

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

***SUPPLEMENT***

**Chapter 2 of 5**

**Who Are Licensed Social Workers?**

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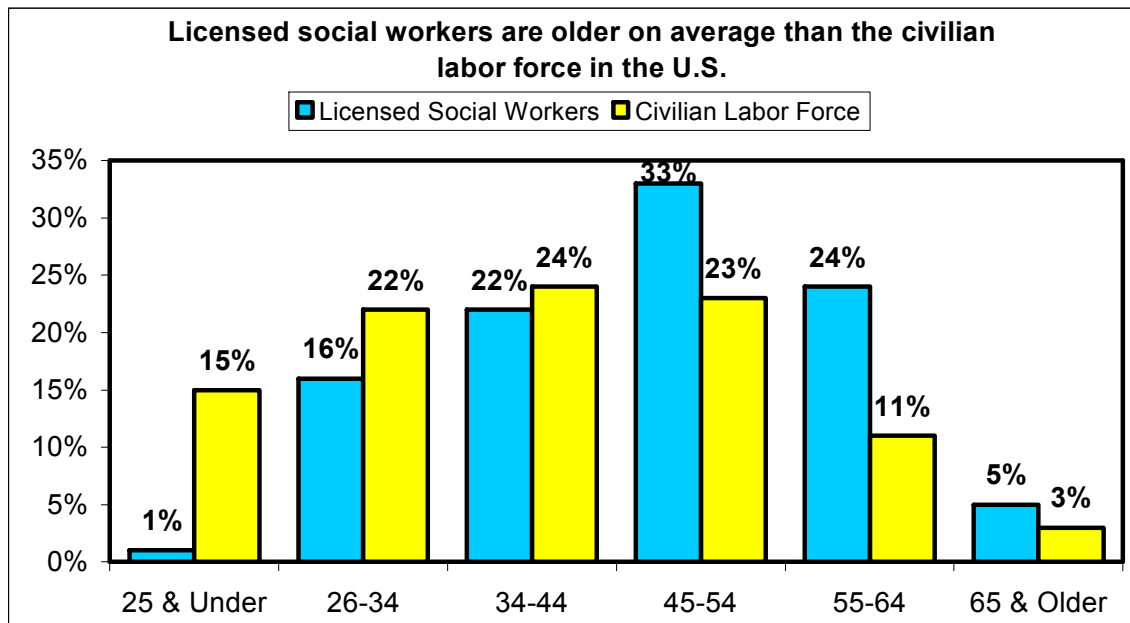
## Chapter 2. Who Are Licensed Social Workers?

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

### Demographic Characteristics

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

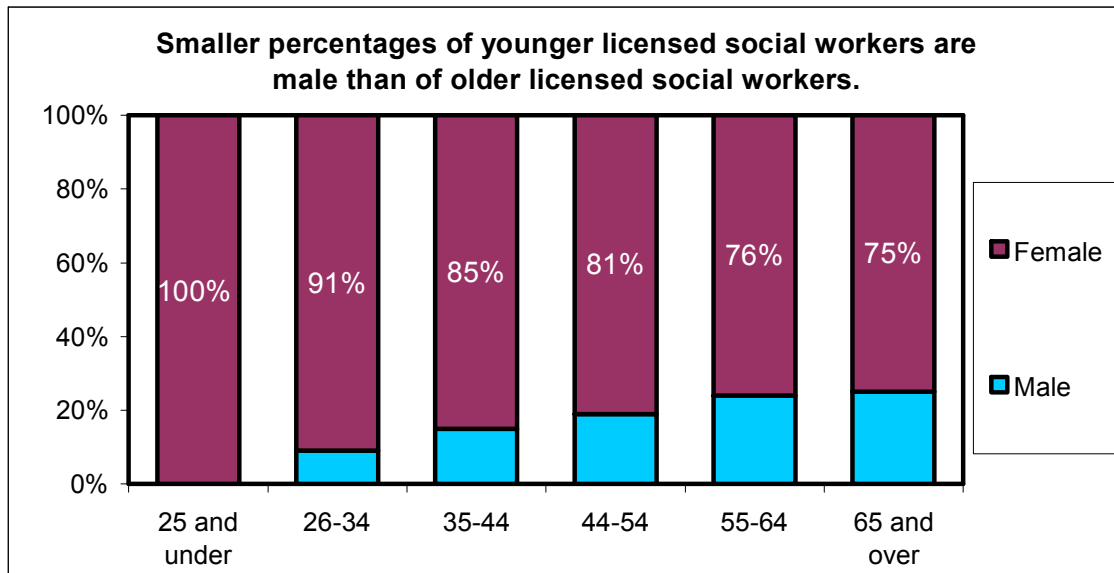
**Figure 1. Age Distribution of Active, Licensed Social Workers and the U.S. Civilian Labor Force**



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

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

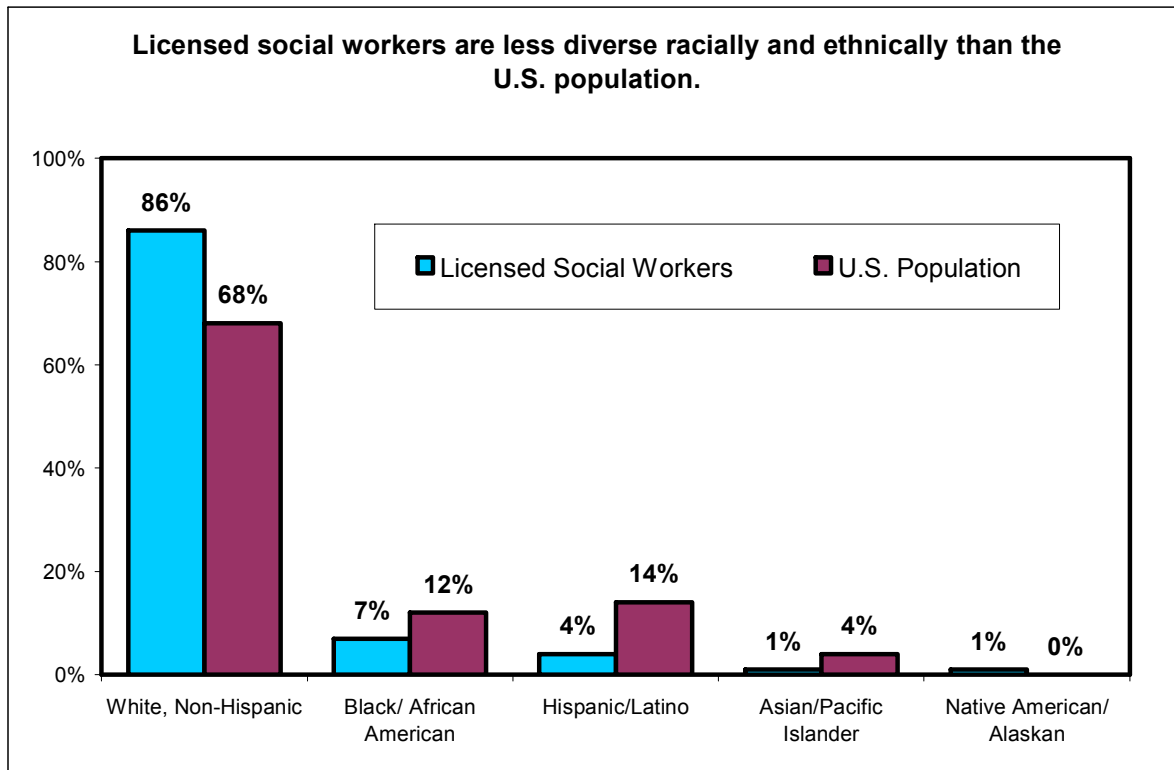
**Figure 2. Gender Distribution of Licensed Social Workers by Age Group**



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

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

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



## Education

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

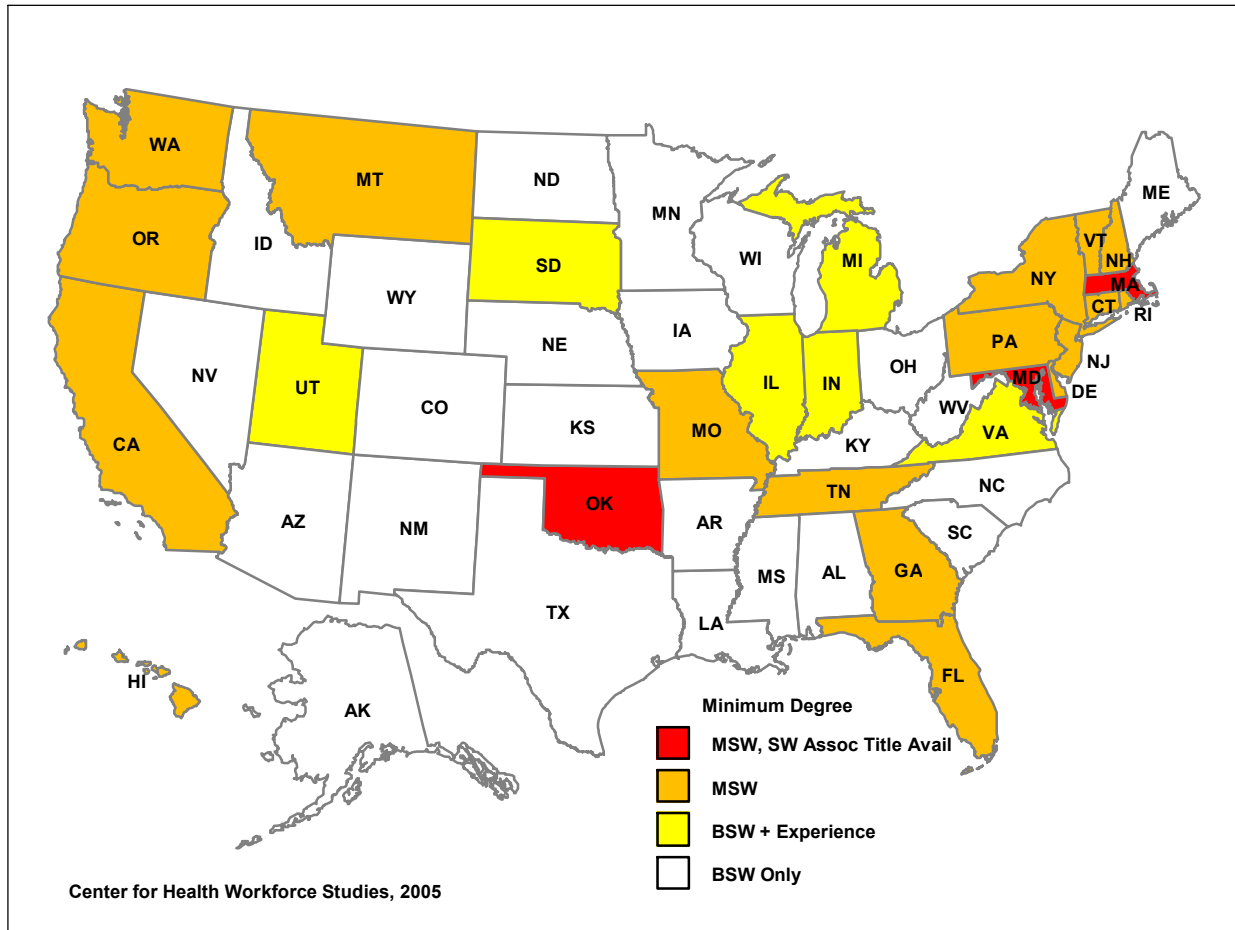
Of the states that required an MSW, there were four (including the District of Columbia) that offered a Social Work Associate license that required a BSW. If these are counted among the states that license BSWs, the total increases to 34.

### Highest social work degree.

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

Eight percent of the respondents to the 2004 survey did not have degrees in social work. These individuals are older practitioners who have been permitted to retain licenses earned earlier in their careers even though the formal requirements have since become more stringent.

**Figure 4. Minimum Degree Requirements for Licensure in Social Work, 2002<sup>1</sup>**

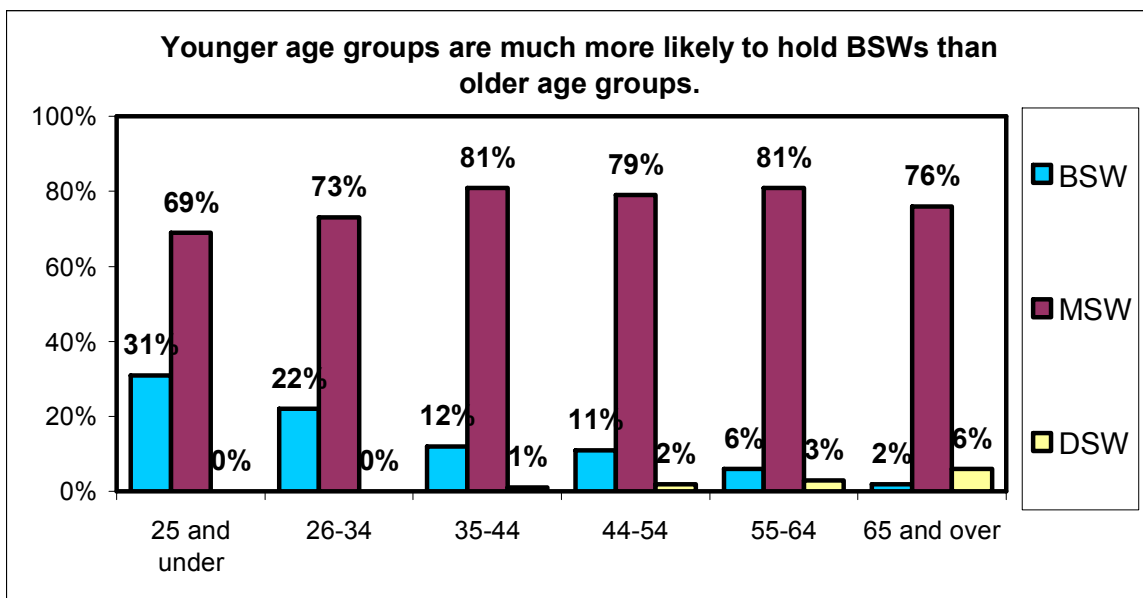


<sup>1</sup> Source: Table 2, Social Work Laws and Regulations, Culpeper, VA: ASWB.

Asian/Pacific Islanders were substantially more likely to have MSWs than members of other racial/ethnic groups (94%), while Black/African-Americans were least likely (73%). Hispanic/Latinos were in the middle (80% held MSWs) and comparable to White non-Hispanics (79% of whom held MSWs).

The percentage of licensed social workers holding an MSW or DSW/PhD varied dramatically by state, from an estimated low of 21% to a high of 100%<sup>2</sup>. Social workers in the West North Central Region were least likely to have an MSW or higher (61%), while social workers in the Pacific Region were most likely to have an MSW or higher (98%). Younger social workers were much more likely than older social workers to have a BSW as their highest social work degree (31% of licensed social workers age 25 and under, compared to 2% of social workers age 65 and older).

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



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

BSW programs are a potentially important feeder for MSW programs. Sixty-three percent of first-degree BSWs in the survey subsequently received a MSW, although later BSW recipients have been less likely to receive subsequent MSWs than early BSW recipients. Eighty percent of the social workers who completed a BSW program between 1960 and 1969 subsequently

<sup>2</sup> States with fewer than 25 social workers responding to the survey are not included in these state-level statistics.

completed an MSW, while this fell to 66% of the social workers who completed a BSW in the 1970s, 62% of those who completed a BSW in the 1980s, and 58% of those who completed a BSW in the 1990s. Forty-two percent of those who received BSWs in the year 2000 or later have now completed MSWs, and another 9% are currently enrolled in MSW programs.

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

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

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

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

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

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

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

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

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

### **Licenses and Certifications**

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

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

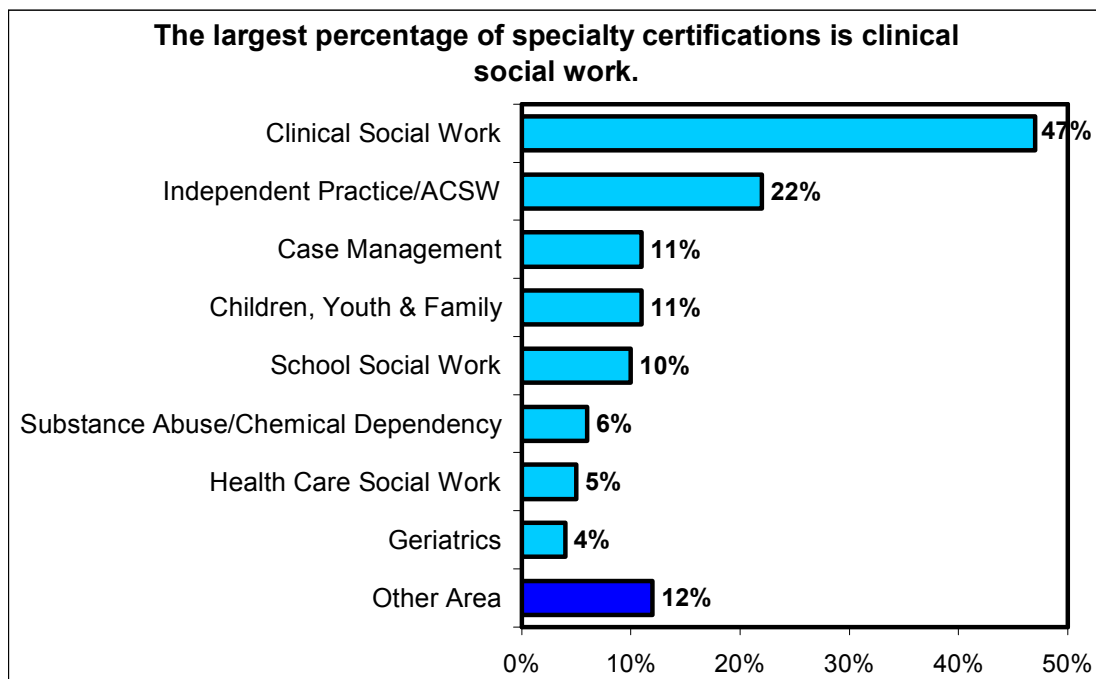
Requirements for licensure varied widely by practice area. Mental health social workers were most likely to report that a license was required for their job (88%), while higher education social workers were least likely (34%). Required licensure was most commonly reported by respondents in private practice,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

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

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

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

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



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

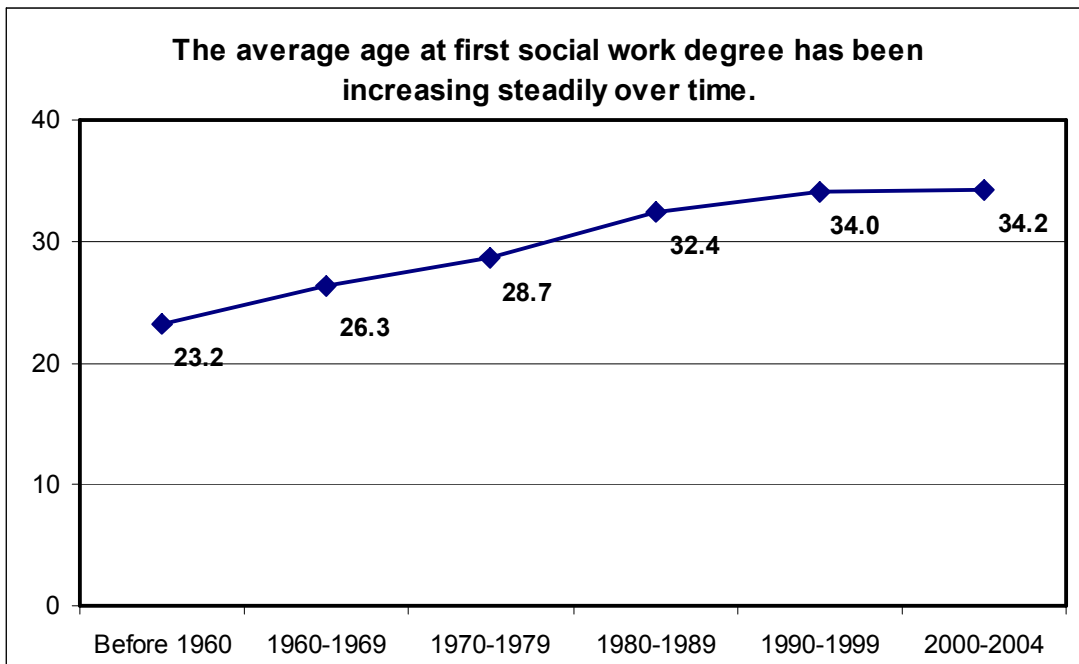
There were not substantial racial/ethnic differences in the proportions of respondents that held at least one certification, but there was wide variation in some specific certifications. Non-Hispanic White social workers were most likely to be certified in clinical social work (48%) and independent practice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

social work (20% compared to 10% overall). There was little racial/ethnic variation in the percent certified in substance abuse/chemical dependency.

### Age at Entry and Years Experience

Licensed social work appears to be a growing profession. More than half of social workers<sup>3</sup> (53%) received their first social work degree between 1990 and 2004, although social workers are entering the field at older ages than in the past. Figure 7 shows that the average age at entry among those who received their first degree between 2000 and 2004 was 34.2, although a majority of all social workers (66%) entered social work before the age of 35.

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

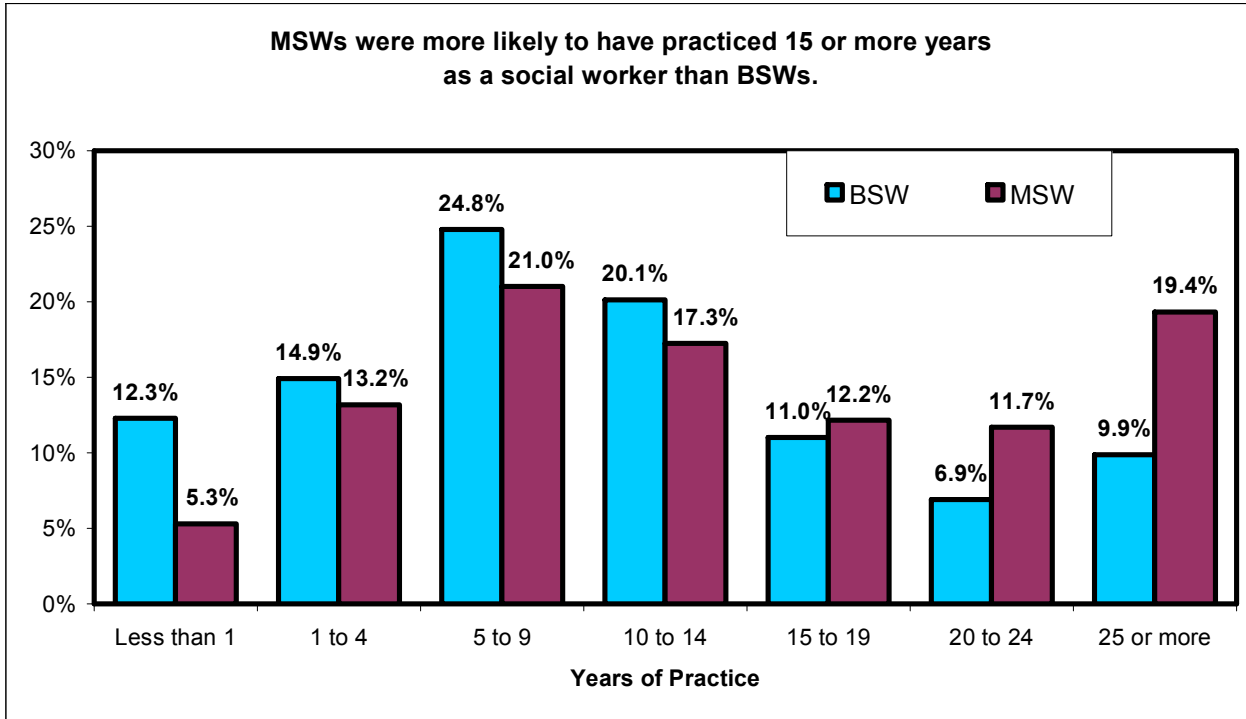


Seventeen percent of social workers reported less than five years experience, and 32% reported more than 20 years experience. Male social workers had been in the field longer than females (17.0 years compared to 14.6). Non-Hispanic White social workers had been in the field the longest on average (15.2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

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

<sup>3</sup> Data on age at entry and years experience is limited to licensed social workers with social work degrees.

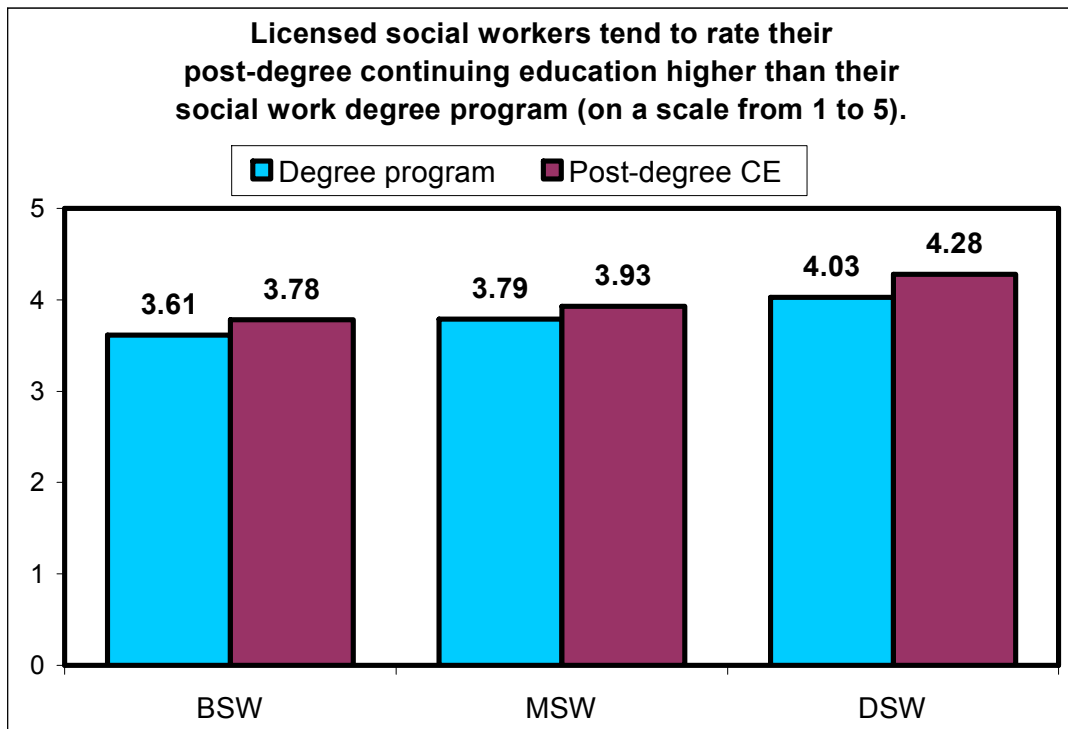
**Figure 8. Percentages of Licensed Social Workers with Highest Degrees of BSW and MSW with Different Years of Practice**



### Continuing Education (CE)

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

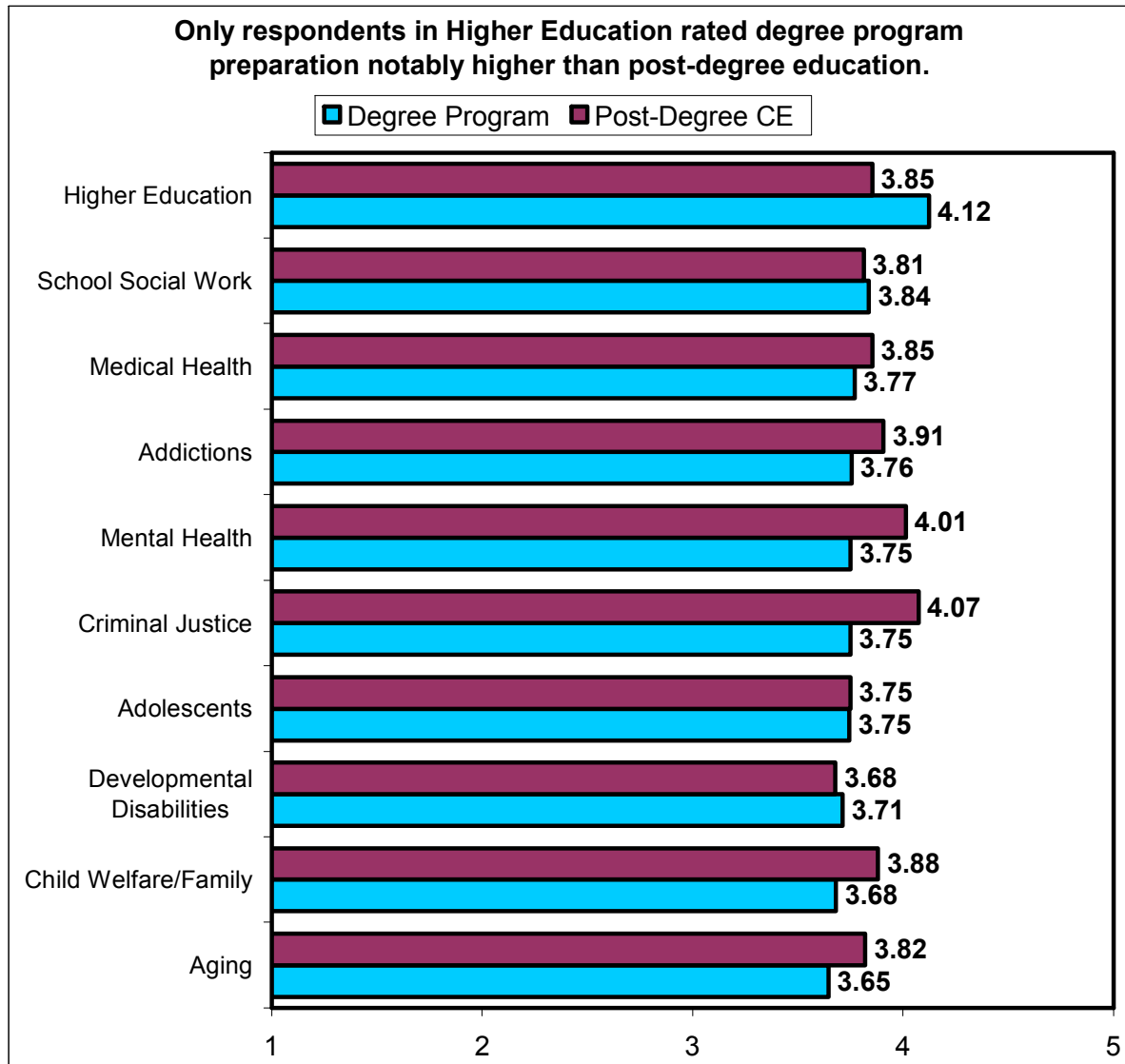
**Figure 9. Average Ratings of Adequacy of Preparation of Training from Degree and Post-Degree Programs, by Highest Social Work Degree**



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

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

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



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

*Sources of CE/Training.* As is true in many licensed professions, continuing education is a requirement for re-licensure of social workers in all 50 states<sup>4</sup>. This is a mechanism for ensuring that practitioners maintain the basic knowledge and skills expected of licensed social workers in their work.

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

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

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

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

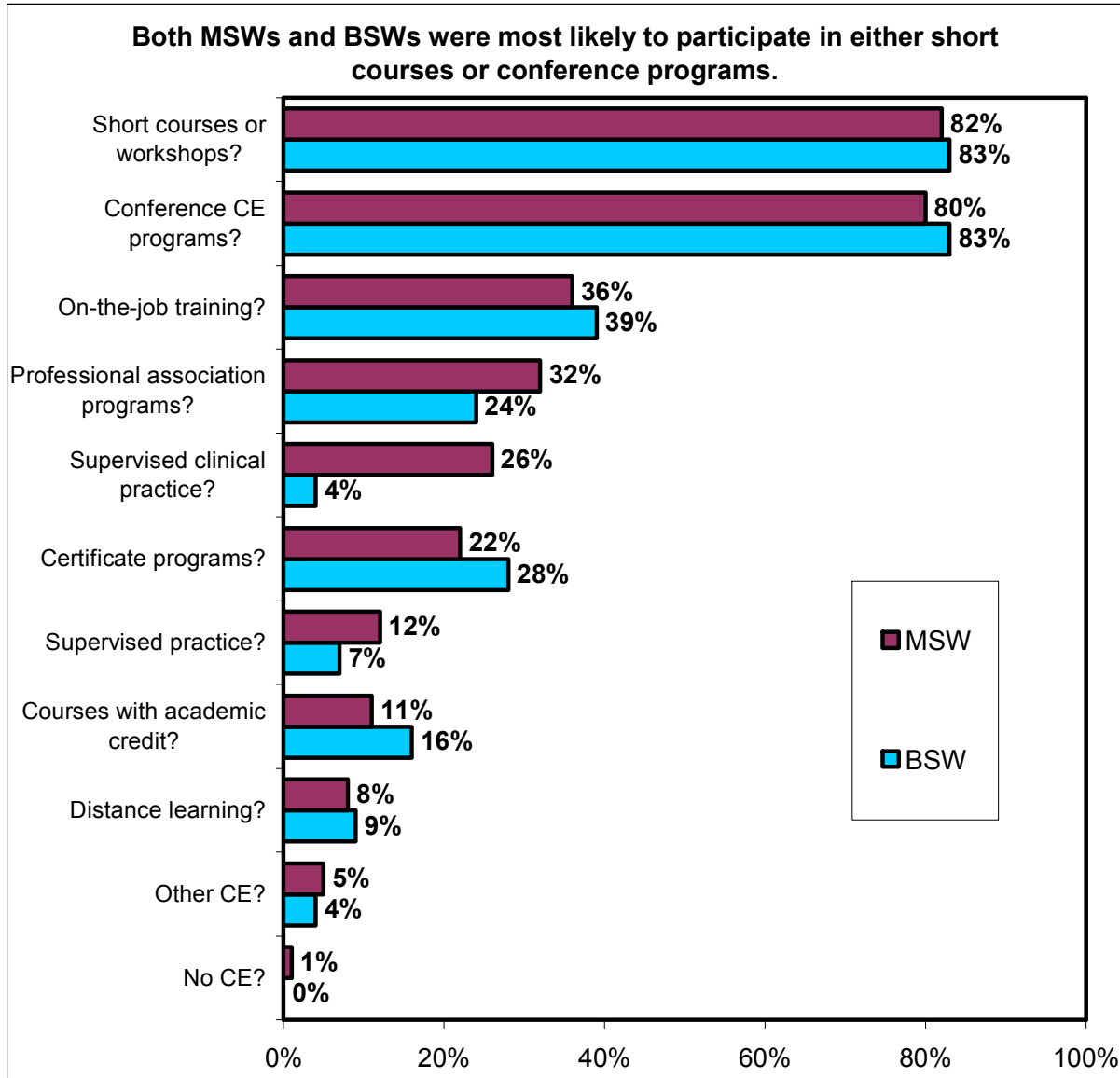
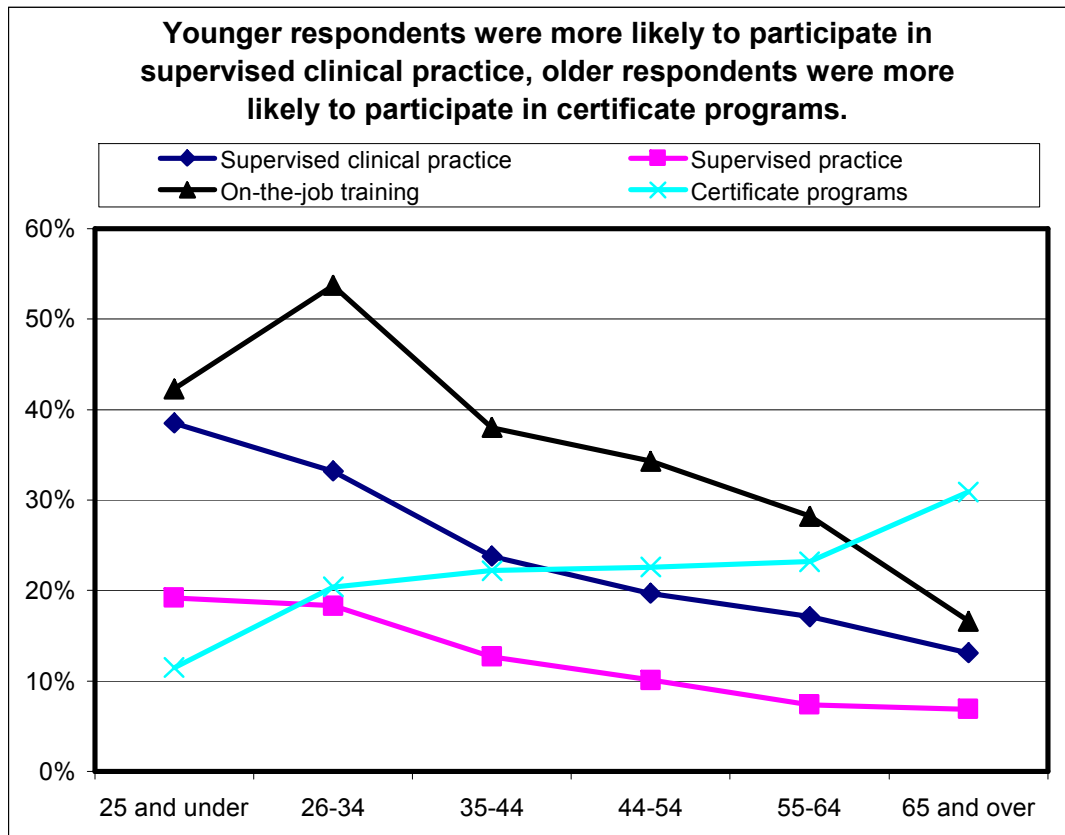


Figure 12 shows that sources of training also varied by age. The likelihood that a social worker had participated in supervised clinical practice, supervised practice, or on-the-job training in the past two years decreased steadily with age. Older social workers were more likely to have

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

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



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

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

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

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

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

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

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