

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

***SUPPLEMENT***

**Chapter 3 of 5**

**Licensed Social Work Practice**

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**March 2006**

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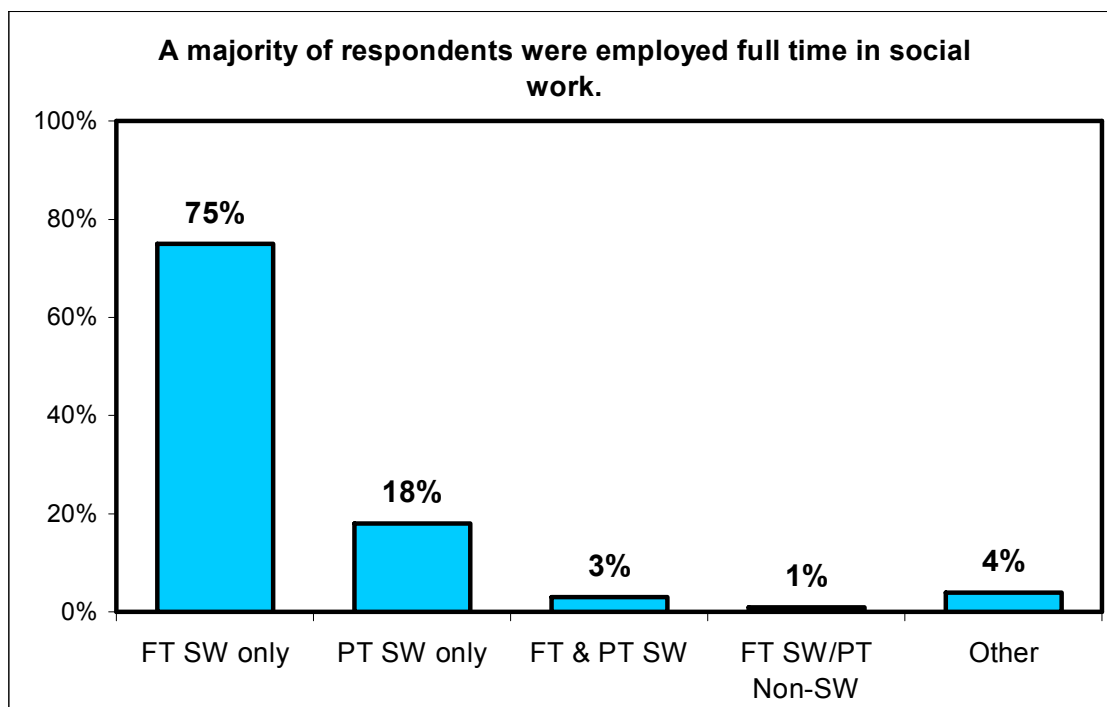
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## Chapter 3. Licensed Social Work Practice

### Hours Worked, Number of Employers, and Duration with Employer

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

**Figure 1. Employment Status of Active, Licensed Social Workers**

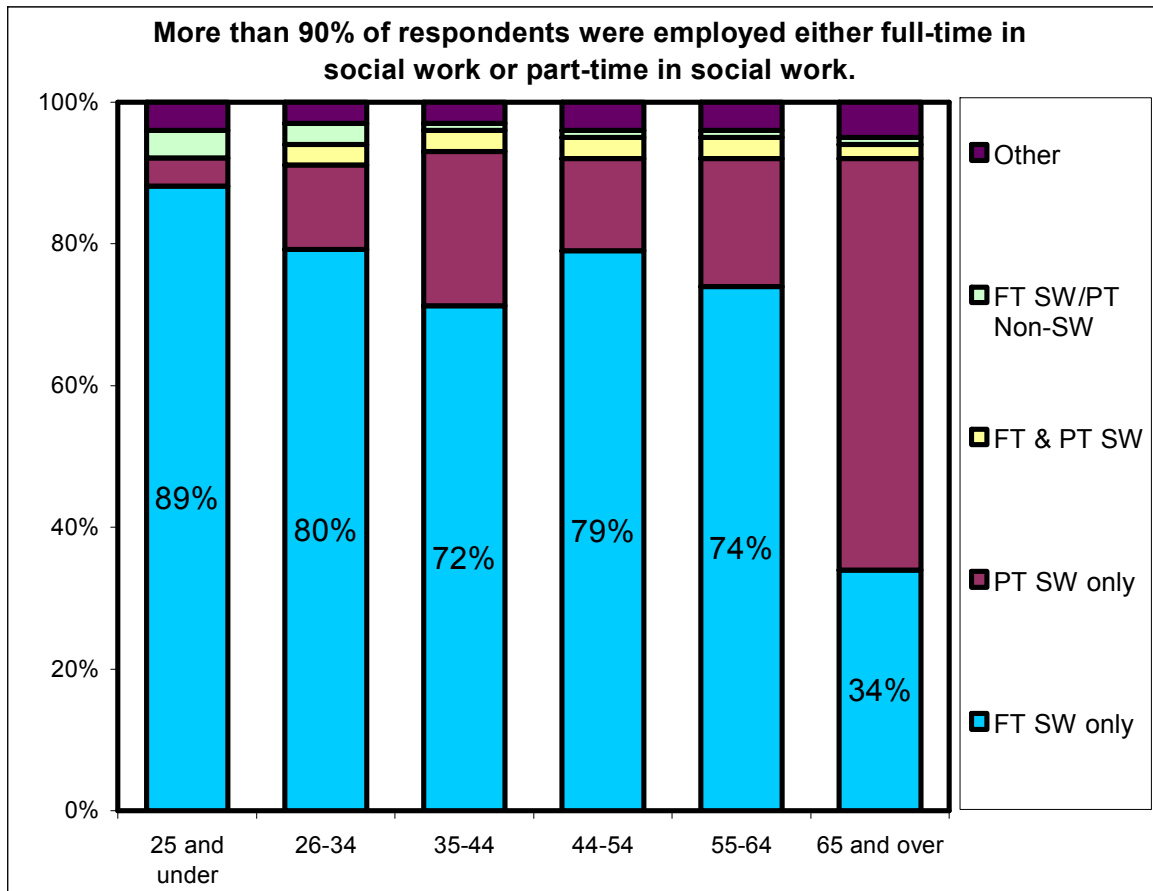


Men were more likely than women to report working full-time as social workers only (80% compared to 73%), or in both part-time and full-time social work jobs (4% compared to 3%). Women were much more likely to report being in part-time social work jobs (20%, compared to 10% for men).

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

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

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



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

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

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

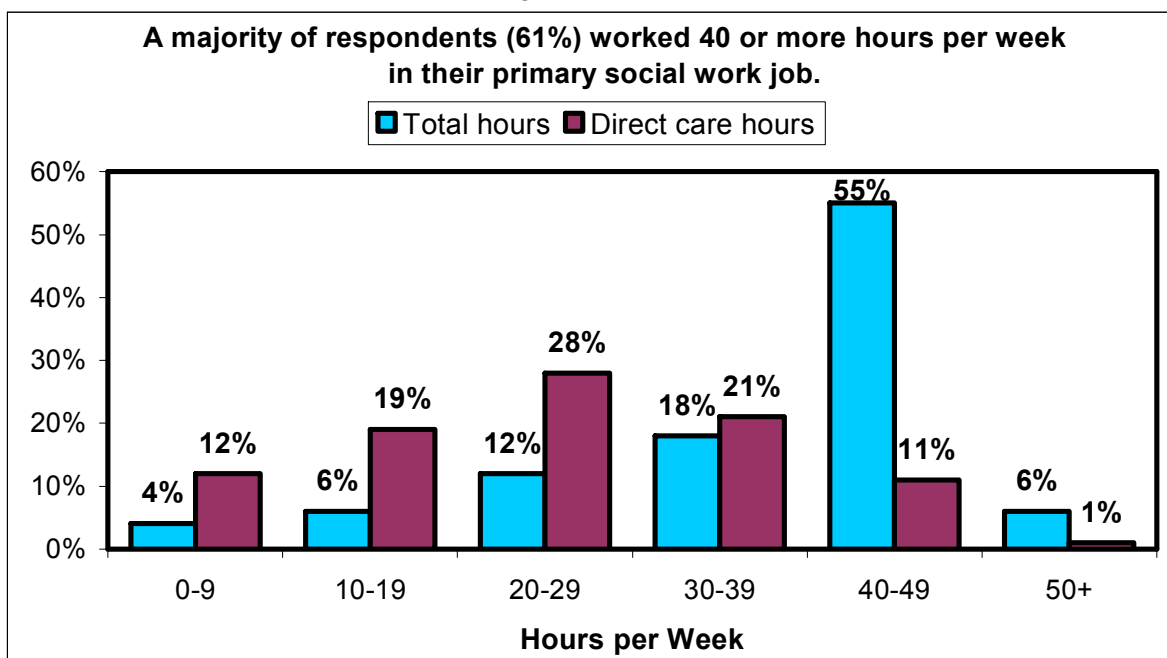
employers. DSW/PhDs were especially likely to work for multiple employers, with 7% working for four or more.

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

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

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

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



Six percent of active, licensed social workers had minimal paid involvement in social work (fewer than 15 hours per week in their primary job). Although some of these (24%) were age 65 or older, most are under traditional retirement age and 10% are ages 26-34. Women were more

likely than men to fall into this category (7% of women compared to 4% of men work fewer than 15 hours per week), and 55% are in private practice.

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

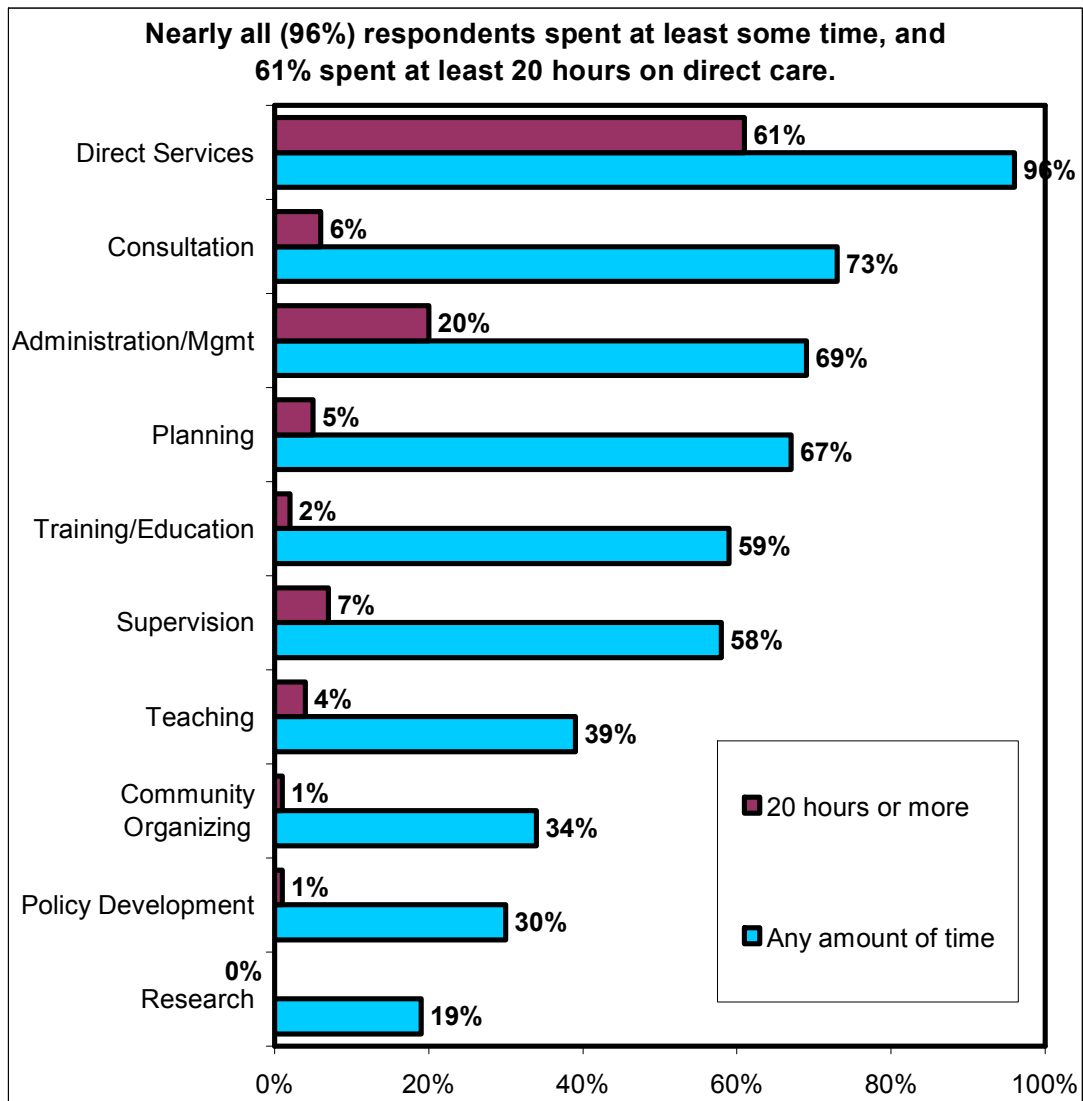
Hours worked did not vary by setting, with social workers in most settings reporting a median of 40 hours per week. There was, however, substantial variation in the percent of hours spent on direct care by setting. Hospital social workers spent the most time on direct care (80% of their hours), followed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

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

### **Roles of Licensed Social Workers**

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

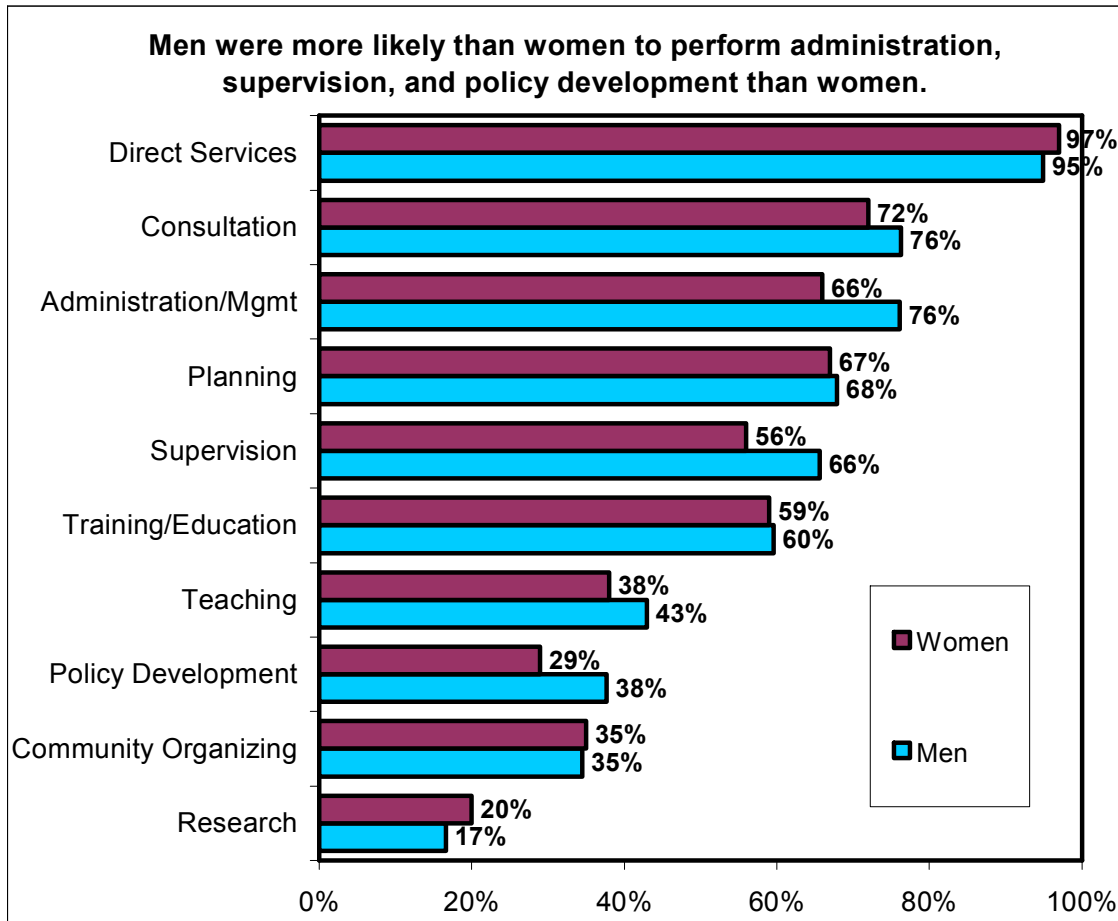
**Figure 4. Percentage of Respondents Spending Any Amount of Time or 20 Hours or More on Selected Roles**



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



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



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

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

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

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

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

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

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

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

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

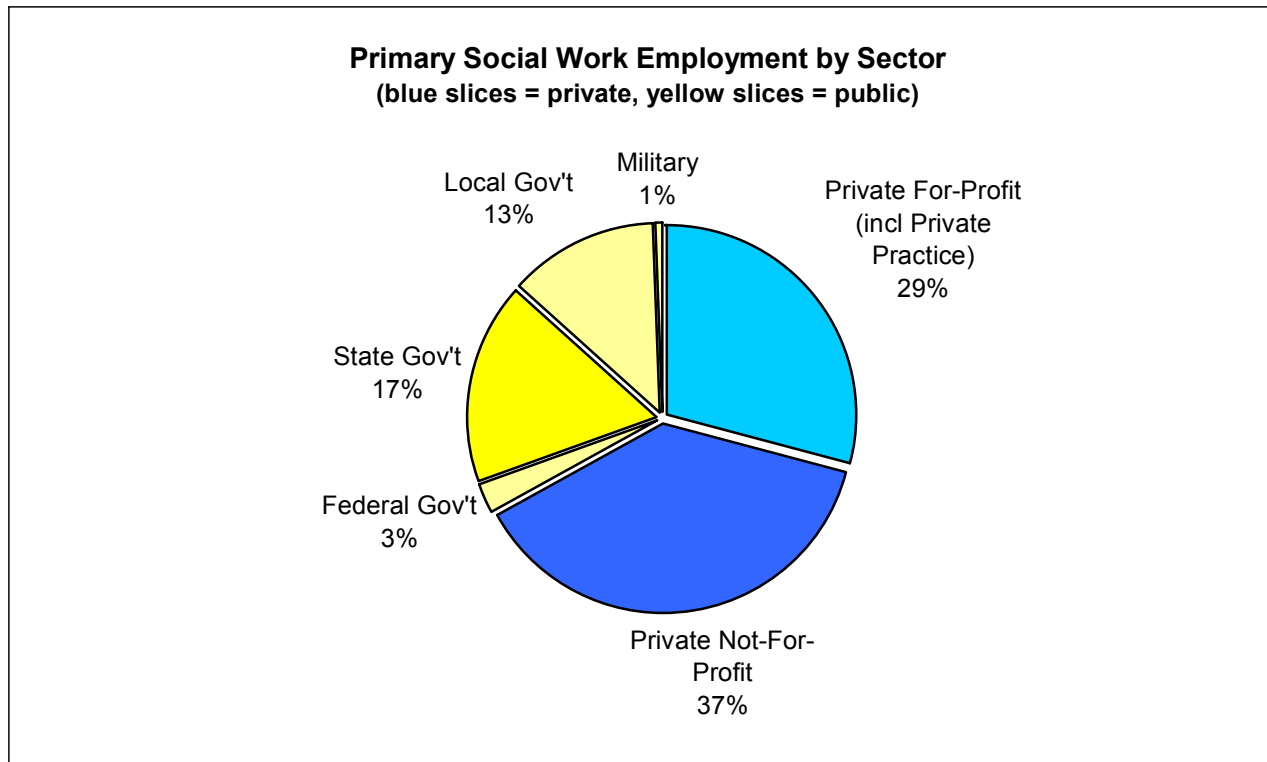
**Table 3. Rank of the Most Commonly Reported Roles of Licensed Social Workers, by Employment Setting**

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

## Sector and Setting of Primary Employment

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

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



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

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

*Setting.* Table 4 shows that the most common practice settings (primary) for licensed social workers were private practice and social service agencies (both 17%), followed by hospitals (15%) and schools (12%). There were not significant differences by gender or age in work setting, although there were differences by race/ethnicity. African-American social workers were far more likely to work in social service agencies than social workers overall (24% compared to 17%), while Hispanic social workers were more likely than all social workers to work in schools (17% compared to 12%). One out of three Asian social workers (34%) worked in a health care setting<sup>1</sup>, compared to 28% of social workers overall.

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

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

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

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

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

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

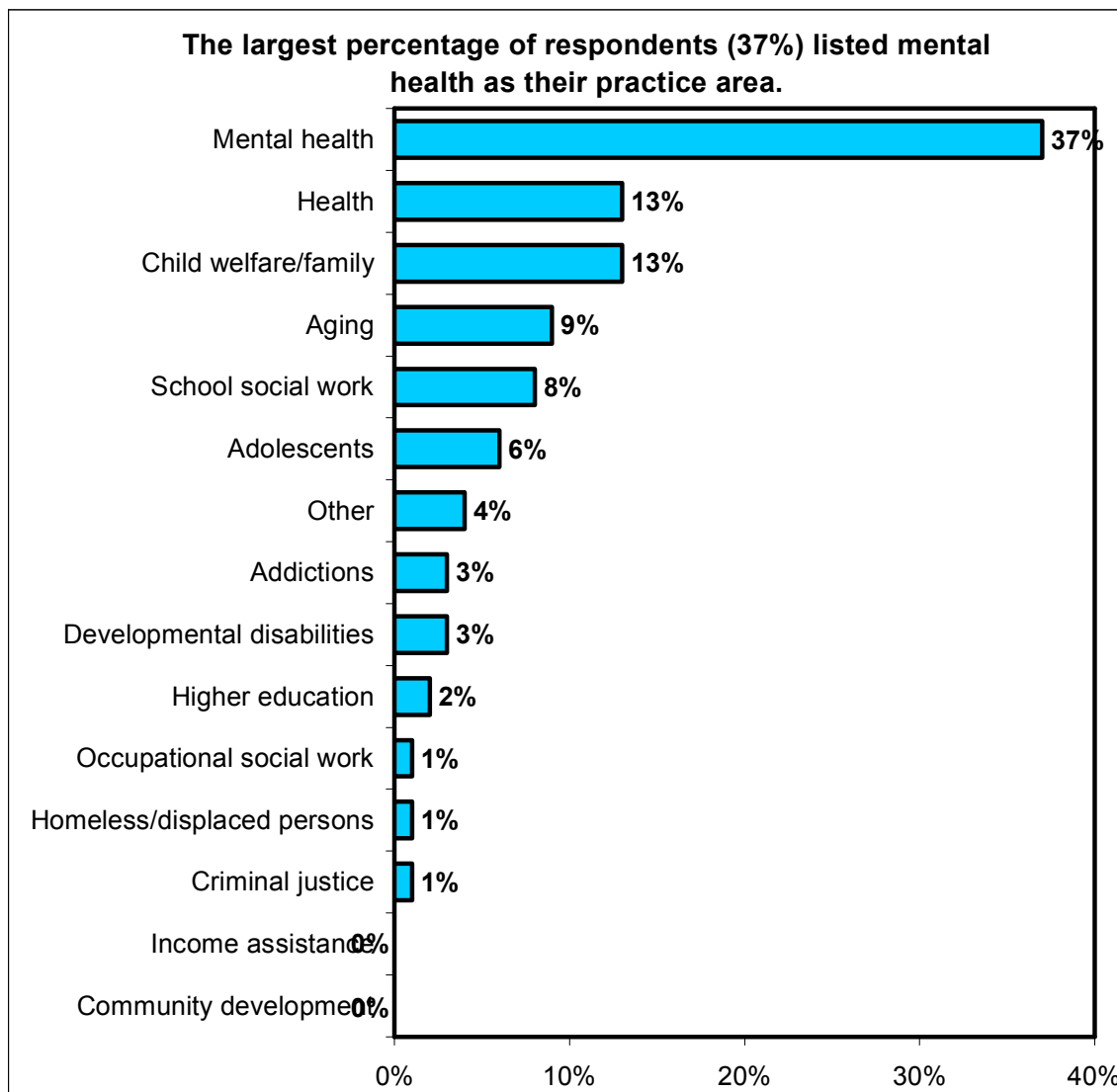
Primary Employment Setting	Primary Employment Sector						
	Private For-Profit	Private Not-for-Profit	Federal Gov't	State Gov't	Local Gov't	Military	Total
Private Solo Practice	44.9%	0.8%	0.0%	0.7%	0.0%	5.0%	13.6%
Private Group Practice	11.9%	1.0%	0.0%	0.2%	0.0%	0.0%	3.9%
Hospital/Medical Center	8.3%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

**Practice Areas**

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

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

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



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

There were also few notable differences in practice areas by gender. Women were more likely than men to practice in health (14% compared to 8%) and aging (10% versus 5%), while men were somewhat more likely to practice in mental health (41% compared to 35%) and addictions (5% compared to 2%).

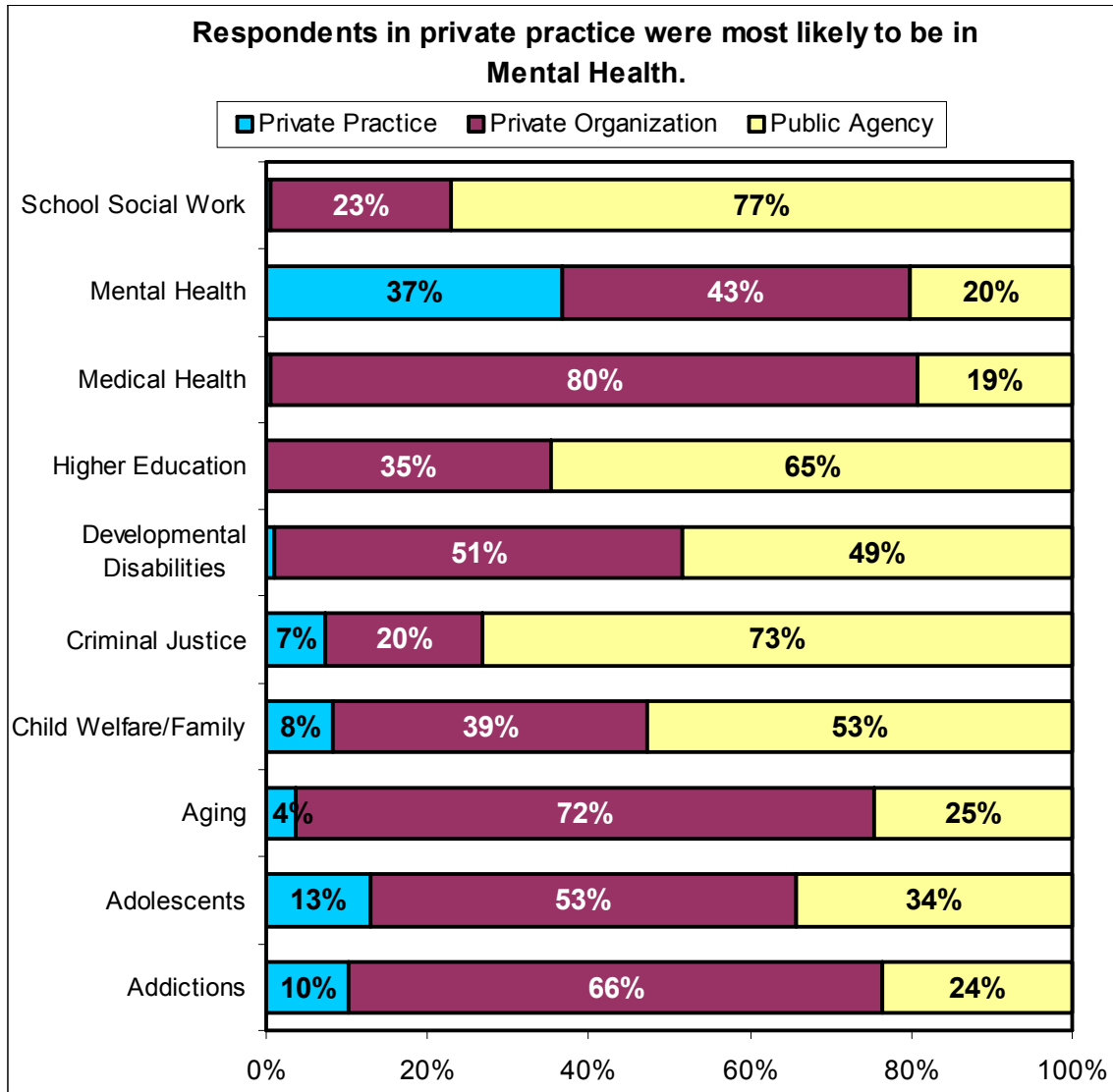
*Practice areas by race/ethnicity.* There were notable differences in practice areas chosen by different racial/ethnic groups. Medical health social work seemed particularly attractive to Asian/Pacific Islanders (26% of whom are in medical health), while child welfare/family social work and school social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

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

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



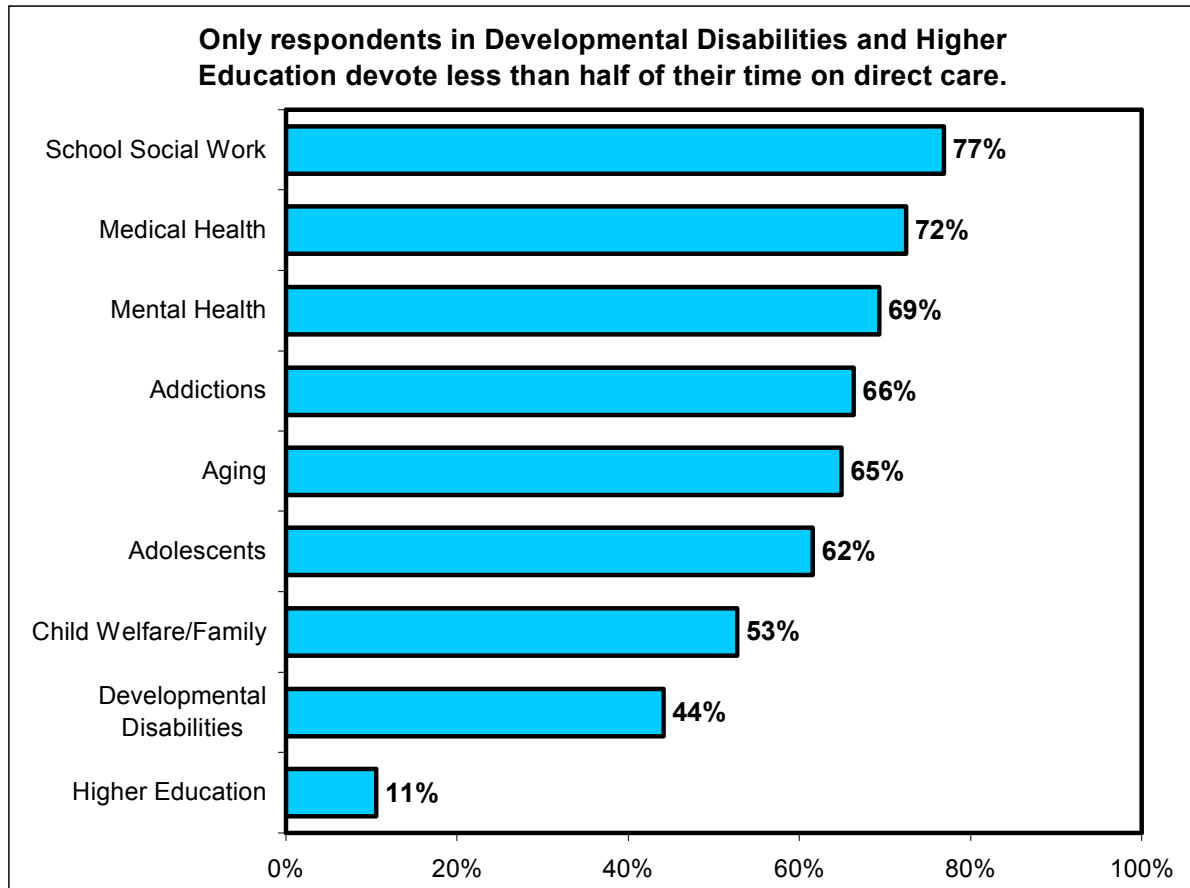
**Figure 8. Sector of Primary Employer, by Practice Area of Primary Employment**



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

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

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



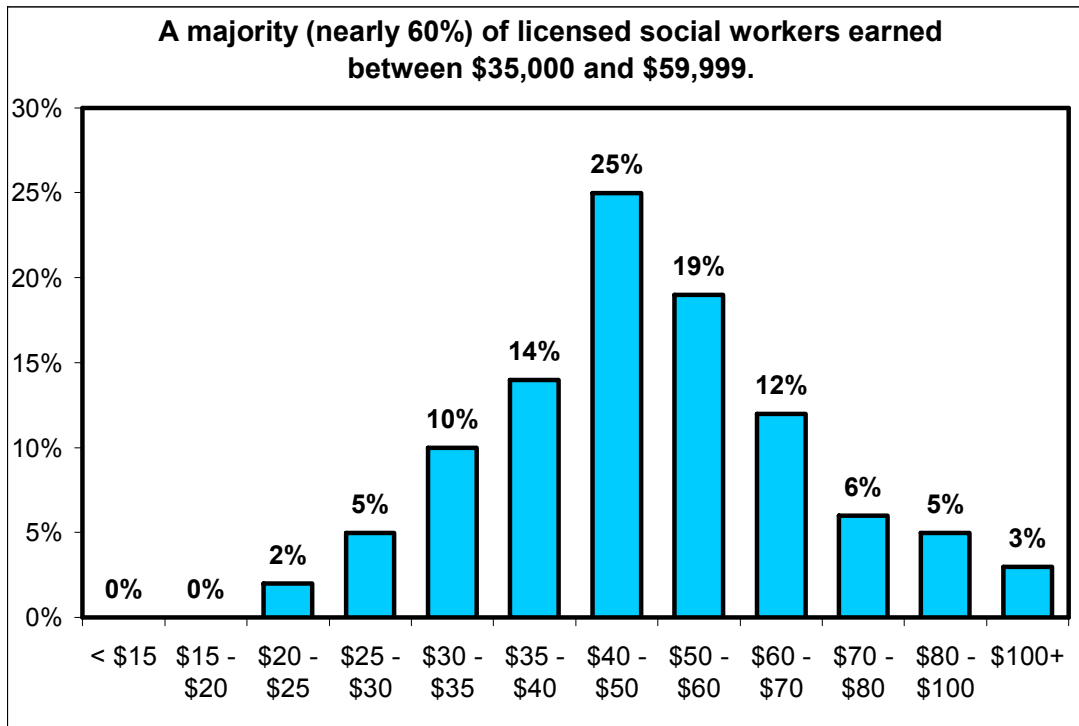
### **Wages/Salary and Benefits**

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

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

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

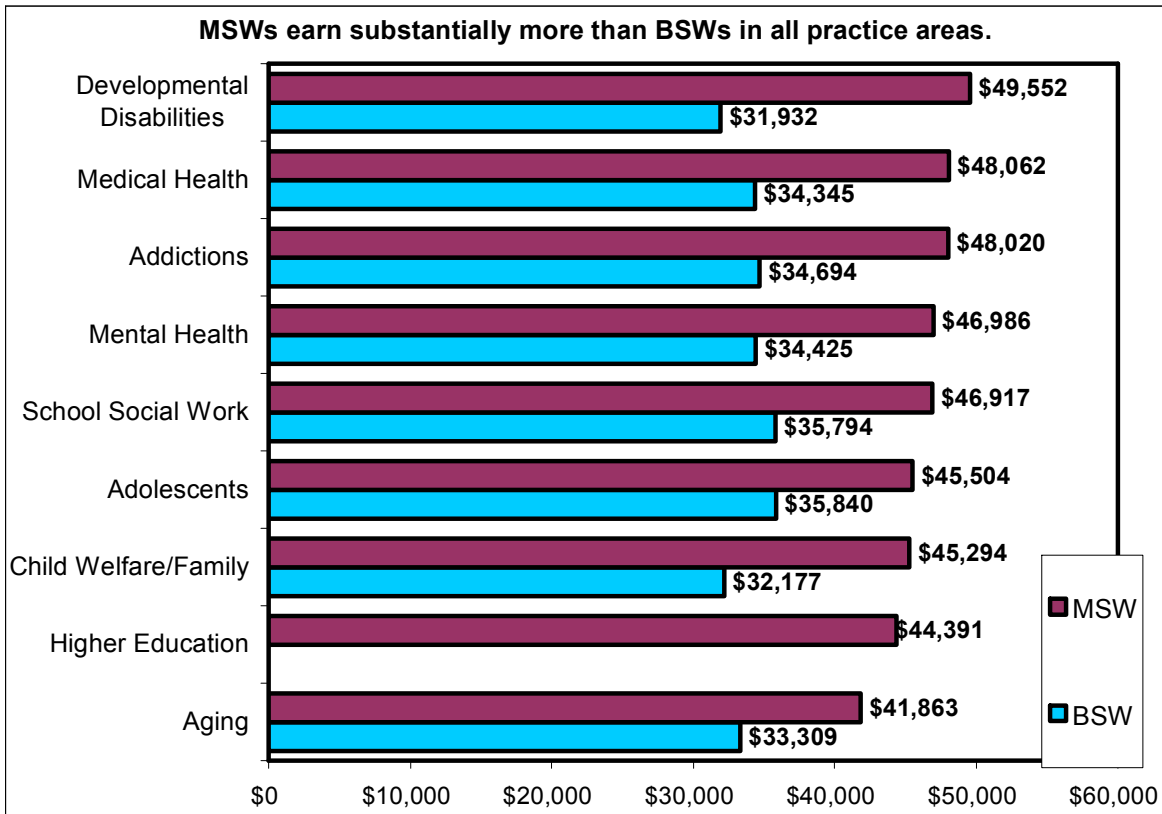
**Figure 10. Distribution of Annual Gross Wages/Salary From All Social Work Positions**



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

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

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



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

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

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

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

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

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

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

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

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

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

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

By comparing subjective evaluations salary with actual salary, it was possible to estimate the median salary levels which BSWs and MSWs felt were limited versus adequate. For BSWs, a

“very limited” salary was \$26,042 on average, while a “limited” salary was \$31,198. An “adequate” salary averaged \$36,772, and a “very adequate” salary averaged \$47,098.

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

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

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

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

### **Tasks of Licensed Social Workers**

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

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

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

*Tasks by race/ethnicity.* Hispanics were more likely than White social workers to have some involvement in crisis intervention (81% compared to 68%), case management (71% compared to

57%), and psychoeducation (68% versus 58%). African Americans were significantly less likely than either Hispanics or Whites to have any involvement in psychoeducation (28%).

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

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

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

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

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

Counseling tasks varied more widely than other tasks, with social workers in social service agencies least likely to do all types of counseling, psychotherapy, and psychoeducation. Individual counseling was most common in schools and hospices (both 94%), followed by behavioral health clinics and health clinics (both 93%). Group counseling was most likely to

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

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

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

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

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



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

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

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

<sup>2</sup> Treatment planning not significant.

<sup>3</sup> Treatment planning not significant.

<sup>4</sup> Client education not significant.

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