004 licensed social workers were predominantly non-Hispanic White (85%). New entrants (i.e., those 30 or younger) were somewhat less likely to be Non-Hispanic White (83% compared to 86%).

3. Educational Background

- Nearly four out of five (78.6%) of survey respondents reported that their highest social work degree was an MSW. The rest had BSWs (11.5%), DSWs (2.1%), or no social work degree (7.8%).
- The MSW was the most common first degree in social work for licensed social workers. Fifty-nine percent of licensed social workers entered the field with an MSW. Another 31% entered with a Bachelor's in Social Work (BSW). About 8% of respondents reported no

social work degree and another 2% reported a Doctorate in Social Work (DSW) or PhD as their first social work degree.

- Younger social workers are far more likely to have started their careers with a BSW degree. This reflects the significant growth in BSW education programs that has occurred in recent years.
- A majority (60%) of survey respondents indicated that their social work degree program adequately prepared them for their role(s) as social workers. An even higher percentage (71%) of respondents indicated that their continuing education prepared them adequately for their work.

4. Social Work Practice

- The 2004 survey confirmed that licensed social workers perform a wide range of roles and tasks in a wide range of organizations and settings. However, there was general consistency in the roles performed across all sectors, settings, and practice areas.
- The employment sector in which licensed social workers work varies age cohorts. Older social workers are more likely to work as private practitioners, suggesting a possible career shift pattern. This shift may have an impact on the other employment sectors (not-for profit private organizations, for-profit private organizations, and government agencies).
- Mental health was the largest practice area (specialty) for active licensed social workers in 2004, representing nearly 37% of all practitioners. Child Welfare/Family (13%), Medical Health (13%), and Aging (9%) were next on the list.

5. Salaries

- Licensure is related to higher wages/salaries for social workers. Wage/salary data from survey respondents also indicated that earning advanced social work degrees results in significantly higher wages/salaries.
- As is true in most professions, the survey responses revealed a gender gap in salaries for licensed social workers in 2004. The raw difference in average salaries for men and women working full-time in a single social work job was \$12,045, with 389 men reporting an average annual salary of \$61,040 and 1,744 women reporting \$48,995. After controlling for a number of other factors (age, race, geographic area, highest social work degree, years of experience, rural/urban setting, license required, size of caseload, vacancy patterns, practice area, and employment sector), the average salary gap dropped to approximately \$7,052. Since the mean salary for these individuals was about \$51,192, the percentage gap was about 14%.

6. Services to Clients

- The most common role in which social workers spend any time is direct services to clients (96%), followed by consultation (73%) and administration/management (69%). Licensed social workers were least likely to spend time in research (19%), policy development (30%), and community organizing (34%). Relatively few social workers devote as much as 20 hours a week to any role other than direct services to clients (61%) or administration/ management (20%).

- Social workers were most likely to be involved in the tasks of screening/assessment (93%), information/referral (91%), crisis intervention (89%), individual counseling (86%), and client education (86%). These were not necessarily tasks on which they spend a majority of their time, however. There were only four tasks significant numbers of social workers report spending more than half of their time on: individual counseling (29%), psychotherapy (25%), case management (12%), and screening/assessment (10%).
- Over 90% of active licensed social workers reported having at least some client caseload, most through their primary employment setting. Licensed social workers in Other settings (i.e., business, insurance companies, etc.), Public Agencies, and Social Service Organizations were most likely to have no direct client caseload.
- Long Term Care Organizations and Child Service Organizations were most likely to have caseloads larger than 50 clients. The hours and percent of hours worked on direct care followed patterns similar to the numbers of clients.
- Most respondents reported seeing a racially and ethnically diverse client base. Virtually all (99%) saw at least some non-Hispanic white clients and most saw some Black/African-American clients and Hispanic clients (85% and 77%, respectively). Fewer social workers saw 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 saw caseloads that were composed predominantly (51% or more) of any single minority group.
- Medicaid was the most common source of health coverage for the clients of survey respondents (40.7%), followed by Private Insurance (24.3%) and Medicare (16.4%). Medicaid was the most common source of health coverage for clients of the majority of respondents in the practice areas of Child Welfare/Families (69.9%), Adolescents (55.7%), and School (51.3%). Medicare was the most common source of health coverage of respondents in Medical Health (56.5%) and Aging (57.0%). Private Insurance was the most common source of coverage clients of respondents in Mental Health (42.4%).

7. Workplace Issues

- Survey respondents indicated that over 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, and level of oversight. These changes can be characterized as increasing barriers to effective practice.
- Survey respondents also reported that they had experienced decreases in job security, staffing levels (for both social worker and other staff), availability of supervision, and levels of reimbursement for services. These changes can be characterized as reducing support systems for effective practice.
- Overall, licensed social workers were satisfied with their abilities on a number of different dimensions of social work practice. 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. Social workers were also generally positive in their assessments of what they have accomplished for their clients.

- Nearly half (47%) of survey respondents indicated concerns about personal safety related to their work, although the survey did not provide details about the nature of the safety concerns. Although 7 out of 10 respondents who indicated concern about job safety reported that their employer adequately addressed these concerns, nearly 30% did not.
- The most often cited factor that would “influence a decision to change your current position” was higher salary (73%). “Lifestyle/family concerns” was the only other factor mentioned by a majority (52%) of the respondents.
- Nearly 70 percent of respondents planned to remain in their current position over the next two years. Some 7.4% indicated they would either retire or stop working, and another 4.7% indicated they would continue working, but leave social work.
- A larger percentage of male licensed social workers (8%) than females (5%) were planning to retire in 2004. If this pattern continues, social work will become even more female-dominated as older men age out of the profession.

C. Future Challenges for Social Work

The findings presented above reveal no imminent crises that threaten the ability of licensed social workers to serve their clients and patients effectively. On the other hand, several of the findings reflect challenges which, if addressed effectively, promise to strengthen the profession and help to ensure that clients and patients receive appropriate, timely, and cost-effective services.

- A lack of standardization of the legal scope of practice of licensed social workers across the fifty states, in terms of both criteria for licensure and tasks permitted or restricted to licensees, has been noted in this study. An initiative to standardize the legal scope of practice would help to define the roles for licensed social workers that are acceptable and desirable in different work settings across the country. This would clarify the skills and knowledge needed for effective professional practice, help educators to standardize the curricula in their respective education programs, and most importantly, result in improved services for clients and patients.
- The apparent trend of men turning away from licensed social work as a career is another challenge that deserves attention. It is important to learn more about the causes of this trend, and to learn the extent to which women may also be affected. A careful study should confirm the root causes of this “feminization” of licensed social workers, identify factors that are driving the trend, and suggest strategies and initiatives that that will make the profession more attractive for men (and presumably also for women).
- Survey responses revealed a number of “salary gaps” that deserve further study. Significant differences exist in salaries of men and women, across different practice settings, across rural and urban locations, etc., even after controlling for other factors. An important next step in studying this phenomenon is making an effort to ensure that these differences are rooted in corresponding differences in the productivity and performance of the respondents. If this is not the case, policies should be developed to correct any unjustified differences.
- Social work education programs must continue to devote attention to designing and offering both pre-licensure programs and continuing education programs that focus on critical service needs for different client groups. A significant minority of survey respondents indicated dissatisfaction with both initial professional education and subsequent continuing education.

Others reported limited access to continuing education and training. It is important to ensure that existing practitioners are able to find education programs they need to maintain and upgrade their skills.

- Programs related to older adult clients are especially needed, because most licensed social workers have at least some older adult clients, and many survey respondents indicated that they did not have adequate educational opportunities related to elderly clients. The aging of the population associated with the baby boom generation will only exacerbate this problem in the future.
- The concerns about personal safety revealed by the survey warrant systematic follow up to determine the precise nature of the safety issues in different employment settings. Mechanisms must also be developed to address these concerns so that practitioners are not put at risk in their day-to-day work.
- Preparations for the 2004 survey revealed confusion in the public about the nature and value of the services provided by social workers. This confusion undercuts the profession in several ways, especially by making it more difficult to recruit the most suitable candidates into social work education programs. A series of case studies and interviews with bellwether employers of social workers could help to help understand and document the contributions of social workers to the clients they serve and the public at large. Such studies would also help the profession to understand the full range of possibilities that exist for social workers to have professionally satisfying work that serves clients effectively in different types of settings.

These challenges are important opportunities for the social work profession to consolidate and reaffirm its position as the preeminent social service profession in the U.S. The authors hope that this report and the companion reports on the four practice areas will serve as important resources for those working to achieve this important goal.

Licensed Social Workers in the U.S.

I. Introduction

Social work is the largest and most diverse social services profession in the U.S. Social workers help people function better in their environments, improve their relationships with others, and solve personal and family problems⁵ through individual social and psychological counseling.⁶ Social workers may provide counseling, education, psychotherapy, and other services to help their clients in a wide range of health care settings and public agencies, and increasingly in private practice arrangements. Some social workers function as members of interdisciplinary teams that evaluate and manage the care of patients in health care settings like hospitals and long-term care facilities.⁷

Social workers help people in all age groups, providing services to individuals and families in both public and private sector work settings. Some specialize in services to population groups with specific needs, such as mental health, substance abuse, or geriatrics. Many social workers also work in program development, administration, management, policy development, and research⁸.

A major challenge in describing workforce trends related to this occupation results from the multiple definitions used to describe and to gather data on social workers [Barth, 2004]. Professional associations, employers, and workers all use the title "social worker," but each uses a different definition of the term. Five definitions used regularly include:

1. Individuals who, regardless of educational preparation, self-identified their occupation as "social worker" (approximately 840,000 in 2000)⁹;
2. **Licensed social workers** who hold a license to practice social work from one of the 50 states or District of Columbia (approximately 310,000 in 2004).
3. **Social worker jobs** classified by employers as "social worker", regardless of education or credential (approximately 450,000 in 2000)¹⁰;
4. **Clinical social workers**, the subset of professional social workers who have clinical training as a result of completing master's degrees in therapeutic social work practice (approximately 193,000 in 1998)¹¹;
5. **Professional social workers**, defined by both the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE) as individuals who have graduated from an educational program accredited by the Council on Social Work Education with at least a bachelor's degree in social work (approximately 603,000 in the U.S. in 2000).

⁵ BLS, 2001(c)

⁶ Volland et al, 2000

⁷ BLS, 2001(c)

⁸ Rosen, 2002; Zlotnik, 2002

⁹ BLS, 2000)

¹⁰ BLS, 2001(a)

¹¹ West et al, 2000

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

The focus of this report is licensed social workers, which were the target of a major national survey in 2004 by the National Association of Social Workers (NASW) in conjunction with the Center for Health Workforce Studies at the University at Albany, SUNY. Many of the findings presented in the report are based on tabulations of survey responses, with a variety of supplemental information from other sources, including NASW, CSWE, BLS, and the U.S. Bureau of the Census.

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. A copy of the instrument is provided in Appendix A.

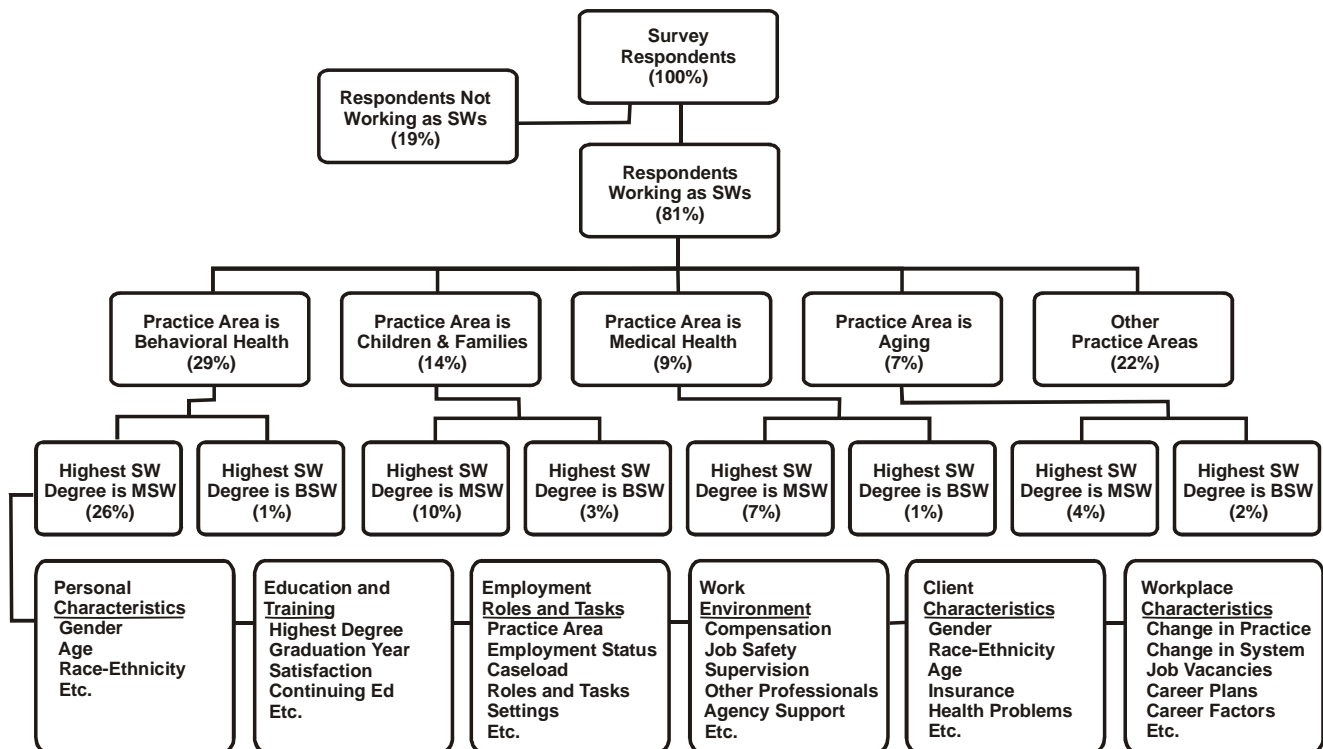
The survey instrument was sent to a stratified random sample of about 10,000 licensed social workers in the 48 states plus the District of Columbia. Responses were received from more than 4,500 social workers, which after adjusting for bad addresses and other problems with the original mailing lists resulted in a response rate of 49.4% nationally. Additional details about the survey process and response patterns can be found in Appendix B.

B. Objectives of this Report

This report presents findings and conclusions based on responses to the 2004 survey that serves as a benchmark study of the frontline social work labor force and offers perspectives to monitor and guide the future development of the social work profession in the U.S. The primary objective of the report is to clarify for interested policy makers and stakeholders who licensed social workers are, what they do, and where they work. It also identifies practice patterns and workforce issues of interest to the social work profession, especially issues related to the services provided by licensed social workers, patterns or trends in the availability or quality of services available to the clients and patients of licensed social workers, and information to help policy makers understand the context within which licensed social workers work.

Figure 1 is a “map” that indicates the characteristics and factors that are covered in the report. Interesting variations in the patterns will be displayed throughout the report in tables and charts. The red cells in some of the tables highlight the smallest percentages in their respective rows, and the green cells highlight the largest percentages. Only rows for which the difference between the largest and smallest percentages was at least 10 percentage points have highlighted cells. Only differences among groups are highlighted in the text.

Figure 1. Schematic “Map” of the Factors and Characteristics of Licensed Social Workers Discussed in the Report



C. Remainder of the Report

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

- **Numbers and Geographic Location of Licensed Social Workers.** This chapter presents basic information on the numbers of social workers in the U.S. with special attention to the significant variations in the numbers per capita basis across the 50 states. It provides a general context for the more detailed tabulations that follow.
- **Demographic Characteristics of Licensed Social Workers.** This chapter presents basic information on the gender, age, and racial-ethnic composition of the licensed social worker profession with special attention to issues related to the recruitment and retention of new practitioners.
- **The Educational Background of Licensed Social Workers.** This chapter describes the types and levels of academic and professional degrees held by licensed social workers, with special attention on the differences between BSWs and MSWs, and the numbers of DSWs needed to populate education programs.
- **Employment Patterns of Licensed Social Workers.** This chapter presents basic information about the numbers of licensed social workers; their employment in different sectors, settings, and practice areas; and how they are similar and different from other classes of social workers.

- **The Roles and Tasks of Licensed Social Workers.** This chapter summarizes the work patterns of licensed social workers, revealing their great diversity of employment in terms of both tasks performed and clients served, and identifying the implications for social work education programs.
- **Career Paths of Licensed Social Workers.** This chapter reviews the paths and timing that different classes of licensed social workers follow as they progress through their careers, and present the plans of survey respondents for the next two years, with implications for the future supply of licensed social workers.
- **Workplace Issues for Licensed Social Workers.** This chapter summarizes issues that licensed social workers identified as important to them in the 2004 survey, with special attention to those issues that require some sort of attention by NASW and other stakeholders.

D. Other Reports

Four other reports have been prepared based on the 2004 survey data, one on social workers serving older adults, one on social workers serving children and families, one on social workers in medical settings, and one on social workers in behavioral health. The first two of these reports incorporate the responses to the questions in the respective questionnaire supplements. All four are scheduled for release in early 2006.

II. Profile of Licensed Social Workers

Social work is 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.

A. Demographic Characteristics

The demographics of a health profession provide important clues about its current status and especially about the types of people attracted by its employment opportunities, education programs, programs and services, and clients. The discussion below focuses on the three most important demographic characteristics: gender, age, and race-ethnicity.

1. Social Work is a Predominantly Female Profession

Licensed social workers are disproportionately women (81% compared to 51% of the U.S. population). Table 1 shows that this percentage is comparable to the 78% of self-reported social workers in the 2004 Current Population Survey who were women.¹² It is also comparable to the 79% of NASW members who were women in a 1995 survey.¹³ It is significantly lower than the percentage for RNs in 2000 (95%).

Table 1. Percentage of Selected Professions Who Were Female in Selected Years

Profession	Percentage Female
Licensed Social Workers (2004)	81%
Self-Reported Social Workers (2004)	78%
NASW Members (1995)	79%
Registered Nurses (2000)	95%
Civilian Labor Force (2004)	51%

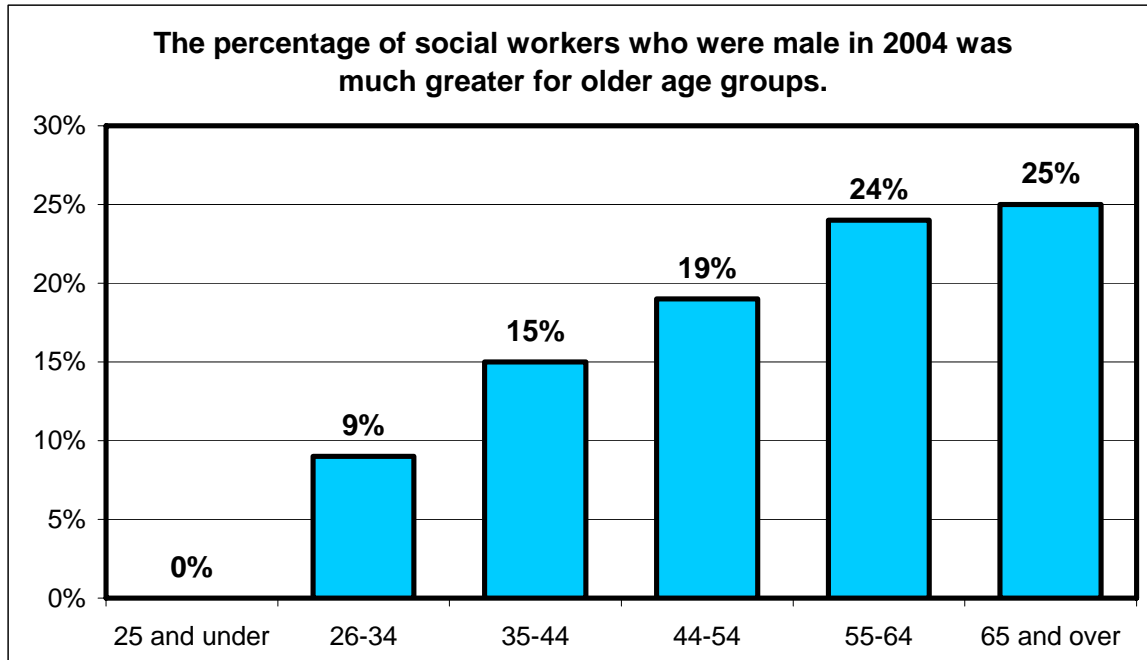
Question Q2

The survey responses show that social work is not attracting young entrants who are men. Figure 2 shows that the percentage of licensed social workers who were male was progressively smaller for younger age cohorts, declining from 25% of those 65 and over to fewer than 10 percent of respondents who were less than 35. In addition, a larger percentage of male licensed social workers (8%) than females (5%) were planning to retire in 2004. If this pattern continues, social work will become even more female-dominated as older men age out of the workforce.

¹² Current Population Survey, 2004

¹³ Gibelman and Schervish, 1997

Figure 2. Percentage of Licensed Social Workers Who Were Male, by Age Group, 2004



Questions Q1 and Q2

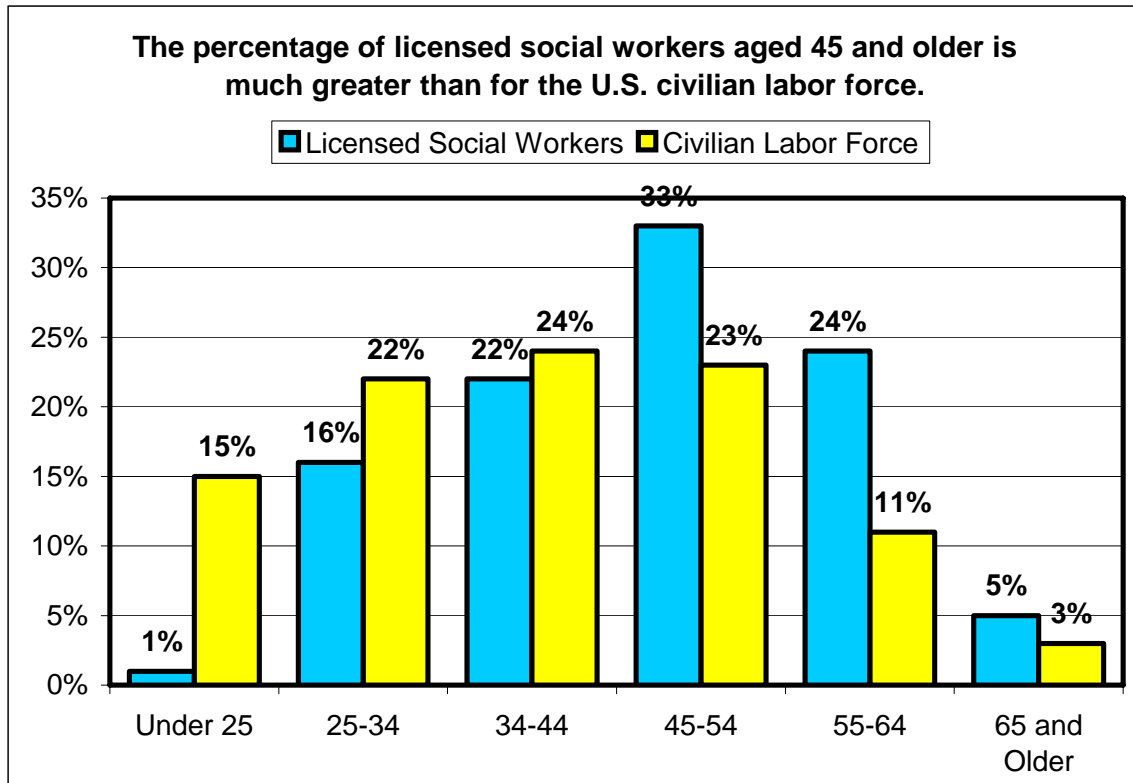
If this shrinkage in the pool of potential new practitioners continues in the future, it could make filling any future labor market shortfalls more difficult. To the extent that this pattern may reflect a decline in attractiveness of the profession for both men and women, this finding could be a precursor to broader recruiting problems for licensed social worker positions in the future. It would be useful to know more about the reasons for this pattern, so that appropriate corrective actions can be considered.

The gender trend for licensed social workers is different than for RNs, another predominantly female health profession. Although the percentage of RNs that is women is greater (~94% in 2000), the trend for RNs is toward more men, although the rate of change is slow. RN students are now approximately 11% male.

2. Licensed Social Workers Are Older Than Many Health Professions

Licensed social workers were significantly more likely to be in older age groups than the U.S. civilian labor force in 2004. Figure 3 shows that a higher percentage of social workers are ages 45 to 54 (33% compared to 23%), ages 55 to 64 (24% compared to 11%) and 65 and older (5% compared to 3%).

Figure 3. Age Distribution of Active, Licensed Social Workers and the U.S. Civilian Labor Force, 2004



Question Q1

The median age of licensed social workers (49) is significantly older than that of professional social workers (40) and the broader Civilian Labor Force. Table 2 shows that their median age was also significantly older than that of RNs (45), nurse practitioners (44), and dentists (44).

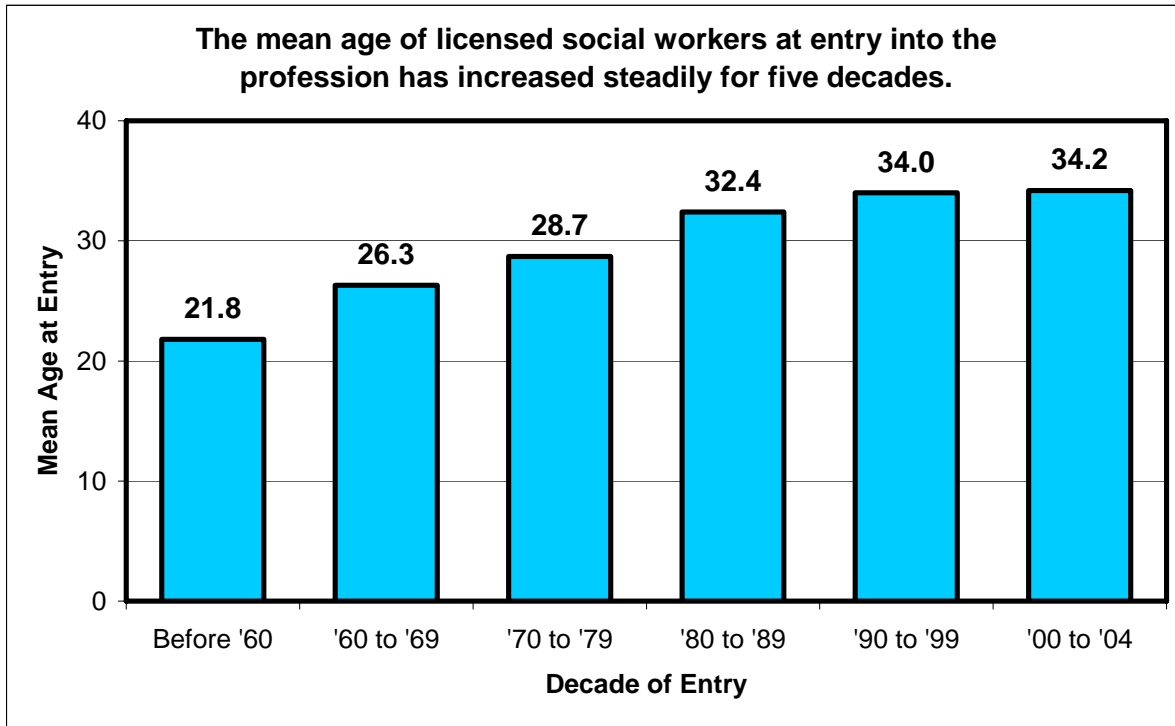
Table 2. Median Ages of Selected Health Professions and U.S. Civilian Labor Force

Profession	Median Age	Year
Professional Social Workers	40	2000
Licensed Social Workers	49	2004
Registered Nurses	45	2000
Nurse Practitioners	44	2000
Dentists	44	1999
Civilian Labor Force	39	2000

Question Q1, processed

The mean age of entry into the licensed social work profession has increased over the years, from 26.3 years old for those who entered prior to 1960, to 34.2 years old for those who entered in 2000-2004 (Figure 4). This trend is similar to that for RNs, which has also seen a significant shift toward older entry into practice.

Figure 4. Mean Age at Entry Into Licensed Social Work, by Decade of Entry



Question Q1 and Q9b, processed

This shift in entry age is important because it means that the typical career for licensed social workers spans only 25 or 30 years. It also means that many licensed social workers bring significant previous life experiences to their work, that both shape their career choices and inform their performance on the job.

A larger percentage of licensed social workers continue to work past traditional retirement ages than the U.S. civilian population (5% compared to 3%), with a median of 20 hours per week for workers in this cohort.

3. Social Work Not Keeping Pace with Racial-Ethnic Trends in the Population

Social work, like most health care professions, is less ethnically diverse than the U.S. population. Table 3 shows that in 2004 licensed social workers were predominantly non-Hispanic White (85%). New entrants (i.e., those 30 or younger) were somewhat less likely to be Non-Hispanic White (83% compared to 86%) and more likely to be Other (3% compared to 1%).

**Table 3. Racial-Ethnic Composition of Selected Groups
Social Workers and the U.S. Population**

Race-Ethnic Category	Licensed Social Workers. 2004	Social Workers (Self-Report), 2001	U.S. Pop, 2001
Non-Hispanic White	84.5%	64.6%	71.0%
African-American	6.8%	23.2%	12.2%
American Indian	0.5%	1.3%	0.7%
Asian American	1.4%	2.6%	4.0%
Hispanic	4.3%	8.3%	12.1%
Other	1.4%	-	-

Question Q3

The implications of racial-ethnic balance are often linked to the cultural competence of the front-line workers providing services to racial-ethnic minorities. Imbalances can be overcome to some extent by appropriate education, but some people respond better to providers with the same heritage and background.

B. Educational Background

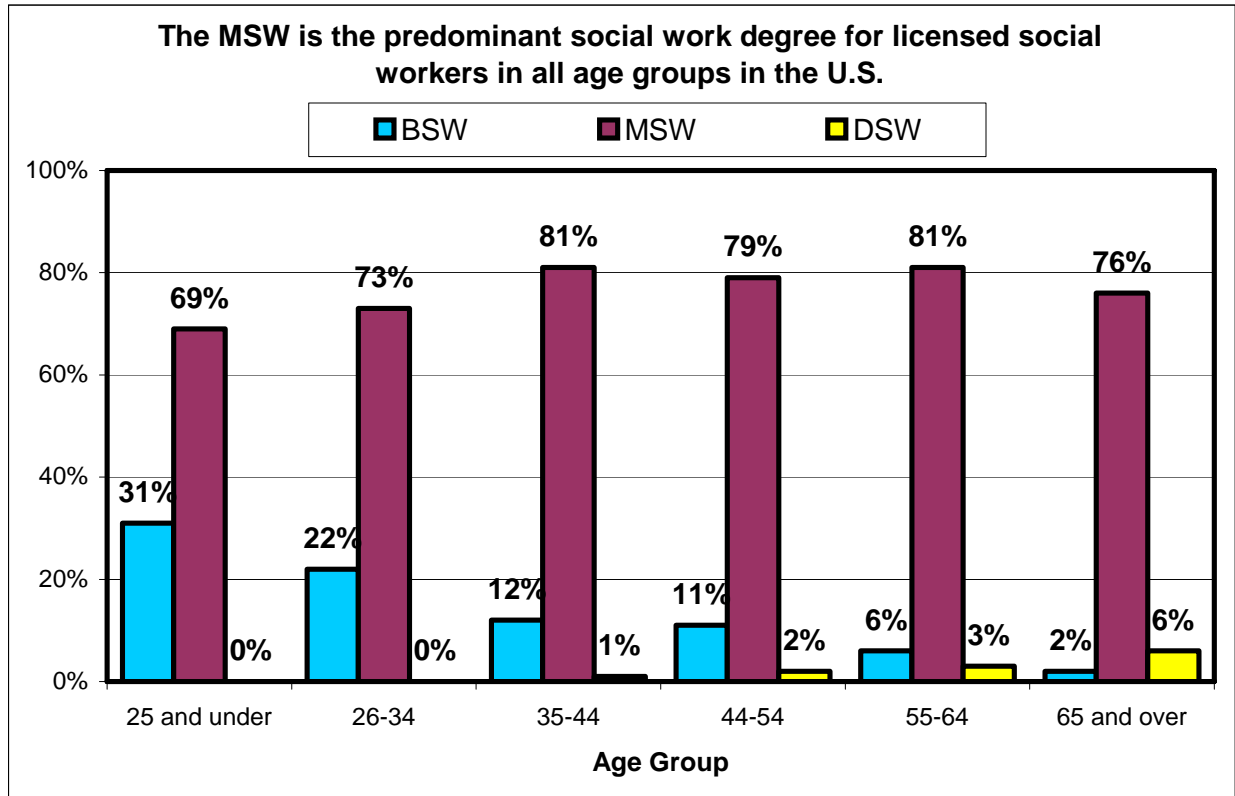
The MSW is the most common first degree at entry to the field. Fifty-nine percent of licensed social workers entered the field with the MSW. Another 31% entered at the BSW level. Younger social workers are far more likely to have entered the field of social work through a BSW program, reflecting growth in social work programs, particularly at the BSW level. Non-degreed social workers account for most of the remainder (8%), with a very small number of social workers reporting a DSW or PhD as their first social work degree.

1. The MSW is the Predominant Social Work Degree

The 2004 survey responses reveal that the Master's in Social Work (MSW) is the predominant social work degree for both men and for women. Nearly four out of five (79%) of active, licensed social workers in this survey had a MSW as their highest social work degree. Twelve percent have a BSW only, and 2% hold the DSW or PhD. Eight percent of licensed social workers do not have degrees in social work. Men are more likely than women to have an MSW (81% compared to 78%) or a DSW/PhD (4% compared to 2%).

Highest social work degree patterns varied by age group. Figure 5 shows that higher proportions of those in the lowest age cohorts have BSWs, and this percentage declines steadily for older age cohorts. The figure also shows that the percentages of respondents with DSW/PhD degrees increases steadily from 1% of the 35-44 cohort to 6% of the 65 and Over cohort. Note that the percentages for the older cohorts do not add to 100%, because some of the older respondents have no social work degree.

Figure 5. Percentage of Licensed Social Workers with Selected Highest Social Work Degrees, By Age Group, 2004



Questions Q1 and Q4

While the number of BSWs entering into social work positions has increased nationally, the percent of BSWs continuing their education to complete MSW degrees has declined. This pattern deserves additional exploration to determine why it is happening and what implications it has for the profession and its clients.

2. Approximately One-Quarter of all MSWs Previously Earned BSWs

BSW programs are an 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, but the percentage 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.

The likelihood that those receiving BSWs as their entry-level degrees will continue on to get a higher degree varies 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. This may be related to access to higher educational resources.

3. Few Licensed Social Workers Currently Enrolled in Social Work Degree Programs

Relatively few (3%) licensed social workers reported that they were currently enrolled in a social work degree program. 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 were age 45 or older, suggesting interest in educational advancement nearly the same as for younger age groups. The average age of MSW students was 41.4, while the average age of DSW/PhD students was 44.7.

Seventeen percent of the current social work students (26% of MSW students and 3% of DSW/PhD students) were men. Nine percent were African-American, 7% were Hispanic/Latino, and 3% were Asian, although this varied 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 heavily represented among the DSW/PhD students, at 17% and 7%, respectively. Fifty-three percent of those now enrolled in MSW programs had BSWs.

III. Employment Patterns of Licensed Social Workers

This chapter describes the employment patterns of these licensed social workers based on the responses to the 2004 licensed social worker survey. Information and insights from other sources are also included as appropriate.

The tabulations cover all important aspects of social work employment, including employment sector, employment setting, and practice area. They also highlight differences and similarities in employment patterns for different subsets of licensed social workers, especially groups defined by age and gender. Where appropriate, statements about the policy relevance of these findings are included for consideration by policy makers and stakeholders.

A. Supply of Social Workers

To provide a context for the analysis of the 2004 survey responses, this section begins with some trend data on employed social workers from BLS. These data suggest that the social work workforce has been relatively stable in recent years in terms of practitioners per 100,000 population.

1. Supply Keeping Up with Demand

To provide a perspective on this number of licensed social workers in the U.S., numbers of *employed* social workers as estimated by BLS were compiled for recent years. As expected, the BLS numbers were about 50% higher than the counts of licensed social workers used to create the sample for the licensed social worker survey. Figure 6 shows that on a per capita basis the numbers of these employed social workers were relatively constant between 1999 and 2003 at about 162 employed social workers per 100,000 population. Average annual salaries of these employed social workers increased from \$32,480 to \$37,650 (15.9%) over the same period.

2. Numbers Per Capita Vary Across States

The licensure lists used to create the sampling frame for the 2004 survey showed that there were approximately 310,000 *licensed* social workers in the U.S. in 2004, or 101 per 100,000 population. The map in Figure 7 shows, as is true for most professions, that these practitioners were not uniformly distributed across the fifty states. The ratio of active licensed social workers per 100,000 Population varied by a factor of about 17 across the states in 2004, from 23.7 in New Hampshire to 408 in Maryland. [Counts for Hawaii and Delaware were not available.]

This variation in the ratio of practitioners to population is relatively large compared to similar ratios for most licensed health professions. This is an indication of a lack of standardization of roles and utilization of licensed social workers across the states. It is also consistent with the fact that the requirements for licensure eligibility (e.g., education required) for licensed social workers also vary substantially across the states. The data show that, with the exception of New York, large states had relatively low numbers of licensed social workers per capita.

Figure 6. Social Workers per 100,000 Population and Average Annual Salary of Social Workers in the U.S., 1999 to 2003

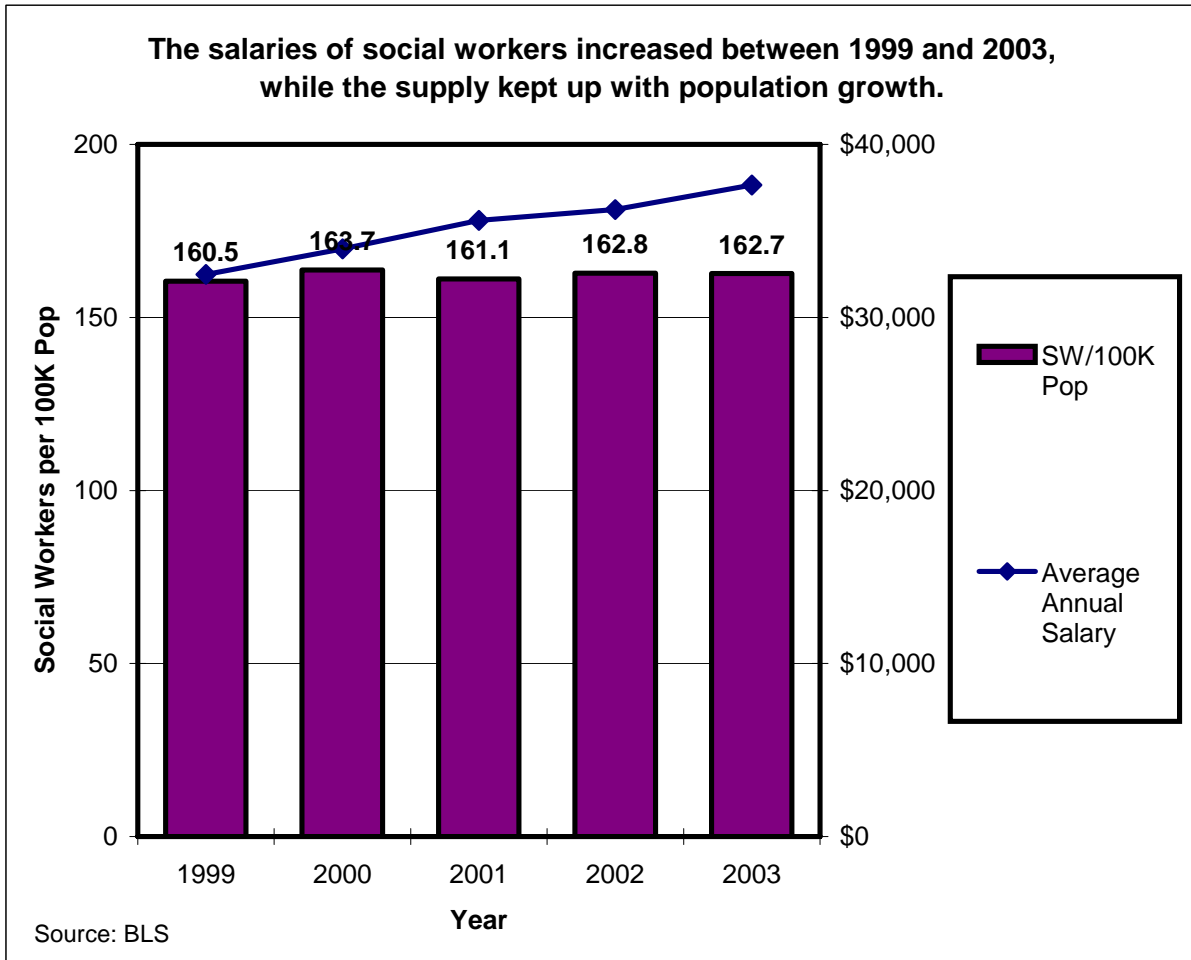
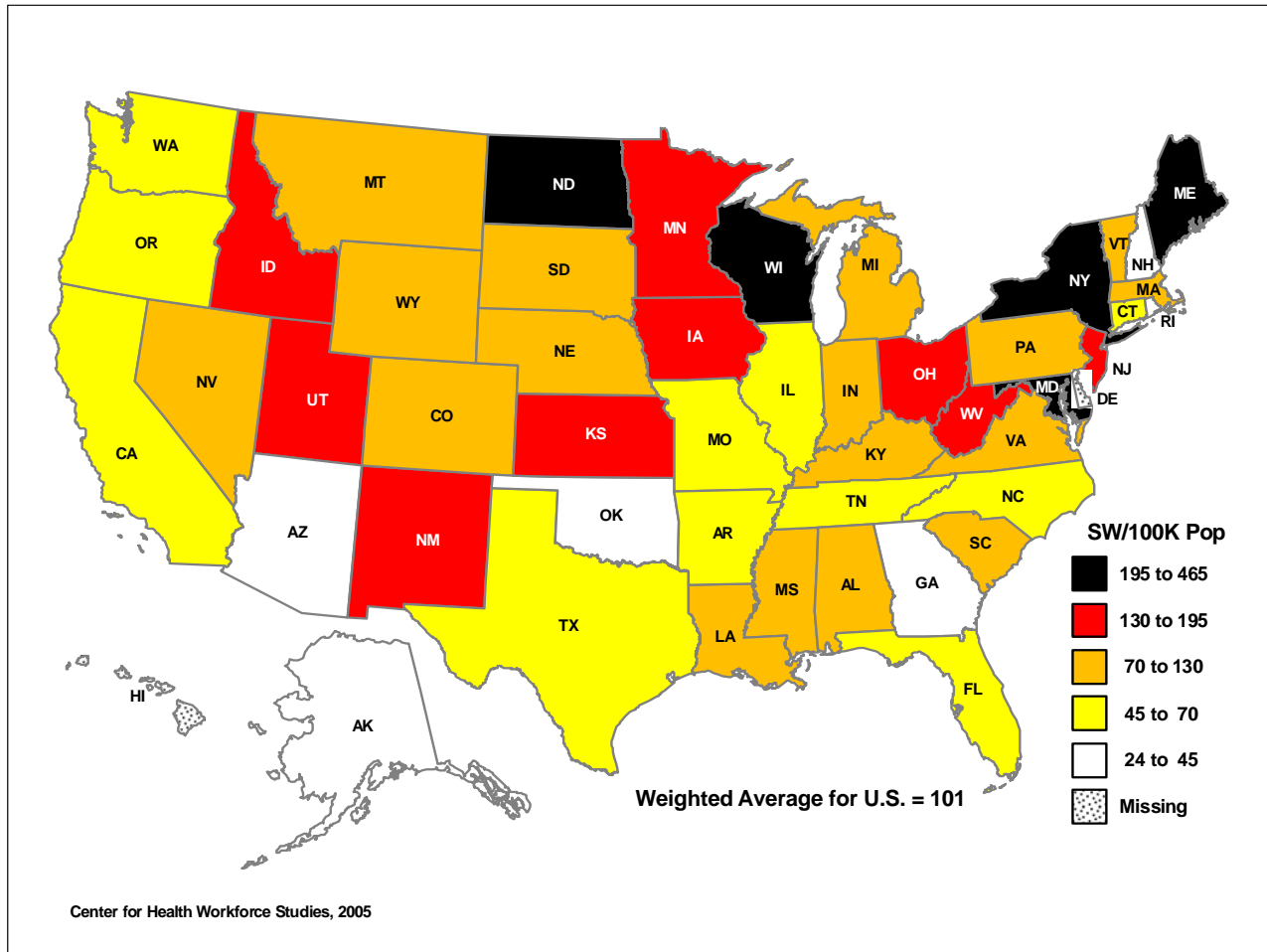


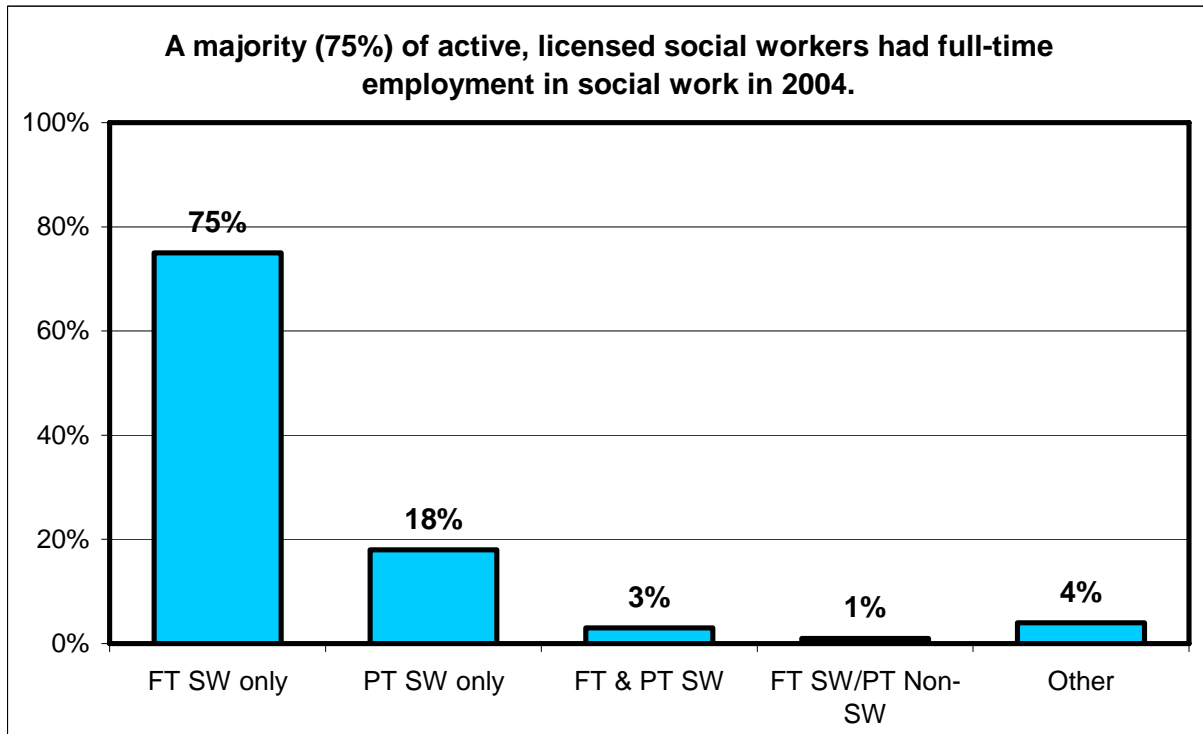
Figure 7. Licensed Social Workers per 100,000 Population for the Fifty States and the District of Columbia, 2004



B. Employment

Three-quarters of active licensed social workers were employed only full time in social work in 2004, and 18% were employed only part time in social work (Figure 8). Another 8% were employed in other fields or in combinations of situations.

Figure 8. Employment Status of Active, Licensed Social Workers, 2004



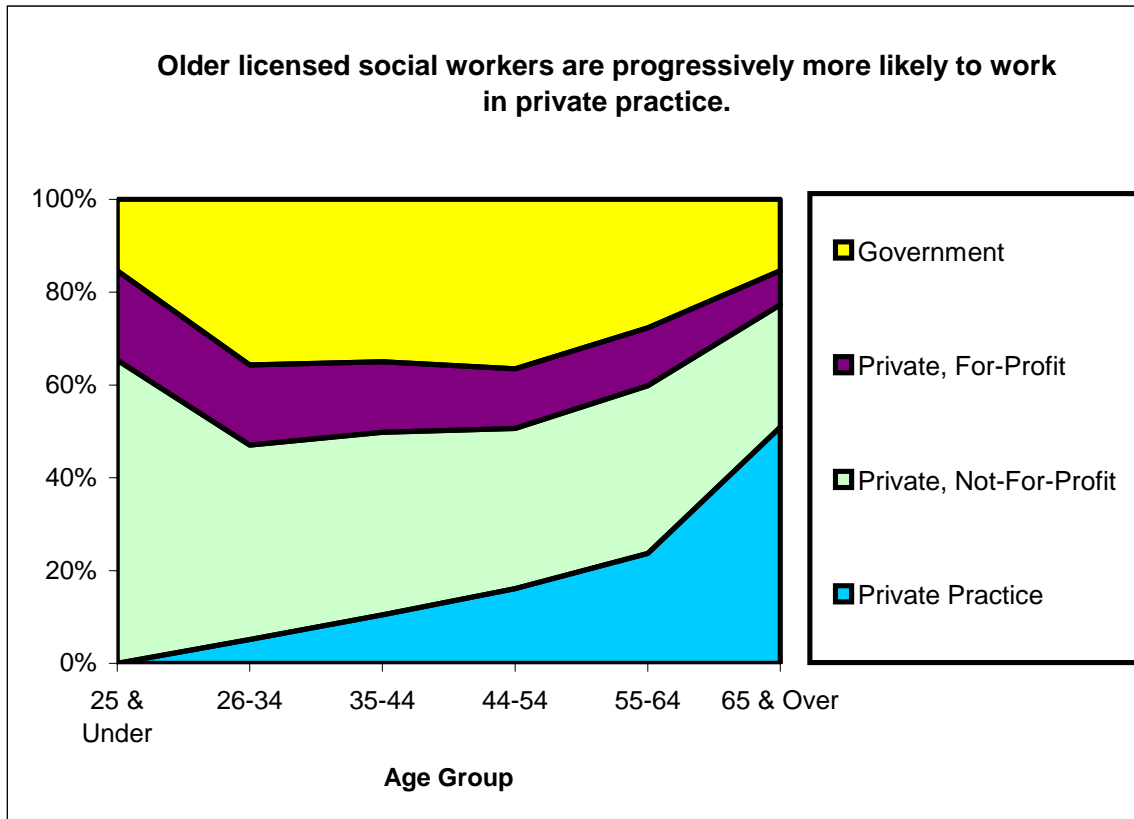
Question Q13

1. Sector of Primary Employment

The sector of the economy in which licensed social workers were employed varied with the age of the practitioners. Figure 9 below shows the percentages of practitioners whose primary employment is in each of four different sectors: Public (Federal Government, State Government, Local Government, or Military); Private For-Profit Organization, Private Not-For-Profit Organization, and Private Practice.

Older social workers are more likely to work as private practitioners, suggesting a possible career path pattern. This pattern could have an impact on the other three employment sectors.

Figure 9. Sector of Primary Employment of Licensed Social Workers, By Age Group, 2004



Questions Q1 and Q17 (combined)

The Public Sector in Figure 8 includes four sub-sectors. The percentages in each of the sub-sectors are shown in Table 4 below. The figures show that state government organizations employ about half of all licensed social workers in public agencies in all age groups.

Table 4. Sub-Sector of Primary Employment of Licensed Social Workers in the Public Sector, By Age Group, 2004

Public Sub-Sector	Age Group						Total
	25 & Under	26 -34	35 - 44	45 - 54	55 – 64	65 & Over	
Federal Government	0.0%	5.0%	8.7%	7.8%	9.6%	0.0%	7.6%
State Government	75.0%	53.7%	50.9%	54.1%	48.7%	48.0%	52.1%
Local Government	0.0%	39.3%	37.7%	36.7%	41.2%	48.0%	38.4%
Military	25.0%	2.0%	2.6%	1.4%	0.4%	4.0%	1.8%
n	4	201	265	425	228	25	1,148

Questions Q1 and Q17

Private practice is an important avenue for professional advancement for licensed social workers. In the same way that becoming a nurse practitioner provides a career path for RNs seeking more advanced professional practice, private practice provides new career opportunities for licensed social workers with the interest and ability.

2. Practice Area

Another perspective on active licensed social workers is the practice area that is the focus of their primary employment. Table 5 shows that mental health was the largest practice area for active licensed social workers in all four of the employment sectors in 2004, representing nearly 37% of all practitioners. Child Welfare/Family, Medical Health, and Aging were next on the list of practice areas, representing just over 13%, just under 13%, and 9% of all social workers, respectively.

Table 5. Practice Area of Primary Employment of Active Licensed Social Workers in the U.S., By Sector of Primary Employment, 2004

Practice Area of Primary Employment	Sector of Primary Employment				
	Private Practice	Private, Not-For-Profit	Private, For-Profit	Gov't	Total
Addictions	1.7%	3.3%	4.7%	2.1%	2.8%
Adolescents	4.5%	6.8%	4.7%	6.0%	5.9%
Aging	1.9%	6.8%	18.8%	6.0%	8.8%
Child Welfare/Family	6.6%	12.0%	5.6%	21.5%	13.3%
Community Development	0.2%	0.5%	0.0%	0.5%	0.4%
Criminal Justice	0.6%	0.4%	0.7%	3.1%	1.3%
Developmental Disabilities	0.4%	2.9%	3.1%	4.5%	3.0%
Higher Education	0.0%	1.2%	0.7%	3.0%	1.5%
Homeless/Displaced Persons	0.0%	1.5%	0.0%	0.8%	0.8%
Income Assistance	0.0%	0.2%	0.0%	0.4%	0.2%
Medical Health	0.4%	19.7%	22.8%	7.5%	12.9%
Mental Health	80.5%	31.8%	30.5%	22.8%	36.8%
Occupational Social Work	0.2%	0.3%	2.1%	0.9%	0.7%
School Social Work	0.2%	3.8%	1.6%	17.0%	7.2%
Other	3.0%	5.3%	4.7%	3.5%	4.2%
Total Count	534	1,195	426	1,048	3,203
Percent of Total Count	16.7%	37.3%	13.3%	32.7%	100%

Questions Q17 and Q19

The patterns of practice area varied across the four employment sectors. For example, the figures indicate that private practice was predominantly Mental Health, while Child Welfare/Family and

Developmental Disabilities were disproportionately in the government sector, and Medical Health was more likely to be in the private sector.

3. Primary Employment Setting

As one considers the composition of the licensed social worker workforce, it is interesting to know the percentages of active practitioners who work in different employment settings. Table 6 shows primary employment by setting for different age groups based on the 2004 survey responses. It shows that, except for the 65 & Over age group, Health Care Organizations were the primary employment setting for the largest percentage of active licensed social workers (31.8% overall). Private Practice and Social Service Organizations/ Services were each the primary employment setting for another 17.5% of social workers.

The table also reveals the same shift into private practice shown earlier for sector of primary employment. The percentage in private practice increased steadily by age group until in the 65 and Over group it reaches nearly 54% of older social workers who remain active. This increase appears to be primarily at the expense of social service organizations and organizations and services that serve children. It cannot be determined from the survey data the extent to which the new private practitioners may continue to serve these client groups.

Table 6. Primary Employment Setting of Active Licensed Social Workers in the U.S., By Age Group, 2004

Primary Employment Setting Category	Age Group						Total
	25 & Under	26 -34	35 - 44	45 - 54	55 – 64	65 & Over	
Private Practice	0.0%	5.6%	11.0%	17.2%	25.3%	53.9%	17.5%
Health Care Org	33.3%	34.8%	34.5%	31.4%	30.2%	20.1%	31.8%
Social Svc Org/Svc	25.0%	22.8%	18.0%	16.2%	16.7%	10.4%	17.5%
LTC Org/Svc	4.2%	8.0%	5.3%	6.2%	5.8%	2.6%	6.0%
Child Org/Svc	16.7%	11.9%	15.5%	11.2%	8.0%	3.2%	11.2%
Public Agency	0.0%	39.3%	37.7%	36.7%	41.2%	48.0%	38.4%
Other	16.7%	9.9%	9.9%	11.0%	8.6%	7.1%	9.9%
Total	100%	100%	100%	100%	100%	100%	100%
n	24	514	715	1,093	771	154	3,271

Questions Q1 and Q18 (combined)

C. Roles and Tasks

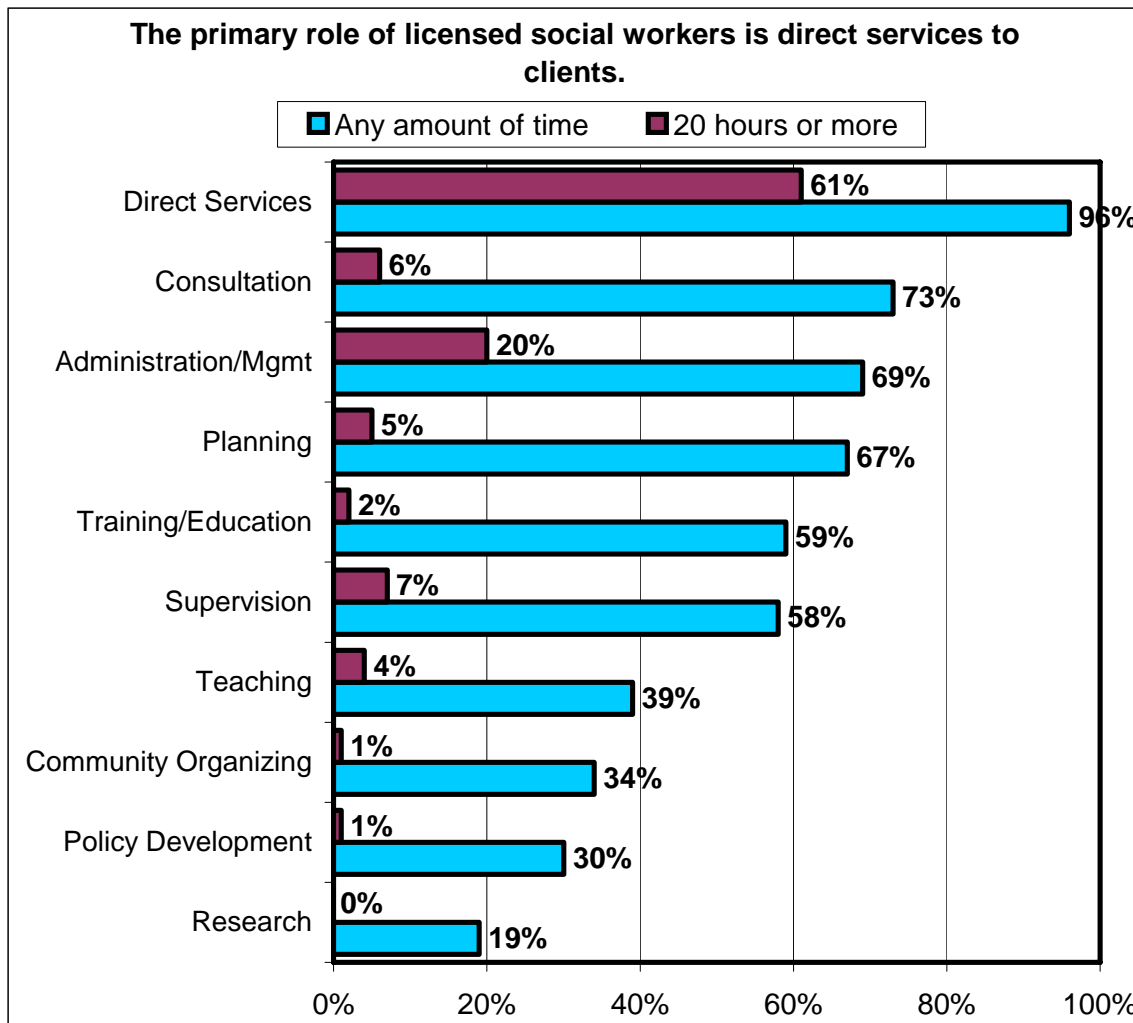
The roles and tasks of the survey respondents may be the best indicators of what licensed social workers do in their professional practice. This section of the report provides basic information on these two aspects of their work.

1. Roles

Figure 10 shows that the most common role in which licensed social workers spent any time is direct services (96%), followed by consultation (73%) and administration/management (69%). Social workers are least likely to spend any time in research (19%), policy development (30%), and community organizing (34%). Relatively few social workers devoted as much as 20 hours a week to any role other than direct services (61%) or administration/management (20%).

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 were not necessarily tasks on which they spend a majority of their time, however. There were only four tasks significant numbers of social workers reported spending more than half of their time on: 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.

Figure 10. Percent of Social Workers Spending Any Time or 20 or More Hours per Week on Selected Roles, 2004

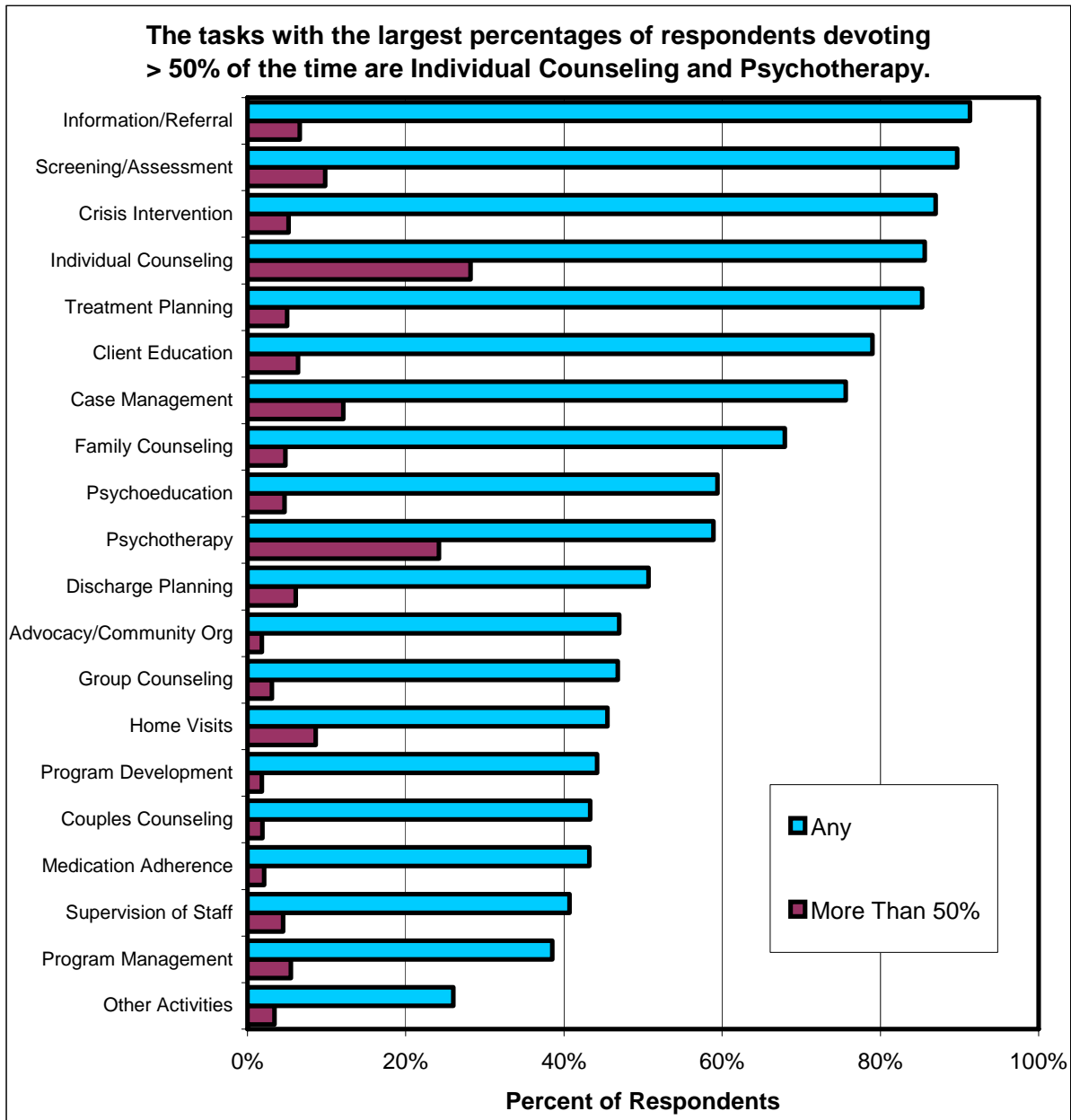


Question Q16

2. Tasks

Figure 11 shows that 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 were not necessarily tasks on which they spend a majority of their time, however. There were only four tasks significant numbers of social workers report spending more than half of their time on: 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.

Figure 11. Percent of Licensed Social Workers Spending Any Time or More Than Half Their Time on Selected Activities



Question Q29

Tasks by gender. Women were 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 were no social work tasks in which men were more likely to be involved 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 are 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, psycho-education, 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 psycho-education (68% versus 58%). African-Americans were less likely than either Hispanics or Whites to have any involvement in psycho-education (28%). There were more pronounced differences, however, in terms of percent spent on these various tasks. Black/African American social workers devoted more of their 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 of their time to psychotherapy. Similarly, Hispanic social workers devoted 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 did not significantly differ in the number of tasks they performed, but BSW and MSW tasks clearly differed, and the variation was more in terms of how much of certain tasks social workers performed than whether they were involved in a task or not. The five most common tasks for BSWs were: 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 were information/referral (91%), screening/assessment (91%), crisis intervention (89%), individual counseling (89%), and treatment planning (88%).

For tasks on which social workers spent more than half their time, the differences became 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 appeared 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 to 95% of social workers in most settings devoted some time to this tasks. Social workers in social service agencies were less likely to do treatment planning (77%) than

other social workers, 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 uncommon in social service agencies and schools, with 20% and 28% of social workers in these respective settings doing some, and 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 psycho-education. Individual counseling was most common in schools and hospices (both 94%), followed by behavioral health clinics and health clinics (both 93%). Group counseling, however, was most likely to occur in schools (78%) and psychiatric hospitals (74%), while family counseling was dramatically 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 psycho-education 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 far 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 spend 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.

3. Hours

Table 7 shows the numbers of primary employment and secondary employment hours worked in direct care for the same seven employment settings. Direct care hours represented a majority of employment hours for both primary and secondary employment (58.4% and 72.6%, respectively). It is interesting that respondents in private practice reported substantially fewer primary employment hours than respondents in other employment settings.

Table 7. Number of Hours, Total and Direct Care, Worked by Licensed Social Workers in Primary and Secondary Employment Settings, 2004

Employment Setting	n	Primary Employment Hrs			n	Secondary Employment Hrs		
		Total	Direct Care			Total	Direct Care	
			Hours	%			Hours	%
Private Practice	575	25.4	20.8	82.0%	289	8.1	7.1	87.9%
Health Care Org	1,052	36.2	23.3	64.2%	181	9.8	7.4	75.9%
Social Svc Org/ Svc	578	37.9	17.9	47.2%	81	9.0	6.3	70.2%
LTC Org/Svc	203	36.3	24.2	66.6%	45	8.8	6.8	76.6%
Child Org/Svc	370	36.7	22.8	62.0%	38	10.3	8.6	82.9%
Public Agency	212	37.0	16.0	43.4%	34	9.0	4.2	46.8%
Other	363	36.5	12.7	34.7%	199	8.2	3.9	47.6%
Total	3,353	34.8	20.3	58.4%	867	8.7	6.3	72.6%

Questions Q18 (selected), Q20a, and Q20b

D. Clients

The clients served by licensed social workers are an important aspect of their employment. The sections that follow describe the clients served by different subsets of survey respondents in terms of their demographics, their numbers, the conditions they have, and their health insurance coverage.

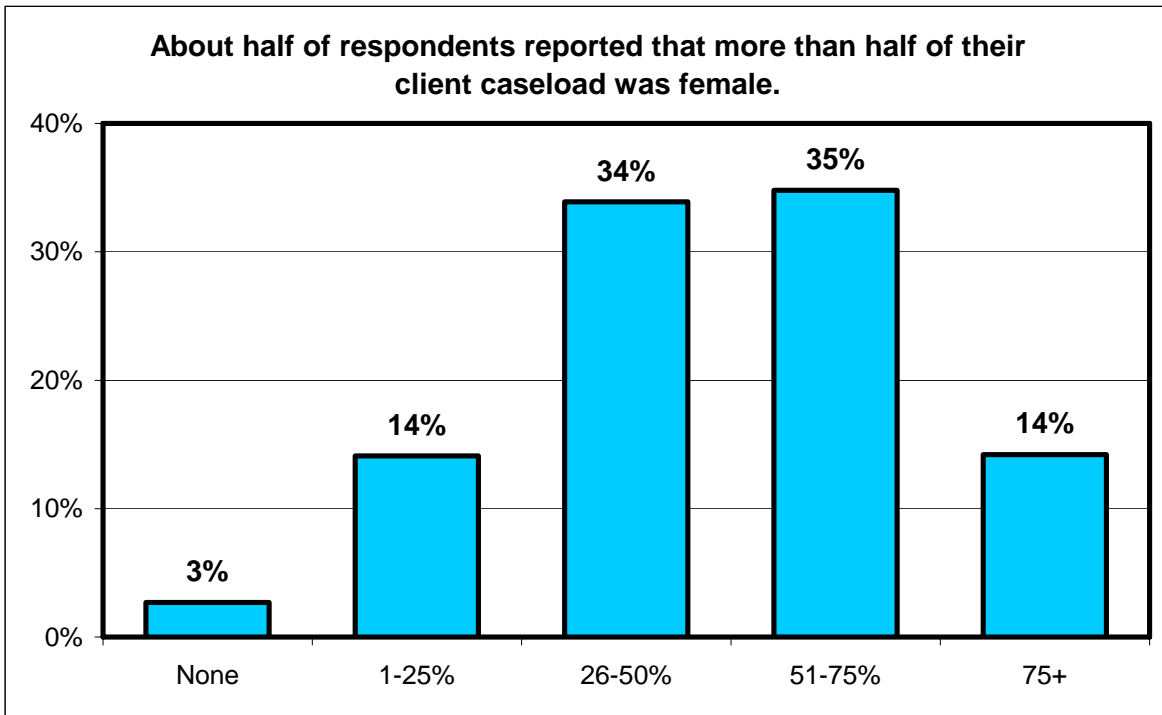
1. Client Demographics

Perhaps the most fundamental characteristics of clients are their demographics. Client gender, age, and race-ethnicity are summarized below.

Gender. Figure 12 shows that more than half of social workers (51%) reported that their caseload¹⁴ was 50% or fewer females (51% of the U.S. population is female), and 3% reported that they had no female clients at all. Only 14% of social workers worked in settings where their caseload was 75% or more female.

¹⁴ Some social workers that did not have a caseload indicated “0%” for this question. These responses were removed so that data given here only reflects social workers with a current caseload.

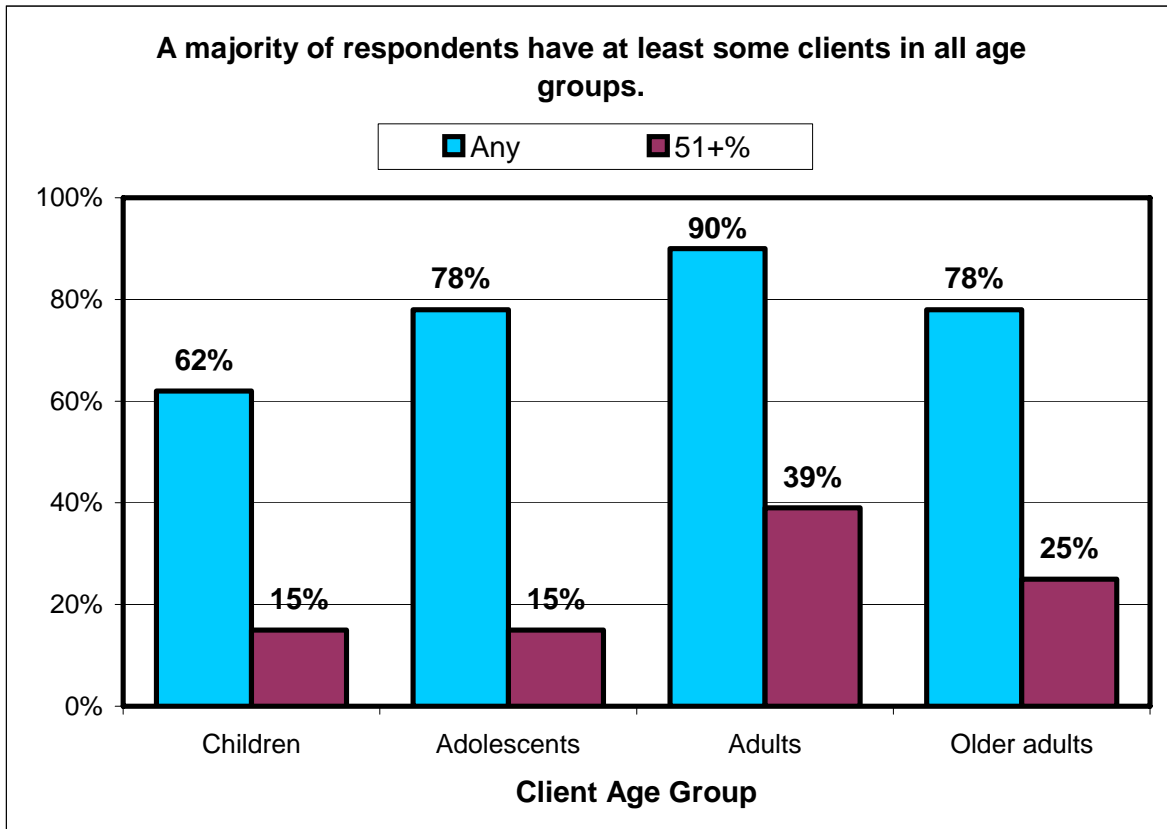
Figure 12. Percent of Caseload of Licensed Social Workers That is Female, 2004



Question Q31

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

Figure 13. Percent of Caseload of Licensed Social Workers, by Client Age Group, 2004



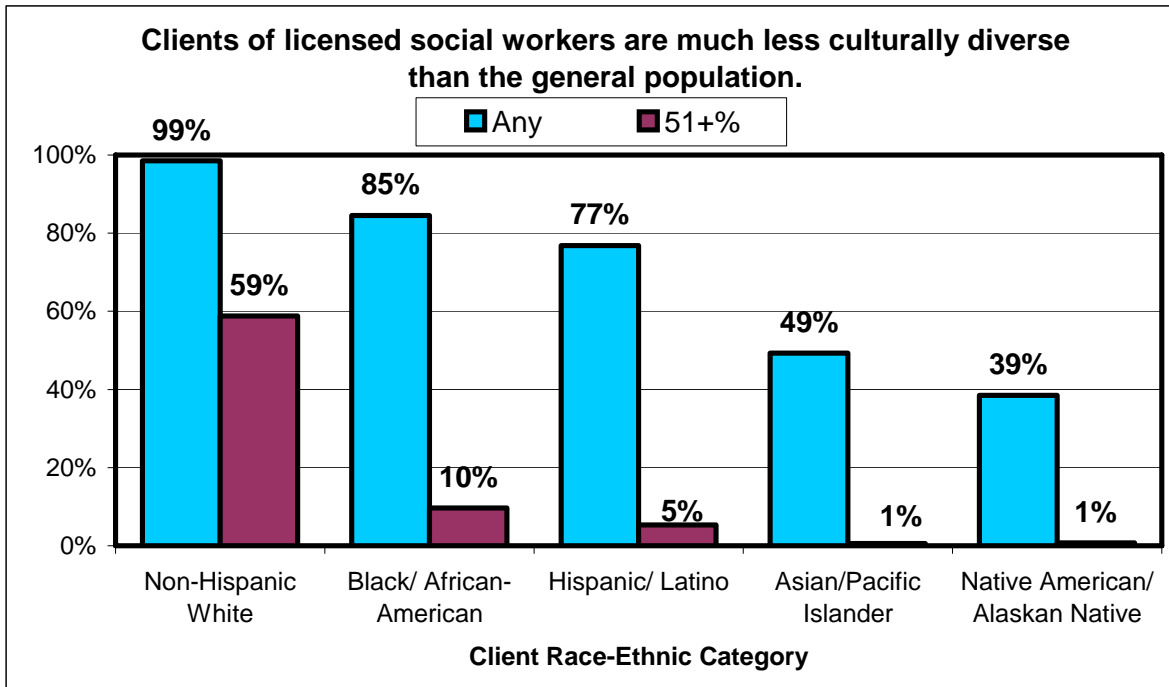
Question Q32

Female social workers saw significantly more children in their caseloads than male social workers, and male social workers saw significantly more adolescents and adults. There was not a significant gender difference in the percent of older adults in respondents' caseloads. Age of caseload does not appear to have differed by race/ethnicity or age of social worker.

Race/ethnicity. Figure 14 shows that most licensed social workers saw a client base that was racially and ethnically diverse. Virtually all social workers (99%) saw at least some non-Hispanic white clients, and most saw some Black/African-American clients and Hispanic clients (85% and 77%, respectively). Fewer social workers saw any Asian clients (49%) or Native American clients (39%).

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

Figure 14. Percent of Caseload of Licensed Social Workers, by Client Race/Ethnic Category, 2004



Questions Q3 and Q33

Race/ethnicity of caseload by race/ethnicity of social worker. Licensed social workers in each of the racial-ethnic groups were more likely to report caseloads from their own racial/ethnic group. Thus, while 59% of all social workers carried caseloads that were more than half non-Hispanic White, among non-Hispanic White social workers the percent with non-Hispanic White clients increased to 63%. Similarly, only 10% of all licensed social workers saw predominantly African American caseloads, but this increased to 44% among African American social workers. Five percent of all social workers, but 42% of Hispanic social workers saw predominantly Hispanic caseloads, and 1% of social workers but 18% of Asian social workers saw predominantly Asian caseloads. Less than 1% of social workers saw predominantly Native American caseloads, but 31% of Native American social workers did.

2. Client Caseload

Over 90% of active licensed social workers reported having at least some client caseload, most through their primary employment setting. The size of caseload is summarized in Table 8, which shows the percentage of respondents with different caseloads for seven employment settings. Perhaps the most striking thing in Table 8 is the variation across the settings. It shows that respondents in Long Term Care Organizations and Child Service Organizations were most likely to have caseloads larger than 50 clients. It also shows that respondents in Other settings (i.e., business, insurance companies, etc.), Public Agencies, and Social Service Organizations were most likely to have no direct client caseload.

**Table 8. Current Caseload of Licensed Social Workers,
for Primary and Secondary Employment Settings, 2004**

Employment Setting	Caseload									
	0	1-10	11-15	26-50	51-75	76-100	>100	Miss	Total	n
Primary										
Private Practice	0.9%	14.7%	22.2%	46.0%	8.2%	3.0%	3.6%	1.4%	100%	559
Health Care Org	6.9%	16.9%	18.0%	30.2%	9.3%	9.0%	8.4%	1.2%	100%	984
Social SVC Org/Svc	12.7%	19.8%	17.8%	30.3%	6.7%	6.5%	5.7%	0.6%	100%	495
LTC Org/Svc	1.6%	6.4%	11.7%	37.8%	19.7%	14.4%	8.0%	0.5%	100%	188
Child Org/Svc	3.8%	8.8%	13.5%	40.6%	10.5%	12.9%	8.8%	1.2%	100%	342
Public Agency	16.1%	13.4%	12.1%	34.9%	9.4%	6.0%	6.7%	1.3%	100%	149
Other	23.7%	21.0%	18.3%	20.2%	5.7%	4.6%	5.7%	0.8%	100%	262
Total	238	463	523	1,019	273	230	201	32	100%	2,979
Percent of Total	8.0%	15.5%	17.6%	34.2%	9.2%	7.7%	6.7%	1.1%	100%	
Secondary										
Secondary	0	1-10	11-15	26-50	51-75	76-100	>100	Miss	Total	n
Private Practice	4.4%	68.3%	18.1%	6.6%	1.1%	0.0%	3.6%	1.4%	100%	271
Health Care Org	19.1%	47.5%	19.8%	6.2%	1.9%	3.7%	8.4%	1.2%	100%	162
Social SVC Org/Svc	25.0%	47.2%	13.9%	6.9%	1.4%	2.8%	5.7%	0.6%	100%	72
LTC Org/Svc	10.8%	48.6%	18.9%	13.5%	5.4%	2.7%	8.0%	0.5%	100%	37
Child Org/Svc	8.8%	38.2%	32.4%	14.7%	5.9%	0.0%	8.8%	1.2%	100%	34
Public Agency	35.7%	42.9%	3.6%	10.7%	3.6%	0.0%	7.7%	1.3%	100%	28
Other	44.7%	27.6%	12.5%	8.6%	3.9%	1.3%	5.7%	0.8%	100%	152
Total	161	391	129	61	18	12	201	32	100%	756
Percent of Total	19.3%	50.4%	17.1%	7.8%	2.4%	1.5%	6.7%	1.1%	100%	

Note that the red and green shading in this table is for vertical comparisons.

Questions Q18 (selected) and Q30

3. Client Conditions

Table 9 shows that the percentages of respondents reporting different frequencies of selected conditions among their clients varied considerably. Few respondents reported that they had no clients with any of the conditions included on the questionnaire. The table reinforces the finding that licensed social workers deal with clients with a wide range of medical and mental health problems.

The variations in these patterns were even greater across different employment settings and practice areas, although it is difficult to summarize the results succinctly in tables and charts.

Table 9. Percentage of Clients with Selected Conditions

Client Condition	None	Few	Some	Many	n
Mental Illness	4.3%	25.5%	30.9%	39.2%	3,246
Affective Conditions	10.2%	26.3%	30.6%	32.9%	3,113
Neurological Conditions	19.9%	47.0%	26.3%	6.9%	3,035
Developmental Disabilities	25.2%	43.8%	20.6%	10.4%	3,088
Physical Disabilities	20.6%	41.8%	18.9%	18.7%	3,088
Substance Abuse Conditions	13.3%	30.5%	29.3%	26.8%	3,136
Acute Medical Conditions	21.1%	38.6%	19.9%	20.4%	3,045
Psychosocial stressors	1.9%	5.8%	16.0%	76.3%	3,229
Chronic Medical Conditions	12.0%	33.6%	26.1%	28.3%	3,124
Co-Occurring Conditions	4.3%	25.5%	30.9%	39.2%	3,246

Question Q35

4. Client Health Coverage

Health coverage is another important characteristic of the clients of social workers, with the extent of reimbursement often determining whether or not they actually receive services. Table 10 shows that Medicaid was the most common source of health coverage for the clients of survey respondents (40.7%), followed by Private Insurance (24.3%) and Medicare (16.4%).

Medicaid was the most common source of health coverage for clients of more than half of survey respondents in the practices areas of Child Welfare/Families (69.9%), Adolescents (55.7%), and School (51.3%). Medicare was the most common source health coverage for clients of respondents in Medical Health (56.5%) and Aging (57.0%). Private Insurance was the most common source of health coverage for clients of respondents in Mental Health (42.4%). Almost one-third (32.5%) of clients of respondents in Addictions had no insurance.

Table 10. Percentages of Clients of Respondents in Selected Practice Areas with Selected Health Coverage

Practice Area (Specialty)	Most Common Source Client Health Coverage						Total
	Medicaid	Medicare	Private Insurance	Private Pay	Not Insured	Don't Know	
Mental Health	32.8%	6.7%	42.4%	7.9%	7.3%	2.9%	1,072
Medical Health	24.6%	56.5%	9.7%	1.1%	6.8%	1.4%	370
Child Welfare/Family	69.9%	2.3%	14.0%	2.9%	3.8%	7.0%	342
Aging	36.3%	57.0%	0.8%	5.2%	0.0%	0.8%	251
School	51.3%	3.0%	17.8%	1.7%	3.5%	22.6%	230
Adolescents	55.7%	2.9%	21.8%	5.2%	5.7%	8.6%	174
Addictions	27.5%	1.3%	22.5%	12.5%	32.5%	3.8%	80
Other	43.1%	11.1%	20.3%	7.3%	10.3%	7.9%	592
Total	1,265	511	757	178	221	179	3,111
	40.7%	16.4%	24.3%	5.7%	7.1%	5.8%	100%

Questions Q19 (selected) and Q34

E. Salaries and Benefits

On average, wages/salaries of licensed social workers (working full time in social work for one employer in 2004) exceed those of social workers in general, as reported by BLS¹⁵ (for 2003). The difference in median annual wages/salaries was between approximately \$7,500 and \$13,000, depending on the class of social worker.

1. Gender Gap

As is true in most professions, the survey responses revealed a gender gap in salaries for licensed social workers in 2004. The raw difference in average salaries for men and women working full-time in a single social work job was \$12,045, with 389 men reporting an average annual salary of \$61,040 and 1,744 women reporting \$48,995. Controlling for a number of other factors (including age, race, geographic area, highest social work degree, rural/urban setting, license required, size of caseload, vacancy patterns, practice area, employment sector, employment role, and years of experience), the average salary gap dropped to approximately \$7,052. Since the mean salary for these individuals was about \$51,192, the percentage gap was about 14%.

A number of the other variables included in the analysis of covariance model used to estimate the magnitude of the gender salary gap were also statistically significant, controlling for the influence of all the other variables in the model. Table 11 summarizes the nature of the relationship of these variables to the estimated salary levels of the respondents.

¹⁵ BLS (2005)

Table 11. Variables with a Statistically Significant Relationship with Estimated Salaries of Licensed Social Workers Working Full Time in a Single Social Work Job

Variable	General Nature of the Relation to Salary Level
Gender (q2)	Males had higher salaries
Census Division (c10)	Pacific region had the highest salaries; South Central had the lowest
Highest SW Degree (c21)	DSWs had highest salaries; MSWs had second highest
Rural/Urban Location (c36)	Metropolitan areas had the highest salaries; rural areas had the lowest
Size of Primary Caseload (q30a)	No caseload had the highest salaries; 11-15 and 26-50 clients had lowest
Sector of Employment (c13)	Private practice had highest salaries; Private not-for-profit had lowest
# of SW Certifications (c27)	Two certifications had highest salaries; 6, 4, and 5 had the lowest
Years of Experience (c7)	Each year of experience was associated with about \$419 more salary

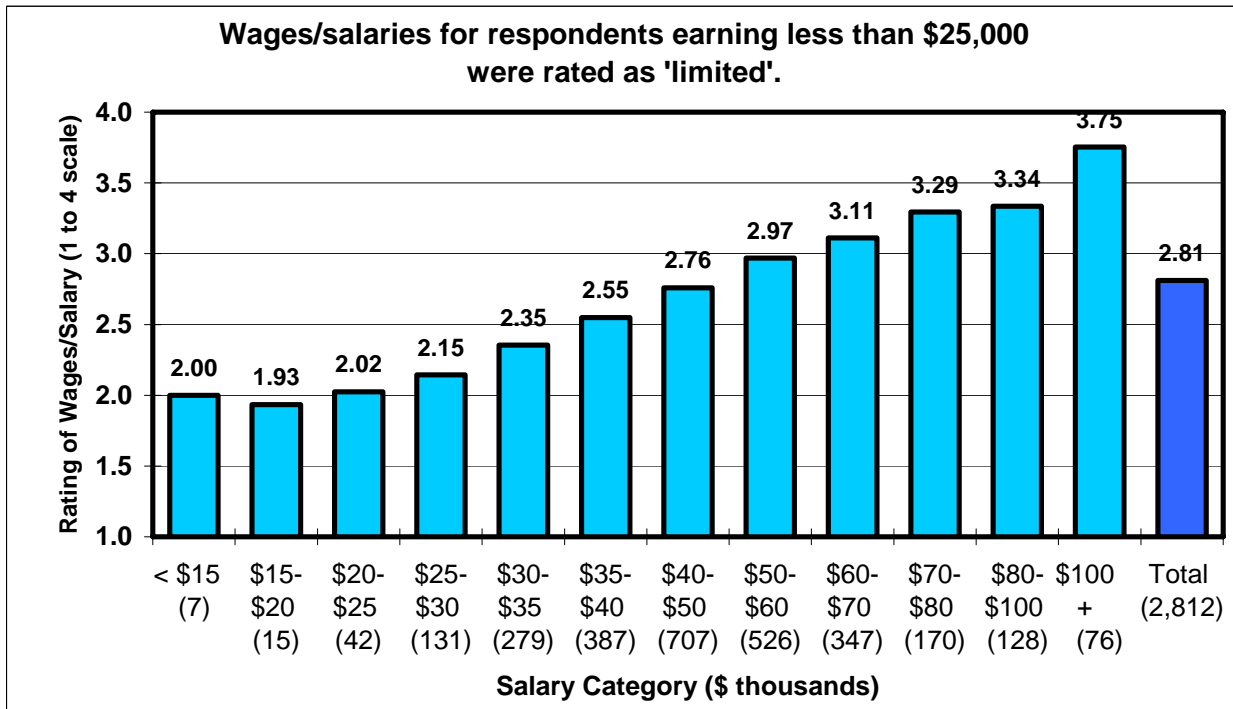
2. Rating of Compensation

Figures 15 and 16 provide ratings of wages and salaries of respondents working full time in social work, based on a four-point rating scale included in question 26 in the survey. This rating is provided in two formats, the first in Figure 15 as an average score based on the responses to the question by those in different salary groups, and the second in Figure 16 based on the percentage of respondents who rated their salary/wages either “very limited” or “limited”.

The former method shows a progressively higher average rating for higher salary categories, with the average rating for the lowest salary groups indicating an average rating of “limited”. The latter method shows that more than half of respondents working full time in social work earning less than \$35,000 per year rated their wages/salary as “very limited” or “limited”.

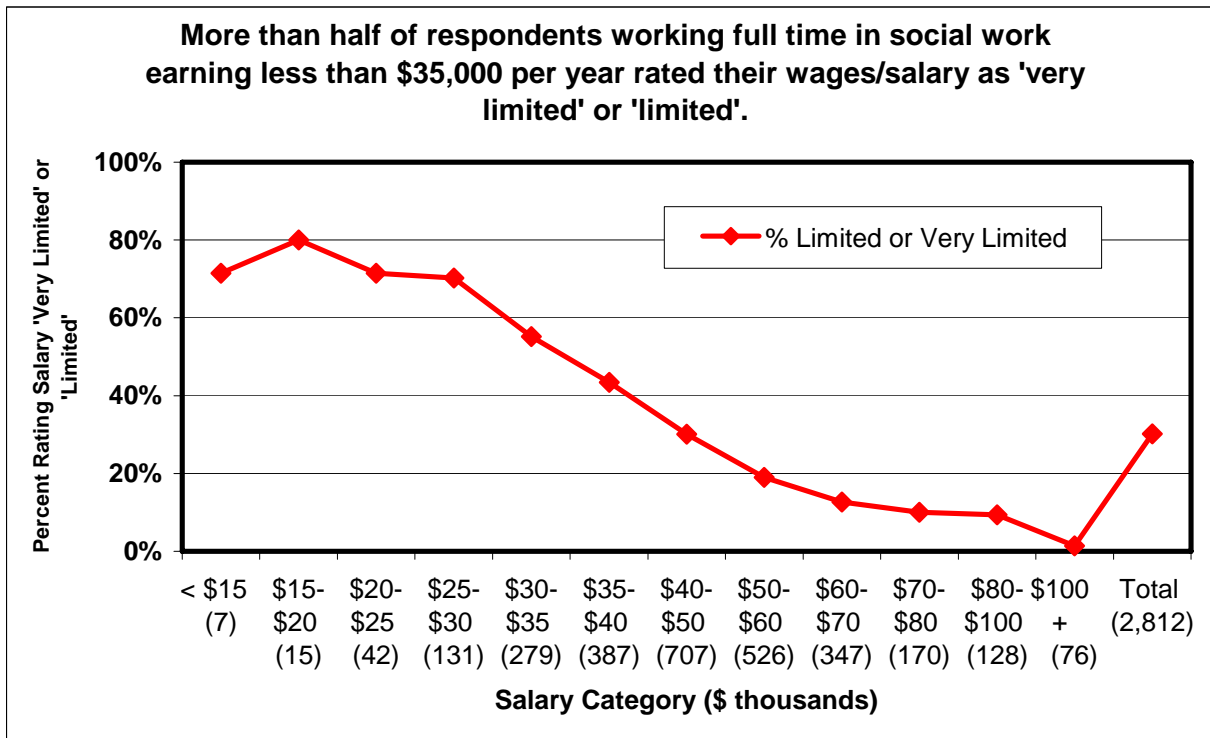
Ratings of fringe benefits are summarized in Table 12, which provides an average rating score for different numbers of benefits reported by respondents. The table shows that a majority of respondents with 0 or 1 or 2 benefits in their compensation packages rated their benefits “limited” or “very limited.” The table also shows that a majority of respondents with as many as 5 or 6 or 7 benefits in their compensation package rated their benefits as “adequate” or “very adequate”.

Figure 15. Ratings of Wages/Salaries of Licensed Social Workers, 2004



Questions Q26 and Q27

Figure 16. Percentage of Survey Respondents Rating Licensed Social Work Earnings as 'Very Limited' or Limited, 2004



Questions Q26 and Q27

Table 12. Ratings of Benefits by Respondents Working Full Time in Social Work

Rating of Benefits	Number of Benefits								
	0	1	2	3	4	5	6	7	Total
Very Limited	77.8%	58.5%	12.7%	4.9%	1.1%	0.9%	0.6%	0.0%	12.0%
Limited	8.1%	24.2%	35.6%	27.5%	16.7%	6.2%	5.4%	0.0%	16.9%
Adequate	11.1%	15.0%	45.8%	55.0%	57.2%	60.4%	49.5%	46.2%	49.0%
Very Adequate	3.0%	2.3%	5.8%	12.6%	24.9%	32.5%	44.4%	53.8%	22.1%
Total	135	260	275	451	699	563	313	52	2,748

Questions Q28 and Q26

3. Comparisons with Other Professions

Table 13 shows that wages/salaries for licensed social workers varied by highest social work degree. Median wages/salaries in 2004 for active licensed social workers with BSW, MSW, and DSW degrees (highlighted in Table 13) were \$33,540, \$49,570, and \$65,700, respectively. These salary levels are comparable to those for other professions often compared with social workers (e.g., counselors, clergy, educators, librarians, and RNs).

Table 13. Comparative Wages for Social Workers and Selected Professions, as of 2003

BLS Code	Profession	Employed in 2003	Wage			
			25 th %ile	Mean	Median	75 th %ile
21-1011	Substance Abuse and Behavioral Disorder Counselors	64,900	\$25,330	\$33,580	\$31,500	\$39,470
21-1014	Mental Health Counselors	86,650	\$25,260	\$35,060	\$32,040	\$42,170
	Licensed Social Workers, BSW*	35,060	\$29,400	\$36,200	\$33,540	\$40,300
21-1023	Social Worker, Mental Health and Substance Abuse	102,110	\$26,790	\$35,860	\$33,650	\$43,030
21-1021	Social Worker, Child, Family, and School	252,870	\$27,370	\$37,190	\$34,300	\$44,460
21-2011	Clergy	37,630	\$25,450	\$38,410	\$34,930	\$47,190
21-1022	Social Worker, Medical and Public Health	103,040	\$30,900	\$40,540	\$39,160	\$49,010
43-1011	First-Line Supervisors/Managers of Office Workers	1,402,290	\$30,940	\$42,960	\$39,920	\$51,910
25-4021	Librarians	151,650	\$35,500	\$46,140	\$44,730	\$55,880
21-1012	Educational, Vocational, and School Counselors	217,570	\$34,070	\$46,850	\$44,990	\$57,550
25-2031	Secondary School Teachers, Except Social & Voc Ed	1,033,020	\$36,050	\$47,810	\$45,180	\$57,160
	Licensed Social Workers, Any Degree*	255,000	\$36,910	\$49,970	\$46,660	\$58,830
	Licensed Social Workers, MSW*	233,560	35,521	\$52,900	\$49,570	\$60,198
29-1111	Registered Nurses	2,280,170	\$42,260	\$52,810	\$51,020	\$61,170
25-1067	Sociology Teachers, Postsecondary	13,890	\$40,310	\$58,720	\$53,870	\$71,220
25-1066	Psychology Teachers, Postsecondary	28,370	\$41,340	\$59,780	\$54,530	\$72,000
25-1052	Chemistry Teachers, Postsecondary	17,880	\$43,080	\$63,040	\$56,190	\$75,590
25-1011	Business Teachers, Postsecondary	68,040	\$39,530	\$64,410	\$56,560	\$81,140
	Licensed Social Workers, DSW*	6,260	\$53,060	\$73,300	\$65,700	\$97,960

Sources: OES Statistics from BLS, from <http://www.bls.gov/oes/current/oes210000.htm>

* CHWS/NASW Survey: Wage/salary estimates are for only those employed FT in SW for one employer in 2004

These figures suggest that, on average, the licensure process results in increased wages/salaries for social workers. They also indicate that earning advanced social work degrees results in higher wages/salaries. They also suggest that, because the BLS estimates include many of the higher paid licensed Social Workers, unlicensed social workers may earn even less than the BLS estimates would suggest. A more sophisticated analysis of salary structures and the roles and responsibilities of licensed social workers may reveal other factors that are important determinants of wage/salary levels of licensed social workers.

4. Urban/Rural Differences

Table 14 shows that the 19% of licensed social workers who work in micropolitan areas, rural areas, and small towns earned lower salaries than those in metropolitan areas. The reason for the differences cannot be determined from the survey data, but some of the difference is undoubtedly attributable to differences in costs of living.

Table 14. Salaries of Licensed Social Workers by Rural/Urban Location, 2004

Gross SW Salary Category	Rural/Urban Status of Primary Setting				Total
	Metropolitan Area	Micropolitan Area	Small Town	Rural Area	
< \$15,000	0.1%	0.7%	0.0%	1.5%	6
\$15,000 - \$19,999	0.3%	1.5%	0.0%	1.5%	12
\$20,000 - \$24,999	1.3%	1.1%	3.8%	3.1%	38
\$25,000 - \$29,999	4.0%	7.4%	8.8%	12.3%	124
\$30,000 - \$34,999	7.9%	16.0%	18.8%	21.5%	250
\$35,000 - \$39,999	12.3%	18.6%	21.9%	18.5%	350
\$40,000 - \$49,999	25.8%	24.9%	28.1%	23.1%	657
\$50,000 - \$59,999	19.5%	17.8%	8.8%	10.8%	470
\$60,000 - \$69,999	13.7%	7.1%	6.9%	1.5%	312
\$70,000 - \$79,999	7.0%	1.1%	1.9%	1.5%	151
\$80,000 - \$99,999	4.9%	2.6%	0.6%	3.1%	110
\$100,000 +	3.2%	1.1%	0.6%	1.5%	71
Total Respondents	2057	269	160	65	2,551
% of Total	80.6%	10.5%	6.3%	2.5%	100%
Median Salary	\$49,311	\$42,160	\$39,014	\$38,171	\$47,820

Questions Q27 and C36

IV. Workplace Issues for Licensed Social Workers

The 2004 survey included several questions designed to elicit insights about the career plans and work environment of respondents. Some of the highlights from these questions are summarized below.

A. Career Plans

Career plans are an important aspect of the supply of any profession. These help to clarify the reasons for outflows of practitioners from the workforce, which generates the need for new professionals to maintain the supply of practitioners and services. Table 15 summarizes the responses to a question on the 2004 survey about “career plans in the next two years.” The table shows that nearly 70 percent of respondents planned to remain in their current position. They also show that some 7.4% indicated they would either retire or stop working, and another 4.7% indicated they would leave social work, but continue working.

Table 15. Career Plans of Active Licensed Social Workers by Age Group, 2004

Career Plans in Next Two Years	Age Group						Total
	25 & Under	26-34	35-44	44-54	55-64	65 & Over	
Remain in Current Position	53.8%	58.7%	69.4%	72.6%	75.4%	64.9%	69.8%
Seek New Opportunity/Promotion as SW	50.0%	39.1%	31.1%	26.2%	16.5%	4.6%	26.1%
Increase SW Hours	3.8%	7.3%	9.6%	8.7%	7.1%	3.4%	8.0%
Decrease SW Hours	3.8%	11.6%	8.7%	7.8%	13.2%	16.7%	10.3%
Re-Enter SW	0.0%	0.0%	0.1%	0.2%	0.2%	0.6%	0.2%
Leave SW But Continue to Work	3.8%	4.7%	5.7%	4.9%	3.5%	4.0%	4.7%
Retire	0.0%	0.0%	0.5%	2.9%	13.7%	33.3%	5.9%
Stop Working	0.0%	2.4%	1.8%	0.7%	0.9%	5.2%	1.5%
Pursue Additional SW Degree	30.8%	13.5%	7.3%	5.5%	1.6%	2.3%	6.3%
Pursue Additional Non-SW Degree	19.2%	10.6%	9.1%	6.8%	3.1%	1.1%	6.8%
Pursue Non-Degree SW Training	23.1%	17.3%	14.2%	15.0%	11.9%	9.2%	14.2%
Other	0.0%	7.1%	7.5%	6.6%	5.4%	2.3%	6.3%
Total N	26	578	790	1,200	863	174	3,631

Questions Q1 and Q47

Career plans by gender. Although men and women reported similar career plans over the next two years, 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).

Career plans by race/ethnicity. There were some striking differences in career plans between non-Hispanic White and minority social workers, particularly Black/African Americans. African Americans were significantly less likely than Whites to say that they planned to remain in their current position (54% compared to 72%), and significantly 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%). This suggests the need for retention strategies for African American practitioners. 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 significantly 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%).

B. Workplace Safety

Table 16 shows the extent of concerns about job safety by survey respondents in different primary employment settings. More than 4 out of 5 of those in criminal justice agencies and psychiatric hospitals reported these concerns, as did more than half of respondents in hospices, behavioral health clinics, group homes for children and adolescents, social service agencies, and schools.

Although 7 out of 10 respondents who indicated concern about job safety reported that their employer adequately addressed these concerns, nearly 30% did not. This is clearly an important issue for follow up in a subsequent study, especially if the safety concerns are related to the physical safety of the social workers.

Table 16. Extent of Concerns About Job Safety by Licensed Social Workers, by Setting of Primary Employment, 2004

Setting of Primary Employment	Faced w/ Personal Safety Issues?		Safety Issues Adequately Addressed?	
	% Yes	Total n	No	Yes
Criminal Justice Agency	83.7%	43	23.9%	76.1%
Psychiatric Hospital	81.8%	110	29.4%	70.6%
Hospice	60.7%	61	10.9%	89.1%
Behavioral Health Clinic	59.3%	258	32.9%	67.1%
Group Home - Child/Adolescent	55.3%	38	16.7%	83.3%
Social Service Agency	54.3%	405	41.5%	58.5%
Health Clinic/Outpatient Facility	51.0%	151	29.7%	70.3%
School	50.2%	271	36.4%	63.6%
Case Mgmt Agency - Older Adults	48.4%	31	40.0%	60.0%
Other	47.6%	191	28.3%	71.7%
Home Health Agency	47.6%	21	18.2%	81.8%
Case Mgmt Agency - Other	44.4%	45	18.2%	81.8%
Hospital/Medical Center	43.3%	312	23.0%	77.0%
Other Gov't Agency	40.4%	89	42.2%	57.8%
Group Home - Adult	36.4%	11	0.0%	100.0%
Public Health Agency	36.4%	33	44.4%	55.6%
Nursing Home	28.6%	77	19.2%	80.8%
Private Solo Practice	21.9%	251	17.1%	82.9%
Private Group Practice	18.7%	75	15.0%	85.0%
Employee Assistance Program	16.7%	18	14.3%	85.7%
Higher Education	14.3%	49	25.0%	75.0%
Total	46.7%	2,540	29.8%	70.2%

Questions Q18 and Q45

C. Factors Influencing Employment Decisions

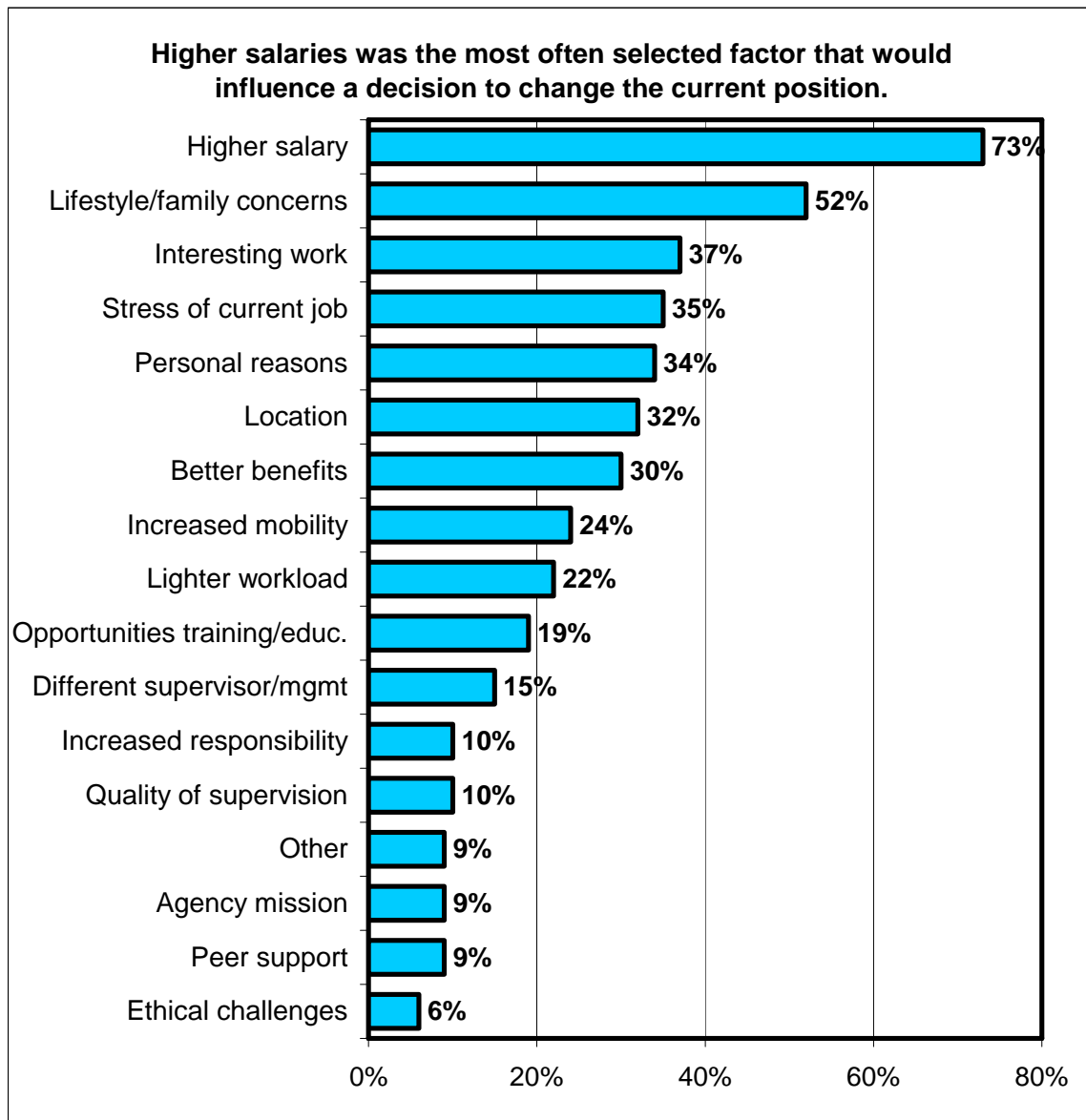
The factors most frequently cited by social workers that would influence them to change their current position were higher salary (73%), lifestyle/family concerns (52%), more interesting work (37%), and stress of the current job (35%). Figure 17 provides a ranked list of reasons for changing the respondents current position.

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 than women to say that they would change positions

for more interesting work, increased mobility, location, or agency mission. Women were more likely than men to say that they would change positions due to lifestyle/family concerns, quality of supervision, or stress of current job.

Factors by race/ethnicity. Black/African American social workers were more likely than Whites to cite several important factors in influencing whether they would 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).

Figure 17. Reasons That Would Influence Changing Current Employment Position



Question Q48

D. Working with Other Social Workers

Table 17 provides insights about the extent to which licensed social workers may be isolated from other social workers in their employment. It shows that only in schools did substantially fewer than half of respondents report that they were supervised by a social worker. It also shows that fewer than 1 respondent in 5 (19.3%) indicated there were no other social workers employed in their primary work setting.

This suggests that a majority of licensed social workers have contact with other social workers in their work. Additional research would be required to assess the nature and extent of the professional contact that is involved.

Table 17. Percent of Employed Licensed Social Workers Working with Other Social Workers, for Selected Practice Areas

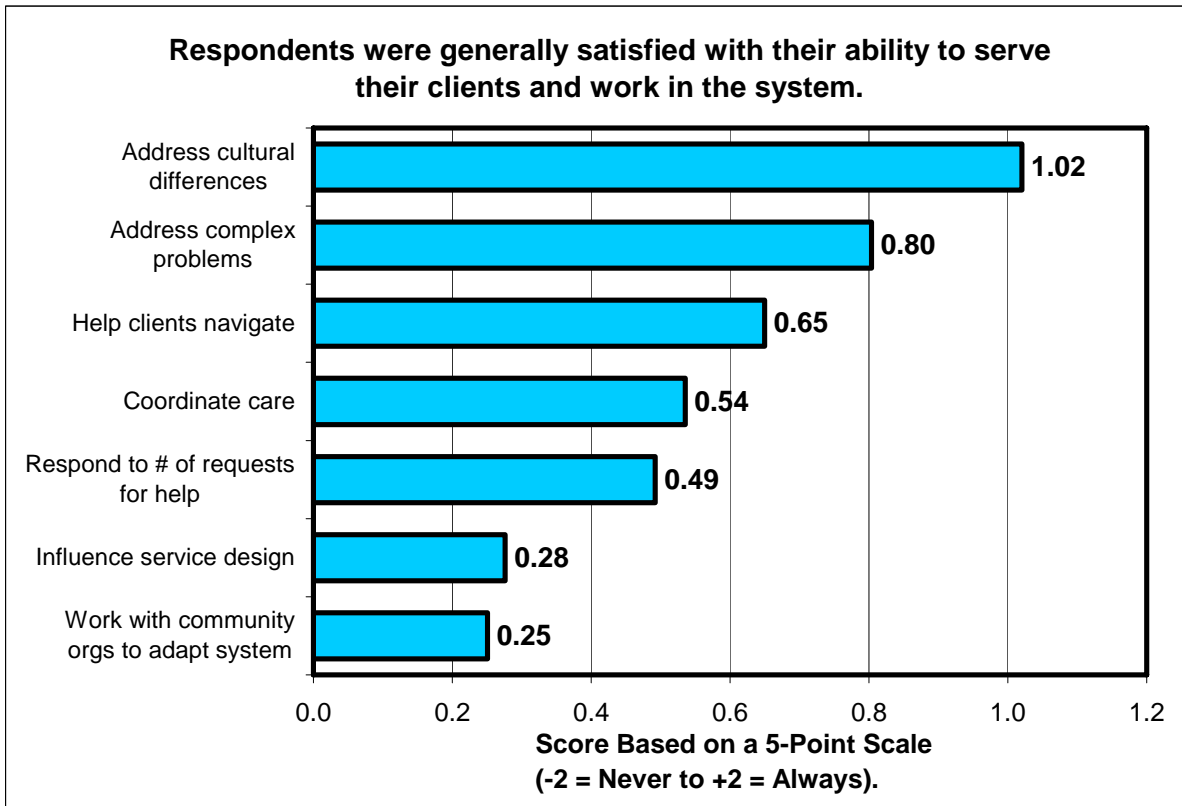
Practice Area	Percent Supervised by a SW	Number of Other SWs Employed			
		None	1-5	6-10	11+
Mental Health	53.4%	24.0%	33.5%	15.0%	27.5%
Medical Health	42.5%	13.0%	35.0%	17.0%	35.0%
Child Welfare/Family	69.1%	6.5%	24.2%	16.8%	52.4%
Aging	43.5%	23.0%	46.4%	9.9%	20.7%
School	20.3%	29.9%	37.5%	10.7%	21.9%
Adolescents	47.1%	17.2%	39.7%	16.6%	26.5%
Addictions	50.0%	17.1%	46.3%	22.0%	14.6%
Other	47.6%	18.7%	41.2%	12.9%	27.1%
Total	48.9%	19.3%	36.0%	14.6%	30.1%

Questions Q24, Q25, and C30

E. Satisfaction with Work Situations

On average, licensed social workers reported that they were satisfied with their ability on a number of different dimensions of social work practice. Figure 18 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.

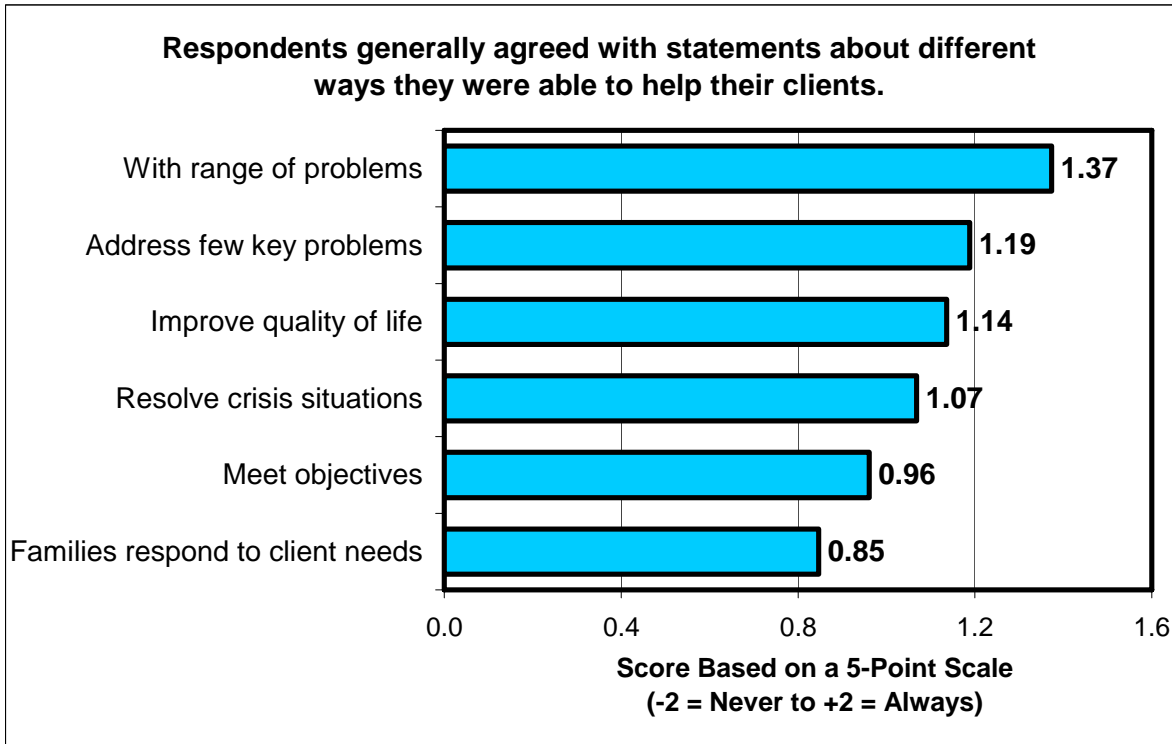
Figure 18. Ratings of Agreement of Respondents with Statements About Their Practice Environment



Question 38 (selected categories)

Social workers were also, on average, positive in their assessments of what they have accomplished with their clients. Figure 19 shows that 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 had been able to accomplish.

Figure 19. Extent of Agreement by Licensed Social Workers With Statements About Their Ability to Help Clients



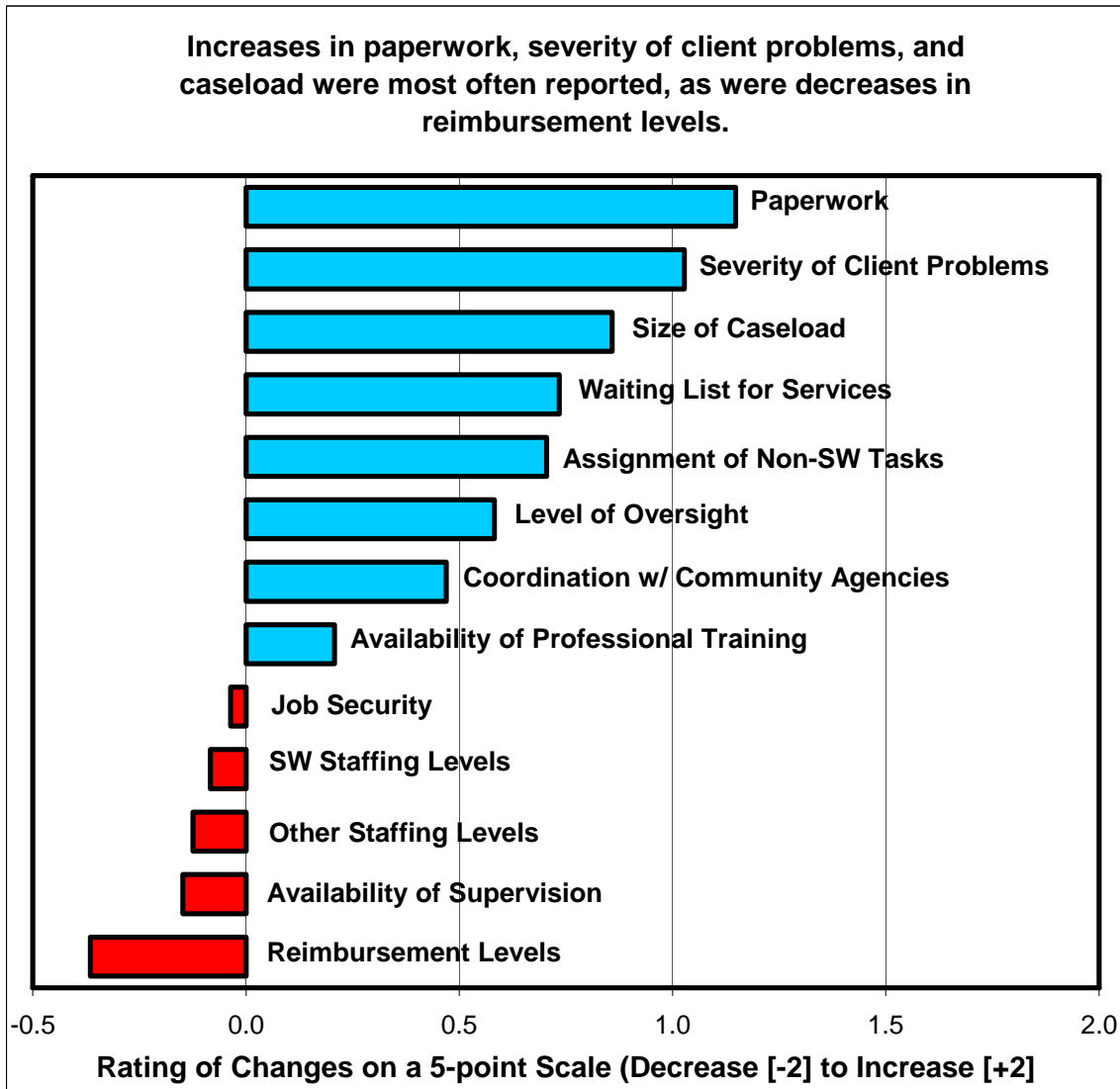
Question 38 (selected categories)

F. Changes in the Workplace

Although individual responses varied, Figure 20 shows that licensed social workers overall indicated that in the previous 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.

Social workers also reported that they had experience 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 20. Changes in the Practice of Social Work in the Past Two Years Reported by Licensed Social Workers in 2004



Question 36 (selected categories)

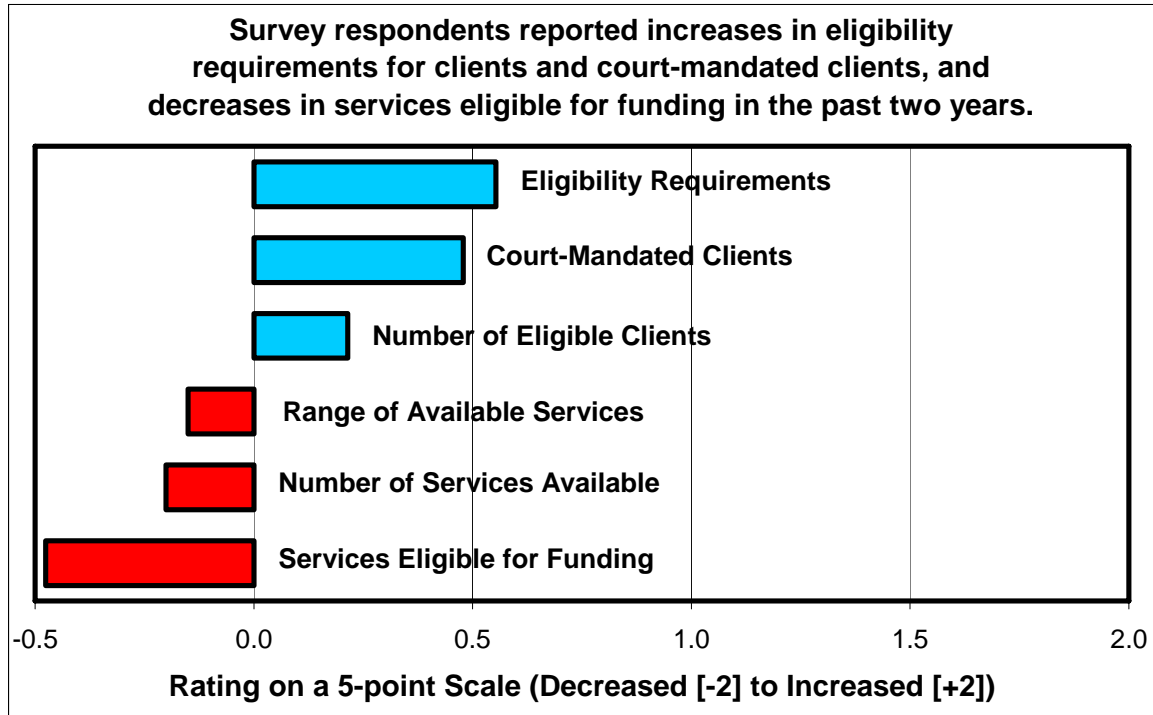
Social workers in all sectors reported increases in demands placed on them. Social workers in private practice were the most moderate in reporting change. Social workers in public agencies generally rated the magnitude of changes as greater than social workers in private-sector/non-profit organizations, and this was particularly pronounced in regard to staffing levels.

G. Changes in the Service Delivery System

Figure 21 shows that changes in the service delivery system reported by licensed social workers were more moderate than those reported to the practice of social work. The average responses indicated that eligibility requirements had increased, the percent of clients receiving services because it was mandated by the court or a condition of some program increased, and the number

of clients eligible for services increased. At the same time, social workers reported that the range and number of services available and the number of services eligible for funding had decreased.

Figure 21. Changes in the Service Delivery System Reported by Licensed Social Workers, 2004



Question 37

There was considerable 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, the number of services eligible for funding. For social workers in public-sector, the greatest increases were in the number of clients eligible for services and the proportion of court-mandated clients.

H. Educational Needs of Practitioners

Table 18 shows the percentages of survey respondents in different practice areas who reported that they were interested in education and training in selected areas of social work. Only 5.9% of respondents indicated that there were no areas of interest, while nearly half (44.9%) indicated an interest in education about clinical practice.

Some noteworthy differences across the practice areas of respondents are highlighted in the table. Those in Mental Health were especially interested in clinical practice and trauma/disaster preparedness. Care management was the most often mentioned topic for respondents in Aging.

Table 18. Percentages of Social Workers Employed Full Time in Selected Practice Areas Interested in Pursuing Selected Education/Training Topics

Education/Training Topic	Practice Area of Primary Employment								
	Mental Health	Medical Health	Child Welfare / Family	Aging	School	Adolescent	Addictions	Other	Total
Clinical Practice	58.8%	31.5%	38.5%	27.6%	48.4%	51.0%	45.1%	38.0%	44.9%
Trauma/Disaster Prep	31.7%	30.6%	27.1%	17.8%	27.1%	21.9%	25.6%	27.8%	28.1%
Specialty Practice Area	28.0%	22.5%	27.4%	24.0%	32.0%	31.1%	15.9%	23.2%	26.1%
Best Practices	24.2%	17.3%	28.2%	19.1%	22.7%	20.5%	30.5%	23.5%	23.3%
Program Development	17.4%	17.6%	25.5%	20.4%	19.1%	22.5%	29.3%	23.8%	20.7%
Education Administration	16.7%	17.3%	24.1%	17.8%	16.4%	17.9%	36.6%	22.2%	19.5%
Medication Use	20.4%	18.5%	14.6%	17.3%	23.1%	16.6%	19.5%	18.7%	18.8%
Professional Ethics	18.3%	22.8%	19.2%	19.1%	12.4%	16.6%	15.9%	19.8%	18.7%
Substance Abuse	19.8%	14.5%	20.6%	6.2%	13.8%	23.8%	42.7%	17.0%	18.1%
Cultural Competency	13.3%	19.4%	11.7%	14.7%	11.1%	11.9%	13.4%	18.7%	14.7%
Interdisciplinary Practice	10.6%	16.0%	11.9%	15.6%	10.7%	9.3%	7.3%	13.8%	12.3%
Delivering Rural Services	8.1%	12.0%	15.2%	11.6%	4.9%	9.9%	6.1%	13.5%	10.6%
Paperwork Management	8.8%	6.2%	11.9%	14.7%	7.1%	5.3%	11.0%	7.8%	8.9%
Community Organizing	4.7%	7.1%	13.6%	8.9%	8.9%	6.6%	7.3%	12.8%	8.6%
Other	8.7%	7.7%	5.1%	4.4%	10.7%	8.6%	11.0%	11.5%	8.6%
Care Management	2.7%	13.3%	8.7%	23.1%	3.6%	4.6%	3.7%	9.0%	7.7%
No Further Educ/Training	4.0%	6.8%	5.7%	8.0%	8.0%	6.6%	4.9%	7.0%	5.9%
Telehealth	3.7%	4.9%	1.9%	3.6%	0.9%	1.3%	0.0%	2.8%	3.0%
n	927	324	369	225	225	151	82	600	2,903

Questions Q11a and C30

I. Comparisons of Selected Social Work Practice Areas (Specialties)

One of the features of the larger study of which this report is a part is the series of detailed reports on four social work practice areas or specialties (older adults, children, medical health, and mental health). These four reports describe in more detail than presented in this summary/synthesis report the characteristics, work patterns, and attitudes of six different social work practice areas: Aging, Child Welfare/Family, Adolescents, Medical Health, Mental Health, and Addiction.

This section summarizes some of the similarities and differences among these six practice areas of licensed social workers. In addition to providing a summary tabulation of the responses to a number of the questions on the 2004 survey, it also should help readers to determine whether they should consider reading one or more of the more detailed reports.

The discussion that follows is based on Table 12, a four page tabulation of responses to selected survey questions. As is the case in the body of the report, colored shading is used to highlight the practice areas that have the highest (green) and lowest (pink) values on selected characteristics and questions, where the difference is at least 10 percentage points. The text that follows provides interpretations of the data that seem especially important from the perspective of health workforce considerations.

The six practice areas/specialties in Table 12 represent 81% of the respondents to the survey who indicated they were employed either full-time or part-time in social work (question 13). The other 19% of respondents selected some other practice areas from the list in question 19.

1. Similarities Across Practice Areas

For many of the questions on the 2004 survey similar response patterns were observed for all six practice areas. This suggests that, although there are some notable differences across practice areas, similarities dominate differences in many topics. Among the important commonalities are:

Demographics

A “feminization” of licensed social workers appears to be occurring in all the major practice areas. This is a phenomenon that deserves additional review in case it reflects conditions that may also be affecting women in the profession.

Education and Training

Although the majority of respondents in all six practice areas indicated that they were well prepared for their roles as social workers by their previous training, a significant minority in each practice area reported they were not. Preparation based on post-degree continuing education training was rated higher than social work degree programs.

Differences in opportunities for continuing education/training across practice areas were not noteworthy. Between 11% and 14% reporting “few” or “no” opportunities for continuing education across the six practice areas.

Table 19. Comparisons of Selected Characteristics of Licensed Social Workers in Several Practice Areas

	Aging	Child Welfare/ Family	Adolescents	Medical Health	Mental Health	Addiction	All Licensed SWs
1. Demographic Profile of Licensed Social Workers							
% of survey respondents	9%	13%	6%	13%	37%	3%	100%
Gender:							
Female	90%	83%	77%	89%	81%	70%	82%
Male	10%	17%	23%	11%	19%	30%	18%
% Non-Hispanic White	90%	85%	87%	86%	89%	87%	86%
Median Age	49	43	42	48	50.5	47.5	49
Location of practice							
Metropolitan areas	78%	72%	75%	85%	84%	94%	81%
Rural areas	4%	3%	4%	2%	2%	5%	3%
Median years experience in social work	14	9	9.5	15	15	10	13
MSWs	16	11	10	16	15	10	14
BSWs	10	8	10	12.5	N/A	N/A	9
2. Education and Training							
Highest earned social work degree							
MSW	64%	64%	79%	82%	90%	86%	79%
BSW	22%	24%	11%	13%	3%	3%	12%
No social work degree	7%	12%	10%	4%	4%	8%	8%
% reporting they were well prepared by:							
Formal degree program	55%	61%	65%	60%	60%	54%	60%
Post degree program	67%	71%	67%	69%	74%	69%	71%
% reporting "many" opportunities for CE/training	58%	56%	62%	61%	63%	58%	59%
% reporting "few" or "no" opportunities for CE/training	14%	13%	11%	12%	12%	10%	13%
Most common areas for desired training/CE	Clinical pract (27%); Specialty pract area (24%); Care mgmt (22%)	Clinical pract (41%); Specialty pract area (29%); Best pract (27%)	Clinical pract (54%); Specialty pract area (31%); Trauma/ disaster (25%)	Clinical pract (33%); Trauma/ disaster (29%); Specialty pract area (25%)	Clinical pract (59%); Trauma/ disaster (31%); Specialty pract area (29%)	Substance abuse (47%); Clinical practice (46%); Admin (34%)	Clinical pract (46%); Trauma/ disaster prep (27%); Specialty pract area (27%)
3. What Social Workers Do							
One employer, FT	60%	71%	59%	62%	58%	65%	61%
One employer, PT	18%	10%	16%	15%	18%	7%	15%
Multiple employers	22%	19%	25%	23%	24%	28%	24%
Most common role	Direct Svc (88%)	Direct Svc (79%)	Direct Svc (92%)	Direct Svc (92%)	Direct Svc (91%)	Direct Svc (86%)	Direct Svc (87%)
Median hours per week providing direct services to clients	20	20	20	28	20	20.5	20
Median % of total hours spent on direct services to clients	67%	62.5%	68%	75%	75%	60%	68%

Table 19, continued

	Aging	Child Welfare/ Family	Adolescents	Medical Health	Mental Health	Addiction	All Licensed SWs
Years with current employer:							
< 1 year	15%	10%	16%	12%	9%	11%	10%
<5 years	51%	52%	62%	50%	45%	62%	47%
16+ years	15%	16%	9%	15%	21%	7%	18%
% carrying caseloads of 50 or more clients	44%	18%	15%	37%	18%	13%	24%
Most common tasks performed	Info/Refer (91%); Scrn/ Assess (88%); Case Mgmt (76%)	Info/Refer (83%); Scrn/ Assess (81%); Crisis Intervene (79%)	Indiv Couns (82%); Info/Refer (81%); Crisis Intervene (79%)	Info/Refer (88%); Scrn/ Assess (85%); Crisis Intervene (76%)	Indiv Couns (78%); Scrn/ Assess (77%); Treatmnt Plan (76%)	Scrn/ Assess (85%); Indiv Couns (80%); Treatmnt Plan (76%)	Info/Refer (83%); Scrn/ Assess (82%); Crisis Intervene (75%)
Top 3 tasks performed more than 50% of the time	Home visits (18%); Individual counseling (17%); Case mgmt (14%)	Case mgmt (14%); Home visits (14%); Supervision of staff (12%)	Indiv couns (25%); Psycho-thrpy (16%); Case mgmt (13%)	Indiv couns (19%); Dischrge plan (17%); Case mgmt (15%)	Psycho-thrpy (49%); Indiv couns (43%); Psycho-ed (8%)	Indiv couns (22%); Psycho-therapy (25%); Case mgmt (14%)	Indiv couns (29%); Psycho-therapy (25%); Case mgmt (12%)
% performing tasks that tend to be:							
Above level of skills/training	27%	28%	38%	32%	36%	31%	34%
Below level of skills/training	19%	14%	9%	19%	8%	12%	13%
4. Where Social Workers Work							
Sector:							
Non-profit sector	25%	32%	38%	57%	32%	45%	37%
Public sector	44%	53%	32%	19%	20%	21%	33%
For-profit sector	28%	6%	13%	24%	11%	25%	14%
Private practice	4%	10%	17%	0.5%	37%	9%	17%
Most common employment setting	Nursing home (29%)	Social Svc Agncy (59%)	Private Pract (17%)	Hospital (56%)	Private Pract (39%)	Behav Hlth Clin (23%)	Private Pract (18%)
5. Social Workers' Work Environment							
Median Wage:							
MSWs	\$46.9K	\$44.0K	\$44.8K	\$50.7K	\$50.3K	\$48.0K	\$49.2K
BSWs	\$33.9K	\$33.4K	N/A	\$36.2K	N/A	N/A	\$34.5K
% satisfied with wages	68%	61%	66%	78%	71%	59%	70%
% satisfied with benefits	69%	76%	80%	85%	64%	66%	72%

Table 19, continued

	Aging	Child Welfare/ Family	Adolescents	Medical Health	Mental Health	Addiction	All Licensed SWs
Job safety							
Experience safety issues	32%	64%	55%	44%	58%	53%	49%
Employer adequately address issues	74%	58%	70%	84%	68%	64%	69%
Vacancies in agency:							
Are common	11%	40%	18%	13%	20%	24%	20%
Are hard to fill	14%	23%	20%	19%	26%	42%	21%
SW positions are filled with non-SWs	24%	45%	31%	14%	23%	31%	27%
SW functions are outsourced	11%	38%	30%	11%	15%	12%	20%
Supervised by a social worker	42%	69%	52%	42%	55%	49%	49%
Only social worker at primary job	25%	4%	15%	14%	6%	19%	14%
There is respect for social work services in agency	64%	67%	70%	66%	70%	65%	66%
6. Who Do Social Workers Serve							
Caseload >50% male	29%	52%	61%	62%	43%	86%	53%
Caseload >50% non-Hispanic white	72%	48%	50%	48%	66%	51%	57%
Serve clients ages 0-12	8%	69%	48%	50%	42%	15%	61%
Serve clients ages 13-21	12%	65%	94%	67%	66%	54%	76%
Serve clients ages 22-54	54%	59%	35%	95%	84%	89%	87%
Serve clients ages 55+	93%	26%	13%	89%	65%	58%	72%
Predominant health coverage of clients is Medicaid	36%	74%	54%	25%	32%	25%	41%
Predominant health coverage of clients is private insurance	1%	13%	24%	9%	44%	23%	24%
Predominant health coverage of clients is Medicare	57%	2%	3%	57%	7%	1%	16%
Most common client problem	Chronic Med (99%)	Psycho-soc stress (96%)	Psycho-soc stress (97%)	Chronic Med (100%)	Psycho-soc strss (100%)	Subst abuse (100%)	Psycho-soc stress (98%)
2nd most common client problem	Physical disabil (99%)	Mental illness (93%)	Co-occur cond (96%)	Psycho-soc strss (100%)	Mental illness (97%)	Psychosoc stress (99%)	Mental illness (96%)
3rd most common client problem	Mental illness (97%)	Substance abuse (84%)	Mental illness (94%)	Mental illness (98%)	Affective cond (97%)	Mental illness (98%)	Co-occur cond (93%)
7. Perspectives on Practice/Career Plans							
Most frequently reported changes in SW practice in past 2 years							
Increased paperwork	79%	79%	79%	69%	73%	75%	75%
Increased caseload size	66%	69%	68%	71%	65%	67%	68%
Increased severity of client problems	70%	75%	82%	76%	68%	73%	73%
Increased waiting lists for services	60%	62%	57%	62%	57%	52%	60%
Most frequently reported changes in service delievery system							
Increased eligibility requirements for clients	49%	47%	47%	51%	56%	44%	51%
Decreased services eligible for funding	46%	48%	47%	49%	53%	52%	50%

Table 19, continued

	Aging	Child Welfare/ Family	Adolescents	Medical Health	Mental Health	Addiction	All Licensed SWs
Satisfaction with skills:							
Helping clients with a range of problems	92%	85%	91%	93%	93%	88%	91%
Improving quality of life for clients	91%	81%	85%	86%	89%	88%	87%
Helping clients address key issues	83%	81%	87%	82%	88%	92%	86%
Satisfaction with resources:							
Agency services	77%	68%	67%	71%	60%	68%	67%
Community resources	72%	53%	59%	64%	48%	48%	57%
Mental health services	56%	47%	62%	43%	72%	56%	59%
Medical care	73%	41%	57%	73%	55%	43%	56%
Medications	65%	37%	58%	55%	69%	47%	57%
Career plans							
Plan to remain in current position	67%	59%	68%	75%	72%	53%	70%
Plan to leave social work practice	4%	8%	2%	5%	4%	6%	5%
Plan to retire	9%	7%	3%	4%	5%	4%	6%
Most common reasons to consider making a job change:							
Higher salary	75%	80%	78%	74%	70%	84%	73%
Lifestyle/ family concerns	53%	49%	48%	53%	55%	43%	52%
More interesting work	38%	40%	32%	40%	35%	39%	37%
Job stress	37%	46%	36%	39%	33%	30%	35%

Employment Patterns

Employment patterns of licensed social workers were similar across all six practice areas. Respondents in Child Welfare/Family were somewhat more likely to work full-time for a single employer, and those in Adolescents were somewhat less likely.

The most frequently mentioned role in all six practice areas was direct service to clients, and the median number of hours in this role was 20. About two-thirds of total hours of licensed social workers were devoted to direct services to clients.

About 10 percent of licensed social workers in all six practice areas had been with their current employer for less than a year, and about half for less than five years. Fewer than one in five had been with their current employer for more than 15 years, with the exception of Mental Health where 21% had been with their employer for more than 15 years.

Individual counseling was on the list of top three tasks performed for more than 50% of the time for all practice areas except Child Welfare/Family; and case management was mentioned on the top three list all practice areas except Mental Health. The patterns on these task lists were generally consistent with the expectations of the authors.

More than one in ten survey respondents reported being asked to perform tasks below their level of skill/training, with the highest percentages in Aging and Medical Health (19% each). In addition, about one in three respondents in each of the six practice areas reported being asked to perform tasks above their level of skill/training, with the highest percentage in Adolescents (38%).

Work Environment

More than two out of three respondents rated their wages/salary as “adequate” or “very adequate.” The percentage was highest for those in Medical Health (78%), and lowest for Addiction (59%).

Approximately two of three respondents in all six practice areas strongly agreed or agreed with the statement that “There is respect/support for social work services within my agency.”

Social Work Practice/Career Plans

A majority of respondents reported increased paperwork (75%), caseload size (68%), severity of client problems (73%), and waiting lists for services (60%). Although there were variations across the six practice areas, the differences were not noteworthy.

About half of the respondents also reported changes in the service delivery system, including increasing eligibility requirements for clients and decreasing services eligible for funding. Differences across the six practice areas were not noteworthy.

About 9 of 10 respondents were satisfied with their ability to address their clients’ problems and improve their quality of life. Variations across the six practice areas were not noteworthy.

About 5% of respondents who were employed indicated they planned to leave social work or retire over the next two years. Variations across the six specialties were not noteworthy.

The most often cited factor that would “influence a decision to change your current position” was higher salary (73%). “Lifestyle/family concerns” was the only other factor mentioned by a

majority (52%) of the respondents. The differences in these factors across the six practice areas were not noteworthy.

2. Differences Across Practice Areas

Although there are many similarities among the respondents in different practice areas. There are also many differences. Some of the important ones are highlighted below.

Demographics

The percentage of male respondents was the highest for Addictions (30%) and lowest for Aging (10%). The reason for this difference in career choices is not revealed by the survey responses.

Social workers working in Child Welfare and Adolescents were notably younger than those in other practice areas. The median ages were 43 and 42, respectively.

Education and Training

Respondents in Mental Health and Addiction were more likely than those in other practice areas to have an MSW (90% and 86%, respectively). Those in Child Welfare were most likely to have no social work degree (12%), while those in Medical Health and Mental Health were least likely to have no social work degree (each at 4%).

Respondents in Child Welfare/Family were most likely to have a BSW as their highest social work degree (24%). Those in Mental Health and Addiction were least likely (4% each) to have a BSW.

Clinical practice was the most often cited area in which continuing education/training was desired for all practice areas except Addiction, where it was a close second behind “substance abuse”.

Sectors and Settings

The sectors and settings in which licensed social workers work varied more across the practice areas than did employment patterns. Respondents in Medical Health were most likely to work in the non-profit sector and in hospitals. Those in Child Welfare/Families were most likely to work in the public sector and in social service agencies. More than one in three of those in Mental Health reported that they were in private practice. The largest percentage reporting that they worked in the for-profit sector were in Aging.

Work Environment

Median wages were highest for respondents in the Medical Health practice area (\$50,700), and lowest for Child Welfare/Family (\$44,000). These patterns appear to be related closely to the employment settings of the respondents.

Nearly half (49%) of respondents indicated that they “faced personal safety issues in their primary employment practice”. This percentage was highest for Child Welfare/Family (64%) and lowest for Aging (32%). More than two in three (69%) of respondents indicated that these “safety issues are appropriately addressed by your employer”. This percentage was highest for the Medical Health practice area (84%), and lowest for the Child Welfare/Family practice area (58%). This is clearly an issue that requires further attention in the workplace.

One in five respondents indicated that vacancies in social work positions are “common” (20%) and “difficult to fill” (21%). The highest percentage reporting vacancies are common was for the

Child Welfare/Family practice area (40%), and the lowest was for Aging (10%). The highest percentage reporting vacancies are hard to fill was for the Addiction practice area (42%), and the lowest was for Aging (14%).

The practice of employers “recruiting non-social workers to fill social work vacancies” was most often reported for the Child Welfare/Family practice area (45%). It was least often reported for the Medical Health practice area (14%).

The practice of employers “outsourcing any social work functions” was most often reported for the Child Welfare/Family practice area (38%), and least often reported for the Aging and Medical Health practice areas (11%).

Supervision by a social worker varied from 69% of respondents in the Child Welfare/Family practice area to 42% of respondents in Aging. Twenty-five percent of respondents in Aging reported no other social workers in their primary work setting, while only 4% of respondents in Child Welfare/Family reported no other social workers in their primary work setting.

Clients of Social Workers

The percentage of respondents who reported that more than 50% of their clients were male varied from 86% for the Addiction practice area to 29% for Aging.

The percentage of respondents who reported that more than 50% of their clients were non-Hispanic White varied from 72% for the Aging practice area to 29% for Medical Health and Child Welfare/Family.

The age distribution of clients generally conformed to prior expectations, with the largest percentage of respondents seeing older adults in the Aging practice area, the largest percentage seeing children ages 0-12 in Child Welfare/Family, and the largest percentage seeing children ages 13-21 in Adolescents.

The largest percentage of respondents reporting Medicaid as their clients’ “most common source of health coverage” was Child Welfare/Family (74%). Private insurance was rated highest by 44% of respondents in the Mental Health practice area. Medicare was rated highest by 57% of respondents in both Aging and Medical Health.

The three most common client conditions varied somewhat across the six practice areas, with only mental illness appearing on all six lists. Of the rest, only psychosocial stress appeared on as many as five of the lists.

Practice/Career Plans

A majority of respondents were satisfied with their ability to access services for clients. The variations across the six practice areas were generally consistent with the respective missions of the practice areas, e.g., access to medical care was rated highest for the Medical Health practice area.

Seven of ten respondents indicated that they planned to remain in their current position over the next two years. The lowest percentage was for Addiction (53%), and the highest percentage was for Medical Health (75%).

J. Future Supply and Demand for Licensed Social Workers

Although it is not possible to estimate the future supply of and demand for licensed social workers based solely on the 2004 survey responses, other studies have considered this issue. The discussion that follows refers to some of the relevant findings and conclusions found both in the 2004 survey responses and in the broader literature.

The 2004 survey responses revealed a number of findings that suggest that the demand for licensed social workers may increase in the future. Many respondents reported increased caseloads in the past two years. There were also reports of increased use of non-social workers to fill vacant social work positions, and increased outsourcing of social work tasks. Depending on how employers of licensed social workers decide to respond to growing demands for services, all of these findings could result in significant increases in the demand for social workers and their services.

Indications from a number of sources outside the 2004 survey also suggest that demand for licensed social workers in the aggregate may increase in the coming decade and beyond. The 2006-07 BLS Occupational Handbook projects that the demand for new social workers will increase by between 18% and 26% by the year 2014 [BLS, 2005]. Much of this increase is attributed to the aging of the population which carries with it increased demand for social work services.

The likely increase in demand for social work services due to the aging of the population was also highlighted in a recent report by the Center for Health Workforce Studies [2005b]. They pointed out that the projected 54% growth in the number of older adults in the U.S. between 2000 and 2020 is likely to be a primary driver of increased demand for social work services in coming decades.

Another source of potential increase in demand was suggested in an article by Dohm [2000]. She reported that social work is one of 20 professions that will be most affected by baby-boomer retirements. She estimated that there will be a need for 54,000 more social workers just to balance out retirements for the period 2003 to 2008. She warned further that the effect of baby-boomer retirements would be even more dramatic in the decade following 2008.

The bottom-line conclusion based on all of these findings is that, even though there exists in the U.S. a well-developed infrastructure of social work education that produces more than 30,000 MSWs and BSWs per year, one cannot be certain that this educational pipeline will continue to meet fully the future demands for new licensed social workers. Even if the education system continues to meet the demands for new licensed social workers in the aggregate, some employment sectors may experience difficulties recruiting and retaining social workers to provide frontline services. This may be a particular issue for some not-for-profit agencies which may already be experiencing a precarious balance between supply and demand for licensed social workers.

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Appendix A: 2004 Licensed Social Worker Survey Instrument

A copy of the survey instrument used to collect the data in the 2004 survey of licensed social workers in the U.S. is provided on the pages that follow.

Appendix B: 2004 Licensed Social Worker Survey Process

Data were collected from 4,489 licensed social workers from forty-eight states and the District of Columbia through a mailed survey instrument. These responses were based on a stratified random sample of 10,000 licensed social workers across the U.S. Details of the sampling procedure are provided below.

Survey design. The design of the instrument was informed by extensive interviews and focus groups with practicing social workers, including a number of social workers specifically drawn from the areas of child welfare/family social work, aging, behavioral health, and medical health.

The core survey had four sections: **Background**, which included questions on demographics and education/training; **Social Work Practice**, which included questions on hours worked, roles, setting, practice area, and salary; **Services to Clients**, which included questions on tasks and caseload; and **Workplace Issues**, which included questions about changes in the practice of social work, satisfaction, and career plans.

Additionally, special supplements were included in the instrument for social workers who serve older adults (age 55 and older) or children and adolescents (age 21 or younger). These supplements gathered more detailed information on working with these populations.

Sampling and survey administration. A database was constructed from approximately 255,000 names of licensed social workers from state licensure and registration lists. These lists included anyone credentialed by the state as a social worker, regardless of whether the state title was licensed social worker, certified social worker, registered social worker or any other. The master list was then presented to an address-cleaning service to obtain updated address information.

The list was then stratified by Census division. The U.S. Bureau of the Census recognizes nine such divisions: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific. The purpose of the stratification was to draw equal-sized samples from regions of the country that are both heavily and sparsely populated. This strategy resulted in a sample in which social workers in less-populated divisions were over-represented, which was desirable because it allowed large enough samples from each division to permit meaningful analysis of regional and rural/urban differences.

A random sample of 9,999 social workers was drawn from this master list (1,111 from each of the nine Census Divisions). The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names from the same Census division.

Table B-1 shows that the final sample represented approximately 4% of the master list. This represented very different proportions of the social workers in each division, however—from 8% of social workers in the East South Central division to 2% of social workers in the South Atlantic division.

**Table B-1. Sampling Rates for Census Regions
for the 2004 Licensed Social Worker Survey**

Census Region	Total number	Percent	Number	Percent of total
New England	14,436	5.67	1,111	7.7%
Middle Atlantic	25,267	9.93	1,111	4.4%
East North Central	57,174	22.46	1,111	1.9%
West North Central	24,904	9.78	1,111	4.5%
South Atlantic	56,265	22.11	1,111	2.0%
East South Central	13,974	5.49	1,111	8.0%
West South Central	25,040	9.84	1,111	4.4%
Mountain	15,595	6.13	1,111	7.1%
Pacific	21,859	8.59	1,111	5.1%
Total	254,514	100	9,999	3.9%

Because many of the addresses were no longer valid, a number of surveys in the first mailing were returned undelivered. A supplementary sample was drawn to replace surveys that were returned undelivered in the first few weeks of the mailing cycle. The replacement sample was matched by Census division to the undeliverable addresses, and a total of 692 additional surveys were sent as part of the replacement sample.

Three mailings were sent to the social workers in the sample (Table B-2). The first mailing generated most of the valid responses (57%), although a third of the responses were generated by the second mailing (32%). Approximately one in ten (11%) of responses resulted from the third mailing. One Census division, East North Central, only received two mailings due to a database error, although the overall response rates for this division was similar to others. Each mailing offered responses an opportunity to participate in a lottery drawing for varying amounts of money: \$1,000 for the first mailing, \$500 for the second mailing, and \$250 for the third mailing. Respondents who returned their surveys were eligible for each subsequent drawing.

Table B-2. Response Patterns by Mailing

Mailing	Number	Percent of responses
First	2,535	57%
Second	1,445	32%
Third	510	11%

Table B-3 shows the response rates by Census division. The highest response rate was in the Middle Atlantic (53%) and the lowest in the South Atlantic (46%).

Table B-3. Response Rates by Census Division

Census Division	Total -- all mailings			Response rate
	Responses	Removals	Total surveyed	
New England	476	273	1,261	48.2%
Middle Atlantic	564	115	1,183	52.8%
East North Central	471	197	1,204	46.8%
West North Central	488	113	1,067	51.2%
South Atlantic	469	190	1,205	46.2%
East South Central	501	173	1,200	48.8%
West South Central	504	62	1,135	47.0%
Mountain	521	198	1,202	51.9%
Pacific	495	210	1,191	50.5%
Total	4,489	1,531	10,648	49.2%

Survey analysis. Our strategy for analysis centered on variation by demographics, degree, and sector. Subsequent reports will analyze the data in more detail by practice area and setting. Only data from active social workers were used in the analyses unless otherwise specified.

A number of variables used in these analyses were created from the survey data. “**Active**” status was defined as working either a full-time or a part-time job in social work. “**Sector**”, which was asked in detail, was grouped into four categories: public sector (which included federal, state, and local government and military), private non-profit, private for-profit other than private practice, and private practice. Social workers were asked to indicate all degrees they held in both social work or another field. **Highest social work degree** was the most advanced of the social work degrees indicated, although some respondents held a higher degree in another field than they did in social work.

Age and income were asked as categorical variables, but an estimation procedure was used to assign exact values from within each category randomly to each respondent in that category. This procedure allows some statistical procedures, such as the estimation of mean values and the use of regression analysis, which would not be possible with categorical data. This procedure also allowed the calculation of an “**age at entry**”, which was defined as the estimated age of respondents in the year in which they reported receiving their first social work degree: the BSW (if applicable), or the MSW (if they did not hold a bachelor’s degree in social work). Age at entry could not be calculated for licensed social workers who did not hold a BSW or MSW.

Data limitations. Although these data represent an important contribution to knowledge of licensed social workers, there are a number of important limitations which need to be recognized. Perhaps the most serious of these is that the data are not generalizable to non-licensed social workers, who may perform different functions and serve different populations. This lack of generalizability may be particularly important to two groups of social workers who are likely to be underrepresented among licensees: BSW-level social workers, who are not eligible to become

licensed in many states; and social workers who work in capacities other than direct care, who are rarely required to hold licenses. When statements are made about the percentage of social workers doing policy development, for example, the word “licensed” should always be understood even if not explicitly stated.

There is also the potential for some response bias even within the universe of licensed social workers. NASW members may have been more likely than other social workers to respond to the survey, which featured the NASW name and logo prominently. Also, because much of the instrument concentrated on the provision of direct services, social workers working in other capacities may have been less likely to feel that the survey was relevant to their work.

Another shortcoming of the data for the purposes of analyzing employment-related trends such as supply, demand, and turnover is that there is no data on the previous jobs held by social workers. It is therefore not possible to reliably estimate whether social workers are leaving certain sectors, settings, or practice areas for others.

A final caveat is that some data were collected on both primary and secondary employment: sector, setting, practice area, and caseload. This was intended to capture information about multiple jobholders, but subsequent analyses showed that most social workers who offered information about both primary and secondary employment only reported holding one social work job. Presumably, these social workers reported what they felt to be the second-most fitting information for their first job under “secondary” – for example, if they worked only one job treating addicted teenagers they may have indicated that the “primary” practice area was addictions and that their “secondary” practice area was adolescents. Due to this apparent misunderstanding of the survey instructions, data on secondary employment was not deemed valid for analyses of multiple jobholders, except (cautiously) when more than one social work job was indicated by the respondent.

Appendix C. Glossary

Throughout this report a number of terms are used to classify survey respondents and their practices. Many of these are defined below to help ensure that readers interpret the statistics and the text appropriately.

Interesting variations in the patterns in tables and charts will be displayed throughout the report. The pink cells in the tables highlight the smallest percentages in their respective rows, and the green cells highlight the largest percentages. Only rows for which the difference between the largest and smallest percentages are at least 6 percentage points have highlighted cells.

Practice Area of Aging: Study respondents were asked to identify the practice area that describes the focus of their social work practice within their primary employment. Twelve percent reported Aging as their practice area, making it the fourth largest practice area identified in the larger study of social workers. It should be noted that while BSWs comprise a significant number of respondents in this practice area, three times as many social workers have MSWs in this practice area as BSWs (64% v 22%).

Not Practice Area: Social workers serving some older adults who reported that the focus of their social work practice area in their primary employment was something other than Aging. Abbreviated as “NPA” in this report.

Older Adults: Reported the % of their total caseload that were “55 years or older”

BSW: Highest reported degree with a social work major at the bachelor’s level.

MSW: Highest reported degree with a social work major at the master’s level or higher.

Metropolitan area: This report uses Rural-Urban Commuting Area (RUCA) codes¹⁶ and defines a metropolitan area as a county with a RUCA code of 1, 2, or 3. These RUCA codes are based on the Census 2000 version of metropolitan (metro) and non-metropolitan (non-metro) areas released by the federal Office of Management and Budget. This is a classification system often used to define urban and rural America. Under the new "core-based statistical area" system, metro areas are defined for all urbanized areas regardless of total area population. In addition, inclusion as an outlying county is based on a single commuting threshold of 25 percent with no "metropolitan character" requirement. For more information, see: <http://www.ers.usda.gov/Briefing/Rurality/NewDefinitions/>

Micropolitan area: This report uses Rural-Urban Commuting Area (RUCA) codes¹⁷ and defines a micropolitan area as a county with a RUCA code of 4, 5, or 6. These RUCAs are based on the federal Office of Management and Budget definition of a micropolitan area as any non-metro county with an urban cluster of at least 10,000 persons or more. As with metro areas, outlying counties are included if commuting to the central county is 25 percent or higher, or if 25 percent of the employment in the outlying county is made up of commuters from the central county.

For more information, see: <http://www.ers.usda.gov/Briefing/Rurality/MicropolitanAreas/>

Small town: This report uses Rural-Urban Commuting Area (RUCA) codes¹⁸ and defines a small town area as a county with a RUCA code of 7, 8, or 9. The RUCA designation is based upon size

¹⁶ <http://www.ers.usda.gov/Briefing/Rurality/RuralUrbanCommutingAreas/>

¹⁷ Ibid

¹⁸ Ibid

of the urban cluster within the county to which or within which people travel to work. If the urban cluster has a population of 2,500 to 9,999, this is defined as a small town. For more information, see: <http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/>

Rural area: This report uses Rural-Urban Commuting Area (RUCA) codes¹⁹ and defines a rural area as a county with a RUCA code of 10. Rural areas are those areas in which the primary commuting flow is not to an urbanized area or to an urban cluster. For more information, see: <http://www.ers.usda.gov/briefing/Rurality/RuralUrbanCommutingAreas/>

“Young old”: Demographers define the “young old” as those ages 65-74. In this document the “young old” is defined more broadly to mean those ages 55-84.

“Older old”: Demographers define the “older old” as those ages 85 and older. This is the definition used in this document.

Entry into social work: Entry into social work is defined as the year a social worker received his/her initial social work degree at the baccalaureate level or higher, regardless of whether they worked in social services before receiving their initial social work degree. Year of entry is not computed for licensed social workers that do not hold a degree in social work.

Years experience: The total of reported years practicing as a BSW and reported years practicing as a MSW. Years experience is not available for licensed social workers who hold neither a BSW nor a MSW.

¹⁹ Ibid