

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

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- Effects of regulation and the purpose of a workforce study
- 2. The 2024 Workforce Studies and Main Findings and Contributions
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The 'Official' Profile of the Workforce

The **BLS Occupational Outlook Handbook** does not necessarily represent those with social work education and occupation credentials. The numbers also exclude self-employed social workers. Its accuracy for the licensed has never been examined.

U.S.BLS Employment Outlook for Social Workers, 2023

	Share of Workforce	Employment 2023	Projected Employment	Percent Increase	Median Salary 2023
			2033	(2023-2033)	
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	16%	123,700	138,100	12%	\$55,960
abuse					
All other	9%	69,000	72,800	5%	\$63,770

Theoretical Effects 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

Purpose of Workforce Study

1. Allows us to examine the effects of regulation empirically

2. Provide comprehensive and up-to-date information on:

- Size, composition, and geographic distribution (re: accessibility of the service)
- Demographic, credential, practice, employment, and earnings characteristics (re: quality of the service)

3. Generate empirical evidence on the effects of regulation

- For the public: Quality of and accessibility to the service
- For the workforce: Prevalence and value of license & practice, employment, and earnings characteristics

4. Communicate with stakeholders to:

- Gain understanding and support from stakeholders for regulatory decisions
- Seek funding and legislative opportunities to promote the profession

5. Develop strategies to:

- Improve credentialing and regulatory policies and rules
- Monitor the indicators of public protection and access to services

Previous Workforce Studies

	United States	Canada
1	2004 NASW Licensed Workforce Study (A survey of ~4,500 licensed social workers)	2012 survey on entry-level competence by — The Canadian Council of Social Work
2	2007 NASW Membership Workforce Study (A survey of ~3,500 NASW members)	Regulators (N=~4,900)
3	2010 NASW Compensation and Benefits Study (A survey of ~18,000 members of professional associations)	2023 Social Worker Profile by Canadian
4	2017 Profile of the Social Work Workforce (Secondary analysis of the 2015 American Community Survey)	Health Workforce Network (CHWN)
5	2017-19 National Study of Recent Graduates (A survey of ~3,500 social work graduates)	

Consequences of Limited Workforce Studies

- 1. Lack of knowledge about workforce size, composition, and characteristics
- 2. Misrepresentation of professional social work practice
- 3. Lack of recognition of social workers' contribution to Canada's mental health system
- 4. Uncertainty about the values of licensure and regulation
- 5. Increased vulnerability to criticism on licensure and regulation

The 2024 Workforce Survey

- 1. Online survey as the first part of the 2024 Social Work Census
- The survey asked U.S. and Canadian social workers about the following: (1) Education (2) license or registration (3) employment (4) practice setting, function, role, client groups, and telehealth use, (5) geographic location (6) student loan debt, (7) supervision experience (8) earnings and employment benefits from primary social work job (9) career plans (10) detailed demographics
- The final analytic sample included 39,464 licensed U.S. social workers and 3,437 registered social workers and social service workers in Canada.
- 4. All respondents were categorized by their practice/licensure/registration category.

Overview: Major Findings and Contributions

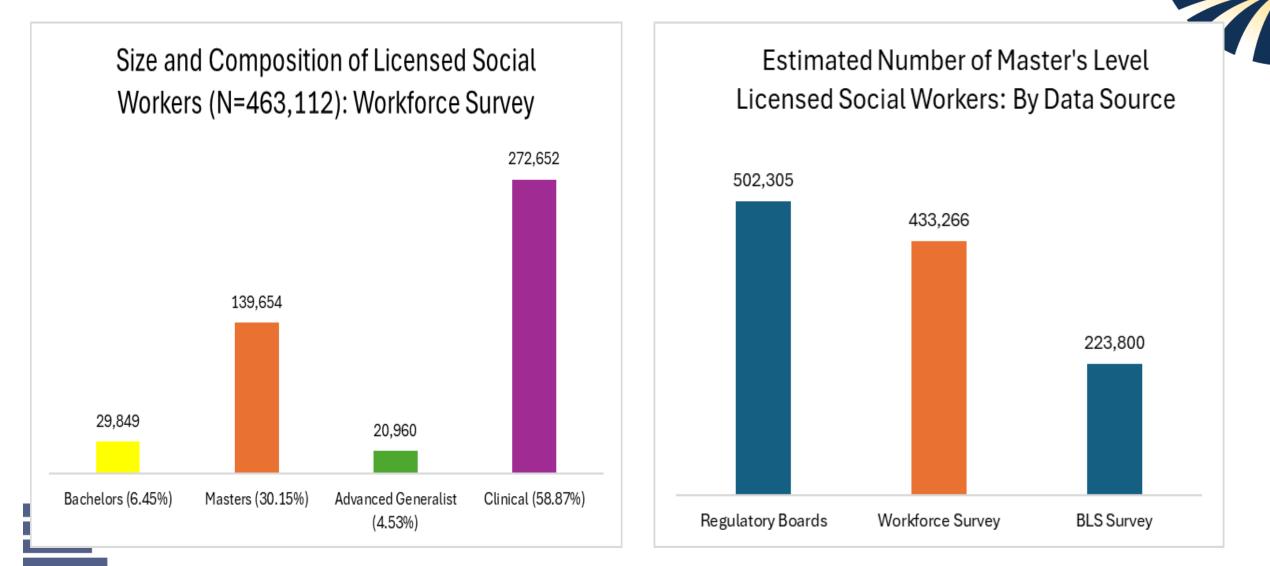
- **1.** The largest number of responses from U.S.-licensed social workers
- 2. The first-ever Canadian workforce study to show registered social workers as the behavioral healthcare workforce
- 3. The first and detailed descriptions of workforce characteristics by **practice categories**
- 4. The first estimates of the **workforce size and composition** by educational level and licensure status: The "official" social work profile by BLS may be inaccurate for the professional workforce!
- 5. Highlight the values of social work licensure: Requirement for position, higher earnings, access to benefits, retention, career pathway, and desire for professional development
- Geographic density estimation (merging the workforce survey data with the U.S. Census Bureau's data) to inform the supply of workers

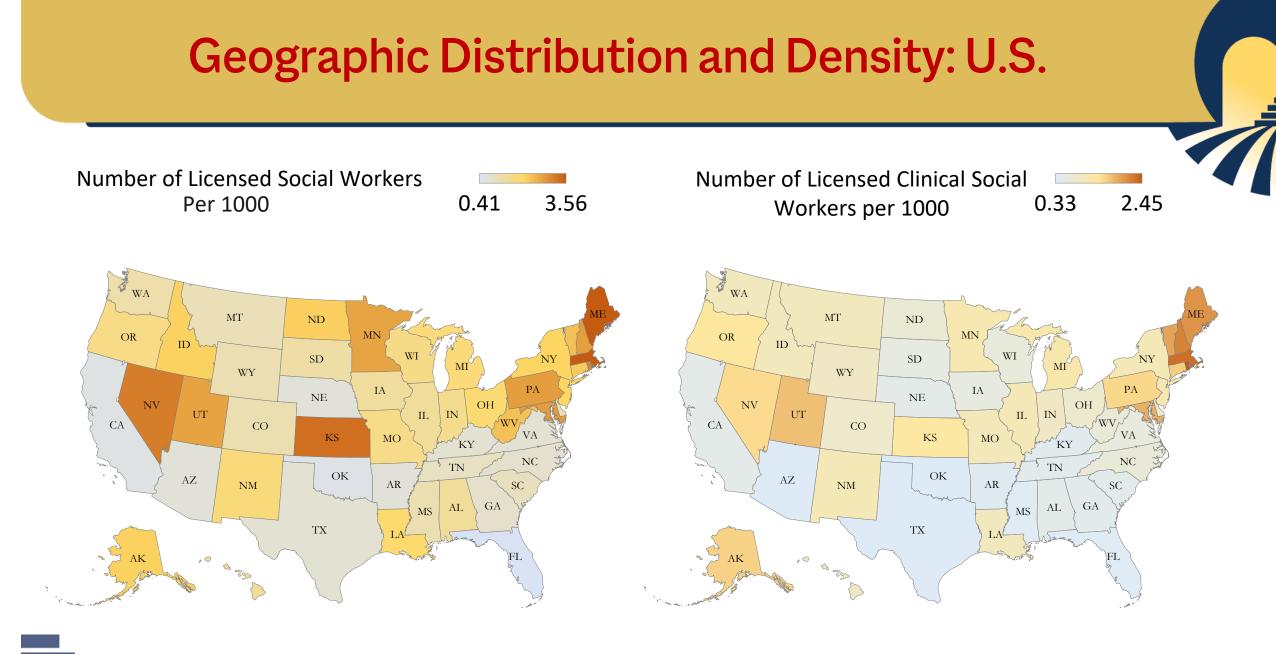


Findings Indicative of Regulatory Effects

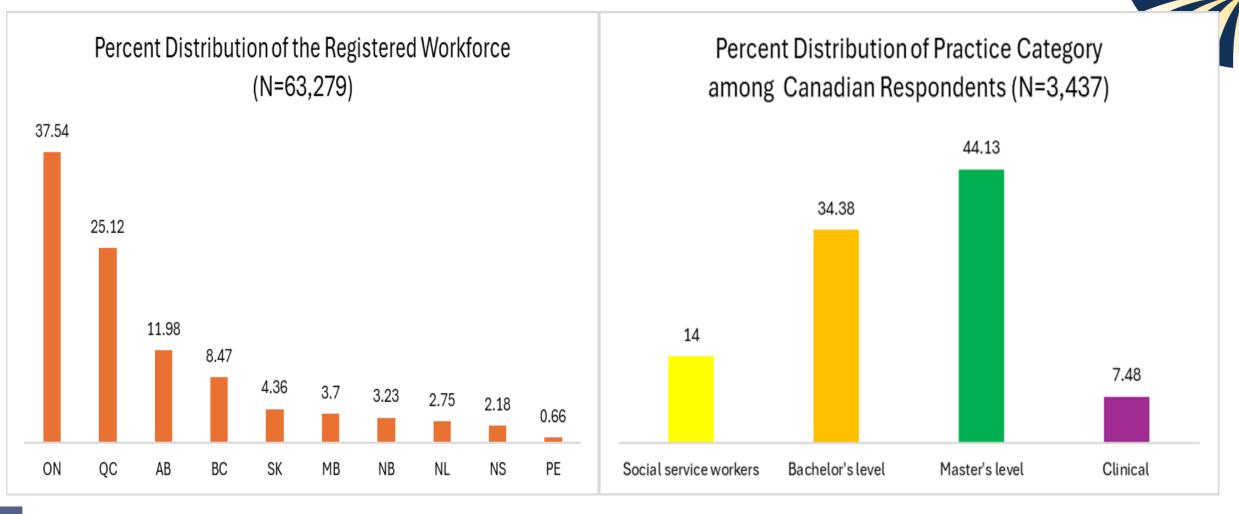


The U.S. Licensed Workforce: Estimated Size and Composition





The Canadian Registered Workforce: Composition and Size



Geographic Density: Canada



Licensure Requirement

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

The labor market value of licensure is clear in the social work job market and among employers.

Practice Distinction

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

Practice characteristics: Licensed social workers provide services on a continuum of social assistance and health care.

As the practice category advances, the share of workers providing mental and behavioral health services increases.

Median Earnings

Licensed/registered social workers earned significantly more than previously reported by the official statistics.

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

Earnings show a gradual yet clear increase as the practice category advances.



License and regulation are expected to promote career satisfaction and retention due to investment in credentials, clear career pathways, and upward mobility within the field.

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



Findings with Regulatory Implications



Supervision Experiences (%)

	Paid for Supervision	Not Paid for 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

- Do costs discourage or delay the pursuit of clinical licensure?
- Is satisfaction related to the quality of supervision and competence?

Employment Characteristics (%)

USA	Bachelors	Masters	Advanced Generalist	Clinical
Self	1.23	5.46	9.84	25.79
Multiple	14.06	24.66	27.24	30.62
Canada	Social Service Workers	Bachelor's Level	Master's Level	Clinical
Self	7.07	4.15	28.11	43.97
Multiple	16.01	16.93	32.59	38.52

- Private practice in cash-only arrangement may pose a threat to access
- How is multiple job-holding related to financial need, stress, and burnout?

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

- Are there reasonable support and accommodations in licensing and regulation?
- When to require disclosure or how to assess unfit to practice?
- Are current practices reactive or proactive with mental health support?

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

- What are the implications for competence development?
- Are the existing requirements for the MSW course contents sufficient?
- What are the implications for regulatory oversight due to involvement in multiple states (different locations of online program, student, and practicum site)

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

- Are variations in rules on electronic practice confusing?
- Are the existing requirements and regulations sufficient?



Future Direction: Where Do We Go from Here?



The Problem

"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)".



Our Current Data Systems

- 1. <u>Social Work Registry</u>: Credential repository @ ASWB
- 2. Public Protection Database: Disciplinary information @ ASWB
- 3. Provincial registry (<u>Ontario College of Social Workers and Social</u> <u>Service Workers</u>): Name, registration status and number, practice status, employer contact, disciplinary history
- 4. Limited state participation in the registry and no unduplicated national list of licensees
- 5. The current system presents challenges in generating nationally representative findings from a workforce study

A Call for a National Registry

- All regulatory boards share a uniformly collected, regularly updated license repository with a central organization (e.g., ASWB), which eliminates duplicate records based on identifiable information (e.g., name, DOB, SSWN, national provider ID).
- 2. Individual social workers on the national registry are assigned a unique ID.
- 3. The registry becomes a foundation for a research infrastructure for regular, robust workforce studies
- 4. The Licensure Compact is an opportunity for this data initiative
- 5. Evidence will help regulators make evidence-based regulatory decisions and receive public support for regulation

Example Data Systems from Nursing

1. Nursys[®] (national)

- National Council of State Board of Nursing (NCSBN)
- Demographic, licensure, practice privilege, disciplinary information
- De-duplicated, organized by unique ID
- 2. Nursing Minimum Dataset (state-level)
 - National Forum of State Nursing Workforce Centers
 - Minimum data elements (detailed supply and demand information) and standardized definitions comparable across all jurisdictions
- 3. Biannual national workforce studies to support state and national level regulatory and workforce decisions



Questions & Discussions Introducing

Online Survey of Clinical Supervision Regulation

