



THE LICENSED SOCIAL WORK WORKFORCE

ANALYSES OF THE 2024 SOCIAL WORK WORKFORCE SURVEY

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THE ASSOCIATION OF SOCIAL WORK BOARDS

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EXECUTIVE SUMMARY

This study describes the characteristics of the licensed social work workforce by practice category, drawn from a sample of 39,456 licensed social workers who participated in the **2024 Social Work Workforce Survey**. The survey was part of the 2024 Social Work Census conducted by the Association of Social Work Boards (ASWB) with the leading social work organizations that formed the Social Work Workforce Coalition. It was the largest national survey in the history of the social work profession and the first to collect workforce data by practice category since the national licensing exam was adopted four decades ago. The study estimated that there were about 463,000 licensed social workers, composed of 59% Clinical, 30% Masters, 4.53% Advanced Generalist, and 6.45% Bachelors social workers in 2024. This estimated size indicated that the U.S. Census Bureau's household-survey-based estimate of self-identified social workers (presented in the first report of this series) might misrepresent the size and some characteristics of the workforce with social work credentials, calling for a more systematic investigation in the future for accurate estimates.

Most licensed social workers were MSW degree holders, and their positions required or preferred social work degrees and licensure. Clinical social workers were most likely employed in a health care setting, providing mental health services to adults. Approximately 26% of them were self-employed and worked the least number of hours compared to those in other practice categories. About 22% were licensed in more than one state. Masters social workers worked in a wide range of settings, including health care and social services, with a focus on mental health services. Many planned to pursue further training and licensure. Advanced Generalist social workers were more often in the roles of administrators or program managers, while Bachelors social workers were more likely to work in non-mental health settings. Table 1 compares the median earnings of licensed social workers by practice category to those of self-identified and nonlicensed social workers (from the first and third report of this series, respectively). Because a sizable share of licensed social workers had multiple jobs, their total earnings could be higher. Most had access to various employer-provided benefits, such as health insurance and retirement savings plans.

Table 1*Estimated Median Earnings of Social Workers, 2024*

Type	All Social Work Employees ¹	Self-Identified Social Workers ¹		Licensed Social Workers ²		Nonlicensed Social Workers ³	
Data Source	Bureau of Labor Statistics <i>Occupational Outlook Handbook</i>	U.S. Census Bureau's American Community Survey		Social Work Workforce Survey		Social Work Workforce Survey	
Median Earning	\$59,985	Bachelor's degree ⁴	\$53,203	Bachelors	\$57,680	Bachelor's degree ⁵	\$48,410
		Master's degree	\$69,179	Masters	\$66,950	Master's degree	\$63,860
				Advanced Generalist	\$72,100		
				Clinical	\$77,250		

¹ The estimates were presented in the first report of this series.² The estimate is presented in this report.³ The estimate was presented in the third report of this series.⁴ Estimate for BSW degree holders.⁵ Note that the sample size was too small to be nationally representative. Note that all values were weighted medians.

Below are some more takeaways from the study.

1. How was the licensed social work workforce composed across practice categories? What percentage was licensed across multiple jurisdictions?

- Estimates from the 2024 Social Work Workforce Survey data suggest that there were over 463,000 licensed social workers in the United States, composed of 59% Clinical, 30% Masters, 4.53% Advanced Generalist, and 6.45% Bachelors social workers. More than 94% of licensed social workers were master's degree (MSW) holders.
- A significant majority of licensed social workers held licenses appropriate for their practice categories, with small percentages of Masters and Advanced Generalist social workers also reporting that they have Clinical licenses.
- About 22% of Clinical social workers were licensed in multiple states, highlighting the potential positive effect of the recently adopted Social Work Licensure Compact in reducing barriers to multistate practice.
- About 26% of Clinical social workers paid for supervision.
- Most Clinical social workers (>81%) indicated that they were satisfied with their supervision experience.

2. What were the key demographic characteristics of the licensed workforce?

- Licensed social workers were predominantly graduate-degree-holding, White, U.S.-born women in their early 40s.
- With more than 70% of Masters and nearly 77% of Clinical social workers being White, the finding suggests that the licensed workforce has become racially and ethnically more diverse compared to two decades ago when 84.5% of the licensed workforce was White.
- A considerable percentage of licensed social workers reported various health conditions, with around 30% indicating mental health issues and 17% having physical health issues. Nearly 6–8% of them reported that these health conditions limited their work activities. (These rates were slightly higher than the estimate of 6% from the American Community Survey microdata and 4.5% from the Current Population Survey microdata presented in the first report.)

3. What were the educational backgrounds of licensed social workers in terms of their undergraduate degrees, enrollment status, type of program attended, and concentration in the MSW programs?

- Almost 74% of Bachelors social workers majored in social work for their undergraduate degree and attended their program full-time and in person.
- While most master's-level social workers also earned their degrees in traditional settings, about 30% did so in an online or hybrid program.
- Some licensed social workers were pursuing further education, including 13% of Bachelors social workers enrolled in a master's program.
- The top five MSW concentration choices were (1) clinical or direct practice, (2) children, youth, and families, (3) mental health, (4) health, and (5) aging and gerontological practices.

4. How did the employment characteristics of the licensed workforce vary by practice category? Did social workers' positions require social work degrees and licensure?

- Among Clinical social workers, 85% indicated that their position required an MSW, while 86% stated that a license was required. In contrast, among Bachelors social workers, 55.3% indicated that their position required a BSW, and 61% reported that a license was required.
- While most licensed social workers were employed by private nonprofit organizations, as high as 26% of Clinical social workers were self-employed in private sole or group practices or were working as independent contractors.

- A high share of licensed social workers — 31% for Clinical, 27% for Advanced Generalist, and 25% for Masters — also reported holding multiple jobs.
- Additionally, Clinical social workers were more likely to work part-time and part-year compared to social workers in other practice categories, highlighting distinct employment patterns by practice category.

5. How did the practice characteristics of the licensed workforce vary by practice category in terms of practice setting, function, role, client group, and use of electronic health?

- Licensed social workers predominantly worked in five practice settings — (1) individual and family services agencies, (2) schools, (3) outpatient care centers, (4) hospitals, and (5) other health care agencies — providing mental, behavioral health, and substance abuse services, family and children’s services as well as advocacy.
- As the practice category moves from Bachelors, Masters, and Advanced Generalist to Clinical, the percentages of those providing mental and behavioral health care services to adult clients in health care settings increased. For example, over 74% of Clinical social workers provided mental and behavioral health services, while less than 30% of Bachelors social workers did so.
- A sizable proportion of social workers (38–45%) served clients with limited incomes, although the share was lower among Clinical social workers.
- Licensed social workers also worked with clients from diverse language backgrounds.
- As the practice category moved from Bachelor to Clinical social workers, the percentage of those working primarily online also rose accordingly, for example, from 12% for Bachelors to 26% for Clinical social workers.

6. What was the amount of student loan debt incurred by licensed social workers? How much did they earn from their primary job? What employer-provided benefits were available to licensed social workers?

- Approximately 16–18% of licensed social workers reported no student loan debt, but over 50% of those with an MSW owed more than \$50,000.
- Bachelor’s degree holders typically owed between \$20,000 and \$25,000, and those with master’s degrees owed between \$40,000 and \$45,000 in student loan debt.
- Licensed social workers’ gross earnings from primary jobs varied by practice category. The median earnings increased from \$57,680 for Bachelors, \$66,950 for Masters, and \$72,100 for Advanced Generalist to \$77,250 for Clinical social workers. The 75th percentile earnings from

primary jobs were \$67,980 for Bachelors, \$79,310 for Masters, \$87,550 for Advanced Generalist, and \$95,790 for Clinical social workers.

- Among full-time year-round working licensed social workers, the median earnings were \$58,710 for Bachelors, \$67,980 for Masters, \$76,220 for Advanced Generalist, and \$82,400 for Clinical social workers.
- A high percentage of licensed social workers had access to employer-provided benefits, such as health insurance and retirement savings plans. The rates of access to the benefits exceeded (or were comparable to) those for civilian, private, and government workers, according to the U.S. Bureau of Labor Statistics data.

7. What career and education plans did licensed social workers have for the next two years, and did these plans vary by practice category?

- Over 60% of Masters and nearly 70% of Clinical social workers planned to remain in their current positions, but many sought new opportunities, training, or promotions as social workers.
- A higher percentage of Masters social workers reported plans to pursue further training and licensure compared to their Clinical and Bachelors counterparts.

8. How were licensed social workers, particularly Clinical social workers, distributed across the country? What was the geographic density of the licensed workforce by state?

- While there were 1.40 licensed social workers per 1,000 people nationally, states like Maine and Massachusetts had more than three licensed social workers per 1,000 people, and states like Florida and California had considerably fewer.
- The number of Clinical social workers per 1,000 individuals also varied, with some Northeastern states having higher densities than some of those in the South and West regions. The estimated number of Clinical social workers per 1,000 individuals across the nation was 0.82.

INTRODUCTION

According to the U.S. Government Accountability Office (GAO), social workers are part of the behavioral health workforce that addresses any behavioral problem, including mental health and substance abuse conditions, stress-linked physical symptoms, patient activation, and health behaviors. As part of the behavioral health workforce, social workers work with other occupations, such as psychiatrists, psychologists, marriage and family therapists, counselors, peer support specialists, and community health workers. The social work profession has varying education, training, and licensure requirements and works in many different settings, including inpatient hospitals, outpatient clinics, private offices, and schools (GAO, 2022). As monitoring the status of the health care workforce is very important for public health, various federal agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), and Bureau of Labor Statistics (BLS), regularly make information about the workforce available, particularly about those involved in the delivery of behavioral health services (GAO, 2022).

However, profession-specific labor market information is typically collected and monitored by each profession. This is because emerging issues relevant to education, training, and the labor market are profession-specific and require an understanding of the profession. For this reason, many professions — such as nursing, occupational therapy, psychology, and marriage and family therapy — conduct their workforce studies regularly (American Association for Marriage and Family Therapy, 2023; American Occupational Therapy Association, 2023; American Psychological Association, 2023; National Forum of State Nursing Workforce Centers, 2023). The social work profession has also conducted at least five waves of national workforce studies over the past decades. However, as the first report of this series discussed, studies have used inconsistent definitions and boundaries of the workforce, making it difficult to establish a national benchmark and historical trends. Moreover, the scale and scope of many previous workforce studies may not have been sufficient to provide a comprehensive and in-depth understanding of the growing and diverse workforce (Williams & Vieyra, 2018).

Furthermore, as the first report of this series highlighted, few existing workforce studies have provided knowledge of how the practices and compensation of social workers vary by their education level, license status, and practice categories. There is much to learn about how social workers with social work degrees or licensure perform different functions and roles on their jobs

and how they are compensated differently compared to those without such professional credentials. These knowledge gaps are crucial to the profession, as many employers — particularly in health care and behavioral health settings — require social workers to be licensed as a condition of employment to ensure that they meet professional standards and can bill insurance for their services (Birkenmaier & Berg-Weger, 2017; Salsberg et al., 2020).

According to the Association of Social Work Boards (2023), there are five licensure and practice categories based on education level and training requirements:

- The Associate category is for applicants who do not possess a social work degree.
- The Bachelors category is for basic generalist practice of baccalaureate social work.
- The Masters category is for the practice of master’s-level social work, including the application of specialized knowledge and advanced practice skills.
- The Advanced Generalist category is for the practice of advanced generalist social work in nonclinical settings, which may include macro-level practice. This category requires two years of postgraduate supervised experience.
- The Clinical category is for clinical social work, which requires the application of specialized clinical knowledge and advanced clinical skills. This category also requires two years of postgraduate clinical supervised experience.

As summarized in Table 2, 39 states and the District of Columbia currently regulate social work practice at the Bachelors level, while 41 states and the District of Columbia license the Masters category. The Masters Advanced Generalist category is regulated in only 16 states and the District of Columbia. In contrast, all states and the District of Columbia license and regulate social work practice at the Clinical level.

The purpose of this study is to provide national statistics on the licensed social work workforce by education level and practice category. Such statistics can serve as a benchmark of the frontline social workforce in terms of who they are, what they do, where they work, and who they serve. By doing so, this study intends to provide professional stakeholders with updated knowledge about the licensed workforce and how their employment and practice are different from self-identified social workers discussed in the first report of this series. Such a knowledge base is intended to assist stakeholders with their missions for workforce development and professional advocacy. Furthermore, this study aims to provide aspiring social work candidates with knowledge about occupational outlooks, career trajectories, salaries, and compensation specific to employment settings and practice areas. The report will help policymakers, educators, and practitioners better

understand the education and training needs of social workers. Identifying what is common and what differs among these professional social workers may facilitate future educational planning, policy development, and program design.

Table 2

Social Work License/Practice Categories and Regulating Jurisdictions¹

License/Practice Category	Number of Jurisdictions	State Abbreviations
Associate	6	MA, MI, NH, OH, SD, WI
Bachelors (direct or macro practice)	40	AL, AK, AZ, AR, DE, DC, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OK, OR, PA, SC, SD, TN, TX, UT, VA, WV, WI, WY
Masters (direct or macro practice)	42	AL, AK, AZ, AR, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, VA, WV
Masters Advanced Generalist	17	DC, FL, MD, MI, MN, MO, NE, NV, NM, NC, OK, SC, TN, TX, WA, WV, WI
Clinical	51	All states and D.C.

¹ Note that Puerto Rico, the U.S. Virgin Islands, Guam, and the Northern Mariana Islands also regulate social work. However, the four jurisdictions were not included in this table because the empirical analyses in this study could not include them due to the small number of respondents from those territories.

Source: Author tabulation of the ASWB's laws and regulations database (ASWB, 2025).

THE LICENSED SOCIAL WORK WORKFORCE

The literature indicates that social work was recognized as a profession for the first time in the U.S. Census of 1930 (Stuart, 2019). In the 1970s, the movement for licensure gained traction as a way to boost social workers' professional status, obtain the privilege of third-party payments from insurance, and set uniform standards for independent practice (Stuart, 2019). As noted by Zajicek-Farber (2024), the Association of Social Work Boards (ASWB) administered its first licensing exam in 1983, with 464 social workers from New York, Virginia, and Oklahoma participating. Fast-forward four decades, and in 2022, around 26,550 and 25,088 aspiring social workers took the Masters and Clinical licensing exams at least once, respectively (Kim & Joo, 2024), reflecting how the expectation of licensure has become ingrained in the professional workforce.

The field of social work has deep historical roots in two primary practice methods — micro and macro — as reflected in the two advanced licensure and practice categories of Advanced Generalist and Clinical. With only 16 states and the District of Columbia making Advanced Generalist licensure available, it is relatively unknown how employers expect and require it from macro practitioners. Furthermore, it is also unclear how the licensure is valued in positions that macro practitioners apply to. However, the expectations and requirements for Clinical licensure have been well established for social workers involved in mental health and behavioral health care services because since the late 1980s, third-party payers (i.e., insurance companies, Medicare, and Medicaid) have mandated that social workers hold clinical licenses before providing services (Center for Medicare & Medicaid Services [CMS], 2024). Today, social workers are recognized as vital providers in the behavioral health care industry, working in interdisciplinary teams to serve a diverse population with complex needs. Compared to other behavioral health care professions, such as counseling, clinical social work is considered a more desirable specialty due to its high access to licensure and independent practice, its ability to join insurance networks, and its potential for higher earnings (U.S. Department of Health and Human Services, 2019).

Although more than four decades have passed since the first national licensing exams were administered in 1983, little information is available about the licensed social work workforce. As discussed in the first report in this series, there was only one national survey of 4,489 licensed social workers conducted in 2004 by the Center for Health Workforce Studies and the National Center for Workforce Studies. According to this report, there were approximately 310,000 licensed social workers in 2004, which represented about 37% of the estimated 840,000 self-identified social

workers, regardless of their education or licensure credentials, as indicated by the Basic Monthly Survey of the 2000 Current Population Survey (Center for Health Workforce Studies & NASW Center for Workforce Studies, 2006). The 2004 Licensed Social Work Workforce Survey revealed that the licensed social work workforce was less diverse than the U.S. population in terms of race and ethnicity during that time. Specifically, 84.5% of licensed social workers identified as White, while 6.8% were Black, 4.3% Hispanic/Latino, and 1.4% Asian. In contrast, the racial and ethnic breakdown of the U.S. population at that time was 71% White, 12.2% Black, 12.1% Hispanic/Latino, and 4% Asian. It also reported that 8% of licensed social workers did not have a degree in social work, 12% had only a BSW, 78.6% had an MSW, and about 2% had a DSW or PhD. Only about 3% of licensed social workers were enrolled in a social work degree program, even though as many as 8% did not have a social work degree.

The report indicated that mental health was the largest area of practice for licensed social workers in 2004, representing nearly 37% of all practitioners. About 13% practiced in child welfare and family (13%), another 13% in health care, and 9% in aging. It was reported that the most common role in which social workers spent “any time” was direct services to clients (96%), followed by consultation (73%) and administration or management (69%). Licensed social workers were least likely to spend any time in research (19%), policy development (30%), and community organizing (34%). Importantly, relatively few social workers devoted as much as 20 hours a week to any role other than direct services to clients or administration or management.

The findings from the 2004 survey revealed that advanced social work degrees and licensure were related to higher wages and salaries for social workers. In 2003, full-time working licensed social workers with a BSW earned a median wage/salary of \$33,540 (approximately \$57,000 in 2024 value) from their primary job. On the other hand, those with an MSW had a median wage/salary of \$49,590 (about \$85,000 in 2024 value) from their primary job. As for career plans, nearly 70% of licensed social workers expressed a plan to remain in their current position over the next two years. Some 7.4% indicated that they would either retire or stop working, and another 4.7% indicated that they would leave the social work field but continue to work. The report also revealed that the geographic density of the licensed workforce varied substantially across states. For example, in states like Maryland, there were 4.08 licensed social workers for every 1,000 people, but in others like New Hampshire, there were only 0.24 licensed social workers per 1,000 individuals.

KNOWLEDGE GAPS AND RESEARCH QUESTIONS

As indicated earlier, the 2004 Licensed Social Work Workforce Survey remains the only study of its kind in the past four decades since the first national licensing exam was introduced. This means that our knowledge about the licensed workforce has not been updated for the two decades since 2004. Furthermore, the 2004 survey did not collect data on the different license or practice categories for social workers, making it impossible to analyze how social workers' characteristics may vary across these categories. As a result, the profession has little knowledge of the composition and characteristics of the licensed workforce by **practice category** and how the workforce, particularly those with clinical licensure, is distributed across the country. For example, we do not know the proportion of licensed social workers in the Clinical category compared to those in the Advanced Generalist category. We also lack knowledge about how their characteristics differ across practice categories. This information is not only crucial but also intriguing, especially since most states do not require a license for Advanced Generalist practice. However, all states have specific licensing requirements for clinical practice in behavioral health care. Unfortunately, the literature provides limited insights regarding the workforce's size and composition (e.g., Lombardi et al., 2024) as well as its demographic, employment, practice, and financial characteristics (e.g., Kang & Krysik, 2010; Yoon, 2012) and the geographical distribution of licensed professionals by practice category.

With these knowledge gaps in mind, this study seeks to address the following questions:

- 1) How was the licensed social work workforce composed across education and practice categories? What percentage was licensed across multiple jurisdictions?
- 2) What were the key demographic characteristics of the licensed workforce, including age, gender, race and ethnicity, health conditions, immigration status, and language background?
- 3) What were the educational backgrounds of licensed social workers in terms of their undergraduate degrees, enrollment status (full-time versus part-time), type of program attended (online versus in-person), and concentration in the MSW programs?
- 4) How did the employment characteristics of the licensed workforce vary by practice category in terms of the type of employer, self-employment, multiple-job-holding status, and the number of hours and weeks worked? Did social workers' positions require social work degrees and licensure? Were there differences in degree and licensure requirements by practice category?
- 5) How did the practice characteristics of the licensed workforce vary by practice category in terms of practice setting, function, role, client group, and use of electronic practice?

- 6) What was the amount of student loan debt incurred by licensed social workers? How much did they earn from their primary job, and how did their earnings differ by practice category? What employer-provided benefits were available to licensed social workers?
- 7) What career and education plans did licensed social workers have for the next two years, and did these plans vary by practice category?
- 8) How were licensed social workers, particularly Clinical social workers, distributed across the country? What was the geographic density of the licensed workforce, and how did states compare in terms of the density?

METHODS

SURVEY INSTRUMENT AND DATA COLLECTION

The 2024 Social Work Workforce Survey instrument was developed through a collaborative process. The author drafted the survey instrument based on reviews of previous workforce studies and survey instruments in social work and other behavioral health care professions, such as marriage and family therapists, registered nurses, licensed professional counselors, and health service psychologists, to identify common and essential survey question items. The draft instrument was then revised based on multiple rounds of discussions with and comments from ASWB and Social Work Workforce Coalition, which was composed of representatives from all major stakeholder organizations, to ensure that all inputs were considered. Some of the stakeholder organizations included in the Coalition were the Council on Social Work Education (CSWE), Association of Baccalaureate Social Work Program Directors (BPD), Latino Social Workers Organization (LSWO), National Association of Black Social Workers (NABSW), National Association of Deans and Directors of Schools of Social Work (NADD), Clinical Social Work Association (CSWA), and Canadian social work organizations.

Additionally, based on the literature review and other professions' workforce studies, much effort was made to include the minimum data elements recommended for a workforce survey, such as demographic, education, licensure (registration), employment, and practice characteristics of the workforce (Beck et al., 2016; Gerolamo et al., 2022; Healthcare Regulatory Research Institute, 2023). More specifically, the survey included questions about the following five topics:

- Demographics: Year of birth, race and ethnicity, gender, state of residence, language used at home, health conditions, immigration and citizenship status, and parental status
- Education: Degrees, the field of study and concentration, year of graduation, and current enrollment in degree programs
- Licensure: Licensure status, practice category, jurisdictions that issued the license, whether or not they paid for supervision if it was required for licensure or registration, and how satisfied they were with the supervision
- Employment: If their current or recent social work position required a social work degree and a license, number of years employed in social work, type of employer, size of employer, weekly hours and annual weeks of work, number of jobs, annual gross earnings from the

primary job in 2023, employer-provided benefits offered, and future career and educational plans or goals

- Practice: Practice category, primary practice setting, function of the practice setting, client population group, primary role, and use of electronic practice

The instrument draft was piloted with a small number of social workers and finalized after addressing any potential concerns.

The finalized survey instrument was put on an online platform in three languages: English, French, and Spanish. Human Resources Research Organization (HumRRO) collected and housed the data on behalf of ASWB. The Workforce Survey was part of the 2024 Social Work Census ([swcensus.org](https://www.swcensus.org)), funded and launched by ASWB (2024) with the Social Work Workforce Coalition, between March 1 and June 30, 2024. The 2024 Social Work Census was the most comprehensive study in the history of the profession, targeting both U.S. and Canadian social workers and featuring two national surveys: (1) the Workforce Survey, which collected data on social workers' demographic, employment, and practice characteristics and (2) the Practice Analysis Survey necessary for building the blueprints of the next round of licensing exams. The data collection was done online, and survey participation was promoted by taking a comprehensive approach using digital, social, and face-to-face strategies. First, a series of email campaigns was launched using the email list of past ASWB examinees and exam registrants to reach more than 514,000 social workers. Subsequently, multiple rounds of targeted outreach efforts were made via social media posts, paid advertisements, and in-person engagements at professional conferences and workshops. Finally, ASWB also collaborated with state regulatory boards to increase survey participation among licensed social workers. Nearly 85,000 individuals participated in the Social Work Census, and 52,471 completed the Workforce Survey.

DATA PREPARATION AND ANALYSES

To identify an analytic sample for this study, respondents who met the following criteria were chosen: (1) they had a social work degree — whether a BSW, MSW, DSW, or PhD in social work — and had a social work license; (2) they were employed or self-employed; and (3) they held a social work position. Respondents with missing or invalid demographic information (e.g., gender, age, state of residence, race and ethnicity, and education) were excluded from the analyses. In addition, a small number of respondents from the U.S. territories (N=51) and those without a

bachelor's degree or in the Associate practice category (N=78) were also excluded from the data because their numbers were too small to form an independent category for analyses by state, education, or practice category. To verify the sample selection, various factors, including licensure status, licensure category, education level, and practice category, were cross-referenced to ensure that only eligible respondents were included in the analysis. Interestingly, a sizable group of the survey respondents with a social work degree or licensure (N=2257) reported that they were working in non-social work positions, and nearly 85% of them were licensed. After removing those from the analytic sample, the final sample included a total of 39,456 U.S. licensed social workers with at least a bachelor's degree who were working at the time of the survey in a social work position. The sample of licensed social workers was then sorted into the following four groups by their practice category: (1) Clinical (N=23,305), (2) Advanced Generalist (N=1,748), (3) Masters (N=12,236), and (4) Bachelors (N=2,167).

It was necessary to weight the survey data to ensure that the sample of 39,465 licensed social workers could represent the population of licensed social workers in the country. As indicated, the primary sampling frame of the Workforce Survey was the email list of past ASWB examinees or exam registrants despite the fact that the outreach efforts targeted other social workers, including nonlicensed social workers. As more than 95–96% of the collected data were from licensed social workers, it was necessary to create a weight variable using the list of licensed social workers as the sampling frame. Unfortunately, ASWB's email list did not contain any demographic information to inform about the characteristics of the licensed workforce, presenting a major challenge in making the survey findings nationally representative. The two nationally representative household survey datasets from the U.S. Census Bureau — the American Community Survey and the Current Population Survey analyzed in the first report of this series — would have been useful in identifying the basic demographic characteristics of licensed social workers. However, the analyses revealed that those household surveys were inappropriate as they represented self-identified social workers, including those who may not have a social work degree and licensure.

In the absence of an appropriate sampling frame, this study used the number of licenses for each license (education) category that state regulatory boards compiled in 2023 to perform simple post-stratification weighting (Kulas et al., 2018; Little, 1993; Royal, 2019). The only information about the licensed workforce available from the regulatory boards' data was their numbers by state location and educational level. In addition, as some states had a very small number of bachelor's-level survey respondents, post-stratification was possible by using the number of survey respondents

from nine regional divisions for two education levels (bachelor's and master's), for a total of 18 (9 times 2) categories. A weight was calculated for each regional division and education level by dividing the estimated regional license count by the number of survey respondents for the corresponding category. This method ensured that the contribution of the 18 categories to the survey findings was proportional to the population of licensed social workers nationwide (Kulas et al., 2018; Little, 1993; Royal, 2019). However, it is important to note that because the data weighting was solely based on two known characteristics of the population of licensed social workers, it might not have fully addressed other potential sources of sample biases, such as race and ethnicity, resulting in less accurate and comprehensive data adjustment. Although all descriptive analyses presented below were weighted to make the findings nationally representative of the licensed workforce, readers should keep this data limitation in mind when interpreting the findings. A series of descriptive analyses was conducted to examine the percentage distributions of the characteristics of the licensed social work workforce and the percentile amount of its annual gross earnings based on their primary jobs. A state-by-state geographic density of the licensed workforce was also examined, measuring the estimated number of licensed social workers for every 1,000 individuals in each state. For the density analyses, microdata from the most recent 2018–2022 American Community Survey (ACS) were used to estimate the population size of each state. The estimated number of licensed social workers for each state was based on their weighted number. Readers should note that the state population estimates were based on data from 2018 to 2022, while the estimates of licensed social workers were taken from the 2024 survey. This difference in data years may affect the accuracy of the analyses. However, the 2018–2022 ACS data were the most recent ones at the time of the analysis.

FINDINGS

SIZE AND COMPOSITION OF THE WORKFORCE

Table 3 and Chart 1 present a detailed number and breakdown of the licensed social workers who participated in the **2024 Social Work Workforce Survey**. The table also presents the number of social work **licenses issued by state regulatory boards** to compare the number to the estimated (weighted) number of licensed individuals. Each regulatory board compiles the number of licenses it issues, but some social workers are licensed in multiple states. Because there is currently no national system for identifying how many social workers hold a certain category of license across multiple states, this comparison, albeit imperfect, provides valuable insight into the composition of the licensed social work workforce.

According to Table 3, the estimated size of the licensed social work workforce in 2024 was 463,112. Of those, nearly 59% were Clinical social workers, followed by about 30% who were Masters social workers. Advanced Generalist and Bachelors social workers comprised only about 4.53% and 6.45% of the licensed workforce, respectively. Chart 1 illustrates how the licensed social work workforce was composed of those in different practice categories in 2024.

Table 3

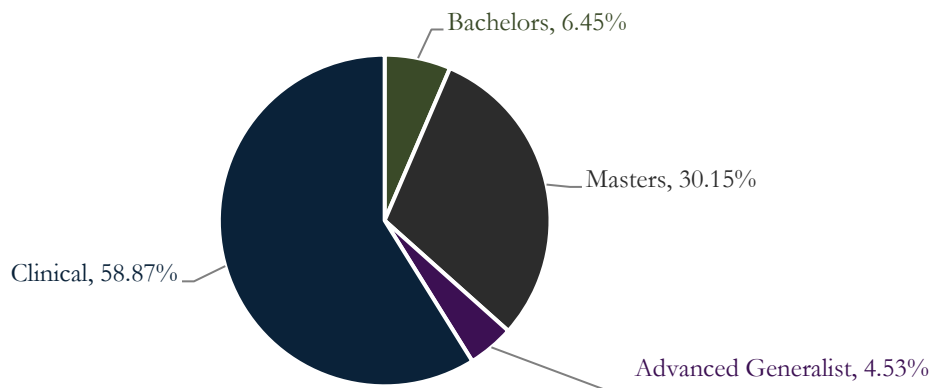
The Estimated Size and Composition of the Licensed Social Work Workforce With at Least a Bachelor's Degree

Practice Category	2023 Regulatory Boards' Reporting of the Number of Licenses Issued ¹		2024 Social Work Workforce Survey			
			Unweighted		Weighted	
	N	%	N	%	N	%
Total	543,201	100.00	39,456	100.00	463,112	100.00
Bachelors	40,896	7.53	2,167	5.49	29,849	6.45
Masters	163,957	30.18	12,236	31.01	139,651	30.15
Advanced Generalist			1,748	4.43	20,960	4.53
Clinical	338,348	62.29	23,305	59.07	272,652	58.87

¹ State regulatory boards reported that about 4,354 licenses (about 0.8% of the total of 547,555 licenses) were issued for social workers without a social work degree. They were not included in the table.

Chart 1

Estimated Composition of the Licensed Social Work Workforce



COMPARISON WITH U.S. CENSUS HOUSEHOLD SURVEY ESTIMATES

It is worthwhile to compare these findings to those from the 2018–2022 American Community Survey (ACS) and the 2023–2024 Current Population Survey–Basic Monthly Survey (CPS–BMS) presented in the first report of this series. The estimated size and educational composition of the licensed workforce suggest that there were more than 463,000 licensed social workers and that over 93% of them (N=433,263) held master’s degrees. The ACS-based estimate suggests that there were 353,694 self-identified social workers with at least a master’s degree during the 2018–2022 period. This estimate was smaller than the Workforce Survey-based estimate of 433,263 licensed social workers with at least a master’s degree, even considering that the estimates were from different years and that the licensed estimate might still include some duplicates. However, in theory, the former should be much greater than the latter because not all master’s-level social workers are required to be licensed. This discrepancy suggests that the ACS-based estimate considerably underestimated the social work workforce and that some licensed social workers did not identify as social workers in a national household survey.

Moreover, as Table 4 shows, the CPS–BMS-based estimate (discussed in the first report of this series) suggests that there were 302,000 licensed social workers and that 74% of them (N=223,800) had at least a master’s degree, which is again considerably smaller than the estimate of 433,263 based on the 2024 Social Work Workforce Survey presented in Table 3. These comparisons reveal that the U.S. Census Bureau’s national household survey might not only significantly underestimate the size of the social work workforce, especially the licensed workforce, but also

misrepresent the educational composition of the workforce. The discrepancies in these estimates from the 2024 Social Work Workforce Survey and the U.S. Census Bureau’s household surveys demonstrate why the social work profession must conduct its workforce survey regularly and why it should establish a national unduplicated sampling frame for the licensed workforce. Implications of these important findings will be briefly discussed later in this report.

Table 4
Estimated Size and Composition of the Self-Identified Social Work Workforce With at Least a Bachelor’s Degree (N=727,304)

	Nonlicensed		Licensed	
	N	%	N	%
All social workers	425,197	100.00	302,107	100.00
Bachelor’s	295,303	69.45	78,307	25.92
Master’s	129,894	30.55	223,800	74.08

Source: Author’s estimation using the 2023–2024 Current Population Survey–Basic Monthly Survey microdata.

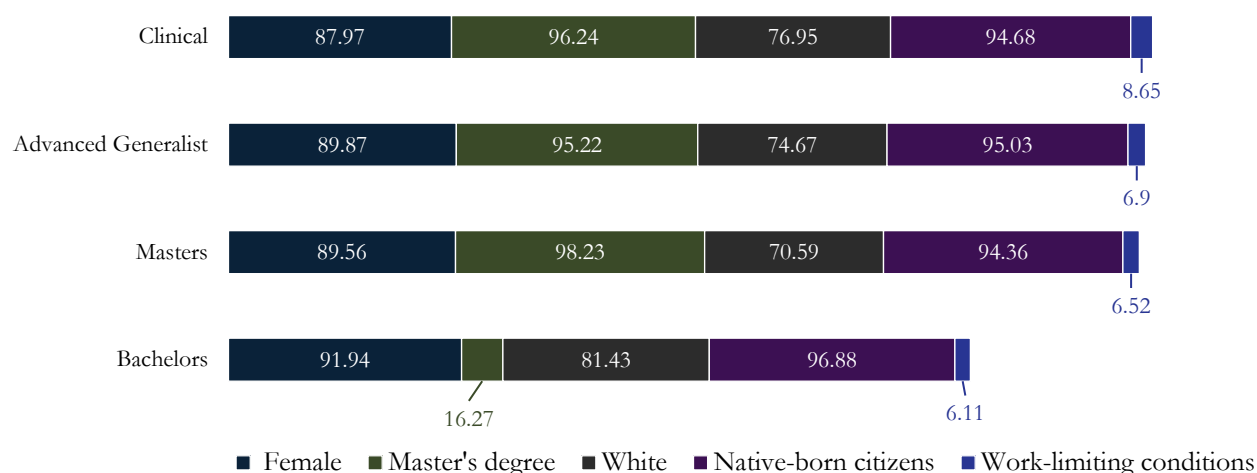
DEMOGRAPHIC CHARACTERISTICS

Chart 2 presents summary statistics from the 2024 Social Work Workforce Survey detailing the demographic profile of licensed social workers by their practice category. Detailed findings are shown in Table A1 in the Appendix. The table shows that the **mean age** of Bachelors social workers was nearly 40, with a median age of 39. The mean ages of Advanced Generalist and Clinical social workers were 40.51 and 42.57 years, with the median ages of 38 and 40 years, respectively. While Clinical social workers were the oldest group, Masters social workers were the youngest group, with a mean age of 37.28 and a median age of 34 years.

As Chart 2 shows, licensed social workers were predominantly **female** across all practice categories. However, the percentage of women was the highest among Bachelors social workers at nearly 92% and lowest among Clinical social workers at almost 88%. In terms of the **highest educational degree** obtained, a master’s degree (i.e., MSW) was the final degree for 96.24% of Clinical social workers. The remaining 3.76% of Clinical social workers reported having a PhD or a doctoral degree. Nearly 5% of Advanced Generalist social workers held a PhD or a doctoral degree, with 95.22% holding a master’s degree as their final degree. About 16% of Bachelors social workers also reported having a master’s degree.

Chart 2

Percentage Breakdown for Gender, Education, Race, Citizenship, and Health Conditions



In terms of **race and ethnicity**, the majority of licensed social workers were White. Bachelors social workers had the highest percentage who were White (81.43%), and Masters social workers had the lowest percentage who were White (70.59%). As Table A1 in the Appendix shows, this indicates that about 20% of Bachelors and 30% of Masters social workers within the licensed workforce were either Asian/Pacific Islander, Black, Hispanic/Latino, or of other races and ethnicities. For example, within the Masters category, the proportions of Asian/Pacific Islander, Black, and Hispanic/Latino social workers were 3.23%, 14.56%, and 10.56%, respectively. Nearly 77% of the Clinical social workers were White, with Asian/Pacific Islander, Black, and Hispanic/Latino social workers comprising 3.53%, 9.58%, and 8.88% of the Clinical workforce.

According to the 2004 National Survey of Licensed Social Workers by the Center for Health Workforce Studies and the National Association of Social Workers, 84.5% of licensed social workers were White, 6.8% were Black, 4.3% were Hispanic, and 1.4% were Asian (Center for Health Workforce Studies & NASW Center for Workforce Studies, 2006). This comparison of racial and ethnic breakdown suggests that the licensed social work workforce has become more diverse over the past two decades. However, recent U.S. Census data suggest that only 57.28% of adults aged 18 to 64 from 2020 to 2023 identified as White, followed by 19.95% Hispanic, 13.08% Black, and 6.72% Asian (The Annie E. Casey Foundation, 2024; U.S. Census Bureau, 2024). These national estimates indicate that the social work profession should strive for greater and faster racial and ethnic diversity to better mirror the demographics of the U.S. population.

With nearly 94–95% of Masters and Clinical social workers being native-born citizens, only around 5–6% of the licensed workforce was represented by **immigrants**. Within Bachelors social workers, native-born citizens comprised almost 97% of the group. Table A1 in the Appendix also reports findings about **languages spoken at home**. About 8–9% of Masters and Clinical social workers reported speaking Spanish at home. Less than 3–4% of them reported speaking French or a language other than English and Spanish at home.

The 2024 Social Work Workforce Survey also included questions about social workers' physical, mental, and other health conditions and whether any of the conditions limit the type and amount of their work. As the bottom rows of Table A1 in the Appendix show, non-negligible percentages of social workers reported having various health conditions. For example, some 30% of Masters and Clinical social workers indicated having a mental health condition, and about 17% of Advanced Generalist and Clinical social workers reported having a physical health condition. Approximately 6-7% of Bachelors and Masters social workers indicated that their health conditions limited their work activities, while 7–8% of Advanced Generalist and Clinical social workers reported so. The high rate of reporting mental health conditions among Masters and Clinical social workers is consistent with the rates reported by Straussner et al. (2018). The authors reported that about 40% of licensed social workers who participated in their survey had experienced mental health problems before becoming social workers, about 50% experienced the problems during their social work careers, and 28% at the time of the survey.

Table A1 in the Appendix also shows how licensed social workers were distributed across the country's nine geographical divisions. Across all licensure categories, the East North Central and West North Central regions had the highest concentration of Bachelors, Masters, and Advanced Generalist social workers. However, Clinical social workers were concentrated in the Middle Atlantic, East North Central, and South Atlantic regions.

EDUCATIONAL CHARACTERISTICS

Table A2 in the Appendix presents findings about licensed social workers' educational characteristics. Within the licensed workforce, the majority of Bachelors social workers (73.94%) majored in social work for their undergraduate degrees while attending the program full-time (83.62%) and in person (67.32%). About 15% of Bachelors social workers did not provide their undergraduate majors, and those who majored in psychology, criminal justice, and sociology comprised about 10% of Bachelors social workers. Unfortunately, most of the respondents with a

graduate degree did not answer the survey question about their undergraduate majors. Not surprisingly, nearly all licensed social workers in the Masters, Advanced Generalist, and Clinical category majored in social work for their graduate degrees. About three-quarters of licensed social workers reported having attended MSW programs full-time, and 20–22% of them attended the programs part-time.

Chart 3 shows that while most licensed social workers earned their highest degrees via an in-person program, a considerable share earned their degrees from **online or hybrid programs**. The percentage of those who earned a degree from an online or hybrid program was the highest among Masters social workers, at 19.03% and 22.72%, respectively. On the other hand, more than 73% of Clinical social workers completed their MSW through an in-person program, while 9.33% and 14.67% did so through an online or hybrid program, respectively.

Chart 3

Percentage of Program Type for the Highest Degree Earned

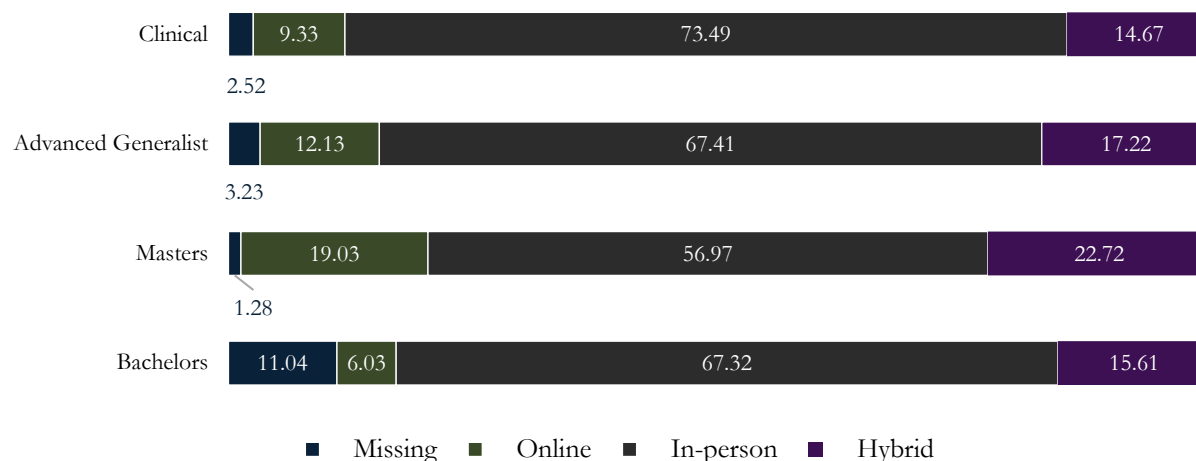


Chart 4 presents findings about licensed social workers’ concentrations in their MSW programs. Although a high proportion of respondents did not answer the concentration question, the top five choices among those who answered were: clinical or direct practice; children, youth, and families; mental health; health; and aging and gerontological practices. Nearly a quarter of Clinical social workers reported choosing Clinical or direct practice concentration in their MSW programs.

Chart 4

Percentage of Top Five Concentrations in MSW Programs

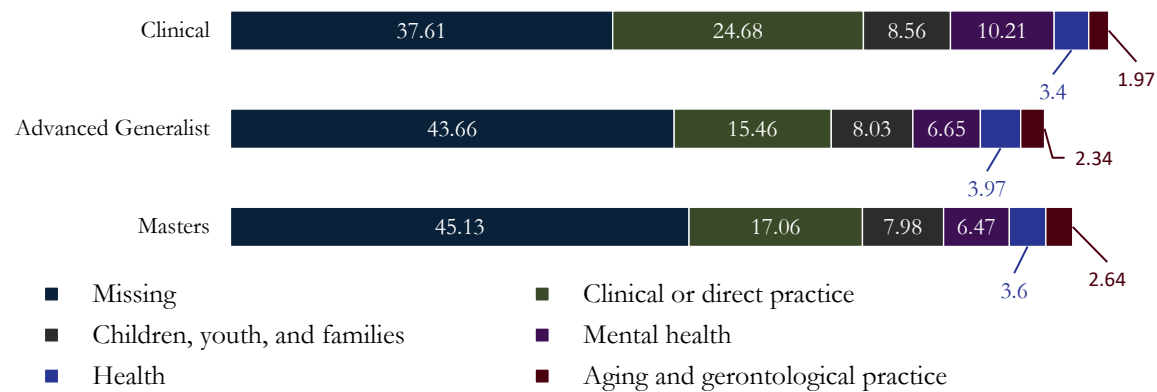


Table A2 in the Appendix also presents findings about licensed social workers' **enrollment in a degree program**. For example, more than 13% of Bachelors social workers reported being enrolled in a master's program, while 2.63% of Advanced Generalist social workers reported being enrolled in a doctoral or PhD program. About 2.2–2.4% of Masters and Clinical social workers reported being enrolled in a graduate program although they already had an MSW degree. Among those enrolled in a graduate program, 70–75% of them were enrolled full-time. Only about 55–56% of them were enrolled in an in-person program, and nearly 43% were enrolled in either an online or a hybrid program. This indicates that the use of online and hybrid programs is more prevalent for a second graduate degree among licensed social workers.

LICENSE HOLDING AND SUPERVISION EXPERIENCE

Table A3 in the Appendix reports detailed findings about licensed social workers' licensure and supervision-related experiences, while Charts 5 and 6 highlight the key findings. According to Chart 5, an overwhelming majority of licensed social workers reported holding a license that qualified them to practice in their practice category. Specifically, 90% of Clinical social workers held a Clinical license, and 93% of Bachelors social workers held a Bachelors license. While 86.6% of Masters social workers held a Masters license, Advanced Generalist social workers were split into 50.3% reporting a Masters license and 48.11% reporting an Advanced Generalist license. Interestingly, 14.28% of Masters social workers and 23.36% of Advanced Generalist social workers answered that they held a Clinical license.

Chart 5

Percentage of Licenses Held

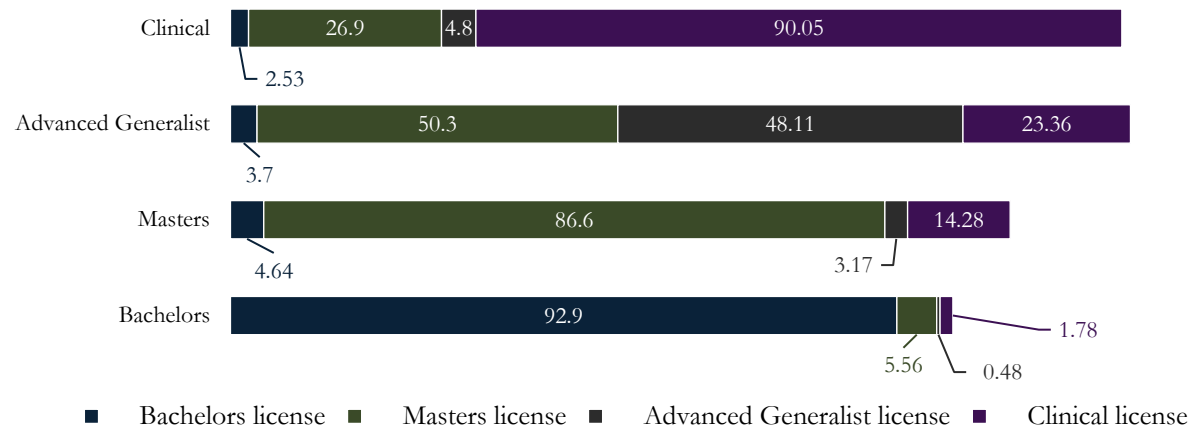


Chart 6

Percentage of License-Holding Social Workers in Multiple States

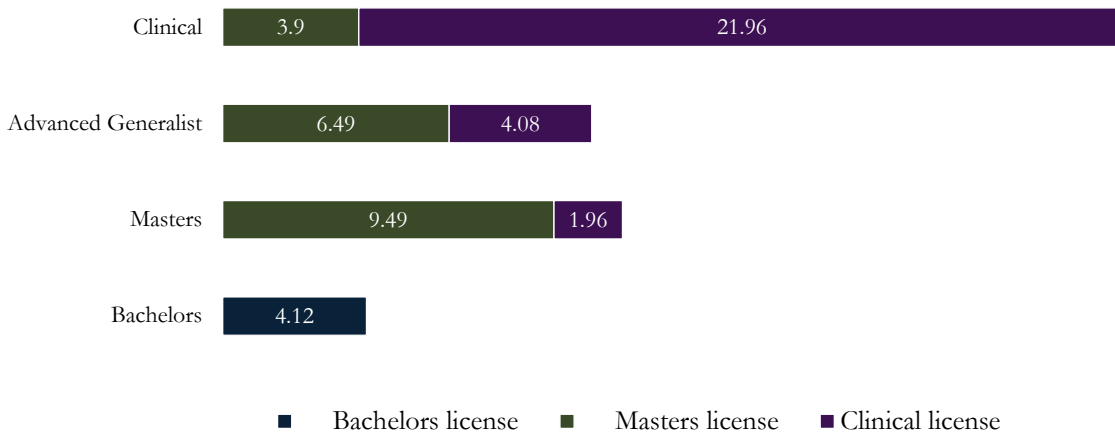


Chart 6 presents an important finding about **the share of social workers licensed in multiple states**. About 22% of Clinical social workers held a Clinical license in at least two states. Additional analyses, not shown here, revealed that about 7% and 3% of them were licensed in three and four states, respectively. Moreover, 3.9% of Clinical social workers held Masters licenses in at least two states. About 6.5% of Advanced Generalist social workers and nearly 9.5% of Masters social workers reported holding Masters licenses in more than one state. Slightly more than 4% of Bachelors social workers were also licensed in more than one state. It is important to note that these

numbers were based on self-reports and were not validated by regulatory boards. However, the prevalence of multistate license-holding appears to be considerable, especially among Clinical social workers. These findings echo the value of the recently enacted Interstate Licensure Compact, which was designed to reduce barriers to multistate practice with a single license.

The 2024 Social Work Workforce Survey asked respondents about their experiences with social work supervision, such as whether they paid for supervision and how satisfied they were with it. Charts 7 and 8 summarize the findings for Clinical social workers who were required to have about two years of postgraduate clinical supervision to take the licensing exam. About 26% of Clinical social workers indicated that they paid for supervision, while around 69% said they did not.

Chart 7

Percentage of Clinical Social Workers Who Paid for Supervision

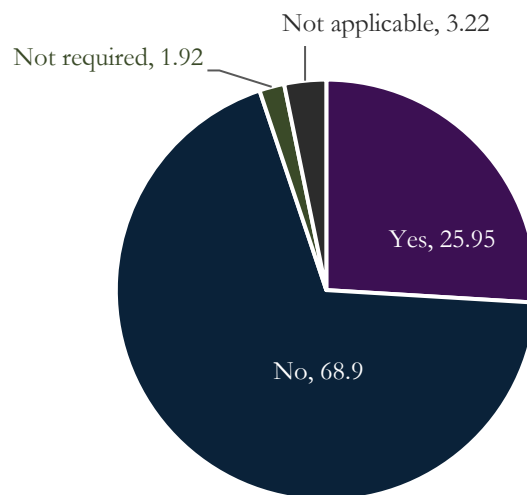
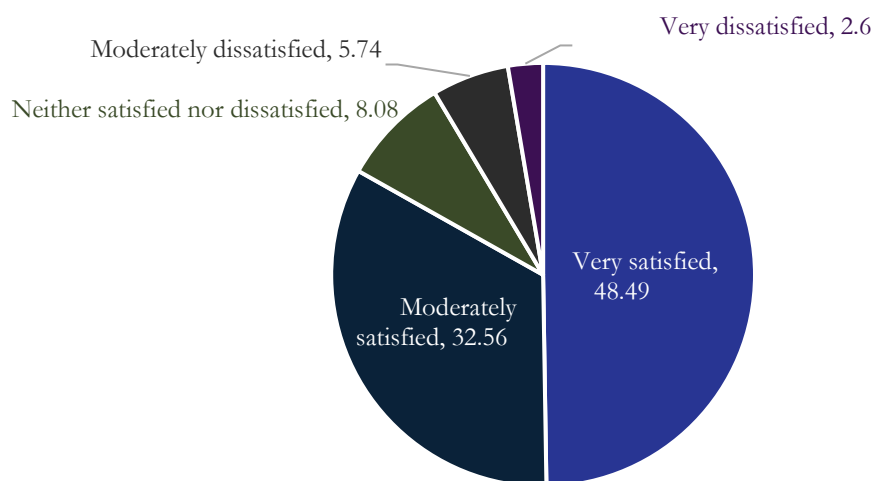


Chart 8

Percentage of Clinical Social Workers Being Satisfied With Supervision



As Chart 8 suggests, most Clinical social workers were satisfied with their supervision experiences. Approximately 48.5% and 32.6% reported that they were very satisfied and moderately satisfied, respectively. In contrast, nearly 6% and 2.6% indicated that they were moderately dissatisfied and very dissatisfied with their supervision experiences. Additionally, the bottom row of Table A3 in the Appendix also shows that over 56% of Clinical social workers reported being **approved supervisors** in their state of residence.

EMPLOYMENT CHARACTERISTICS

Findings about licensed social workers' employment characteristics draw special attention. Some of them reveal the labor market values of social work degrees and licensure, as well as notable differences in their employment characteristics by practice category. Table A4 in the Appendix presents detailed findings. Chart 9 shows that more than 95% of Clinical social workers reported **that their position required (85.33%) or preferred (10.17%) an MSW**. About 78% of both Advanced Generalist and Masters social workers reported that their positions required an MSW, and 16-18% of them indicated that an MSW was preferred in their positions. A much lower percentage of Bachelors social workers (55.3%) reported that their positions required a BSW. Nevertheless, nearly 38% of them indicated that a BSW was preferred for their positions.

Chart 9

Percentage Reporting That Their Job Required or Preferred Social Work Education

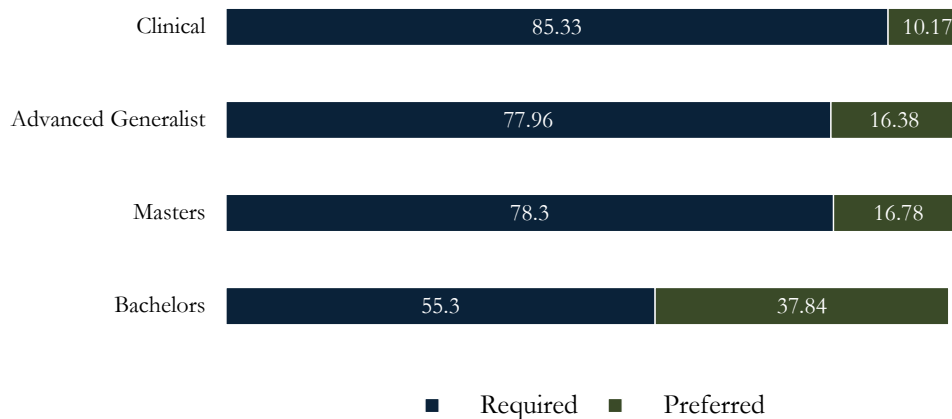


Chart 10 also shows how social work licensure was required or preferred for the positions held by licensed social workers. Similar to the findings above, nearly 96% of Clinical social workers answered that **their jobs required or preferred a social work license**, followed by more than 88% of Advanced Generalist social workers and Masters social workers. Notably, more than 85% of Clinical social workers reported that their positions required a social work degree as well as a license. While around 61% of Bachelors social workers indicated that a social work licensure was required, nearly 26% said it was preferred. These high rates of license requirements in the job market are consistent with the findings about recent social work graduates in the 2017–2019 National Workforce Study (Salsberg et al., 2020). Salsberg et al. (2020) reported that more than 76% of jobs available for social work graduates were in licensed positions and that nearly 80% of new MSW graduates intended to become licensed clinical social workers in the next five years.

Chart 10

Percentage Reporting That Their Job Required or Preferred Social Work Licensure

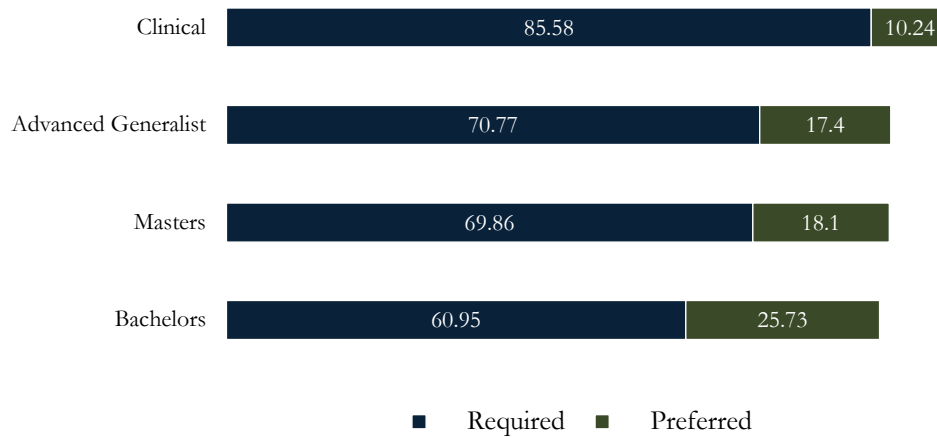
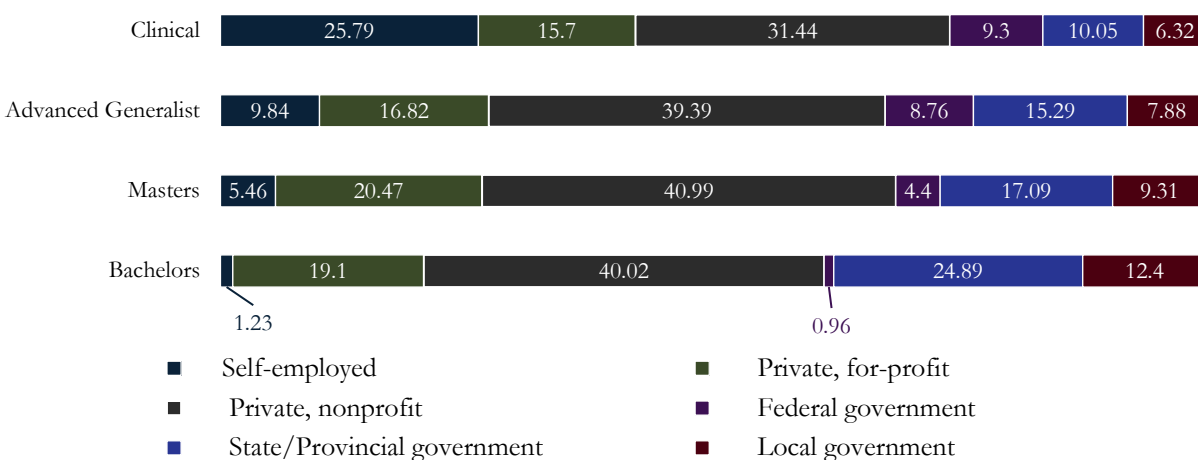


Chart 11 presents the type of employers that licensed social workers worked for. Licensed social workers were employed by a variety of employers, including private for-profits, private nonprofits, and federal, state, and local government agencies. The highest share of licensed social workers, across all practice categories, worked for private nonprofit employers. However, there were distinct differences in the type of employers by practice category. One of the most interesting findings is that **as high as 26% of Clinical social workers were self-employed**. Note that the 2004 study of licensed social workers reported that about 17.5% of overall licensed social workers were in private practice (Center for Health Workforce Studies & NASW Center for Workforce Studies, 2006). According to Table A4 in the Appendix, 15.41% of Clinical social workers were in private sole practice, 5.64% were in group practice, and 4.74% worked as independent contractors. On the other hand, a higher percentage of Bachelors social workers were employed by state (24.89%) or local (12.40%) government. As the practice category moved from Bachelors, Masters, and Advanced Generalist to Clinical, the size of licensed social workers working for state and local government agencies steadily declined. However, compared to less than 1% of Bachelors social workers employed by the federal government, nearly 9% of Advanced Generalist and Clinical social workers worked for a federal government agency. This difference in the type of employer by practice category may be related to **the size of employers** that licensed social workers worked for. As Table A4 indicates, around 51–52% of (non-self-employed) Clinical and Advanced Generalist social workers reported working for a large employer with 1,000 or more employees. However, only

35% of Bachelors social workers reported the same. About 46% of Masters social workers indicated working for a large employer.

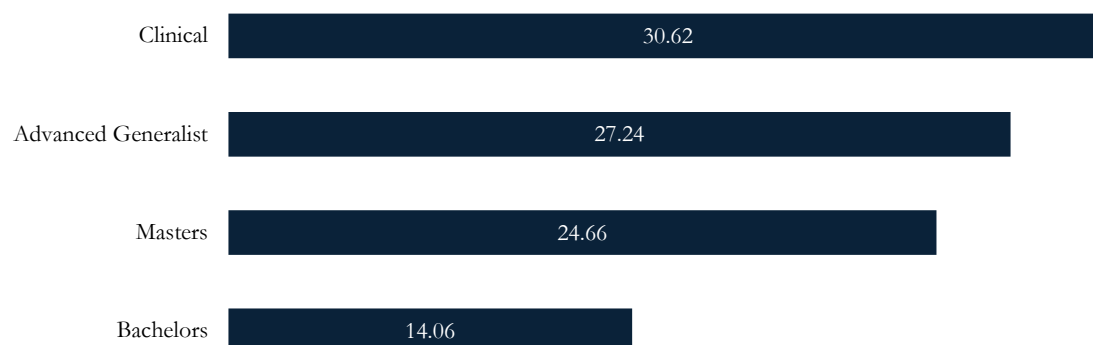
Chart 11

Percentage Breakdown of Employer Type

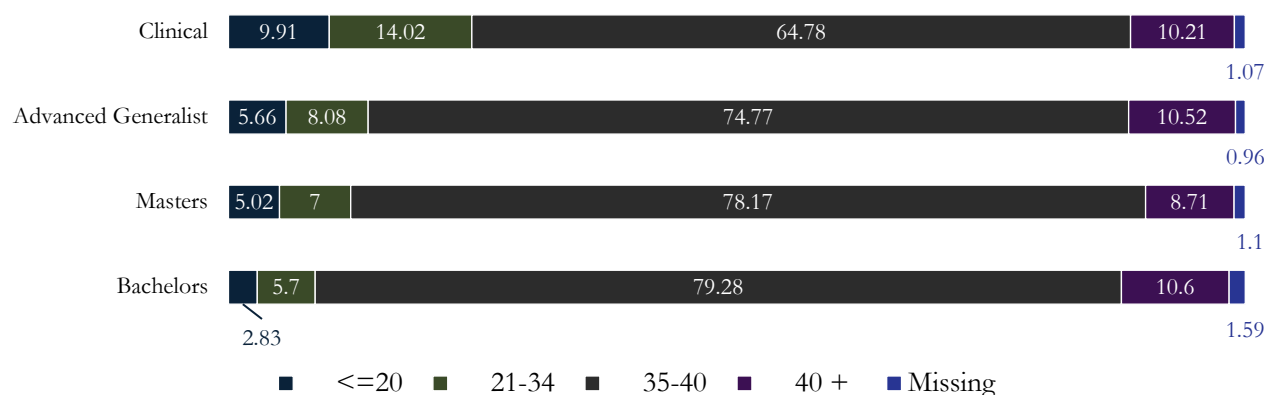
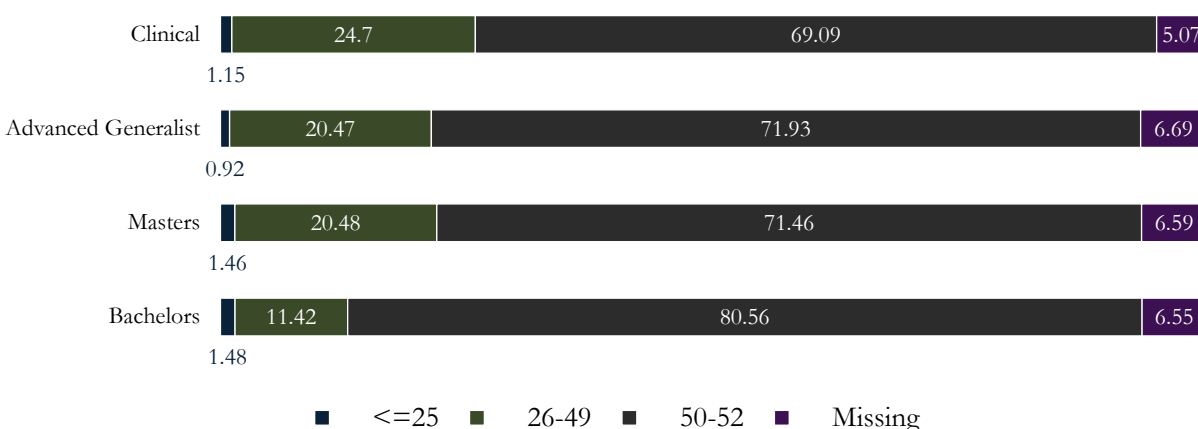


Another interesting finding about the employment characteristics was that a high percentage of licensed social workers, particularly Clinical social workers, reported holding more than one job simultaneously. As Chart 12 shows, as many as 30.62% of Clinical social workers indicated holding multiple jobs. In fact, the rate of social workers **holding multiple jobs** appeared to be high among both Advanced Generalist and Masters social workers at 27.24% and 24.66%, respectively. About 14% of Bachelors social workers reported having more than one job. As a comparison, the U.S. Bureau of Labor Statistics estimated that less than 6% of employed adult women held multiple jobs in 2023 (U.S. BLS, 2024b). While a direct comparison of these numbers may not be advisable given the difference between the Current Population Survey used in the BLS estimate and the Social Work Workforce Survey, the high percentages of licensed social workers holding multiple jobs are worth pointing out.

Chart 12
Percentage Holding Multiple Jobs



Findings about how much licensed social workers worked per week and year-round reveal other interesting differences by practice category. According to Charts 13 and 14 (also Table A4 in the Appendix), a higher percentage of Clinical social workers than other categories of social workers worked part-time (<35 hours per week) and part-year (<50 weeks per year). Nearly 24% of Clinical social workers reported working fewer than 35 hours per week, and about 25% of them reported working only between 26 and 49 weeks. In comparison, about 12% of Masters social workers worked fewer than 35 hours per week, and 20% of them worked between 26 and 49 weeks. The difference in the amount of work between Bachelors and Clinical social workers was even greater. While nearly 90% of Bachelors social workers reported working full-time hours (at least 35 hours) weekly, 87% of Masters social workers, 85% of Advanced Generalist social workers, and only 75% of Clinical social workers indicated so. Similarly, compared to nearly 81% of Bachelors social workers working year-round, 69% of Clinical social workers did so. About 71–72% of Masters and Advanced Generalist social workers indicated working year-round. These findings suggest that Clinical social workers worked fewer hours than other categories of social workers.

Chart 13*Percentage Distribution of Weekly Work Hours***Chart 14***Percentage Distribution of Annual Work Weeks*

The findings presented in the bottom rows of Table A4 in the Appendix and Chart 15 suggest that Clinical social workers had more **years of social work experience** than any other category of social workers. The mean and median years for Clinical social workers were 14.85 and 12 years, followed by 13.42 and 11 years for Advanced Generalist social workers. While Bachelors social workers had similar mean and median years of social work experience, Masters social workers had the shortest years of social work experience, with a mean and a median of 10.21 and 7 years. These differences in work experience should be related to the differences in social workers' ages discussed earlier.

Chart 15*Number of Years of Social Work Experience*

PRACTICE CHARACTERISTICS

Tables A5 through A9 in the Appendix report detailed practice characteristics of licensed social workers by practice category, including practice setting, function, client groups, primary roles, and electronic practice. Chart 16 summarizes licensed social workers' practice settings by presenting the top five settings for all practice categories: (1) individual and family services agencies, (2) elementary or secondary schools, (3) outpatient care centers, (4) general or specialty hospitals, and (5) other health care agencies. Although licensed social workers from all categories worked in these five settings, the prevalence differed considerably by category. Overall, as the category moved from Bachelors, Masters, and Advanced Generalist to Clinical, the share of social workers in **three health care settings — outpatient care centers, hospitals, and other health services agencies —** increased gradually. Conversely, the share of social workers working in the first two settings — individual and family services agencies and schools — declined correspondingly. While the largest percentage of Bachelors social workers (31%) worked in individual and family services agencies, less than 22% of them worked in the three health care settings. On the other hand, only about 17% of Clinical social workers reported working in individual and family services agencies. However, nearly 41% of them worked in the three health care settings, the largest being outpatient care centers. Lower percentages of both Advanced Generalist and Masters social workers, compared to Clinical social workers, worked in outpatient care centers. However, similar shares of them worked in hospitals and other health care services agencies.

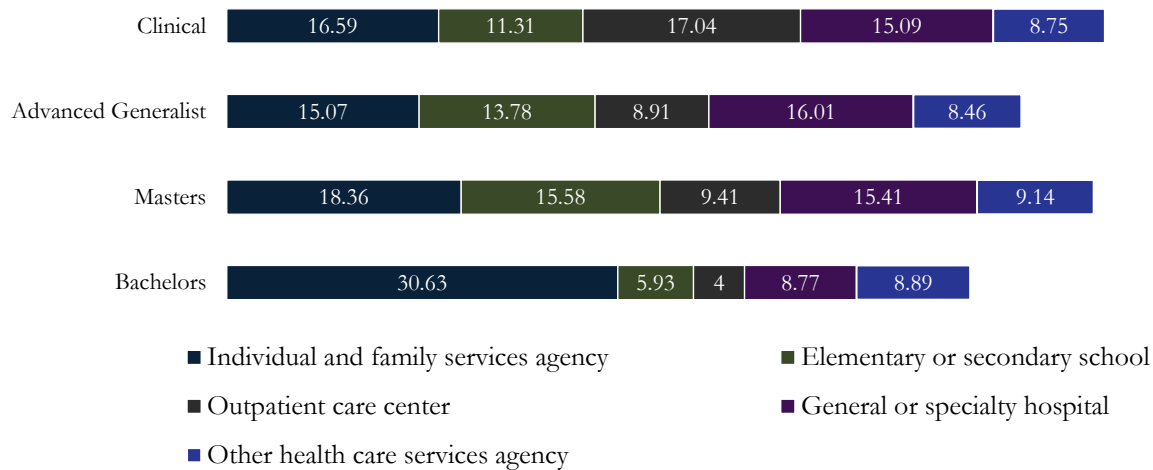
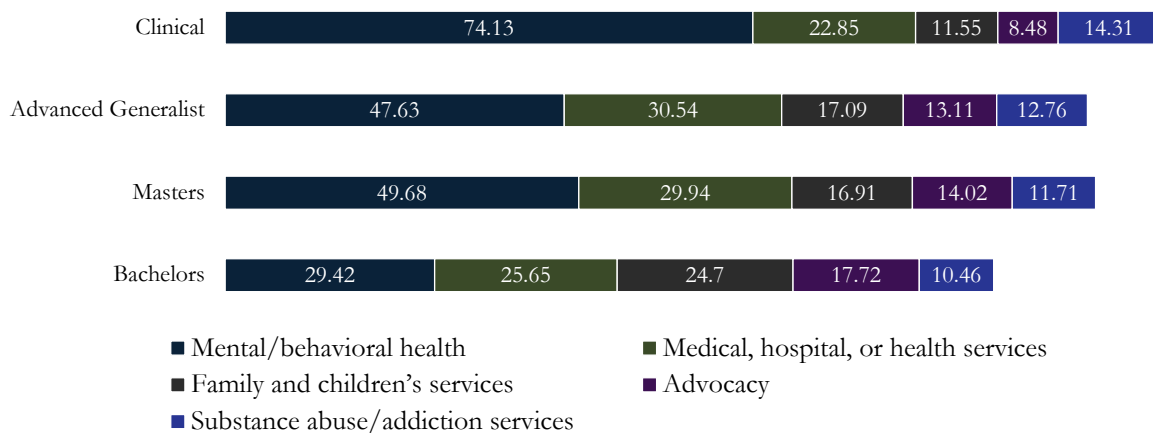
Chart 16*Percentages of Top Five Practice Settings***Chart 17***Percentages of Top Five Practice Functions, All That Apply*

Table A6 in the Appendix and Chart 17 show findings about **social workers' practice function**. In general, the overall findings were in line with the findings discussed earlier about practice settings. Licensed social workers, regardless of practice category, provided multiple health care, children/family, and advocacy-related functions, as shown in the chart. However, as social workers' practice category moves from Bachelors to Clinical, the number of social workers providing family and children's services and advocacy services decreased, while the number of those fulfilling health care services functions increased. More than 74% of Clinical social workers reported

providing mental/behavioral health services, and 48–50% of Advanced Generalist and Masters social workers reported the same. However, less than 30% of Bachelors social workers indicated that they provide such a function.

Charts 18 through 21 show summary findings presented in Table A7 in the Appendix about the **main client groups** that licensed social workers reported to serve. As the Workforce Survey questions asked respondents to check all answers that applied to them, the answers totaled more than 100%. According to Chart 18, all licensed social workers, regardless of their practice categories, served clients of all age groups, including children, adolescents, adults, and older adults. Nevertheless, the difference was that as the practice category moved from Bachelors, Masters, and Advanced Generalists and then to Clinical, the percentage of licensed social workers working with children decreased while the percentage serving adults increased. That is, Bachelors social workers had the highest share (43.06%) of those working with children, whereas Clinical social workers had the highest share (80.49%) of workers serving adults.

Chart 18
*Percentage Reporting to Serve Clients by Client Age Group,
All That Apply*

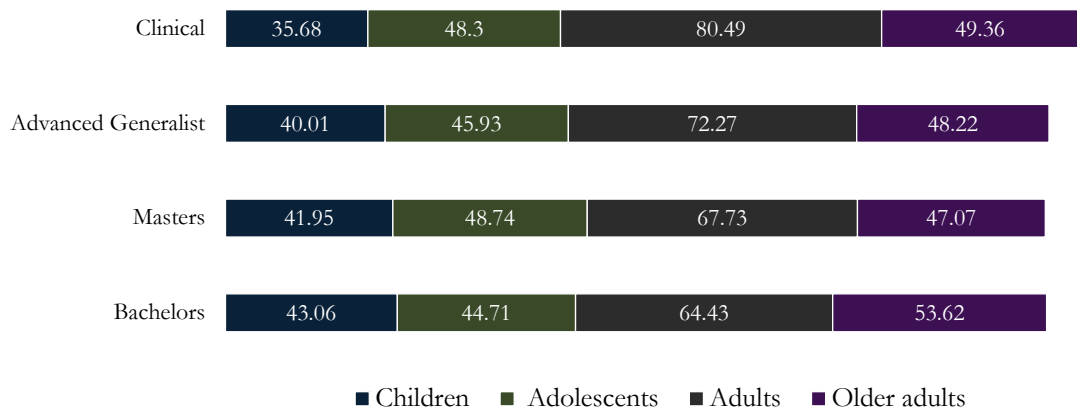


Chart 19 shows that licensed social workers served diverse groups of clients, including racial and sexual minorities, immigrants and refugees, and those with limited incomes. The client group that the highest shares (38%–45%) of licensed social workers worked with was people with limited incomes. Relatedly, 31%–37% of licensed social workers reported that they served individuals eligible for Medicaid. The notable difference by practice category was that, relative to social workers in other practice categories, the lowest share of Clinical social workers worked with people with

limited incomes (38.43% relative to about 43–45%), but the highest share of them served sexual minorities (21.45% compared to around 13–16% for Bachelors and Masters social workers).

Chart 19

Percentage Reporting to Serve Clients by Client Characteristics, All That Apply

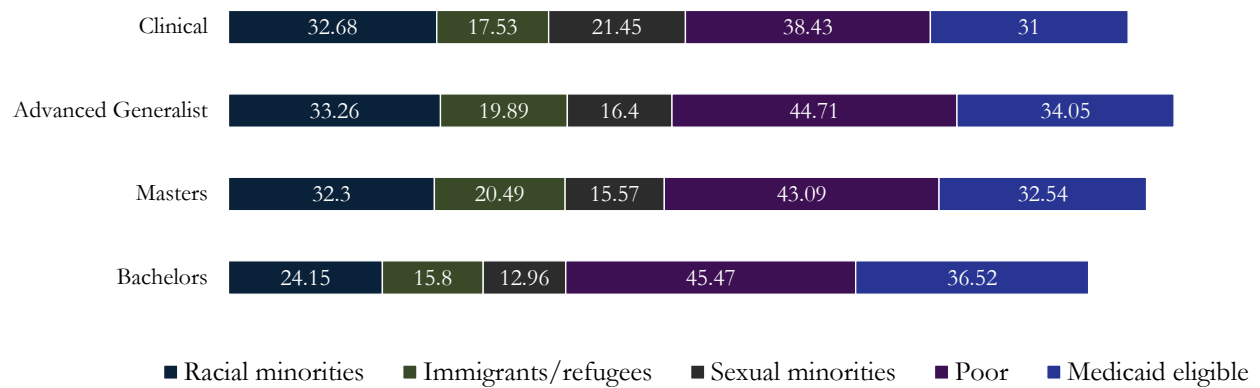
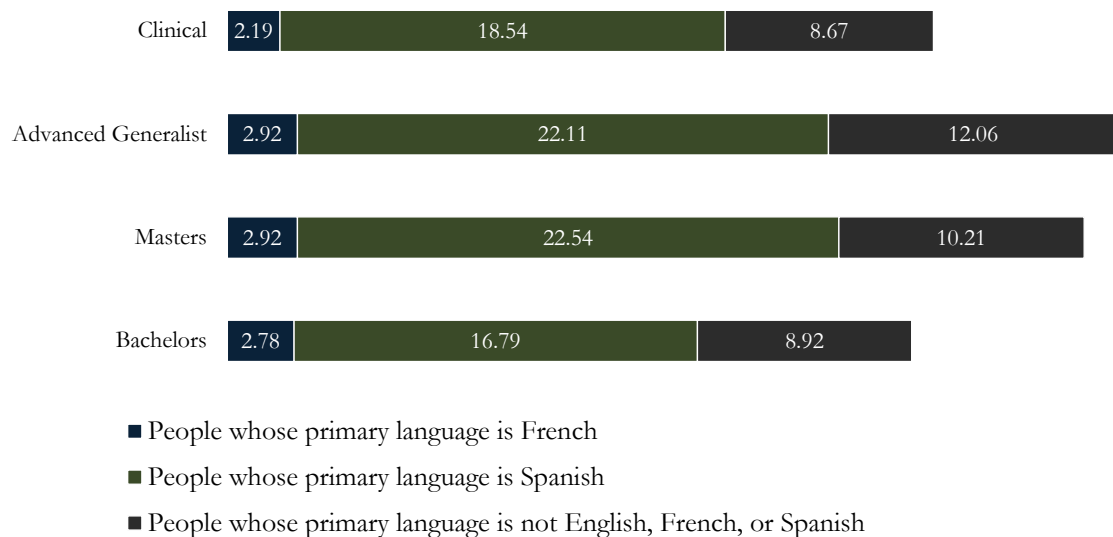


Chart 20

Percentage Reporting to Serve Clients by Client Primary Language, All That Apply



As shown in Chart 20, licensed social workers also worked with clients from diverse language backgrounds. Between 2% and 3% of them had clients whose primary language was French, and 17%–23% had clients who primarily spoke Spanish. Approximately 9%–12% of

licensed social workers also reported working with clients whose primary language was not English, French, or Spanish.

Chart 21
Percentage Reporting to Serve Clients by Client Needs, All That Apply

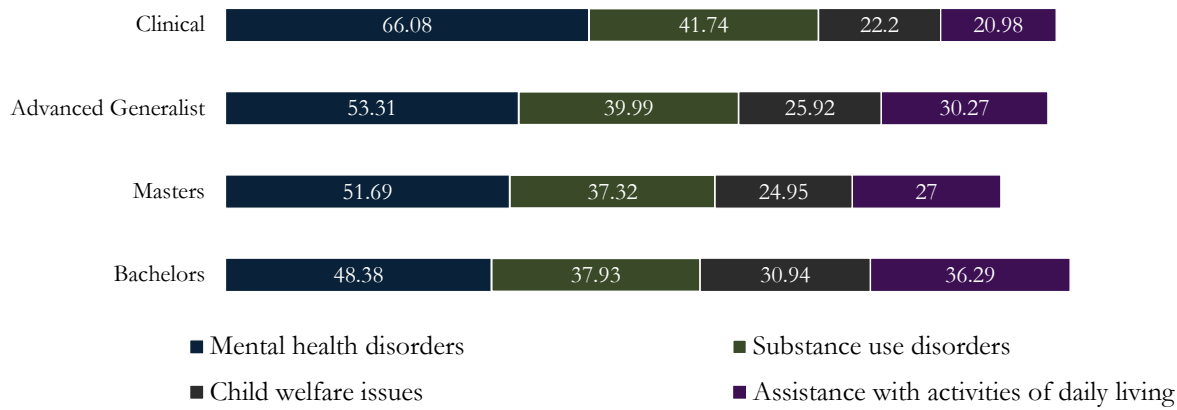
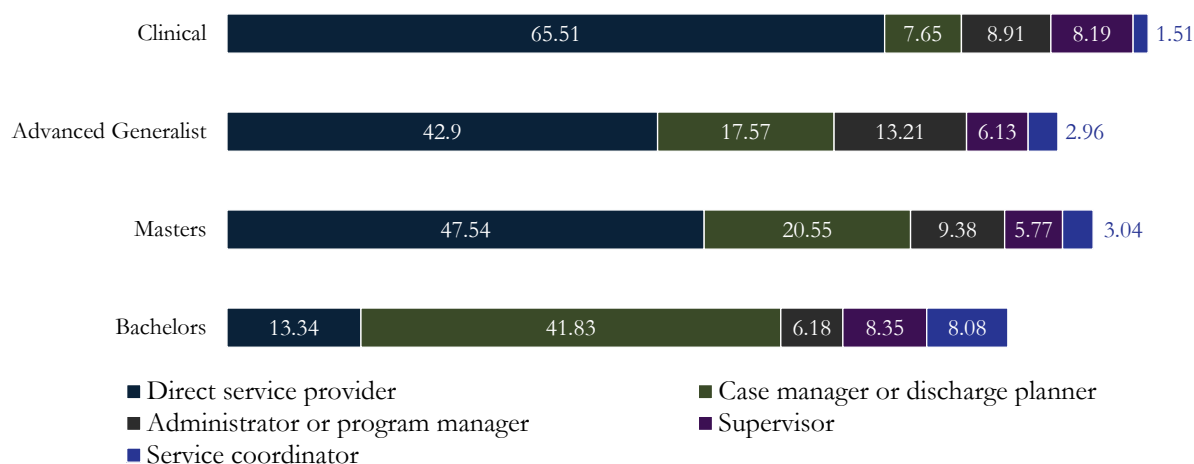


Chart 21 shows that licensed social workers serve clients with various needs, including mental health disorders, substance use disorders, issues with child safety and well-being, and assistance with daily living activities. As suggested earlier, compared to social workers of other practice categories, the highest share of Bachelors social workers served people involved with child welfare issues (31%) and those who needed assistance with daily living activities (36%). The highest share of Clinical social workers served people with mental health and substance use disorders. The percentages of Masters and Advanced Generalist social workers working with those client groups fell between those of Bachelors and Clinical social workers.

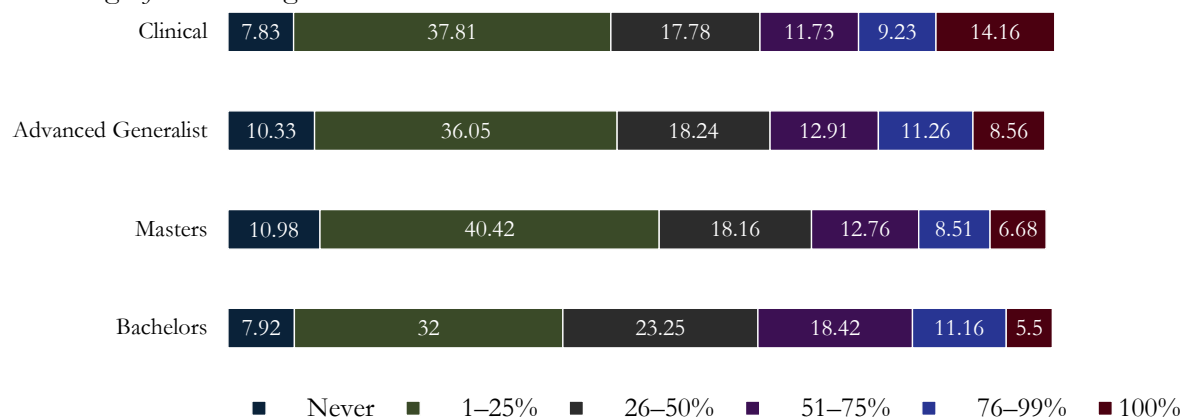
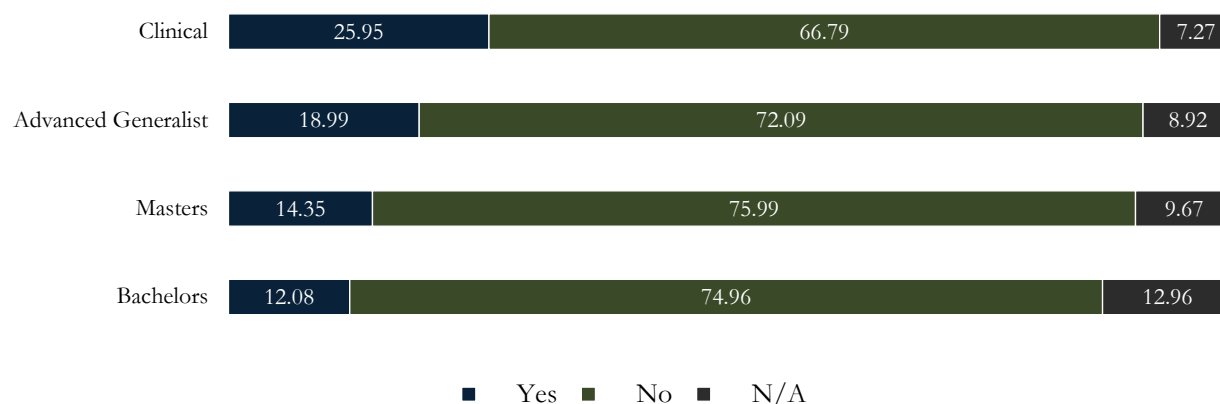
The 2024 Social Work Workforce Survey asked social workers what their **primary roles** were in their practice settings, and the top five roles are summarized in Chart 22. The chart reveals a close relationship between social workers’ practice category and their roles. Over 65% of Clinical social workers identified as direct service providers, compared to 43% of Advanced Generalists and 48% of Masters social workers. Nearly 18% of Advanced Generalist social workers were case managers, and 13.21% of them were administrators or program managers. Similarly, approximately 21% and 9% of Masters social workers reported that their primary roles were case managers and program managers, respectively. For Bachelors social workers, just 13.34% indicated that they were direct service providers, whereas nearly 42% served as case managers. Slightly more than 8% of Bachelors social workers reported their primary roles as supervisors or service coordinators.

Chart 22
Percentages of Top Five Primary Roles



Although not shown in Chart 22, Table A8 in the Appendix provides detailed findings on the social workers' primary roles. Interestingly, less than 1% of all categories of licensed social workers, including Advanced Generalist, reported that their primary roles were community organizers or evaluators/researchers. Only 1.1% of Advanced Generalist, 1.35% of Masters, and 2.75% of Bachelors social workers identified advocacy as their primary role. These findings suggest that licensed social workers — even Advanced Generalist social workers — rarely have macro-related work as their primary function.

As electronic practice has become increasingly important in promoting client access to health care, the 2024 Social Work Workforce Survey included a question regarding its use. In the question, **electronic practice** was defined as providing services electronically using the internet, social media, online chat, text, email, smartphone, or other platforms. As shown in Table A9 and Chart 23, only about 8–11% of licensed social workers reported that they have never engaged in electronic practice. In contrast, more than 14% of Clinical social workers reported engaging in electronic practice 100% of their practice time. Meanwhile, 8.56% of Advanced Generalist social workers and 6.68% Masters social workers reported so. Only about 5.5% of Bachelors social workers reported being engaged in electronic practice 100% of their practice time. The findings suggested that approximately 35% of Clinical and Bachelors social workers were engaged in electronic practice for at least 50% of their practice time. About 28% of Masters social workers and 33% of Advanced Generalist social workers reported a similar level of engagement.

Chart 23*Percentage of Time Using Electronic Practice***Chart 24***Percentage Working Primarily Online*

In the 2024 Social Work Workforce Survey, respondents were also asked whether they worked primarily online. The findings presented in Chart 24 show that about 26% of Clinical social workers did so, followed by 19% of Advanced Generalists, 14% of Masters, and 12% of Masters social workers. Again, as the practice category moved from Bachelors to Clinical, the percentage of those working primarily online increased steadily.

FINANCIAL CHARACTERISTICS

Table A10 in the Appendix shows detailed findings about licensed social workers' financial characteristics, such as the amount of student loan debts upon graduation with the highest degree,

the current balance of the debts, annual gross earnings from the primary jobs, and percentages of those with various employer-provided benefits. It is known that the amount of student loan debt varies by education level. According to Pew Research Center (Fry & Cilluffo, 2024), typical bachelor’s degree holders who borrowed owe between \$20,000 and \$25,000, whereas those with a postgraduate degree owe between \$40,000 and \$45,000. The findings summarized in Chart 25 appear to align with these national findings.

Chart 25
Percentage Breakdown of Student Loan Debt Amount Upon Graduation With the Highest Degree

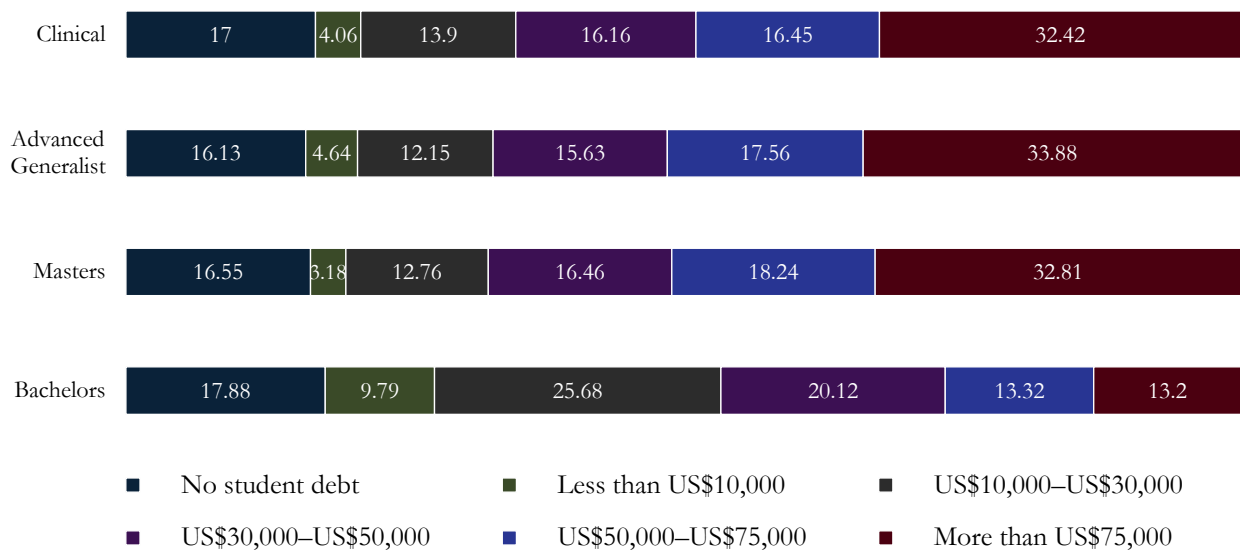


Chart 25 shows that approximately 16–18% of licensed social workers reported having no **student loan debt**. Bachelors social workers had less debt than those in other practice categories that require an MSW. Nearly 46% of Bachelors social workers reported a loan debt between \$10,000 and \$50,000 upon graduation. However, more than 50% of Masters, Advanced Generalist, and Clinical social workers had debt amounts exceeding \$50,000 at the time of graduating from their MSW programs. Findings shown in Table A10 in the Appendix suggest that about 40-45% of these social workers still owe more than \$50,000 in loan balance.

Chart 26 reveals licensed social workers’ **annual gross earnings from the primary job** at the 10th, 25th, 50th, 75th, and 90th percentile by their practice category. The 50th percentile (median) earnings of licensed social workers increased steadily as their practice category moved from Bachelors (\$57,680), Masters (\$66,950), and Advanced Generalist (\$72,100) to Clinical (\$77,250).

This gradual increase in annual gross earnings by practice category was also observed at each percentile of earnings. At the 75th percentile, earnings ranged from \$67,980 for Bachelors, \$79,310 for Masters, and \$87,550 for Advanced Generalist to \$95,790 for Clinical social workers. As Table A10 in the Appendix shows, the mean gross earnings were \$59,920 for Bachelors, \$69,828 for Masters, \$76,334 for Advanced Generalist, and \$82,537 for Clinical social workers. Additionally, Table 5 shows the gross earnings of licensed social workers who worked full-time (at least 35 hours per week) and year-round (at least 50 weeks per year).

Chart 26

Annual Gross Earnings From the Primary Job: All Licensed Social Workers (2024 Dollars)

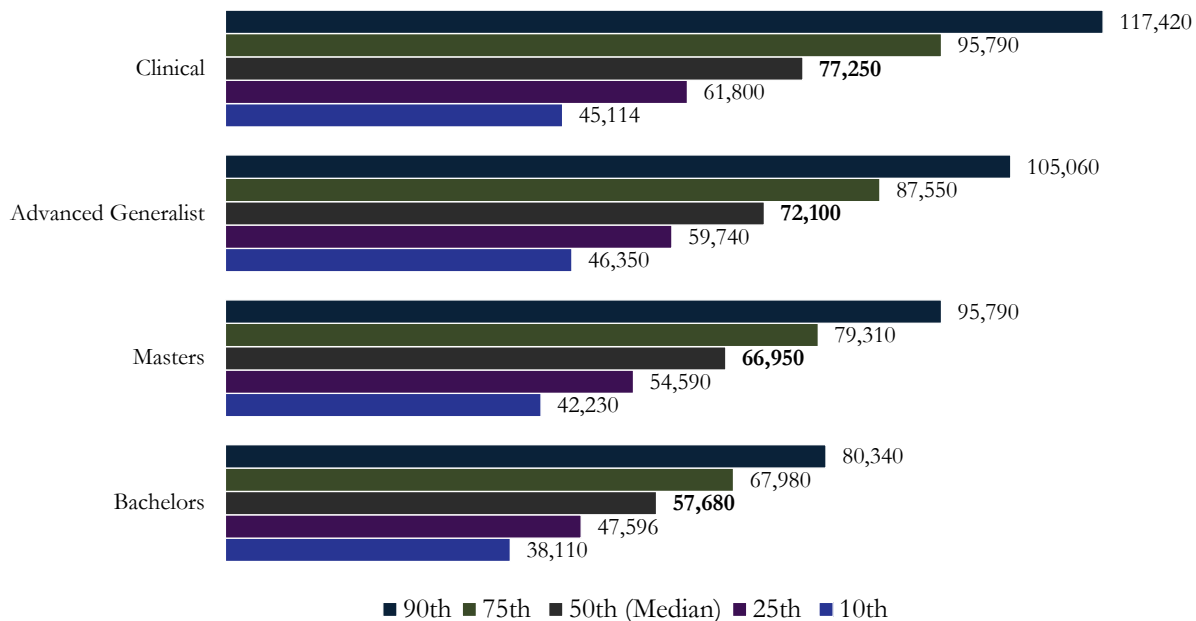


Table 5

Annual Gross Earnings From the Primary Job: Full-Time Year-Round Working Licensed Social Workers (2024 Dollars)

	Bachelors	Masters	Advanced Generalist	Clinical
Unweighted N	N=1,547	N=7,506	N=1,069	N=12,729
Mean	61,413	72,045	80,355	87,717
10th Percentile	41,200	48,410	53,560	58,710
25th Percentile	49,440	57,680	62,830	69,010
50th Percentile	58,710	67,980	76,220	82,400
75th Percentile	69,010	81,370	89,610	98,880
90th Percentile	82,297	96,305	110,210	118,450

The lower rows of Table A10 in the Appendix also display the percentage of licensed social workers whose **employers offered benefits** such as health insurance, life insurance, retirement savings plans, and family and medical leave. The analyses excluded self-employed social workers. Chart 27 shows that a high percentage of licensed social workers — across all practice categories — were offered various employment-based benefits by their employers. Around 94–95% were offered a health insurance plan, 81%–82% a life insurance plan, 86%–88% a retirement savings plan, and 75%–79% family and medical leave. Additionally, about 73% of Masters social workers and 78% of Clinical social workers reported that their employers contributed to their retirement savings plans. Although the chart does not show this, according to Table A10, 91%–92% of licensed social workers were also offered a dental insurance plan by their employers. To provide context for these benefit offerings, Table 6 presents the percentages of civilian, private industry, and government workers whose employers offered similar benefits based on the National Compensation Survey (NCS) collected by the U.S. Bureau of Labor Statistics (U.S. BLS, 2024a). Direct comparisons of the percentages of workers who are offered benefits are neither possible nor accurate because of differences in the NCS and the 2024 Social Work Workforce Survey. Nevertheless, a general comparison of the figures in Chart 27 and Table 6 suggests that licensed social workers, in general, enjoyed better or comparable rates of access to health, dental, and life insurance plans as well as retirement savings plans, compared to civilian, private, and government workers, with the exception of family and medical leave.

Chart 27

Percentage With Employer-Provided Benefits (Excluding Self-Employed), All That Apply

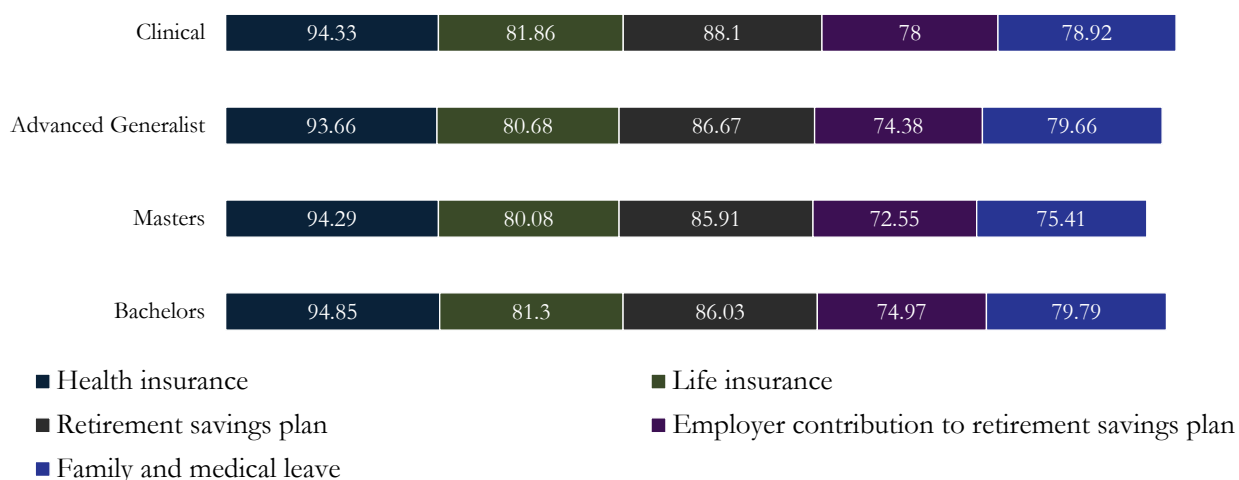


Table 6*Percentage of U.S. Workers With Access to Employer-Provided Benefits, 2024*

	Civilian workers	Private industry workers	State and local government workers
Health insurance	75	73	89
Dental insurance	45	43	60
Life insurance	62	58	83
Retirement savings plan	75	72	92
Unpaid family leave	90	90	94
Paid medical leave	81	79	92

Source: U.S. Bureau of Labor Statistics (2024a).

CAREER AND EDUCATIONAL PLANS

The 2024 Social Work Workforce Survey asked social workers about their **career and educational plans or goals** for the next two years to inform any workforce development needs in the coming years. Respondents were allowed to choose multiple career plan options. Table A11 in the Appendix presents detailed findings. Chart 28 shows the percentage of social workers with career and educational plans that may signal their satisfaction with the social work profession (although they might not have been with their current jobs or employers). More than 60% of licensed social workers — regardless of their practice categories — responded that they were planning to remain in their current position. The highest share of 69% of Clinical social workers reported such a plan, compared to 61% of Masters social workers. Many licensed social workers were planning to **seek new opportunities or promotions** as social workers. The highest share of social workers with such a plan was found among Masters social workers at nearly 46%, and the smallest percentage was among Clinical social workers at 35%.

Furthermore, approximately 30% of Advanced Generalist and Masters social workers reported pursuing further training in social work, higher than the 22% and 24% of Bachelors and Clinical social workers. Over 25% and 21% of Masters and Advanced Generalist social workers, respectively, reported that they were pursuing a social work licensure, probably clinical licensure or the same category of licensure in other states. Although not shown in Chart 28, Table A11 indicated that over 12% of Bachelors social workers were planning to pursue a social work degree, perhaps an MSW. About 3% of Bachelors social workers and 6% of those in other practice categories reported planning to work longer hours as social workers. Overall, the findings shown in Chart 28 suggest

that most licensed social workers were planning to look for more opportunities, training, and promotions while remaining in their current positions.

Chart 29 shows the percentage of social workers with career and educational plans that may signal their dissatisfaction with the social work profession. The shares of licensed social workers who reported planning to decrease work hours, leave the social work field, or pursue a non-social work degree or license were relatively small. For example, about 4.78% of Bachelors and 4.26% of Advanced Generalist social workers reported that they planned to leave the social work field but continue to work, and 3% of Clinical and 3.31% of Masters social workers answered the same. These findings, overall, were consistent with the findings reported from the 2004 survey of the licensed social work workforce (Center for Health Workforce Studies & NASW Center for Workforce Studies, 2006).

Chart 28

Percentage With Plans That May Signal Satisfaction With the Profession, All That Apply

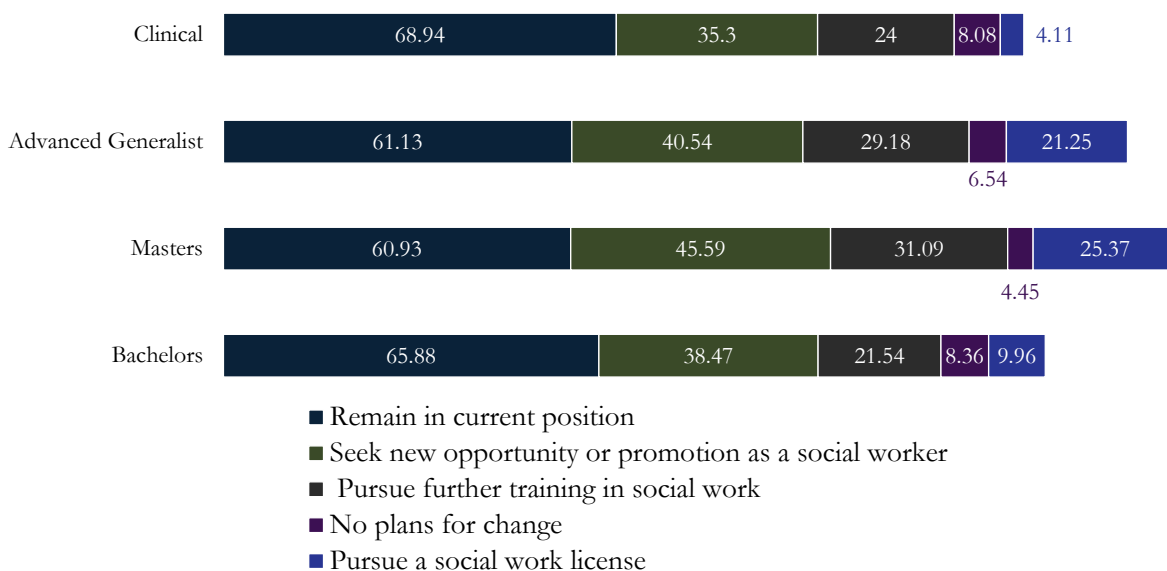
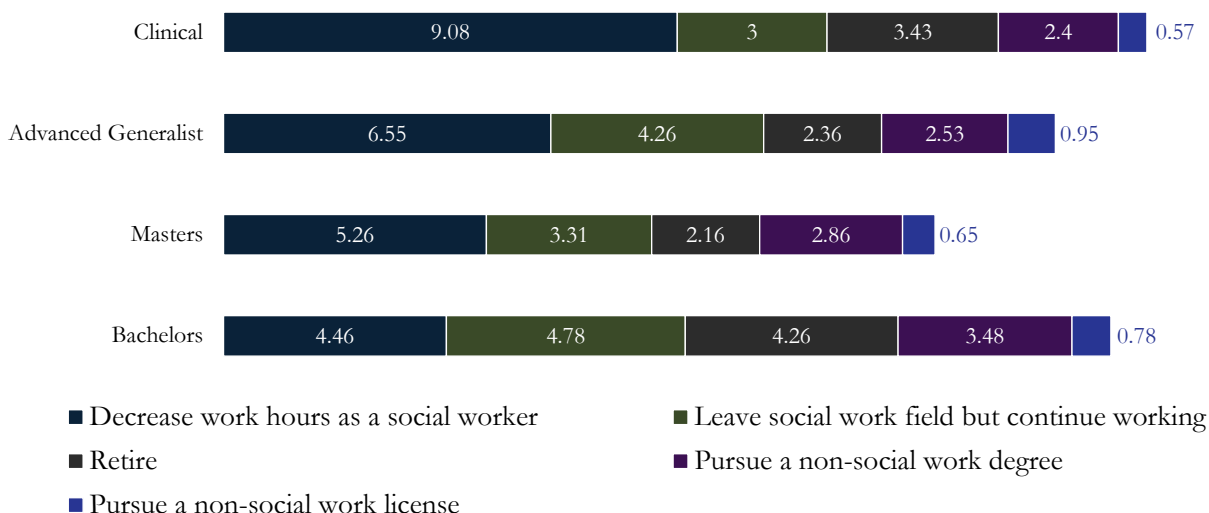


Chart 29

Percentage With Plans That May Signal Dissatisfaction With the Profession, All That Apply

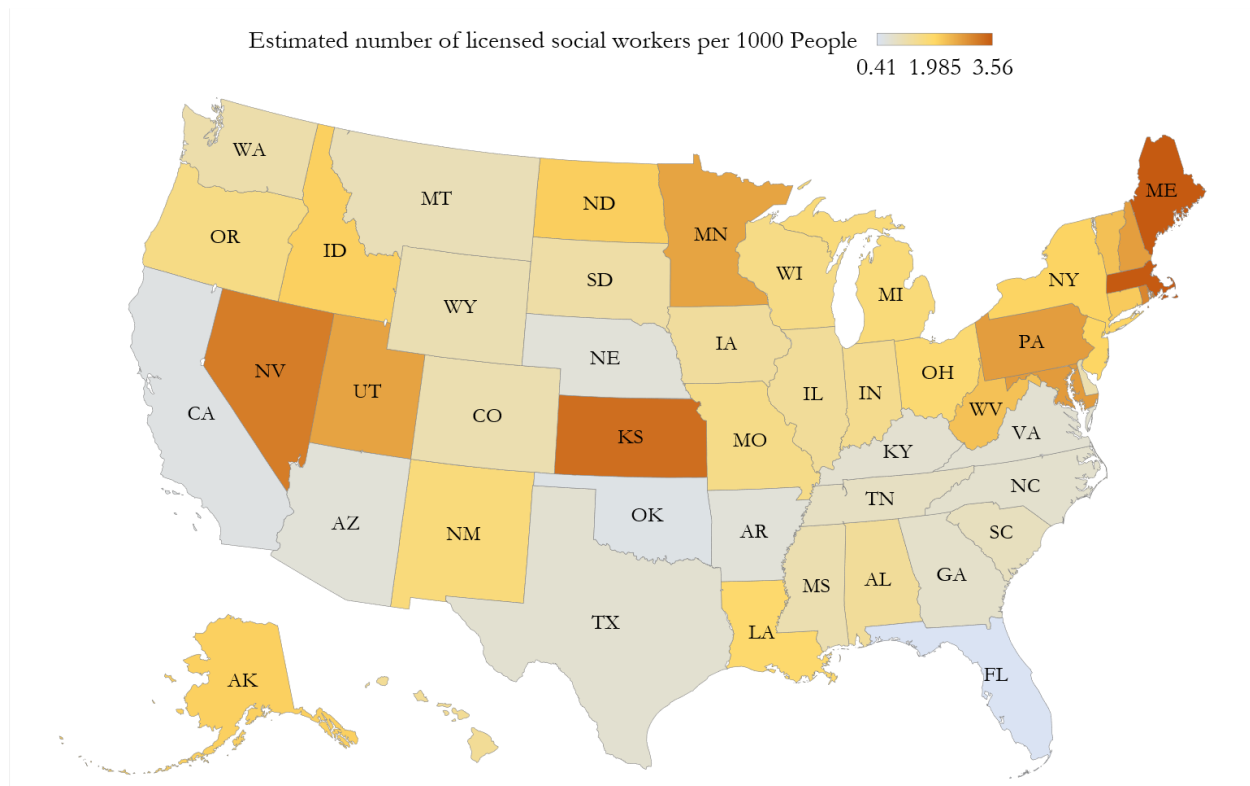


GEOGRAPHIC DENSITY

Chart 30 depicts the geographic distribution and density of all licensed social workers across the country, as detailed in Table A12 in the Appendix. The analyses revealed that there were 1.40 licensed social workers per 1,000 people nationally and that there was considerable state-by-state variation. Chart 30 below shows that five states — Maine (3.56), Massachusetts (3.55), Kansas (3.30), Nevada (3.12), and Rhode Island (3.01) — had more than three licensed social workers per 1,000 individuals. In contrast, states like Arizona (0.72), Arkansas and Nebraska (0.71), California (0.59), Oklahoma (0.56), and Florida (0.41) had far fewer numbers of licensed social workers per 1,000 individuals than the national average.

Chart 30

Estimated Number of Licensed Social Workers by State, 2024

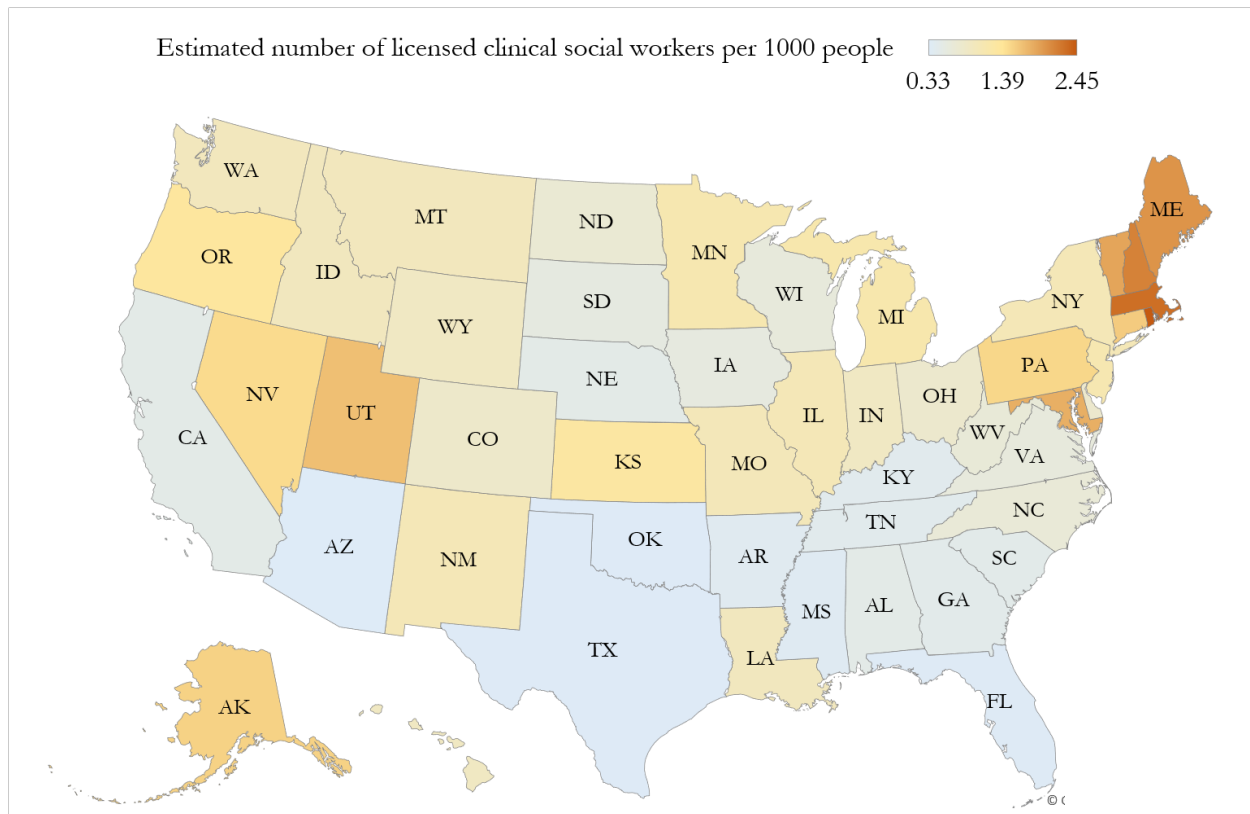


Additionally, Table A12 in the Appendix and Chart 31 present the geographic density of Clinical social workers by state. According to Table A12, the estimated number of Clinical social workers per 1,000 people across the nation was 0.82. Some states in the Northeast region, such as Rhode Island (2.45), Massachusetts (2.29), New Hampshire (2.14), and Maine (2.1), had more than two Clinical social workers per 1,000 people. However, some other states, such as Mississippi (0.38), Florida (0.35), Oklahoma (0.34), Texas (0.34), and Arizona (0.33), had fewer than 0.40 Clinical social workers per 1,000 people (i.e., fewer than 40 Clinical social workers per 100,000 people), suggesting an uneven distribution of Clinical social workers nationally. These findings generally align with those by Lin et al. (2016), who projected state-by-state social work shortages based on supply and demand models of the social work workforce using personal health expenditure and the propensity to become a social worker. They projected that states in the South and the West would experience more shortages of social workers compared to the Midwest and the Northeast and that states like Florida, California, Texas, Arizona, and Georgia would have the most severe social worker shortages. As many complex factors affect the supply and demand of the social work workforce in a

geographic area, these findings should never be conclusive. Nevertheless, the level of geographic density in the clinical social work workforce may deserve the attention of professional stakeholders.

Chart 31

Estimated Number of Licensed Clinical Social Workers by State, 2024



DISCUSSION

This study presented findings about licensed social workers from the largest social work workforce survey in history. It pointed out that the U.S. BLS *Occupational Outlook Handbook* information about the social work workforce, which is often used to describe the profession, does not accurately represent the size and earnings of the workforce, as it excludes self-employed social workers, a sizable group of master's-level social workers (in Masters and Clinical practice categories). Another important finding of this study was that the estimates based on the U.S. Census Bureau's household surveys may also underestimate the size of the licensed workforce and misrepresent its educational composition. As the household surveys are for self-identified social workers, including individuals without social work credentials, they also significantly underestimate the earnings profile of licensed social workers. These findings justify why the profession needs to conduct a national workforce survey to collect accurate and up-to-date workforce information. An accurate understanding of the workforce profile is critical for professional identity and public perception of the profession (Williams & Vieyra, 2018). Stakeholders also need such information for their professional advocacy and policy development efforts.

Unlike the nursing profession, the social work profession does not have a national data collection system for the licensed workforce that can serve as a sampling frame for a nationally representative sample of licensed social workers. According to the National Council of State Boards of Nursing (2025), the regulatory boards of the nursing profession, together with the National Forum of State Nursing Workforce Centers, established a national database called Nursys, which contains information about nurses licensed in participating boards of nursing, including all states in the Nurse Licensure Compact. Every other year, nurses across the country are selected at random to participate in a workforce survey. The collected data become part of the national nursing workforce dataset, and findings from the analyses generate important knowledge about the supply and workforce planning of the nursing profession. Using the nursing profession as an example, the social work profession can build a similar national database and research infrastructure for regular workforce studies. Given the enactment and implementation of the Social Work Licensure Compact, such an effort can be timely and feasible if key stakeholders can work together.

The demographic characteristics of the licensed social work workforce suggest that the workforce needs to be diversified to include more immigrants and racial and ethnic groups. The demographic profile revealed that the majority of licensed social workers were U.S.-born, White

females in their early 40s. Although the workforce has become more racially and ethnically diverse compared to the past — down from 84.5% White two decades ago to over 70% White among Masters social workers and 77% White among Clinical social workers — there remains a significant need to further diversify the workforce to reflect the overall U.S. population.

The findings of this study show the labor market values of social work degrees and licensure. The licensed social work workforce is largely concentrated in behavioral health care settings, where MSW degrees and licensure are required and valued by employers and for the social workers' positions. The analyses showed that licensed social workers' employment characteristics vary by practice category. Clinical social workers tend to work fewer hours and weeks, offering them greater job flexibility. Most licensed social workers, overall, enjoy basic employment benefits provided by their employers. Additionally, a significant share of Clinical workers is self-employed in private solo and group practice or as independent contractors. Surprisingly, approximately 31% of Clinical and 25% of Masters social workers hold multiple jobs, with part-time work being more prevalent among Clinical social workers than those in other practice categories. However, the high incidence of social workers holding multiple jobs raises concerns, as it may indicate that their primary positions provide insufficient earnings or career opportunities. Therefore, the prevalence of social workers holding multiple jobs warrants further exploration into the motivations for and nature of the additional jobs.

Regarding licensure and supervision experience, as the licensed social workers' practice category progressed, their focus on mental and behavioral health services increased, with over 74% of Clinical social workers providing such services. Similarly, the proportion of social workers primarily engaging in electronic practice increased from 12% at the Bachelors level to 26% at the Clinical level. Additionally, around 22% of Clinical social workers were licensed in multiple states, indicating potential benefits from the newly adopted Social Work Licensure Compact. Most important, since more than a quarter (26%) of Clinical social workers reported paying for supervision, professional stakeholders should investigate whether the financial demands of obtaining clinical supervision present a barrier to Clinical licensure for those with limited incomes.

Although Clinical licensure is available in all states and the District of Columbia, the geographic density of Clinical social workers was found to be uneven across the country, indicating that public access to Clinical social work services would vary substantially by state. Some states, such as Mississippi (0.38), Florida (0.35), Oklahoma (0.34), Texas (0.34), and Arizona (0.33), appeared to have fewer than 40 Clinical social workers for every 100,000 individuals (as shown in the density indicator in parentheses). Due to uncertainty about what population-to-provider ratios should be

considered a threshold for policy interventions, it is challenging to assess whether these low-density states require policy attention. The Health Resources and Services Administration (HRSA)'s National Center for Health Workforce Analysis once projected that there would be more than enough social workers to meet the behavioral health needs of the population from 2016 through 2030 (HRSA, 2018). However, the projection did not account for the educational and licensure requirements of social work positions that noncredentialed candidates may not be qualified to fill. That means HRSA's projection may misrepresent the supply of the professional social work workforce and potentially mislead stakeholders and policymakers in their important policy decisions. Given that context, professional stakeholders need to take note of the variations in the density of licensed social workers across the country and consider monitoring and developing workforce development plans collectively (Lin et al., 2016; Thomas et al., 2009). They must put together resources and expertise to create a system for collecting comprehensive and current data about the workforce to generate nationally representative workforce statistics, monitor important trends in the workforce, and inform both the workforce and the public.

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APPENDIX TABLES

Table A1*Demographic Characteristics of Licensed Social Workers in the United States, Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Unweighted N	N=2,167	N=12,236	N=1,748	N=23,305
Gender				
Female	91.94	89.56	89.87	87.97
Male	6.88	8.39	8.60	10.03
Nonbinary	0.93	1.69	1.19	1.62
Other	0.24	0.36	0.35	0.39
Age				
Mean age (years)	39.87	37.28	40.51	42.57
Median age (years)	39.00	34.00	38.00	40.00
20s	25.43	32.39	18.96	13.50
30s	25.83	31.50	35.94	34.80
40s	25.51	19.84	23.70	25.52
50s	13.26	9.24	11.54	12.47
60s	9.21	5.88	7.49	10.52
70s	0.76	1.15	2.37	3.20
Education				
Bachelor's degree	83.17	0.00	0.00	0.00
Master's degree	16.27	98.23	95.22	96.24
PhD/Doctorate	0.56	1.76	4.78	3.76
Race/ethnicity				
Asian/Pacific Islander	1.48	3.23	2.44	3.53
Black	8.57	14.56	14.27	9.58
Hispanic/Latino	7.06	10.85	7.42	8.88
Other (including Native Americans)	1.46	0.77	1.20	1.07
White	81.43	70.59	74.67	76.95
Immigration/citizenship				
Native-born citizen	96.88	94.36	95.03	94.68
Naturalized citizen	2.85	5.08	4.43	4.78
Noncitizen	0.27	0.56	0.54	0.54
Having children under 13				
Missing	0.67	0.5	0.62	0.58
0	62.79	66.95	63.6	65.41
1	17.06	16.87	17.33	16.67
2	12.79	11.54	14.43	13.19
3 or more	6.69	4.14	4.02	4.15
Language use at home (check all that apply)				
English	99.18	99.42	99.62	99.28
French	0.35	0.64	0.76	0.87
Spanish	5.93	8.62	6.76	7.99

Other	1.76	2.25	2.26	2.68
Health conditions				
I have a physical health condition	13.07	14.60	16.72	17.20
I have a mental health condition	26.82	30.23	27.97	30.15
Other conditions	2.69	2.43	2.85	2.68
Any work-limiting conditions	6.11	6.52	6.90	8.65
Region of residence				
New England	10.20	6.67	10.63	11.49
Middle Atlantic	2.82	26.65	28.68	18.63
East North Central	20.85	16.25	19.48	16.34
West North Central	23.88	9.60	9.99	7.51
South Atlantic	6.01	11.82	10.28	15.29
East South Central	10.11	5.75	3.80	3.22
West South Central	13.19	10.18	6.02	6.22
Mountain	12.59	8.30	6.67	8.39
Pacific	0.34	4.78	4.45	12.91

Table A2

Educational Characteristics of Licensed Social Workers in the United States, Weighted Percentage

	Bachelors	Masters	Advanced Generalist	Clinical
<i>Undergraduate Degree Earned</i>				
Top five majors				
Missing	15.29	73.97	77.52	79.95
Social work	73.94	12.93	11.57	8.09
Psychology	5.68	7.97	6.93	7.80
Criminal justice or criminology	1.78	0.61	0.20	0.41
Sociology	1.77	2.18	1.55	1.76
Human services/community organization	0.81	0.34	0.45	0.21
Full-time or part-time				
Missing	10.98	67.90	72.85	75.07
Full-time	83.62	30.82	25.77	23.83
Part-time	5.39	1.28	1.38	1.10
Program type				
Missing	11.04	67.85	72.87	75.04
Online	6.03	1.01	0.71	0.50
In-person	67.32	28.12	24.95	23.30
Hybrid	15.61	3.02	1.47	1.16
<i>Graduate Degree Earned</i>				
Majors				
Missing	--	1.95	3.56	3.45
Social work	--	97.52	95.81	96.18
Other	--	0.53	0.63	0.37
Full-time or part-time				
Missing	--	1.37	3.70	2.63
Full-time	--	77.21	74.44	78.03
Part-time	--	21.42	21.86	19.34
Program type				
Missing	--	1.28	3.23	2.52
Online	--	19.03	12.13	9.33
In-person	--	56.97	67.41	73.49
Hybrid	--	22.72	17.22	14.67
Top five concentrations				
Missing	--	45.13	43.66	37.61
Clinical or direct practice	--	17.06	15.46	24.68
Children, youth, and families	--	7.98	8.03	8.56
Mental health	--	6.47	6.65	10.21
Health	--	3.60	3.97	3.40
Aging and gerontological practice	--	2.64	2.34	1.97
<i>Educational Attainment</i>				
Holding a doctoral degree	--	0.85	2.19	2.03
Holding a PhD degree	--	0.92	2.66	1.75
<i>Current Enrollment</i>				

Degree program enrolled				
Undergraduate	2.61	0.54	0.42	0.41
Graduate	13.21	2.42	2.09	2.22
Doctoral	--	1.43	1.49	1.67
PhD	--	0.60	1.14	0.59
Undergraduate program enrollment status¹	N=779	N=760	N=89	N=1,131
Missing	0.00	1.76	0.00	1.95
Full-time	94.49	84.56	88.33	72.83
Part-time	5.51	13.68	11.67	15.22
Undergraduate program type enrolled¹	N=779	N=760	N=89	N=1,131
Missing	0.00	0.00	0.00	1.33
Online	15.32	8.95	0.00	8.25
In-person	74.13	80.67	100.00	83.32
Hybrid	10.55	10.38	0.00	7.10
Graduate program enrollment status¹	N=3,944	N=3,377	N=438	N=6,059
Missing	0.00	1.25	0.00	1.19
Full-time	54.77	75.35	51.42	69.41
Part-time	45.23	23.40	48.58	29.40
Graduate program type enrolled¹	N=3,944	N=3,377	N=438	N=6,059
Missing	0.29	1.31	0.00	1.88
Online	69.55	29.06	33.38	24.41
In-person	9.39	55.48	44.43	56.28
Hybrid	20.77	14.15	22.19	17.43

¹ Percentage of those enrolled

Note: -- indicates that data are unavailable.

Table A3*License and Supervision-Related Experiences of Licensed Social Workers in the United States, Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
License holding (check all that apply)				
Bachelors license	92.90	4.64	3.70	2.53
Masters license	5.56	86.60	50.30	26.90
Advanced Generalist license	0.48	3.17	48.11	4.80
Clinical license	1.78	14.28	23.36	90.05
License holding in multiple states				
Bachelors license	4.12	--	--	--
Masters license	--	9.49	6.49	3.90
Advanced Generalist license ¹	--	--	--	--
Clinical license ²	--	1.96	4.08	21.96
Paid for supervision				
Yes	--	--	--	25.95
No	--	--	--	68.90
Not required	--	--	--	1.92
Not applicable	--	--	--	3.22
Satisfaction with supervision				
Very satisfied	--	--	--	48.49
Moderately satisfied	--	--	--	32.56
Neither satisfied nor dissatisfied	--	--	--	8.08
Moderately dissatisfied	--	--	--	5.74
Very dissatisfied	--	--	--	2.60
Not applicable	--	--	--	2.53
Approved clinical supervisor				
Yes	--	--	--	56.42
No	--	--	--	37.13
Not applicable	--	--	--	6.46

¹ All missing due to response errors.² About 7% and 3% of Clinical licensees were licensed across three and four states.

Note: -- indicates that data are unavailable.

Table A4*Employment Characteristics of Licensed Social Workers in the United States, Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Social work degree required				
Required	55.30	78.30	77.96	85.33
Preferred	37.84	16.78	16.38	10.17
Neither required nor preferred	6.59	4.68	5.04	3.94
Missing	0.26	0.24	0.62	0.56
Social work licensure required				
Required	60.95	69.86	70.77	85.58
Preferred	25.73	18.10	17.4	10.24
Neither required nor preferred	12.69	11.42	11.2	3.72
Missing	0.63	0.62	0.63	0.46
Type of employer				
Self-employed: Private sole practice	0.24	1.25	2.75	15.41
Self-employed: Group practice	0.11	1.88	2.33	5.64
Self-employed: Independent contractor	0.88	2.33	4.76	4.74
Private, for-profit	19.10	20.47	16.82	15.70
Private, nonprofit	40.02	40.99	39.39	31.44
Federal government	0.96	4.40	8.76	9.30
State/Provincial government	24.89	17.09	15.29	10.05
Local government	12.40	9.31	7.88	6.32
Missing	1.40	2.28	2.01	1.40
Size of employer (excluding self-employed)				
1–9 employees	2.50	2.72	3.41	2.47
10–49 employees	9.63	10.00	8.17	8.44
50–99 employees	10.57	7.3	6.49	5.86
100–499 employees	29.64	22.35	20.55	20.75
500–999 employees	12.21	10.91	10.36	10.55
1,000 or more employees	35.17	46.06	50.56	51.53
Missing	0.28	0.66	0.45	0.40
Multiple-job-holding status				
No	84.27	73.77	70.63	67.69
Yes	14.06	24.66	27.24	30.62
Missing	1.68	1.57	2.14	1.69
Weekly work hours				
<=20	2.83	5.02	5.66	9.91
21–34	5.70	7.00	8.08	14.02
35–40	79.28	78.17	74.77	64.78
40+	10.6	8.71	10.52	10.21
Missing	1.59	1.10	0.96	1.07
<i>Mean</i>	39.21	38.13	38.04	36.33
<i>Median</i>	40.00	40.00	40.00	40.00

Annual work weeks				
<=25	1.48	1.46	0.92	1.15
26–49	11.42	20.48	20.47	24.70
50–52	80.56	71.46	71.93	69.09
Missing	6.55	6.59	6.69	5.07
<i>Mean</i>	50.00	48.95	49.32	49.27
<i>Median</i>	52.00	52.00	52.00	52.00
Years of social work experience				
Less than 5	30.37	41.00	24.22	14.61
5–10	21.15	22.80	25.53	28.62
10–15	13.35	12.76	16.62	19.24
15–20	11.50	8.83	13.29	13.55
20–25	9.16	6.28	7.70	10.11
25–30	6.74	3.90	6.25	6.24
30+	7.31	3.84	6.25	7.53
Missing	0.42	0.59	0.14	0.10
<i>Mean</i>	13.10	10.21	13.42	14.85
<i>Median</i>	10.00	7.00	11.00	12.00
Number of years with current employer				
Less than 5	57.27	72.41	65.97	60.72
5–10	19.68	14.22	16.92	19.53
10–15	8.78	5.00	6.83	7.88
15–20	6.35	3.80	4.63	4.50
20+	6.94	3.73	4.68	4.71
Missing	0.97	0.84	0.97	2.68
<i>Mean</i>	6.89	4.80	5.76	6.19
<i>Median</i>	4.00	2.00	3.00	4.00

Table A5*Practice Setting Among Licensed Social Work Employees in the United States (Excluding Self-Employees),**Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Individual and family services agency	30.63	18.36	15.07	16.59
Agency for justice, public order, and safety activities	5.45	3.83	3.34	3.37
Administration of human resource program	2.08	1.24	1.43	0.94
Psychiatric and substance abuse hospital	2.59	4.67	4.61	5.78
Outpatient care center	4.00	9.41	8.91	17.04
Elementary or secondary school	5.93	15.58	13.78	11.31
Nursing care facility (skilled nursing facility)	9.64	1.91	1.75	0.63
Residential care facility, except skilled nursing facility	1.97	1.68	1.18	1.80
Civic, social, advocacy organization and grantmaking agency	1.67	1.84	2.21	0.62
General medical and surgical hospital or specialty hospital	8.77	15.41	16.01	15.09
Public administration, including executive office or legislative body	2.22	1.71	2.44	1.53
Community food and housing and emergency services agency	3.49	2.58	2.54	1.88
Home health care services agency	2.57	2.34	2.41	1.50
Other health care services agency	8.89	9.14	8.46	8.75
Insurance-related agency	3.05	2.58	3.5	3.04
Child day care services agency	0.47	0.23	0.42	0.17
College, university, or professional school, including junior/community college	1.30	3.20	6.47	4.33
Vocational rehabilitation services agency	0.73	0.36	0.25	0.12
Office of physician(s)	0.98	0.95	1.99	2.07
Other	0.00	0.11	0.21	0.45
Missing	3.55	2.87	3.02	2.99

Table A6*Practice Function of Licensed Social Workers in the United States (Check All That Apply), Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Mental/behavioral health	29.42	49.68	47.63	74.13
Medical, hospital, or health services	25.65	29.94	30.54	22.85
Family and children's services	24.70	16.91	17.09	11.55
Advocacy	17.72	14.02	13.11	8.48
Substance abuse/addiction services	10.46	11.71	12.76	14.31
Psychiatric services	7.14	9.62	10.32	12.77
Elder services	19.95	8.77	9.03	5.04
Child welfare and child protective services	13.83	6.48	6.28	3.06
Homeless services	9.33	7.60	8.65	5.86
Public social services	12.34	6.61	7.76	3.69
School social services	7.23	15.89	14.59	9.23
Community organizing	3.94	3.04	4.21	1.75
Domestic violence services	3.55	3.07	3.62	3.08
Intellectual/development services	7.66	3.53	4.41	2.31
Hospice care	7.81	5.82	5.57	2.90
Rehabilitation services	6.94	3.13	3.24	1.87
Managed care	7.18	3.99	4.18	2.90
Adoption/foster care services	7.06	2.80	2.49	1.48
Residential treatment services	3.13	2.25	2.81	2.37
Veterans services	2.61	3.34	6.72	6.35
Adult protective services	4.60	1.77	1.76	0.82
Employee assistance services	0.89	0.93	1.21	1.62
Law enforcement or correction services	2.05	1.93	1.95	2.20
Higher education	1.28	2.92	6.46	3.17
Other	5.22	4.68	7.03	3.76
Missing	0.00	0.12	0.05	0.13

Table A7*Main Client Groups of Licensed Social Workers in the United States (Check All That Apply), Weighted**Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Children (under 11)	43.06	41.95	40.01	35.68
Adolescents (12–17)	44.71	48.74	45.93	48.30
Adults (18–65)	64.43	67.73	72.27	80.49
Older adults (66 or older)	53.62	47.07	48.22	49.36
Racially minoritized groups	24.15	32.30	33.26	32.68
Immigrants and refugees	15.80	20.49	19.89	17.53
Sexually minoritized groups	12.96	15.57	16.40	21.45
People whose income is below the poverty level	45.47	43.09	44.71	38.43
People who are Medicaid-eligible	36.52	32.54	34.05	31.00
People with mental health disorders	48.38	51.69	53.31	66.08
People with substance use disorders	37.93	37.32	39.99	41.74
People involved with the child welfare system	30.94	24.95	25.92	22.20
People in need of assistance with activities of daily living	36.29	27.00	30.27	20.98
People whose primary language is English	45.16	49.22	51.76	58.98
People whose primary language is French	2.78	2.92	2.92	2.19
People whose primary language is Spanish	16.79	22.54	22.11	18.54
People whose primary language is not English, French, or Spanish	8.92	10.21	12.06	8.67
Missing	0.25	0.62	0.57	0.46

Table A8*The Primary Role of Licensed Social Workers in the United States, Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Direct service provider (e.g., clinician, therapist, counselor)	13.34	47.54	42.90	65.51
Case manager or discharge planner	41.83	20.55	17.57	7.65
Administrator or program manager	6.18	9.38	13.21	8.91
Supervisor	8.35	5.77	6.13	8.19
Service coordinator	8.08	3.04	2.96	1.51
Consultant	1.00	1.16	2.50	0.89
Advocate	2.75	1.35	1.10	0.48
Educator or academician	0.89	1.83	4.00	1.58
Trainer, instructor, or facilitator	1.46	0.85	1.14	0.69
Investigator	2.68	0.49	0.38	0.14
Evaluator or researcher	0.41	0.60	0.91	0.32
Community organizer	0.13	0.12	0.22	0.06
Policy analyst	0.13	0.29	0.16	0.07
Speaker	0.05	0.03	0.06	0.05
Liaison	0.96	0.74	0.92	0.29
Assessor	1.66	1.02	0.59	0.62
Foster care worker	3.52	0.59	0.15	0.12
Forensic interviewer	0.10	0.38	0.37	0.25
Mediator	0.09	0.05	0.00	0.03
Community support	1.69	1.14	1.49	0.33
Mentor	0.23	0.11	0.26	0.15
Other	0.43	0.33	0.25	0.23
Missing	4.44	2.96	2.98	2.16

Table A9*Use of Electronic Practice Among Licensed Social Workers in the United States, Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Percentage of time using electronic practice				
Never	7.92	10.98	10.33	7.83
1–25%	32.00	40.42	36.05	37.81
26–50%	23.25	18.16	18.24	17.78
51–75%	18.42	12.76	12.91	11.73
76–99%	11.16	8.51	11.26	9.23
100%	5.50	6.68	8.56	14.16
Not applicable	1.73	2.50	2.64	1.45
Work primarily online				
Yes	12.08	14.35	18.99	25.95
No	74.96	75.99	72.09	66.79
Not applicable	12.96	9.67	8.92	7.27

Table A10*Financial Characteristics of Licensed Social Workers in the United States, Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Student loan debt total				
No student debt	17.88	16.55	16.13	17.00
Less than US\$10,000	9.79	3.18	4.64	4.06
US\$10,000–US\$30,000	25.68	12.76	12.15	13.90
US\$30,000–US\$50,000	20.12	16.46	15.63	16.16
US\$50,000–US\$75,000	13.32	18.24	17.56	16.45
More than US\$75,000	13.20	32.81	33.88	32.42
Student loan debt balance				
No student debt	23.73	19.35	19.80	22.07
Less than US\$10,000	14.71	10.28	13.60	16.60
US\$10,000–US\$30,000	21.65	11.54	10.08	10.43
US\$30,000–US\$50,000	15.17	13.14	11.90	10.22
US\$50,000–US\$75,000	12.48	15.35	14.09	11.68
More than US\$75,000	12.26	30.34	30.53	29.00
Annual gross earnings from the primary job (2024 dollars)				
(unweighted N)	(2,083)	(11,598)	(1,699)	(22,594)
Mean	\$59,926	\$69,828	\$76,334	\$82,537
10th	\$38,110	\$42,230	\$46,350	\$45,114
25th	\$47,596	\$54,590	\$59,740	\$61,800
50th (Median)	\$57,680	\$66,950	\$72,100	\$77,250
75th	\$67,980	\$79,310	\$87,550	\$95,790
90th	\$80,340	\$95,790	\$105,060	\$117,420
Employer-provided benefits (excluding self-employed, check all that apply)				
Health insurance	94.85	94.29	93.66	94.33
Dental insurance	92.05	91.40	90.60	91.76
Life insurance	81.30	80.08	80.68	81.86
Retirement savings plan	86.03	85.91	86.67	88.10
Employer contribution to retirement savings plan	74.97	72.55	74.38	78.00
Family and medical leave	79.79	75.41	79.66	78.92
Tuition reimbursement	34.83	35.21	36.39	38.02
Flexible work schedule	51.31	39.34	44.28	42.36
Other	6.15	6.30	8.12	7.90
No benefit offered	1.79	2.13	2.40	1.89

Table A11

*Career and Educational Plans or Goals of Licensed Social Workers in the United States (Check All That Apply),
Weighted Percentage*

	Bachelors	Masters	Advanced Generalist	Clinical
Remain in current position	65.88	60.93	61.13	68.94
Seek new opportunity or promotion as a social worker	38.47	45.59	40.54	35.30
Increase work hours as a social worker	3.17	5.64	5.62	6.00
Decrease work hours as a social worker	4.46	5.26	6.55	9.08
Pursue a social work degree	12.27	1.82	1.97	1.35
Pursue a non–social work degree	3.48	2.86	2.53	2.40
Leave the social work field but continue working	4.78	3.31	4.26	3.00
Pursue a social work license	9.96	25.37	21.25	4.11
Pursue a non–social work license	0.78	0.65	0.95	0.57
Retire	4.26	2.16	2.36	3.43
Pursue further training in social work	21.54	31.09	29.18	24.00
Stop working	0.94	0.48	1.13	0.78
Other	6.08	9.36	11.83	9.48
No plans for change	8.36	4.45	6.54	8.08

Table A12*Estimated Number of Licensed Social Workers and Clinical Social Workers per 1,000 People in the United States*

State	Total Population	Estimated Number of All Licensed Social Workers		Estimated Number of Clinical Licensed Social Workers	
		N	Number in 1,000	N	Number in 1,000
US	331,097,594	463,112	1.40	272,652	0.82
AL	5,028,092	7,084	1.41	2,537	0.50
AK	734,822	1,533	2.09	1,128	1.54
AZ	7,172,282	5,163	0.72	2,392	0.33
AR	3,018,669	2,142	0.71	1,206	0.40
CA	39,356,104	23,055	0.59	19,551	0.50
CO	5,770,790	6,655	1.15	4,772	0.83
CT	3,611,317	7,786	2.16	5,760	1.59
DE	993,635	1,155	1.16	798	0.80
DC	670,587	1,393	2.08	905	1.35
FL	21,634,529	8,786	0.41	7,557	0.35
GA	10,722,325	9,193	0.86	5,092	0.47
HI	1,450,589	2,090	1.44	1,338	0.92
ID	1,854,109	3,877	2.09	1,802	0.97
IL	12,757,634	18,003	1.41	13,439	1.05
IN	6,784,343	10,374	1.53	6,179	0.91
IA	3,188,836	4,321	1.36	1,909	0.60
KS	2,935,922	9,685	3.30	3,762	1.28
KY	4,502,935	3,606	0.80	1,980	0.44
LA	4,640,546	8,817	1.90	4,498	0.97
ME	1,366,949	4,861	3.56	2,742	2.01
MD	6,161,707	16,942	2.75	11,105	1.80
MA	6,984,211	24,762	3.55	15,976	2.29
MI	10,057,981	17,806	1.77	11,677	1.16
MN	5,695,286	15,060	2.64	6,441	1.13
MS	2,958,846	3,399	1.15	1,129	0.38
MO	6,154,422	9,869	1.60	6,292	1.02
MT	1,091,840	1,180	1.08	1,066	0.98
NE	1,958,939	1,383	0.71	978	0.50
NV	3,104,817	9,682	3.12	4,565	1.47
NH	1,379,604	3,739	2.71	2,953	2.14
NJ	9,249,063	18,685	2.02	10,294	1.11
NM	2,112,463	3,702	1.75	2,226	1.05
NY	19,994,379	40,827	2.04	21,001	1.05
NC	10,470,203	8,715	0.83	7,176	0.69
ND	776,874	1,649	2.12	564	0.73
OH	11,774,683	21,804	1.85	9,463	0.80
OK	3,970,497	2,208	0.56	1,341	0.34
OR	4,229,374	6,911	1.63	5,624	1.33
PA	12,989,208	35,354	2.72	19,505	1.50
RI	1,094,250	3,291	3.01	2,676	2.45

SC	5,142,761	5,163	1.00	2,448	0.48
SD	890,348	1,130	1.27	518	0.58
TN	6,923,772	6,550	0.95	3,140	0.45
TX	29,243,342	23,211	0.79	9,916	0.34
UT	3,283,809	8,697	2.65	5,517	1.68
VT	643,816	1,472	2.29	1,213	1.88
VA	8,624,511	6,716	0.78	5,394	0.63
WA	7,688,549	9,333	1.21	7,565	0.98
WV	1,792,967	4,088	2.28	1,224	0.68
WI	5,882,128	9,557	1.62	3,790	0.64
WY	577,929	651	1.13	528	0.91

Note:

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