

# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

**Prepared by**

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**For**

**The National Association of Social Workers  
Center for Workforce Studies  
Washington, DC**

**March 2006**

# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

## **Chapter 1 of 7**

### **Overview**

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## PREFACE

This report is one of six prepared as part of a national study of licensed social workers conducted by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS), School of Public Health at the University at Albany. It summarizes and interprets the responses of social workers serving older adults obtained through a national sample survey of licensed social workers in the United States conducted in 2004.

Existing sources of data on social workers provide important but fragmented information on the profession, preventing the development of an accurate, comprehensive picture of the social work workforce. The NASW/CHWS study provides comprehensive, up-to-date information on active licensed social workers serving older adults and other clients. This information includes demographic characteristics, education and training, employment roles and tasks, work environment, client characteristics, and workplace issues.

The profile of the licensed social work workforce serving older adults will be an invaluable resource for educators, planners, and policymakers making decisions about the future of the social work profession and its related education programs. The information will support the development of effective workforce policies and strategies to assure the availability of adequate numbers of professionals prepared to respond to the social work needs of the growing aging population in the United States.

This report has been prepared by Bonnie Primus Cohen, Sandra McGinnis, and Paul Wing of the CHWS staff, with assistance and guidance from Tracy Whitaker and Toby Weismiller of NASW. Reviews by the NASW Workforce Study Expert Panel are gratefully acknowledged. The funding support of The Atlantic Philanthropies and the John A. Hartford Foundation is also gratefully acknowledged.

## TABLE OF CONTENTS

Chapter 1. Overview .....	1
Introduction.....	1
Goal of this Report.....	1
Social Work Workforce Serving Older Adults.....	3
Background.....	3
Appendix. A Comparison of Social Work Survey Respondents Who Serve Any Older Adults by Practice Area and Prevalence of Older Adults in Caseload.....	7

## LIST OF TABLES

Table B-1. Sampling Rates for Census Regions for the 2004 Licensed Social Worker Survey .	11
Table B-2. Response Patterns by Mailing.....	11
Table B-3. Response Rates by Census Division.....	12

## LIST OF FIGURES

Figure 1. Distribution of Responses to NASW/CHWS Survey.....	4
Figure 2. Percentages of Licensed Social Workers Serving Adults Ages 55 and Older .....	5
Figure 3. Schematic “Map” of the Factors and Characteristics of Licensed Social Workers Discussed in the Report .....	6

# Chapter 1. Overview

## Introduction

Significant increases in the U.S. population are projected among adults 55 years of age and older. With the aging of the baby boom generation and breakthroughs in medicine contributing to longer life spans, the number of Americans in this age group will surge.

- Roughly 70 million Americans will be 65 years of age and older in 2030, more than double the population in this cohort in 2000. Americans 65 and older will grow from 12.4 percent to 20 percent of the U.S. population in this time period [U.S. Administration on Aging (AOA)].
- By 2030, the number of people 85 years of age and older will double while the number of those 100 and older will triple.
- Additionally, it is projected that older adults will be more culturally diverse. In 2030, 31 percent of people 65 and older will be from minority groups other than non-Hispanic white, up from 20 percent in 2000.

Professional social workers provide valuable health and social services to older adults and their families in a wide variety of settings. Over the next two decades, projected demographic changes within the U.S. population will dramatically increase both the need and demand for their services. Consider the following:

As more Americans live into their eighties and nineties, the number and array of services required to assist people experiencing physical and functional limitations and disabilities will increase. These will include helping people negotiate within healthcare and social welfare systems to access services essential to living. At the same time, the availability of family caregivers to participate in the management and/or care for older adults will be reduced. This is the result of factors including the growth of women's participation in the labor force, which reduces the availability of wives and daughters as caregivers, as well as higher national rates of divorce and childlessness.

Further, new and expanded professional services will be needed to respond to differences in cultural backgrounds among the increasingly diverse older adult population, especially because racial and ethnic minorities are disproportionately burdened by chronic illness. In order to assure that a sufficient supply of well-prepared social workers is available to help meet the needs of older adults and their families to access services and address challenges of the aging, it is essential to understand the current professional experiences of social workers themselves.

## Goal of this Report

This report has been prepared to contribute to improving the quality of life and care available for older adults in America. It will inform policymakers, educators, and practitioners about the licensed social work workforce currently serving older adults. Identifying what is common and what differs among these professionals will facilitate educational planning, policy development, and program design.

The workforce profile that follows is a comprehensive description of the licensed social work workforce serving adults 55 years of age and older in 2004. It is intended to increase understanding of the roles and practices of social workers across diverse settings as well as the issues they confront in providing services to clients. This baseline description will help focus attention and resources to engage and best prepare current and future social workers to the needs of older adults. For unfamiliar terms or abbreviations, please see the Glossary.

# Social Work Workforce Serving Older Adults

## Background

The data presented in this report are drawn from a study undertaken in 2004 by the National Association of Social Workers (NASW) in collaboration with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany. The study, *The Role and Use of Licensed Social Workers in the United States*, provides important new data on the nation's licensed social workers.

Despite the significant contributions of social workers to the health and well-being of older Americans, knowledge gaps continue to exist about the roles and tasks they perform in different settings. Existing sources of data about the field (e.g., Bureau of Labor Statistics [BLS], Census Public-Use Microdata Sample [PUMS], and NASW studies) are valuable, but the picture they provide of the profession is fragmented. The NASW/CHWS study was undertaken to clarify practice patterns among licensed social workers, a major cohort within this profession who are licensed by their respective states to provide social work services.

Licensed social workers were selected for this study because they represent a major cohort of social workers that provide direct services to clients, and that were readily identifiable through state licensing lists. Their commitment to the field, as evidenced by their pursuing licensure, and the diversity of their practice focuses makes them a very important group to study. Licensed social workers constitute 63 percent of the 460,000 reported by the Bureau of Labor Statistics (BLS), and the study findings provide an important baseline for monitoring changes within this profession. It is recognized, however, that practice patterns of licensed social workers ultimately need to be compared with other groups of social workers to gain a more complete understanding of this profession.

Legal regulation of professions, including social work, varies from state to state. Generally, jurisdictions may regulate as many as four broad areas of social work practice: baccalaureate social work degree (BSW) upon graduation; master's degree in social work (MSW) upon graduation; MSW with two years of postgraduate supervised experience; and MSW with two years of post-master's direct clinical social work experience. Some jurisdictions regulate only one of these practice levels, but most regulate two or more levels of social work practice. Currently, 35 jurisdictions recognize and regulate baccalaureate level practice, while all states recognize and regulate master's degree level practice. A few jurisdictions license at an associate level, and a small number offer more than four licensure categories. While the study sample of licensed social workers does not represent the full range of professionally educated social workers, it does offer a good representation of those providing frontline services.

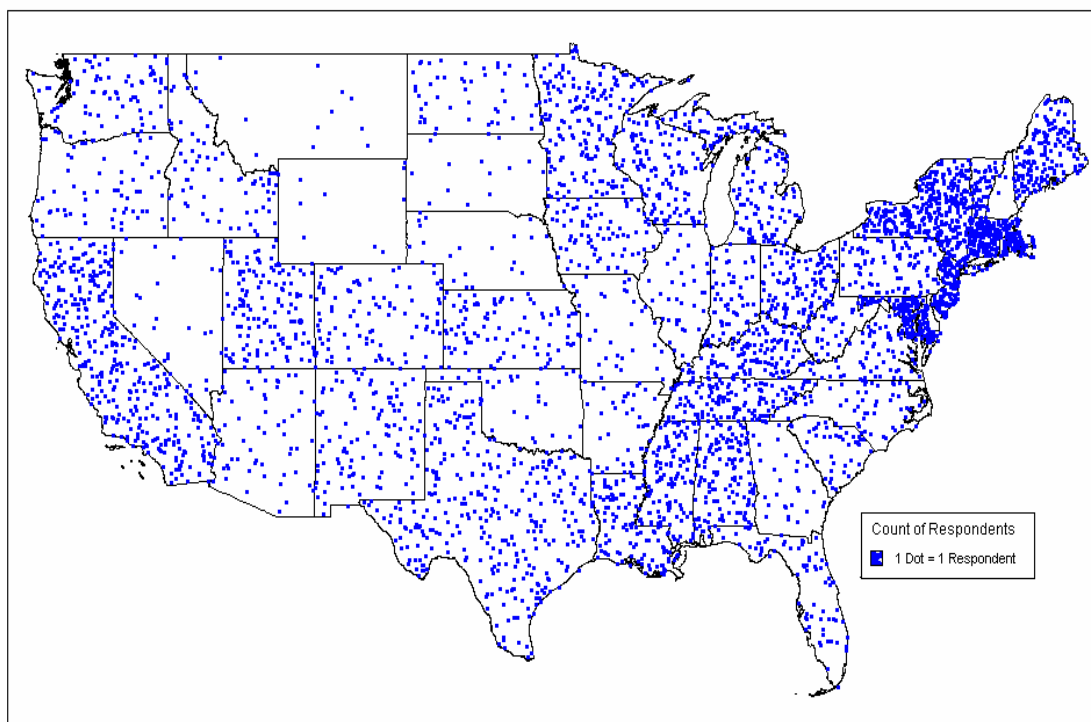
The report on licensed social workers will be issued nationally in early 2006. Four supplemental reports based on survey findings are also being prepared to examine the experiences of specific subgroups of licensed social workers. These include reports on 1) social workers providing any services to adults 55 years of age and older; 2) social workers providing services to children and/or adolescents; 3) social workers providing behavioral health services; and 4) social workers providing services related to medical health needs.



The study findings are based on a national survey distributed to a stratified random sample of 10,648 licensed social workers in 48 states plus the District of Columbia. It is estimated about 220,000 licensed social workers serve older adults nationwide. The study achieved a response rate of 49.4 percent. The distribution of licensed social workers that responded to the survey is seen in Figure 1. Data collected include information on licensed social workers' demographic and educational backgrounds, practice patterns, the clients they serve, and their perspectives on changes in their practice.

The findings of the larger report on social workers and this supplement pertain only to licensed social workers. Findings should not be generalized as conclusions about practice patterns of the non-licensed social work workforce. In addition, licensure requirements vary considerably by state as previously indicated. Of the states sampled, 35 require the BSW as the minimum licensure; the minimum in the remaining states is the MSW. While the sample permits discussion of licensed social workers with these degrees, it is again important to caution against generalizing about practice patterns and perspectives by degree to non-licensed MSWs and BSWs.

**Figure 1. Distribution of Responses to NASW/CHWS Survey**



Note: The above map reflects only responses received to the NASW/CHWS survey, and is not intended for use in comparing actual numbers of social workers practicing in these states. Response rates varied dramatically from state to state. Furthermore, the original sampling frame was restricted to licensed social workers, and was subject to variations among states in licensing requirements.

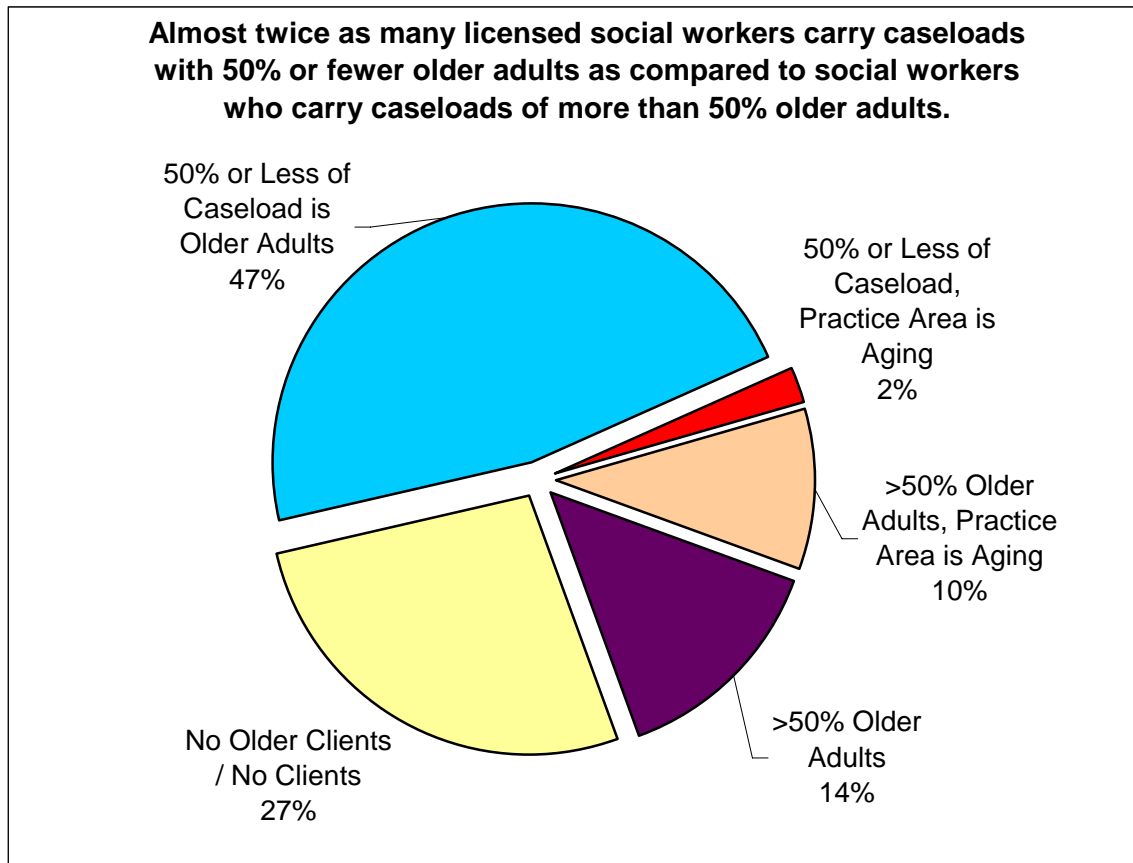
Framework for Analysis

**Almost three-fourths of licensed social workers responding to the NASW/CHWS survey indicated that they provide services to some adults age 55 and older (73%).**

As seen below in Figure 2, 12 percent of respondents identified Aging as the primary focus of their social work practice and 61 percent of social workers not in the practice of Aging (NPA) provide some services to older adults. Twenty-seven percent of licensed social workers have no older clients in their caseloads, or do not have clients.

Approximately one-fourth of licensed social workers carry caseloads with more than 50 percent older adults (10% in Aging, 14% not in Aging). Almost half (47%) of all respondents are not in the Aging practice area and have caseloads of 50 percent or fewer older adults.

**Figure 2. Percentages of Licensed Social Workers Serving Adults Ages 55 and Older**



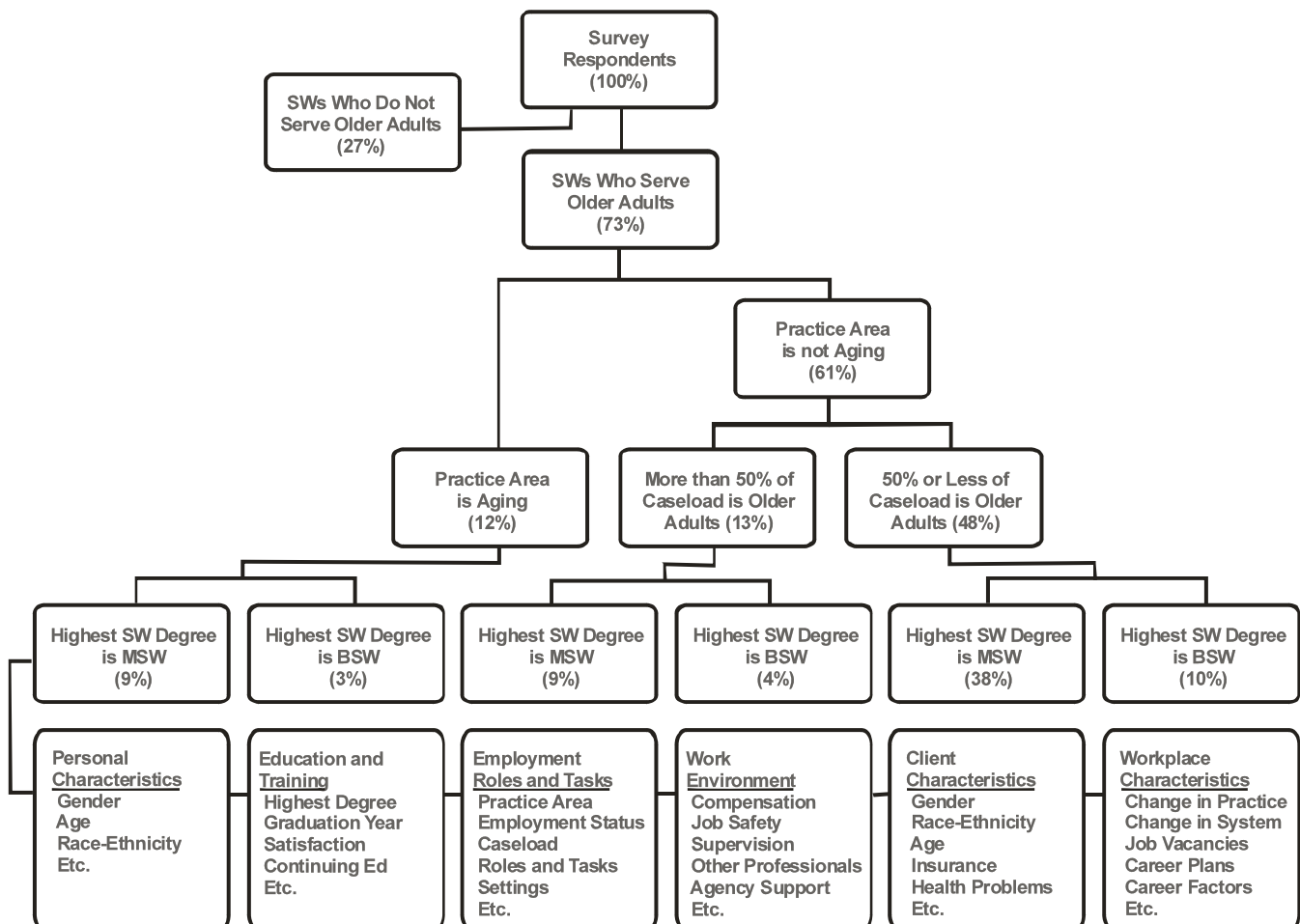
This report describes the experiences of social workers by practice area and level of involvement with older adults, as well as by highest social work degree. Where relevant, social workers serving older adults will be compared with social workers overall and with social workers that do not serve older adults within their caseloads and/or do not report a practice area in Aging. The variable for involvement with older adults excludes 1,225 missing cases—those who did not

answer the questions about whether the caseload included older adults, or who did not answer the question about whether they saw clients (respondents who did not see any clients were categorized as not seeing any older adults but were not excluded). Statistics presented for "all" social workers, however, include these 1,225 cases in order to maintain consistency across the reports.

Figure 3 is a “map” that indicates the types of characteristics and factors that are covered in the report. Interesting pattern variations will be displayed throughout the report in tables and charts. The pink cells in the tables highlight the smallest percentages in their respective rows, and the green cells highlight the largest percentages. Only rows for which the difference between the largest and smallest percentages was at least 10 percentage points have highlighted cells. Only differences among groups will be highlighted in the text.

Insights that result from this analysis will assist in the development of policies and practices that can be targeted to specific groups of licensed social workers or to all social workers providing services to older clients and their families.

**Figure 3. Schematic “Map” of the Factors and Characteristics of Licensed Social Workers Discussed in the Report**



## Appendix. A Comparison of Social Work Survey Respondents Who Serve Any Older Adults by Practice Area and Prevalence of Older Adults in Caseload

Survey Question Topics	Social Workers Serving Any Older Adults	Social Workers by Practice Area		
		Not Aging		Aging
		50% or Fewer Older Adults	More than 50% Older Adults	
<b>1. Demographic Profile of Licensed Social Workers Serving Older Adults</b>				
Percent of survey respondents	73%	47%	14%	12%
Gender:				
Female	82%	80%	86%	90%
Male	18%	20%	14%	10%
Non-Hispanic White	88%	61%	66%	72%
Median age	50 years	50 years	50 years	49 years
Location of practice:				
Metropolitan areas	81%	82%	81%	78%
Rural areas	3%	2%	3%	4%
Median years experience in social work				
MSWs	15 years	14 years	16 years	16 years
BSWs	10 years	8 years	11.5 years	10 years
<b>2. Education and Training</b>				
Highest earned social work degree				
MSW	80%	84%	78%	64%
BSW	11%	8%	15%	22%
No social work degree	7%	6%	5%	14%
Percent reporting they were well prepared by:				
Formal degree program	59%	59%	65%	55%
Post degree program	72%	75%	69%	72%
Reporting "many" opportunities for CE/training	60%	62%	55%	58%
Interest in CE/geriatrics/longterm care issues:				
Previous CE/training in geriatric/longterm care	85%	77%	99%	99%
Interested in additional CE in geriatrics/longterm care	62%	51%	75%	88%
<b>3. What Social Workers Do</b>				
	Mental Health (45%)	Mental Health (56%)	Medical Health (64%)	Aging (%)
Most common practice area				
Most common role	Direct service	Direct service	Direct Service	Direct Service
Median hours per week providing direct services to clients	25	24	25	20
Median percent of total hours spent on direct services to clients	75%	75%	78%	67%
Years with current employer:				
< 1 year	10%	8%	13%	15%
<5 years	46%	43%	51%	51%
16+ years	19%	21%	13%	15%
Percent carrying caseloads of 50 or more clients	29%	25%	33%	46%

Survey Question Topics	Social Workers Serving Any Older Adults	Social Workers by Practice Area		
		Not Aging		Aging
		50% or Fewer Older Adults	More than 50% Older Adults	
Most common tasks performed	Screening/ assessments (86%), Information referral (85%), Individual counseling (78%)	Screening/ assessment (85%), Information referral (83%), Individual counseling (81%)	Screening/ assessment (87%), Information referral (87%), Crisis intervention (76%)	Screening/ assessment (88%), Information referral (91%), Case management (76%)
Percent performing tasks that tend to be:				
Above level of skills/training	32%	33%	31%	27%
Below level of skills/training	13%	10%	18%	19%
<b>4. Where Social Workers Work</b>				
Sector:				
Non-profit sector	37%	32%	50%	44%
Public sector	24%	25%	19%	25%
For-profit sector	17%	12%	27%	28%
Private practice	22%	31%	4%	4%
Most common employment settings	Private practice (23%)	Private practice (32%)	Hospitals (37%)	Nursing homes (29%)
<b>5. Social Workers' Work Environment</b>				
Median Wage:				
MSWs	\$49,004	\$49,500	\$49,338	\$46,894
BSWs	\$34,474	\$33,880	\$35,743	\$33,958
Satisfied with wages	70%	70%	75%	67%
Satisfied with benefits	68%	65%	82%	69%
Job safety:				
Have safety issues	50%	57%	49%	32%
Employer adequately address issues	70%	65%	81%	74%
Vacancies:				
Are common	17%	19%	14%	11%
Are difficult to fill	21%	23%	23%	14%
SW positions are filled with non-SWs	22%	23%	18%	24%
SW functions are outsourced	15%	16%	13%	12%
Supervised by social workers	48%	52%	42%	40%
Only social worker at primary job	15%	12%	15%	25%
Reporting respect for social work services in agency	66%	67%	65%	64%
<b>6. Who Do Social Workers Serve</b>				
Caseload >50% female	56%	53%	47%	75%
Caseload >50% non-Hispanic	64%	61%	66%	72%
Serve clients in ages groups:				
Ages 55-64	91%	98%	98%	91%
Ages 65-74	98%	84%	97%	98%
Ages 75-84	74%	58%	95%	99%
Ages 85+	59%	34%	90%	99%
Most common health coverage of clients:				
Medicaid	30%	31%	17%	36%
Medicare	26%	8%	70%	57%

Survey Question Topics	Social Workers Serving Any Older Adults	Social Workers by Practice Area		
		Not Aging		Aging
		50% or Fewer Older Adults	More than 50% Older Adults	
<b>7. Perspectives on Practice/Career Plans</b>				
Most frequently reported changes in SW practice in past 2 years				
Increased paperwork	74%	75%	72%	79%
Increased caseload size	67%	67%	69%	66%
Increased severity of client problems	70%	70%	72%	70%
Increased waiting lists for services	60%	60%	58%	60%
Most frequently reported changes in service delivery system				
Increased eligibility requirements for clients	51%	52%	48%	49%
Decreased services eligible for funding	50%	53%	41%	46%
Satisfaction with skills:				
Helping clients with a range of problems	92%	92%	94%	92%
Improving quality of life for clients	89%	88%	90%	91%
Helping clients address key issues	85%	86%	83%	83%
Satisfaction with resources:				
Agency services	66%	62%	74%	77%
Community resources	56%	50%	66%	72%
Mental health services	60%	63%	51%	56%
Most important factors influencing care for client	Availability of services (77%), Education/training (71%), Appropriately sized caseloads (67%)	Availability of services (71%), Education/training (69%), Appropriately sized caseloads (67%)	Availability of services (84%), Staffing (76%), Appropriately sized caseloads (77%),	Availability of services (84%), Staffing (82%), Appropriately sized caseloads (80%)
Career plans				
Continue providing services to older adults	73%	70%	82%	73%
Remain in current position	70%	72%	73%	67%
Retire	6%	6%	3%	9%
Percent who believe opportunities in the field will increase	86%	82%	91%	93%
Most common reasons to consider making a job change:				
Higher salary	72%	71%	73%	75%
Lifestyle/ family concerns	53%	54%	50%	53%
More interesting work	38%	37%	41%	38%
Job stress	35%	35%	33%	37%

## Appendix B. Methodology

Data were collected from 4,489 licensed social workers from 48 states and the District of Columbia through a mailed survey instrument. These responses were based on a stratified random sample of 10,000 licensed social workers across the United States. Details of the sampling procedure are provided below.

**Survey design.** The design of the instrument was informed by extensive interviews and focus groups with practicing social workers, including a number of social workers specifically drawn from the areas of child welfare/family social work, aging, behavioral health, and medical health.

The core survey had four sections: **Background**, which included questions on demographics and education/training; **Social Work Practice**, which included questions on hours worked, roles, setting, practice area, and salary; **Services to Clients**, which included questions on tasks and caseload; and **Workplace Issues**, which included questions about changes in the practice of social work, satisfaction, and career plans.

Additionally, special supplements were included in the instrument for social workers who serve older adults (age 55 and older) or children and adolescents (age 21 or younger). These supplements gathered more detailed information on working with these populations.

**Sampling and survey administration.** A database was constructed from approximately 255,000 names of licensed social workers from state licensure and registration lists. These lists included anyone credentialed by the state as a social worker, regardless of whether the state title was licensed social worker, certified social worker, registered social worker, or any other. The master list was then presented to an address-cleaning service to obtain updated address information.

The list was then stratified by Census division. The U.S. Bureau of the Census recognizes nine such divisions: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific. The purpose of the stratification was to draw equal-sized samples from regions of the country that are both heavily and sparsely populated. This strategy resulted in a sample in which social workers in less-populated divisions were over-represented, which was desirable because it allowed large enough samples from each division to permit meaningful analysis of regional and rural/urban differences.

A random sample of 9,999 social workers was drawn from this master list (1,111 from each of the nine Census divisions). The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names from the same Census division.

Table B-1 shows that the final sample represented approximately 4 percent of the master list. This represented very different proportions of the social workers in each division, however, ranging from 8 percent of social workers in the East South Central division to 2 percent of social workers in the South Atlantic division.



**Table B-1. Sampling Rates for Census Regions  
for the 2004 Licensed Social Worker Survey**

Census Region	Total number	Percent	Number	Percent of total
New England	14,436	5.67	1,111	7.7%
Middle Atlantic	25,267	9.93	1,111	4.4%
East North Central	57,174	22.46	1,111	1.9%
West North Central	24,904	9.78	1,111	4.5%
South Atlantic	56,265	22.11	1,111	2.0%
East South Central	13,974	5.49	1,111	8.0%
West South Central	25,040	9.84	1,111	4.4%
Mountain	15,595	6.13	1,111	7.1%
Pacific	21,859	8.59	1,111	5.1%
<b>Total</b>	<b>254,514</b>	<b>100</b>	<b>9,999</b>	<b>3.9%</b>

Because many of the addresses were no longer valid, a number of surveys in the first mailing were returned undelivered. A supplementary sample was drawn to replace surveys that were returned undelivered in the first few weeks of the mailing cycle. The replacement sample was matched by Census division to the undeliverable addresses, and a total of 692 additional surveys were sent as part of the replacement sample.

Three mailings were sent to the social workers in the sample (Table B-2). The first mailing generated most of the valid responses (57%), although a third of the responses were generated by the second mailing (32%). Approximately one in ten (11%) of responses resulted from the third mailing. One Census division, East North Central, only received two mailings due to a database error, although the overall response rates for this division was similar to others. Each mailing offered respondents an opportunity to participate in a lottery drawing for varying amounts of money: \$1,000 for the first mailing, \$500 for the second mailing, and \$250 for the third mailing. Respondents who returned their surveys were eligible for each subsequent drawing.

**Table B-2. Response Patterns by Mailing**

Mailing	Number	Percent of responses
First	2535	57%
Second	1445	32%
Third	510	11%



Table B-3 shows the response rates by Census division. The highest response rate was in the Middle Atlantic (53%) and the lowest in the South Atlantic (46%).

**Table B-3. Response Rates by Census Division**

Census Division	Total: all mailings			Response rate
	Responses	Removals	Total surveyed	
New England	476	273	1,261	48.2%
Middle Atlantic	564	115	1,183	52.8%
East North Central	471	197	1,204	46.8%
West North Central	488	113	1,067	51.2%
South Atlantic	469	190	1,205	46.2%
East South Central	501	173	1,200	48.8%
West South Central	504	62	1,135	47.0%
Mountain	521	198	1,202	51.9%
Pacific	495	210	1,191	50.5%
<b>Total</b>	<b>4,489</b>	<b>1,531</b>	<b>10,648</b>	<b>49.2%</b>

**Survey analysis.** Our strategy for analysis centered on variation by demographics, degree, and sector. Subsequent reports will analyze the data in more detail by practice area and setting. Only data from active social workers were used in the analyses unless otherwise specified.

A number of variables used in these analyses were created from the survey data. “**Active**” status was defined as working either a full-time or a part-time job in social work. “**Sector**”, which was asked in detail, was grouped into four categories: public sector (which included federal, state, and local government, and military), private non-profit, private for-profit other than private practice, and private practice. Social workers were asked to indicate all degrees they held in both social work and another field. **Highest social work degree** was the most advanced of the social work degrees indicated, although some respondents held a higher degree in another field than they did in social work.

Age and income were asked as categorical variables, but an estimation procedure was used to assign exact values from within each category randomly to each respondent in that category. This procedure allows some statistical procedures, such as the estimation of mean values and the use of regression analysis, which would not be possible with categorical data. This procedure also allowed the calculation of an “**age at entry**,” which was defined as the estimated age of respondents in the year in which they reported receiving their first social work degree: the BSW (if applicable), or the MSW (if they did not hold a bachelor’s degree in social work). Age at entry could not be calculated for licensed social workers who did not hold a BSW or MSW.

**Data limitations.** Although these data represent an important contribution to knowledge of licensed social workers, there are a number of important limitations which need to be recognized.

Perhaps the most serious of these is that the data are not generalizable to non-licensed social workers who may perform different functions and serve different populations. This lack of generalizability may be particularly important to two groups of social workers who are likely to be underrepresented among licensees: BSW-level social workers, who are not eligible to become licensed in many states; and social workers who work in capacities other than direct care, who are rarely required to hold licenses. When statements are made about the percentage of social workers doing policy development, for example, the word “licensed” should always be understood, even if not explicitly stated.

There is also the potential for some response bias even within the universe of licensed social workers. NASW members may have been more likely than other social workers to respond to the survey, which featured the NASW name and logo prominently. Also, because much of the instrument concentrated on the provision of direct services, social workers working in other capacities may have been less likely to feel that the survey was relevant to their work.

Another shortcoming of the data for the purposes of analyzing employment-related trends such as supply, demand, and turnover is that there is no data on the previous jobs held by social workers. It is therefore not possible to reliably estimate whether social workers are leaving certain sectors, settings, or practice areas for others.

A final caveat is that some data were collected on both primary and secondary employment: sector, setting, practice area, and caseload. This was intended to capture information about multiple jobholders, but subsequent analyses showed that most social workers who offered information about both primary and secondary employment only reported holding one social work job. Presumably, these social workers reported what they felt to be the second-most fitting information for their first job under “secondary.” For example, if they worked only one job treating addicted teenagers they may have indicated that the “primary” practice area was addictions and that their “secondary” practice area was adolescents. Due to this apparent misunderstanding of the survey instructions, data on secondary employment was not deemed valid for analyses of multiple jobholders, except (cautiously) when more than one social work job was indicated by the respondent.

# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

## **Chapter 2 of 7**

### **Demographics**

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**For**

**The National Association of Social Workers  
Center for Workforce Studies  
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**March 2006**

## TABLE OF CONTENTS

Chapter 2. Demographics of Social Workers Providing Services to Older Adults .....	1
Summary of the Findings.....	1
Demographics .....	2
<i>Age</i> .....	2
<i>Gender</i> .....	3
<i>Race/Ethnicity</i> .....	4
<i>Geographic Location of Practice</i> .....	6
<i>Years Experience</i> .....	6
Education and Training.....	7
<i>Highest Formal Degree</i> .....	7
<i>Graduation Year and Work with Older Adults</i> .....	9
<i>Satisfaction with Education and Training</i> .....	9
<i>Continuing Education and Training in Social Work</i> .....	10
<i>Continuing Education and Training in Geriatric and Long Term Care Issues</i> .....	10

## LIST OF TABLES

Table 1. Types of Continuing Education/Training Programs Attended in the Past Two Years by Degree .....	10
Table 2. Sources of Geriatric/Long-Term Care Continuing Education by Degree .....	11
Table 3. Percentages Reporting “None” or “Few” Options Available in Geriatric/Long-Term Care Training by Involvement with Older Adults and Degree .....	12
Table 4. Percentages Reporting “None” or “Few” Options Available in Geriatric/Long-Term Care Training by Employment Sector .....	12
Table 5. Percentages Reporting “None” or “Few” Options Available in Geriatric/Long-Term Care Training by Location .....	12
Table 6. Interest in Geriatric/Long-Term Care Education.....	13

## LIST OF FIGURES

Figure 1. Age Distribution of Licensed Social Workers by Highest Social Work Degree .....	3
Figure 2. Gender Mix of Licensed Social Workers Serving Older Adults by Age Group .....	3
Figure 3. Gender Mix of Licensed Social Workers Serving Older Adults .....	4
Figure 4. Racial-Ethnic Distribution of Licensed Social Workers Serving Older Adults .....	5
Figure 5. Race-Ethnic Distribution of Licensed Social Workers with BSWs and MSWs Serving Older Adults.....	5
Figure 6. Involvement of Licensed Social Workers with Older Adults, by Urban/Rural Practice Location .....	6
Figure 7. Years Experience of Licensed Social Workers with Older Adults by Earned Degrees .	7
Figure 8. Highest Social Work Degree by Involvement with Older Adults.....	8
Figure 9. Highest Social Work Degree of Social Workers Serving Older Adults by Practice Location .....	8
Figure 10. Percentages of Licensed Social Workers Working with Older Adults by Year of First Social Work Degree .....	9

## Chapter 2. Demographics of Social Workers Providing Services to Older Adults

### Summary of the Findings

- Almost three-fourths of licensed social workers provide services to some adults 55 years of age and older (73%).
- Social workers who provide services to older adults are more likely to be women than men (82% versus 18%).
- Ninety percent of social workers in Aging are women.
- Licensed social workers providing services to older adults are less diverse in racial and ethnic background than client populations served or the U.S. civilian labor force.
- As with social workers overall, social workers serving some older adults are older than individuals in other comparable professions and occupations.
- Over 80 percent of these social workers practice in metropolitan areas while only 3 percent practice in rural areas.
- Licensed social workers providing some services to older adults have a median of 14 years experience in the field. MSWs have more experience than BSWs (15 years and 10 years respectively).
- The MSW is the predominant social work degree for licensed social workers serving older adults (80%). Eleven percent of those serving older adults have BSWs and 7 percent have no formal social work degree.
- Social workers who have caseloads of 50 percent or fewer older adults were most likely to have MSWs (84%) and least likely to have BSWs (6%).
- Social workers in Aging are least likely to have MSWs (64%) and most likely to have BSWs (22%) compared with social workers from other practice areas.
- The majority of social workers providing services to older adults believe they were well prepared for social work practice by their formal degree (59%) and post degree training (72%).
- Social workers with caseloads of more than 50 percent older adults felt most prepared by their formal degree program (65%).
- Social workers in Aging were the group most dissatisfied with their formal degree preparation (14%).
- Recent graduates of social work programs are less likely to work with older adults than other licensed social workers serving older clients.
- More than one-quarter of BSWs and one-third of MSWs who received their first social work degree between 2000 and 2004 do not see *any* older adult clients.

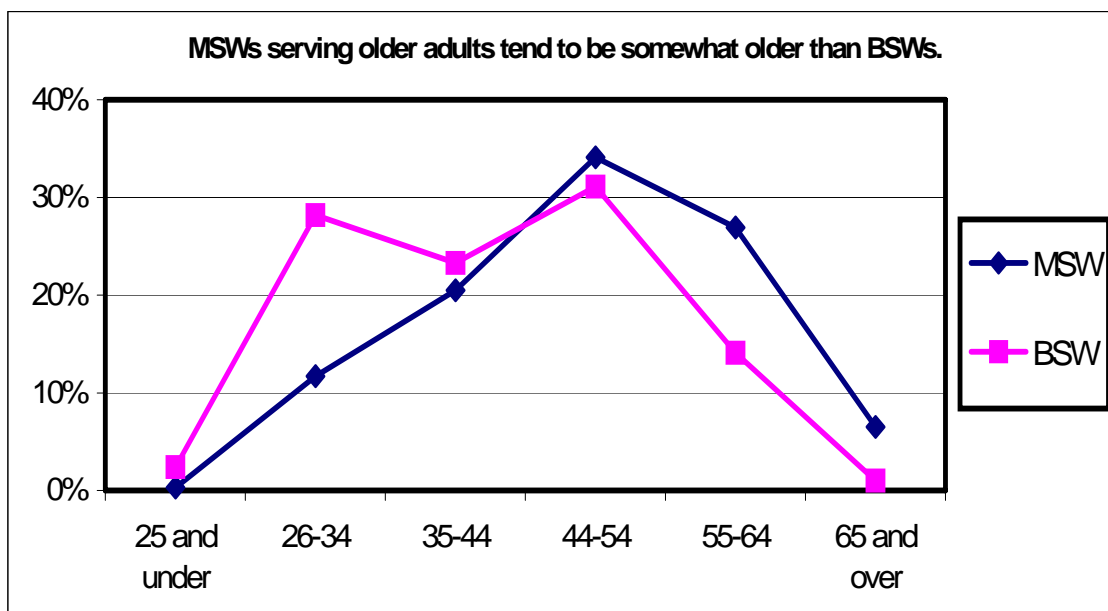
- Social workers serving older adults in rural areas and small towns are much more likely than those in metropolitan or micropolitan areas to have a BSW or no social work degree.
- Sixty percent of social workers serving older adults report many opportunities for continuing education and training in social work.
- Clinical practice (47%), specialty practice training (28%), trauma/disaster preparedness (28%), medication use (20%), and professional ethics (20%) are the educational topics most desired by all social workers providing some services to older adults.
- A substantial majority of social workers are interested in continuing education around geriatric and long-term care issues.
- Approximately 85% of both BSWs and MSWs have participated in some type of continuing education in these areas, and 62% would like additional training.
- Ninety-nine percent of social workers in Aging and social workers with caseloads of more than 50 percent older adults have participated in continuing education programs addressing geriatric and/or long term care issues.
- Social workers in Aging are most likely to desire additional training in these areas (88%).
- Training for new workers (29%), on-the-job training (26%), and distance learning (23%) related to geriatrics/long-term care are reported to be unavailable by a substantial group of both MSWs and BSWs.

## **Demographics**

### *Age*

The median age of social workers serving older adults is 50 years, which is comparable to social workers overall (49 years). MSWs and BSWs who serve older adults have median ages of 50 years and 43 years, respectively. As seen in Figure 1, BSWs have a slightly younger age distribution than MSWs. Median ages do not differ by earned degree among social workers in Aging or in other practice areas.

**Figure 1. Age Distribution of Licensed Social Workers by Highest Social Work Degree**

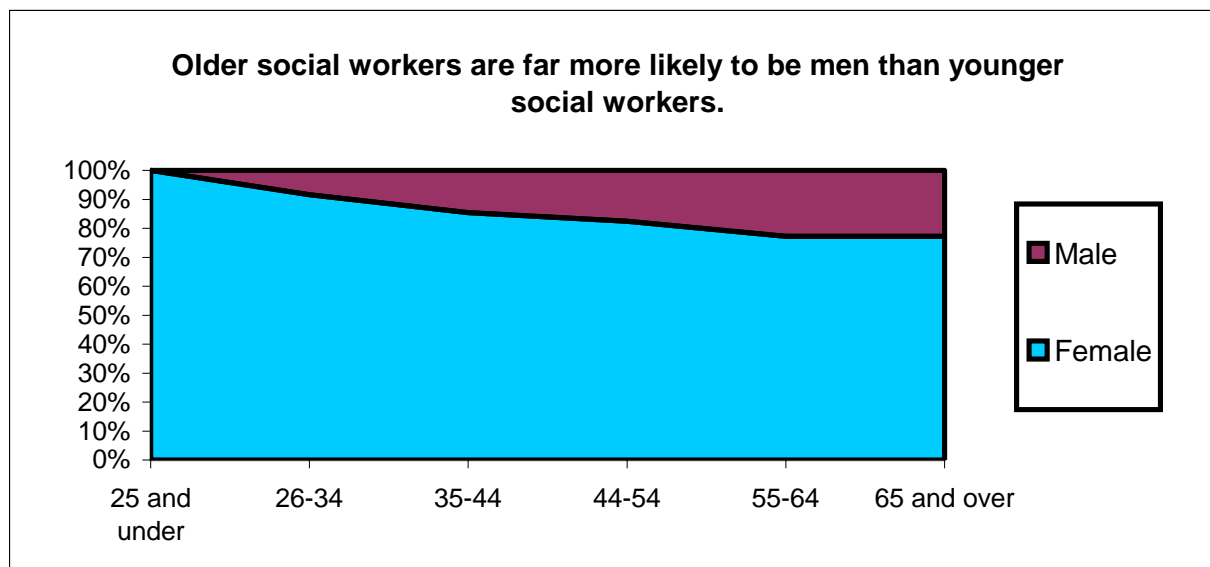


Social workers who serve some older clients are themselves older as a group than social workers who do not serve older adults.

*Gender*

Figure 2 shows that social workers who provide services to older adults are more likely to be women than men (82% compared to 18%). BSWs are more likely to be female than MSWs (93% compared to 81%), which is consistent with patterns in social work overall.

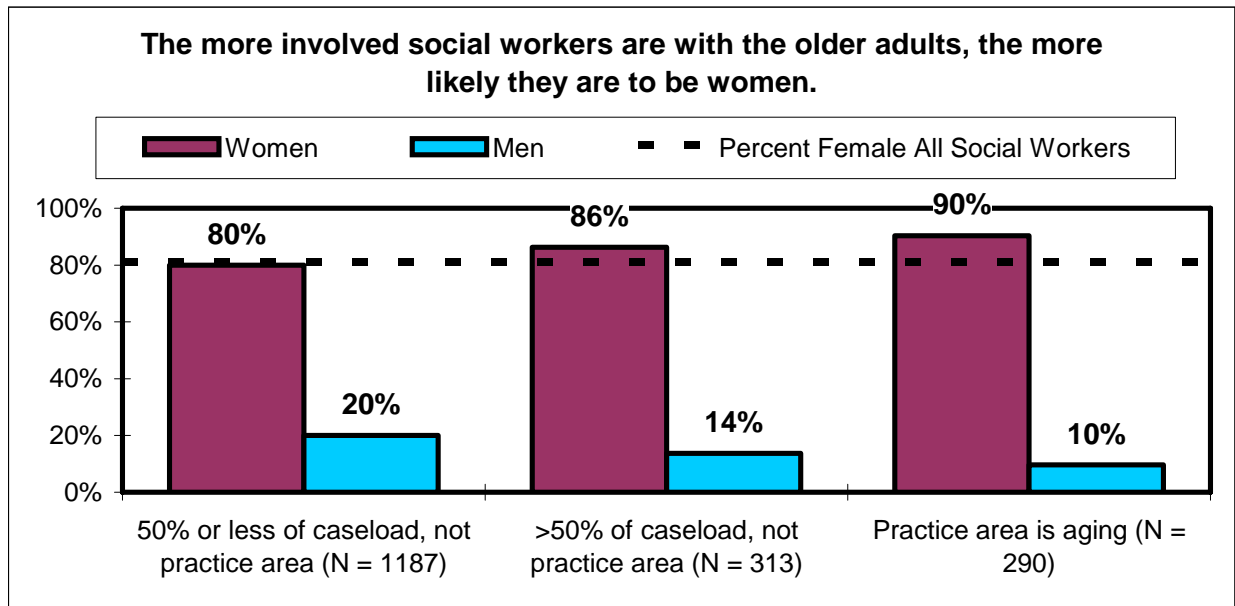
**Figure 2. Gender Mix of Licensed Social Workers Serving Older Adults by Age Group**





Women are even more over-represented in the practice of Aging compared with other practice areas (90% versus 81%). Eighty-nine percent of MSWs in Aging are women as compared with 81 percent in the other practice areas, and 99 percent of BSWs in Aging are female compared with 91 percent in other practice areas (Figure 3).

**Figure 3. Gender Mix of Licensed Social Workers Serving Older Adults**

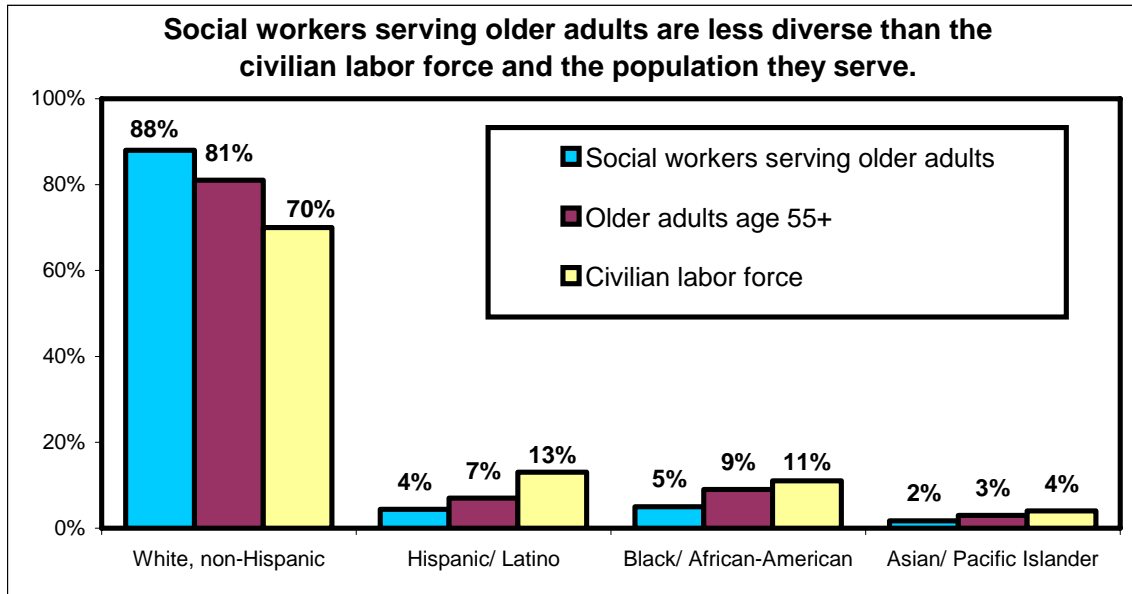


Although social work has always been a female-dominated profession, the larger study suggests that it may become increasingly so. Figure 2 suggests that the number of men in Aging is diminishing among recent entrants.

#### *Race/Ethnicity*

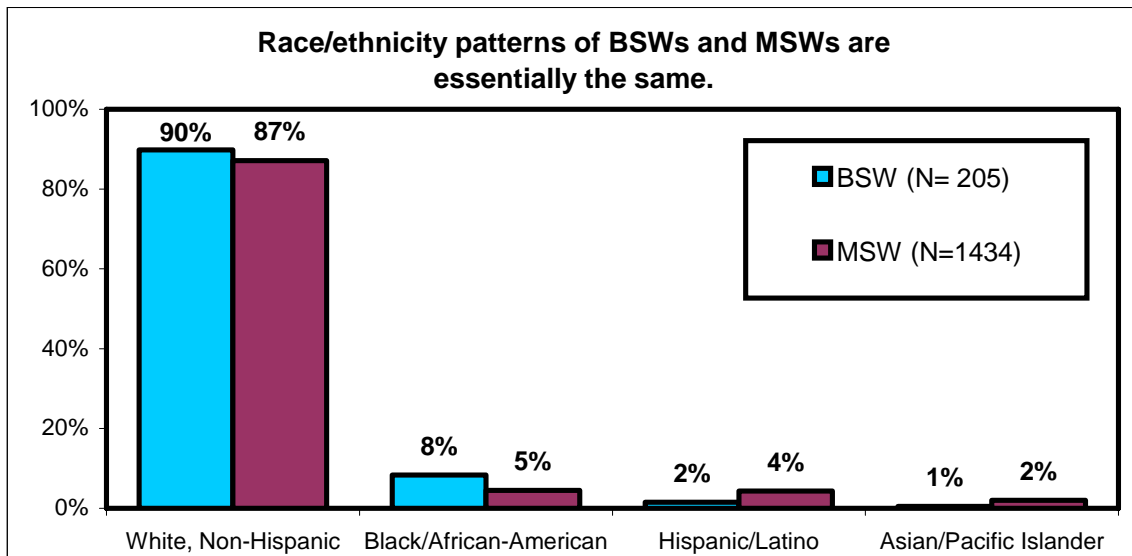
Social workers serving older adults are predominantly non-Hispanic white (88%). As seen in Figure 4, they are less diverse than both the civilian labor force and the client population they serve. These social workers are slightly more likely to be non-Hispanic White and Asian than social workers overall (88% versus 86%; 2% versus 1%), and less likely to be Black/African Americans (5% versus 7%). There is no difference in percentages of Hispanic/Latinos between social workers serving older adults and social workers overall (4%).

**Figure 4. Racial-Ethnic Distribution of Licensed Social Workers Serving Older Adults**



Racial and ethnic background does not vary notably among these social workers by highest earned social work degree (Figure 5), level of involvement with older adults, or practice area. Since the U.S. population generally and the elderly population specifically are projected to be increasingly diverse, recruiting a more representative pool of workers into the profession will be important in order to respond to cultural differences and ensure a sufficient number of social workers to fill positions in the field.

**Figure 5. Race-Ethnic Distribution of Licensed Social Workers with BSWs and MSWs Serving Older Adults**



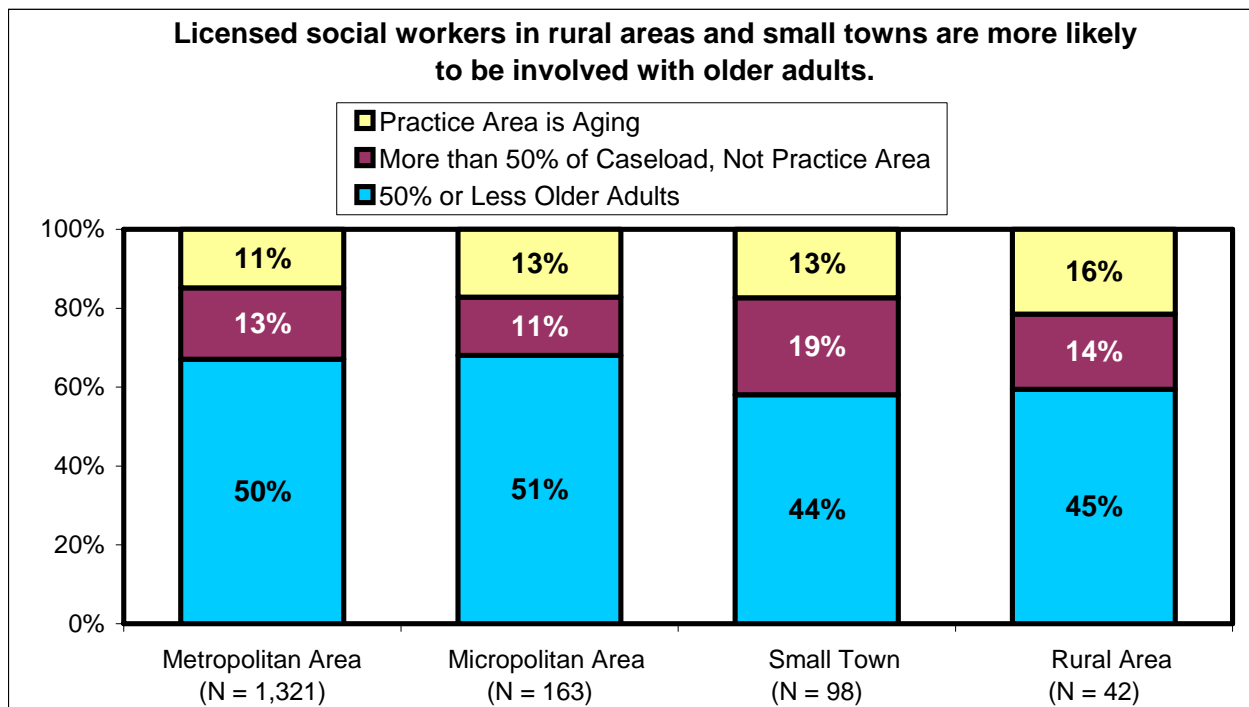
### Geographic Location of Practice

Social workers are most likely to practice in urban areas. More than 90 percent of licensed social workers practice in metropolitan (81%) and micropolitan, areas (10%). Six percent practice in small towns and 3 percent in rural areas. MSWs are more likely than BSWs to practice in metropolitan areas (84% versus 64%). BSWs are more likely than MSWs to practice in micropolitan, small town and rural areas.

MSWs do not differ in geographic location by virtue of their practice area. However, BSWs in Aging are more likely than BSWs in other practice areas to work in metropolitan and micropolitan areas, and less likely to work in small towns or rural areas.

Figure 6 shows the practice areas of licensed social workers in the four geographic areas. Licensed social workers in rural areas and small towns are more likely to be involved with older adults than those in metropolitan and micropolitan areas.

**Figure 6. Involvement of Licensed Social Workers with Older Adults, by Urban/Rural Practice Location**

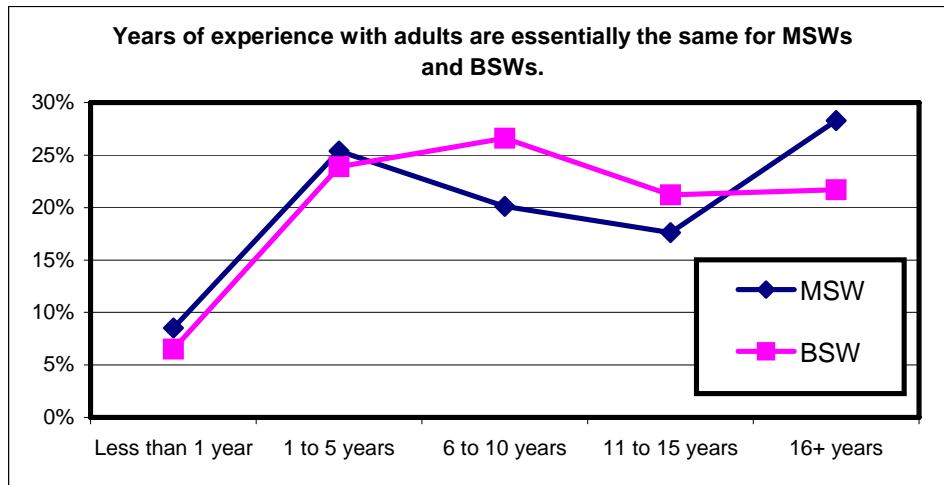


### Years Experience

Licensed social workers who work with older adults have a median of 14 years experience in the field of social work compared to 10 years experience for those social workers not providing services to older adults. MSWs have a median of 15 years experience, compared to 10 years for BSWs. MSWs and BSWs in Aging have a slightly higher median of years experience than those not in the practice area (16 years and 10 years versus 14 years and 9 years).

Significant differences do not exist among social workers by the extent to which they are involved with older clients (Figure 7). Furthermore, the year of entry into practice as a degreed social worker is not significantly correlated with the extent to which social workers are involved with older adults.

**Figure 7. Years Experience of Licensed Social Workers with Older Adults by Earned Degrees**



### Education and Training

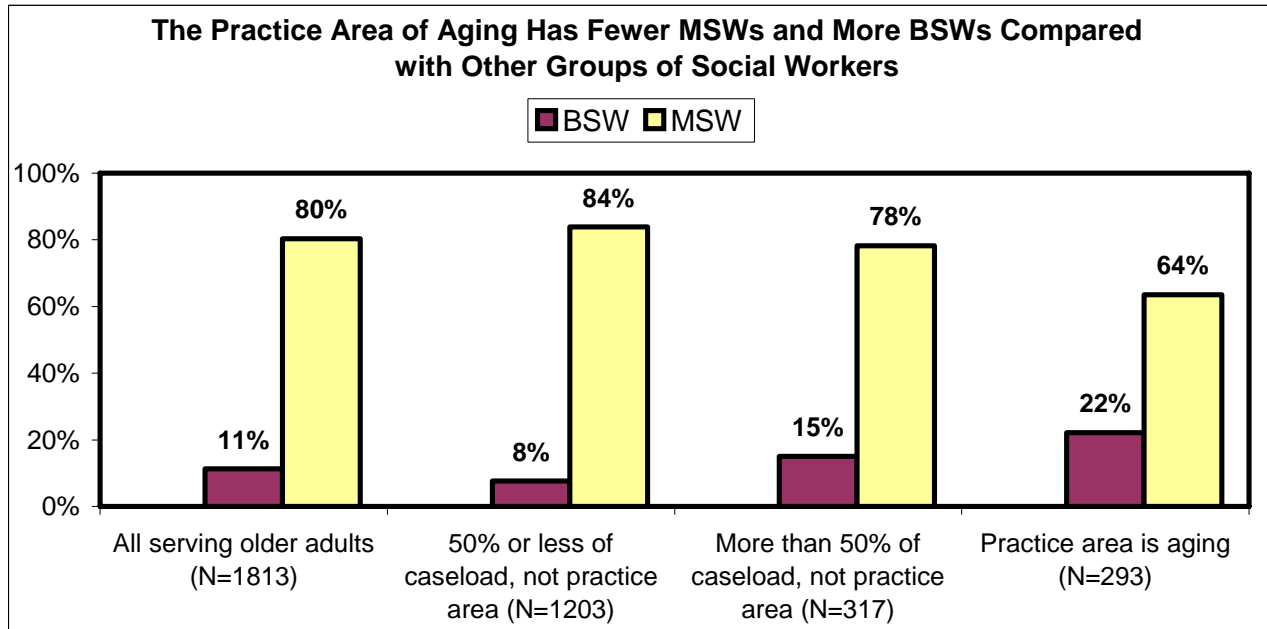
The education and training of licensed social workers is an especially important topic in this study. Initial professional education is an important component of licensure requirements, as is continuing professional education.

#### *Highest Formal Degree*

Figure 8 shows that the MSW is the predominant social work degree for those serving older adults (80%). Eleven percent of social workers serving older adults have BSWs.

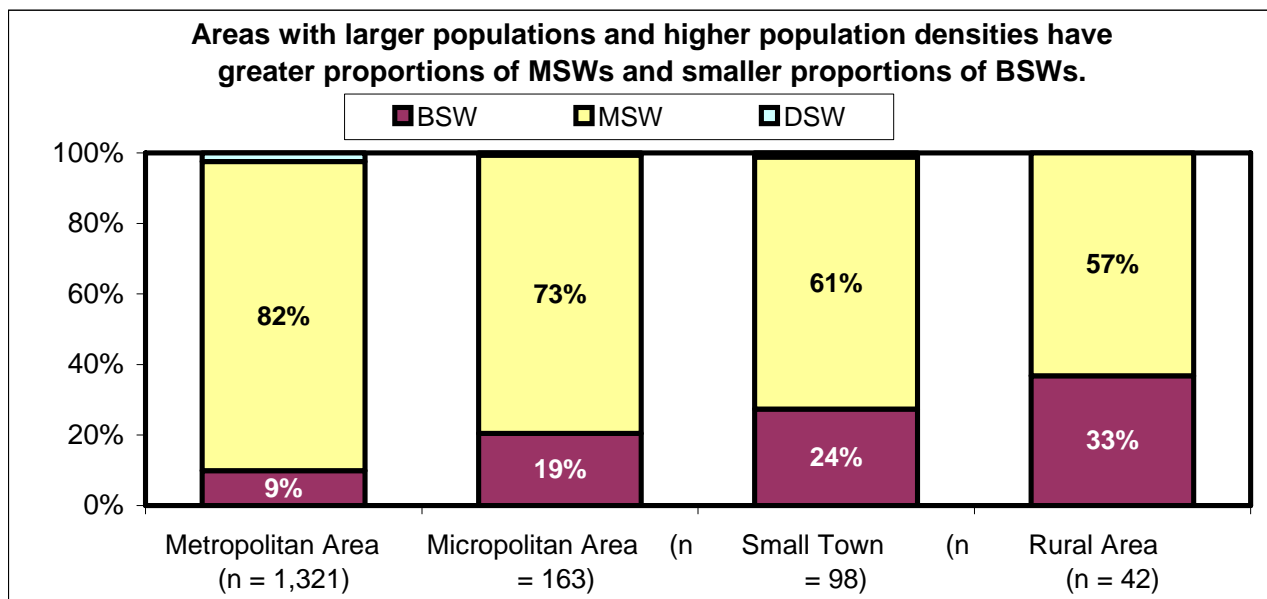
Licensed social workers whose practice area is Aging were least likely to have MSWs (64%), and most likely to have BSWs (22%) compared with all social workers. Social workers who have caseloads of 50 percent or fewer older adults were most likely to have MSWs (84%) and least likely to have BSWs (8%).

**Figure 8. Highest Social Work Degree by Involvement with Older Adults**



Although they comprise only 9 percent of survey respondents, social workers serving older adults in rural areas and small towns are much more likely than those in metropolitan or micropolitan areas to have BSWs or no social work degree (Figure 9).

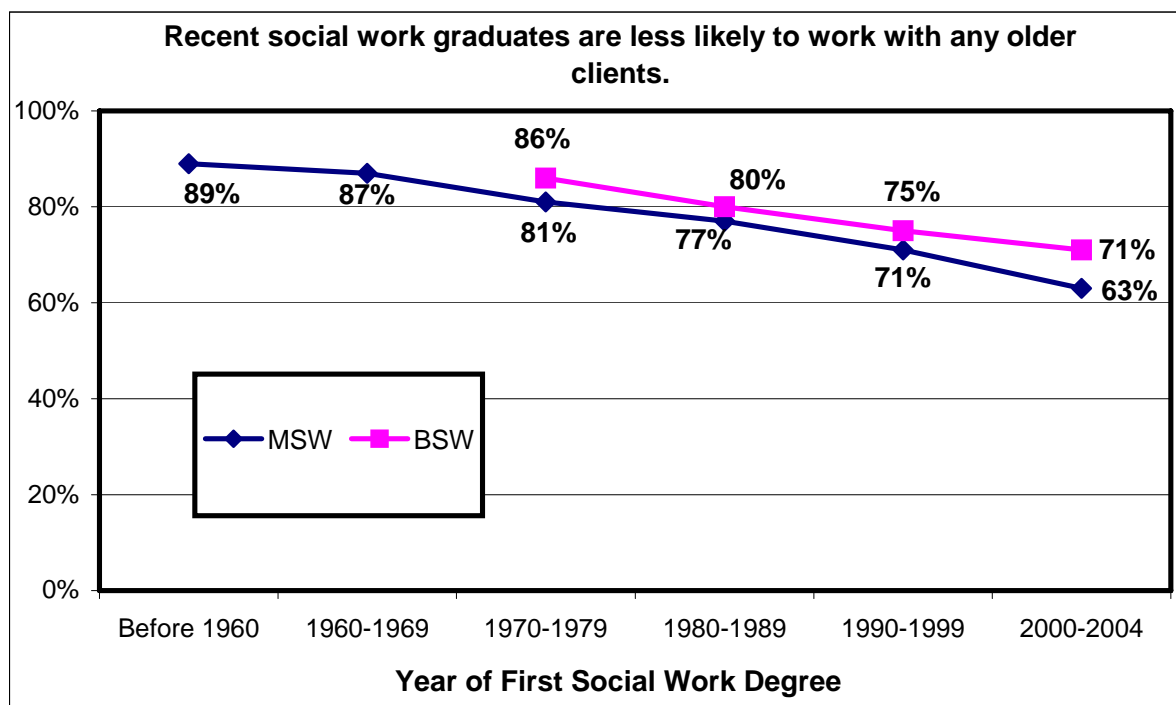
**Figure 9. Highest Social Work Degree of Social Workers Serving Older Adults by Practice Location**



### Graduation Year and Work with Older Adults

Figure 10 shows that recent graduates are less likely to work with older adults. More than one-quarter of BSWs and one-third of MSWs who received their first social work degree between 2000 and 2004 do not see *any* older adult clients. One-fifth of social workers who entered the field in the 1970s, and about one-tenth of MSWs who entered prior to 1960 do not see older adults. Approximately half of the social workers who see older adults graduated in the past fifteen years (1990, 51%).

**Figure 10. Percentages of Licensed Social Workers Working with Older Adults by Year of First Social Work Degree**



### Satisfaction with Education and Training

The majority of social workers providing services to older adults believe they were well prepared for social work practice by their social work degree program (59%) and post-degree training (72%). MSWs are slightly more satisfied than BSWs with their degree program (60% compared to 55%) and continuing education (72% compared to 70%).

Among social workers serving older adults, those whose practice area is Aging are the least satisfied with their degree preparation for their current work, with 14 percent indicating dissatisfaction. In comparison, only 7 percent of those not in Aging who have predominantly older adult caseloads and 10 percent of those who see 50 percent or fewer older adults within their practices reported dissatisfaction. Social workers who have caseloads of 50 percent or fewer older adults were most satisfied with their degree preparation.

*Continuing Education and Training in Social Work*

Ninety-nine percent of social workers seeing older adult clients have participated in training/continuing education (CE) in the past two years.

Three-fifths (60%) of social workers serving older adults report having “many” choices for continuing education programs related to social work practice. Short courses and conferences offering continuing education credits are the most common sources reported. Clinical practice (47%), specialty practice training (28%), trauma/disaster preparedness (28%), medication use (20%), and professional ethics (20%) are the topics most desired for future training.

**Table 1. Types of Continuing Education/Training Programs Attended in the Past Two Years by Degree**

Type of Continuing Education/Training	All Who Serve Older Adults (N=1649)	PA MSW (N=186)	PA BSW (N=65)	NPA MSW (N=1257)	NPA BSW (N=141)
Short Courses or Workshops	82%	80%	77%	83%	81%
Conference CE Programs	79%	73%	83%	80%	82%
Professional Association Programs	33%	35%	34%	35%	21%
On-the-Job Training	33%	33%	28%	33%	43%
Certificate Programs	22%	21%	23%	22%	28%
Courses with Academic Credit	10%	12%	9%	9%	11%
Supervised Practice	32%	21%	2%	37%	14%
Distance Learning	9%	8%	14%	8%	11%

*Continuing Education and Training in Geriatric and Long Term Care Issues*

Eighty-five percent of all social workers providing some services to older adults have participated in some type of geriatric and/or long-term care continuing education. The likelihood of participating in training from any source dramatically increased with the percent of older clients in one’s caseload: 99 percent of social workers both in Aging and not in Aging with caseloads that are more than 50 percent older adults have participated in geriatrics training, as compared with 77 percent of those not in Aging with caseloads of 50 percent or fewer older adults. Eighty-seven percent of BSWs and 84 percent of MSWs participated in geriatric or long-term care education programs. Sources are identified in Table 2.

**Table 2. Sources of Geriatric/Long-Term Care Continuing Education by Degree<sup>6</sup>**

Type of Geriatric Program	All Who Serve Older Adults (N=1649)	MSW		BSW	
		Not Practice Area (N=1257)	Practice Area (N=186)	Not Practice Area (N=141)	Practice Area (N=65)
Seminars/workshops	56%	49%	83%	63%	91%
Interdisciplinary seminars/workshops	52%	46%	77%	57%	83%
Training conferences	49%	41%	81%	56%	86%
On-the-job training	47%	43%	72%	45%	55%
Courses in SW school	41%	38%	51%	43%	54%
Supervised clinical practice	21%	21%	31%	6%	9%
Field placements	17%	15%	33%	11%	15%
Courses - other programs	12%	10%	24%	9%	11%
Certificate programs	9%	6%	27%	11%	23%
Distance learning	4%	3%	7%	6%	14%

As would be expected, the availability of continuing education in geriatrics and long-term care varies by type of offering. A majority of social workers report “some or many” options for continuing education in geriatrics/ long-term care through workshops (67%), conferences (67%), and geriatric courses (54%), but “few or no” options for new worker trainings (60%), distance learning (58%), or on-the-job training (51%). Social workers in Aging and those with caseloads of more than 50 percent older adults NPA are *more* likely to report availability of continuing education and training than those social workers with caseloads of 50 percent or fewer older adults NPA.

The charts that follow provide information on types of training that are reported as “unavailable” by a majority of social workers.



**Table 3. Percentages Reporting “None” or “Few” Options Available in Geriatric/Long-Term Care Training by Involvement with Older Adults and Degree**

Type of Training	All Who Serve Older Adults	MSW		BSW	
		Not Practice Area	Practice Area	Not Practice Area	Practice Area
Geriatric training available for new workers	29%	33%	15%	23%	19%
Geriatric on-the-job training available	26%	30%	11%	17%	17%
Geriatric workshops available	5%	5%	1%	8%	2%
Geriatric courses available	12%	12%	9%	15%	8%
Geriatric training at conferences available	5%	5%	4%	4%	2%
Geriatric distance learning available	23%	23%	26%	25%	19%
Other training available	59%	60%	47%	67%	70%

**Table 4. Percentages Reporting “None” or “Few” Options Available in Geriatric/Long-Term Care Training by Employment Sector**

Type of Training	Public	Private Nonprofit	Private For-Profit	Private Practice
Geriatric training available for new workers	27%	23%	22%	48%
Geriatric on-the-job training available	22%	17%	19%	56%
Geriatric workshops available	8%	4%	5%	3%
Geriatric courses available	17%	10%	12%	7%
Geriatric training at conferences available	7%	3%	5%	4%
Geriatric distance learning available	25%	23%	25%	18%
Other training available	59%	60%	56%	59%

**Table 5. Percentages Reporting “None” or “Few” Options Available in Geriatric/Long-Term Care Training by Location**

Type of Training	Metropolitan	Micropolitan	Small Town	Rural
Geriatric training for new workers	30%	24%	27%	26%
Geriatric on-the-job training	28%	16%	29%	17%
Geriatric workshops	6%	5%	2%	0%
Geriatric courses	11%	15%	13%	18%
Geriatric training at conferences	5%	5%	3%	3%
Geriatric distance learning	24%	24%	19%	27%
Other training	62%	56%	75%	71%

More than three-fifths of social workers who serve older adults would like additional training in geriatrics and long-term care (62%). Social workers in Aging are more likely to desire additional training than those not in the practice area (88% versus 57%).

**Table 6. Interest in Geriatric/Long-Term Care Education**

	MSW	BSW	All
Practice area is Aging	87%	91%	88%
50+% of caseload, not practice area	74%	81%	75%
Less than 50% of caseload, not practice area	51%	47%	51%

# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

## **Chapter 3 of 7**

### **What Social Workers Do**

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**For**

**The National Association of Social Workers  
Center for Workforce Studies  
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**March 2006**

## TABLE OF CONTENTS

Chapter 3. What Social Workers Do.....	3
Summary of the Findings.....	3
<i>Practice Area</i> .....	4
<i>Employment Status</i> .....	7
<i>Caseload Size</i> .....	9
<i>Roles</i> .....	10
<i>Direct Services</i> .....	13
<i>Tasks</i> .....	14

## LIST OF TABLES

Table 1. Percentages of Licensed Social Workers Serving Adults who Spend Any Time or 20 or More Hours per Week Performing Selected Roles.....	10
Table 2. Percent of Licensed Social Workers Serving Some Older Adults who Spend 20 Hours or More In Specific Social Work Roles .....	11
Table 3. Median Hours per Week of Direct Service to Clients for Selected Groups of Licensed Social Workers.....	13
Table 4. Percentages of Total Hours Spent on Direct Care Among Social Workers Serving Older Adults.....	14
Table 5. Percentages of Licensed Social Workers Serving Older Adults Spending Any Time or More Than 50 percent of Time Performing Selected Tasks.....	14
Table 6. Tasks That MSWs and BSWs Serving Older Adults Are Most Likely to Perform and Spend the Most Time On .....	15
Table 7. Percentages of Social Workers Spending Any Time Doing Selected Tasks.....	16
Table 8. Services to Clients Reported As More Common and Less Common in Different Employment Settings by Licensed Social Workers Serving Older Adults.....	20
Table 9. Average Frequencies of Tasks in Providing Services to Older Adults (5-point scale from “Never = 1” to “Always = 5”) .....	21
Table 10. Selected Services for Older Adults Identified as More or Less Frequent by Employment Setting (based on a 5-point scale from “never” = 1 to “always” = 5).....	21

## LIST OF FIGURES

Figure 1. Most Common Practice Areas of Licensed Social Workers Serving Older Adults by Highest Social Work Degree .....	5
Figure 2. Percentages of Licensed Social Workers in Selected Practice Areas by Emphasis on Older Adults.....	5
Figure 3. Percentages of Caseload of Older Adults by Practice Area .....	6
Figure 4. Percentages of Selected Practice Areas Represented in Different Practice Settings.....	7
Figure 5. Percentages of Social Workers Employed Full-Time with one Employer by Service Setting Full-Time Social Workers .....	8
Figure 6. Years of Service with Current Employer of Licensed Social Workers Serving Older Adults, by MSW and BSW.....	8
Figure 7. Percentages of Licensed Social Workers with Different Levels of Involvement with Older Adults, by Years with Current Employer .....	9
Figure 8. Percentages of Social Workers with Caseloads of 50 or More Clients by Primary Employment Setting.....	10
Figure 9. Percentages of Social Workers Spending 20+ Hours Per Week in Direct Services and Administration in Selected Settings.....	12
Figure 10. Median Hours per Week of Direct Service to Clients by MSWs and BSWs, by Emphasis on Older Adults .....	13
Figure 11. Frequency of Selected Tasks, by Level of Involvement with Older Adults .....	17
Figure 12. Frequency of Selected Tasks, by Level of Involvement with Older Adults .....	17
Figure 13. Frequency of Selected Tasks, by Level of Involvement with Older Adults .....	18
Figure 14. Frequency of Selected Tasks, by Level of Involvement with Older Adults .....	18
Figure 15. Percentages of Licensed Social Workers Serving Older Adults Reporting Tasks Above and Below Their Training/Skill Level .....	19

## Chapter 3. What Social Workers Do

### Summary of the Findings

- Mental Health (43%), Health (18%) and Aging (16%) are the most common practice areas for social workers working with any older adults. BSWs are much more likely to report their practice area as Aging (32%) than MSWs (13%). Social workers carrying caseloads of more than 50% older adults are most likely to report Aging as their primary practice area (45%) followed by Health (35%). Those serving caseloads of 50% or fewer older adults report Mental Health (58%) as their primary practice area.
- A majority of social workers across most practice areas provide services to older adults.
- Ninety-three percent licensed social workers in the practice area of Aging and 56% in Health carry caseloads that are more than 50 percent older adults.
- Consistent with social workers overall, social workers who serve older adults work a median of 40 hours per week in their primary job. They are less likely to work full-time than social workers who do not work with older adults, and are slightly more likely to work part-time or for multiple employers.
- BSWs are substantially more likely than MSWs to work full-time for a single employer (69% versus 56%), while MSWs are substantially more likely to work for multiple employers (27% versus 15%).
- Social workers in Aging and social workers who have caseloads of more than 50 percent older adults are more likely to change jobs than those carrying caseloads of 50 percent or fewer older adults.
- Almost half of licensed social workers who provide some services to older adults have been with their current employer less than five years.
- Caseload size increases with involvement with older adults: 46 percent of social workers in Aging carry caseloads of more than 50 people, compared to 33 percent of those with caseloads of more than 50 percent older adults and 25 percent of those with 50 percent or fewer older clients.
- Nursing homes, case management agencies for older adults and hospitals are the settings in which social workers carrying caseloads of 50 or more older adults are most commonly employed.
- While most social workers perform multiple roles in their jobs, 85 percent of social workers serving older adults spend 20 or more hours performing one role.
- Direct service is the role most commonly reported by social workers providing some services to older adults (95%), as well as the role they are most likely to perform 20 or more hours per week (63%).
- Social workers in Aging are less likely to spend 20 or more hours on direct services (55%) than other social workers serving older adults (NPA more than 50% caseload, 66%; NPA 50% or fewer, 65%). They spend more time on administration than other social workers (13%, 9%, 10%).

- MSWs with caseloads of more than 50 percent older adults spend the highest median hours on direct care (28 hours) and MSWs in Aging spend the fewest hours (20). There is no variation among BSWs.
- Social workers in hospitals spend the most time per week in direct services (84%); social workers in case management agencies spend the least (50%).
- Social workers perform varied tasks in their jobs. The tasks they are most likely to perform for *any* clients, not just those 55 years of age or older, include: Screening/assessment (86%), information/referral (85%), individual counseling (78%), treatment planning (75%), and crisis intervention (75%).
- Social workers were more likely to spend more than half of their time on individual counseling (32%), psychotherapy (29%), case management (12%), and home visits (10%).
- More than 90% reported performing activities specifically with older clients including communicating with families, using community resources, acting as advocates and using agency resources. The large number of social workers reporting acting as an advocate for older adults, especially among MSWs in Aging, highlights the importance of advocacy for older adults.
- Thirty-two percent of social workers working with any older adults reported that tasks they perform tend to be above their level of training and skills, while 13% report that their tasks are below their level of training.
- Social workers in Aging are more likely to report performing tasks below their skill level than other social workers serving some older adults. This factor influences consideration of a job change.

### *Practice Area*

Mental health (43%), Health (18%), and Aging (16%) are the most common practice areas for social workers working with any older adults. Practice area is important, as it is an indicator of how social workers view their mission and role.

Figure 1 shows that striking differences in practice area exist among social workers providing services to older adults by highest social work degree. MSWs are more likely to report Mental Health as their primary practice area (48%) followed by Health (18%) and Aging (13%). In contrast, 32 percent of BSWs report Aging as their practice area followed by Health (22%), Mental Health (13%) and Child Welfare/Family (12%).

**Figure 1. Most Common Practice Areas of Licensed Social Workers Serving Older Adults by Highest Social Work Degree**

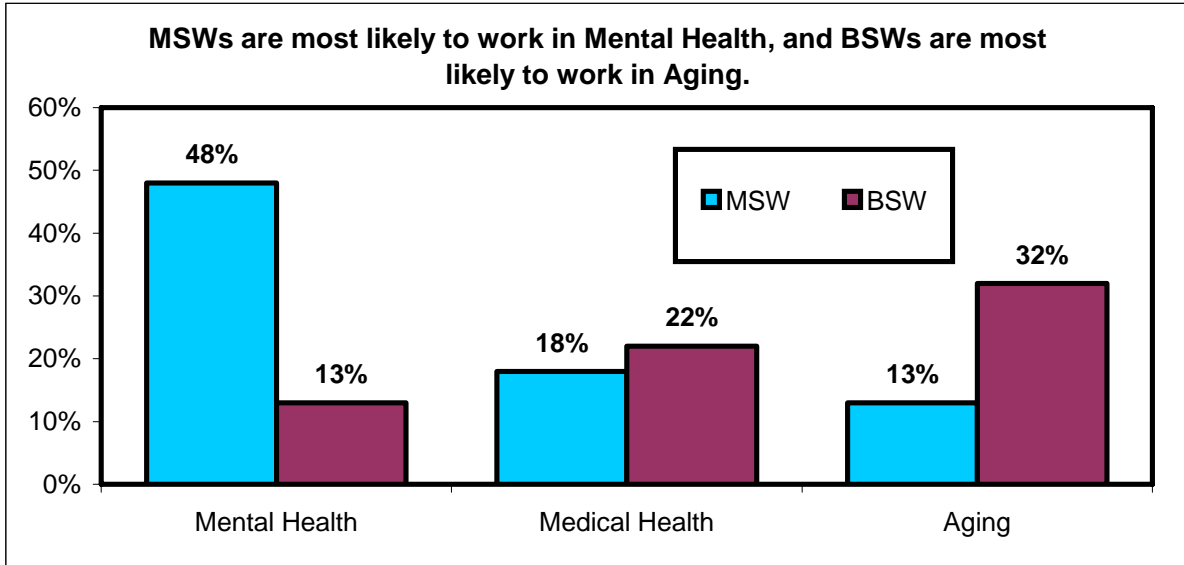


Figure 2 shows that Aging is the most common practice area for social workers with caseloads that are more than 50% older adults (45%). Mental Health is the primary practice area for those seeing 50 percent or fewer older adults (58%), but the practice area for only 12% of those seeing predominantly older adults.

**Figure 2. Percentages of Licensed Social Workers in Selected Practice Areas by Emphasis on Older Adults**

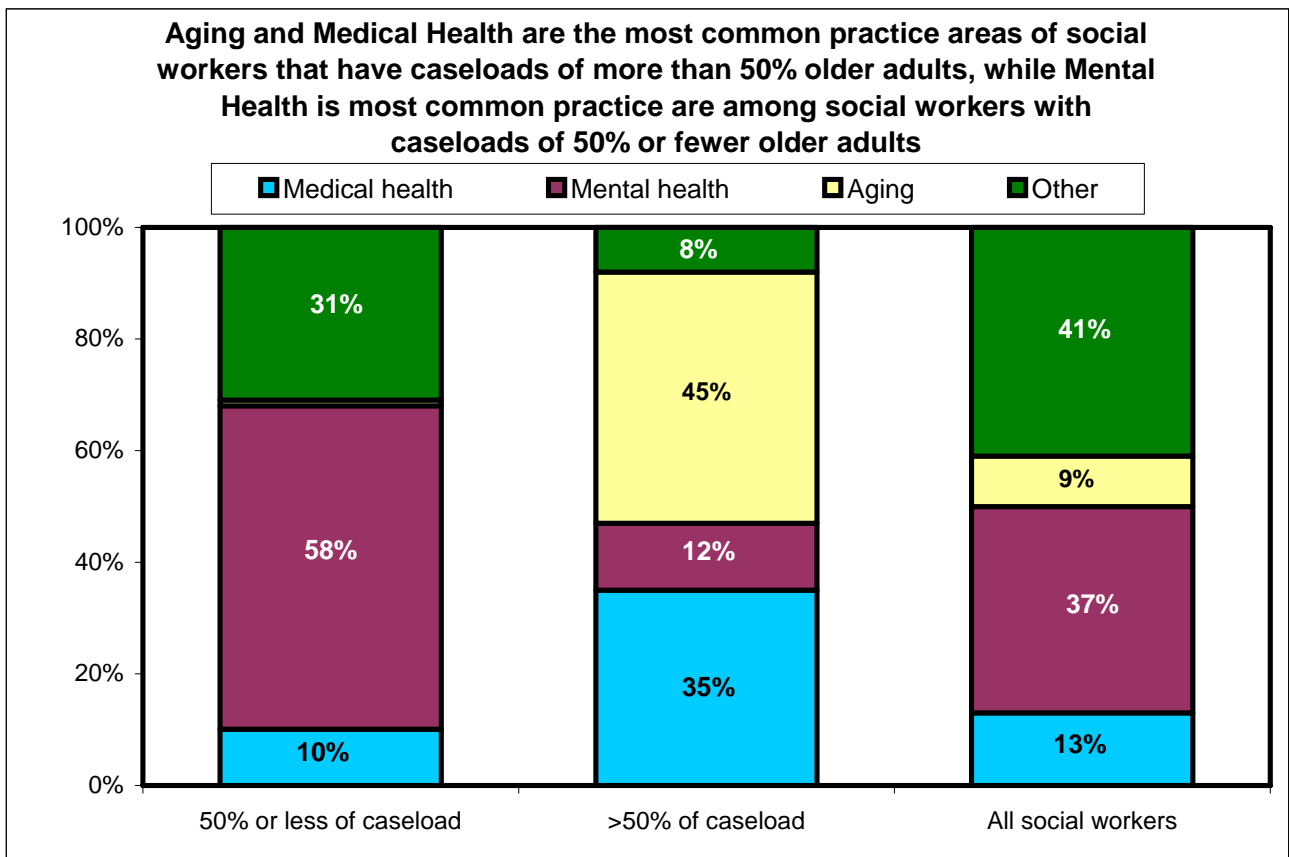




Figure 3 shows that a majority of licensed social workers in almost all practice areas provide services to at least some older adults. Social workers in practice areas focused on children and adolescents are the exception, but many within these practice areas serve some older adults (Child Welfare/Family, 47%; Adolescents, 26%; School Social Work, 27%). Skills and knowledge related to working with elderly clients are therefore clearly relevant across the profession, even among social workers focusing primarily on much younger populations.

**Figure 3. Percentages of Caseload of Older Adults by Practice Area**

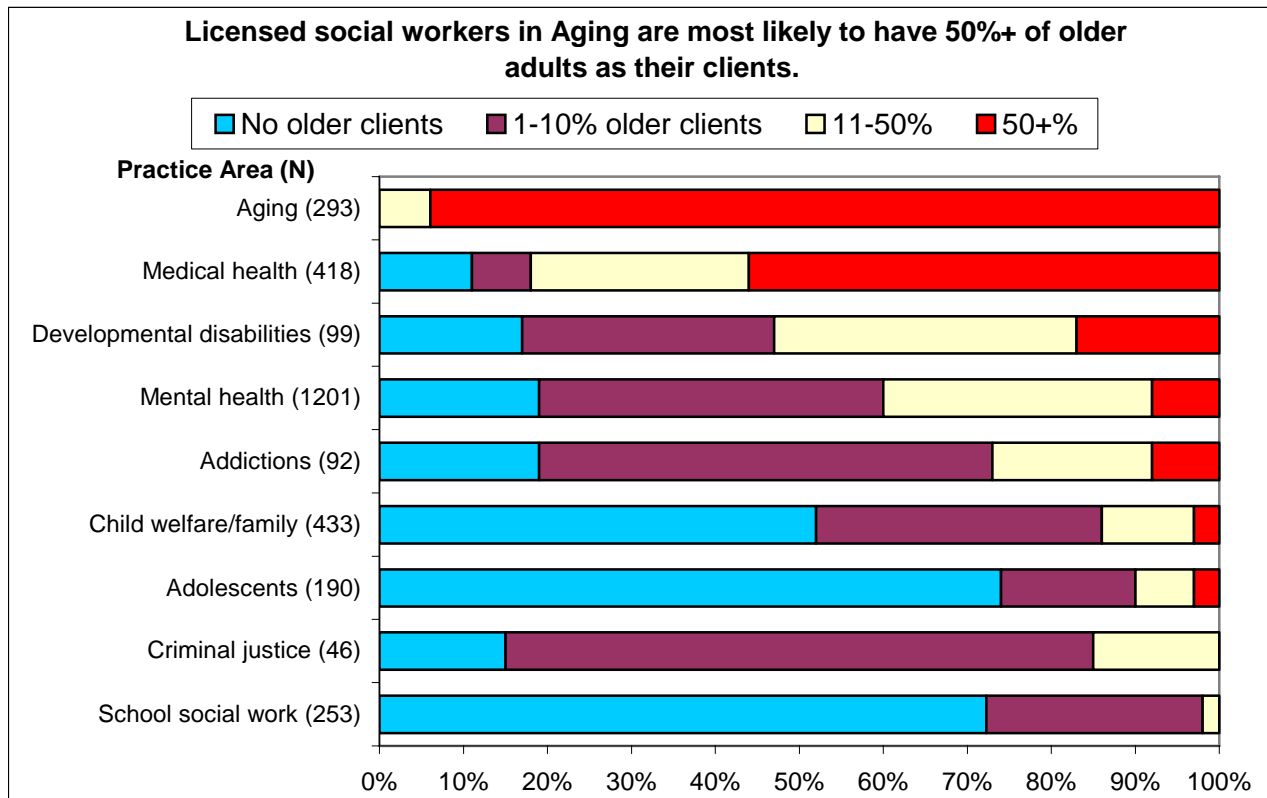
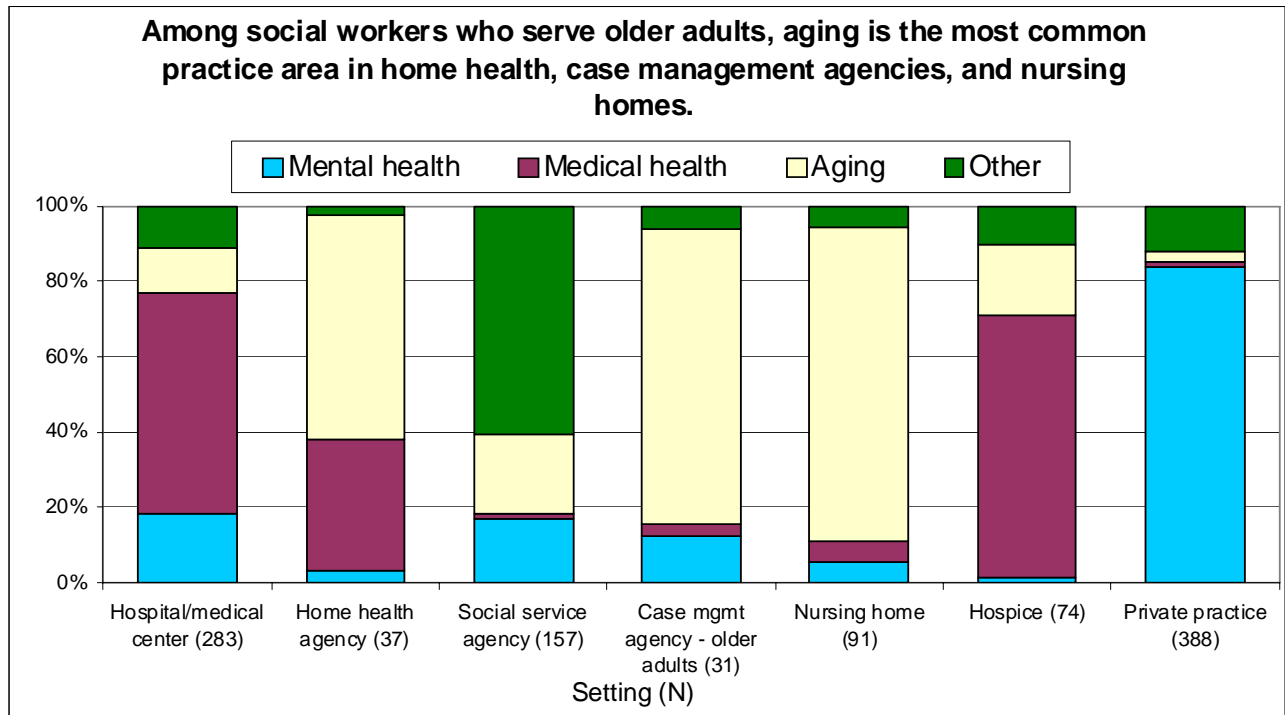


Figure 4 shows that practice areas appear to be keyed to employment setting. Aging is most common in home health agencies, case management agencies and nursing homes. Social service agencies differ from the other settings presented in that only 40 percent of social workers who see older clients in social service agencies have a practice area in one of these three fields.

**Figure 4. Percentages of Selected Practice Areas Represented in Different Practice Settings**

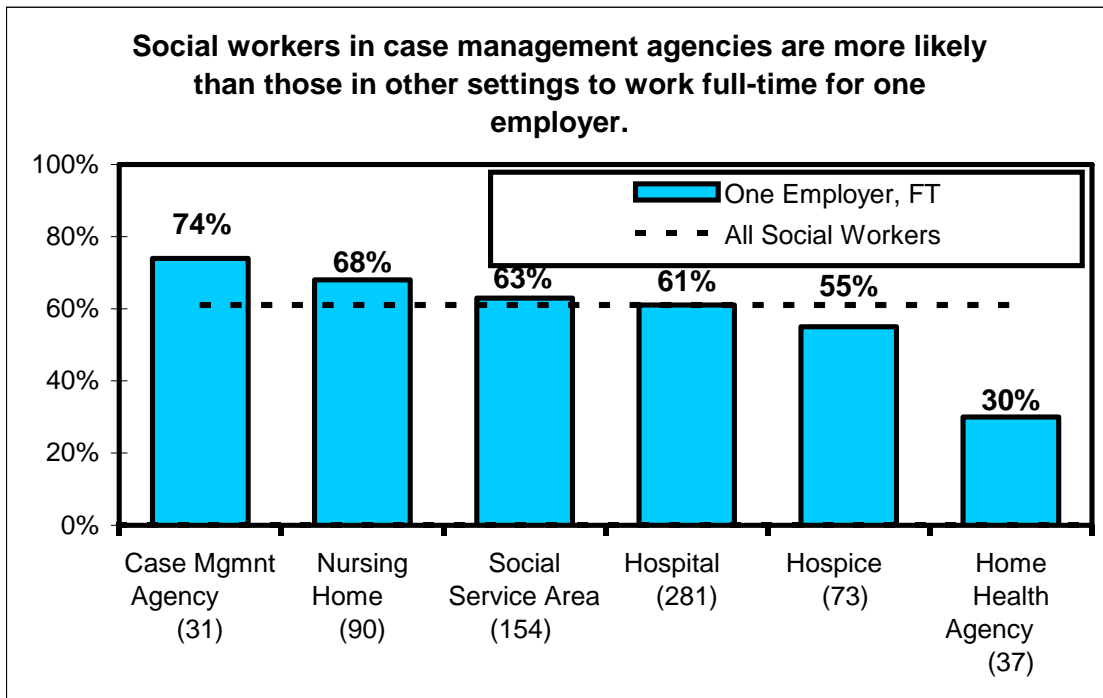


### *Employment Status*

Social workers who serve older adults work a median of 40 hours per week at their primary job. BSWs are substantially more likely than MSWs to work full-time for a single employer (69% versus 56%), while MSWs are substantially more likely to work for multiple employers (27% versus 15%). These patterns are consistent with employment patterns observed in the social work workforce overall.

As can be seen in Figure 5, among social workers employed in settings where older adults are most commonly served, licensed social workers are most likely to work full-time in case management agencies for older adults (74%) and least likely to work full time in home health agencies (30%). Part-time work for a single employer and employment for multiple employers were both most common in home health agencies (22% and 49%, respectively).

**Figure 5. Percentages of Social Workers Employed Full-Time with one Employer by Service Setting Full-Time Social Workers**



Ninety percent of social workers who work with older adults have been with their current employer for at least one year (Figure 6). Almost half have been with current employers five years or less. Nineteen percent have been with their employer for more than 15 years.

**Figure 6. Years of Service with Current Employer of Licensed Social Workers Serving Older Adults, by MSW and BSW**

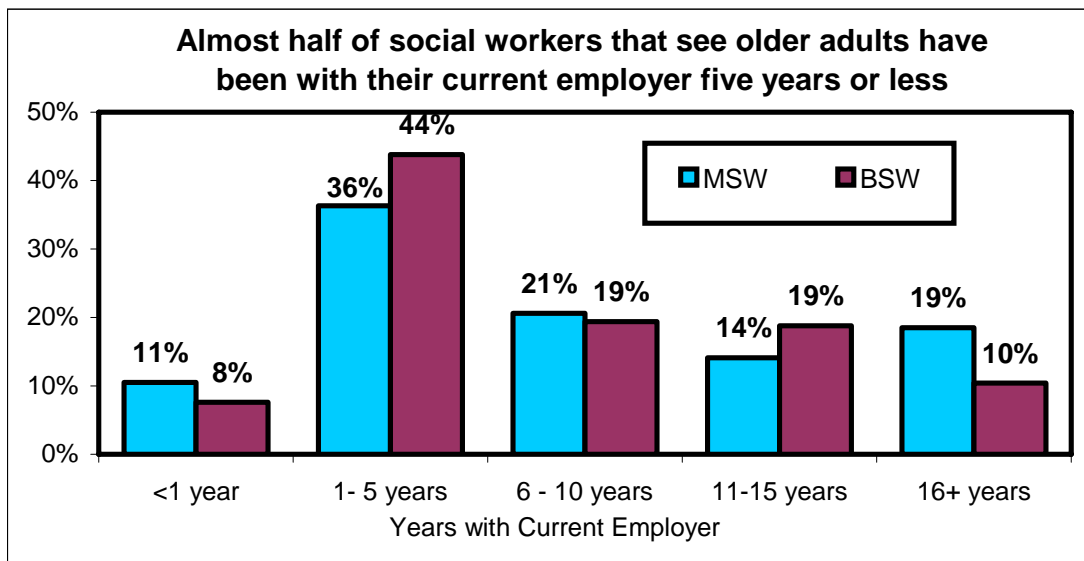
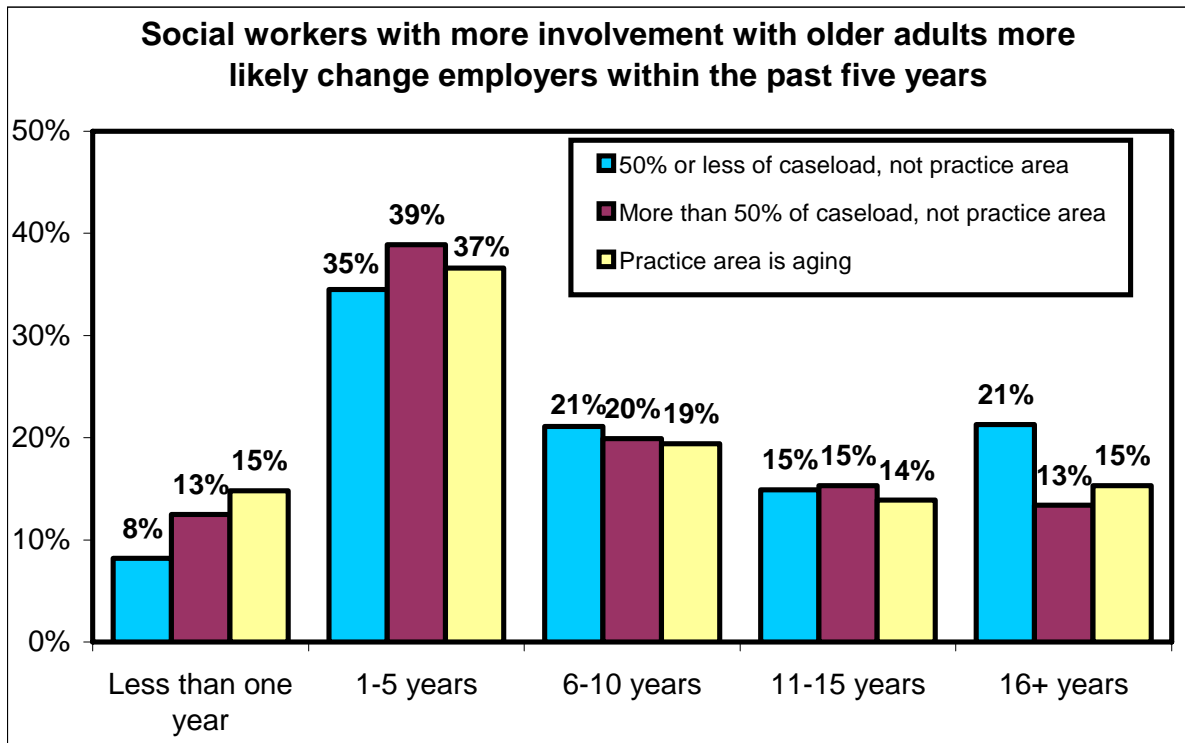


Figure 7 shows that licensed social workers with a practice area in Aging and social workers who see predominantly older adults are more likely to be new to their job in the past year than those serving fewer older adults (15% and 13%, versus 8%). They are less likely to have been with the same primary employer for 16 years or more (15% and 13% versus 21%).

Since the average number of years of experience across these groups does not differ, it appears that social workers who are more involved with older adults are more likely to change employers than social workers serving fewer older adults. Future workforce studies will want to address the reasons for this change which may include increased opportunities as the field of Aging grows and/or dissatisfaction with current employment. Retention is clearly an important issue for social workers who serve older adults.

**Figure 7. Percentages of Licensed Social Workers with Different Levels of Involvement with Older Adults, by Years with Current Employer**

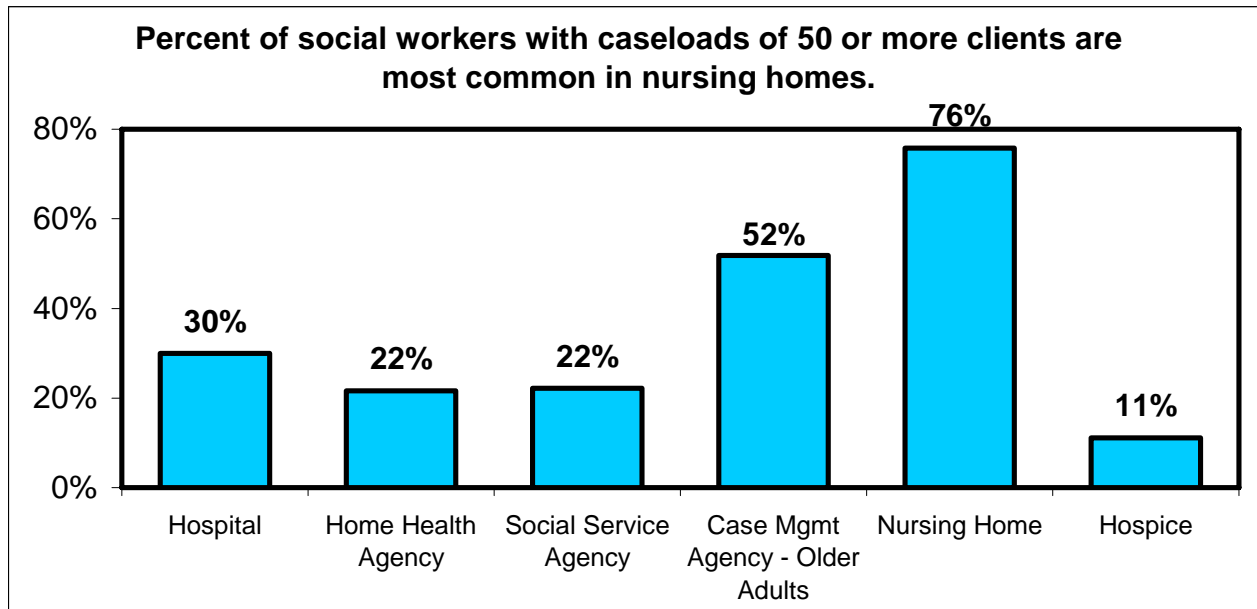


### Caseload Size

Social workers who see any older adult clients have significantly larger caseloads in their primary job than social workers who do not work with older adults<sup>1</sup>. Average caseload size increases as the extent of involvement with older adults increases. Nearly half (46%) of social workers in Aging have caseloads of 50 or more clients, compared to one-third (33%) of those who have caseloads of more than 50% older adults, and one-quarter (25%) who serve 50% or fewer older adults in their caseloads. Caseloads of 50 or more clients are most common in nursing homes (76%), case management agencies for older adults (52%) and hospitals (30%).

<sup>1</sup> p < 0.0005

**Figure 8. Percentages of Social Workers with Caseloads of 50 or More Clients by Primary Employment Setting**



### *Roles*

Although social workers who provide some services to older adults participate in a wide variety of roles, 85% spend 20 hours or more per week performing one primary role (Table 1). Providing direct services to clients is the most common role performed by these social workers, and the most likely to be performed 20 hours a week or more (63%). The majority of social workers spend fewer than 10 hours per week on any single role other than their major role across settings in which older adults are commonly served.

**Table 1. Percentages of Licensed Social Workers Serving Adults who Spend Any Time or 20 or More Hours per Week Performing Selected Roles**

Roles	All social workers		Social workers serving older adults		Social workers not serving older adults	
	Any	20 hours or more	Any	20 hours or more	Any	20 hours or more
Direct services	87%	54%	95%	63%	88%	47%
Administration/management	52%	15%	51%	10%	50%	19%
Consultation	48%	4%	48%	3%	51%	4%
Planning	41%	3%	38%	3%	50%	3%
Supervision	38%	4%	35%	3%	45%	6%
Community organizing	20%	1%	18%	1%	22%	0%
Teaching	23%	2%	22%	1%	24%	2%
Training/education	37%	1%	35%	1%	40%	1%
Policy development	17%	1%	15%	0%	19%	0%
Research	10%	0%	9%	0%	13%	1%

BSWs who serve older adults spend less time providing direct services than MSWs, and slightly more time performing administrative tasks. Social workers in Aging are also less likely to spend time on direct services and more on administrative tasks than social workers not in Aging.

**Table 2. Percent of Licensed Social Workers Serving Some Older Adults who Spend 20 Hours or More In Specific Social Work Roles**

Roles	Not Practice Area (NPA)	Practice Area is Aging	MSW	BSW
Direct services	65%	55%	65%	59%
Administration/management	10%	13%	9%	13%
Consultation	3%	5%	3%	4%
Planning	2%	3%	2%	4%
Supervision	2%	6%	2%	5%
Teaching	1%	1%	1%	0%
Community organizing	1%	1%	1%	2%
Training/education	1%	1%	1%	0%
Research	0%	0%	0%	0%
Policy development	0%	0%	0%	0%

Social workers in hospitals spend significantly more time than other social workers providing direct services<sup>2</sup> and significantly less time on administration/management<sup>3</sup>, community organizing<sup>4</sup>, and supervision<sup>5</sup> (Figure 9). The reverse is true in social service agencies. Social workers in nursing homes spend more time planning<sup>6</sup>, while those in home health agencies spend less time on direct services and policy development<sup>7</sup>. As has been noted, social workers in Aging are most likely to work in the latter two types of settings.

<sup>2</sup> p < 0.0005

<sup>3</sup> p < 0.0005

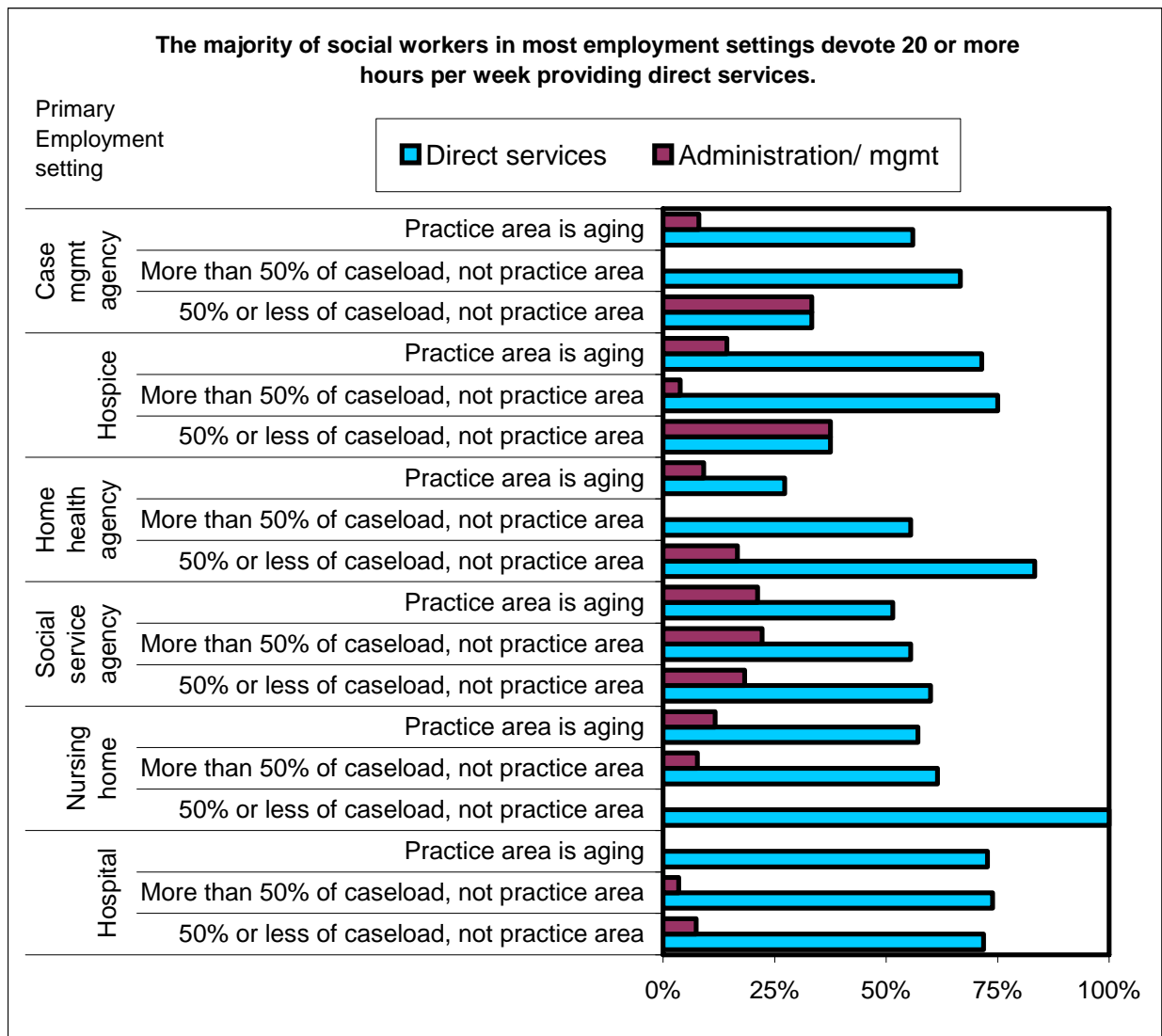
<sup>4</sup> p = 0.004

<sup>5</sup> p = 0.039

<sup>6</sup> p = 0.040

<sup>7</sup> p = 0.004 and p = 0.001, respectively.

**Figure 9. Percentages of Social Workers Spending 20+ Hours Per Week in Direct Services and Administration in Selected Settings**



*Direct Services*

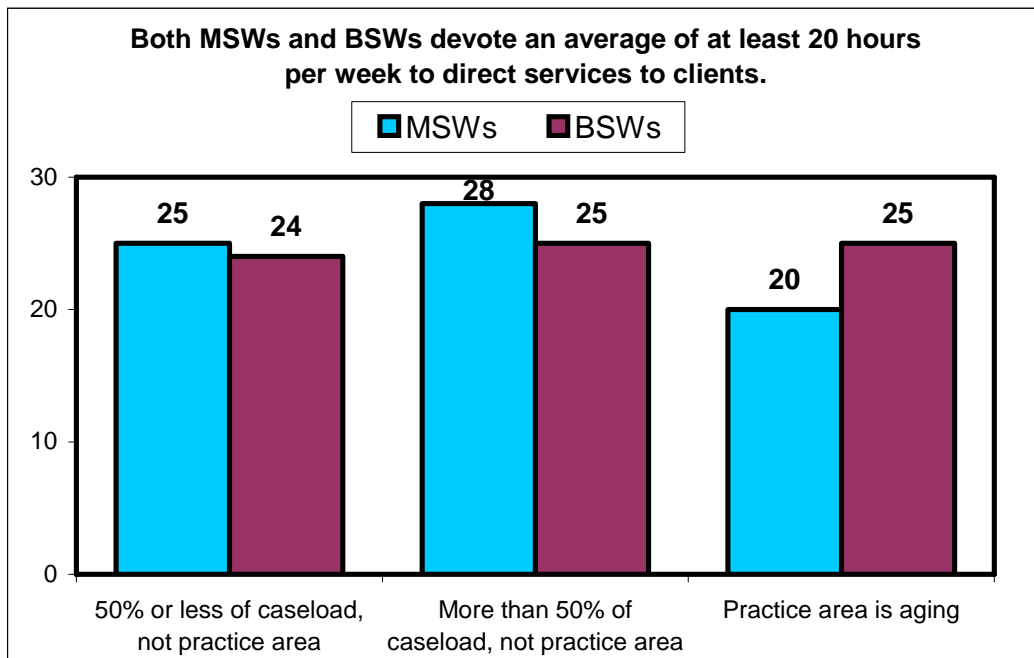
Social workers who provide services to older adults spend a median of 25 hours per week and 75 percent of their time on direct services in their primary job. Substantial differences do not appear among BSWs, but they do among MSWs. Social workers not in Aging who carry caseloads of more than 50% older adults spend the most hours on direct services per week; 25 hours, while those in Aging spend the fewest; 20 hours.

**Table 3. Median Hours per Week of Direct Service to Clients for Selected Groups of Licensed Social Workers**

Category of Licensed Social Worker	Direct care Hours Primary Job	Percent of Total Hours Spent on Direct Care
All seeing any older clients	25	75%
Practice area is Aging	20	67%
More than 50% of caseload, not practice area	25	78%
50% or less of caseload, not practice area	24	75%
No older adults	20	63%
All social workers	20	68%

Figure 10 shows that the median hours spent on direct care varies slightly by involvement with older adults among MSWs, but not among BSWs.

**Figure 10. Median Hours per Week of Direct Service to Clients by MSWs and BSWs, by Emphasis on Older Adults**



The percent of total hours spent on direct services varies among settings in which older adults are frequently seen, from a high of 84% for social workers employed in hospitals to a low of 50% for those working in case management agencies for older adults (Table 4).



**Table 4. Percentages of Total Hours Spent on Direct Care Among Social Workers Serving Older Adults**

Employment Setting	
Hospital	84%
Home health agency	75%
Hospice	75%
Nursing home	67%
Social service agency	63%
Case mgmt agency - older adults	50%
All seeing any older clients	75%

*Tasks*

Table 5 shows that screening/assessment (86%), information/referral (85%), individual counseling (78%), treatment planning (75%), and crisis intervention (75%) are the tasks social workers serving some older clients are most likely to perform for *any* clients, not just those 55 years of age and older. Of these tasks, social workers were more likely to spend more than 50% of their time on individual counseling (32%), psychotherapy (29%), case management (12%), and home visits (10%).

**Table 5. Percentages of Licensed Social Workers Serving Older Adults Spending Any Time or More Than 50 percent of Time Performing Selected Tasks**

Social Work Tasks	Spend Any Time	More Than 50% of Time
Screening/assessment	86%	9%
Information/referral	85%	7%
Individual counseling	78%	32%
Treatment planning	75%	5%
Crisis intervention	75%	4%
Client education	67%	6%
Case management	65%	12%
Family counseling	55%	4%
Psychotherapy	53%	29%
Psychoeducation	49%	5%
Discharge planning	45%	8%
Couples counseling	42%	2%
Medication adherence	37%	2%
Advocacy	35%	2%
Group counseling	34%	3%
Home visits	33%	10%
Program development	31%	1%
Supervision	28%	2%
Program management	27%	3%

Social workers serving older adults perform multiple and similar tasks within their jobs, regardless of degree. The most common are information/referral and screening/assessment. MSWs in Aging and BSWs across practice areas are also highly likely to do case management. In contrast, individual counseling is the task that MSWs NPA most frequently perform.

Notably, differences exist in how social workers' time is concentrated on different tasks; MSWs not in Aging spend most time performing individual counseling and psychotherapy. All others (BSWs and MSWs in Aging) spent most time on screening/assessment and case management.

**Table 6. Tasks That MSWs and BSWs Serving Older Adults Are Most Likely to Perform and Spend the Most Time On**

	MSW	BSW
Most likely to do...	Screening/assessment (85%)	Information/referral (94%)
	Information/referral (82%)	Screening/assessment (88%)
	Individual counseling (79%)	Case management (75%)
	Crisis intervention (76%)	Crisis intervention (74%)
	Treatment planning (75%)	Client education (67%)
Spend most time on... (average on a 6-point scale)	Individual counseling	Case management
	Psychotherapy	Screening/assessment
	Screening/assessment	Information/referral
	Information/referral	Individual counseling
	Case management	Home visits

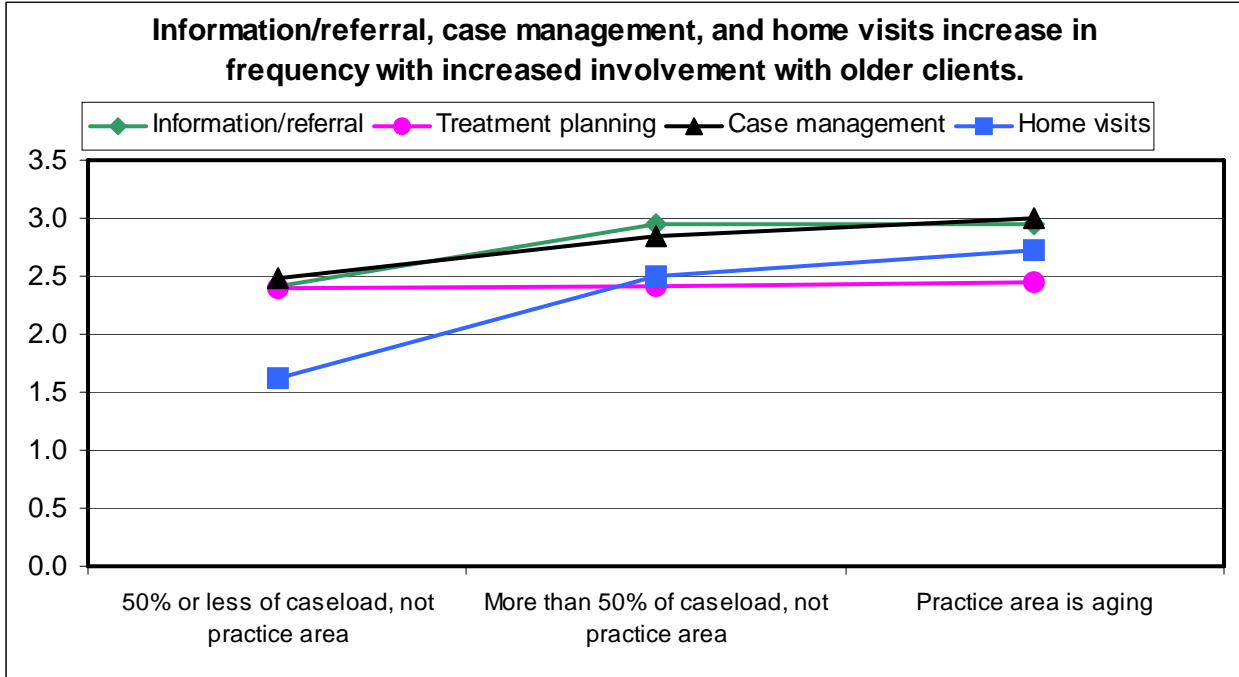
Table 7 shows how performance of tasks varies by social workers' level of involvement with older adult clients.

**Table 7. Percentages of Social Workers Spending Any Time Doing Selected Tasks**

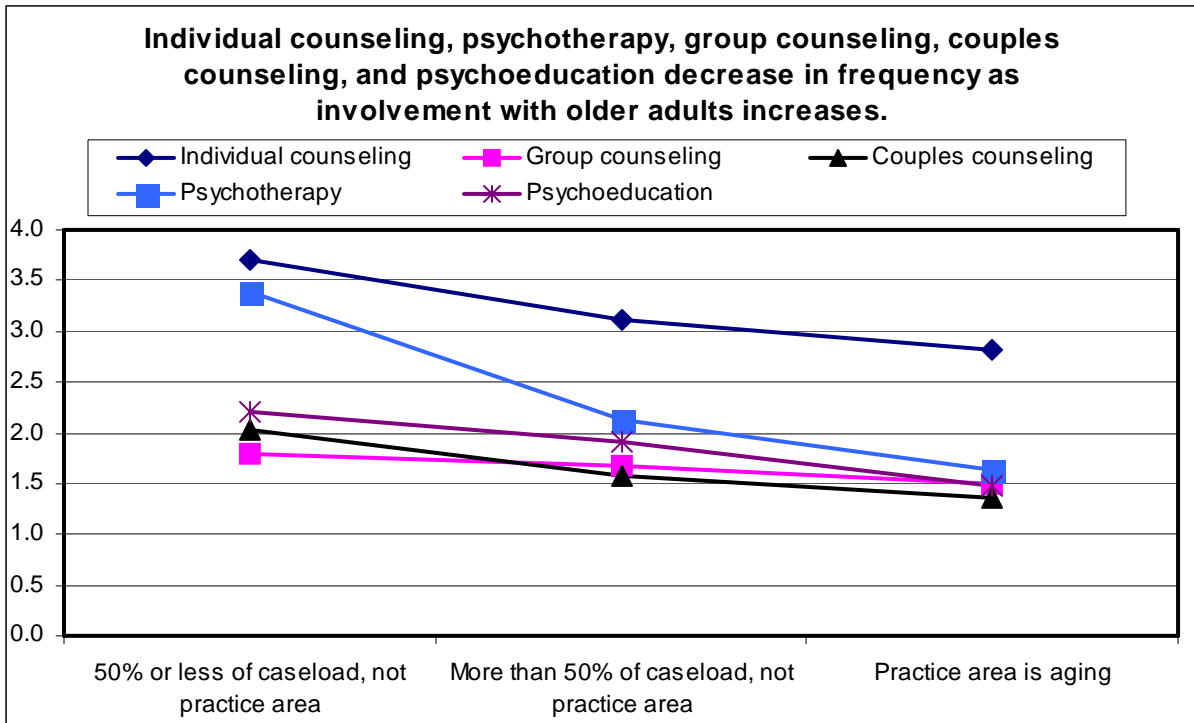
Task	No Older Clients	50% or Less of Caseload, Not Practice Area	More than 50% of Caseload, Not Practice Area	Practice Area is Aging	All Social Workers
Information/Referral	81%	82%	86%	86%	75%
Screening/Assessment	77%	85%	85%	81%	74%
Treatment Planning	72%	77%	68%	63%	66%
Crisis Intervention	78%	76%	76%	65%	68%
Case Management	64%	59%	70%	70%	58%
Individual Counseling	69%	81%	72%	64%	68%
Group Counseling	38%	37%	32%	21%	33%
Family Counseling	55%	55%	54%	51%	50%
Couples Counseling	20%	49%	27%	18%	30%
Medication Adherence	28%	37%	45%	27%	30%
Advocacy	39%	31%	40%	41%	32%
Psychotherapy	43%	64%	35%	21%	44%
Psychoeducation	46%	56%	40%	21%	42%
Client Education	62%	65%	72%	60%	58%
Supervision	39%	29%	28%	28%	30%
Program Development	42%	31%	31%	30%	31%
Program Management	35%	26%	25%	29%	27%
Discharge Planning	35%	38%	59%	55%	36%
Home Visits	44%	25%	41%	51%	34%

The frequency of performing some tasks varied with involvement with older adults. Information/referral, treatment planning, case management, and home visits increased with increased involvement with older adults (Figure 11). Individual counseling, couples counseling, group counseling, psychotherapy, and psychoeducation decreased (Figure 12). Other tasks follow a u-shaped curve; they are common among social workers whose caseloads contain between 1% and 50% older adults, take less time among social workers with caseloads that are predominantly older clients, and are more frequent among those in the practice area of Aging. These include supervision, program development, and program management (Figure 13). Finally, some tasks are an “upside-down u-shape” more frequent among those with predominantly older adult caseloads than among those who see fewer older adults, but are less common among those in the practice area of Aging than among those with predominantly older adult caseloads. These include screening/assessment, crisis intervention, family counseling, medication adherence, advocacy, client education, and discharge planning (Figure 14).

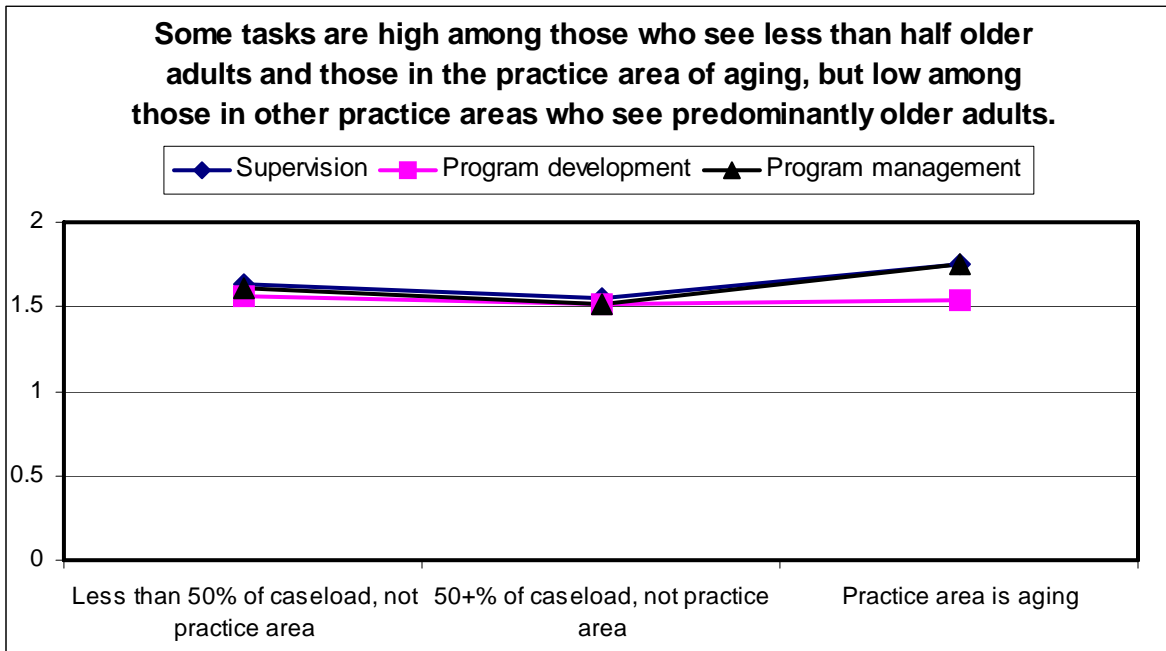
**Figure 11. Frequency of Selected Tasks, by Level of Involvement with Older Adults**



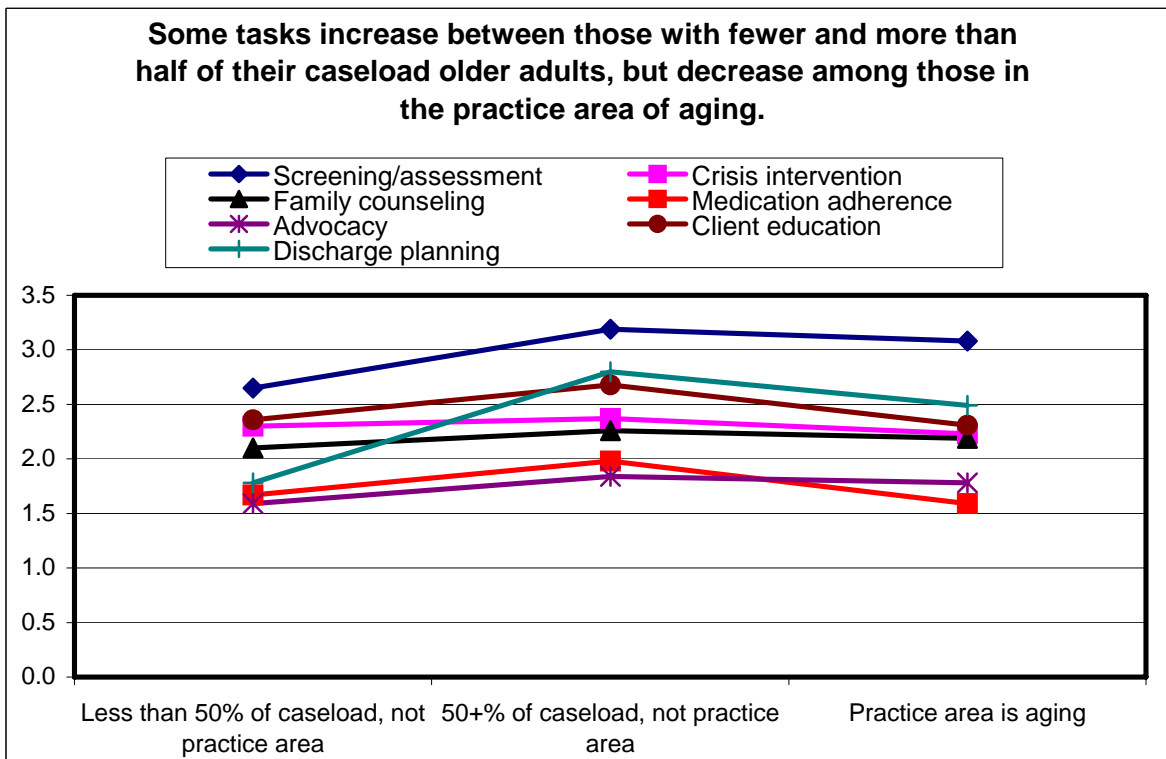
**Figure 12. Frequency of Selected Tasks, by Level of Involvement with Older Adults**



**Figure 13. Frequency of Selected Tasks, by Level of Involvement with Older Adults**



**Figure 14. Frequency of Selected Tasks, by Level of Involvement with Older Adults**



Thirty-two percent of social workers working with any older adults reported that the tasks they perform tend to be above their level of training and skills, while 13% report tasks tend to be below their level of training. This is not substantially different from the responses of social workers who do not work with older adults.

Figure 15 shows that social workers in Aging were less likely to report that tasks were above their skill levels (27%) and more likely to report tasks below their skill level (19%) than those not in the Aging practice area (33% versus 11%). However, BSWs in Aging were more likely to report tasks above their skill level than MSWs in Aging (34% versus 27%), and less likely to report tasks below their skill levels (11% versus 21%). Significant differences do not appear across practice areas by degree.

**Figure 15. Percentages of Licensed Social Workers Serving Older Adults Reporting Tasks Above and Below Their Training/Skill Level**

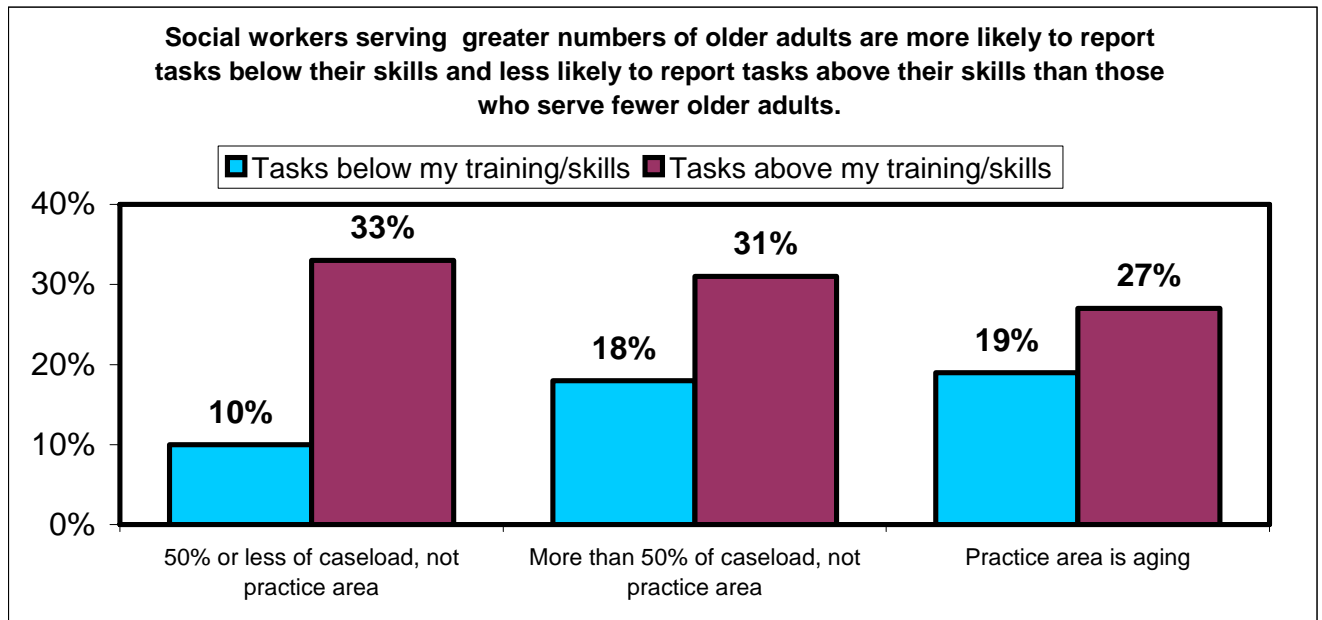


Table 8 lists tasks that licensed social workers serving older adults perform more often and less often in selected employment settings.

**Table 8. Services to Clients Reported As More Common and Less Common in Different Employment Settings by Licensed Social Workers Serving Older Adults**

Employment Setting	Do Significantly More...	Do Significantly Less...
Hospitals	Information/referral *** Screening/assessment *** Crisis intervention *** Client education ** Discharge planning ***	Supervision of staff *** Program management *** Advocacy/community org * Home visits *** Psychotherapy *** Program development **
Social Service Agencies	Case management *** Advocacy/community org * Supervision of staff ** Program management * Home visits ***	Information/referral * Treatment planning ** Medication adherence *** Discharge planning *** Psychotherapy *** Psychoeducation * Group counseling *
Nursing Homes	Information/referral ** Discharge planning ***	Psychoeducation *** Client education ** Couples counseling *** Psychotherapy *** Home visits *** Individual counseling ***
Hospices	Home visits * Client education ** Family counseling ***	Psychotherapy *** Discharge planning ***
Home Health Agencies	Home visits *** Advocacy/community org * Information/referral **	Psychotherapy ***
Case Management Agencies	Case management *** Home visits ***	Couples counseling *** Group counseling *** Psychotherapy *** Psychoeducation ***

\* p=<0.05

\*\* p=<0.01

\*\*\* p=<0.001

To better understand how social workers serve older adults, they were asked about the frequency with which they performed selected activities. More than 90% reported that they communicate with families (95%), use community resources (95%), act as advocates (94%), and use agency resources (92%) when serving older adults. 87% participate in interdisciplinary activities on behalf of older adults. Fewer reported that they train social work students (41%), or participate in research (26%). Using a composite scale, Table 9 shows that BSWs in Aging do more of each of these tasks than MSWs, except for training social work students. The frequencies of most activities were significantly higher for social workers in Aging than for social workers not in this practice area among both MSWs and BSWs. However, substantial differences do not appear between social workers with caseloads more than 50% older adults NPA and those in Aging. Of particular interest is the increased emphasis on advocacy among those in the practice area of Aging.

**Table 9. Average Frequencies of Tasks in Providing Services to Older Adults  
(5-point scale from “Never = 1” to “Always = 5”)**

Tasks in Providing Services to Older Adults	MSW			BSW		
	Not Aging	Aging	p-value	Not Aging	Aging	p-value
Interdisciplinary Activities	3.11	4.04	<0.0005	3.64	4.00	0.002
Communicate with Families	3.50	4.17	0.029	3.96	4.28	<0.0005
Use Agency Resources	3.32	4.13	0.029	3.89	4.14	0.040
Use Community Resources	3.40	3.96	0.302	3.83	3.94	0.058
Act as Advocate	3.40	4.33	0.006	4.03	4.35	<0.000
Participate in Research	1.29	1.54	0.001	1.41	1.66	0.394
Train SW Students	1.69	2.13	0.221	1.80	1.95	0.010

The frequency of performing tasks targeted to older clients varies by setting, as shown below.

**Table 10. Selected Services for Older Adults Identified as More or Less Frequent by Employment Setting (based on a 5-point scale from “never” = 1 to “always” = 5)**

Employment Setting	Do Significantly More...	Do Significantly Less...
Hospitals	Interdisciplinary activities *** Communicate with families *** Use community resources *** Use agency resources *** Act as an advocate for clients *** Train social work students **	
Social Service Agencies		Interdisciplinary activities *** Communicate with families **
Nursing Homes	Interdisciplinary activities *** Communicate with families *** Act as an advocate for clients *** Train social work students *	
Hospices	Interdisciplinary activities *** Communicate with families *** Use agency resources *** Act as an advocate for clients ***	
Home Health Agencies	Use agency resources ** Use community resources *** Communicate with families ***	
Case Management Agencies	Use agency resources *** Use community resources ***	

\* p=<0.05

\*\* p=<0.01

\*\*\* p=<0.001



# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

## **Chapter 4 of 7**

### **Where Social Workers Work**

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**March 2006**

## TABLE OF CONTENTS

Chapter 4. Where Social Workers Work .....	1
Summary of the Findings.....	1
Employment Sector.....	1
Settings.....	5
<i>Sectors</i> .....	5
<i>Employment Setting</i> .....	6

## LIST OF TABLES

Table 1. Employment Settings of Licensed Social Workers by Practice Emphasis on Older Adults.....	7
Table 2. Percentages of Licensed Social Workers Employed in Selected Settings by Practice Emphasis on Older Adults .....	8
Table 3. Percentages of Licensed Social Workers Working in Selected Employment Settings, by Earned Degrees .....	8
Table 4. Percent of Licensed Social Workers Serving Older Adults Working in Selected Employment Settings, by Location.....	9

## LIST OF FIGURES

Figure 1. Percentages of Licensed Social Workers in Selected Employment Sectors Who Work With Older Adults.....	2
Figure 2. Percentages of Licensed Social Workers Serving Older Adults in Different Employment Sectors, by Age Category.....	3
Figure 3. Percent of Licensed Social Workers Serving Older Adults, by BSW and MSW, by Employment Sector.....	4
Figure 4. Percentage of Licensed Social Workers Serving the Elderly with Different Elderly Case Loads, by Employment Sector .....	5
Figure 5. Sector of Employment of Licensed Social Workers Serving Older Adults, by Employment Setting.....	6
Figure 6. Mix of MSWs and BSWs Employed in Selected Employment Settings .....	7

## Chapter 4. Where Social Workers Work

### Summary of the Findings

- Social workers are employed across employment sectors and settings. This demonstrates the broad need for social workers, but presents challenges in terms of formulating practices and policies that address varied missions, resources, and funding available to support social work services.
- The private non-profit sector is the most common employment sector for social workers who see older adults. BSWs are more likely than MSWs to work in the private non-profit sector (48% v 36%), public sector (32% versus 22%), and private for-profit sectors (20% versus 17%). MSWs are more likely to work in private practice (25% versus 1%).

The distribution of social workers serving some older adults across sectors differs from the distribution of social workers overall and those not providing services to older adults. Social workers overall are more likely to work in the public sector, or the private for-profit sector. Social workers with no older clients are much more likely to be in public agencies, and less likely to be in private practice or for-profit settings.

- Social workers 55 years of age and older are more likely to be in private practice and less likely to work in private for profit and public agencies.
- Social workers in Aging are most likely to work in nursing homes (29%). Private practice (23%) and hospitals (17%) are the most common settings for social workers serving some older adults overall.

#### Employment Sector

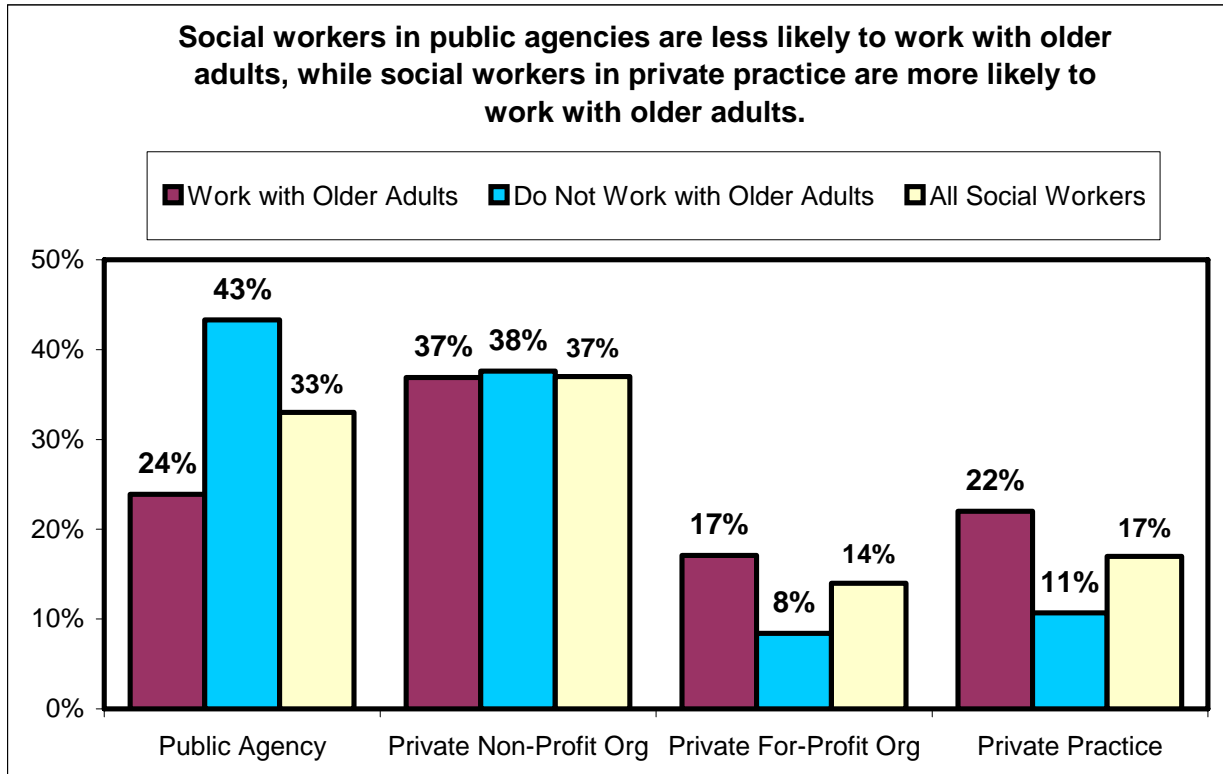
Figure 1 shows that the private non-profit sector is the most common employment sector for social workers who see older adults (37%), followed by the public sector (24%)<sup>1</sup>, private practice (22%)<sup>2</sup> and the private for-profit sector (17%). Social workers working with some older adults are much less likely to work in the public sector and are more likely to work in private for-profit and private practice than licensed social workers overall, or those who do not work with clients 55 years of age or older.

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<sup>1</sup> Public sector includes agencies in the Federal government, state government, local government and the military.

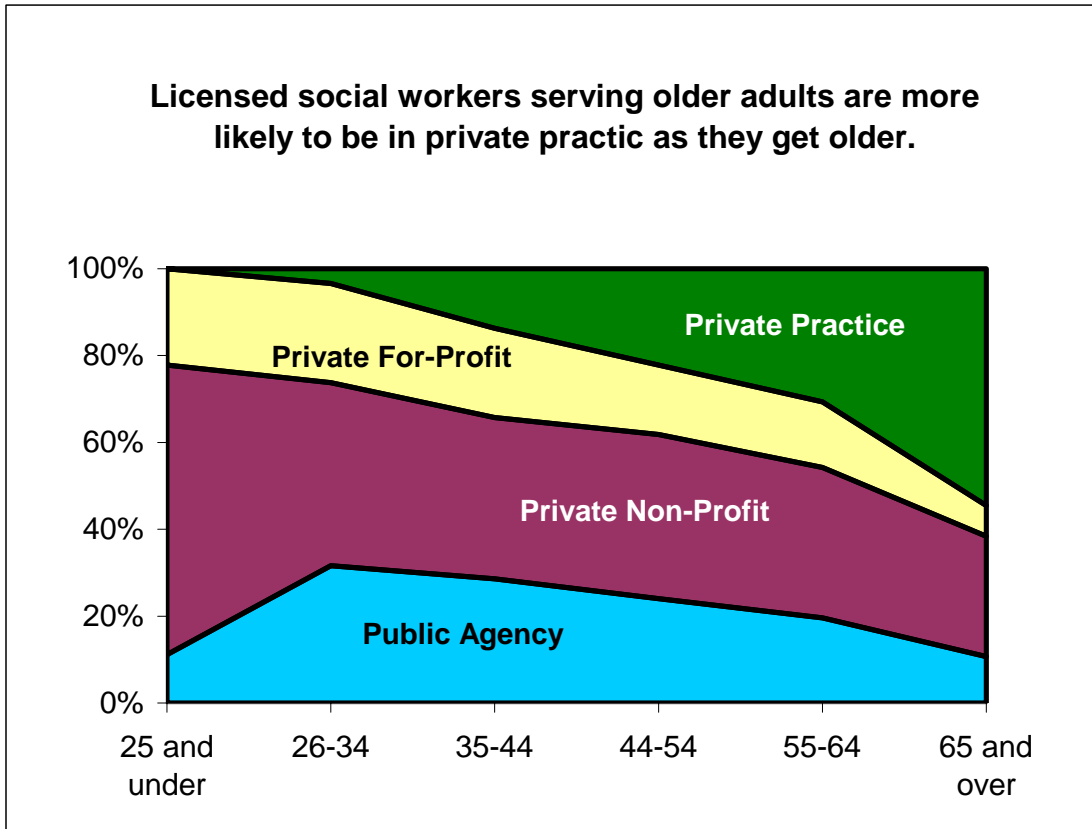
<sup>2</sup> In the 2004 social work workforce study, private practice is separated from the for-profit sector. This permitted distinguishing experiences and trends of those who are self-employed from those who are employees of organizations.

**Figure 1. Percentages of Licensed Social Workers in Selected Employment Sectors Who Work With Older Adults**



As can be seen in Figure 2, licensed social workers age 34 years and younger are most likely to work in private non-profit organizations (43%). Those 55 years and older are most likely to be in private practice (35%).

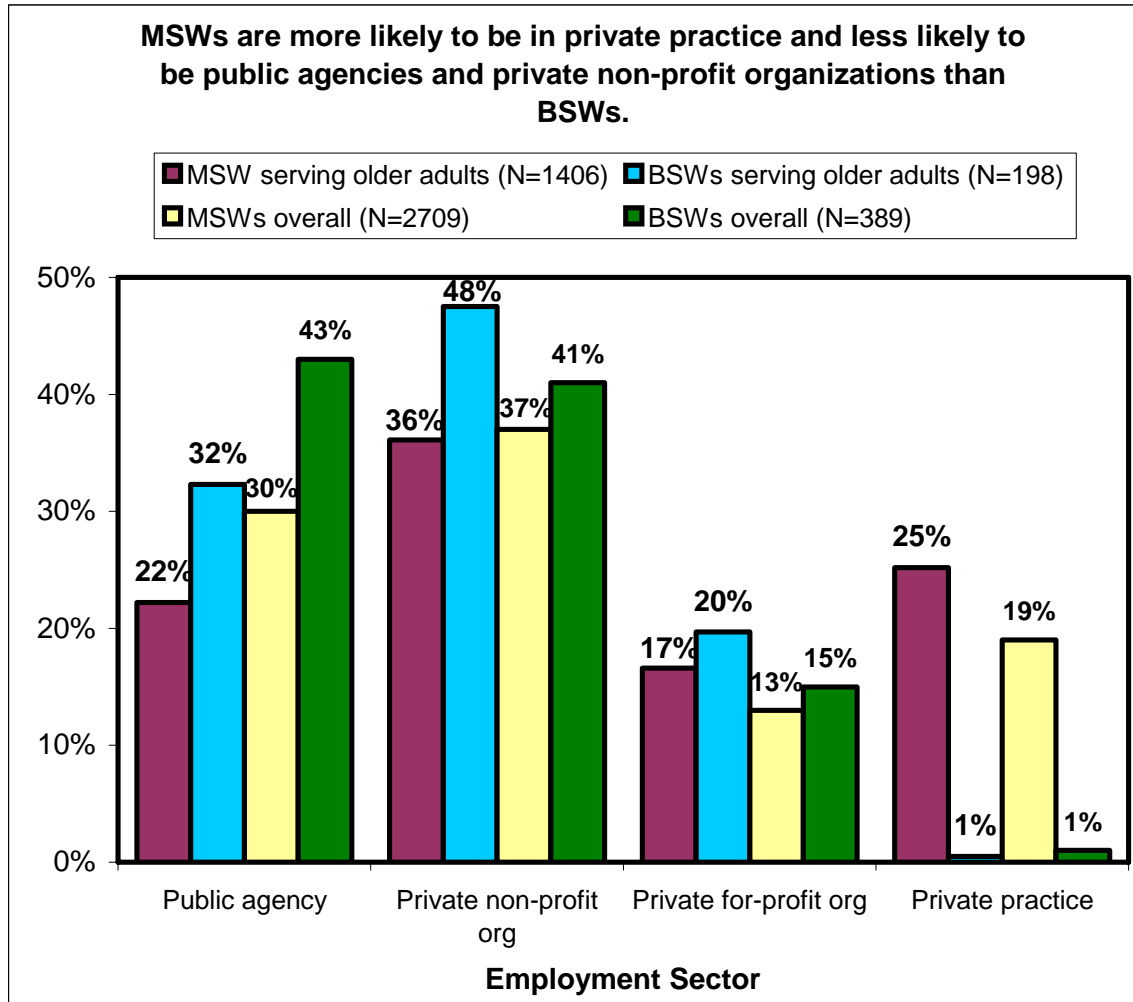
**Figure 2. Percentages of Licensed Social Workers Serving Older Adults in Different Employment Sectors, by Age Category**



The distribution of employment sectors in which social workers are employed varies by highest social work degree (Figure 3). BSWs are more heavily concentrated than MSWs in the private non-profit sector (48% of BSWs versus 36% of MSWs), public agencies (32% of BSWs versus 22% of MSWs), and the private for-profit sector (20% of BSWs versus 17% of MSWs). MSWs are substantially more likely than BSWs to be in private practice (25% of MSWs versus 1% of BSWs).

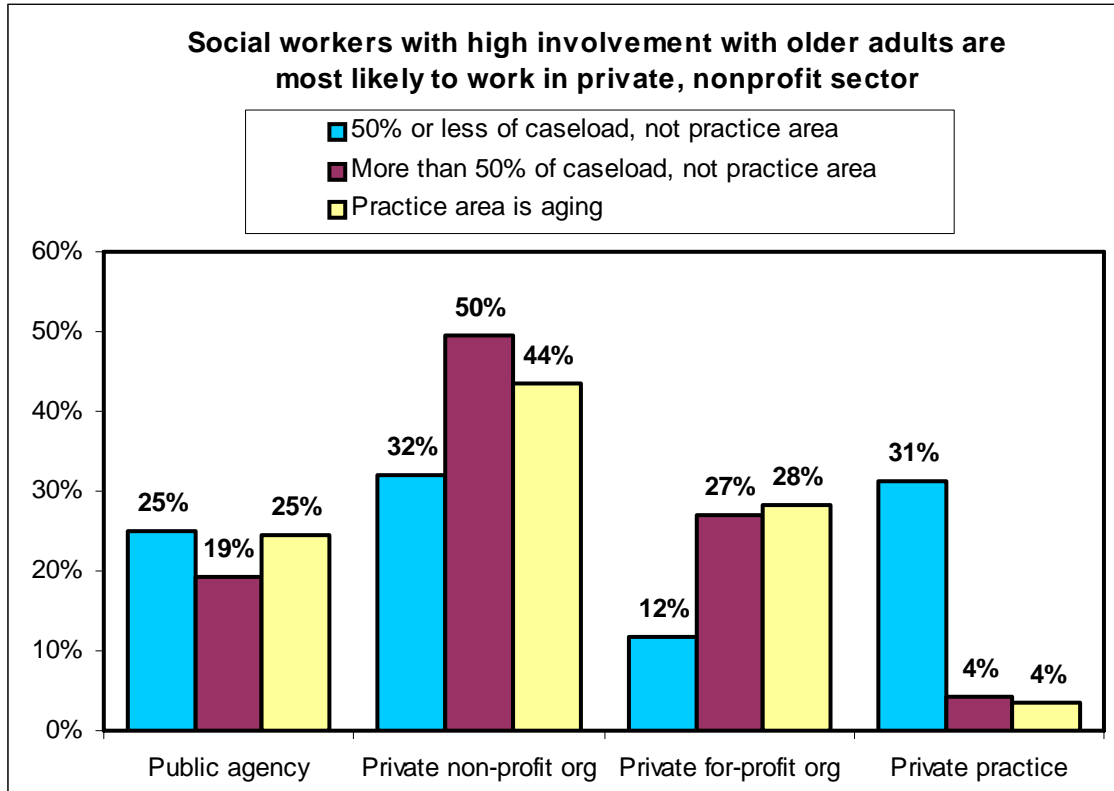
BSWs in Aging are more likely than MSWs to work in the nonprofit sector (56% versus 40%). MSWs are more likely to work in all other sectors: for-profit (31% versus 22%), public (24% versus 22%), and private practice (5% versus 0%).

**Figure 3. Percent of Licensed Social Workers Serving Older Adults, by BSW and MSW, by Employment Sector**



Forty-four percent of social workers in Aging and 36% of those in other practice areas work in private non-profit agencies (Figure 4). Social workers in Aging and those with caseloads of more than 50% older adults are substantially less likely to be in private practice than colleagues carrying caseloads of 50% or fewer older adults (4% and 4% versus 31%).

**Figure 4. Percentage of Licensed Social Workers Serving the Elderly with Different Elderly Case Loads, by Employment Sector**



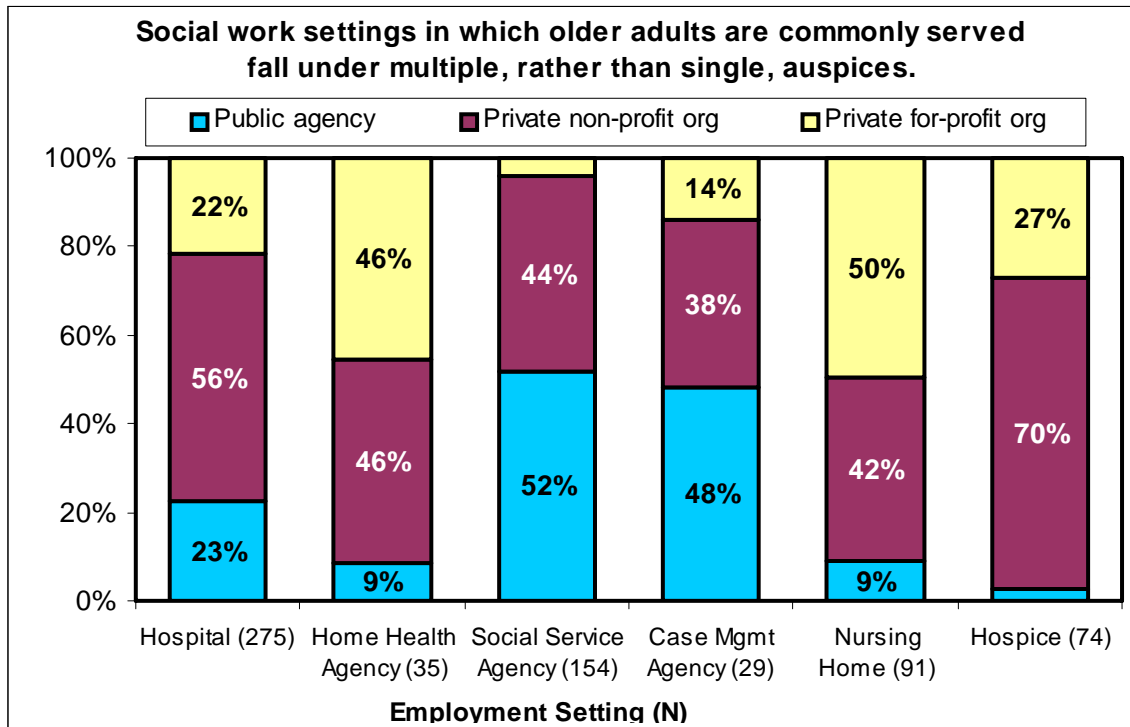
## Settings

### Sectors

Setting types cross sectors, complicating the understanding of the distribution of licensed social work employment across sectors. For example, Figure 5 shows that the majority of hospitals are private nonprofit organizations, but they can also be public (23%) or for profit organizations (22%). Forty-six percent of home health agencies fall into both the private for-profit and the private nonprofit sectors. The fact that settings in which social workers work fall into multiple sectors demonstrates the expanse of the profession.



**Figure 5. Sector of Employment of Licensed Social Workers Serving Older Adults, by Employment Setting**



*Employment Setting*

Licensed social workers are employed in diverse settings. The largest percentage of those serving older adults (29%) reported working in “other” settings. Private practice (21%) and hospitals (16%) were the next most frequent employment settings.

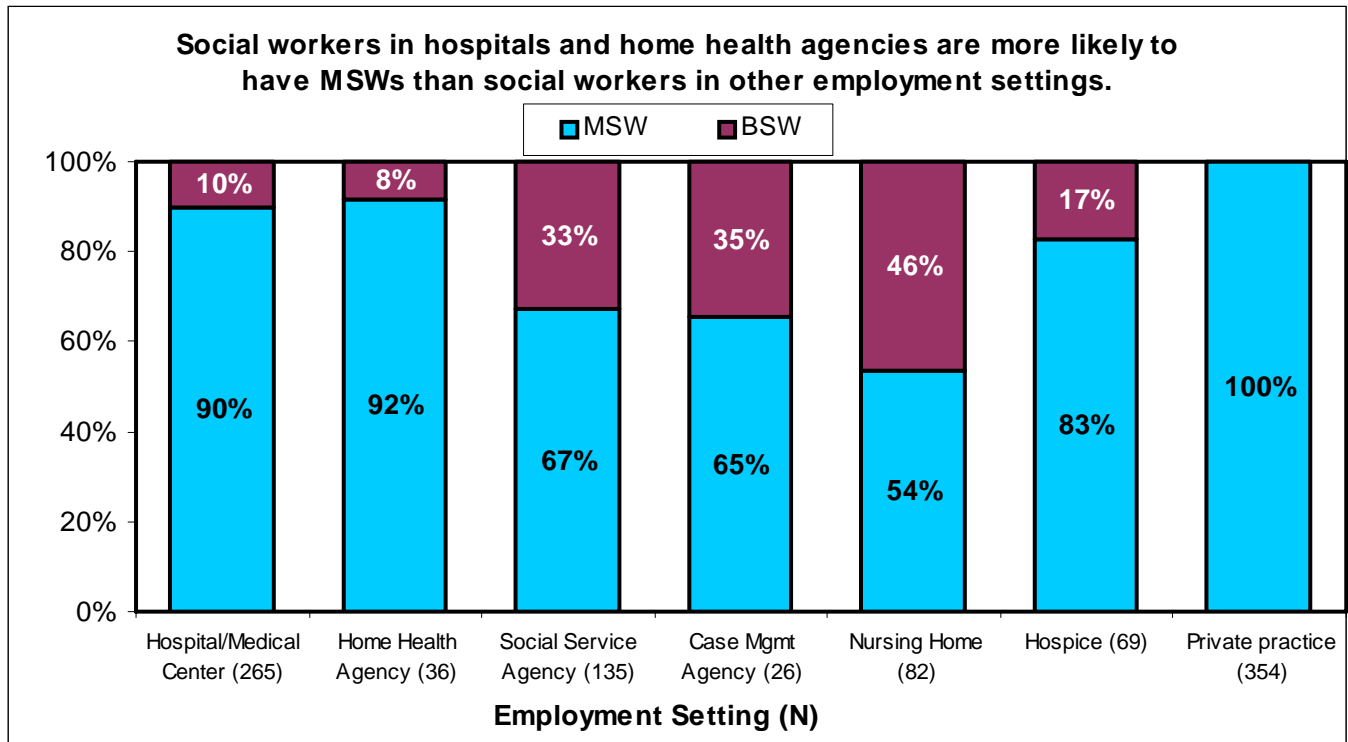
Table 1 shows that social workers who don’t work with older adults were much more likely to be employed in “other” settings, and much less likely to work in hospitals or private practice. They were also more likely to work in social service agencies.

**Table 1. Employment Settings of Licensed Social Workers by Practice Emphasis on Older Adults**

Employment Setting	Works with Any Older Adults (N=569)	Works with No Older Adults (N=1693)	All Social Workers
Private Practice	21%	10%	18%
Hospital	16%	7%	12%
Social Service Agency	9%	18%	14%
Behavioral Health Clinic	8%	12%	9%
Health Clinic	6%	4%	6%
Nursing Home	5%	0%	3%
Hospice	4%	0%	3%
Home Health Agency	2%	0%	1%
Other	29%	49%	34%

Figure 6 shows that there are notable variations in the mix of MSWs and BSWs in different employment settings. A higher proportion of MSWs can be found in hospitals and home health agencies and a higher percentage of BSWs can be found in nursing homes.

**Figure 6. Mix of MSWs and BSWs Employed in Selected Employment Settings**



Social workers in Aging were most likely to work in nursing homes (29%), hospitals (12%) and social service agencies (12%) (Table 2). Those with more than 50% older adults in their

caseloads were most likely to work in hospitals (39%) and hospices (17%). Social workers with 50% or fewer older adults in their caseloads were most likely to be in private practice (32%).

**Table 2. Percentages of Licensed Social Workers Employed in Selected Settings by Practice Emphasis on Older Adults**

Primary Employment Setting	Any Older Adults	50% or Less of Caseload, Not Practice Area (N=1129)	More Than 50% of Caseload, Not Practice Area (N=298)	Practice Area is Aging (N=266)
Private Practice	23%	32%	4%	4%
Hospital	17%	12%	39%	12%
Social Service Agency	9%	10%	3%	12%
Hospice	4%	1%	17%	5%
Home Health Agency	2%	1%	3%	8%
Case Mgmt Agency	2%	0%	1%	9%
Nursing Home	5%	0%	4%	29%
Other	38%	44%	29%	21%

MSWs are most likely to work in “other” settings (41%) followed by private practice. The work settings of BSWs vary substantially depending on whether they are in the Aging practice area.

**Table 3. Percentages of Licensed Social Workers Working in Selected Employment Settings, by Earned Degrees**

Primary Employment Setting	All Who Serve Older Adults	MSW		BSW	
		Not Practice Area (N=1186)	Practice Area (N=172)	Not Practice Area (N=128)	Practice Area (N=61)
Private Practice	23%	29%	5%	1%	0%
Hospital/Medical Center	17%	18%	15%	17%	8%
Home Health Agency	2%	1%	11%	1%	3%
Social Service Agency	9%	6%	9%	24%	21%
Case Mgmt Agency	2%	0%	9%	2%	10%
Nursing Home	5%	0%	23%	5%	53%
Hospice	4%	4%	6%	8%	3%
Other	38%	41%	23%	42%	2%

Social workers practicing in rural areas are much less likely than other social workers providing services to older adults to work in hospitals; they are more likely to work in social service

agencies and nursing homes (Table 4). Social workers in metropolitan areas are more likely to work in private practice, and less likely to work in nursing homes and social service agencies.

**Table 4. Percent of Licensed Social Workers Serving Older Adults Working in Selected Employment Settings, by Location**

	Metropolitan Area (N=1236)	Micropolitan Area (N=154)	Small Town (N=94)	Rural Area (N=38)
Hospital/Medical Center	18%	12%	20%	8%
Home Health Agency	2%	1%	1%	0%
Social Service Agency	9%	13%	9%	16%
Case Mgmt Agency	2%	3%	2%	3%
Nursing Home	5%	7%	9%	13%
Hospice	4%	7%	6%	3%
Private Practice	24%	21%	7%	13%
Other	36%	36%	46%	44%

# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

## **Chapter 5 of 7**

### **Work Environment**

**Prepared by**

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**The National Association of Social Workers  
Center for Workforce Studies  
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**March 2006**

## TABLE OF CONTENTS

Chapter 5. Work Environment.....	1
Summary of the Findings.....	1
Wages and Benefits.....	2
<i>Benefits by Setting</i> .....	7
<i>Satisfaction with Wages and Benefits</i> .....	8
Vacancies and Outsourcing of Social Work Roles .....	9
Job Safety.....	11
Supervision by Social Workers.....	12
Work with Other Professionals.....	13
Agency Participation in Professional Activities .....	15
Agency Support and Guidance .....	16

## LIST OF TABLES

Table 1. Median Annual Salaries of Licensed Social Workers Serving Older Adults in Selected Categories, 2004 .....	3
Table 2. Employer Participation in Professional Activities by Employment Setting.....	16

## LIST OF FIGURES

Figure 1. Median Full-Time Salaries of Licenced Social Workers Serving Older Adults by Employment Setting, by Earned Degrees, 2004 .....	4
Figure 2. Median Annual Salaries of Licensed Social Workers Serving Older Adults, by Level of Involvement with Older Adults, 2004 .....	5
Figure 3. Median Annual Salaries of Licensed Social Workers Serving Older Adults, by Location .....	6
Figure 4. Benefits of Full-Time Social Workers by Involvement with Older Adults .....	7
Figure 5. Satisfaction with Salary and Fringe Benefits of Licensed Social Workers Serving Older Adults, by Employment Setting.....	8
Figure 6. Rating of Extent of Vacancies and Responses to Vacancies, by Level of Involvement with Older Adults.....	9
Figure 7. Rating of Extent of Vacancies and Difficulty Filling Vacancies, by Employment Setting .....	10
Figure 8. Rating of Extent of Hiring Non-Social Workers and Outsourcing SW Functions, by Employment Setting.....	11
Figure 9. Percentages of Licensed Social Workers Serving Older Adults Facing Personal Safety Issues, by Level of Involvement with Older Adults .....	12
Figure 10. Percent of Social Workers Supervised by Other Social Workers, by Employment Setting .....	13
Figure 11. Percentages of Social Workers Working with Other Social Workers, by Level of Involvement with Older Adults .....	14
Figure 12. Percentages of Social Workers who Worked With Others, by Employment Setting and Number of Co-Workers.....	15

## Chapter 5. Work Environment

### Summary of the Findings

- Most social workers serving older adults (70%) are satisfied with their compensation packages regardless of level of involvement with older adults.
- Median annual wages of licensed MSWs are \$46,733 and \$33,429 for licensed BSWs. BSWs with caseloads more than 50% older adults earn more than other BSWs serving older adults.
- Licensed MSWs in Aging earn less than MSWs in other practice areas.
- Licensed social workers who serve older adults are significantly less likely to receive benefits than social workers overall. Social workers in Aging and social workers who serve caseloads of more than 50% older adults are more likely to receive benefits than those social workers serving caseloads of 50% or fewer older adults.
- Satisfaction with wages and salaries varies by setting. Social workers employed in hospitals are the most satisfied with wages and benefits. MSWs who serve older adults earn highest wages in private practice and hospitals, and lowest wages in nursing homes. BSWs serving older adults earn highest wages in hospitals, nursing homes and hospices, and lowest in home health agencies.
- Social workers practicing in rural areas are much less likely than other social workers providing services to older adults to work in hospitals or in private practice; they are more likely to work in social service agencies and nursing homes.
- Approximately one-fifth of employed, licensed social workers work in settings where social work positions are frequently open or filled by workers who lack professional social work training.
- Seventeen percent of social workers who work with older adults reported that vacancies in their agency are common and 21% report that vacancies are difficult to fill.
- Twenty-four percent reported that their agency hires non-social workers to fill social work roles, and 16% reported that their agencies outsource social work functions.
- Social workers in Aging are less likely to report vacancies as common or difficult to fill.
- Licensed social workers in social service agencies were most likely to report that vacancies were both common (35%) and difficult to fill (25%). They were also most likely to report outsourcings of social work roles, and highly likely to report use of workers who lack professional social work training.
- Job safety issues are reported by 50% of social workers who work with older adults. Social workers report that seventy percent of these issues are adequately addressed by employers.



- Social workers seeing 50% or fewer older adults in their caseloads most frequently raise safety issues (57%).
- Social workers in Aging are least likely to raise safety issues among those serving older adults (32%).
- Slightly less than half of all social workers are supervised by a social worker. Social workers with caseloads that are 50% or fewer older adults are more likely to be supervised by a social worker (52%) than other social workers serving older adults (52%). This differs little by degree (45% of BSWs and 48% of MSWs).
- Social workers in Aging are more likely to report being the only social worker in their agencies (25%) than other social workers serving any old adults (15%).
- Licensed social workers in Aging work with the fewest other social workers on average, while those who have 50% or fewer older adults in their caseloads work in settings with the most other social workers.

### **Wages and Benefits**

Social workers providing services to older adults and working full-time for a single employer earn a median salary of \$33,429 at the BSW level and \$46,733 at the MSW level. These salaries are higher than the salaries of licensed social workers who do not see older clients (\$32,899 and \$44,219, respectively). MSWs in Aging earn less than MSWs in other practice areas (\$46,894 compared to \$49,500). BSWs in Aging earn \$33,598, compared to \$ 34,597 for BSWs in other practice areas.

As can be seen in Table 1, licensure results in increased wages for social workers overall.

**Table 1. Median Annual Salaries of Licensed Social Workers Serving Older Adults in Selected Categories, 2004**

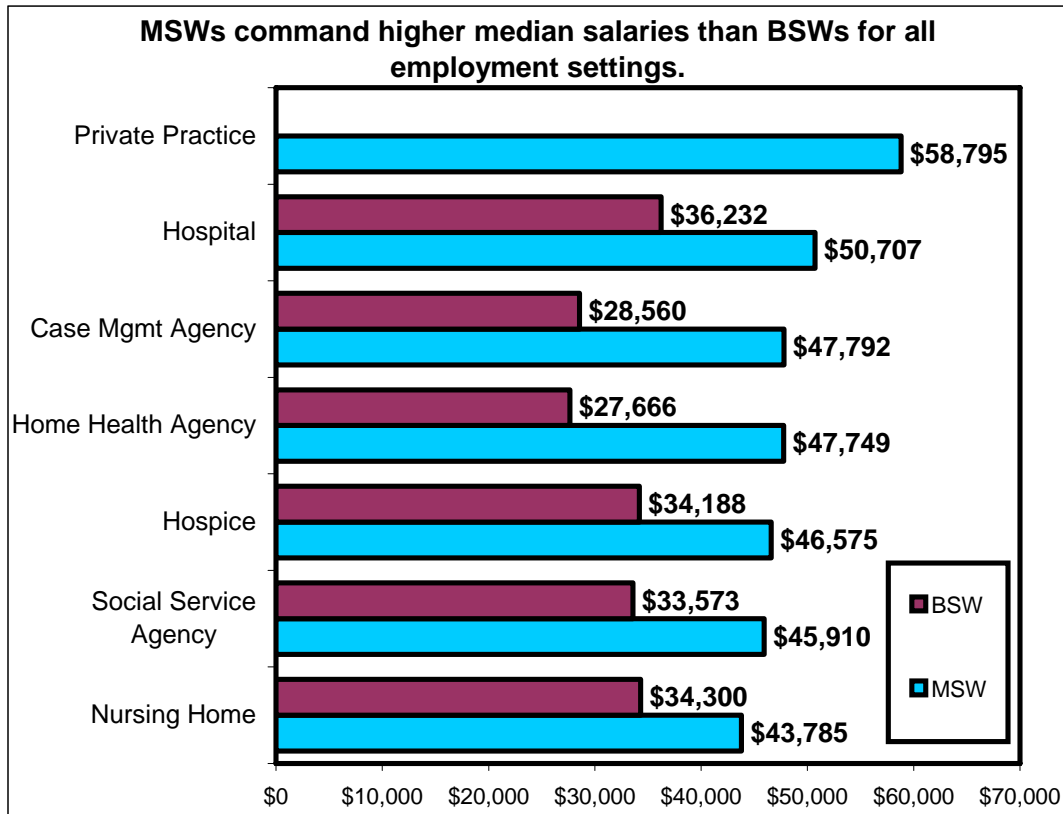
Category of Social Worker	2003 U.S. Employment	Mean Salary	Median Salary
Licensed social worker, BSW	37,400	\$36,822	\$34,487
Licensed social worker, MSW	249,136	\$54,091	\$49,216
Licensed social worker, DSW	6,676	\$84,712	\$64,423
MSW – Practice area is Aging	24,600	\$51,293	\$46,894
BSW – Practice area is Aging	8,400	\$34,564	\$33,958
MSW – Practice area not Aging	161,400	\$55,118	\$49,500
BSW – Practice area not Aging	18,200	\$35,131	\$34,597
Licensed social worker - practice area is Aging	38,400	\$45,113	\$41,211
Licensed social worker - More than half older adults	44,800	\$49,057	\$47,606
Licensed social worker - 50% or less older adults	150,400	\$53,486	\$47,569
Social worker, mental health and substance abuse*	102,110	\$35,860	\$33,650
Social worker, medical and public health*	103,040	\$40,540	\$39,160
Social worker, child, family and school*	252,870	\$37,190	\$34,300

\*Source for non-licensed salaries is Bureau of Labor Statistics

Among social workers who serve older adults, median salaries vary dramatically by gender. Male MSWs earn a median of \$55,606 compared to \$48,412 for women. This salary disparity is also true of social workers overall.

Figure 1 shows that MSWs serving older clients earn the highest wages in private practice and hospitals, and the lowest wages in nursing homes. BSWs earn the highest wages in hospitals, nursing homes and hospices, and the lowest in home health agencies. These patterns are largely consistent with those for social workers overall.

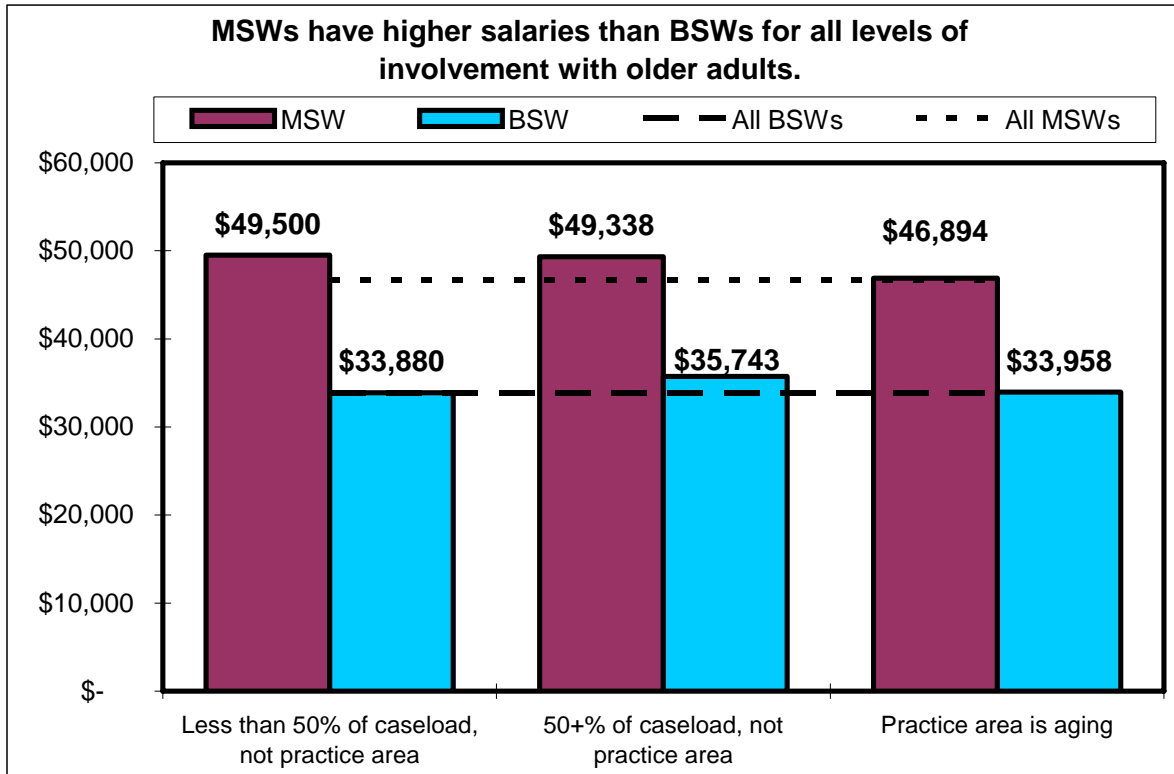
**Figure 1. Median Full-Time Salaries of Licenced Social Workers Serving Older Adults by Employment Setting, by Earned Degrees, 2004**



Note: Salaries are for those social workers who worked full-time for one employer.

Figure 2 shows that wages of MSWs and BSWs are further influenced by level of involvement with older adults. MSWs in Aging earn less than other MSWs who work with older adults. BSWs with caseloads more than 50% older adults earn more.

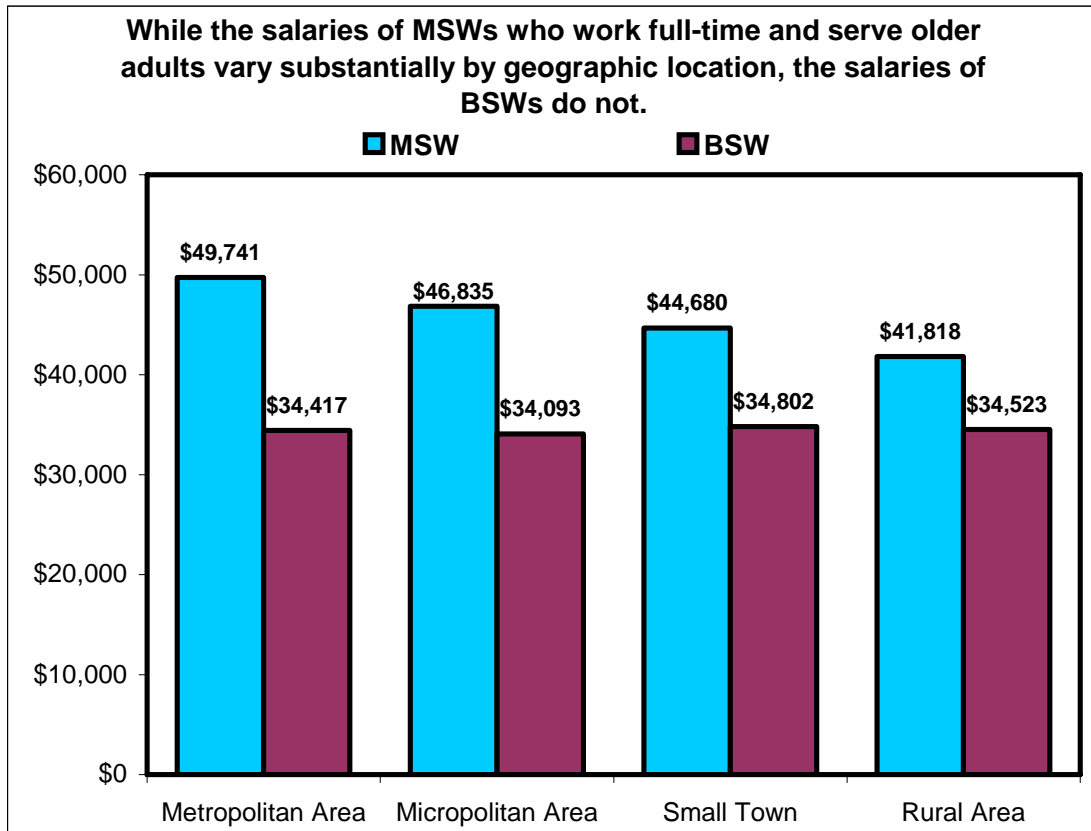
**Figure 2. Median Annual Salaries of Licensed Social Workers Serving Older Adults, by Level of Involvement with Older Adults, 2004**



Note: Salaries are for those social workers working full-time for one employer.

Figure 3 shows that MSWs salaries vary substantially by rural/urban location, with salaries higher in metropolitan areas and lower in rural areas. BSWs' salaries vary little by urban/rural location.

**Figure 3. Median Annual Salaries of Licensed Social Workers Serving Older Adults, by Location**

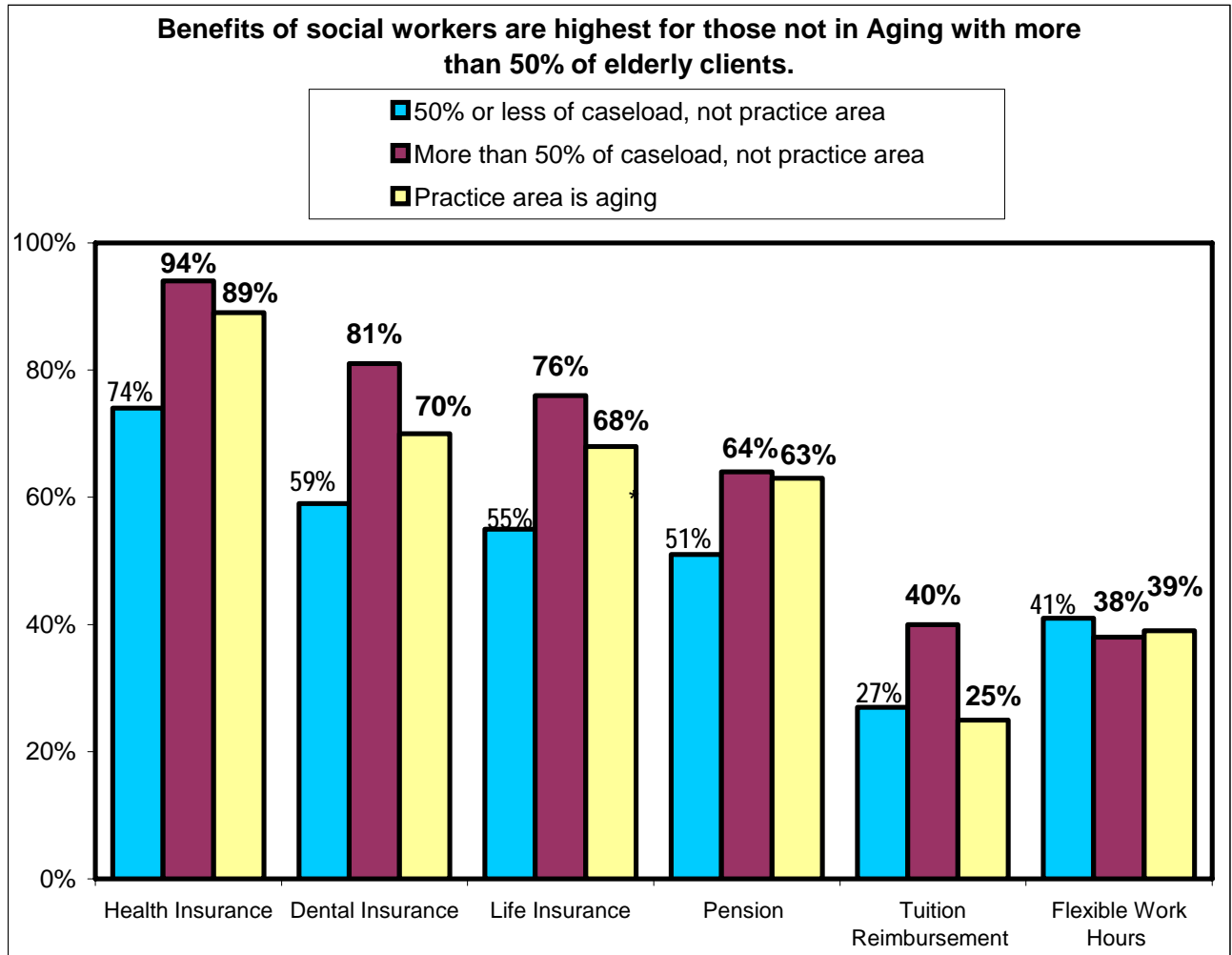


Note: Salaries are for those social workers working full-time for one employer.

Licensed social workers who serve older adults are slightly less likely to receive benefits than licensed social workers overall: health insurance 80% versus 85%, dental insurance 65% versus 69%, and life insurance 63% versus 64%. Of the social workers that see older adults, fifty-six percent have a pension, and 29% report that tuition reimbursement is available. Forty percent say that they have flexible working hours.

As can be seen in Figure 4, further variation in benefits exists by the level of social workers' involvement with older adults. Those who serve primarily older adults, either as a practice area or as a predominant caseload, are more likely to receive every type of benefit than those who serve fewer older adults, with the exception of tuition reimbursement and flexible work hours.

**Figure 4. Benefits of Full-Time Social Workers by Involvement with Older Adults**



*Benefits by Setting*

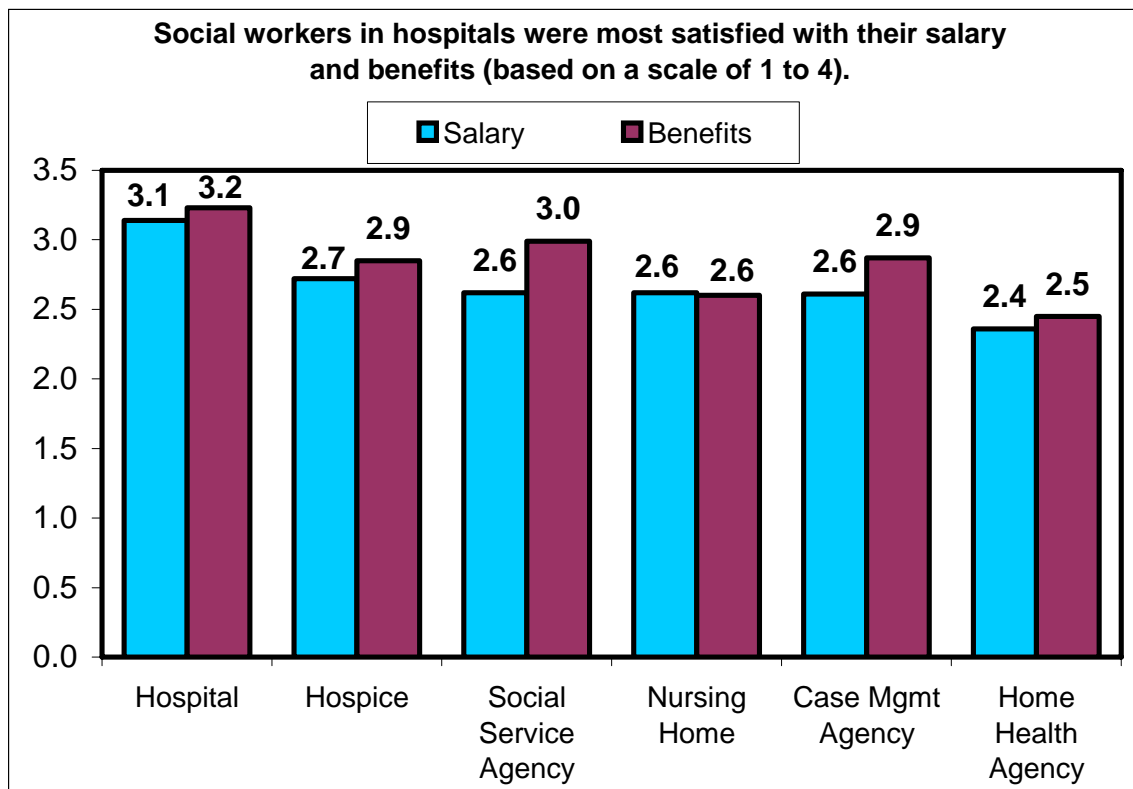
Benefits also vary by setting among social workers who serve older adults. Social workers are most likely to receive health insurance in hospices and hospitals (99% and 98%, respectively), but are least likely to receive this benefit in home health agencies (69%). A similar pattern emerges for dental insurance, which is available to 87% of social workers in hospices and 83% of those in hospitals, but only 63% of those in home health agencies. Life insurance, which is available to 85% of those in hospitals, but only 50% of those in home health agencies. Pensions are most commonly provided in hospitals and social service agencies (78% and 75%, respectively), and least commonly in hospices or nursing homes (46% and 51%, respectively). Tuition reimbursement is available to 47% of hospital social workers, and 35% of hospice social workers, but only to 14% of those in case management agencies. Social service agency social workers are most likely to report that flexible work hours are available (50%), while this is much less common in hospitals and home health (24% and 31%, respectively).

### Satisfaction with Wages and Benefits

Seventy percent of full-time social workers who serve the elderly report satisfaction with their salary, and 68% report satisfaction with their benefits. These social workers are not significantly more or less satisfied with salaries than those who do not serve any older adults, although they are less satisfied on average with their benefits. Men who serve older adults are more likely to be satisfied with salary than women (77% versus 69%), and MSWs are more likely to be satisfied with salary than BSWs (73% versus 59%). Satisfaction with salary is lower among social workers who earn lower salaries.

Satisfaction patterns are similar among social workers by level of involvement in serving older adults despite disparities in wages and benefits (Figure 5). Differences do appear by setting, however. Hospital social workers are significantly more satisfied<sup>1</sup> than others with both salary and benefits, while those in social service agencies are significantly less satisfied<sup>2</sup> with salary. Social workers in home health agencies are significantly less satisfied with both salary and benefits<sup>3</sup>. Those in nursing homes and private practice are significantly less satisfied with benefits<sup>4</sup>.

**Figure 5. Satisfaction with Salary and Fringe Benefits of Licensed Social Workers Serving Older Adults, by Employment Setting**



<sup>1</sup>  $p < 0.0005$

<sup>2</sup>  $p = 0.004$

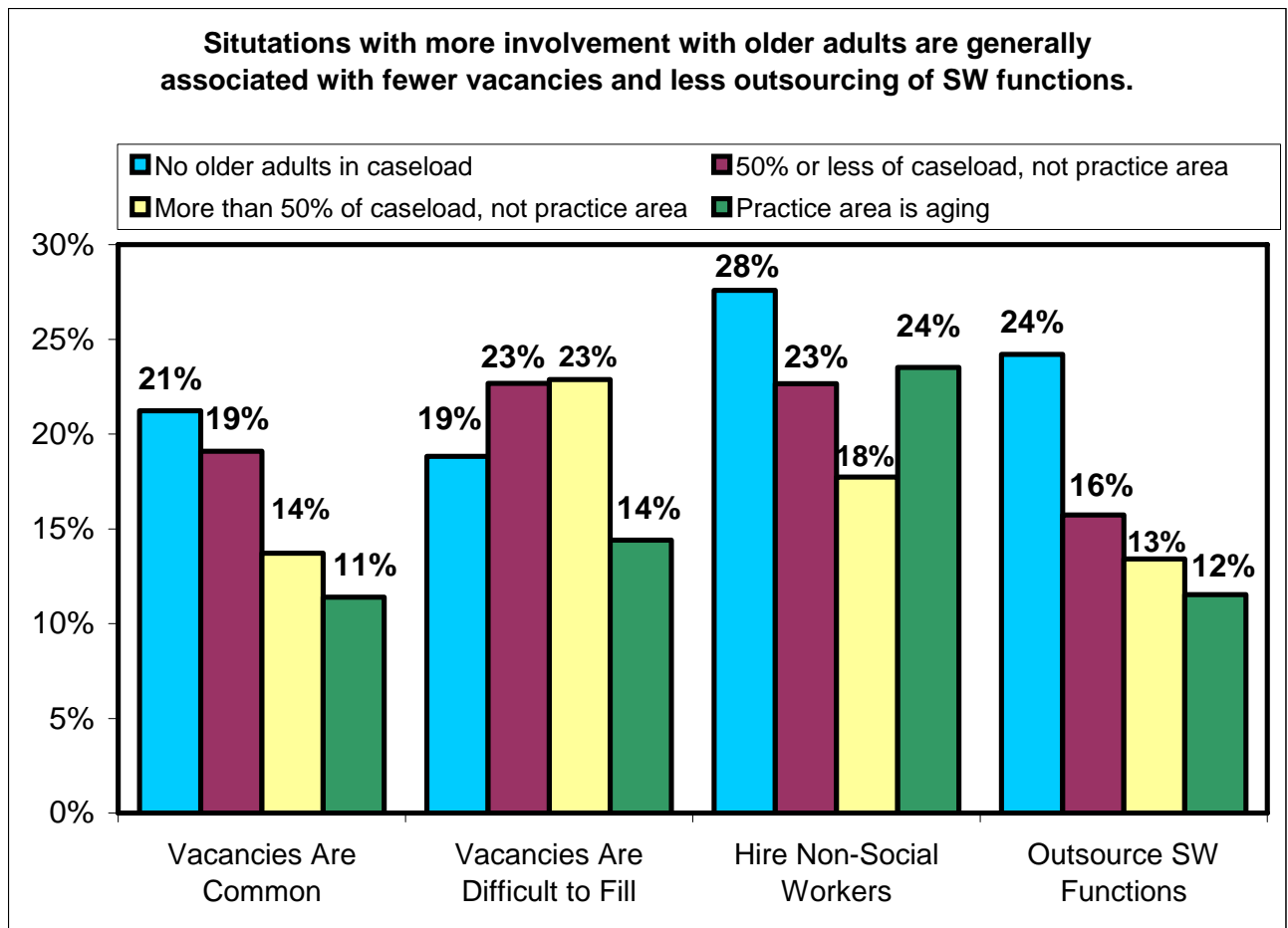
<sup>3</sup>  $p = 0.015$  for salary;  $p = 0.001$  for benefits

<sup>4</sup>  $p < 0.0005$  for both.

## Vacancies and Outsourcing of Social Work Roles

Seventeen percent of social workers who work with older adults report that vacancies in their agency are common and 21% report that vacancies are difficult to fill. As seen in Figure 6 reports of vacancies as common decline as involvement with the elderly increases. While 20% of those who see caseloads of fewer than half older adults report that vacancies are common, the numbers fall to 14% for social workers who see caseloads of more than half older adults, and 11% for those in Aging.

**Figure 6. Rating of Extent of Vacancies and Responses to Vacancies, by Level of Involvement with Older Adults**

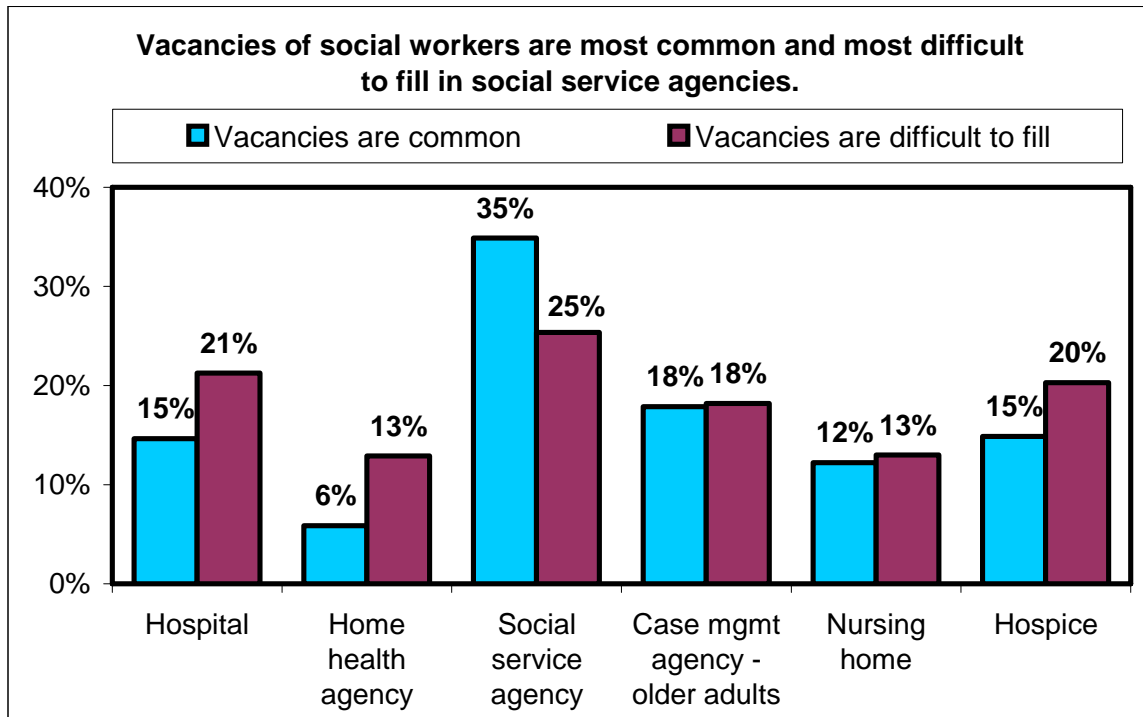


Significant differences do not appear between vacancies reported by BSWs and MSWs. Geographic location of practice has little effect on reports of vacancies, but social workers in rural areas and small towns are much more likely to report that vacancies are difficult to fill (29% and 35%, respectively) compared to those in micropolitan and metropolitan areas (23% and 19%, respectively). Vacancies are most common in public agencies (22%) and less common in private nonprofit and for-profit organizations (14% and 16%, respectively), while there is little difference in terms of vacancies being difficult to fill.



Figure 7 shows that licensed social workers in social service agencies were most likely to report that vacancies were both common (35%) and difficult to fill (25%). Those in home health agencies report the fewest vacancies (6%). Social workers in home health agencies and nursing homes report the least difficulty in filling positions (both 13%). Social workers who report that vacancies are common in their workplace have slightly lower full-time salaries on average than those who do not report common vacancies (median of \$42,054 versus \$45,336).

**Figure 7. Rating of Extent of Vacancies and Difficulty Filling Vacancies, by Employment Setting**



Outsourcing and hiring non-professional social workers to fill social work jobs was an issue. There is not a large difference between the outsourcing of jobs reported by BSWs and MSWs, although BSWs are slightly more likely than MSWs to work in settings that hire non-social workers to fill social worker roles (26% vs. 21%).

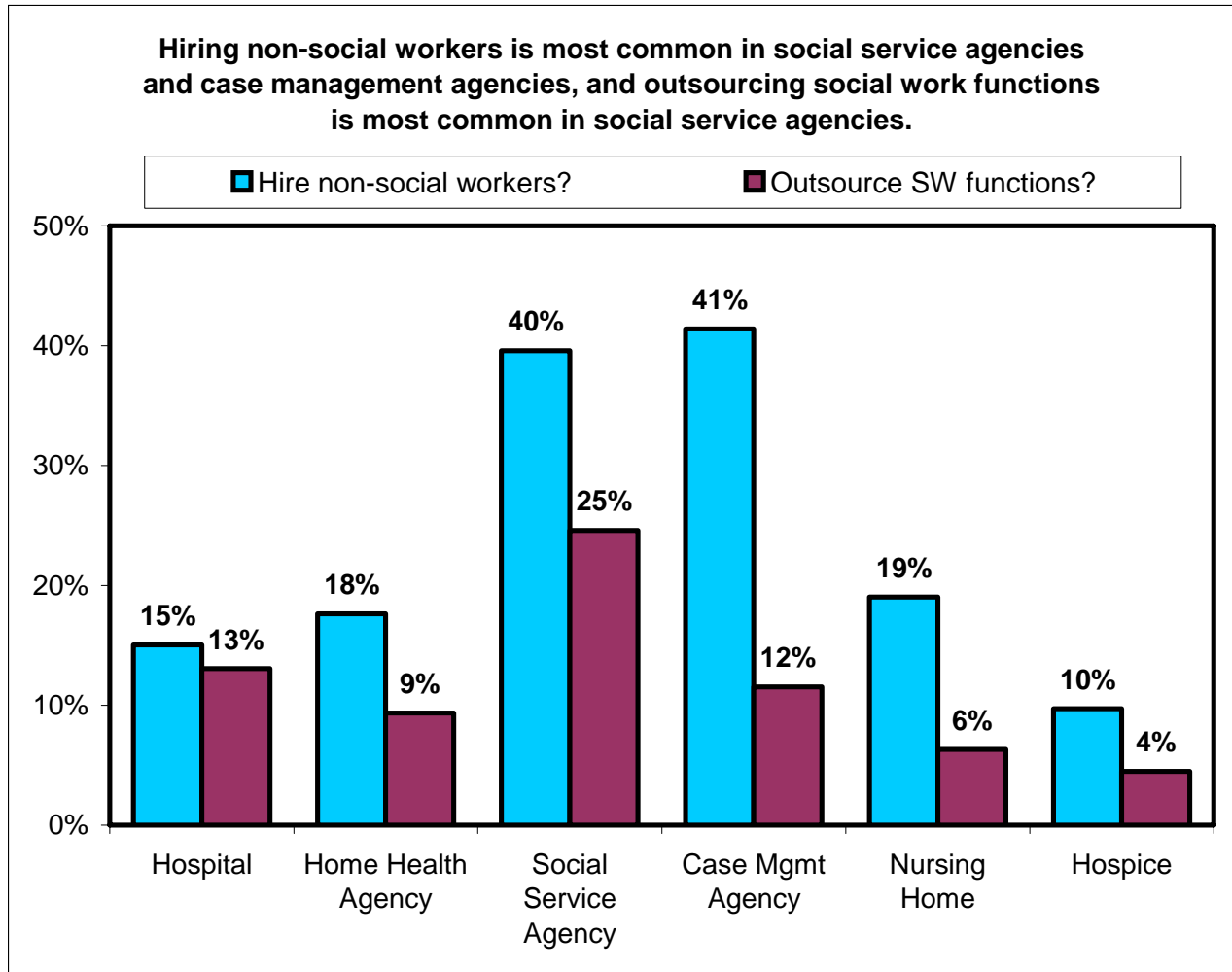
Agencies in rural areas are much more likely to outsource social work functions (29%) compared to those in small towns (11%), micropolitan areas (18%), or metropolitan areas (16%). Social workers practicing in rural and small towns are more likely to report the hiring of non-social workers (33% and 29%) than those in micropolitan and metropolitan areas (21% and 23%).

Public agencies also are most likely to outsource social work functions (26%), compared to private nonprofits (10%) and private for-profits (12%). Public agencies are most likely to hire non-social workers (31%), compared to private non-profit and private for-profit organizations (22% and 21%, respectively).

As can be seen in Figure 8, outsourcing of social work functions is most common in social service agencies (25%) and is least common in hospices (4%). Outsourcing is not related to

average salary. Non-social workers are most commonly recruited to fill social work roles in case management agencies for older adults and social service agencies (41% and 40%, respectively), and least commonly in nursing homes and hospices (6% and 4%).

**Figure 8. Rating of Extent of Hiring Non-Social Workers and Outsourcing SW Functions, by Employment Setting**



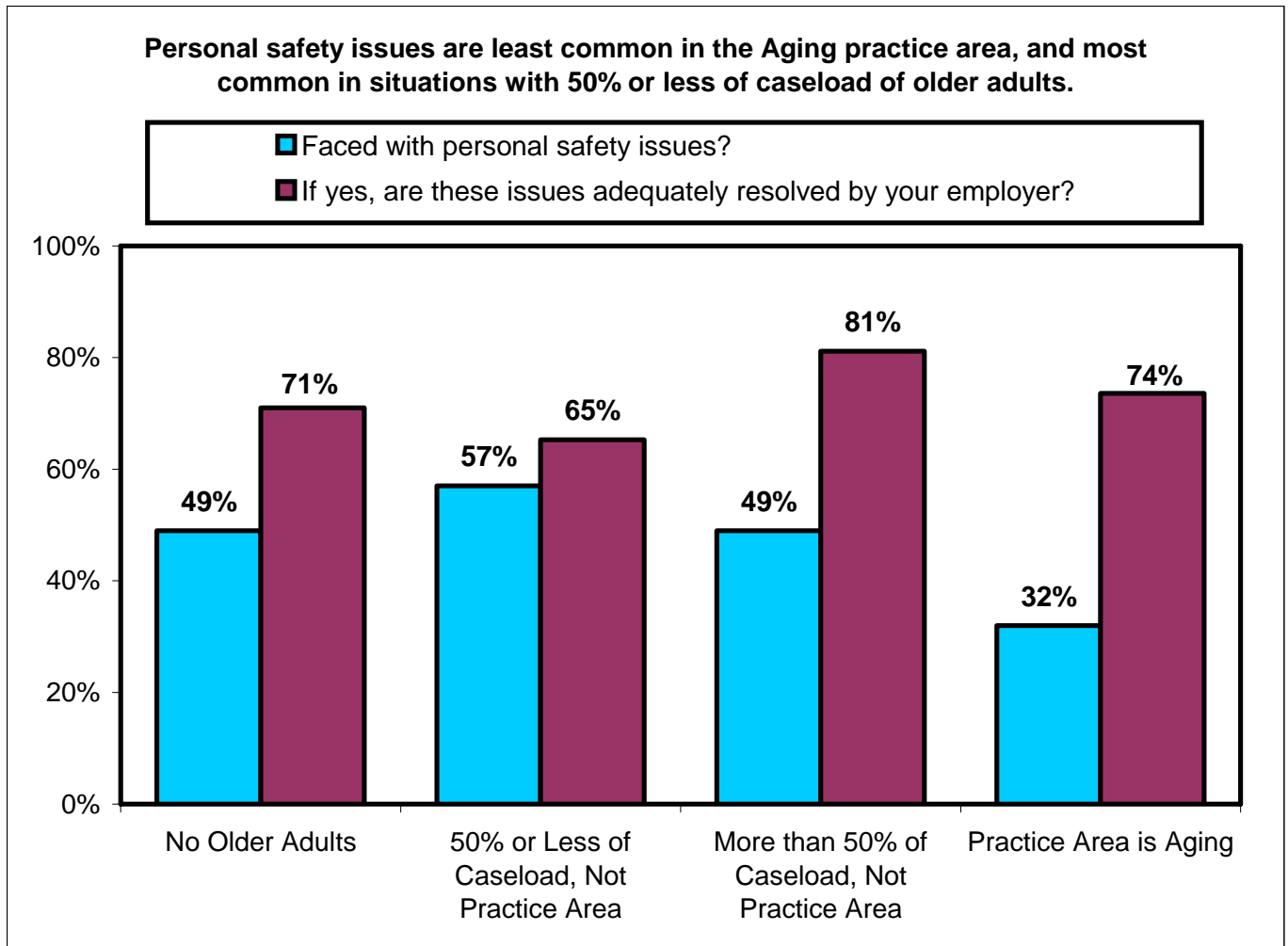
### Job Safety

Half of social workers who work with older adults report facing personal safety issues in their primary employment, although 70% of those who report such issues indicate that their employers adequately address these issues. The NASW /CHWS survey did not identify types of safety issues, and future studies would hopefully further examine the range of problems experienced.

Reports of job safety issues do not differ between those who do and do not see older adult clients. There are differences, however, by prevalence of older adult clients in their caseloads (Figure 9). Fifty-seven percent of those who see caseloads of fewer than half with older adults report personal safety issues on the job, compared to only 49% of those who see caseloads more

than half older adults. Those in Aging are least likely to experience personal safety issues (32%). Among those reporting safety issues, those who work with large number of older adults are more likely than those who work with fewer older adults to report that their safety issues are addressed (74% of those in the practice area and 81% of those in other practice areas compared to only 65% of those who see caseloads of less than half of older adults).

**Figure 9. Percentages of Licensed Social Workers Serving Older Adults Facing Personal Safety Issues, by Level of Involvement with Older Adults**



The prevalence of job safety issues varies by setting. Social workers in hospice and home health programs are most likely to both report that there are safety issues involved in their job (60% and 57%, respectively) and that their issues are adequately addressed (88% and 85%, respectively). Social workers in nursing homes are least likely to report such issues (26%). Those in social service agencies are least likely to report that safety issues are adequately addressed (45%).

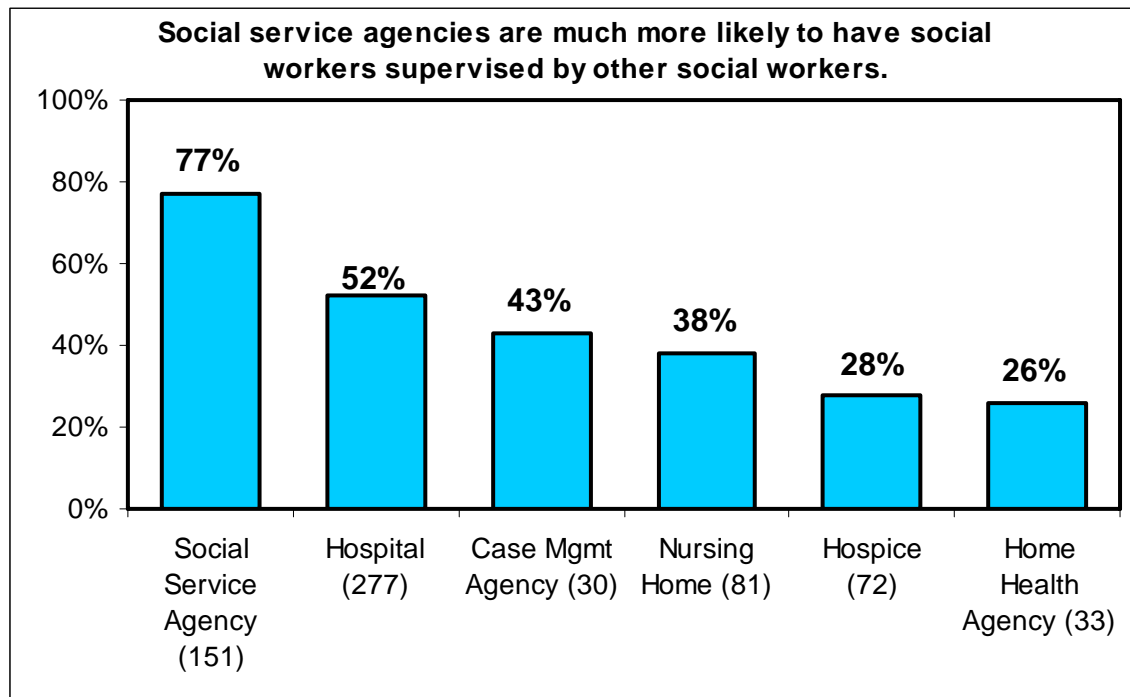
### Supervision by Social Workers

Forty-eight percent of social workers who serve older adults are supervised by social workers. Those with caseloads that are less than half of older adults are more likely to be supervised by a

social worker (52%) than social workers in Aging (42%) or who serve more than 50% older adults in their caseloads (40%). This differs little by degree (45% of BSWs and 48% of MSWs).

Figure 10 shows that those in social service agencies are significantly more likely than others to be supervised by a social worker (77%)<sup>5</sup>, while those in hospice and home health settings are least likely to be supervised by a social worker (28% and 26%, respectively)<sup>6</sup>.

**Figure 10. Percent of Social Workers Supervised by Other Social Workers, by Employment Setting**



### Work with Other Professionals

Social workers were asked about connections to social workers and other professionals in the 2004 NASW/CHWS survey to better understand their practice experience. Respondents who provide services to older adults work in organizations with fewer other social workers on staff than those who do not serve older adults. Average reported support and guidance from a supervisor was significantly and positively correlated with the number of other social workers on staff<sup>7</sup>.

As seen in Figure 11, licensed social workers in Aging work with the fewest other social workers on average, while those who have 50% or fewer older adults in their caseloads work in settings with the most other social workers. The number of other social workers identified in the workplace differs little between MSWs and BSWs.

<sup>5</sup>  $p < 0.0005$

<sup>6</sup>  $p < 0.0005$  and  $p = 0.003$

<sup>7</sup>  $p = 0.002$

**Figure 11. Percentages of Social Workers Working with Other Social Workers, by Level of Involvement with Older Adults**

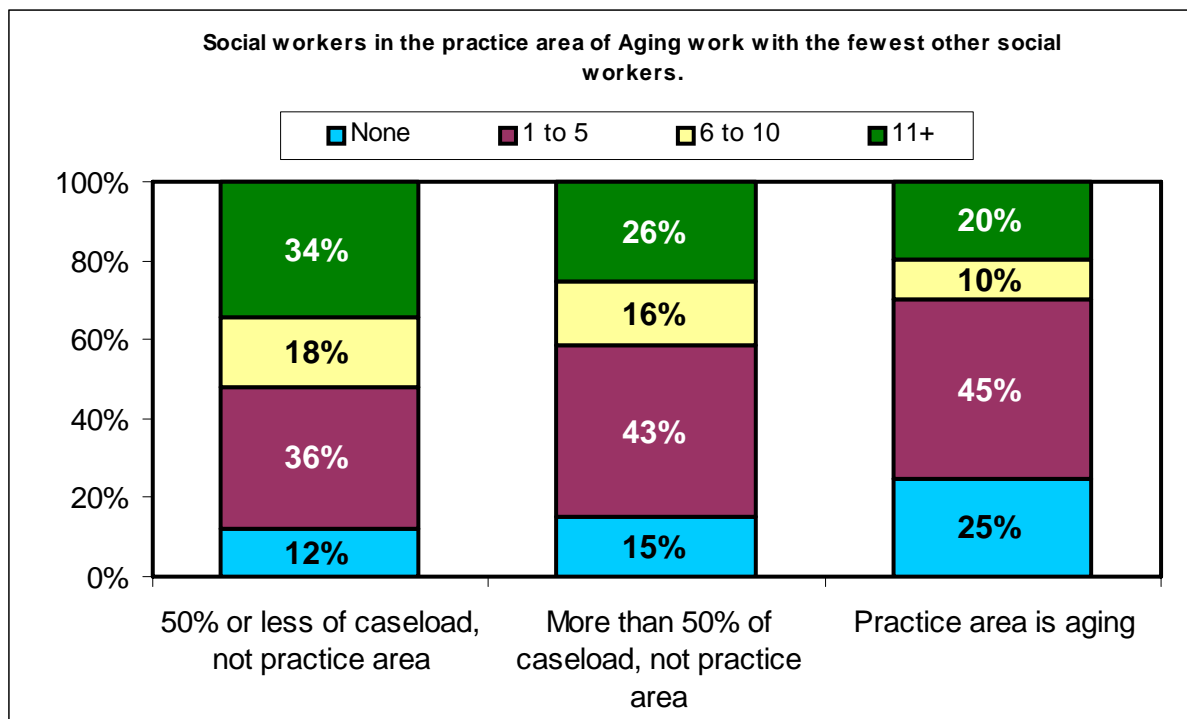
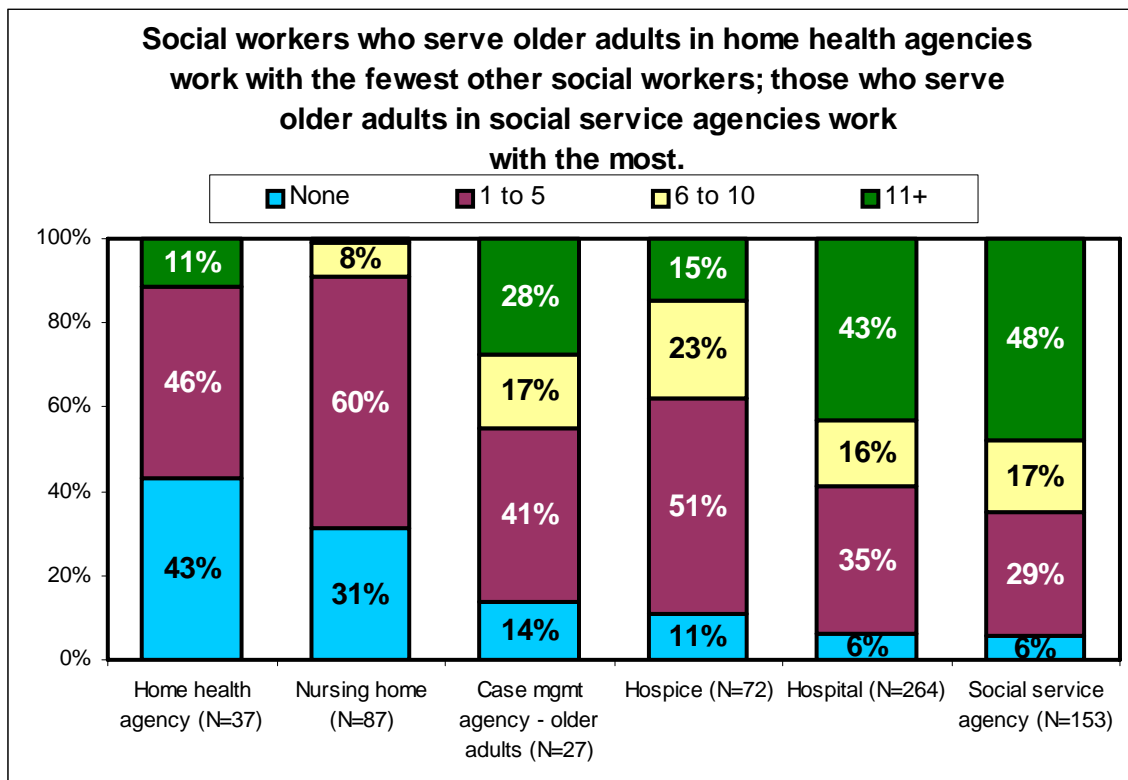


Figure 12 shows that virtually all hospital and social service agency social workers reported having social work colleagues in their job settings (both 94%), while many fewer nursing home and home health agency social workers did (69% and 57%, respectively). Forty-eight percent of social workers in social service agencies reported having 11 or more other social workers at their job site, as did 43% of social workers in hospitals.

**Figure 12. Percentages of Social Workers who Worked With Others, by Employment Setting and Number of Co-Workers**



Physicians (94%), other social workers (92%), and nurses (86%) are the professionals whom respondents identified that they are most likely to ever work with. The frequency of working with other professionals (never to always) on the behalf of older adults increases proportionate to the number of older adults in the caseload.

### **Agency Participation in Professional Activities**

Table 2 shows that professional development programs (71%) and student internships (66%) are the most common professional activities in organizations where social workers are employed. Participation in professional activities varies by setting. Two-thirds to three-fourths of each type of organizational setting participates in some type of professional development programs.

**Table 2. Employer Participation in Professional Activities by Employment Setting**

Setting	Demonstration Programs	Clinical Research	Student Internships	Best Practices Training	Program Evaluation Research	Professional Development
Hospital	16%	36%	73%	29%	28%	76%
Home Health Agency	14%	9%	34%	14%	23%	63%
Social Service Agency	17%	6%	76%	44%	31%	75%
Case Mgmt Agency	24%	14%	59%	34%	31%	72%
Nursing Home	18%	3%	53%	24%	15%	69%
Hospice	24%	11%	62%	26%	31%	73%
All	16%	19%	66%	31%	28%	71%

### Agency Support and Guidance

Two-thirds of social workers who work with older adults report respect and support for social work services from their agency as well as support and guidance from their supervisor (both 66%). Three-quarters (76%) report that they receive and/or provide assistance with issues of ethical practice. Responses differ by setting, but not by extent of involvement with older adults.

Social workers in case management agencies and home health agencies report the most respect/support for social work services in their agency (4.03 and 3.89 on a five-point scale, respectively), while those in hospitals and hospices report the least (3.61 and 3.51, respectively). Those in social service agencies and case management agencies gave the highest marks for receiving support and guidance from their supervisor (4.03 and 3.93, respectively), while those in hospices and home health agencies reported the least such support (3.50 and 3.48, respectively). These latter agencies are least likely to provide supervision by a social worker, as noted above. Social workers in social service agencies and nursing homes report higher ratings than others for receiving or providing assistance with ethical practice (4.20 and 4.10, respectively), while those in case management agencies report the lowest ratings (4.00).

# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

## **Chapter 6 of 7**

### **Who Do Social Workers Serve?**

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**The National Association of Social Workers  
Center for Workforce Studies  
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**March 2006**



## TABLE OF CONTENTS

Chapter 6. Who Do Social Workers Serve? A Demographic Overview of Older Clients .....	1
Summary of the Findings.....	1
Demographics .....	1
<i>Gender</i> .....	1
<i>Race/Ethnicity</i> .....	2
<i>Age</i> .....	3
<i>By Degree and Level of Involvement</i> .....	4
<i>By Setting</i> .....	6
Health Care Coverage .....	7
Presenting Problems.....	8
<i>Severity of Problems</i> .....	9
<i>Multiple Problems</i> .....	9
<i>Problems by Caseload Age</i> .....	10

## LIST OF TABLES

Table 1. Percentages of Clients in Different Age Groups by Practice Area.....	4
Table 2. Percentages of Social Workers Serving Caseloads of 25+% ages 55-64, 65-74, 75-84, and 85+, by Primary Employment Setting.....	6
Table 3. Most Common Source of Client Health Insurance Coverage, by Degree and Practice Area.....	7
Table 4. Health Insurance Coverage by Level of Involvement with Older Adult Clients.....	8
Table 5. Client Health Insurance Coverage by Employment Setting .....	8
Table 6. Most and Least Common Presenting Problems for Older Adult Clients, by Involvement with Older Adults.....	9
Table 7. Presenting Problems by Caseload Age for Practice Area of Aging. ....	10
Table 8. Presenting Problems by Caseload Age: 50% or more Older Adults. ....	11
Table 9. Presenting Problems by Caseload Age: Fewer than half Older Adults .....	11
Table 10. Top Three and Bottom Three Presenting Problems of Older Adults, by Employment Setting .....	12

## LIST OF FIGURES

Figure 1. Percentages of Social Workers Seeing Predominantly (50% or More) Female Caseloads, by Involvement with Older Clients.....	2
Figure 2. Percentages of Licensed Social Workers Serving Predominantly (50%+) Single Racial/EthnicGroup, by Involvement with Older Adults .....	3
Figure 3. Percentages of Older Adults in Different Age Groups in Social Worker Caseloads .....	4
Figure 4. Percentages of Social Workers Seeing Caseloads Including More than 25% of Adults of Ages 55-64, 65-74, 75-84, and 85+ .....	5
Figure 5. Percentages of Caseload of Older Adults in Different Age Groups, by Urban/Rural Location .....	6

## **Chapter 6. Who Do Social Workers Serve? A Demographic Overview of Older Clients**

### **Summary of the Findings**

- Client caseloads of licensed social workers serving some older adults are primarily female and non-Hispanic white.
- Almost three-quarters of social workers in Aging have caseloads that are predominantly female compared with about half of other social workers who serve older adults. Social workers in Aging are also most likely to have non-Hispanic white clients.
- Almost all social workers serving older adults (99%) see some clients who are among the “young old”, ages 55-74, while 59% see clients 85 years of age or older.
- BSWs see a higher percentage of clients over 65 than do MSWs.
- Clients ages 85 years or older are more likely to receive social work services from those in Aging or those carrying caseloads that are more than 50% older adults.
- More than half of licensed social workers’ clients receive health coverage through publicly funded programs (Medicaid, 30%; Medicare (26%).
- Social workers in Aging and those with more than 50% of their caseloads of older adults are most likely to serve clients covered through Medicare (57% and 70% respectively.) Social workers in Aging are most likely to serve clients covered through Medicaid (36%).
- Psychosocial issues, chronic disease, physical disability, mental illness, and grief/bereavement issues are the most common presenting problems reported for older adult clients. The frequency of presenting problems varies with client age, setting, and involvement of social workers in caseloads caring for older adults.
- More than 90% of social workers report that their caseloads include clients with multiple problems, and that problems may be mild, moderate or severe.

### **Demographics**

#### *Gender*

Fifty-six percent of social workers that serve older adults have caseloads that are more than 50% female, slightly more than social workers overall (49%), but significantly greater than social workers who do not serve older adults (38%)<sup>1</sup>.

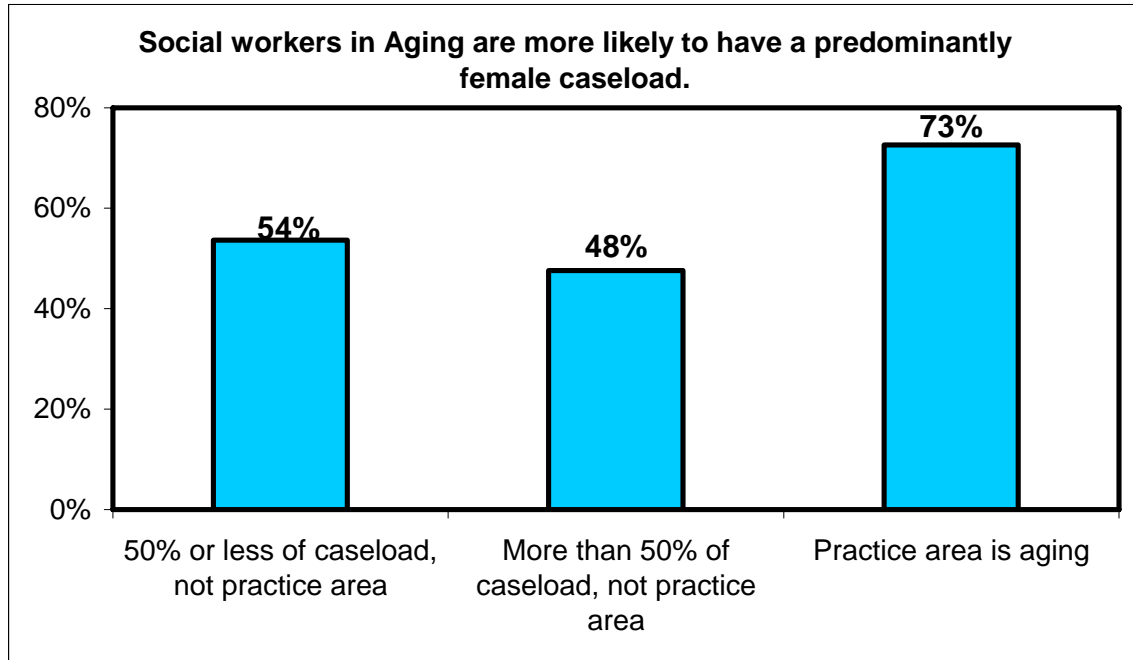
Seventy-three percent of social workers in Aging have caseloads that are predominantly female compared with 52% of social workers not in this practice area (Figure 1). BSWs in Aging are more likely to have caseloads that are predominantly female than MSWs (82% versus 69%). In

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<sup>1</sup> p < 0.0005

contrast, MSWs in other practice areas are more likely have predominantly female caseloads than BSWs (53% versus 43%).

**Figure 1. Percentages of Social Workers Seeing Predominantly (50% or More) Female Caseloads, by Involvement with Older Clients**

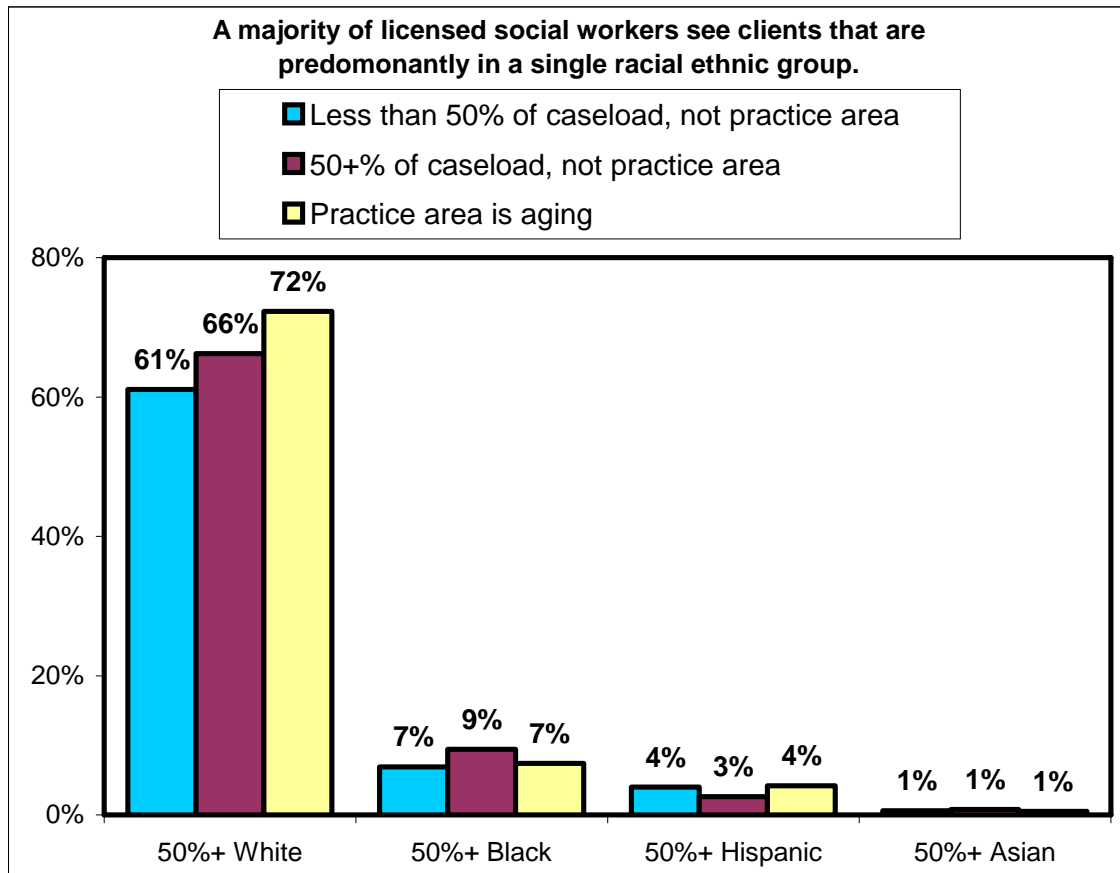


### *Race/Ethnicity*

Almost two-thirds of social workers serving older adults serve caseloads that are predominantly (more than 50%) non-Hispanic white (64%). Social workers in Aging are more likely to have caseloads that are predominantly non-Hispanic white (72%) than those not in Aging (62%).

Few social workers carry caseloads that are predominantly composed of any *single* minority group: Seven percent have caseloads that are predominantly Black/African-American, and 4% have caseloads that are predominantly Hispanic. Less than 1% serves caseloads that are predominantly Asian or Native American.

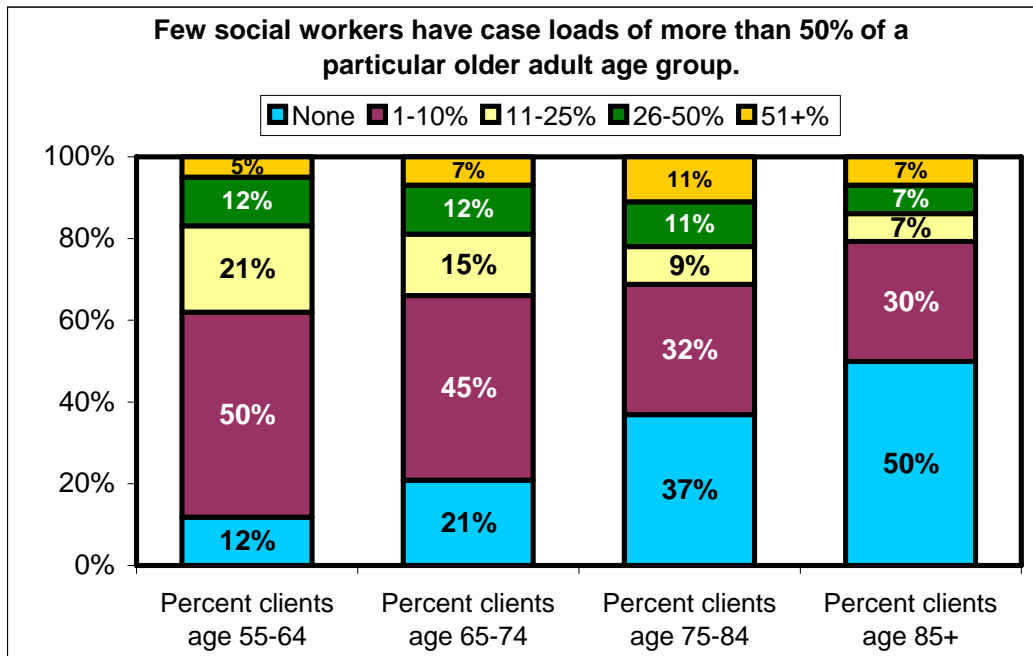
**Figure 2. Percentages of Licensed Social Workers Serving Predominantly (50%+) Single Racial/Ethnic Group, by Involvement with Older Adults**



### Age

Social workers serving older adults are more likely to see the “young old” than clients 85 years of age or older (97% versus 59%). Twenty-six percent reports that they see no clients between the ages of 75 and 84, and 41% serves no clients older than 85 years of age. Four percent report that 75% of their clients are ages 75-84, and 4% report that 75% of their clients are 85 and older.

**Figure 3. Percentages of Older Adults in Different Age Groups in Social Worker Caseloads**



*By Degree and Level of Involvement*

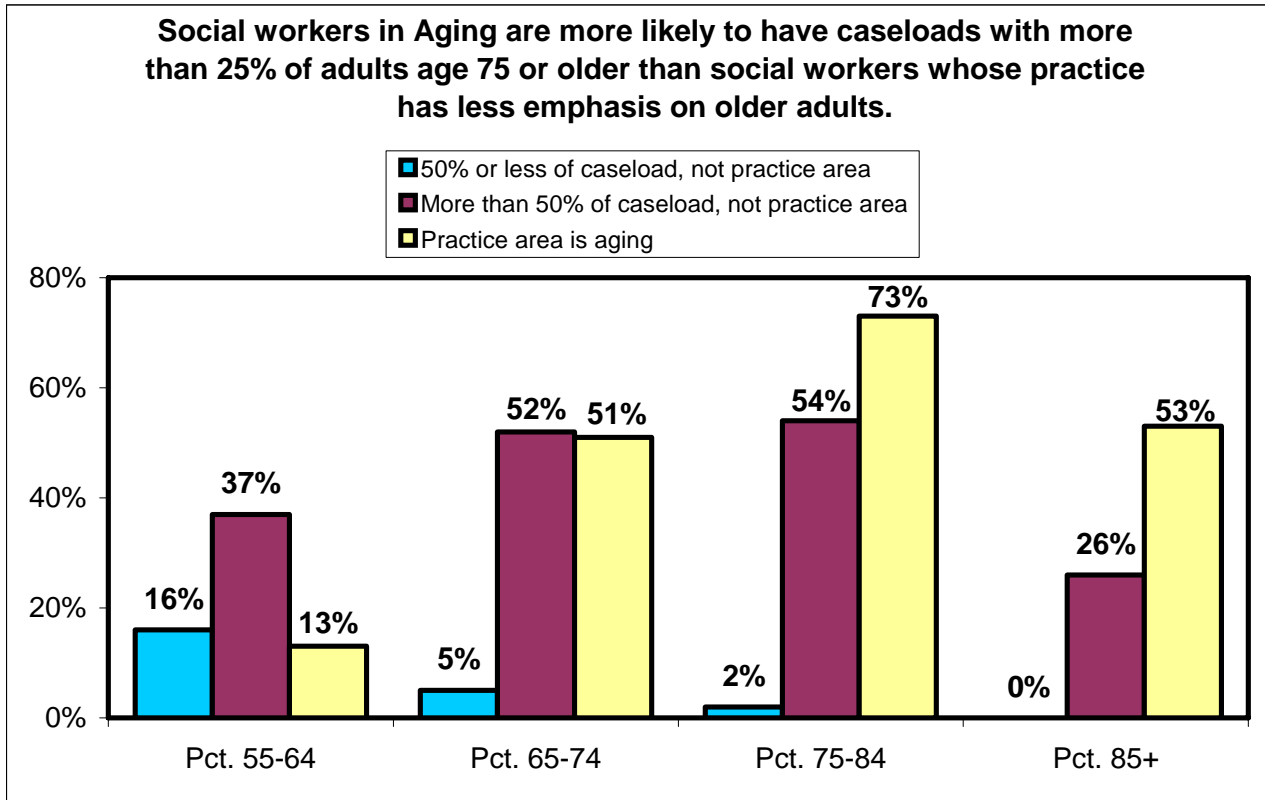
Age distribution within caseloads varies by both degree and level of involvement with older adults. BSWs are more likely than MSWs to serve older adults ages 85 and older (76% versus 55%), and are more likely to carry caseloads that are more than 75% ages 85 and older (9% compared to 3%). There are no significant percentage differences within caseloads by degree for ages 55-84.

Social workers in Aging and those with caseloads more than 50% older adults are more likely to see clients 85 years of age and older, than those with caseloads of 50% or fewer older adults (Table 1).

**Table 1. Percentages of Clients in Different Age Groups by Practice Area**

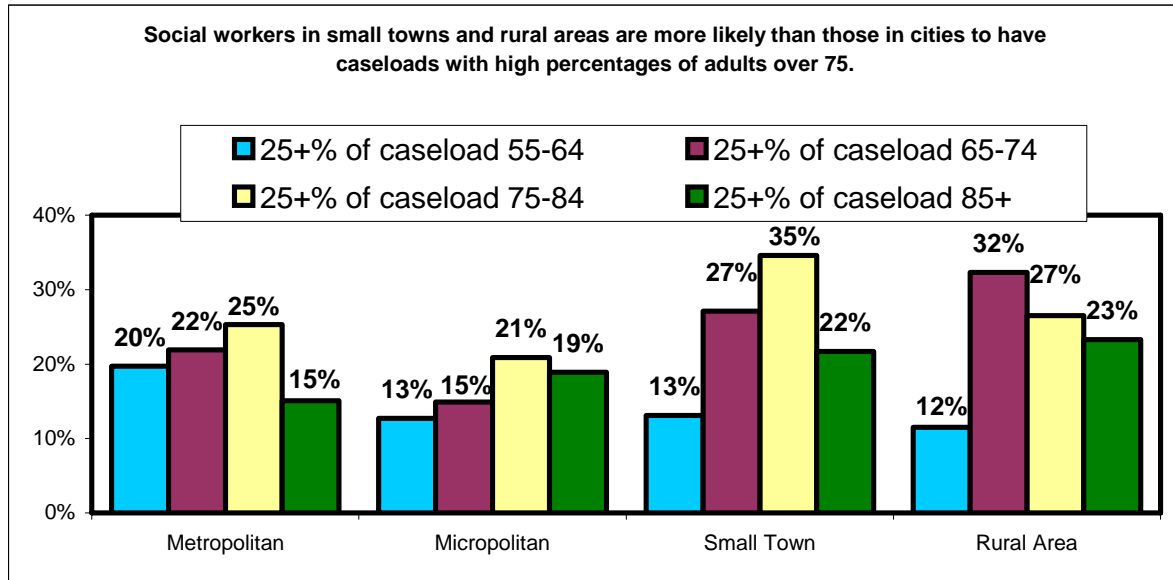
Caseload	Less than 50% of Caseload, Not Practice Area		50+% of Caseload, Not Practice Area		Practice Area is Aging	
	Any	More than 75% of Caseload	Any	More than 75% of Caseload	Any	More than 75% of Caseload
Ages 55-64	98%	1%	98%	2%	91%	1%
Ages 65-74	84%	0%	97%	5%	98%	6%
Ages 75-84	58%	0%	95%	7%	99%	14%
Ages 85+	34%	0%	90%	6%	99%	11%

**Figure 4. Percentages of Social Workers Seeing Caseloads Including More than 25% of Adults of Ages 55-64, 65-74, 75-84, and 85+**



Age distribution with caseloads also varies across urban/rural areas, as shown in Figure 5. The percentage serving a caseload of more than 25% ages 55-64 decreases as the area becomes more rural, while the percent serving a caseload of more than 25% ages 85 and older increases as the area becomes more rural.

**Figure 5. Percentages of Caseload of Older Adults in Different Age Groups, by Urban/Rural Location**



*By Setting*

Table 2 shows that social workers serving older adults in hospital settings serve more clients ages 55-74 than other social workers, while social workers in nursing homes see fewer of this age group. Social workers in social service agencies see fewer clients ages 85 and older than other social workers who serve older adults.

**Table 2. Percentages of Social Workers Serving Caseloads of 25+% ages 55-64, 65-74, 75-84, and 85+, by Primary Employment Setting**

Caseload is more than 25%	Hospital	Home Health	Case Mgmt Agency - Older Adults	Nursing Home	Hospice
Ages 55-64	28%	24%	6%	7%	27%
Ages 65-74	36%	57%	21%	34%	54%
Ages 75-84	34%	69%	24%	75%	66%
Ages 85+	18%	38%	13%	73%	27%



## Health Care Coverage

Overall, social workers who serve older adults are about equally likely to report that the most common source of health coverage for their clients is Medicaid (30%), private insurance (28%) or Medicare (26%). It is important to note that more than half of social workers say that most of their clients receive health coverage through publicly funded programs.

The pattern of coverage for those serving older adults differs from that of social workers who do not see older adults, in that almost twice as many clients are reported to receive Medicaid (59%), followed by private insurance (19%) and Medicare (3%).

Substantial differences in client health coverage appear between MSWs and BSWs in Aging and between MSWs in Aging compared with MSWs in other practice areas (Table 3). More than two-thirds of MSWs in Aging see clients covered through Medicare, and only 1% see clients that have private insurance. In contrast, only one-fourth of clients seen by MSWs not in Aging receive coverage through Medicare, and 35% through private insurance. More than half the clients of BSWs receive coverage through Medicaid regardless of practice area.

**Table 3. Most Common Source of Client Health Insurance Coverage, by Degree and Practice Area**

Insurance Coverage	PA MSW (N=157)	PA BSW (N=58)	NPA MSW (N=1191)	NPA BSW (N=132)
Medicaid	27%	52%	26%	51%
Medicare	67%	38%	19%	32%
Private insurance	1%	0%	35%	5%
Private pay	5%	10%	7%	1%
Not insured	0%	0%	10%	9%
Don't know	1%	0%	4%	2%

As seen in Table 4, clients' health coverage varies by licensed social workers' level of involvement with older adults. Social workers not in the practice area of Aging but carrying caseloads of more than 50% older adults are most likely to see clients covered by Medicare. Those with 50% or fewer older adults in their caseloads are most likely to see patients covered by private insurance.

**Table 4. Health Insurance Coverage by Level of Involvement with Older Adult Clients**

Health Coverage	None	50% or Less of Caseload, Not Practice Area	More Than 50% of Caseload, Not Practice Area	Practice Area is Aging	All Social Workers
Medicaid	59%	31%	17%	36%	41%
Medicare	3%	8%	70%	57%	16%
Private insurance	19%	39%	7%	1%	24%
Private pay	4%	8%	2%	5%	6%
Not insured	6%	11%	3%	0%	7%
Don't know	10%	4%	1%	1%	6%

Table 5 shows differences in health coverage by practice setting.

**Table 5. Client Health Insurance Coverage by Employment Setting**

Health Coverage	Private Practice	Hospital	Home Health Agency	Social Service Agency	Case Mgmt Agency	Nursing Home	Hospice
Medicaid	7%	20%	17%	51%	61%	61%	4%
Medicare	4%	53%	81%	14%	39%	28%	91%
Private insurance	69%	16%	0%	14%	0%	0%	3%
Private pay	17%	0%	3%	4%	0%	11%	0%
Not insured	1%	10%	0%	10%	0%	0%	0%
Don't know	2%	2%	0%	6%	0%	0%	1%

### Presenting Problems

Table 6 shows that the most common presenting problems reported for older adult clients are psychosocial issues (98%), mental illness (96%), chronic disease (95%), physical disability (95%), and grief/bereavement issues (95%).

**Table 6. Most and Least Common Presenting Problems for Older Adult Clients, by Involvement with Older Adults**

Involvement with Older Adults	Most likely to see...	Least likely to see...
50% or Less Older Adults	Psychosocial issues Mental illness Physical disabilities	End-of-life/palliative care LTC financing/planning Developmental disabilities
More than 50% Older Adults, Not Specialty	Chronic disease Physical disabilities Acute disease	Abuse/victimization Developmental disabilities Marriage/family counseling
Specialty	Chronic disease Physical disabilities Acute disease	Abuse/victimization Developmental disabilities Marriage/family counseling

MSWs in Aging report significantly more clients with mental illness and psychosocial issues than BSWs<sup>2</sup>, but both groups report fewer clients with these problems than their counterparts not in the practice area.

#### *Severity of Problems*

Social workers were asked about the prevalence of three levels of problem severity within their caseload – mild, moderate, and severe. Ninety-one percent of social workers saw clients with mild problems, while 96% reported some with moderate problems and 90% reported clients with severe problems. Twelve percent reported that more than half of their older adult caseload had mild problems, 36% reported that more than half of their caseload had moderate problems, and 28% reported that more than half of their older adult caseload had severe problems.

The prevalence of moderate and severe problems in the caseload was positively correlated with involvement with older adults, while the prevalence of mild problems peaked and then began to decline among social workers who have caseloads with 26-50% of older adults.

Setting and degree does not appear to be associated with severity of problems, except that social workers in hospices report that a smaller percentage of their caseload has “moderately severe” problems compared to other social workers.

#### *Multiple Problems*

Almost all social workers who work with older adults (99%) report that at least some of their clients present with multiple problems. Seventy-seven percent report that their older adult clients “always” or “almost always” present with multiple problems. The prevalence of multiple problems among the older adult caseload is positively correlated with involvement with older adults. Ninety-three percent of social workers with a practice area in Aging report that their clients always or almost always present with multiple problems, compared to 88% of those with predominantly older adult caseloads, and 72% of those with fewer than half older adult clients.

<sup>2</sup> p < 0.0005

Setting and degree do not seem to be associated with multiple problems among social workers working with older adults.

*Problems by Caseload Age*

The frequency of client problems differs with the age of clients. It is clear that certain problems are more frequent among caseloads that consist primarily of the “young” old and others are more frequent among caseloads that consist primarily of the “oldest” old, but how this breaks out depends upon the social worker’s level of involvement with older clients as shown below. Tables 7, 8 and 9 show frequency of presenting problems correlated with the percentage of client age groups. Shaded black indicates a *positive* correlation (e.g., in the first table, the frequency of mental illness increases as the percentage of the caseload ages 55-64 increases), while shaded gray indicates a *negative* relationship (e.g. in the second table, the frequency of dementia issues decreases as the percentage of the caseload ages 55-64 increases).

**Table 7. Presenting Problems by Caseload Age for Practice Area of Aging.**

	% Age 55-64	% Age 65-74	% Age 75-84	% Age 85+
Disease - chronic				
Physical disability				
Mental illness				
Grief/bereavement				
Financial issues				
Disease - acute				
Caregiver issues (care for elderly)				
Socioeconomic disadvantage				
Dementia issues				
End-of-life/palliative				
Caregiver issues (care by elderly)				
Residential placement/housing				
Substance abuse issues				
LTC financing/planning				
Abuse/victimization				
Developmental disabilities				

**Table 8. Presenting Problems by Caseload Age: 50% or more Older Adults.**

	% Age 55-64	% Age 65-74	% Age 75-84	% Age 85+
Disease - chronic				
Physical disability				
Mental illness				
Grief/bereavement				
Financial issues				
Disease - acute				
Caregiver issues (care for elderly)				
Socioeconomic disadvantage				
Dementia issues				
End-of-life/palliative				
Caregiver issues (care by elderly)				
Residential placement/housing				
Substance abuse issues				
LTC financing/planning				
Abuse/victimization				
Developmental disabilities				
Psychosocial issues				

**Table 9. Presenting Problems by Caseload Age: Fewer than half Older Adults**

Presenting Problem of Clients	% Age 55-64	% Age 65-74	% Age 75-84	% Age 85+
Disease - chronic				
Physical disability				
Mental illness				
Grief/bereavement				
Financial issues				
Disease - acute				
Caregiver issues (care for elderly)				
Socioeconomic disadvantage				
Dementia issues				
End-of-life/palliative				
Caregiver issues (care by elderly)				
Residential placement/housing				
Substance abuse issues				
LTC financing/planning				
Abuse/victimization				
Developmental disabilities				
Psychosocial issues				
Marriage/family counseling				

**Table 10. Top Three and Bottom Three Presenting Problems of Older Adults, by Employment Setting**

Employment Setting	Presenting Problems	
	Top 3	Bottom 3
Hospitals	Chronic disease	Abuse/victimization
	Acute disease	Developmental disabilities
	Physical disability	Marriage/family counseling
Social service agencies	Financial issues	End-of-life/palliative
	Physical disability	Developmental disabilities
	Psychosocial issues	Marriage/family counseling
Nursing homes	Chronic disease	Substance abuse issues
	Physical disability	Developmental disabilities
	Dementia issues	Marriage/family counseling
Hospices	End-of-life/palliative	Substance abuse issues
	Grief/bereavement issues	Abuse/victimization
	Caregiver issues (care for elderly)	Developmental disabilities
Home health agencies	Physical disability	Substance abuse issues
	Chronic disease	Developmental disabilities
	Caregiver issues (care for elderly)	Marriage/family counseling
Case management agencies	Chronic disease	Developmental disabilities
	Physical disability	Substance abuse issues
	Socioeconomic disadvantage	Marriage/family counseling

# **LICENSED SOCIAL WORKERS SERVING OLDER ADULTS, 2004**

## **Chapter 7 of 7**

### **Perspectives on Social Work Practice**

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**March 2006**

## TABLE OF CONTENTS

Chapter 7. Perspectives on Social Work Practice.....	1
Summary of the Findings.....	1
Changes in Social Work Practices and in the Service Delivery Systems.....	1
Satisfaction with Resources and Skills.....	4
<i>Self-Assessment Of Geriatric Skills And Knowledge</i> .....	8
Career Plans.....	10



## LIST OF TABLES

Table 1. Percentages of Social Workers Reporting the Following Changes in Factors Related to Social Work Practice and Service Delivery Systems .....	3
Table 2. Most Frequently Cited Changes in Practice of Social Work and Service Delivery System, by Employment Setting.....	4
Table 3. Mean Level of Agreement with Statements about Satisfaction/Efficacy (on 5-point scale from -2 to +2) .....	7
Table 4. Mean Satisfaction of Licensed Social Workers Serving Older Adults with Selected Professional Factors (on 5-point scale from -2 to +2).....	8
Table 5. Self-Assessments of Skills and Knowledge of Social Workers who Work with Older Adults.....	9
Table 6. Career Plans in Next Two Years of Licensed Social Workers Serving Older Adults, by Involvement with Older Adults .....	11
Table 7. Plans of Licensed Social Workers Serving Older Adults to Change Involvement with Older Adults, by Current Highest Social Work Degree and Current Level of Involvement.....	12
Table 8. Career Plans in Next Two Years of Licensed Social Workers Serving Older Adults, by Employment Setting.....	13
Table 9. Career Plans of Licensed Social Workers Serving Older Adults, By Rural Status of Primary Employment Setting.....	14
Table 10. Plans of Licensed Social Workers Serving Older Adults to Change Involvement with Older Adults, by Location of Primary Employment.....	14
Table 11. Reasons that Social Workers Would Consider Changing Jobs .....	15

## LIST OF FIGURES

Figure 1. Mean Reported Increases or Decreases in Factors Affecting Social Work Practice and the Service Delivery System.....	2
Figure 2. Satisfaction with Access to Resources for All Clients .....	5
Figure 3. Levels of Satisfaction by Licensed Social Workers Serving Older Adults with Access to Resources, by Location.....	6
Figure 4. Average Self-Ratings of Skills Related to Treating Older Adults .....	9
Figure 5. Average Self-Ratings of Knowledge Related to Treating Older Adults .....	10
Figure 6. Percentages of Licensed Social Workers Serving Older Adults Expecting Increased Opportunities to Work with Older Adults in the Future .....	16

## **Chapter 7. Perspectives on Social Work Practice**

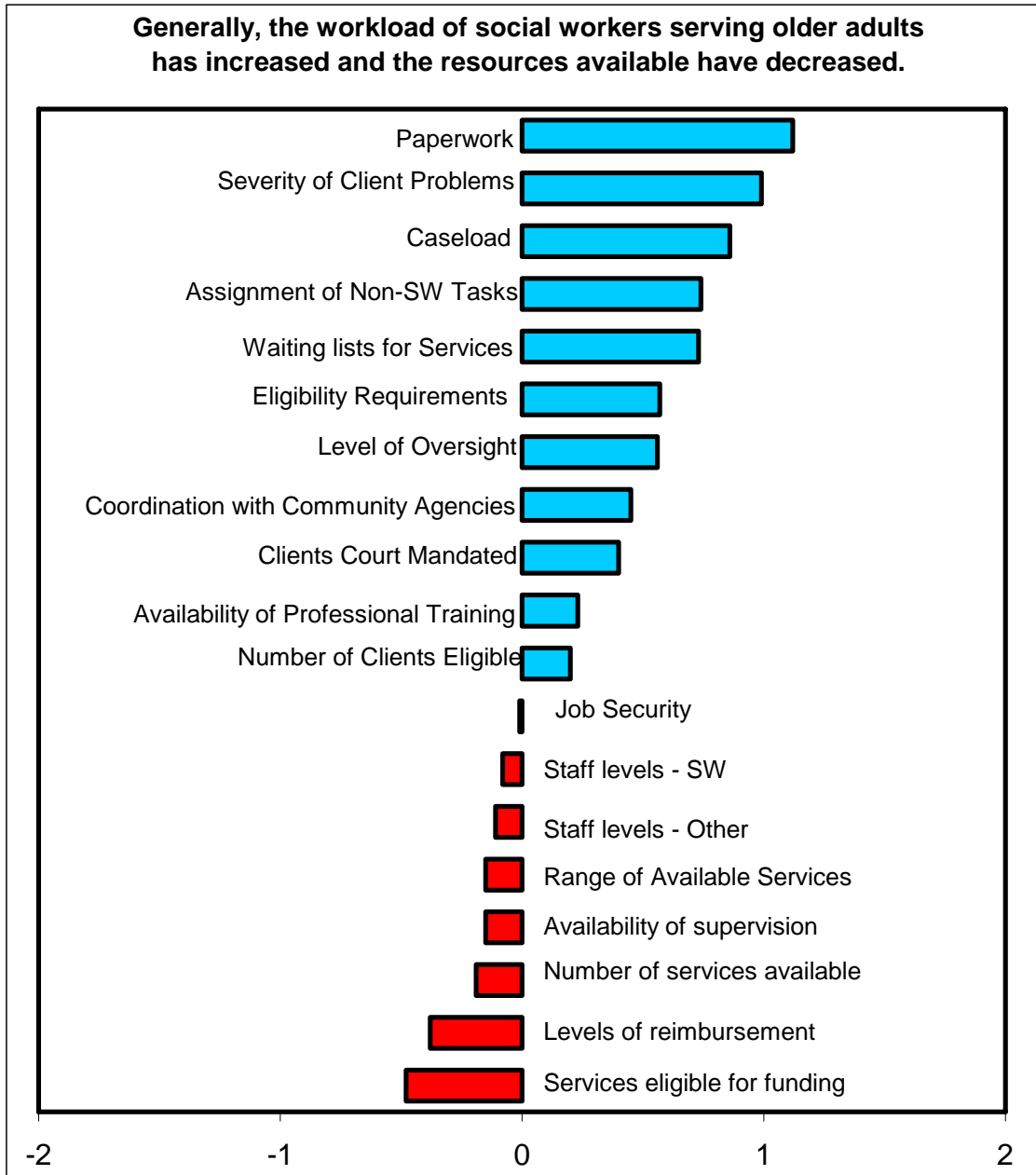
### **Summary of the Findings**

- Social workers have experienced increased demands in their work, but decreased resources and supports over the past two years. Increases in paperwork, caseload size, severity of client problems and waiting lists for services are most frequently reported changes in practice.
- Social workers serving older adults believe they are effective in helping clients with a range of problems (92%), improving the quality of life of clients (89%), helping clients address key issues (85%), helping clients meet objectives (79%) and resolving crisis situations (79%).
- Social workers in Aging and those carrying caseloads of more than 50% older adults evaluate their skills and knowledge related to work with older adults more highly than those seeing fewer older clients.
- Social workers place the highest importance on the availability of services, training and education, and caseload size to improve care for older adults.
- A substantial majority of licensed social workers plan to continue providing services to older adults over the next 5 years, and believe opportunities in the field will increase.
- Social workers in Aging are more likely to plan to retire in the next two years than other social workers serving older adults (6%).
- Higher salary, lifestyle/ family concerns, more interesting work and job stress are the primary reasons given for considering job changes.

#### **Changes in Social Work Practices and in the Service Delivery Systems**

Licensed social workers providing some services to older adults report substantial changes in social work practice and the service delivery system in the past two years that have increased barriers to service. More than three-fifths of these social workers report increases in paperwork (74%), severity of client problems (70%), caseload size (67%) and waiting lists for services (60%).

**Figure 1. Mean Reported Increases or Decreases in Factors Affecting Social Work Practice and the Service Delivery System**



Perspectives on changes in social work practice among social workers serving older adults generally mirror those of social workers overall, as well as social workers who do not serve older clients. Differences reported among social workers serving older adults are seen in Table 1.

**Table 1. Percentages of Social Workers Reporting the Following Changes in Factors Related to Social Work Practice and Service Delivery Systems**

Social Work Practice Factors	MSWs	BSWs	50% or less of Caseload, Not Practice Area	More than 50% of Caseload, Not Practice Area	Practice Area is Aging
<b>Practice of Social Work</b>					
Paperwork increased	72%	80%	73%	72%	79%
Severity of client problems increased	69%	77%	70%	72%	70%
Caseload increased	67%	71%	67%	69%	66%
Waiting lists for services increased	59%	64%	60%	58%	60%
Assignment of non-SW tasks increased	56%	62%	57%	57%	60%
Level of oversight increased	50%	48%	51%	46%	50%
Levels of reimbursement decreased	46%	46%	46%	44%	44%
Other staffing levels decreased	33%	31%	33%	34%	32%
SW staffing levels decreased	34%	32%	36%	29%	29%
Job security decreased	28%	31%	31%	27%	24%
Availability of supervision decreased	29%	28%	27%	35%	29%
Availability of training decreased	16%	17%	16%	19%	16%
Coordination w/ community agencies decreased	11%	6%	12%	6%	7%
<b>Service delivery system</b>					
Eligibility requirements increased	51%	52%	53%	48%	49%
Services eligible for funding decreased	50%	51%	53%	41%	46%
Court-mandated clients increased	39%	40%	46%	23%	27%
Number of clients eligible increased	37%	46%	37%	38%	51%
Number of services available decreased	41%	36%	44%	35%	31%
Range of services available decreased	39%	34%	42%	34%	27%

Social workers in Aging are much more likely to report increasing numbers of clients eligible for services, which likely reflects their practice focus on serving the growing aging population. They are also less likely to experience reductions in the range of services available or increases in services to court mandated clients. Social workers with caseloads of 50% or less older adults reported the highest levels of change among the groups serving older adults in terms of increases in eligibility requirements for services, services available for funding, the number and range of services available, and number of court mandated clients.

Although there was variation in the changes reported across settings, increased paperwork was among the top three most frequently cited changes in all seven settings associated with higher levels of older adult clients. Increased severity of client problems was among the top three changes in six of these settings.

**Table 2. Most Frequently Cited Changes in Practice of Social Work and Service Delivery System, by Employment Setting**

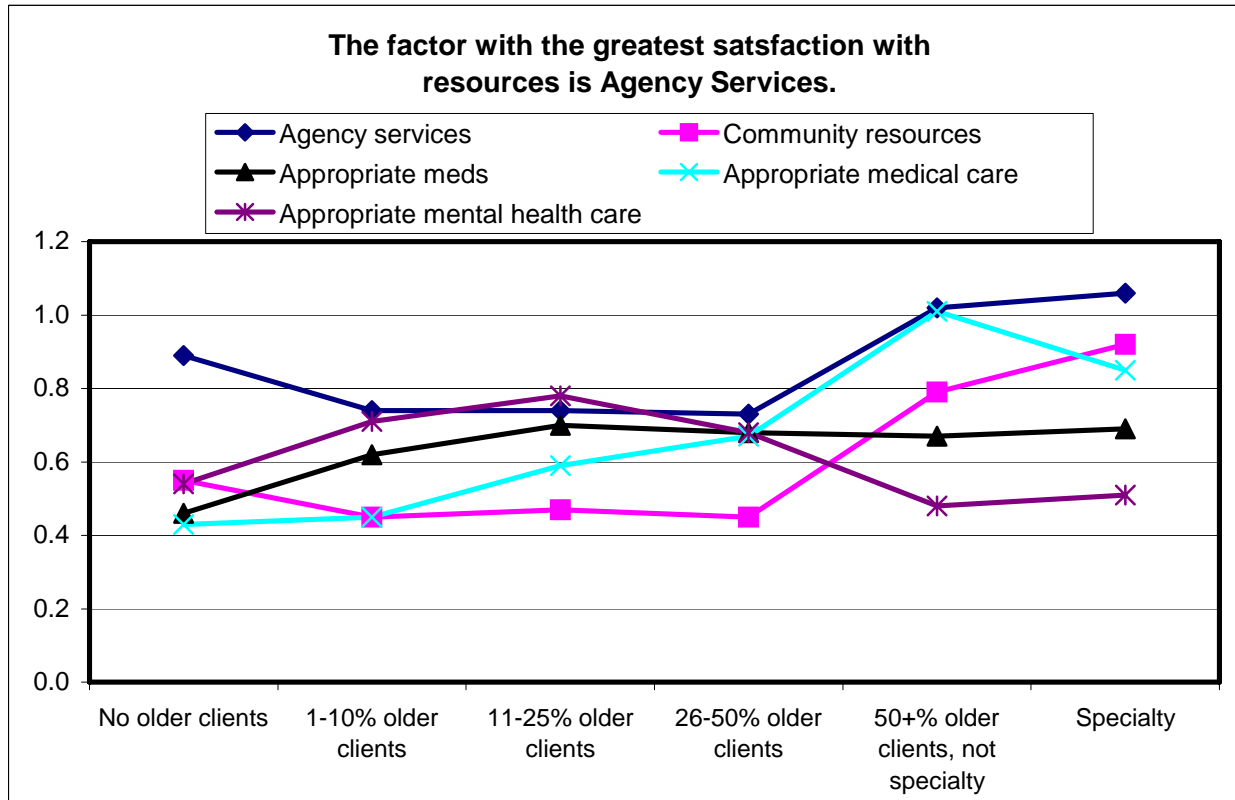
Employment Setting	Changes in Practice
Private Practice	Paperwork increased (67%)
	Services eligible for reimbursement decreased (60%)
	Assignment of non-social work tasks increased (57%)
Hospital	Severity of client problems increased (77%)
	Caseload increased (72%)
	Paperwork increased (66%)
Home Health Agency	Waiting lists for services increased (78%)
	Paperwork increased (67%)
	Severity of client problems increased (64%)
Social Service Agency	Paperwork increased (83%)
	Severity of client problems increased (71%)
	Caseload increased (70%)
Case Management Agency	Paperwork increased (83%)
	Severity of client problems increased (76%)
	Assignment of non-SW tasks increased (76%)
Nursing Home	Paperwork increased (90%)
	Severity of client problems increased (76%)
	Assignment of non-SW tasks increased (61%)
Hospice	Caseload increased (72%)
	Severity of client problems increased (66%)
	Paperwork increased (59%)

### **Satisfaction with Resources and Skills**

Social workers place the highest importance on the availability of services in assisting them to provide care to older adults, followed by training/education and caseload size.

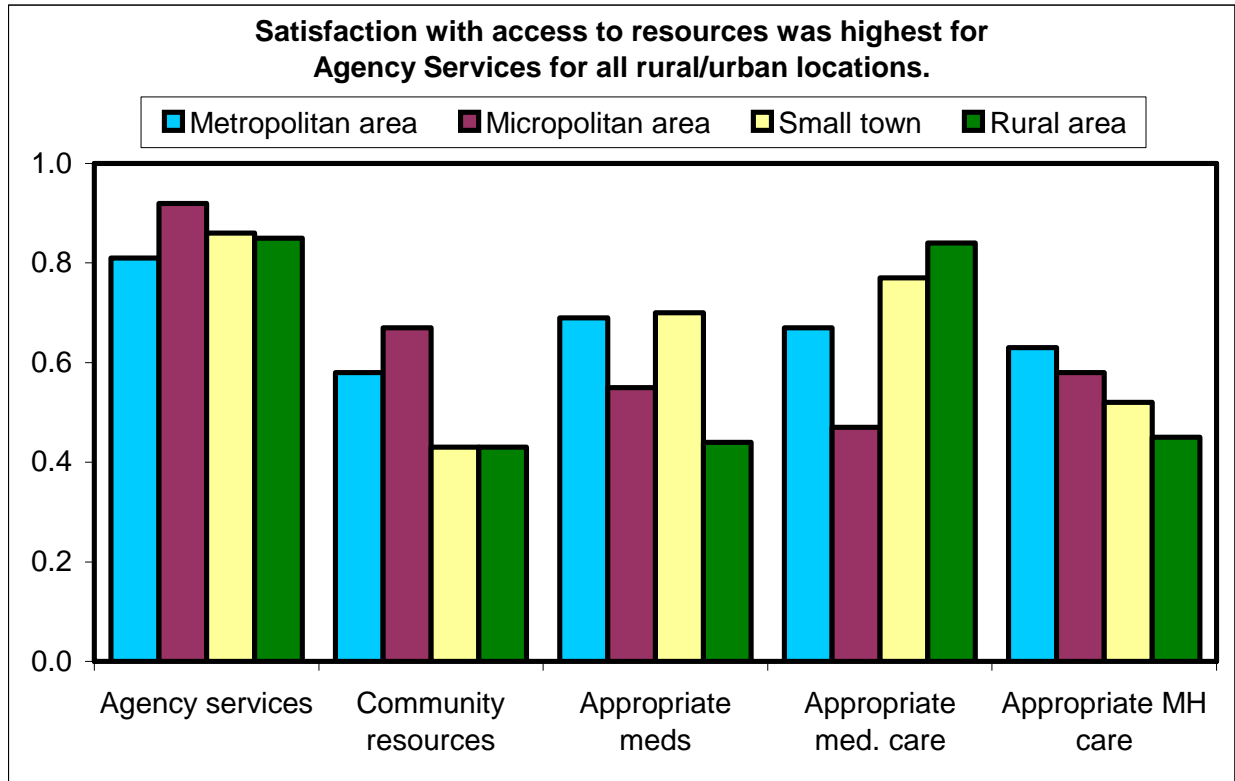
As seen in Figure 2, satisfaction with access to resources increases with the percentage of older adults in one's caseload, with the exception of access to mental health care which decreases. It will be important to further examine why access to mental health care differs. It may be a function of factors including availability of funding, resources, and the skill levels of social workers serving older adults.

**Figure 2. Satisfaction with Access to Resources for All Clients**



Although there is little variation in access to agency services by demographic area of practice, social workers in rural areas are less satisfied on average than others with their access to community resources, appropriate medications, and appropriate mental health care (Figure 3). They are more satisfied, however, with their access to appropriate medical care. Those serving older adults in rural areas are more likely than other social workers to be employed in healthcare settings such as hospitals or nursing homes.

**Figure 3. Levels of Satisfaction by Licensed Social Workers Serving Older Adults with Access to Resources, by Location**



Social workers serving some older adults believe that they are highly effective in helping all clients in their caseloads, not just those older than age55, in assisting with a range of problems (91%), improving the quality of life of clients (87%), helping clients address key issues (86%), resolving crisis situation (80%), and helping clients meet objectives (79%) . Their levels of agreement with their ability to effect changes in working with clients are seen in Table 2.

**Table 3. Mean Level of Agreement with Statements about Satisfaction/Efficacy  
(on 5-point scale from -2 to +2)**

Statement/Factor	All Who Serve Older Adults	MSW		BSW	
		Not Practice Area	Practice Area	Not Practice Area	Practice Area
Help clients address few key problems	1.44	1.23	1.18	0.97	1.03
Help clients resolve crisis situations	1.19	1.08	0.96	0.94	0.79
Help clients with range of problems	1.17	1.44	1.56	1.36	1.37
Help clients meet objectives	1.04	0.98	0.94	0.86	0.70
Work with community orgs to adapt system	1.01	0.00	0.29	0.65	0.49
Improve quality of life	0.96	1.14	1.34	1.16	1.38
Satisfied with ability to coordinate care	0.88	0.50	0.73	0.58	0.56
Satisfied with ability in cultural differences	0.78	1.05	0.97	0.84	0.66
Effectively respond to number of requests for help	0.65	0.52	0.69	0.54	0.47
Help families respond to client needs	0.64	0.69	1.25	0.86	1.14
Satisfied with ability to address complex problems	0.54	0.85	1.13	0.85	0.84
Satisfied with ability to help clients navigate	0.54	0.55	1.00	0.85	0.87
Satisfied with ability to influence service design	0.22	0.18	0.32	0.31	0.38
Satisfied with amount of time spend with clients	0.11	0.75	0.35	0.37	0.14

Social workers were asked whether the amount of time was adequate to address client needs. There is not a clear relationship between satisfaction with the time available and extent of involvement with older adult clients, but social workers in Aging are significantly less satisfied than others not in Aging with their time to address presenting problems<sup>1</sup>, address severity of problems<sup>2</sup>, address breadth of problems<sup>3</sup>, and provide clinical services<sup>4</sup>. They are, however, significantly more satisfied with the time available to access basic services<sup>5</sup>, provide services to client families<sup>6</sup>, and address service delivery issues<sup>7</sup>.

Social workers who serve older adults report different mean levels of satisfaction with their efficacy and resources depending upon the location of their practice, as shown in Table 4.

<sup>1</sup> p < 0.0005

<sup>2</sup> p < 0.0005

<sup>3</sup> p < 0.0005

<sup>4</sup> p < 0.0005

<sup>5</sup> p = 0.027

<sup>6</sup> p = 0.031

<sup>7</sup> p = 0.002



**Table 4. Mean Satisfaction of Licensed Social Workers Serving Older Adults with Selected Professional Factors (on 5-point scale from -2 to +2)**

Statement/Factor	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Improve quality of life	1.19	1.14	1.14	1.00
Help clients meet objectives	0.96	0.94	0.94	0.70
Help clients with range of problems	1.44	1.38	1.29	1.40
Help clients address few key problems	1.20	1.10	1.13	1.13
Help clients resolve crisis situations	1.06	0.87	0.94	0.69
Help families respond to client needs	0.78	0.79	0.72	0.93
Satisfied with ability to help clients navigate	0.64	0.64	0.80	0.62
Satisfied with ability to coordinate care	0.53	0.49	0.59	0.62
Effectively respond to number of requests for help	0.55	0.42	0.38	0.54
Work with community orgs to adapt system	0.13	0.23	0.51	0.23
Satisfied with ability to address complex problems	0.87	0.79	0.92	0.77
Satisfied with amount of time spend with clients	0.64	0.65	0.48	0.76
Satisfied with ability in cultural differences	1.05	0.81	0.81	0.83
Satisfied with ability to influence service design	0.19	0.27	0.15	0.45

*Self-Assessment Of Geriatric Skills And Knowledge*

Social workers who work with older adults are more comfortable with their skills than their knowledge. They rate their psychosocial assessment skills the highest on average (4.35 on a five-point scale), followed by their direct service/intervention skills (4.32), their treatment/service planning skills (4.20), and their case management skills (3.78). They were least satisfied with their end-of-life/palliative care skills (3.38).

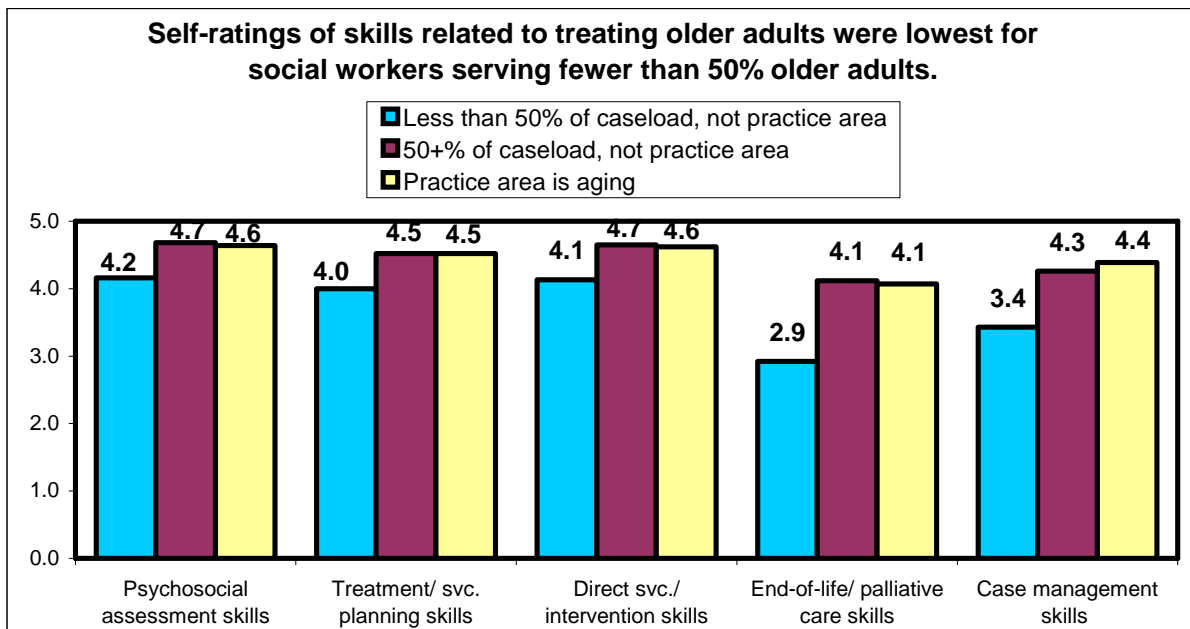
They gave the highest rating of their knowledge to theories of aging (3.88), and the lowest rating to their knowledge of psychopharmacology of older adults (3.23).

**Table 5. Self-Assessments of Skills and Knowledge of Social Workers who Work with Older Adults**

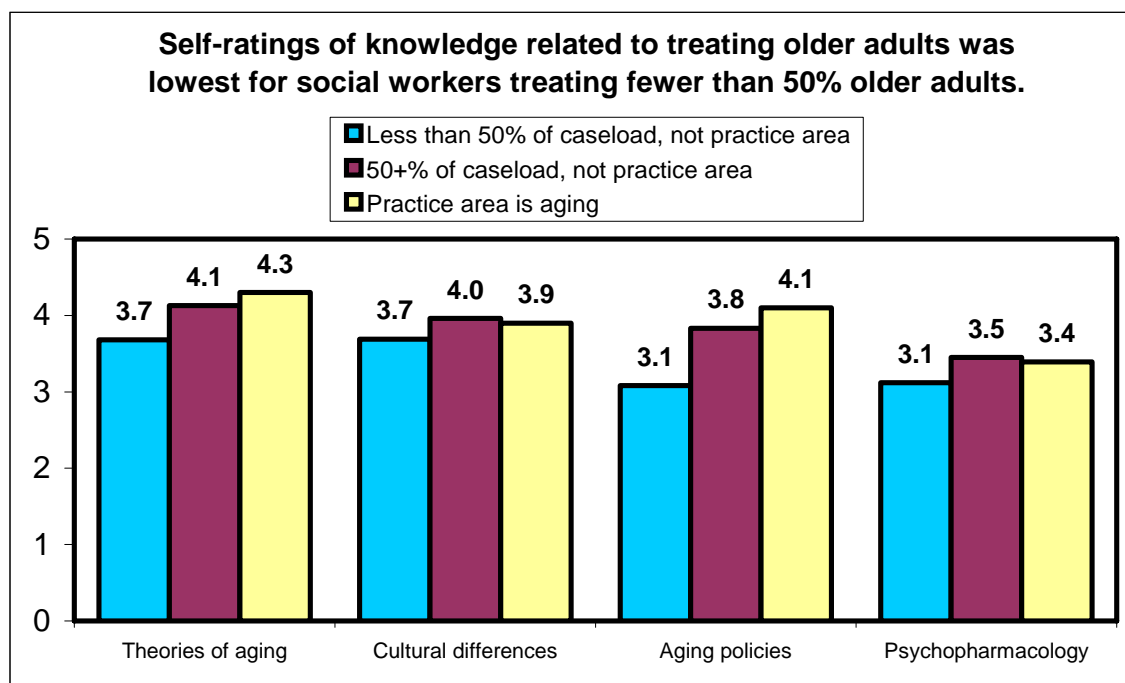
Skill or Knowledge Category	Low	2	3	4	High	Not Applicable
<b>Skills for Older Adults</b>						
Psychosocial assessment	2%	4%	10%	27%	57%	2%
Treatment/service. planning	2%	4%	12%	34%	46%	2%
Direct service./intervention	2%	3%	10%	31%	52%	2%
End-of-life/palliative care	13%	15%	18%	22%	27%	6%
Case management	8%	10%	14%	26%	36%	7%
<b>Knowledge for Older Adults</b>						
Theories of aging	3%	7%	19%	38%	31%	1%
Cultural differences	3%	8%	24%	38%	26%	1%
Aging policies	7%	15%	27%	31%	19%	2%
Psychopharmacology	9%	17%	29%	30%	14%	2%

Average self-ratings vary by the extent of involvement with older adult clients as shown below in Figures 4 and 5. There are few differences between those in Aging and those in other practice areas with caseloads of more than 50% older adults, but those who see older clients as more than 50% of their caseload evaluate their skills and knowledge more highly than those who see older adults as 50% or less of their caseload.

**Figure 4. Average Self-Ratings of Skills Related to Treating Older Adults**



**Figure 5. Average Self-Ratings of Knowledge Related to Treating Older Adults**



### Career Plans

To help understand the likely future stability of the social work workforce, two questions were included in the survey about career plans. The first asked about career plans in the next two years. The second asked about the most important factors that would influence a decision to change the current position.

More than 70% of social workers serving older adults plan to remain in their current position over the next two years. Many respondents plan to leave the field (retirement, 6%; leaving the field but remaining employed, 7%; and become unemployed, 1%). Sixteen percent of inactive licensed social workers reported plans to return to the field. Seven percent of these social workers plan to pursue a social work degree.

Table 6 shows that those in Aging were most likely to indicate they would retire in the next two years. It also shows that respondents with no involvement with older adults were more likely to indicate they would seek a new opportunity or pursue non-degree social work training than either those with 50% or more of their caseload as older adults or those in the practice area of Aging.

Career plans do not vary by degree with the exception that BSWs are more likely to pursue a higher social work degree than MSWs (19% versus 3%). MSWs in Aging are less likely than other groups to plan to remain in their current position (65%), as seen below, and are twice as likely as MSWs NPA to plan to retire (10% compared to 5%). Interestingly, BSWs in Aging are much less likely than BSWs NPA to plan to leave social work for some other field (2% versus 9%).

**Table 6. Career Plans in Next Two Years of Licensed Social Workers Serving Older Adults, by Involvement with Older Adults**

Career Option	None (N=600)	MSW, NPA (N=1257)	BSW, NPA (N=141)	MSW, Aging (N=186)	BSW, Aging (N=65)	All Licensed SWs Serving Older Adults (N=1813)
Remain in Current Position	70%	72%	70%	65%	74%	71%
Seek New Opportunity/Promotion as SW	30%	25%	27%	30%	20%	26%
Pursue Non-Degree SW Training	18%	17%	15%	15%	5%	16%
Decrease SW Hours	8%	12%	6%	9%	11%	10%
Increase SW Hours	9%	6%	2%	9%	7%	8%
Pursue Additional Non-SW Degree	7%	7%	11%	5%	11%	7%
Other	6%	7%	4%	9%	3%	7%
Pursue Additional SW Degree	8%	3%	21%	3%	17%	6%
Retire	5%	5%	6%	10%	8%	6%
Leave SW but Continue to Work	4%	5%	9%	5%	2%	5%
Stop Working	2%	1%	4%	1%	2%	1%

Note: Sums do not total 100% because respondents could select multiple options.

The majority of social workers who currently serve older adults indicated that they either do not plan to change their level of involvement with older adults (40%) or they plan to increase their time working with older adults (25%) in the next five years. Eight percent plan to reduce their time with older adults, and 4% plan no future work with older adults. Nearly one in four, however, is “unsure” of their plans.

That said, the majority of social workers who serve older adults report that they expect future opportunities to work with older adults to increase. This varies by degree, practice area, and involvement with older adults, as shown in Table 7.

**Table 7. Plans of Licensed Social Workers Serving Older Adults to Change Involvement with Older Adults, by Current Highest Social Work Degree and Current Level of Involvement**

Change Plans	MSW			BSW		
	Less than 50% of Caseload, Not Practice Area (N=1009)	50+% of Caseload, Not Practice Area (N=248)	Practice area is Aging (N=186)	Less than 50% of Caseload, Not Practice Area (N=93)	50+% of Caseload, Not Practice Area (N=48)	Practice Area is Aging (N=65)
Increase time	26%	31%	20%	19%	27%	23%
No change	39%	42%	43%	29%	52%	34%
Reduce time	6%	8%	9%	6%	8%	15%
No future work	5%	1%	1%	6%	2%	0%
Unsure	24%	18%	27%	41%	10%	28%

Note: Sums do not total 100% because respondents could select multiple options

Among social workers who serve older adult clients, there were also variations in career plans by employment setting. Table 8 shows that the majority of social workers in all major settings that serve older adults were planning to remain in their current position. Those in hospitals and nursing homes were more likely than those in other settings to report they would remain in their current position, suggesting a greater stability for those employers.

Those in home health agencies were much more likely to plan retirement or “other” activities than those in any of the other settings. Those in nursing homes were more likely to seek new opportunities as social workers or to pursue a new degree, either social work or non-social work. None of those in hospices reported they were planning to retire.

**Table 8. Career Plans in Next Two Years of Licensed Social Workers Serving Older Adults, by Employment Setting**

Career Option	Hospital (N=283)	Home Health Agency (N=37)	Social Service Agency (N=157)	Case Mgmt Agency (N=31)	Nursing Home (N=91)	Hospice (N=74)
Remain in current position	72%	62%	62%	61%	70%	64%
Seek new opportunity/promotion as SW	25%	22%	33%	29%	30%	30%
Pursue non-degree SW training	15%	8%	14%	16%	11%	12%
Decrease SW hours	9%	5%	8%	16%	14%	14%
Pursue additional non-SW degree	8%	3%	11%	10%	12%	5%
Leave SW but continue to work	7%	0%	7%	10%	9%	4%
Retire	7%	14%	8%	6%	4%	0%
Other	5%	19%	4%	0%	4%	8%
Pursue additional SW degree	4%	0%	9%	3%	12%	7%
Increase SW hours	4%	11%	6%	3%	4%	9%
Stop working	0%	3%	1%	0%	2%	4%

Note: Sums do not total 100% because respondents could select multiple options

Variations in career plans among social workers who serve older adults by practice location are shown in Table 9. The majority of respondents in all geographic areas indicated they would remain in their current positions over the next two years. The second most common response was to seek new opportunity promotion as a social worker. Larger percentages of those in small towns and rural areas indicated they would pursue an additional social work degree.

**Table 9. Career Plans of Licensed Social Workers Serving Older Adults, By Rural Status of Primary Employment Setting**

Career Option	Metropolitan Area (N=1321)	Micropolitan Area (N=163)	Small Town (N=98)	Rural Area (N=42)
Remain in current position	71%	74%	71%	71%
Seek new opportunity/promotion as SW	26%	20%	29%	29%
Pursue non-degree SW training	16%	13%	14%	12%
Decrease SW hours	11%	9%	10%	7%
Pursue additional non-SW degree	8%	7%	9%	5%
Increase SW hours	8%	5%	6%	7%
Pursue additional SW degree	5%	7%	11%	10%
Leave SW but continue to work	5%	5%	4%	2%
Retire	6%	6%	2%	2%
Stop working	1%	2%	1%	0%

Note: Sums do not total 100% because respondents could select multiple options

The majority of social workers who serve older adults in all four location categories plan to maintain the same involvement or increase their involvement with this population over the next five years. Table 10 shows patterns that are similar for all four geographic categories, with some differences across geographic areas. Relatively small percentages of respondents in each of the four geography types indicated they would reduce their involvement with older adults.

**Table 10. Plans of Licensed Social Workers Serving Older Adults to Change Involvement with Older Adults, by Location of Primary Employment**

Change Plans	Metropolitan Area (N=1321)	Micropolitan Area (N=163)	Small Town (N=98)	Rural Area (N=42)
Increase time	25%	27%	19%	22%
No change	38%	32%	38%	47%
Reduce time	7%	8%	6%	6%
No future work	7%	9%	7%	11%
Unsure	24%	24%	31%	15%

Social workers reported several primary factors that might cause them to consider changing jobs: higher salary (72%), lifestyle/ family concerns (53%), interesting work (38%) and job stress (35%). These factors are similar across groups of social workers by degree, level of involvement with older adults, and practice location.

**Table 11. Reasons that Social Workers Would Consider Changing Jobs**

Job Change Reason	% of Respondents	Number of Respondents
Higher Salary	72%	1309
Lifestyle/Family Concerns	53%	965
Interesting Work	38%	685
Stress of Current Job	35%	637
Personal Reasons	35%	627
Location	33%	589
Better Benefits	33%	590
Increased Mobility	23%	419
Lighter Workload	23%	408
Opportunities Training/Education	19%	335
Different Supervisor/Mgmt	14%	260
Peer Support	9%	166
Increased Responsibility	9%	164
Quality of Supervision	9%	159
Other	9%	157
Agency Mission	8%	148
Ethical Challenges	7%	119

Greater percentages of those in Aging and those with larger caseloads of older adults identified better fringe benefits and different supervisor/management as important factors in job changing considerations, suggesting greater discontent with those factors than other respondents.

The majority of social workers who provide services to older adults plan to continue working with this population over the next five years (73%), and the majority also report that they expect opportunities to work with older adults to increase as shown by involvement with older adults in Figure 6.



**Figure 6. Percentages of Licensed Social Workers Serving Older Adults Expecting Increased Opportunities to Work with Older Adults in the Future**

