AN OVERVIEW OF THE 2024 SOCIAL WORK WORFORCE STUDY SERIES:

A SYNTHESIS FOR REGULATORS

Submitted to
THE ASSOCIATION OF SOCIAL WORK BOARDS

By:
JOY J. KIM, MSW, PHD
RUTGERS SCHOOL OF SOCIAL WORK

Published
JULY 2025

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KEY TAKEAWAYS

Occupational regulation influences the minimum quality and accessibility of services provided by regulated professions by shaping professionals' competence, practices, and labor supply and distribution. To monitor and evaluate the effects of regulatory decisions on the public and the workforce, regulators rely on national workforce studies. In 2024, the social work profession conducted its largest and most comprehensive workforce survey to date, based on responses from 39,494 U.S. licensed social workers and 3,437 registered Canadian social workers and social service workers. This study provides an overview of the major findings and contributions of the 2024 Social Work Workforce Study Series and outlines a research agenda that requires further empirical evidence for regulatory implications. Most importantly, it underscores the lack of an unduplicated national registry of active licensed and registered social workers; this presented challenges in conducting a robust workforce study. Recognizing that jurisdictional regulatory bodies are uniquely positioned to create and benefit from such a registry, this synthesis calls for their collective action to establish a national registry to support more robust social work workforce research in the future.

Note: This synthesis was created based on the author's presentation delivered to U.S. and Canadian social work regulators at the ASWB Annual Education Meeting in Portland, Oregon, on May 2–3, 2025.

INTRODUCTION

It is important to consider how the U.S. Bureau of Labor Statistics (BLS) describes the social work workforce in its *Occupational Outlook Handbook* data (U.S. Bureau of Labor Statistics, 2024a, 2024b). This brief review reveals how the description may misrepresent the licensed workforce and why this is so. Social work stakeholders often rely on data from the BLS *Occupational Outlook Handbook* to represent the profession. The BLS data provide information on all major occupations, including social work. However, it is important to understand that these data are based on job title reports submitted by employers through the state Unemployment Insurance system.

Table 1 shows that there were approximately 751,900 social workers in the country in 2023 (U.S. Bureau of Labor Statistics, 2024). The numbers include three main categories of social workers: (1) child, family, and school social workers; (2) health care social workers; and (3) mental health and substance abuse social workers. Of the total, 50% were estimated to be child, family, and school social workers. According to the BLS, over 70% of the jobs as child, family, and school social workers require only a bachelor's degree and have the lowest median salary among the three groups, at approximately $54,000.

Table 1

U.S Bureau of Labor Statistics Employment Outlook for Social Workers, 2023

	Share of Workforce	Employment 2023	Projected Employment 2033	Percentage Increase (2023–2033)	Median Salary (2023)
All social workers	100%	751,900	806,600	7%	$58,380
Child, family, school	50%	365,900	383,800	5%	$53,940
Health care	26%	193,200	211,900	10%	$62,940
Mental health/ substance abuse	16%	123,700	138,100	12%	$55,960
All other	9%	69,000	72,800	5%	$63,770

Sources: U.S. Bureau of Labor Statistics (2024a, 2024b).

Table 1 also suggests that health care social workers and mental health and substance abuse social workers made up about 26% and 16% of the workforce, respectively. While the median salary for health care social workers was estimated at $63,000, the salary for mental health and substance abuse social workers was approximately $56,000. The BLS data also stated that most workers in

these two categories (70% and 77%, respectively) held positions requiring a master's degree (U.S. Bureau of Labor Statistics, 2024).

The question is: Why is this workforce profile inaccurate in describing the licensed workforce? Because the BLS *Occupational Outlook Handbook* uses data reported by employers, the statistics exclude self-employed social workers who do not have employers. That is, the BLS data exclude self-employed social workers, most of whom should be clinically licensed social workers in private practice. Additionally, because employers' reporting does not differentiate between professional social workers who possess a social work degree and license and those who lack formal social work credentials, the statistics include all workers perceived as social workers, including even those without a bachelor's degree. Furthermore, according to these data, the number of bachelor's-level social workers is estimated to be greater than that of master's-level social workers.

This means that the BLS social work profile includes a large number of individuals without social work credentials, while excluding self-employed social workers, most of whom should be clinically licensed MSW degree holders. The importance of these data will become clear later in the discussion of the size of the clinical workforce and the percentage of clinical social workers who are self-employed. The way BLS occupational outlook data are collected explains why the median salaries of social workers were estimated to be lower than $60,000, again misrepresenting the licensed social work workforce.

Despite these clear limitations in the BLS statistics, the profession continues to use these data to represent and advocate for the social work workforce. Unfortunately, the extent to which this BLS profile accurately reflects professional social workers has never been systematically evaluated, in part due to a lack of national workforce studies.

Occupational Regulation and Workforce Studies

Theoretical Effects of Occupation Regulation

Why should social work regulators care about a workforce study? It is because findings from workforce studies can provide evidence of the effects of occupational regulations. Table 2 summarizes the dual goals or effects of occupational regulation for the public and the workforce.

Table 2

Dual Effects of Occupational Regulation

For the Public	For the Workforce
Ensure a minimum quality ⟷	**Provide occupational prestige**
Protection from harmful and ineffective services: Assessment of minimum competence	Public perception of professionalism
Channels for complaints and disciplines	
Minimum standards of care; continuing education	Proven path to profession and career advancement
May limit access to the service ⟷	**Boost employment and earnings**
Controlled entry to the profession	Controlled supply of qualified providers
Scope of practice	Protected area of specialty
Jurisdiction-specific regulation	Constraints in interjurisdictional practice

A line-by-line analysis of the table will explain the dual goals of occupational regulation. First, regulation is designed to ensure the minimum quality of service that regulated professions provide. By assessing the minimum competency of practitioners, regulation aims to protect the public from harmful and ineffective services. Regulation also establishes channels for consumers to file complaints and for practitioners to face disciplinary actions. Interestingly, this goal of protecting the public also impacts the regulated workforce by providing occupational prestige. The public perceives regulated occupations, especially licensed ones, as professions that hold specialized knowledge and skills and that work for the public interest. This occupational prestige helps attract and retain talented workers in the profession (Weeden, 2002).

Second, regulations establish minimum standards of care and require regulated workers to receive continuing education to maintain and enhance their competence. These requirements aim to protect the public, but they also provide the workforce with a proven pathway into the profession and opportunities for career advancement (Weeden, 2002).

However, as Table 2 shows, occupational regulation may limit public access to services because regulation, particularly licensure, controls entry into regulated professions and the scope of practice within a jurisdiction. While this regulation can ensure quality and accountability, it may also

reduce the number of qualified practitioners and restrict public access to certain services. Research evidence indicates that occupational licensure is also linked to decreased practice mobility among regulated professionals, as licensure and regulation are usually jurisdiction-specific (Kim, 2024; Kim et al., 2023a).

Interestingly, however, from a workforce perspective, such gatekeeping practices can lead to increased employment opportunities and higher earnings. By controlling entry into practice and clearly defining the scope of practices, regulation can limit the supply of qualified providers in a given geographic area, thereby enhancing job security and compensation for those with the appropriate credentials. Research has shown that licensure is related to higher earnings; for example, licensed social workers earn approximately 10% more than their nonlicensed counterparts (Kim et al., 2023b).

These dual goals and the effects of regulation on both the public and the workforce form the foundation of much of the ongoing debate and research around regulation. Does regulation strike the right balance for the public and the workforce? Is it overly restrictive or not restrictive enough (Kim, 2024)? To answer these questions and guide regulatory decisions with empirical evidence, regulators must invest in workforce studies.

Purpose of a Workforce Study

The Social Work Workforce Coalition, convened in 2022 by the Association of Social Work Boards (ASWB), conducted a workforce study because results from a nationally representative study enable the profession to examine the effects of occupational regulations empirically. First, workforce studies should provide comprehensive and up-to-date information on the size, composition, and geographic distribution of the workforce because regulation is expected to affect the number and distribution of regulated workers. Second, a workforce study should track the demographic, credential, practice, employment, and earnings characteristics of the workforce, as regulation is expected to impact these areas as well.

Next, a workforce study should provide evidence regarding the effects of regulation, especially on how regulation affects the quality and accessibility of the service that the workforce provides. The size, composition, and geographic distribution of the workforce can signal the level of access to services provided by the workforce. The employment, practice, and earnings characteristics of the workforce may serve as indicators of the quality of the services. This is because when

consumers and the public value the services offered by regulated workers, they are willing to pay higher prices for higher-quality services, which may boost compensation for regulated workers.

Fourth, findings from a workforce study should assist regulators when they engage with other stakeholders. Evidence from the study helps stakeholders gain understanding and support for regulatory decisions. It can also help professional stakeholders pursue funding and legislative opportunities that promote the profession.

Last, findings from a workforce study can help regulators develop strategies to improve regulatory policies and rules and identify key indicators related to public protection and access to services. One important point to highlight is that regulators are uniquely positioned as professional entities with access to the tools needed to influence the quality and accessibility of services provided by a regulated workforce (Slipp et al., 2025; Trebilcock, 2022).

Previous Social Work Workforce Studies

Unlike other professions, such as nursing, medicine, and psychology, social work has *not* regularly conducted workforce research to monitor trends, project needs, or inform policy and education. Throughout the many decades of recent history in the social work profession in North America, there have been five waves of workforce studies in the United States and almost none in Canada. As Table 3 shows, those workforce studies used various samples of social workers in the United States, including (1) licensed social workers, (2) National Association of Social Work (NASW) members, (3) members of professional social work organizations, (4) self-identified social workers, and (5) recent graduates of social work programs. However, each of these studies used different definitions of the social work workforce.

As a result, the profession of social work failed to establish a benchmark and trend in understanding the evolving workforce. The profession does not even know the size and composition of the workforce, such as the share of social workers who are licensed. The definition and boundary of "social worker" were inconsistent throughout the five waves of U.S. workforce studies, undermining professional identity and allowing individuals without formal education or licensure in social work to claim the title. There is no consistent, standardized national data collection effort on the social work workforce. Additionally, none of the previous workforce studies in the United States were published in peer-reviewed journals to build the knowledge base about the profession, leaving limited evidence to support occupational regulation and workforce planning.

Furthermore, no single workforce study based on a national survey has been conducted for the Canadian social work workforce, leaving a void in the knowledge base about the profession. Not much has been written about Canadian social workers' contribution to the country's mental and behavioral health care system and the effects of regulations on the workforce.

Table 3

Previous Workforce Studies in Social Work

United States	Canada
2024 NASW Licensed Workforce Study (a survey of ~4,500 licensed social workers)[1]	2012 survey on entry-level competence by the Canadian Council of Social Work Regulators (N=~4,900)[6]
2007 NASW Membership Workforce Study (a survey of ~3,500 NASW members)[2]	
2010 NASW Compensation and Benefits Study (a survey of ~18,000 members of professional associations)[3]	2023 Social Worker profile by Canadian Health Workforce Network (CHWN)[7]
2017 Profile of the Social Work Workforce (secondary analysis of the 2015 American Community Survey)[4]	
2017–2019 National Study of Recent Graduates (a survey of ~3,500 social work graduates)[5]	

Sources: 1. Center for Health Workforce Studies & NASW Center for Workforce Studies (2006); 2. Arrington and Whitaker (2008); 3. NASW (2010); 4. Salsberg et al. (2017); 5. Salsberg et al. (2020); 6. The Canadian Council of Social Work Regulators (2012); 7. Mirshahi and Baczkowska (2023).

Consequences of Limited Workforce Studies

The lack of workforce knowledge has led to several significant consequences. First, there is limited understanding of who professional social workers are. Detailed information on their education levels, specialties, work settings, racial and ethnic diversity, and years of experience is lacking. Again, the profession does not even know the percentage of social workers who are licensed. The composition of the licensed and registered workforce by practice category remains unclear. Most important, the profession lacks a way to assess whether it is overproducing or underproducing professional social workers relative to projected service demands. This knowledge gap hampers efforts to build a more representative and competent workforce.

Second, as discussed, the BLS *Occupational Outlook Handbook* describes social workers as predominantly employed in "social services," providing supportive services for families and children. This portrayal may be more accurate for bachelor's-level or nonlicensed social workers than for

master's-level or licensed social workers. As social workers advance their education and practice category, more of them are engaged in mental and behavioral health care services away from individual and family services. Thus, the BLS profile may mispresent professional social workers and their practice.

Third, research has shown that social workers, particularly in mental health, are often under-recognized in Canada. Despite being one of the largest provider groups in mental health services, Canadian social workers' contributions remain under-documented and undervalued (O'Brien & Calderwood, 2010; Towns & Schwartz, 2012). This is particularly related to the fact that Canada's public health insurance plans usually do not cover social work services. Social work services are often paid for privately through out-of-pocket expenses, employer-based plans, or private insurance.

Fourth, with limited data on how licensure is related to social workers' employment and earnings, the profession struggles to demonstrate the value of social work licensure. Key questions remain unanswered: Do employers prefer licensed social workers? Does licensure correlate with more competent practice or better compensation? Without this evidence, advocating for the importance of regulation in protecting the public and strengthening the workforce becomes quite challenging.

Last, in recent years, social work licensure has come under scrutiny in several U.S. states, with legislative efforts to deregulate or eliminate licensure requirements, particularly for Masters licensure. The absence of workforce data and clear evidence on the role of licensure in ensuring competent, ethical practice leaves the profession ill-prepared to respond to criticism. Without evidence, critics more easily question why licensure and regulation are necessary, potentially posing a risk to public safety and professional integrity.

THE 2024 SOCIAL WORK WORKFORCE STUDY SERIES

Overview of the 2024 Social Work Workforce Survey

The Social Work Workforce Coalition, a group made up of leading social work organizations, conducted the Social Work Census in 2024. The Social Work Census contained two parts: the 2024 Social Work Workforce Survey and the Practice Analysis Survey, both of which targeted U.S. and Canadian social workers. The Census was funded and launched by ASWB from March through June 2024. The 2024 Social Work Workforce Survey aimed to collect data on social

workers' demographic, employment, practice, and financial characteristics. The Practice Analysis Survey was intended to develop the blueprints for the next round of licensing exams. The primary target group for the 2024 Social Work Workforce Survey included approximately 514,000 licensed social workers in the United States, as well as registered social service workers and social workers in Canada. Of those targeted, over 52,000 responded to the 2024 Social Work Workforce Survey. The final analyses included 39,494 licensed social workers in the United States and 3,437 registered social workers and social service workers in Canada.

The 2024 Social Work Workforce Survey asked the participants about the following: (1) education, (2) license and registration, (3) employment, (4) practice (setting, function, role, client groups, primary role, and electronic practice), (5) student loan debt, earnings, and access to employer-provided benefits, (6) supervision experience, (7) career plan, and (8) detailed demographic characteristics. Based on the 2024 Social Work Workforce Survey data, four workforce reports were generated for the U.S. and Canadian workforce. The analyses featured in those reports were also reinforced with the household survey data by the U.S. Census Bureau and ASWB's compilation of regulatory boards' license data. All survey respondents, including those from Canada, were categorized by their practice category in the statistical analyses.

Major Findings and Contributions

It is important to begin with high-level findings from the four workforce reports and the major contributions of those studies. First, the 2024 Social Work Workforce Survey collected the *largest number of responses* from licensed and registered social workers ever collected in a national workforce study to date. The large sample size provides an unprecedented opportunity for further analyses. Nearly 39,500 licensed social workers in the United States were included in the analyses. Approximately 3,500 registered social workers and social service workers in Canada were included in the study.

Second, the 2024 Social Work Workforce Study Series made history with the first-ever *Canadian workforce survey* and its analyses. The Canadian workforce study found that registered social workers are a critical part of the behavioral health care workforce in Canada. The largest share of Canadian social workers across all practice categories reported that their primary function was to provide mental and behavioral health services.

Third, the 2024 Social Work Workforce Study Series explored the differences in the practice and employment characteristics of licensed and registered social workers across *practice categories*. It is

the first time in the profession's history that detailed characteristics of social workers were examined by practice categories. As the practice category advanced, the percentage of social workers in health care settings providing mental and behavioral health care services and the percentage of those working primarily online increased gradually yet clearly. Conversely, the share of those working in individual and family services declined correspondingly. Social workers' median annual earnings showed a gradual, yet very clear increase as their practice category advanced.

Fourth, the 2024 Social Work Workforce Study Series provided the first national estimates of the *size and composition* of the U.S. workforce by education level and licensure status. The estimated size of the licensed social work workforce in 2024 was approximately 463,000. More than 94% were master's (MSW) degree holders. This estimate was far greater than the estimate based on the national household surveys, suggesting that the data from the government household surveys may undercount professional social workers.

Fifth, the 2024 Social Work Workforce Study Series highlighted the *value of social work licensure* in the labor market. Findings revealed that an overwhelming majority of licensed and registered social workers held positions where licensure and registration were either required or preferred. Additionally, licensure was related to higher earnings, better access to employer-provided benefits, a greater intention to remain in the field, and a clearer career pathway. Most important, the 2024 Social Work Workforce Study Series revealed that licensed social workers in the United States and registered social workers in Canada earned more than what official statistics indicated in their countries.

Last, the 2024 Social Work Workforce Study Series estimated the *geographic density* of licensed social workers on a per-1,000-person basis to illustrate the distribution of professional social workers by jurisdiction. The estimates identified states and provinces where the density of professional social workers may be below the national average. If the estimates can be refined with further analyses based on smaller geographic units (e.g., county, zip code), they can provide insights into access to social work services at the state and local levels.

FINDINGS INDICATIVE OF REGULATORY EFFECTS

Estimated Size and Composition of the U.S. Licensed Workforce

As discussed above, regulation affects the accessibility of social work services by influencing

the number and distribution of qualified social workers (Slipp et al., 2025). Additionally, state-specific regulations can burden social workers who wish to practice across multiple states, as they are required to obtain a license in each state (Kim et al., 2023a). Therefore, from regulators' perspectives, it is important to monitor the size and distribution of the regulated workforce as well as the percentage of the workforce that holds a license across multiple states.

However, such monitoring has been challenging. ASWB compiles and maintains the number of licenses issued and reported by each regulatory board; however, the numbers include many duplicates, as regulatory boards do not know how many of their licensees are also licensed in other states. The 2024 Social Work Workforce Survey data revealed that a considerable percentage of licensed social workers are licensed in multiple states. For example, about 22% of Clinical social workers held a Clinical license in at least two states, 7% in three states, and 3% in four states. Additionally, nearly 9.5% of Masters social workers reported holding Masters licenses in more than one state.

Chart 1 shows that, based on the 2024 Social Work Workforce Study Series, there were approximately 463,000 licensed social workers in the United States. This total includes 6.45% with a Bachelors license, 30.15% with a Masters license, 4.53% with an Advanced Generalist license, and 58.87% with a Clinical license. Nearly 94% of licensed social workers held a master's degree in the United States.

It is important to note that the estimated size of the licensed workforce can vary depending on the data sources used in the analyses. Chart 2 shows the estimated number of master's-level licensed social workers — excluding those with bachelor's-level licenses — as based on three different data sources: (1) regulatory board data, (2) the 2024 Social Work Workforce Survey data, and (3) BLS household survey data (i.e., the 2023–2024 Current Population Survey). According to regulatory board data, more than 502,000 licenses were issued to social workers with a master's degree in 2023. As discussed earlier, because this figure represents the number of licenses issued, not the number of unique individuals, it significantly overestimates the size of the licensed workforce. In contrast, the BLS survey data estimated only about 223,800 licensed social workers nationwide, which is less than half of the estimate based on the regulatory boards' compilation of licenses issued.

Meanwhile, the 2024 Social Work Workforce Study Series estimated that there were over 433,000 licensed Masters social workers, nearly double the BLS estimate. These different estimates reflect a wide range in the estimated size of the licensed social work workforce. They suggest that the BLS household survey may substantially underestimate the actual size of the licensed social work

workforce in the United States, while the compilation from regulatory boards includes many duplicate licenses across multiple states.

Chart 1
Estimated Number and Percentage Distribution of Licensed Social Workers: 2024 Workforce Survey

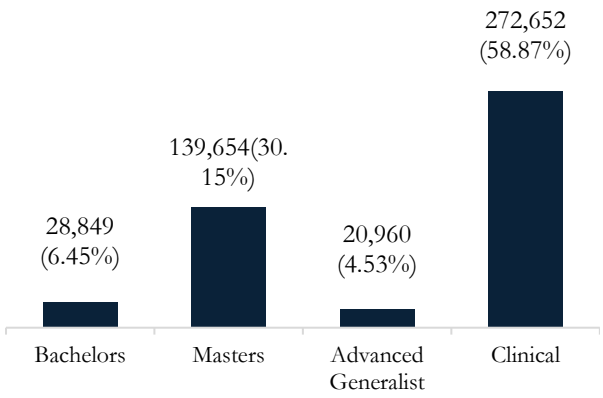
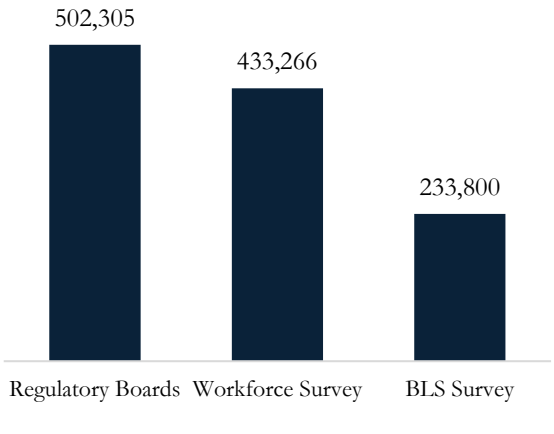


Chart 2
Estimated Number of Master's-Level Licensed Social Workers, by Data Source



Note: The number reported by regulatory boards in Chart 2 (N=502,305) is the number of licenses issued in 2023, excluding provisional licenses.

Geographic Distribution and Density of the U.S. Licensed Workforce

Examining the geographic distribution and density of licensed social workers, measured by the number of licensed social workers per 1,000 individuals, reveals that licensed social workers were unevenly distributed across the country. As Chart 3 shows, licensed social workers are concentrated in the states shaded in dark orange, particularly in the Northeast, Western, and Midwestern regions. The density of licensed social workers ranged from 0.41 to 3.56 per 1,000 individuals. States such as California, Arizona, and Florida had a low density, while Maine, Nevada, and Kansas had a high density of licensed social workers.

Chart 4 shows the geographic distribution and density of Clinical social workers across the country. Clinical social workers were concentrated in the Northeast and some Western states. Their density ranged from 0.33 to 2.45 per 1,000 individuals. States like Texas (TX) and Florida (FL) had a low density, whereas Massachusetts (MA), New Hampshire (NH), and Maine (ME) had a high density of Clinical social workers. The map clearly illustrates an uneven distribution of licensed

Clinical social workers. It highlights the need for further analysis to assess whether certain areas, especially rural and remote areas, may experience a shortage of Clinical social workers.

Chart 3
Number of Licensed Social Workers per 1,000 People

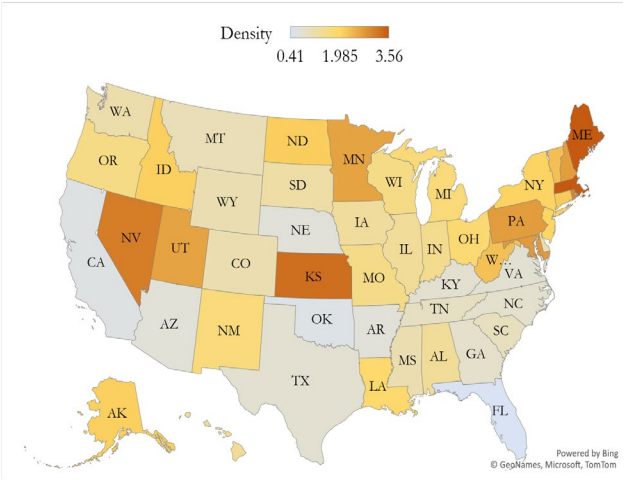
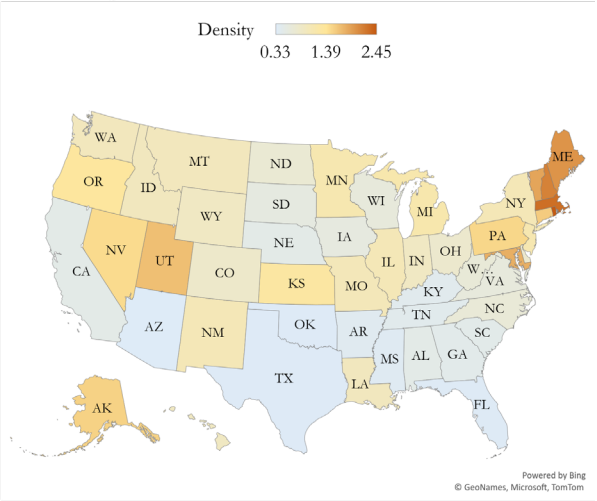


Chart 4
Number of Licensed Clinical Social Workers per 1,000 People



Composition and Size of the Canadian Registered Workforce

According to the social work regulatory colleges in Canada, which report the number of registered social workers and social service workers in their provinces to ASWB, there were over 63,000 registrants across the country in 2023. As Chart 5 shows, nearly 38% and 25% of these registrants were located in Ontario (ON) and Quebec (QC), respectively, reflecting the population distribution of the country. In addition to Alberta and British Columbia, which together accounted for about 20% of the workforce, the remaining six provinces comprised only about 17% of the total.

Chart 6 shows the percentage distribution of the Canadian workforce by practice category based on the 2024 Social Work Workforce Survey data. The chart reveals that 14% of the total respondents were registered social service workers, while 34.38% and 44.13% were bachelor's-level and master's-level registered social workers, respectively. Only about 7.5% were registered clinical social workers, indicating a relatively limited number of social workers with a clinical designation in Canada.

Chart 5
Percentage Distribution of the Registered Workforce (N=63,279)

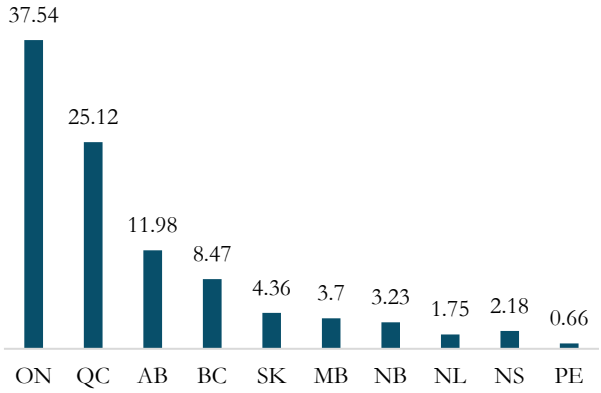
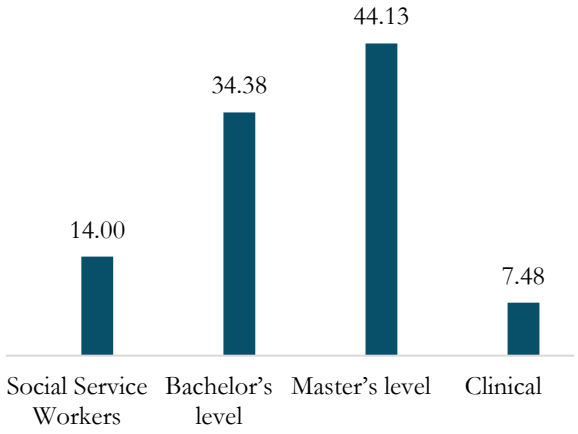


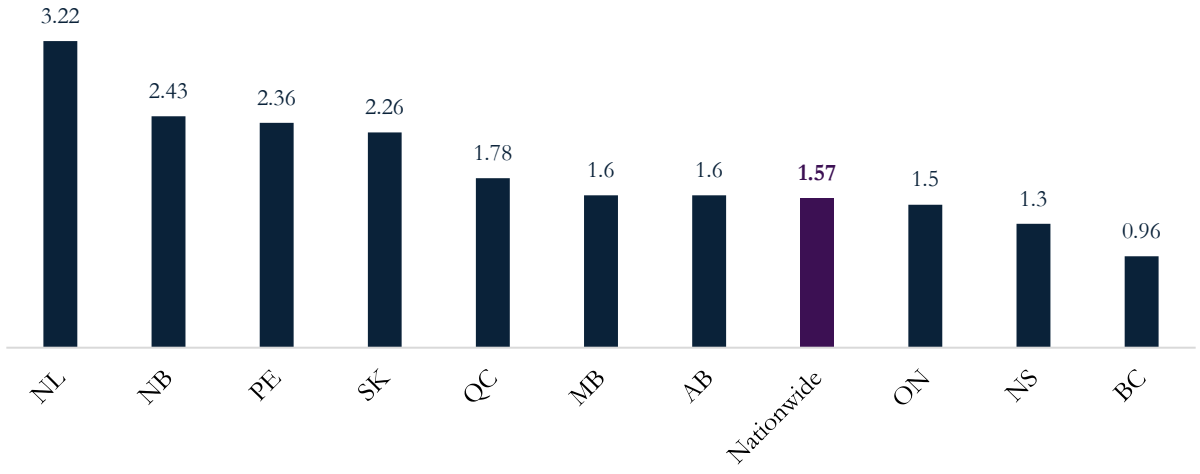
Chart 6
Percentage Distribution of Practice Category Among Canadian Respondents (N=3,437)



Geographic Density of the Canadian Registered Workforce

Chart 7 shows that, based on the 2024 Social Work Workforce Study Series, the nationally estimated density of registered social workers and social service workers in Canada was 1.57 per 1,000 people. This density, however, ranged from a low of 0.96 in British Columbia (ranking 10th place in the country) to a high of 3.22 in Newfoundland and Labrador (ranking 1st in the country) and 2.43 in New Brunswick (ranking 2nd in the country). Again, the chart shows that the geographic density of registered social workers varies greatly across provinces.

Chart 7
Number of Registered Social Workers per 1,000 People



Licensure Requirement

One of the most important findings from the 2024 Social Work Workforce Study Series is that the social work job market values social work licensure. Table 4 shows that more than 90% of licensed social workers across all practice categories in the United States reported that social work licenses are required and preferred for their current job positions. Similarly, an overwhelming majority of the Canadian workforce reported that registration is required for their positions. This finding suggests that the importance of social work credentials is deeply rooted and pervasive in the social work job market and among employers in both the United States and Canada.

Table 4

Percentage Whose Position Required or Preferred Licensure/Registration

United States	Bachelors	Masters	Advanced Generalist	Clinical
	93.14	95.08	94.34	95.50
Canada	Social service workers	Bachelor's level	Master's level	Clinical
	87.94	90.52	93.60	96.11

Practice Distinction

Licensed and registered social workers — especially those with MSWs — predominantly work in health care or medical settings, providing mental, behavioral, medical, and health-related services as direct service providers or case managers for clients with mental health disorders, substance use disorders, child welfare issues, and people who need assistance with daily living activities. Table 5 indicates that as social workers' practice categories advance, the proportion of those providing mental and behavioral health services increases.

Table 5

Percentage Providing Mental or Behavioral Health Services

United States	Bachelors	Masters	Advanced Generalist	Clinical
	29.42	49.68	47.63	74.13
Canada	Social service workers	Bachelor's level	Master's level	Clinical
	47.19	44.71	62.40	79.77

Table 5 also shows that nearly half of Masters and Advanced Generalist social workers in the United States reported that their practice function is to provide mental and behavioral health services. Among Clinical social workers, that figure exceeds 74%. In Canada, the proportions are even higher: over 62% of master's-level social workers and nearly 80% of clinical social workers reported providing mental and behavioral health services. These findings reaffirm that professional social workers are a mental and behavioral health care workforce and that ensuring their competence and ethical standards is important for protecting the public.

Median Earnings

The 2024 Social Work Workforce Study Series revealed that the earnings of professional social workers are considerably higher than previously reported. As discussed earlier, social workers' median earnings in 2023 were around $58,000, equivalent to about $60,000 in 2024 according to the BLS *Occupational Outlook Handbook* data. As shown in Table 6, the Social Work Workforce Study Series found that median earnings for Masters social workers were around $67,000, around $72,000 for Advanced Generalist social workers, and approximately $77,000 for Clinical social workers in 2024. Although not shown here, further analyses reveal that the median earnings among full-time Clinical social workers working year-round were more than $82,000 in 2024.

The same story holds for Canadian social workers. According to the Labour Force Survey data reported by Statistics Canada, Canadian social workers' median annual earnings were $75,480 in 2023 (equivalent to around $77,700 in 2024) in Canadian dollars. As shown in Table 6, master's-level and clinical social workers had median earnings of approximately $86,000 and $95,000, which are considerably higher than the figures reported by Statistics Canada.

Table 6

Median Annual Earnings From Primary Job, 2024

United States (US$)	Bachelors	Masters	Advanced Generalist	Clinical
	$57,680	$66,950	$72,100	77,250
Canada (CAN$)	Social service workers	Bachelor's level	Master's level	Clinical
	$74,438	$76,478	$85,655	$94,832

Although not presented in the table, the 2024 Social Work Workforce Study Series found

that licensed and registered social workers generally had greater access to employer-provided benefits, such as health insurance plans, retirement savings plans, and life insurance, compared to the civilian workforce. More rigorous data analyses are needed to establish the causal relationship between license status and earnings and compensation; however, these descriptive findings clearly suggest that regulated professions benefit from higher compensation.

Career Plans

Licensing and occupational regulation are expected to promote career satisfaction and retention in the profession due to investment in credentials, clear career pathways, and upward mobility within the field (Luo, 2022; Nunn, 2018; Sorn et al., 2023). Although the 2024 Social Work Workforce Study Series did not directly compare the licensed and nonlicensed social workers in terms of their desire to stay or leave the profession (due to a small sample size for the nonlicensed social workers who participated in the survey), the findings suggest that most licensed and registered social workers plan to stay in the profession and are looking for more training and career opportunities, as shown in Table 7. A very small percentage of licensed and registered social workers reported planning to leave the profession and work somewhere else. Only about 3% of Masters and Clinical social workers in the United States reported plans to leave the profession. Among Canadian social workers, approximately 2.5% of master's-level social workers and less than 1% of clinical social workers reported similarly.

Table 7

Percentage Planning to Leave and Stay in Social Work

United States	Bachelors	Masters	Advanced Generalist	Clinical
Leaving	4.78	3.31	4.26	3.00
Staying	65.88	60.93	61.13	68.94
Canada	Social service workers	Bachelor's level	Master's level	Clinical
Leaving	4.18	3.22	2.57	0.78
Staying	71.52	68.59	71.11	73.15

FINDINGS WITH REGULATORY IMPLICATIONS

Supervision Experience

Table 8 shows the percentage of clinical social workers who paid for supervision and the percentage reporting satisfaction with that supervision. More than a quarter of Clinical social workers in the United States and 29% of registered clinical social workers in Canada have paid for their supervision. Additionally, a majority of supervisees reported being satisfied with supervision. However, approximately 20% reported not being satisfied, indicating a need to review whether satisfaction is related to the quality of supervision and the development of competence among supervisees.

Table 8

Percentage of Clinical Social Workers Having Paid for Supervision and Being Satisfied

	Paid for Supervision	Not Paid for Supervision	Supervision Not Required	N/A
United States	25.95	68.90	1.92	3.22
Canada	29.18	46.30	14.01	10.51
	Satisfied	**Neither**	**Dissatisfied**	**N/A**
United States	81.05	8.08	8.34	2.53
Canada	64.98	6.23	6.22	22.57

Regulations regarding payment for clinical supervision in social work vary by state. Some states explicitly permit paid supervision arrangements, while others have specific stipulations. Certain social work candidates may choose to select their supervisors by paying for high-quality supervision. Nevertheless, when required to pay for clinical supervision, some candidates may find it difficult to afford and may consider reducing supervision sessions, which can delay their clinical licensure. Limited access to affordable, high-quality supervision may reduce the number of qualified Clinical social workers. Rural areas may experience more issues unless states allow out-of-state supervision to address the gap.

Given the reported prevalence of paying for supervision, regulatory boards may want to review the rules and practices governing clinical supervision and assess whether the cost burdens hinder or delay certain groups of license applicants from pursuing clinical licenses. Additionally, it

would be important to research the extent to which satisfaction with supervision is related to the quality of supervision and competency development.

Employment Characteristics

An interesting finding from the 2024 Social Work Workforce Study Series was the relatively high percentages of licensed and registered social workers in self-employment; this includes those working in private practice or as independent contractors. According to Table 9, among clinical social workers, 26% in the United States and 44% in Canada reported being in private practice (again including those working as independent contractors). In Canada, as high as 28% of master's-level social workers also reported that they were in private practice.

It is unclear how many individuals in private practice operate under a cash-only arrangement; however, this high prevalence of self-employment may threaten access to behavioral health care for low-income clients, particularly in Canada, depending on whom the private practitioners serve (Gattman et al., 2017). Additionally, given the prevalence of private practice, regulatory boards may want to evaluate the adequacy of existing training, credentialing requirements, and regulations for private practice (Atanackovic et al., 2024).

Table 9

Percentage in Self-Employment and Holding Multiple Jobs

United States	Bachelors	Masters	Advanced Generalist	Clinical
Self-employment	1.23	5.46	9.84	25.79
Multiple jobs	14.06	24.66	27.24	30.62
Canada	Social service workers	Bachelor's level	Master's level	Clinical
Self-employment	7.07	4.15	28.22	43.97
Multiple jobs	16.01	16.93	32.59	38.52

Another interesting finding was the high prevalence of multiple job-holding status among licensed and registered social workers. More than a quarter of Masters, Advanced Generalist, and Clinical social workers in the United States reported holding more than one job. In Canada, over 30% of master's-level social workers and nearly 39% of clinical social workers reported the same. This high rate of multiple job-holding status may indicate that these social workers' primary jobs do not provide sufficient earnings. As the 2024 Social Work Workforce Survey did not ask any additional questions about multiple jobs, more information is needed about the intention, type, and

intensity of the supplementary jobs in the future. Additionally, evaluation is needed to assess whether multiple job-holding status is related to social workers' burnout and regulatory violations.

Health Conditions

The 2024 Social Work Workforce Study Series found that many social workers reported having health conditions, particularly mental health conditions. As Table 10 shows, approximately 13% to 17% of U.S. and Canadian social workers have a physical condition. The proportion of those reporting a mental health condition is much higher. For example, over 30% of Masters and Clinical social workers in the United States reported having a mental health condition. Similarly, more than 33% of bachelor's-level and about 23% of master's-level Canadian social workers had a mental health condition.

The high prevalence of health conditions indicates that regulatory boards in the United States may need to examine how their rules and practices provide necessary support and accommodations under the Americans with Disabilities Act for social workers with health conditions (Poole et al., 2021).

Table 10

Percentage With Physical and Mental Health Conditions

United States	Bachelors	Masters	Advanced Generalist	Clinical
Physical	13.07	14.60	16.72	17.20
Mental	26.82	30.23	27.97	30.15
Canada	Social service workers	Bachelor's level	Master's level	Clinical
Physical	9.15	13.72	16.16	16.73
Mental	17.88	33.02	22.89	19.84

Social work regulatory boards accommodate license applicants with disabilities primarily with extended time, alternative formats (e.g., paper-and-pencil exams, sign language interpreters, private rooms, breaks for medication), and testing accommodations. Some social work candidates may require tailored supervision plans to meet their needs. Some states, like New Jersey, mandate disclosure of mental health conditions (e.g., anxiety or depression) during licensure applications if they impact professional competence, but other states may not have a clear disclosure guideline. Regulatory boards may want to review whether jurisdictions have uniform accommodations and disclosure guidelines.

Online or Hybrid MSW Programs

According to the 2024 Social Work Workforce Study Series, as Table 11 shows, nearly 42% of Masters social workers in the United States and 37% of master's-level social workers in Canada reported earning their MSWs from either an online or hybrid program. Among Clinical social workers, who are older than Masters social workers, 24% reported earning the degree in an online or hybrid program in both countries. This high prevalence of and rise in online and hybrid MSW programs suggest a significant shift in the educational experiences of social work candidates.

Table 11

Percentage Graduating From Online or Hybrid MSW Programs

United States	Masters	Advanced Generalist	Clinical
	41.75	29.35	24.00
Canada	Master's level	-	Clinical
	36.67	-	24.12

Because behavioral health professionals rely heavily on interpersonal and clinical skills, which may be more challenging to develop in fully online environments, regulatory boards may want to examine how this shift to online and hybrid environments influences the development of social work competence and whether they need to revise any educational and training requirements for licensure.

For example, some important regulatory issues involving online MSW programs include students residing in one state, attending an online program based in another, and planning to practice in a third state. It is important to determine whether online MSW programs meet the educational requirements for licensure in the state where students intend to pursue a license and how accredited practicum placements are defined and approved across different states.

Working Primarily Online

Table 12 shows the percentage of licensed and registered social workers working primarily online. The 2024 Social Work Workforce Study Series found that as the practice category of social workers advances from Bachelors to Clinical, the percentage of those working primarily online also increased. In the United States, 14% of Masters, 19% of Advanced Generalist, and 26% of Clinical

social workers worked primarily online. In Canada, more than 18% of master's-level social workers and nearly 24% of clinical social workers worked primarily online.

Table 12

Percentage Working Primarily Online

United States	Bachelors	Masters	Advanced Generalist	Clinical
	12.08	14.35	18.99	25.95
Canada	Social service workers	Bachelor's level	Master's level	Clinical
	9.15	6.94	18.14	23.74

With telehealth and online practices growing rapidly, regulatory boards need to ensure that electronic practices meet the same standards of care as in-person services in terms of client privacy and confidentiality, data security, identity verification, and emergency protocols. The ethical, regulatory, and training concerns related to electronic practice need to be reviewed to assess if the current regulations are sufficient (Glueckauf et al., 2018).

A 2021 ASWB report compiled data about how telehealth is regulated across the United States and Canada. It showed that about 24 jurisdictions lacked relevant regulations (ASWB, 2021). Among those that have telehealth policies, the specific guidelines varied widely. While some states (e.g., Texas and Virginia) address both in-state and out-of-state practice comprehensively, others restrict telehealth to clients within the state. The variabilities may confuse some social workers.

COVID-19–related emergency provisions that temporarily relaxed some licensure requirements have largely expired. The prevalence of working primarily online suggests that regulatory boards should review the adequacy of existing regulatory guidelines nationwide and adopt more uniform regulations and practices to keep up with evolving social work practices.

A Call for a National Registry

A Challenge

One of the biggest challenges in conducting the 2024 Social Work Workforce Survey was related to the fact that the profession does not have an unduplicated national registry of licensed and registered social workers active in the labor market. In 2017, Salsberg, one of the authors of the previous social work workforce studies, highlighted the same challenge and described it as follows:

> "Unlike many health professions, there is no unduplicated master listing of social workers, not even of those who are licensed by the states. The absence of a clear definition of a social worker, and variations across states in requirements for licensure, further complicates analysis and understanding of the social work workforce. The lack of a national system for collecting data on social workers also makes it very difficult and costly to track career pathways and variations in supply and demand for social workers. This information would be of great value to social work leaders and educators to inform their planning for the future." (Salsberg et al., 2017, p. 6)

Why does the lack of a national registry of licensed (in the United States) and registered (in Canada) social workers present a serious challenge for a national workforce study? It is because workforce studies are based on a sample of the entire workforce in the country. The method for carrying out a scientifically rigorous workforce study is to ensure that the findings are nationally representative of the entire social work workforce in the country, despite using a sample of the workforce. A national registry is necessary (1) to calculate the appropriate sample size for a workforce survey, (2) to draw an unbiased sample that reflects the entire group on the registry, (3) to assess if (and to what extent) the collected survey data are biased, and (4) if biased, to correct for the detected biases and make the findings reflect the national workforce. The registry can also allow researchers to estimate the size, composition, and geographic distribution of the workforce accurately.

However, because the social work profession lacks a national registry for licensed social workers, it is difficult to reconcile the three conflicting estimates of the size of the master's-level social work workforce discussed earlier. Similarly, assessing response bias in the Canadian sample from the 2024 Social Work Workforce Survey was not possible because the Canadian registration system uses a single registration category and does not differentiate workers by education and practice categories. Furthermore, since the Canadian social work workforce includes registered social service workers, a group that does not align with the government's Labour Force Survey, identifying the bias level of the Canadian workforce survey data using government survey data is not feasible. This challenge makes it difficult for us to make inferences about the entire Canadian social work workforce from the small sample of approximately 3,500 survey respondents in Canada.

Our Current Data System

Recognizing the challenges posed by the absence of a national registry for the social work workforce, regulatory boards should consider the possibility of establishing one and should explore ways to build upon existing data systems to create a national registry. ASWB maintains the Public Protection Database, which lists sanctioned social workers to prevent a social worker disciplined in one jurisdiction from withholding information from another (ASWB, 2025a). The database is known to provide the sanctioned social worker's state, name, license number, and date of sanction. Member boards of the database are flagged to contact the reporting board for details of the sanctioned social worker's disciplinary action and consider those details in determining the sanctioned social worker's licensure eligibility (ASWB, 2025a). However, it does not provide details about the misconduct, violations, or the type of sanction. It provides only identifying information that is helpful in searching for records in state databases. It was built for administrative purposes, not to connect data from different states in a way that supports the creation of a national registry of social workers. More importantly, state boards' participation is not universal. Furthermore, different states are known to utilize various regulatory terminologies and reporting protocols.

In Canada, provincial regulatory colleges, such as the Ontario College of Social Workers and Social Service Workers, maintain a registry that contains social workers' names, registration status, practice status, employer contact, and disciplinary actions against them (Ontario College of Social Workers and Social Service Workers, 2025). However, it is unclear whether the provincial registries were built to connect or contribute to a national registry. Overall, the current administrative data system that the profession has presents challenges in generating nationally representative findings from a workforce study.

A National Registry

Given the limitations of the current system, there is a clear need to establish a national registry of licensed and registered social workers. This can be achieved when regulatory boards standardize or harmonize their regulatory terminologies, reporting, and record-keeping protocols and then share a uniformly collected license repository with the central agency, such as ASWB.

The central agency will then have to eliminate duplicate records of individual social workers holding multiple licenses across jurisdictions. It can implement a matching algorithm based on personally identifiable information, such as name, date of birth, social security number, national provider ID, or educational history, to identify the same individuals and count them only once to avoid overestimating the workforce. When the data are de-duplicated, individual social workers can

be assigned a unique ID. This process is crucial for obtaining an accurate estimate of the size of the national workforce, which then can serve as a sampling frame and population benchmarks for a national workforce survey. Regulators can also benefit from this national registry as they can more effectively detect and track their licensees who practice in other states.

The recently adopted Interstate Licensure Compact presents an excellent opportunity to advance this registry initiative. As part of the Compact, participating states are required to develop a Compact data system. The regulatory boards may consider using the Compact as a catalyst to establish a data infrastructure across multiple states. A national registry is likely to provide a foundation for a research infrastructure that can consistently support comprehensive workforce studies with reasonable resources. It can help move the field toward more evidence-based regulatory decisions and practices.

An Example from the Nursing Profession

The nursing profession undertook a similar initiative decades ago and presents an excellent example to follow. Although the size and resources of the social work profession cannot be matched by those of the nursing profession, there is a lesson to be learned from the nursing profession, which has one of the most well-developed workforce data and research infrastructures. There are two important data systems that the nursing profession holds. One is Nursys®, the national-level licensure, practice privileges, and disciplinary information database. The other is the state-level Nursing Minimum Dataset, collected by the National Forum of State Nursing Workforce Centers.

First, Nursys® became possible because state nursing regulatory boards regularly submit their licensee registries to the National Council of State Boards of Nursing (NCSBN) as a condition of participating in the national network of regulating bodies (National Council of State Boards of Nursing, 2025b). The Nurse Licensure Compact also made participation in Nursys® mandatory, as Nursys® allows regulatory boards to track and verify multistate licensure. When Nursys® detects nurses licensed in multiple states, it identifies them based on their personal information, such as name, date of birth, and social security number, to eliminate duplicate entries and assign a unique person ID (Alexander & Frith, 2021).

Using the Nursys® database as a national registry, NCSBN conducts a biannual workforce study to generate nationally representative workforce statistics. Its workforce surveys collect information on a range of topics, including demographic, credential, employment, income, job satisfaction, work environment, and retention. The data collection ensures a national representation

of all license types and geographic locations throughout the country. Findings of these national surveys provide evidence for regulatory decisions, licensing policies, and professional advocacy (National Council of State Boards of Nursing, 2025c).

Second, the Nursing Minimum Dataset is collected by the National Forum of State Nursing Workforce Centers (hereafter referred to as "the Forum"). The Forum is a coalition of nursing workforce centers across the United States that collects, analyzes, and disseminates workforce data at the state and national levels. In 2009, the Forum developed a standardized set of data elements, called the Nursing Minimum Dataset, to be collected consistently across states and aggregated nationally (National Forum of State Nursing Workforce Centers, 2025a). The Minimum Dataset elements focus on collecting information about nurse demand and supply, such as the number of current and projected nurse positions and nurses across health care facilities and states (National Forum of State Nursing Workforce Centers, 2025b). They are collected when nurses renew their licenses. Findings from the Minimum Dataset are used to support state- and local-level workforce planning (National Council of State Boards of Nursing, 2025a).

Additionally, NCSBN and the Forum collaborate to incorporate their data and to generate findings that inform workforce planning, including ways to address challenges such as nurse burnout and retention. These two data systems in the nursing profession serve as an excellent example of what the social work profession needs for workforce studies, evidence-based regulation, and workforce planning (National Council of State Boards of Nursing, 2025a).

CONCLUSION

In light of the recently completed 2024 Social Work Workforce Study Series in the United States and Canada, this synthesis offered an overview of how findings from these workforce studies are relevant and important from an occupational regulation perspective. It also provided a high-level summary of the key findings and contributions of the 2024 Social Work Workforce Study Series. Recognizing the challenges posed by the absence of a national registry in the profession for a robust, nationally representative workforce study, it explored ways for the social work profession to establish such a registry through collaboration between jurisdictional regulatory boards and ASWB.

The 2024 Social Work Workforce Study Series should be the beginning of regular and robust future workforce studies in the social work profession. The data and findings generated from future workforce studies should provide evidence that can guide regulatory decisions and practices. We

need studies that examine the effects of regulation not only on the workforce but also on public safety and access to social work services. For example, how does regulation influence access to services, workforce retention, or the quality of social work services? These questions are central to ensuring that regulation fulfills its mission of protecting the public while supporting a sustainable future workforce.

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Note:

The 2024 Social Workforce Study was supported by the Association of Social Work Boards (ASWB), which funded the 2024 Social Work Census. However, the analyses, findings, and discussions presented in this report series are solely the work of the reports' author and may not necessarily represent the official views of ASWB.

Suggested Citation:

Kim, J. J. (2025). An overview of the 2024 Social Work Workforce Study Series: A call for a national registry. A Synthesis for Regulators in the 2024 Social Work Workforce Study series. Submitted to the Association of Social Work Boards.