

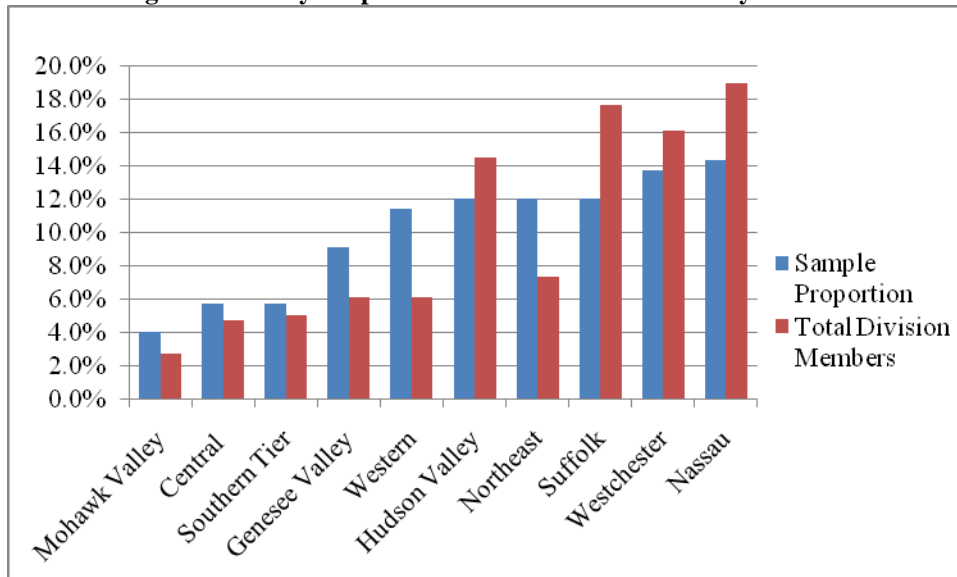
NASW-NYS 2008 Advocacy Survey Findings

In June 2008, NASW-NYS distributed the 2008 advocacy survey to its entire membership via the June newsletter, and also posted the survey the www.naswnys.org website for any other New York State social workers to complete. As of August 18, 2008, over 285 surveys were submitted via internet, fax and mail. After accounting for duplicate submissions and incomplete surveys, there was a total n of 284 (a 2.6% response rate). All but one respondent indicated that they were a member of NASW. 109 (40.8%) respondents stated that they also responded to the Advocacy Survey in 2007.

Sample Representativeness:

With such a low response rate, it is difficult to generalize the results to our entire membership: While survey respondents are basically proportionate to each of our ten Divisions (geographical representation), respondents' work settings (which can greatly impact a person's social and professional values) vary somewhat from that of our entire membership.¹

Figure 1: Survey Response Rate and Total Members by Division



As noted, there is basic parity between Division membership and survey participation. The Division with the highest survey participation rate, adjusted for Division membership, is Western with a response rate of 3% (over twice that of some other Divisions).

¹ NASW-NYS membership data are missing nearly 6,000 cases (over half of NASW-NYS total membership) in the "work setting" field, so we cannot reliably state the representativeness of the survey respondents for this category.

The two largest categories of work settings for respondents are *private practice* and *outpatient mental health*, while the majority performs *clinical or direct practice* as their primary job task. NASW-NYS membership data reflect similar proportions in solo private practice, but far fewer in mental health agency settings; survey data closely reflect full membership in clinical practice. Note the significant “other” categories in both work setting and task, demonstrating the great diversity within the social work profession as a whole.

Figure 2: Primary Work Setting and Task of Survey Respondents

| Work Setting | % | Job Task | % |
|--------------------------|---------------|--------------------------|--------------|
| Private Practice-Solo | 21.3% | Clinical/Direct Practice | 59.9% |
| Mental Health-Outpatient | 20.6% | Administration/Mgmt | 16.3% |
| Social Service Agency | 8.5% | Teaching | 4.6% |
| College/University | 7.1% | Community Organizing | 2.5% |
| School Social Work | 6.4% | Supervision | 2.1% |
| Health-Outpatient | 5.0% | Advocacy | 1.4% |
| Health-Inpatient | 2.8% | Research | 1.4% |
| Mental Health-Inpatient | 2.5% | Training (agency-based) | 0.4% |
| Residential Facility | 2.5% | Other | 11.3% |
| Private Practice-Group | 1.8% | | |
| Other | 21.6% | | |
| Total | 100.1% | Total | 99.9% |

*Note: totals do not equal 100% due to rounding errors.

Issue Importance Rankings

Survey respondents were asked to rank the priority of several issues relating to social justice and the social work professional issues, respectively, from 1-6 (1 being most important and 6 being least important). Each issue was detailed with specific contemporary policy items affecting many social work service consumers and New Yorkers at large. Mean and mode averages were obtained for each issue. **The lower a score (closer to 1) indicates higher priority.**

Social Justice Policy Issues

When asked to rank the importance of specific social justice policies, respondents prioritized *Health, Mental Health, and Substance Abuse* with a rank of 2.20; this was also the modal item. This category included issues such as *universal health care, services for the mentally ill incarcerated population, mental health parity, and other access-to-treatment issues*. This category also ranked highest in the 2007 Advocacy Survey.

Figure 3: Social Justice Issue Rankings

| Issues | Mean Rank |
|--|-----------|
| Health, Mental Health, and Substance Abuse | 2.20 |
| Children and Family Issues | 2.98 |
| Economic Security | 3.19 |
| Aging Issues | 3.90 |
| Human and Civil Rights | 4.22 |
| Women's Issues | 4.36 |

Professional Issues

Respondents ranked *Compensation* as the highest priority among social work professional issues; a category including *reimbursement rates, salary, and benefits*. This item was also the mode, and was the top priority last year as well.

Figure 4: Professional Issue Rankings

| Issues | Mean Rank |
|--|-----------|
| Compensation | 2.18 |
| Higher Education Standards | 3.36 |
| Title Protection | 3.37 |
| Expanding/Preserving Scope of Practice | 3.72 |
| Professional Image | 3.95 |
| Consumer Protection | 4.13 |

Other Focus Issues

After ranking discrete policy and professional issues into categories, respondents had the opportunity to write in other issues which they believe deserve more focus in our advocacy activities. These comments total nearly ten pages of text, and reflect many concerns brought to the Chapter year-round through phone calls and emails. Following is a small sampling of other issues raised by respondents. Of note are numerous concerns over licensure implementation problems, reimbursement rates, mandatory continuing education, and universal health care.

Are there any other specific social policy or professional issues that are important to you?

- Universal health care
- Mandatory continuing education
- Pay of social workers is too low
- Loan forgiveness
- Untangle the licensing mess; get rid of civil confinement
- National licensing requirements should replace the myriad state boards
- NASW should make advocating for its own as a priority. There is a plethora of advocating for “our clients”, etc. Social workers are faced with declining incomes, fewer opportunities for experienced clinicians...
- LCSW licensing
- 1. We need to return to community practice that takes the voices of neighborhood residents seriously. 2. Social work should be a profession that is engaged in community development, much of which flows from the results in good community practice.
- Without a doubt: increase compensation rates from insurance companies for social workers in private practice.
- Licensing requirements for social workers – they are too narrow and leave out many older social workers with valuable experience...
- I think the current licensing laws which limit new MSW holders to [certain employment arrangements] is unnecessarily restrictive.
- Medicaid reimbursement for LMSW licensed school social workers
- Appropriate use of BSWs within the field of social work
- Reimbursement should be provided to LCSW-R's who provide psychotherapy services to clients residing in Skilled Nursing Facilities and/or Rehabilitation Centers.
- Living wages should be our fight. We all turned into a bunch of therapists.
- As a social worker in private practice, I am deeply concerned with inadequate reimbursement rates.
- Requirements for better training of SW students in graduate school, perhaps another year of study before graduation.
- Coordination of state social work licensing laws.
- I would like the Chapter to be more helpful to members in advocating and providing clarification and /or training regarding state licensure laws.

Understanding Licensure and Professional Issues

As many of the previous comments suggest, there is still great confusion over social work licensure: of the statute and regulations, experience requirements, scope of practice, and approved practice settings. Also related to licensure are reimbursement issues that many people bring up.

Knowledge of Social Work Licensure

To better quantify the degree of knowledge of social work licensure, we included two items on the survey measuring perceived knowledge of oneself personally, and of the knowledge within their workplace. For both categories, respondents ranked level of knowledge of the social work licensure law (and consequently, the myriad scope of practice issues tied to the law) in the middle between aware and unaware. Using a 1-5 Likert scale, respondents ranked personal knowledge at a mean of 2.87 and workplace knowledge at 2.73; both categories are thus closer to *Unaware* than *Aware* (See Figure 6).

Figure 5: Knowledge of Social Work Licensure Law

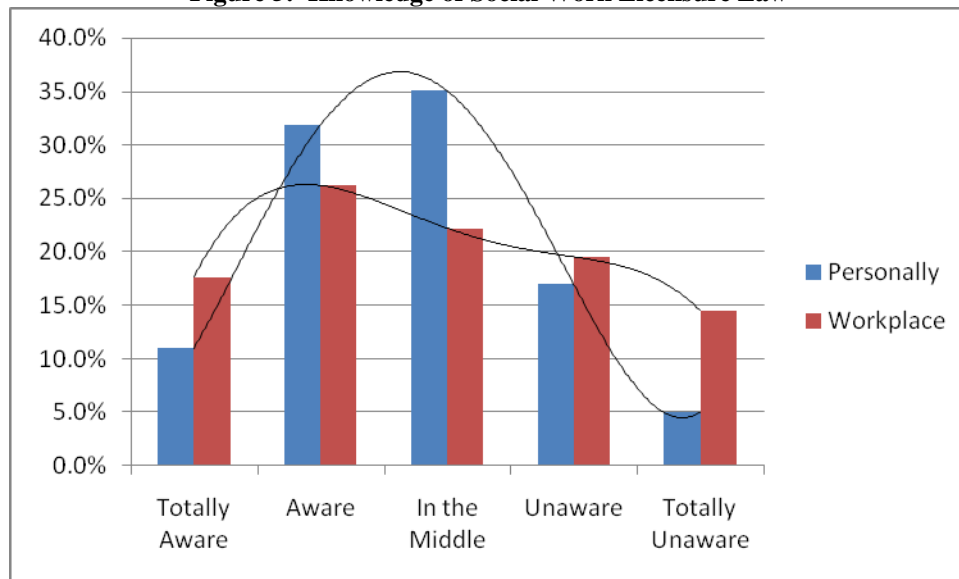


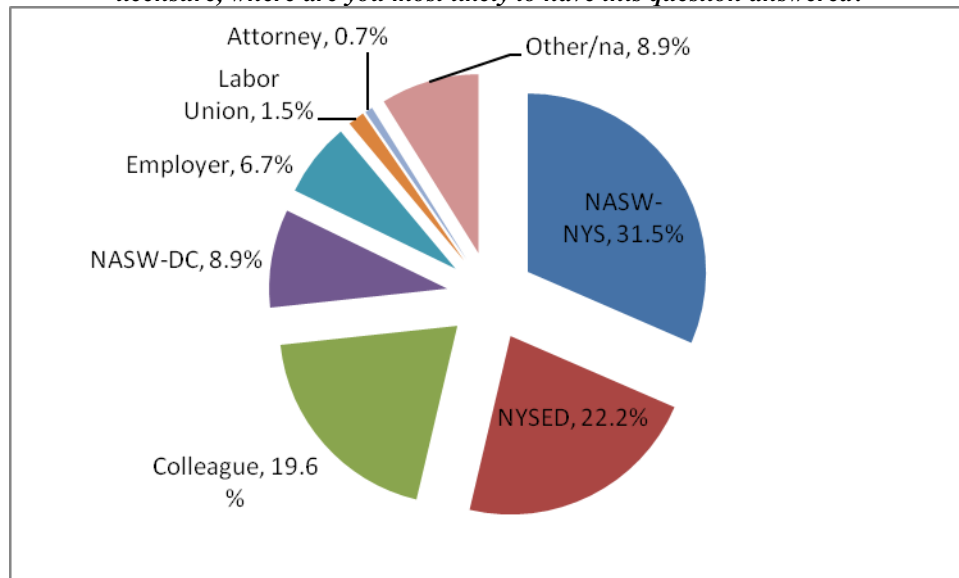
Figure 6

| Knowledge of Social Work Licensure | |
|------------------------------------|------|
| Personal | 2.87 |
| Workplace | 2.73 |

Questions Regarding Social Work Licensure: Where to Turn?

Given the many questions that social workers have relating to social work practice and licensure, we also tried measuring where social workers are most likely to have such questions answered. Respondents report that NASW-NYS is the institution most likely to answer such questions, while the State Education Department (NYSED) was also a frequent response. See Figure 7.

Figure 7:
When facing a question regarding the practice of social work or social work licensure, where are you most likely to have this question answered?



Conclusion

While we cannot draw reliable conclusions on the preferences of 11,000 members across the state through a 2.6% response rate, the survey results this year reflect concerns voiced last year as well, particularly in regard to health and mental health policy, and the urgency of proper compensation levels for social workers. Given the chance to provide qualitative responses, about one hundred respondents discussed issues in greater depth, voicing no small degree of concern of complicated licensure issues (such as recent confusion over appropriate experience for LCSW licensure due to changing language issued by the State Education Department); the need for greater healthcare coverage in New York State; and federal reimbursement models.

While arcane licensure issues can be settled through advocacy and continuing communication with the Education Department, compensation issues are far more complicated, given the macro-level forces that determine compensation for nearly all professions (not to mention the degree of control held by health plan payers, who are treated and protected as consumers under federal and state laws). Nevertheless, constructive input is valuable in helping NASW approach such complicated issues. Other open-ended responses also help us understand the attitudes and views of less visible social work professions.

In an interesting contrast, reflecting the dynamics of a broad and diverse profession, many other respondents stated the need for social work to return to community-based work, and away from the private clinical model. We must consider all perspectives of our membership while reviewing the results of this survey, also keeping in mind the NASW Code of Ethics to which all members have committed, while turning these findings into action through our Advocacy Agenda.

Lastly, we hope that some of the new questions on this year's survey, regarding where people turn to have professional questions answered, and social workers' self-efficacy regarding licensure, will help us guide the dissemination of guidance documents and programming in the future, to ensure an informed membership and profession at large.