Insights from the 2024 Social Work Census: A Call for a National Workforce Data Collection System

Joy J. Kim
School of Social Work
Rutgers, the State University of New Jersey
jeoukim@ssw.rutgers.edu

Author Note

Joy J. Kim https://orcid.org/0000-0001-9305-7142

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Abstract

Occupational regulation influences the minimum quality and accessibility of services provided by regulated professions by shaping professionals' competence, practices, and labor supply and distribution. To monitor and evaluate the effects of regulatory decisions on the public and the workforce, regulators rely on national workforce studies. In 2024, the social work profession conducted its largest and most comprehensive workforce survey to date, based on responses from 39,494 U.S. licensed social workers and 3,437 registered Canadian social workers and social service workers. This study provides an overview of the major findings and contributions of the 2024 Workforce Studies and outlines a research agenda that requires further empirical evidence for regulatory implications. Most importantly, it underscores the lack of an unduplicated national registry of active licensed and registered social workers, which presented challenges in conducting a robust workforce study. Recognizing that jurisdictional regulatory bodies are uniquely positioned to create and benefit from such a registry, this study calls for their collective action to establish a national workforce data system to support more robust social work workforce research in the future.

Keywords: Social work, license, registration, regulation, workforce

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Let us begin our discussion by examining how the Bureau of Labor Statistics describes the social work workforce in the United States, and more importantly, how this description may be inaccurate. Social work stakeholders often rely on data from the Occupational Outlook Handbook, published by the Bureau of Labor Statistics (BLS), to describe the profession. This handbook provides information on all major occupations in the United States, based on job title reports submitted by employers through the state Unemployment Insurance system.

Since the Outlook Handbook uses data reported by employers, the statistics exclude self-employed social workers who do not have employers. Furthermore, as employers' reporting does not differentiate between professional social workers who possess a social work degree and license and those who lack formal social work credentials, the statistics encompass all workers perceived as social workers. Despite these clear limitations in the BLS statistics, stakeholders continue to use them to represent and advocate for the profession.

Let us take a closer look at some of the BLS profiles of the U.S. social workers. As shown in Table 1, the 2023 BLS Occupational Outlook Handbook reported approximately 751,900 social workers in the country in 2023 (U.S. Bureau of Labor Statistics, 2024). These include three main categories: (1) child, family, and school social workers; (2) health care social workers; and (3) mental health and substance abuse social workers. Of the total, nearly half were believed to be child, family, and school social workers, who provide support services to children and their families. Over 70% of these jobs were reported to require a bachelor's degree and had the lowest median salary among the three groups, at approximately $54,000.

According to the table, health care social workers and mental health and substance abuse social workers made up about 26% and 16% of the workforce, respectively. While the median salary for health care social workers was estimated at $63,000, that for mental health and substance abuse social workers was approximately $56,000. Notably, most workers in these two categories (70% and 77%, respectively) held positions requiring a master's degree (U.S. Bureau of Labor Statistics, 2024).

Table 1. U.S Bureau of Labor Statistics Employment Outlook for Social Workers, 2023

	Share of Workforce	Employment 2023	Projected Employment 2033	Percent Increase (2023-2033)	Median Salary (2023)
All social workers	100%	751,900	806,600	7%	$58,380
Child, family, school	50%	365,900	383,800	5%	$53,940
Healthcare	26%	193,200	211,900	10%	$62,940
Mental health/substance abuse	16%	123,700	138,100	12%	$55,960
All other	9%	69,000	72,800	5%	$63,770

Sources – U.S. Bureau of Labor Statistics (2024)

Employment: https://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-6
Wages: https://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-5

A closer look at the narrative of the BLS profile of social workers reveals two more important facts about the national profiles. First, social workers without a bachelor's degree are included in these national statistics. Second, the number of bachelor's level social workers is estimated to be greater than that of master's level workers. That is, the so-called national profile of the social work profession may include a large number of individuals without social work credentials, while excluding credentialed social workers who are self-employed and are mostly clinically licensed MSW holders. This may explain why the overall median earnings for the workforce may be underestimated in the Occupational Outlook Handbook. Unfortunately, the extent to which the BLS profile accurately reflects professional social workers has never been systematically evaluated, in part due to a lack of national workforce studies.

1. Occupational Regulation: Theoretical Effects

Why do social work regulators need to care about a workforce study? To understand why and how workforce studies are relevant to occupational regulation, let us briefly review the functions and potential effects of occupational regulation. Occupations are regulated by requiring individuals in certain jobs to register, obtain certification, or secure and maintain licenses from government jurisdictions, and to adhere to the practice policies and rules established by those jurisdictions. These regulations are designed to protect the public from harmful and ineffective services that they may not be able to recognize or avoid. By ensuring a minimum level of competence and a standard of care within a profession, regulation is designed to safeguard the public from unethical or unsafe practices. However, this regulation affects the regulated workforce in many ways.

Most people agree on the need for individuals practicing medicine to be regulated by the government to protect patients from unethical, harmful, and ineffective treatments. Similarly, regulatory measures in other professions aim to serve the public interest, although they may place burdens on the regulated workforce. Certification and licensure requirements can create barriers to entering or remaining in a regulated job market—especially for those who are not certified or licensed, or who are unwilling or unable to meet continuing education requirements (Kim, 2024).

Nonetheless, economic and sociological theories suggest that regulation can enhance the prestige of a profession. Regulation—particularly in the form of licensure—signals that the workforce is composed of competent professionals committed to serving the public good. Moreover, certification and licensure often function as established pathways to professional careers and opportunities for advancement (Weeden, 2002).

Occupational regulations, especially licensure, typically control both entry into regulated professions and the scope of practice within a jurisdiction. While this regulation can ensure quality and accountability, it may also reduce the number of qualified practitioners and limit public access to certain services. For instance, overly restrictive licensure requirements may

create barriers to entry that contribute to worker shortages, particularly in underserved areas. Furthermore, research evidence indicates that occupational licensure is associated with reduced practice mobility among regulated professionals, as licensure and regulation are typically jurisdiction-specific (Kim, 2024; Kim et al., 2023a).

From a workforce perspective, such gatekeeping practices can lead to increased employment opportunities and higher earnings. By controlling entry into practice and clearly defining the scope of services, regulation can limit the supply of qualified providers in a given geographic area—thereby enhancing job security and compensation for those with the appropriate credentials. Research has shown that licensure is correlated with higher earnings; for example, licensed social workers earn approximately 10% more than their nonlicensed counterparts (Kim et al, 2023b).

Table 2. Dual Role of Occupational Regulation

For the Public	**For the Workforce**
Ensure a minimum quality ⟷	**Provide occupational prestige**
Protection from harmful and ineffective services: Assessment of minimum competence	Public perception of professionalism
Channels for complaints and disciplines	
Minimum standards of care; Continuing education	Proven path to profession and career advancement
May limit access to the service ⟷	**Boost employment and earnings**
Entry control to the profession	Controlled supply of qualified providers
Scope of practice	Protected area of specialty
Jurisdiction-specific regulation	Constraints in inter-jurisdictional practice

In summary, occupational regulation affects both the public and the workforce. It shapes the structure of the labor market, influences the distribution of specialized tasks across different levels of training, and defines career pathways, employment prospects, and earning potential. This dual impact—on both public protection and workforce dynamics—forms the foundation of much of the ongoing debate and research around regulation. Does it strike the right balance? Is it overly restrictive, or not stringent enough (Kim, 2024)? To answer these questions and guide policy with empirical evidence, professional stakeholders must invest in workforce studies.

2. Workforce Studies: Purpose and Previous Studies

Purpose of a Workforce Study

We are interested in conducting a workforce study because results from a nationally representative study enable us to examine the effects of occupational regulations empirically. As discussed briefly, regulators must monitor, at a minimum, the size, composition, and geographic distribution of the workforce because regulation is expected to affect the number and distribution of credentialed workers. Additionally, regulators need to track the demographic, credentialing, practice, employment, and earnings characteristics of the workforce, as regulation is expected to impact these areas as well.

That is, tracking and analyzing this information allow regulators to assess the effects of occupational regulations on both the public and the workforce by examining evidence on how regulation influences service accessibility and quality. For example, the size, composition, and geographic distribution of the workforce can signal the level of access to services provided by a regulated profession. Meanwhile, the prevalence of credentials, as well as employment, practice, and earnings characteristics, may serve as indicators of the quality of those services. When consumers and the public value the services offered by regulated professions and are willing to pay higher prices for higher-quality services, employment and earnings trends within the profession may signal service quality (including minimum harm).

Findings from a workforce study can assist regulators when they engage with other stakeholders, helping to build understanding and support for regulatory decisions. These findings can also help professional stakeholders pursue funding and legislative opportunities that promote the profession. Furthermore, workforce data can inform the development of strategies to strengthen credentialing and regulatory policies while monitoring key indicators related to public protection and access to services.

It is important to recognize that regulators are uniquely positioned as the professional entities with access to the tools needed to influence both the quality and accessibility of services provided by a regulated profession (Slipp et al., 2025; Trebilcock, 2022). Changes in licensure requirements, scope of practice, and disciplinary procedures, for instance, can significantly affect service quality and availability. Monitoring workforce credentials and competencies is vital for maintaining minimum standards of professional practice, thereby protecting the public and ensuring service quality. In addition, understanding the workforce's size, composition, and geographic distribution enables regulators to address issues related to workforce availability and to meet population needs more effectively. Monitoring employment conditions and compensation can also support workforce retention and help ensure an adequate supply of qualified professionals in high-demand areas.

Social Work Workforce Studies: Limitations and Consequences

Unlike other health and helping professions, such as nursing, medicine, and psychology, social work has *not* regularly conducted workforce research to monitor trends, project needs, or inform policy and education. Throughout the many decades of recent history in the social work profession in North America, there have been five waves of workforce studies in the United States and almost none in Canada. As you can see on the table, there were five waves of

workforce studies using various samples of social workers, including (1) licensed social workers, (2) NASW members, (3) members of professional social work organizations, (4) self-identified social workers, and (5) recent graduates of social work programs. However, each of these studies used different definitions of the social work workforce.

As a result, we as a profession failed to establish a benchmark and trend in understanding the evolving workforce. We do not even know the size and composition of the workforce, such as the share of social workers who are licensed. Furthermore, for the Canadian social work workforce, not a single workforce study based on a national survey has been conducted, leaving a void in the knowledge base about the profession, its contribution to the mental and behavioral healthcare system, and the roles of regulations.

Table 3. Previous Workforce Studies in Social Work

United States	Canada
2024 NASW Licensed Workforce Study (A survey of ~4,500 licensed social workers)[1]	2012 survey on entry-level competence by The Canadian Council of Social Work Regulators (N=~4,900)[6]
2007 NASW Membership Workforce Study (A survey of ~3,500 NASW members)[2]	
2010 NASW Compensation and Benefits Study (A survey of ~18,000 members of professional associations)[3]	2023 Social Worker profile by Canadian Health Workforce Network (CHWN)[7]
2017 Profile of the Social Work Workforce (Secondary analysis of the 2015 American Community Survey)[4]	
2017-2019 National Study of Recent Graduates (A survey of ~3,500 social work graduates)[5]	

Sources:
1. Center for Health Workforce Studies & NASW Center for Workforce Studies (2006); 2. Arrington & Whitaker (2008); 3. National Association of Social Workers (2010); 4. Salsberg et al. (2017); 5.Salsberg et al. (2020); 6. The Canadian Council of Social Work Regulators (2012); 7. Mirshahi, R., & Baczkowska, M. (2023)

The definition and boundary of "social worker" were inconsistent throughout the five waves of U.S. workforce studies, undermining professional identity and allowing individuals without formal education or licensure in social work to claim the title. There is no consistent, standardized national data collection effort on the social work workforce. Furthermore, none of the previous workforce studies in the United States were published in peer-reviewed journals to build the knowledge base about the profession, leaving limited evidence to support occupational regulation and workforce planning. This absence of knowledge has had several far-reaching consequences as follows:

Limited Knowledge on Workforce Size, Composition, and Characteristics: In the absence of workforce studies, there is limited understanding of who social workers are—demographically, professionally, and geographically. Detailed information on education levels, specialties, work settings, racial and ethnic diversity, and years of experience is lacking. We do not even know what percentage of social workers hold professional credentials such as a degree

or license. Additionally, the composition of the licensed and registered workforce by license and practice category remains unclear. Most importantly, the profession lacks a way to assess whether it is overproducing or underproducing social work candidates relative to projected service demands. This knowledge gap hampers efforts to build a more representative and competent workforce.

Misrepresentation of Professional Social Work Practice: As discussed, the BLS Occupational Outlook describes social workers as predominantly employed in "social services," providing supportive services for families and children. This portrayal may be more accurate for bachelor's level or nonlicensed social workers than for master's level or licensed social workers. As social workers advance their education and practice category, more of them are engaged in mental and behavioral health care services away from individual and family services. The oversimplification by the BLS profile obscures the complexity and breadth of social work practice, which ranges from trauma-informed therapy to systems-level change in marginalized communities.

Lack of Recognition of Social Work's Contributions: Research has shown that social workers, particularly in mental health, are often under-recognized in Canada. Despite being one of the largest provider groups in mental health services, their contributions remain under-documented and undervalued (O'Brien & Calderwood, 2010; Towns & Schwartz, 2012). This is particularly related to the fact that Canada's public health insurance plans usually do not cover social work services, which are often paid for privately through out-of-pocket expenses or employer-based or private insurance.

Uncertainty About the Value of Credentials and Licensure: With limited data on the relationship between licensure and employment or earnings outcomes, the profession struggles to demonstrate the value of social work credentials. Key questions remain unanswered: Do employers prefer licensed social workers? Does licensure correlate with more competent practice or better compensation? Without this evidence, advocating for the importance of regulation in protecting the public and strengthening the workforce becomes challenging.

Increased Vulnerability to Critics of Licensure and Regulation: In recent years, social work licensure has come under scrutiny in several U.S. states, with legislative efforts to deregulate or eliminate licensure requirements—particularly for Masters licensure. The absence of workforce data and clear evidence on the role of licensure in ensuring competent, ethical practice leaves the profession ill-prepared to respond. Without evidence, critics more easily question why licensure and regulation are necessary, potentially posing a risk to public safety and professional integrity.

3. The 2024 Social Work Workforce Study

Overview of the 2024 Workforce Survey

As many of you remember, the social work profession conducted the Social Work Census last year. The Social Work Census was comprised of two parts: the Workforce Survey and the Practice Analysis Survey, which targeted U.S. and Canadian social workers. The Census was funded and launched by the Association of Social Work Boards from March 1 to June 30, 2024. The Workforce Survey aimed to collect data on social workers' demographic, employment, practice, and financial characteristics. The Practice Analysis Survey was intended to develop the blueprints for the next round of social work licensing exams. The primary target group for the Workforce Survey included approximately 514,000 licensed social workers in the United States, as well as registered social service workers and social workers in Canada. Of those targeted, over 52,000 responded to the Workforce Survey, comprising 39,494 licensed social workers in the United States and 3,437 registered social service and social workers in Canada.

The Workforce Survey asked the participants about the following: (1) education, (2) license and registration, (3) employment, (4) practice (setting, function, role, client groups, primary role, and the use of electronic practice), (5) student loan debt, earnings, and employer-provided benefits coverage, (6) supervision experience, (7) career plan, and (8) detailed demographic characteristics. Based on the Workforce Survey data, four workforce reports were generated for the U.S. and Canadian workforce. The analyses featured in those reports were reinforced with the U.S. Census Bureau’s household survey data and ASWB’s compilation of regulatory boards’ license data. All survey respondents, including those from Canada, were categorized by their self-identified practice category for statistical analyses.

Major Findings and Contributions

The four workforce reports contain many details, but first, let us review some very high-level findings and contributions. First of all, the 2024 workforce survey collected the *largest number of responses* from licensed and registered social workers ever collected in a national workforce study to date. The large data size provides an unprecedented opportunity for further analyses. Nearly 39,500 licensed social workers in the United States were included in the analyses of the workforce study. Approximately 3,500 registered social service and social workers from Canada were included in the study.

Second, the 2024 Workforce Studies made history with the first-ever *Canadian workforce survey* and its analyses. The Canadian workforce study found that registered social workers are a critical part of the behavioral healthcare workforce in Canada. The largest share of Canadian social workers across all practice categories reported that their primary function was to provide mental and behavioral health services. Nearly 80% of clinical social workers, 62.4% of master’s level social workers, 44.71% of bachelor’s level social workers, and 47.19% of social service workers reported that they provided mental and behavioral health services to their clients.

Third, the 2024 Workforce Studies explored the differences in the practice and employment characteristics of licensed and registered social workers across *practice categories*. It is the first time in the profession’s history that detailed characteristics of social workers were examined by practice categories. As the practice category advanced, the percentage of social workers in health care settings, providing mental and behavioral healthcare services, and the percentage of those working primarily online increased gradually. Conversely, the share of those

working in individual and family services agencies declined correspondingly. Social workers' median annual gross earnings showed a gradual, yet very clear increase as their practice category advanced.

Fourth, the 2024 Workforce Studies provided the first national estimates of the U.S. social work workforce *size and composition* by education level and licensure status. The estimated size of the U.S. social work workforce in 2024 was approximately 463,000, composed of 59% Clinical, 30% Masters, 4.53% Advanced Generalist, and 6.45% Bachelors social workers. More than 94% of licensed social workers, that is, more than 435,000 licensed social workers, were master's (MSW) degree holders. This estimate, based on the Workforce Survey, was far greater than the estimate based on the BLS Household Survey, suggesting that the existing data from the U.S. Census Bureau's household surveys may undercount professional social workers.

Fifth, the 2024 Workforce Studies highlighted the *value of social work licensure* in the labor market. Findings revealed that an overwhelming majority of licensed and registered social workers held positions where licensure and registration were either required or preferred. Additionally, licensure was related to higher earnings, better access to employer-provided benefits, a greater intention to remain in the field, and a clearer career pathway. Most importantly, as I will show you soon, Workforce Studies revealed that licensed social workers in the United States and registered social workers in Canada earned more than what official statistics indicated in their respective countries.

Last, the 2024 Workforce Studies estimated the *geographic density* of licensed social workers on a per-1,000-person basis to illustrate the distribution of professional social workers by jurisdiction. The estimates identified states and provinces where the density of professional social workers may be below the national average. If the estimates can be refined with further analysis based on smaller geographic units, they can provide insights into access to social work services at the state and local levels. Some of these major findings from the 2024 Workforce Studies are discussed in more detail below.

4. Findings Indicative of Regulatory Effects

Size and Distribution of the U.S. Licensed Workforce

As stated briefly earlier, occupational regulation affects the accessibility of social work services by affecting the number and distribution of qualified social workers (Slipp et al., 2025). Additionally, state-specific regulations can burden professionals who wish to practice across multiple states, as they are required to obtain a license in each state (Kim et al., 2023a). Therefore, from regulators' perspectives, it is important to monitor the size and distribution of the regulated workforce, as well as the percentage of the workforce that holds a license across multiple states.

However, such monitoring has been challenging. The Association of Social Work Boards (ASWB) compiles and maintains the number of licenses issued and reported by each regulatory board; however, the numbers may include many duplicates, as regulatory boards do not know how many of their licensees are also licensed in other states. The 2024 Workforce Survey data revealed that a considerable percentage of licensed social workers are licensed in multiple states. For example, about 22% of Clinical social workers held a Clinical license in at least two states, 7% in three states, and 3% in four states. Additionally, nearly 9.5% of Masters social workers reported holding Masters licenses in more than one state.

In terms of the size of the licensed social work workforce, as Chart 1 shows, the 2024 Workforce Studies estimated that there were approximately 463,000 licensed social workers in the United States. This total includes 6.45% with a Bachelor's license, 30.15% with a Master's license, 4.53% with an Advanced Generalist license, and 58.87% with a Clinical license. Nearly 94% of licensed social workers held a master's degree.

Chart 1.

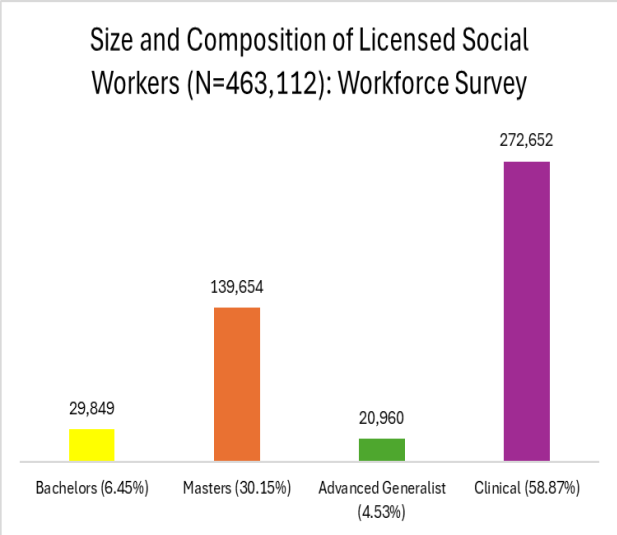
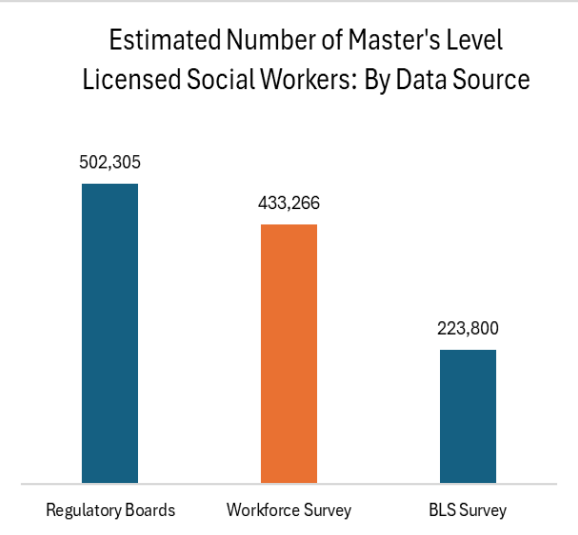


Chart 2.



Note: The number reported by regulatory boards in Chart 2 (N=502,305) is the number of licenses issued in 2023, excluding provisional licenses.

Now, I would like to emphasize how the estimated size of the licensed workforce can vary depending on the data sources used in the analyses. Chart 2 displays the estimated number of master's-level licensed social workers - excluding those with bachelor's-level licenses - based on three different data sources: (1) regulatory board data, (2) the 2024 Workforce Survey data, and (3) Bureau of Labor Statistics household survey data (i.e., the 2023–2024 Current Population Survey).

According to regulatory board data, more than 502,000 licenses were issued to social workers with a master's degree in 2023. As previously mentioned, since this figure represents the number of licenses issued, not the number of unique individuals, it significantly overestimates the size of the licensed workforce. In contrast, the Bureau of Labor Statistics (BLS) survey data

estimated only about 223,800 licensed social workers nationwide, which is less than half of the estimate based on the regulatory boards' compilation of licenses.

Meanwhile, the 2024 Workforce Survey estimated there are 433,266 licensed master's level social workers, nearly double the BLS estimate. These differing estimates reflect a wide range in the reported size of the licensed social work workforce. They suggest that the BLS household survey may substantially underestimate the actual size of the licensed social work workforce in the United States, while the compilation from regulatory boards includes many duplicate licenses across multiple states.

Turning our attention to the geographic distribution and density of licensed social workers, measured by the number of licensed social workers per 1,000 individuals, we observe that they are unevenly distributed across the country. As shown in Chart 3, licensed social workers are concentrated in states shaded dark orange, particularly in the Northeast, Western, and Midwestern regions. The density of licensed social workers ranged from 0.41 to 3.56 per 1,000 individuals. States such as California, Arizona, and Florida had a low density, while Maine, Nevada, and Kansas exhibited a high density of licensed social workers.

Chart 4 displays the geographic distribution and density of Clinical social workers across the country. Clinical social workers were concentrated in the Northeast and some Western states. Their density ranged from 0.33 to 2.45 Clinical social workers per 1,000 individuals. States like Texas (TX) and Florida (FL) had a low density, whereas Massachusetts (MA), New Hampshire (NH), and Maine (ME) had a high density of clinical social workers. The map clearly illustrates an uneven distribution of licensed clinical social workers, highlighting the need for further analysis to assess whether certain areas, especially rural and remote areas, may be experiencing a shortage of clinical social workers.

Chart 3.

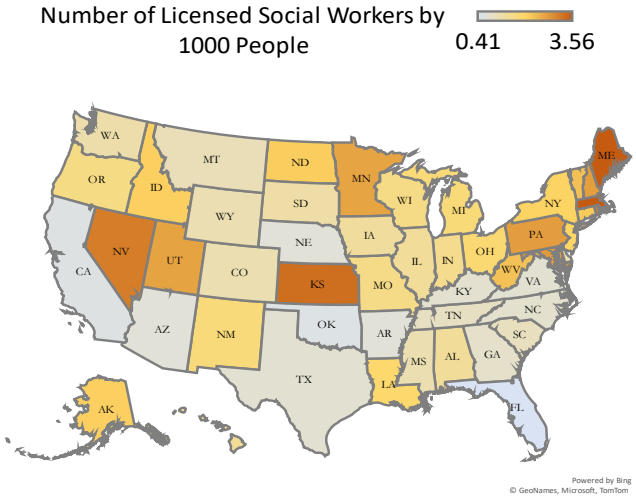
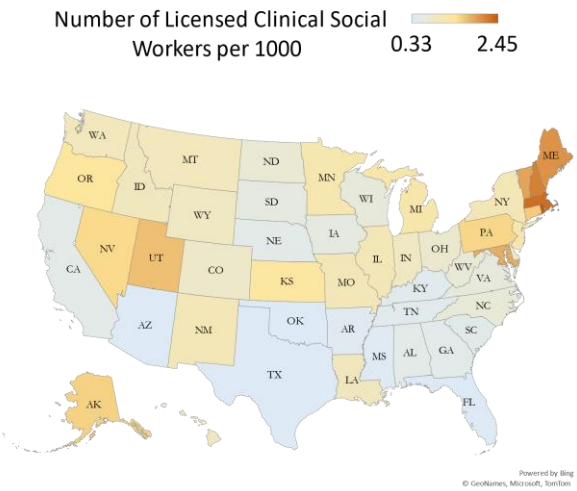


Chart 4.



Size and Distribution of the Canadian Registered Workforce

According to the social work regulatory colleges in Canada, which report the number of registered social workers and social service workers in their provinces to the Association of Social Work Boards, there were 63,279 registrants across the country in 2023. As shown in Chart 5, nearly 38% and 25% of these registrants were located in Ontario (ON) and Quebec (QC), respectively, reflecting the population distribution of the country. In addition to Alberta and British Columbia, which together accounted for about 20% of the workforce, the remaining six provinces comprised only about 17% of the total.

Chart 6 shows that, based on the 2024 Workforce Survey data, 14% of the 3,437 respondents identified as registered social service workers, while 34.38% and 44.13% were bachelor's level and master's level registered social workers, respectively. Only about 7.5% were registered clinical social workers, indicating a relatively limited number of social workers with a clinical designation in Canada.

Chart 5.

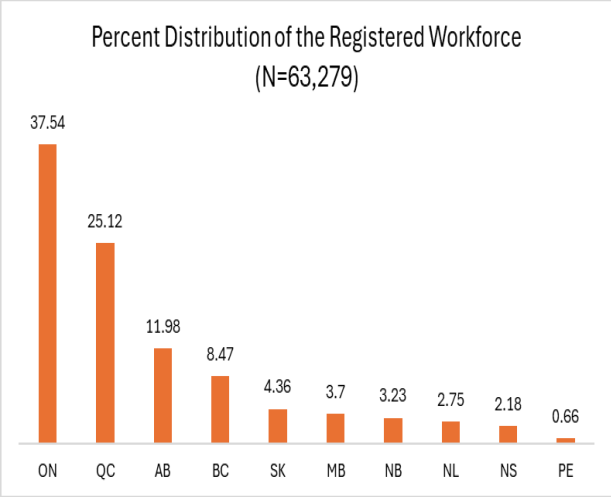


Chart 6.

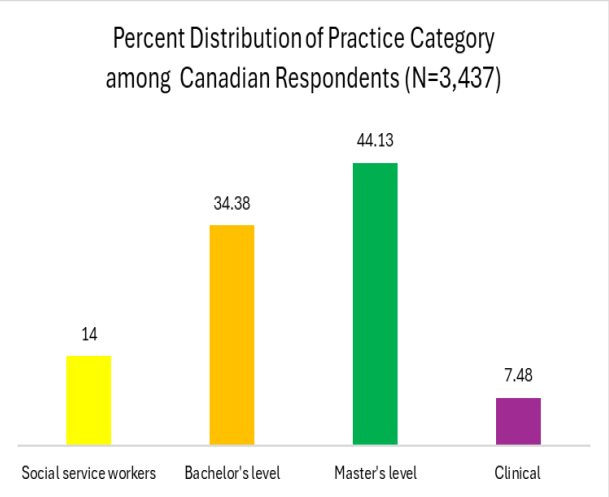


Chart 7.

Chart 7 above shows that, based on the 2024 Workforce Studies, the nationally estimated density of registered social workers and social service workers in Canada, per capita, was 1.57 per 1,000 people. This density, however, ranged from a low of 0.96 in British Columbia (ranking 10th place in the country) to a high of 3.22 in Newfoundland and Labrador (ranking 1st in the country) and 2.43 in New Brunswick (ranking 2nd in the country).

Licensure Requirement and Preference

Now, let us discuss one of the most important findings about how the social work job market values social work credentials, that is, social work degrees and licensure. Table 4 shows that more than 90% of licensed social workers across all practice categories in the United States reported that social work licenses are required and preferred for their current job positions. Similarly, an overwhelming majority of the Canadian workforce reported that registration is required for their positions. This finding suggests that the importance of social work credentials is deeply rooted and pervasive in the social work job market and among employers in both the United States and Canada.

Table 4. Percent Whose Position Required or Preferred Licensure/Registration

USA	Bachelors	Masters	Advanced Generalist	Clinical
	93.14	95.08	94.34	95.50
Canada	Social Service Workers	Bachelor's level	Master's level	Clinical
	87.94	90.52	93.60	96.11

Practice Distinction

Licensed and registered social workers—especially those with MSWs—predominantly work in healthcare or medical settings, providing mental, behavioral, medical, and health-related services as direct service providers or case managers for clients with mental health disorders, substance use disorders, child welfare issues, and people who need assistance with daily living activities. Table 5 generally indicates that as social workers' practice categories advance, the proportion of those providing mental and behavioral health services increases.

Table 5. Percent Providing Mental or Behavioral Health Services

USA	Bachelors	Masters	Advanced Generalist	Clinical
	29.42	49.68	47.63	74.13
Canada	Social Service Workers	Bachelor's level	Master's level	Clinical
	47.19	44.71	62.40	79.77

As Table 5 shows, nearly half of Masters and Advanced Generalist social workers in the United States reported that their practice function is to provide mental and behavioral health services. Among Clinical social workers, that figure exceeds 74%. In Canada, the proportions are even higher: over 62% of master's level social workers and nearly 80% of clinical social workers reported providing mental and behavioral health services. These findings reaffirm that

professional social workers are a mental and behavioral healthcare workforce and that ensuring their competence and ethical standards is important for protecting the public.

Median Earnings

The 2024 Workforce Studies revealed that the earnings of professional social workers are considerably higher than previously reported. As discussed earlier, social workers' median earnings in 2023 were around $58,000, equivalent to about $60,000 in 2024 according to the BLS Occupational Outlook data. As Table 6 shows, the Workforce Studies found that median earnings for Masters social workers were around $67,000, around $72,000 for Advanced Generalist social workers, and approximately $77,000 for Clinical social workers in 2024. Further analyses reveal that the median earnings among full-time, year-round working Clinical social workers were more than $82,000 in 2024.

The same story holds for Canadian social workers. According to the Labour Force Survey data reported by Statistics Canada, Canadian social workers' median annual earnings were $75,480 in 2023 (equivalent to around $77,700 in 2024) in Canadian dollar. As Table 6 shows, master's level and clinical social workers had median earnings of around $86,000 and $95,000, considerably higher than what Statistics Canada reported.

Although not shown here, the Workforce Studies found that licensed and registered social workers generally had greater access to employer-provided benefits, such as health insurance plans, retirement savings plans, and life insurance, compared to the civilian workforce. More rigorous data analyses are needed to establish the causal relationship between license status and earnings and compensation; however, these descriptive findings clearly suggest that regulated professions benefit from higher compensation.

Table 6. Median Annual Earnings from Primary Job, 2024

USA	Bachelors	Masters	Advanced Generalist	Clinical
(US$)	$57,680	$66,950	$72,100	77,250
Canada*	Social Service Workers	Bachelor's level	Master's level	Clinical
(CAN$)	$74,438	$76,478	$85,655	$94,832

Research has consistently shown that compensation is an important factor in workforce recruitment, retention, and job satisfaction (Luo, 2022; Sorn et al., 2023). State governments may play critical roles in addressing earnings and compensation issues for the behavioral health workforce through policy development, reimbursement reforms, and workforce stabilization strategies. Yet, the roles of state regulatory boards in affecting compensation are generally limited, as they primarily focus on licensing and regulating the practice of social work to protect the public. However, they may play indirect roles that can influence the workforce and its working conditions. By setting educational and licensing requirements, boards can influence the value of social work professionals, which can affect their compensation, recruitment, and retention.

Career Plans

License and occupational regulation are expected to promote career satisfaction and retention in the profession due to investment in credentials, clear career pathways, and upward mobility within the field (Nunn, 2018; Luo, 2022). Although the 2024 Workforce Studies did not directly compare the licensed and nonlicesed social workers in terms of their desire to stay or leave the profession (due to a small sample size for the nonlicensed social workers who participated in the survey), the findings suggest that most licensed and registered social workers plan to stay in the profession, looking for more training and career opportunities, as shown in Table 7. A very small percentage of licensed and registered social workers reported planning to leave the profession and work somewhere else. Only about 3% of Master's and clinical social workers in the United States reported plans to leave the profession. Among Canadian social workers, approximately 2.5% of master's level social workers and less than 1% of clinical social workers reported similarly.

Table 7. Percent Planning to Leave and Stay in Social Work

USA	Bachelors	Masters	Advanced Generalist	Clinical
Leaving	4.78	3.31	4.26	3.00
Staying	65.88	60.93	61.13	68.94
Canada	Social Service Workers	Bachelor's level	Master's level	Clinical
Leaving	4.18	3.22	2.57	0.78
Staying	71.52	68.59	71.11	73.15

5. Findings with Regulatory Implications

In the next section, I would like to discuss findings from the Workforce Studies that are relevant and important to occupational regulation but require much more research and evidence to understand how regulations should address issues surrounding the findings.

Supervision Experience

The Workforce Studies revealed that more than a quarter of clinical social workers in the United States and 29% of registered clinical social workers in Canada have paid for their supervision, as Table 8 presents. Additionally, a majority of supervisees reported being satisfied with supervision. However, approximately 20% reported not being satisfied, indicating a need to review whether satisfaction is related to the quality of supervision and the competence development of supervisees.

Table 8. Percent of Clinical Social Workers Having Paid for Supervision and Being Satisfied

	Paid for Supervision	Not paid for Supervision	Supervision Not required	n/a
USA	25.95	68.90	1.92	3.22
Canada	29.18	46.30	14.01	10.51

	Satisfied	Neither	Dissatisfied	n/a
USA	81.05	8.08	8.34	2.53
Canada	64.98	6.23	6.22	22.57

Regulations regarding payment for clinical supervision in social work vary by state. Some states explicitly permit paid supervision arrangements, while others have specific stipulations. Certain social work candidates may choose to select their supervisors by paying for high-quality supervision. Nevertheless, when required to pay for clinical supervision, some candidates may find it difficult to afford it and may consider reducing supervision sessions, which can delay their clinical licensure. Limited access to affordable supervision may reduce the number of qualified clinical social workers. Rural areas may experience more issues unless states allow out-of-state supervision to address the gap. Expensive supervision may lead some candidates to seek lower-cost options that could compromise training quality.

Given the reported prevalence of paying for supervision, regulatory boards may want to review the rules and practices governing clinical supervision and assess whether the cost burdens do not hinder or delay certain groups of license applicants from pursuing clinical licenses. Additionally, it would be important to research the extent to which satisfaction with supervision is related to the quality of supervision and competency development.

Employment Characteristics

An interesting finding from the Workforce Studies was the relatively high percentages of licensed and registered social workers in self-employment, which include working in private practice or as independent contractors. According to Table 9, among clinical social workers, 26% in the United States and 44% in Canada reported being in private practice (including working as independent contractors). In Canada, as high as 28% of master's level social workers also reported to be in private practice.

It is unclear how many individuals in private practice operate under a cash-only arrangement; however, this high prevalence of self-employment may threaten access to behavioral healthcare for low-income clients, particularly in Canada, depending on whom the private practitioners serve (Gattman et al., 2017). Additionally, given the prevalence of private practice, regulatory boards may want to evaluate the adequacy of existing training, credentialing requirements, and regulations for private practice (Atanackovic et al., 2024).

Table 9. Percent in Self-Employment and Holding Multiple Jobs

USA	Bachelors	Masters	Advanced Generalist	Clinical
Self-employment	1.23	5.46	9.84	25.79
Multiple job	14.06	24.66	27.24	30.62
Canada	Social Service Workers	Bachelor's level	Master's level	Clinical
Self-employment	7.07	4.15	28.22	43.97

Multiple job	16.01	16.93	32.59	38.52

Another interesting finding was the high prevalence of multiple job holding among licensed and registered social workers. More than a quarter of Masters, Advanced Generalist, and Clinical social workers in the United States reported holding more than one job. In Canada, over 30% of master's level social workers and nearly 39% of clinical social workers reported the same. This high rate of multiple job holding may indicate that their primary jobs do not provide sufficient earnings. As the Workforce Survey did not ask any additional questions about multiple jobs, we need more information about the intention, type, and intensity of the supplementary jobs in the future. Additionally, we need to evaluate whether multiple job-holding is related to workers' burnout and regulatory violations.

Health Conditions

The Workforce Studies identified that many social workers reported having health conditions, particularly mental health conditions. Table 10 shows that approximately 13-17% of U.S. and Canadian social workers have a physical condition. The proportion of those reporting a mental health condition is much higher. For example, over 30% of Masters and Clinical social workers in the United States reported having a mental health condition. Similarly, over 33% of bachelor's level and about 23% of master's level Canadian social workers had a mental health condition.

Table 10. Percent with Physical and Mental Health Conditions

USA	Bachelors	Masters	Advanced Generalist	Clinical
Physical	13.07	14.60	16.72	17.20
Mental	26.82	30.23	27.97	30.15
Canada	Social Service Workers	Bachelor's level	Master's level	Clinical
Physical	9.15	13.72	16.16	16.73
Mental	17.88	33.02	22.89	19.84

The high prevalence of health conditions indicates that regulatory boards may need to examine how their rules and practices provide necessary support and accommodations under the Americans with Disabilities Act for social workers with health conditions (Pool et al., 2021). Social work regulatory boards accommodate license applicants with disabilities primarily with extended time, alternative formats (paper-pencil exams, sign language interpreters, private rooms, breaks for medication), and testing accommodations. Some social work candidates may require tailored supervision plans to meet their needs. Some states, like New Jersey, mandate disclosure of mental health conditions (anxiety, depression, etc.) during licensure applications if they impact professional competence, but other states may not have a clear disclosure guideline. Regulatory boards may want to review whether jurisdictions have uniform accommodations and disclosure guidelines.

Graduation from Online or Hybrid MSW Programs

According to the 2024 Workforce Studies, nearly 42% of Masters social workers in the United States and 37% of master's level social workers in Canada reported earning their MSWs from either an online or hybrid program. Among Clinical social workers, who are older than Master social workers, 24% reported earning the degree in an online or hybrid program in both countries. This high prevalence and rise in online and hybrid MSW programs suggest a significant shift in the educational experiences of social work graduates.

Because behavioral health professionals rely heavily on interpersonal and clinical skills (e.g., counseling techniques, emotional attunement), which may be more challenging to develop in fully online environments, regulatory boards may want to examine how this shift to online and hybrid environments influences the development of social work competence and whether they need to revise any educational and training requirements for licensure.

Table 11. Percent Graduating from Online or Hybrid MSW Programs

USA	Masters	Advanced Generalist	Clinical
	41.75	29.35	24.00
Canada	Master's level		Clinical
	36.67	-	24.12

For example, some important regulatory issues involving online MSW programs include students residing in one state, attending an online program based in another, and planning to practice in a third state. It is important to determine whether online MSW programs meet the educational requirements for licensure in the state where students intend to pursue a license, and how accredited practicum placements are defined and approved across state lines.

Working Primarily Online

As Table 12 shows, the Workforce Studies found that as the practice category of social workers advances from Bachelors to Clinical, the percentage of those working primarily online also increased. In the United States, 14% of Masters, 19% of Advanced Generalist, and 26% of Clinical social workers worked primarily online. In Canada, over 18% of master's level social workers and nearly 24% of clinical social workers worked primarily online.

Table 12. Percent Working Primarily Online

USA	Bachelors	Masters	Advanced Generalist	Clinical
	12.08	14.35	18.99	25.95
Canada	Social Service Workers	Bachelor's level	Master's level	Clinical
	9.15	6.94	18.14	23.74

With telehealth and online practices growing rapidly, regulatory boards need to ensure that telehealth services meet the same standards of care as in-person services in terms of client privacy and confidentiality, data security, identity verification, and emergency protocols. The

ethical, regulatory, and training concerns related to regulatory practice governing electronic practice need to be reviewed to assess if the current regulations are sufficient (Glueckauf et al., 2018).

A report by the Association of Social Work Boards (2021) that compiled how telehealth is regulated across the United States and Canada showed that about 24 jurisdictions lacked relevant regulations. Among those that have telehealth policies, the specific guidelines turned out to vary widely. While some states (e.g., Texas and Virginia) address both in-state and out-of-state practice comprehensively, others restrict telehealth to clients within the state. The variabilities may confuse some social workers. COVID-related emergency provisions that temporarily relaxed some licensure requirements have largely expired. The prevalence of working primarily online suggests that regulatory boards should review the adequacy of existing regulatory guidelines nationwide and adopt more uniform regulations and practices to keep up with evolving social work practices.

6. Future Directions: A Call for a National Workforce Data System

Problem with Lacking a National Registry

Although the 2024 Social Work Workforce Studies found many new findings about the licensed and registered workforce in the United States and Canada, the national survey and the analysis of the survey data drew my attention to the considerable work needed for a rigorous workforce study and robust empirical evidence in the future. One of the biggest challenges in conducting the 2024 Workforce Studies was the lack of an unduplicated national registry of licensed and registered social workers active in the labor market by license category. This unduplicated national registry is supposed to provide the entire universe of licensed or registered social workers subject to the study. The absence of a registry presents a serious challenge to producing nationally representative findings from the workforce survey. In 2017, Salsberg, one of the authors of the previous social work workforce studies, acknowledged the same challenge and described it as follows.

> "Unlike many health professions, there is no unduplicated master listing of social workers, not even of those who are licensed by the states. The absence of a clear definition of a social worker, and variations across states in requirements for licensure, further complicates analysis and understanding of the social work workforce. The lack of a national system for collecting data on social workers also makes it very difficult and costly to track career pathways and variations in supply and demand for social workers. This information would be of great value to social work leaders and educators to inform their planning for the future" (Salsberg, et al., 2017, p.6).

Why does the lack of a national registry of licensed (in the United States) and registered (in Canada) social workers present a serious challenge for a national workforce study? It is because workforce studies are based on a sample of the entire workforce in the country. The method for carrying out a scientifically rigorous workforce study is to ensure that the findings are nationally representative of the entire social work workforce in the country. A national

registry is necessary (1) to calculate the appropriate sample size for a workforce survey, (2) to draw a unbiased sample that reflects the entire group on the registry, (3) to assess if (and to what extent) the collected survey data are biased, and (4) if biased, to correct for the detected biases and make the findings reflect to the national workforce. The registry can also allow researchers to estimate the size, composition, and geographic distribution of the workforce accurately.

However, because the social work profession lacks a national registry for licensed social workers, estimating the size and composition of licensed U.S. social workers in the 2024 Workforce Studies is challenging. As I showed at the beginning of this presentation, we cannot reconcile the three estimates of the size of the master's level social work workforce in the United States (the estimates presented in Chart 2). Similarly, assessing bias in the Canadian data from the 2024 Workforce Survey is not possible because the Canadian registration system uses a single registration category and does not differentiate workers by education and practice categories. Furthermore, since the Canadian social work workforce includes registered social service workers, a group that does not align with the government's Labour Force Survey, identifying the bias level of the Canadian Workforce Survey data using government survey data is not feasible. This challenge makes it difficult for us to infer the entire Canadian social work workforce from the small sample of approximately 3,500 survey respondents in Canada.

Furthermore, the absence of a national registry means a lost opportunity to link multiple data sources to obtain more knowledge about the workforce. A national registry would assign each social worker a unique ID and facilitate linkage to other data, such as data on licensing exams, licensure history, supervision records, continuing education, employment history, and disciplinary actions, to allow a comprehensive and in-depth examination of the workforce. Such a linked data system would allow regulators and other stakeholders to examine the effect of regulation on the workforce and the public as comprehensively as possible.

A Call for a National Registry

Recognizing the challenges posed by the absence of a national registry for the social work workforce, regulatory boards should consider the possibility of establishing one. They can explore ways to build upon existing data systems to create a national registry. According to the ASWB website, ASWB currently maintains two databases, the Social Work Registry and the Public Protection Database, serving different administrative purposes. The Social Work Registry establishes a permanent file containing primary source records on educational transcripts, exam scores, licensing history, clinical supervision, disciplinary actions reported to ASWB's Public Protection Database, continuing education courses, references, employment history, and other professional credentials. The registry exists to support licensure portability across jurisdictions, but only some regulatory boards appear to participate in it (ASWB, 2025a).

ASWB also maintains the Public Protection Database, which lists sanctioned social workers to prevent a social worker disciplined in one jurisdiction from withholding information from another (ASWB, 2025b). The database is known to provide the sanctioned social workers' state, name, license number, and date of sanction. However, it does not provide details about the misconduct, violations, or the type of sanction. It provides only identifying information that is helpful in searching for records in state databases. Member boards of the database are flagged to

contact the reporting board for details of the sanctioned social worker's disciplinary action and consider them in determining their licensure eligibility (ASWB, 2025b).

These two databases were built for administrative purposes, not to connect data from different states in a way that supports the creation of a national registry of social workers. More importantly, state boards' participation in the databases is not universal. Furthermore, different states are known to utilize various regulatory terminologies and reporting protocols. Similarly, in Canada, provincial regulatory boards, such as the Ontario College of Social Workers and Social Service Workers, maintain a registry that contains social workers' names, registration status, practice status, employer contact, and disciplinary actions against them (Ontario College of Social Workers and Social Service Workers, 2025). However, it is unclear whether the provincial registries were built to connect or contribute to a national registry.

Given the limitations of the current system, there is a clear need to establish a national registry of licensed and registered social workers in the United States and Canada. This can be achieved when regulatory boards standardize or harmonize their regulatory terminologies, as well as reporting and record-keeping protocols, and then share a uniformly collected license repository with the central agency, such as ASWB. The central agency will then have to eliminate duplicate records of individual social workers holding multiple licenses across jurisdictions. It can implement a matching algorithm based on personally identifiable information, such as name, date of birth, social security number, national provider ID, or educational history, to identify the same individuals and count them only once to avoid over-estimating the workforce. This process is crucial for obtaining an accurate estimate of the size of the national workforce, which then can serve as a sampling frame and population benchmarks for a national workforce survey. Regulators can also benefit from this national registry as they can more effectively detect and track their licensees who practice in other states.

The recently adopted Interstate Licensure Compact presents an excellent opportunity to advance this registry initiative. As part of the Compact, participating states are required to develop a Compact data system. The regulatory boards may consider using the Compact as a catalyst to establish a data infrastructure across multiple states. A national registry is likely to provide a foundation for a research infrastructure that can consistently support comprehensive workforce studies with reasonable resources. It can help move the field toward more evidence-based regulatory decisions and practices.

An Example from the Nursing Profession: National Data Collection Systems

The nursing profession has already undertaken a similar initiative decades ago and presents us with an excellent example to follow. Although the size and resources of the social work profession cannot be matched by those of the nursing profession, there is a lesson to learn from the nursing profession, which has one of the most well-developed workforce data and research infrastructures. I want to highlight two data systems that the nursing profession holds, including Nursys®—the national-level licensure, practice privileges, and disciplinary information database—and the state-level Nursing Minimum Dataset, collected by the National Forum of State Nursing Workforce Centers.

Nursys® became possible because state nursing regulatory boards regularly submit their licensee registries to the National Council of State Boards of Nursing (NCSBN) as a condition of participating in the national network of regulating bodies (NCSBN, 2025a). The Nurse Licensure Compact also made participation in Nursys® mandatory, as Nursys® allows regulatory boards to track and verify multi-state licensure. When Nursys® detects nurses licensed in multiple states, it identifies them based on their personal information, such as name, date of birth, and social security number, to eliminate duplicate entries and assign a unique person ID (Alexander & Frith, 2021). Using the Nursys® database as a national registry, NCSBN conducts a biannual workforce study to generate nationally representative workforce statistics. Its workforce surveys collect demographic, credential, employment, income, job satisfaction, work environment, and retention information to ensure a national representation of all license types and geographic locations throughout the country. Findings of these national surveys provide evidence for regulatory decisions, licensing policies, and professional advocacy (NCSBN, 2025b).

The Nursing Minimum Dataset is collected by the National Forum of State Nursing Workforce Centers (referred to as the Forum hereafter). The Forum is a coalition of nursing workforce centers across the United States that collects, analyzes, and disseminates workforce data at the state and national levels. In 2009, the Forum developed a standardized set of data elements, called the *Nursing Minimum Dataset*, to be collected consistently across states and aggregated nationally (National Forum of State Nursing Workforce Centers, 2025a). The Minimum Dataset elements focus on collecting information about nurse demand and supply (e.g., number of current and projected nurse positions and nurses across healthcare facilities and states) (National Forum of State Nursing Workforce Centers, 2025b). The Forum and state centers collect state-level data from a stratified random sample of licensed nurses for Minimum Dataset elements at the time of license renewal. Findings from the Minimum Dataset are used to support state and local-level workforce planning (NCSBN, 2025c).

The Forum also collaborates with NCSBN to incorporate information, such as the Nurse Licensure Compact and telehealth data, to supplement the Minimum Dataset (Budden et al., 2013). These findings inform workforce planning, educational program adjustments, and the development of support systems to address challenges such as burnout and retention. The two data systems in the nursing profession serve as an excellent example of what the social work profession needs for workforce studies, evidence-based regulation, and workplace planning (NCSBN, 2025c).

7. Conclusion

In light of the recently completed 2024 Social Work Workforce Studies in the United States and Canada, this study offers an overview of how findings from these workforce studies are relevant and important from an occupational regulation perspective. It also provided a high-level summary of the key findings and contributions of the Workforce Studies. Recognizing the challenges posed by the absence of a national registry in the profession for a robust, nationally representative workforce study, it explored ways for the social work profession to establish such

a registry through collaboration between jurisdictional regulatory boards and the Association of Social Work Boards.

The 2024 Workforce Studies should be the beginning of regular and robust future workforce studies in the social work profession. The data and findings generated from future workforce studies should provide evidence that can guide regulatory decisions and practices. We need studies that examine the effects of regulation not only on the workforce but also on public safety and access to social work services. For example, how does regulation influence access to services, workforce retention, or the quality of social work services? These questions are central to ensuring that regulation fulfills its mission of protecting the public while supporting a sustainable future workforce.

References

Alexander, S., & Frith, K. (May/June 2021). Using Nursys as a primary source for licensure information. *Nursing Education Perspectives, 42*(3), 200-201. https://www.nursingcenter.com/journalarticle?Article_ID=5849183&Journal_ID=3332683&Issue_ID=5848584

Arrington, P. & Whitaker, T. (2008). *Overview of Survey Participants. NASW Membership Workforce Study*. Washington, DC: National Association of Social Workers. https://www.socialworkers.org/LinkClick.aspx?fileticket=Ukci58_sjfI%3D&portalid=0

Association of Social Work Boards [ASWB] (2021). *Social work profile: Telehealth regulation in social work*. https://www.aswb.org/wp-content/uploads/2021/09/Social-Work-PROfile-report-on-telehealth-in-social-work-regulation.pdf

Association of Social Work Boards [ASWB] (2025a). Social Work Practice Mobility: Social Work Registry.https://movingsocialwork.org/resources/social-work-registry/

Association of Social Work Boards [ASWB] (2025b). Public Protection Database. https://www.aswb.org/licenses/protecting-the-public/public-protection-database/

Atanackovic, J., Slipp, M., Klaus, J., Bartram, M., Myles, S., Bourgeault, I. L., & Leslie, K. (2024). Regulation and quality assurance for the mental health and substance use health workforce: A scoping review. https://doi.org/10.21203/rs.3.rs-4182850/v1

Budden, J. S., Zhong, E. H., Moulton, P., & Cimiotti, J. P. (2013). Highlights of the national workforce survey of registered nurses. *Journal of Nursing Regulation, 4*(2), 5–14. https://doi.org/10.1016/ S2155-8256(15)30151-4

Center for Health Workforce Studies & NASW Center for Workforce Studies (2006). *Licensed social workers in the United States, 2004* https://www.socialworkers.org/LinkClick.aspx?fileticket=mV_QzN0aDzc%3d&portalid=0

Gattman, N.E., McCarty, R.L., Balassa, A., Skillman, S.M. (2017). *Washington State Behavioral Health Workforce Assessment*. Olympia, WA: Washington Workforce Training and Education Coordinating Board. https://wtb.wa.gov/wp-content/uploads/2019/05/WA-Behavioral-Health-Workforce-Assessment-2016-17.pdf

Glueckauf, R. L., Maheu, M. M., Drude, K. P., Wells, B. A., Wang, Y., Gustafson, D. J., & Nelson, E. L. (2018). Survey of psychologists' telebehavioral health practices: Technology use, ethical issues, and training needs. *Professional Psychology: Research and Practice*, *49*(3), 205. https://doi.org/10.1037/pro0000188

Kim, J.J. (2024). The art and science of social work regulations: How values and data should guide regulatory practices. *Clinical Social Work Journal*, *52*, 287-299. https://doi.org/10.1007/s10615-023-00910-1

Kim, J.J., Joo, M.M., & Curran, L. (2023*a*). Social work interstate licensure compact: Rationales, expected effects, and a future research agenda. *Clinical Social Work Journal, 51,* 316-327. https://doi.org/10.1007/s10615-023-00878-y

Kim, J.J., Joo, M.M., & Curran, L. (2023*b*). Social work licensure: Earning premiums and gender disparity. *Journal of the Society for Social Work and Research*, *14*(3), 591-608. https://doi.org/10.1086/717330.

Luo, J. J. (2022). Occupational licensing and job satisfaction: Evidence from US data. *Journal of Behavioral and Experimental Economics*, *101*, 101930. https://doi.org/10.1016/j.socec.2022.101930

Mirshahi, R., & Baczkowska, M. (2023). Social Workers. In I.Bourgeault (Ed.), Introduction to Health Occupations in Canada (p. 451-470). Ottawa: Canadian Health Workforce Partners, Inc. https://www.hhr-rhs.ca/images/PDFs/Social_Workers.pdf

National Association of Social Workers (2010). *2009 Compensation & benefits study: Summary of key compensations findings*. Washington, DC: Author.

National Council of State Boards of Nursing (2025a). Nursys: 58 QuickConfirm License Verification Boards of Nursing. https://www.nursys.com/LQC/LQCJurisdictions.aspx

National Council of State Boards of Nursing (2025b). Ongoing Research. https://www.ncsbn.org/research/ongoing-research.page

National Council of State Boards of Nursing (2025c). Leaders in the U.S. nursing workforce research: Results of the 2024 National Nursing Workforce Study https://www.ncsbn.org/research/recent-research/workforce.page

National Forum of State Nursing Workforce Centers (2025a). https://nursingworkforcecenters.org/about-us/

National Forum of State Nursing Workforce Centers (2025b). Nursing Workforce Minimum Datasets. https://nursingworkforcecenters.org/dataset/

Nunn, R. (2018). *How occupational licensing matters for wages and careers*. The Hamilton Project. Brookings Institution. https://www.brookings.edu/wp-content/uploads/2018/03/es_3152018_how_occupational_licensing_matters_for_wages_and_careers.pdf

O'Brien, A. M., & Calderwood, K. A. (2010). Living in the shadows: A Canadian experience of mental health social work. *Social Work in Mental Health*, *8*(4), 319-335. https://doi.org/10.1080/15332980903484988

Ontario College of Social Workers and Social Service Workers (2025).

https://www.ocswssw.org/

Poole, J., Chapman, C., Meerai, S., Azevedo, J., Gebara, A., Hussaini, N., & Ballen, R. (2021). The professional regulation of madness in nursing and social work. In *The Routledge International Handbook of Mad Studies* (pp. 177-189). Routledge. https://doi.org/10.4324/9780429465444-23

Salsberg, E., Quigley, L., Mehfoud, N. Acquaviva, K., Wyche, K., & Sliwa, S. (2017). *Profile of the Social Work Workforce*. A Report to the Council on Social Work Education and National Workforce Initiative Steering Committee. The George Washington University Fitzhugh Mullan Institute for Health Workforce Equity https://www.socialworkers.org/LinkClick.aspx?fileticket=wCttjrHq0gE%3d&portalid=0

Salsberg, E., Quigley, L., Richwine, C., Sliwa, S., Acquaviva, K., & Wyche, K. (2020). *Findings from Three Years of Surveys of New Social Workers*. A Report to the Council on Social Work Education and the National Association of Social Workers. The George Washington University Fitzhugh Mullan Institute for Health Workforce Equity https://www.socialworkers.org/LinkClick.aspx?fileticket=1_j2EXVNspY%3d&portalid=0

Slipp, M., Myles, S., Atanackovic, J., Garner, G., Bartram, M., Bourgeault, I. L., & Leslie, K. (2025). Re-imagining approaches for mental health and substance use health workforce regulation in Canada: Making room for dynamic tensions. *PLOS Mental Health*, *2*(3), e0000168. https://doi.org/10.1371/journal.pmen.0000168

Sorn, M. K., Fienena, A. R., Ali, Y., Rafay, M., & Fu, G. (2023). The effectiveness of compensation in maintaining employee retention. *Open Access Library Journal*, *10*(7), 1-14. https://doi.org/10.4236/oalib.1110394.

The Canadian Council of Social Work Regulators (2012). Entry-level competency profile for the social work profession in Canada. https://www.ccswr-ccorts.ca/wp-content/uploads/2017/03/Competency-Profile-FINAL-Eng-PG-1-51.pdf

Towns, A. M., & Schwartz, K. (2012). Social workers' role in the Canadian mental health care system. *Research on Social Work Practice*, *22*(2), 214-218. https://doi.org/10.1177/1049731511412976

Trebilcock, M. J. (2022). Paradoxes of Professional Regulation: In Search of Regulatory Principles. University of Toronto Press. https://www.jstor.org/stable/10.3138/j.ctv2sm3bgh

U.S. Bureau of Labor Statistics (2024). Occupational Outlook Handbook: Social Workers https://www.bls.gov/ooh/community-and-social-service/social-workers.htm#tab-6

Weeden, K. A. (2002). Why do some occupations pay more than others? Social closure and earnings inequality in the United States. *American Journal of Sociology*, *108*(1), 55-101. https://doi.org/10.1086/344121