

# ESSENTIAL OR NOT?

## THE CRITICAL NEED FOR HUMAN SERVICES WORKERS

MAY 2023



**HUMAN SERVICES PROVIDERS**  
Charitable Foundation

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Donahue Institute  
Applied Research and  
Program Evaluation



The mission of the Human Services Providers Charitable Foundation, Inc. is to promote the vision and values of community care, improve community care practices, encourage idealistic leadership development and disseminate information which informs public policy and enhances public awareness.

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Applied Research and  
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**Michael Weekes, President & CEO**  
**Bill Yelenak, Chief Operating Officer**

The Human Services Providers Charitable Foundation, Inc. is a 501(c)(3) nonprofit organization and is affiliated with the Providers' Council, the state's largest human services membership association.

The mission of the Human Services Providers Charitable Foundation is to promote the vision and values of community care; improve community care practices; encourage idealistic leadership development; and disseminate information which informs public policy and enhances public awareness.

For more information,  
[www.providers.org/about/foundation](http://www.providers.org/about/foundation)

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Established in 1971, the UMass Donahue Institute is a public service and engagement arm of the University of Massachusetts. Our mission is to advance equity and social justice, foster healthy communities, and support inclusive economies that alleviate poverty and promote opportunity. In collaboration with partner organizations and clients, we carry out our mission through research, education and training, capacity building, and direct services to strengthen our collective impact.

The Institute's Applied Research and Program Evaluation group partners with organizations across multiple sectors to design and implement utilization-focused studies that address the social determinants of health. We believe that research is most meaningful when findings can be applied to public benefit.

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# ACKNOWLEDGEMENTS

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The Human Services Providers Charitable Foundation wishes to thank its member organizations for their continued support of its mission.

The UMass Donahue Institute and the Human Services Providers Charitable Foundation also wish to thank the Providers' Council's Board members for their support of this project. Recognizing the critical importance of bringing to light the impact of staff shortages, leadership and human resources staff from 27 providers across Massachusetts—a sample of the much broader human services sector—mobilized to provide data about their challenges filling positions in October 2022. Furthermore, 21 of these 27 providers shared more detailed data about client-facing positions in November 2022. Their willingness to compile and share these data is much appreciated.

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## DEAR READER:

In 2006 and 2007, the University of Massachusetts Donahue Institute and Providers' Council published: ***Help Wanted: The Future of the Human Services Workforce in Massachusetts*** and ***Help Wanted 2: Recruiting and Retaining the Next Generation of Human Services Workers in Massachusetts***. These reports asked critical questions, including how the sector would meet its workforce needs and what effective strategies it could explore.

More than 15 years later, the workforce crisis in the human services sector has only worsened, jeopardizing the delivery of high-quality human services to hundreds of thousands of Massachusetts residents and forcing long waiting lists or gaps in care. While workers in the community-based human services sector have long been referred to as “our other first responders,” there are some who do not fully recognize the vital nature of their role for a safer and healthier Massachusetts.

***“Essential or Not? The Critical Need for Human Services Workers”*** delineates this dedicated workforce—one which has historically experienced staffing challenges, but nothing comparable to the present-day staffing issues that seemingly impact every human services interest in the state.

While data in this report do not yet account for this, we know that the COVID-19 pandemic in 2020—coupled with the “Great Resignation” in 2021, as well as the current cost of inflation—have further destabilized the human services workforce. Many who had worked in the field prior to and throughout the pandemic have begun to consider other employment options that include remote/hybrid shifts or more flexible work schedules.

Working with our longtime partner at the UMass Donahue Institute, we gathered data from a sample of Providers' Council membership about the shrinking size of the workforce. In a survey of Council members conducted in October and November 2022, they shared data about their client-facing vacancies. Respondents noted that of their more than 13,000 full-time, part-time and per diem client-facing positions, **nearly 3,000 were vacant, suggesting a 23% vacancy rate among client-facing positions**. Among part-time client-facing positions, the vacancy rate was 27%. Unfortunately, we do not have statewide data on human services vacancies. However, if we were to assume a conservative across-the-sector vacancy rate of 20%, then we are talking about over 30,000 vacant human service positions across the Commonwealth.

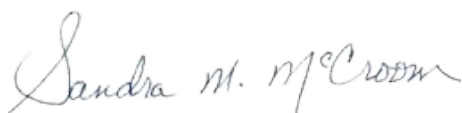
Although the data in this report compiled by the Donahue Institute are from the early days and months of the pandemic, they paint a clear picture of the state of the sector and its challenges to recruit and retain the talent needed to support the Commonwealth. Notable findings include:

- 
- After more than a decade of steady growth, **human services employment declined by 10 percent** between 2016 and 2020. Establishments, however, grew by more than 10 percent over that same time period, further illustrating difficulty filling open positions.
  - **The median income of human services workers is just \$34,273** – \$15,000 less than the median income for the state overall, **which comes in at \$49,750.**
  - More than **1 in 6 human services workers are classified as low-income, defined as earning less than 200 percent of the federal poverty level.**
  - Workforce challenges in the human services sector also demonstrate equity challenges, as women and people of color are significantly represented in the human services workforce, particularly within the lowest paying positions.
    - **Nearly 80 percent of the human services workforce is comprised of women,** compared to 43 percent in all other industries.
    - **Nearly 36 percent are people of color,** compared to 25 percent in all other industries.

While some human services workers have received modest wage increases in recent years, innovative and substantial funding solutions and strategies are needed to attract and retain talent to a sector committed to providing critical, essential care to hundreds of thousands of Massachusetts residents on behalf of the Commonwealth. The Commonwealth's purchasing system and its Legislature must radically infuse additional capital to fairly reimburse providers with rates supporting adequate funding to compensate workers and ensure the safety net is intact.

In recent years, human services nonprofits have declined to open new programs due to a lack of staff. Addressing this reality requires policy makers and providers utilize multi-pronged efforts from engaging in international collaborative efforts to paying human services workers livable wages that are commensurate with their value. This sector has demonstrated time and again that the residents of the Commonwealth expect more, and there is a critical need for human services workers in Massachusetts. So we must ask our elected officials, other policymakers, and ourselves the answer to the question about workers in this field: **Essential or Not?**

Sincerely,



Sandra M. McCroom  
Board Chair



Michael D. Weekes  
President/CEO

# INTRODUCTION

**In 2006, the Providers' Council released *Help Wanted***, its first report on the human services sector. At the time, providers across Massachusetts were struggling to recruit and retain workers in a sector with increasingly high-stress, low-paying jobs.

**Today, the human services workforce crisis has reached new heights** as the sector struggles to retain workers in its more than 160,000 positions while also recruiting workers for its many unfilled positions. Employers across many industries in the Commonwealth are competing for talent, often recruiting workers from outside their sectors. As such, providers not only continue to compete with healthcare, educational institutions and state agencies for workers, they are now confronted with competition from the likes of Amazon, Target and others.

**Lacking the ability to offer competitive wages or address the extreme burnout common to direct service jobs, providers simply cannot fill open positions.** Each unfilled position increases the risk of losing more workers who can no longer shoulder the burden of meeting community and client needs with insufficient staff.

The devastating result of significant and prolonged vacancies is clear—**No Staff, No Services**—leaving many individuals and families across the Commonwealth with little or no options for support. Despite efforts by the Providers' Council, its members, and the Massachusetts Executive Office of Health and Human Services (EOHHS) to improve reimbursement rates, providers continue to face insurmountable barriers to attracting, hiring, and retaining human services workers.

## ABOUT THIS REPORT

***Essential or Not? The Critical Need for Human Services Workers*** provides a current snapshot of the human services sector, updating information from previous reports about employment and establishments, job vacancies, wages, characteristics of human services workers, employment projections, and population projections.

The information presented in this report comes from a variety of sources, including:

- U.S. Census Bureau's County Business Patterns Survey (2020 human services sector and subsector employment and establishments)
- Providers' Council Board Member Organization Surveys (October 2022 hiring challenges and November 2022 client-facing vacancies)
- Massachusetts Executive Office of Health and Human Services (2021 median blended reimbursement rates)
- Massachusetts Department of Economic Research (2021 Massachusetts occupational employment and wage data; Massachusetts long term occupational projections: 2020-2030)
- U.S. Census Bureau's American Community Survey 2016-2020 Estimates (Human services wages and workforce characteristics)
- UMass Donahue Institute (population projections)

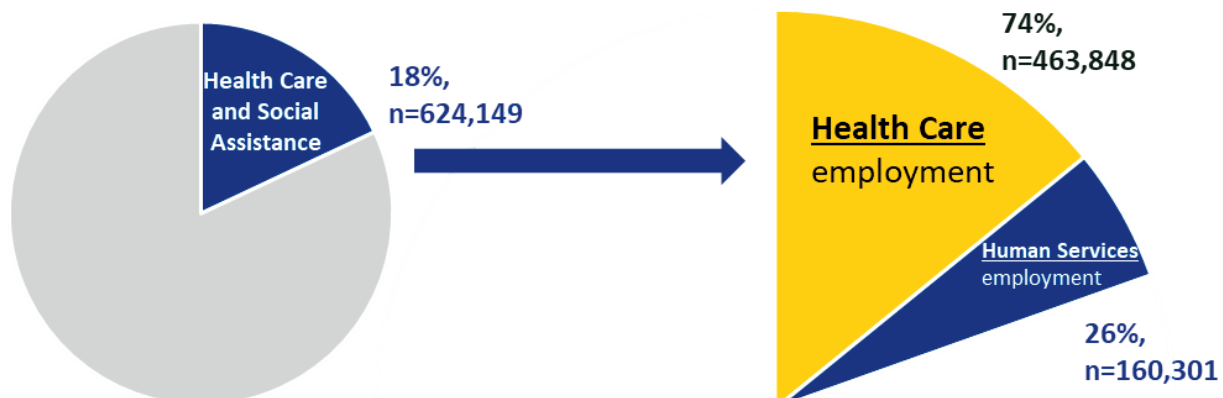


# HUMAN SERVICES EMPLOYMENT

**Human services employment represents 26% of Health Care and Social Assistance employment and 5% of all Massachusetts employment.**

According to the U.S. Census Bureau's 2020 County Business Patterns Survey, **2020 total employment in Massachusetts equaled 3,390,833 full- and part-time paid positions.** Over 600,000 positions are in the Health Care and Social Assistance industry classification, which includes human services jobs.

Massachusetts human services employment is just over **160,000 full- and part-time paid positions.**



# HUMAN SERVICES SUBSECTOR EMPLOYMENT

**Defined by the Providers' Council using the North American Industry Classification System, the human services sector is comprised of:**

- Outpatient Mental Health & Substance Abuse Centers
- Residential Facilities for Individuals with Intellectual or Developmental Disabilities
- Mental Health & Substance Abuse Facilities
- Individual & Family Services
- Community Food, Housing, Emergency, or Other Relief Services
- Vocational Rehabilitation Services
- Child Day Care Services

Three of the seven subsectors—individual and family services, child day care services, and residential facilities for individuals with intellectual or developmental disabilities—account for over 75% of human services employment.

The names of the human services subsectors listed above are drawn directly from the North American Industry Classification System (NAICS). Although these subsectors may be known by different names in practice, they are listed here and throughout the report according to their industry classification. Consistent with NAICS, references to Social Assistance refer to the following human services subsectors in aggregate: Individual & Family Services; Community Food, Housing, Emergency, or Other Relief Services; Vocational Rehabilitation Services; and Child Day Care Services.

*Source: U.S. Census Bureau, County Business Patterns Survey, 2020.*

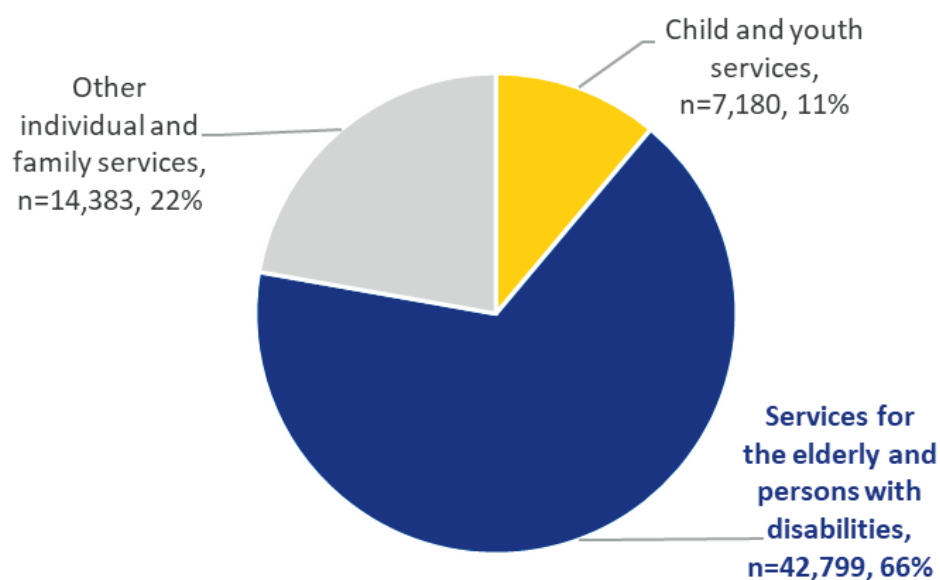


## INDIVIDUAL AND FAMILY SERVICES EMPLOYMENT

**Individual & Family Services is the largest human services subsector, representing 40% of all human services employment.**

The Individual and Family Services subsector includes establishments primarily engaged in providing nonresidential supports and services to children and youth, the elderly, persons with disabilities, and all other individuals and families. Services for the elderly and persons with disabilities account for **66% of individual and family services employment** and 27% of all human services employment.

**Individual & Family Services includes three service delivery areas. N=64,362**

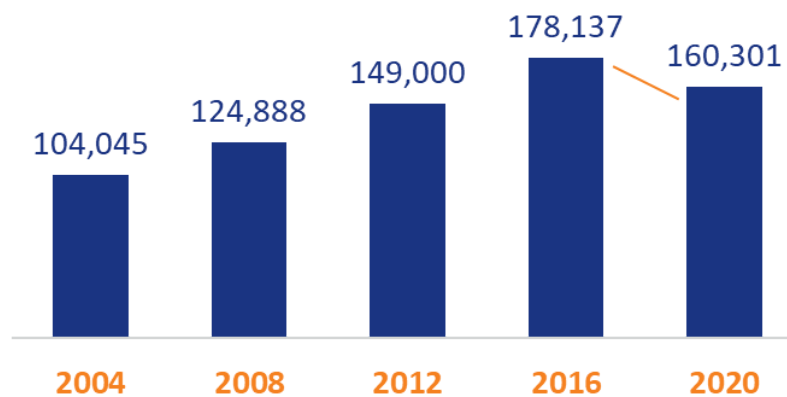


Services for the elderly and persons with disabilities rely heavily upon **direct support professionals and frontline workers**, known in Massachusetts as Direct Care I positions. This is also true of services provided in residential facilities for individuals with intellectual or developmental disabilities. Together, these two subsectors—services for the elderly and persons with disabilities and residential services for those with intellectual or developmental disabilities—account for **43% of all human services employment** (69,045 full- and part-time paid positions).

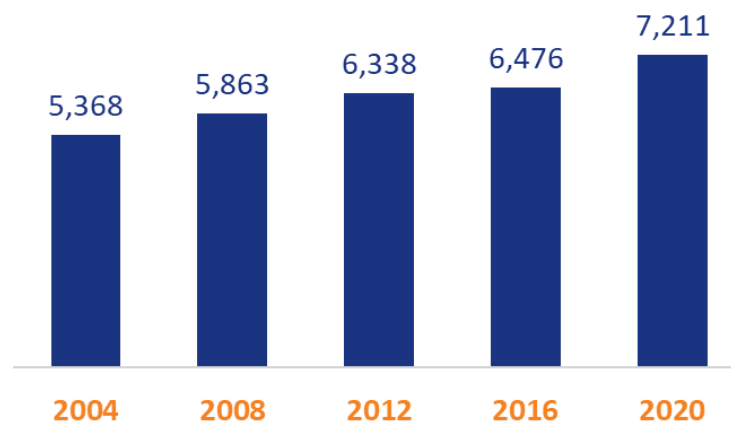
Source: U.S. Census Bureau, County Business Patterns Survey, 2020.

## Human services employment declined between 2016 and 2020.

After more than a decade of steady growth in the number of full- and part-time paid positions, **human services employment declined by 10% between 2016 and 2020, resulting in nearly 18,000 fewer paid positions.** Given that 2020 employment figures are from the week of March 12, 2020, the affect of the COVID-19 pandemic does not account for this decline.



Over the same period in which employment fell, the number of **establishments providing human services supports increased by 11%.** The increase in establishments suggests that providers are responding to increased community need by creating new service sites.



Given the continued growth in the aging population and increased needs related to the social determinants of health, the growth in establishments is not surprising. However, given this increase, the decline in employment numbers is unexpected and concerning. One likely driver of this decrease is the **high number of job vacancies** human services employers were facing at the start of the pandemic—a situation that worsened for many providers during the height of the pandemic and continues to be a serious issue today.

Source: U.S. Census Bureau, County Business Patterns Survey, 2020.

The decline in human services employment occurred during a period when the number of establishments providing services increased, suggesting that hiring was unable to keep pace with increased demand.

	Change 2016-2020	
	Establishments	Employment
Outpatient mental health and substance abuse centers	21%	8%
Residential intellectual and developmental disability facilities	7%	2%
Residential mental health and substance abuse facilities	4%	9%
Individual and family services	14%	-28%
Community food and housing, and emergency and other relief services	210%	199%
Vocational rehabilitation services	-2%	-7%
Child day care services	1%	4%
<b>Total Human Services</b>	<b>11%</b>	<b>-10%</b>

- From 2016 to 2020, the number of establishments providing human services increased by 11% from 6,476 to 7,211 while number of full- and part-time paid positions decreased by 10%.
- The Community Food, Housing, Emergency, or Other Relief Services subsector saw the most significant growth in establishments (140 to 434) and employment (2,482 to 7,414). This represents approximately 200% growth in establishments and employment over four years.
- Outpatient Mental Health and Substance Abuse Centers increased by 21%. However, employment in these centers only increased by 8%.
- Individual and Family Services, the largest human services subsector, experienced a 14% increase in the number of establishments providing services. At the same time, this subsector experienced a **28% decline in employment**.

Source: U.S. Census Bureau, County Business Patterns Survey, 2020.

# VACANCIES

## Providers across the Commonwealth are struggling to fill client-facing, direct service positions.

In Massachusetts, there is no statewide measure of unfilled positions in the human services sector. Without a statewide estimate of vacancies, it is difficult to assess the full magnitude and impact of the problem. In an effort to quantify the extent of human services job vacancies, 27 Providers' Council members—representing a diverse group of agencies in terms of geographic location, size, and services provided—shared information about their experiences with job vacancies throughout their organizations in October 2022.

### Of the vacant positions reported by 27 providers:



#### When asked to share their experiences with hiring, providers noted:

- Extreme difficulty filling positions across the spectrum of client-facing, direct care workers.
- Among the most difficult to fill are direct service professionals, clinical positions requiring advanced training, teachers, nurses, and counselors, case managers or case workers.
- Positions of all types in residential facilities were highlighted as extremely difficult to fill, as were positions requiring specialized training or bilingual staff.

#### When asked to identify barriers to hiring, providers noted:

- A lack of qualified candidates who meet minimum job requirements
- Low wages or the lack of competitive wages, particularly in light of rising inflation
- Staff burnout resulting in high rates of turnover and separations
- Competition with other sectors able to offer higher wages, including education, healthcare, state agencies, and retail

## Providers across the Commonwealth are experiencing unprecedented vacancies.

In November 2022, 21 Providers' Council Board members shared data about client-facing, direct service vacancies throughout their organizations. Providers reported on full-time, part-time, and per diem vacancies for the following positions:



- Direct service professionals
- Counselors, case managers, case workers
- Master's level clinicians
- Nursing assistants, licensed practical nurses, registered nurses, and nurse practitioners
- Other client-facing positions

Of the nearly 13,000 full-time, part-time, and per diem client-facing positions at 21 Massachusetts providers, **nearly 3,000 were vacant**, representing a vacancy rate of **23%**. By contrast, the Bureau of Labor Statistics estimates for Massachusetts in November 2022 show an overall vacancy rate of 6.1%.\*

Part-time client-facing positions are the most difficult to fill, with **more than one in four positions vacant**.



Source: Providers' Council Board Member Client-Facing Vacancy Survey (N=21). Data provided in November 2022.

\*Bureau of Labor Statistics. Retrieved from <https://www.bls.gov/news.release/pdf/jltst.pdf>

## DIRECT SUPPORT PROFESSIONALS

**Commonly referred to as Direct Care I in Massachusetts, direct support professionals (DSPs) or frontline workers primarily support the elderly and people with intellectual and/or developmental disabilities.**

**Labor statistics on this workforce are limited.** The Bureau of Labor Statistics uses the Standard Occupational Classification system to categorize occupations. In this system, DSPs are not an occupational category. As such, they are classified in labor reports under other positions, which do not adequately represent the skills and responsibilities of this critical workforce. Typically, DSPs are classified in the BLS occupational data as home health aides, personal care aides, and nursing assistants. These positions typically require a high school diploma, GED, and/or training.

The National Alliance on Direct Support Professionals notes that “their work is complex and goes well beyond caregiving, requiring skills including independent problem solving, decision making, behavioral assessment and prevention, medication administration, health and allied health treatment, teaching new skills, crisis prevention and intervention and more. The job duties of a DSP may resemble those of teachers, nurses, social workers, counselors, physical or occupational therapists, dietitians, chauffeurs, personal trainers, and others. Their work requires strong communication skills and the ability to build relationships with the people they support and their families. DSPs may work in family or individual homes, intermediate care facilities, residential group homes, community job sites, vocational and day programs, and other locations. Their work is determined by the unique needs and preferences of the individuals they support and they are held to high ethical and professional standards.”





## Openings for direct service professionals/frontline workers represent the majority of unfilled positions.

In the November 2022 survey, providers reported **1,933 full-time, part-time, and per diem vacancies for direct service professionals/frontline workers**, resulting in an overall vacancy rate of **21%**.

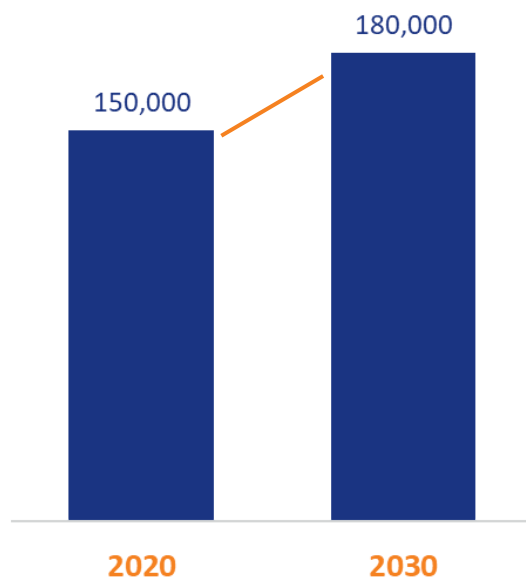


Of the 2,828 full-time, part-time, and per diem client-facing vacancies reported by 21 providers, unfilled positions for **direct service professionals/frontline workers represent two-thirds of all reported vacancies.\***



Despite their skills and responsibilities, these workers **earn less than \$20 per hour in Massachusetts**. The EOHHS median blended rate for establishing reimbursements for Direct Care I positions is **\$18.72 per hour or \$38,938 annually.\*\***

According to 2020 data compiled by the Massachusetts Department of Economic Research, there were nearly 150,000 DSPs in Massachusetts. **This workforce is expected to grow by 22% to over 180,000 workers by 2030 with annual openings topping 23,000.\*\*\***



**The Direct Service Provider workforce is expected to increase by 22% by 2030.**

\*Providers' Council Board Member Client-Facing Vacancy Survey (N=21). Data collected in November 2022.

\*\* Massachusetts Executive Office of Health and Human Services. 2021 Median blended reimbursement rates.

\*\*\* Massachusetts Department of Economic Research. Long Term Occupational Projections: 2020-2030.

## COUNSELORS, CASE MANAGERS, AND CASE WORKERS

### **Counselors, case managers, and case workers are typically bachelor's level social workers.**

However, with experience and training, these workers may lack a degree, or they may hold a master's degree but no clinical license. EOHHS classifies these workers as Direct Care III or Case/Social Workers.

These workers provide services in a wide variety of fields, implementing programs for a diverse population. They typically provide services and supports to prevent and resolve issues ranging from child abuse and neglect to housing and food insecurity to substance abuse. Overall, they provide services and assistance to improve the social and psychological functioning of children, youth, and their families.



**Statistics on this workforce are comprised of multiple occupational categories.** Common occupational categories for counselors, case managers, and case workers include community health workers; rehabilitation counselors; substance abuse and behavioral disorder counselors; mental health counselors, mental health and substance abuse social workers; child, family, and school social workers; or community and social service specialists.

In the November 2022 survey, providers reported 320 full-time, part-time and per diem vacancies for counselors, case managers, and case workers, resulting in an overall vacancy rate of 26%.\*



\* Providers' Council Board Member Client-Facing Vacancy Survey (N=21). Data collected in November 2022.

**Wages for these occupations vary widely depending upon job responsibilities, level of education, and previous experience.** The EOHHS median blended rate for **Direct Care III positions is \$23.42 per hour** or \$48,705 annually and for **Case/Social Workers is \$23.67 per hour** or \$49,234 annually.\*\*

Occupational Title***	Median Annual	Entry Annual	Typical education needed for entry
Social and Human Service Assistants	\$37,000	\$29,690	High school diploma/equivalent
Rehabilitation Counselors	\$47,720	\$34,510	Master's degree
Community Health Workers	\$48,120	\$36,950	High school diploma/equivalent
Child, Family, and School Social Workers	\$48,580	\$35,380	Bachelor's degree
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	\$48,960	\$37,440	No formal credential
Mental Health & Substance Abuse Social Workers	\$48,960	\$35,320	Bachelor's degree

\*\* Massachusetts Executive Office of Health and Human Services. 2021 Median blended reimbursement rates.

\*\*\* Massachusetts Department of Economic Research. Occupational Employment and Wage Statistics, May 2021 Annual Data



## CLINICIANS AND THERAPISTS

**Clinicians and therapists hold positions requiring a Master's degree. Workers in these positions may or may not have independent licensure.**

Mental health clinicians or therapists diagnose and treat mental and emotional disorders, whether cognitive, affective, or behavioral. They counsel patients on issues affecting their mental health, including stress, anxiety, depression, abuse, emotional distress, or a traumatic event. In addition to their formal education and licensing, these workers are often trained in specialized or evidence-based treatment modalities.



In November 2022, providers reported **347 full-time, part-time and per diem vacancies for Master's level clinicians**, resulting in an overall vacancy rate of **23%**.



*\*Source: Providers' Council Board Member Client-Facing Vacancy Survey (N=21). Data collected in November 2022.*

# NURSES

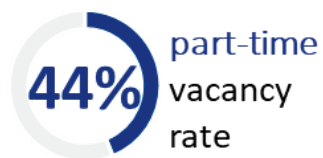
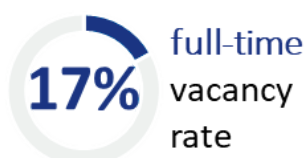
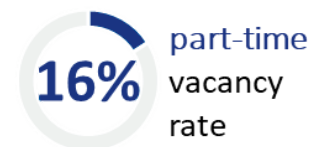
**Registered nurses (RNs) provide and coordinate patient care and educate patients and the public about various health conditions.**

While most RNs are employed in healthcare, human services organizations that support individuals with complex physical, mental, or behavioral health needs are increasingly in need of nurses.

Licensed practical nurses (LPN) provide basic nursing care. They work in a variety of settings, including residential care settings for persons with disabilities.



In the November 2022 survey, providers reported **38 full-time, part-time and per diem vacancies for RNs**, resulting in an overall vacancy rate of **28%**.



In the November 2022 survey, providers reported **48 full-time, part-time and per diem vacancies for LPNs**, resulting in an overall vacancy rate of **20%**.

# HUMAN SERVICES WAGES

**Providers routinely cite the sector’s comparatively low wages combined with high levels of responsibility, stress, and burnout as the most significant barriers to filling job vacancies.**

Despite significant efforts to raise the wages of human services workers, their income continues to lag behind workers in other industries. Low-paying positions leave many workers struggling with the same economic challenges facing the individuals and families they support.

The **median income of human services workers is approximately \$15,000 dollars less than all Massachusetts workers.\*** Low wages combined with a relatively high percentage of part-time workers are driving this difference.

Median Wage and Salary Income		Working Fewer than 35 Hours per Week
<b>\$49,750</b>	MA Total	<b>23.1%</b>
<b>\$34,273</b>	Human Services	<b>30.0%</b>
<b>\$52,349</b>	Healthcare	<b>27.5%</b>
<b>\$50,820</b>	All Other Industries	<b>22.10%</b>

*\* Wage data represent annual self-reported income on the American Community Survey. Wages may be from full- and/or part-time employment.*

*Source: U.S. Census Bureau, 2016-2020 American Community Survey (ACS), Public Use Microdata Sample (PUMS) Files.*

**Direct service professional occupations earn hourly wages below that of other jobs requiring no more than a high school diploma.**

Median Annual Salary		Median Hourly Wage	
<b>\$38,260</b>	<b>Shipping, Receiving, and Inventory Clerks</b>	<b>\$18.39</b>	Other positions requiring no more than a high school diploma
<b>\$37,880</b>	<b>Data Entry Keyers</b>	<b>\$18.21</b>	
<b>\$37,550</b>	<b>Tellers</b>	<b>\$18.05</b>	

<b>\$37,370</b>	<b>Nursing Assistants</b>	<b>\$17.97</b>	Direct Service Professional positions
<b>\$37,000</b>	<b>Social and Human Service Assistants</b>	<b>\$17.79</b>	
<b>\$36,300</b>	<b>Home Health and Personal Care Aides</b>	<b>\$17.45</b>	

## Massachusetts Occupational Employment and Wage Data

The **Massachusetts Department of Economic Research** produces, analyzes, and distributes various data, labor market reports, and other resources related to employment, unemployment, occupations, industries, and other components of the Massachusetts labor market.

Massachusetts employment and wage data are from **May 2021 and represent employment counts and wages across all industries.**

## Nearly all occupations common to human services earn median wages below Massachusetts overall.

The Massachusetts Department of Economic Research reports the 2021 median annual income for all occupations combined is \$58,540. This median annual income is higher than the self-reported income from the American Community Survey because it assumes full-time employment for all occupations.

Occupational Title	Employment	Median Annual	EOHHS Classification
Home Health and Personal Care Aides	107,900	\$36,300	Direct Care I
Social and Human Service Assistants	15,010	\$37,000	Direct Care I
Nursing Assistants	38,970	\$37,370	Certified Nursing Assistant
Community and Social Service Specialists, All Other	1,350	\$47,130	Case/Social Worker
Rehabilitation Counselors	5,280	\$47,720	Direct Care III
Community Health Workers	2,300	\$48,120	Direct Care III
Child, Family, and School Social Workers	9,380	\$48,580	Case/Social Worker; Case Manager, Social Worker, Clinical (no license);
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	17,020	\$48,960	Direct Care III
Mental Health and Substance Abuse Social Workers	5,790	\$48,960	Direct Care III
Counselors, All Other	200	\$49,870	Case Manager, Social Worker, Clinical (no license); Case Manager, Social Worker, Clinical (license)
Healthcare Social Workers	10,830	\$61,000	Case Manager, Social Worker, Clinical (no license); Case Manager, Social Worker, Clinical (license)

Source: Massachusetts Department of Economic Research. Occupational Employment and Wage Statistics, May 2021 Annual Data.



## Human services providers cite state agencies as a major source of competition for workers.

Massachusetts occupational employment and wage data for 2021 reveal that **median hourly wages for occupations working in human services organizations classified as social assistance are often significantly lower** than the same occupations employed in federal, state, or municipal jobs classified as public administration. In some cases, entry level hourly wages in federal, state, or municipal jobs are comparable to the median hourly earnings for human services jobs.

### 2021 Occupational Wage Comparisons: Human Services Jobs Classified as Social Assistance compared to Public Administration Jobs\*

Occupation Title	Hourly Wage	Human Services (Social Assistance)	Federal, State, Municipal (Public Administration)
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	Median	\$23.60	\$28.53
	Entry-level	\$16.33	\$20.51
Social and Human Service Assistants	Median	\$15.74	\$24.35
	Entry-level	\$13.66	\$15.75
Home Health and Personal Care Aides	Median	\$16.61	\$17.69
	Entry-level	\$14.50	\$15.30
Community Health Workers	Median	\$17.88	\$24.37
	Entry-level	\$14.38	\$18.33

\*The Public Administration sector consists of establishments of federal, state, and local government agencies that administer, oversee, and manage public programs and have executive, legislative, or judicial authority over other institutions within a given area. In general, government establishments in the Public Administration sector oversee governmental programs and activities that are not performed by private establishments. Social Assistance refers to the following human services subsectors in aggregate: Individual & Family Services; Community Food, Housing, Emergency, or Other Relief Services; Vocational Rehabilitation Services; and Child Day Care Services.

Source: Massachusetts Department of Economic Research. Occupational Employment and Wage Statistics, May 2021 Annual Data.

## Human services providers also compete with educational institutions and hospitals for workers.\*

Massachusetts occupational employment and wage data for 2021 reveal that **median hourly wages for occupations working in human services organizations classified as social assistance are often significantly lower** than the same occupations employed by educational services or hospitals.



### 2021 Occupational Wage Comparisons: Human Services Jobs Classified as Social Assistance compared to Educational Services Jobs

Occupation Title	Hourly Wage	Human Services (Social Assistance)	Educational Services
Child, Family, and School Social Workers	Median	\$19.33	\$31.12
	Entry-level	\$15.14	\$18.63
Clinical, Counseling, and School Psychologists	Median	\$31.55	\$40.60
	Entry-level	\$21.31	\$27.18
Mental Health and Substance Abuse Social Workers	Median	\$20.21	\$26.47
	Entry-level	\$15.39	\$18.01

\*Educational Services includes elementary and secondary schools, junior colleges and colleges, universities, and professional schools, as well as vocational and other training schools. Social Assistance refers to the following human services subsectors in aggregate: Individual & Family Services; Community Food, Housing, Emergency, or Other Relief Services; Vocational Rehabilitation Services; and Child Day Care Services. Hospitals include general medical and surgical hospitals, psychiatric and substance abuse hospitals, and other specialty hospitals.

Source: Massachusetts Department of Economic Research. Occupational Employment and Wage Statistics, May 2021 Annual Data.

## 2021 Occupational Wage Comparisons: Human Services Jobs Classified as Social Assistance compared to Hospital Jobs

Occupation Title	Hourly Wage	Human Services (Social Assistance)	Hospitals
Registered Nurses	Median	\$33.99	\$47.05
	Entry-level	\$27.52	\$33.99
Nursing Assistants	Median	\$15.10	\$17.97
	Entry-level	\$14.06	\$15.36
Healthcare Social Workers	Median	\$23.15	\$33.26
	Entry-level	\$17.83	\$24.87



Source: Massachusetts Department of Economic Research. Occupational Employment and Wage Statistics, May 2021 Annual Data.

# POVERTY STATUS

Not only do human services workers earn less than their peers in other industries, but they are more likely to be low-income (below 200% poverty). **Seventeen percent of human services workers earn wages less than 200% poverty.**

Nearly 1 in 6 human services workers live below 200% of the federal poverty line.



Nearly **one-third of households** with one or more human services workers are housing burdened, meaning they spend more than 30% of their income on housing.

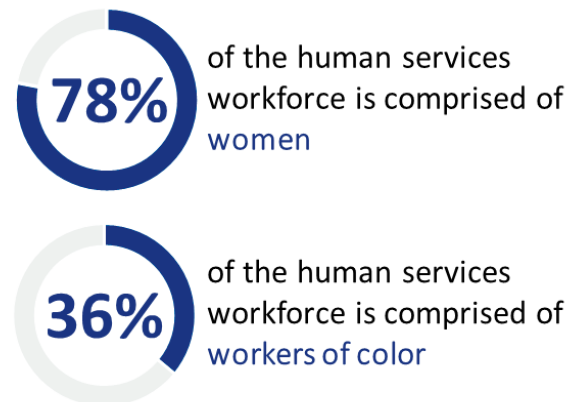
Below 150% Poverty		Below 200% Poverty
8.7%	MA Total	13.1%
11.0%	Human Services	17.0%
6.6%	Healthcare	10.9%
8.8%	All Other Industries	13.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey (ACS), Public Use Microdata Sample (PUMS) Files.

## HUMAN SERVICES WORKFORCE CHARACTERISTICS

**According to 2016-2020 American Community Survey estimates, 178,000 adults self-identified as primarily working in human services.**

**Women and people of color are overrepresented in the human services workforce**, particularly within the lowest paying positions. Investing in this workforce is not only critical to service provision but is also an **opportunity to advance gender and racial economic justice.**



**Nearly 47 percent of human services workers have a bachelor's or advanced degree.**

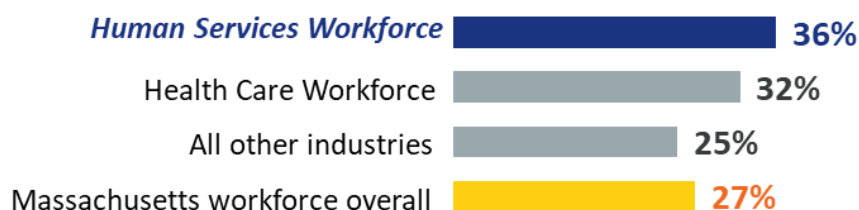
Bachelor's Degree	MA Total	Advanced Degree
27.3%	MA Total	20.5%
25.3%	Human Services	21.4%
25.8%	Healthcare	24.4%
27.7%	All Other Industries	19.9%

## Human Services Workers Are...

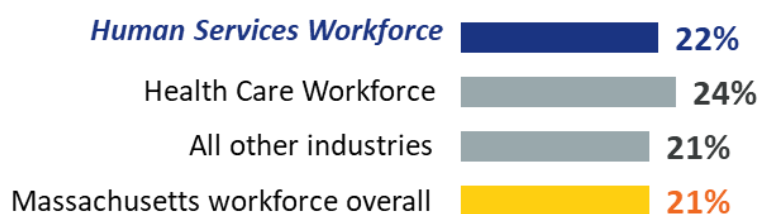
### Predominantly women



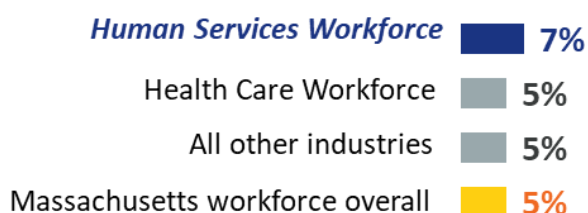
### More likely than workers in other industries to be people of color



### Nearly one-quarter foreign-born

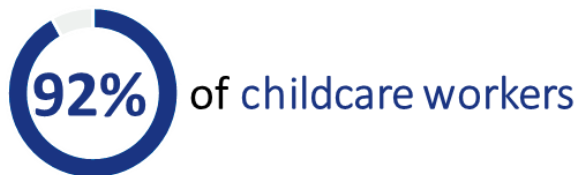


### More likely than workers in other industries to have a disability



Women and people of color are overrepresented among the lowest paid occupations common to human services.

### Women are...



### People of color are...



**Foreign-born workers** are an integral part of the human services workforce. Like women and people of color, these workers are disproportionately overrepresented among the lowest paid workers. For instance, according to ACS 5-year estimates, **one-third of all personal care aides in Massachusetts are foreign-born.**



Source: U.S. Census Bureau, 2016-2020 American Community Survey (ACS), Public Use Microdata Sample (PUMS) Files.

## HUMAN SERVICES OCCUPATIONAL PROJECTIONS

**Total employment in Massachusetts is expected to grow from 3,518,610 paid positions in 2020 to 4,257,489 positions in 2030, representing a 21% increase in employment.**

**Five occupations common to human services will exceed 20% growth**, including home health and personal care aides, community health workers, community and social service assistants, health educators and substance abuse, behavioral disorder, and mental health counselors.

Occupation	Employment 2020	Employment 2030	Change	Percent Change	Annual Openings
Home Health & Personal Care Aides	109,432	139,564	30,132	27.5%	18,032
Community Health Workers	2,294	2,848	554	24.2%	319
Community and Social Service Specialists	1,350	1,669	319	23.6%	187
Health Educators	1,422	1,736	314	22.1%	194
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	17,684	21,526	3,842	21.7%	2,183
Mental Health and Substance Abuse Social Workers	5,879	6,777	898	15.3%	667
Educational, Guidance, School, and Vocational Counselors	8,514	9,736	1,222	14.4%	960
Marriage and Family Therapists	1,004	1,147	143	14.2%	113
Counselors, All Other	360	406	46	12.8%	40
Social and Human Service Assistants	14,951	16,858	1,907	12.8%	2,025
Healthcare Social Workers	10,923	12,131	1,208	11.1%	1,172
Child, Family, and School Social Workers	9,313	10,240	927	10.0%	985
Nursing Assistants	39,713	42,288	2,575	6.5%	5,204
Rehabilitation Counselors	5,365	5,707	342	6.4%	542
Social Workers, All Other	488	509	21	4.3%	48

Source: Massachusetts Department of Economic Research. Long Term Occupational Projections: 2020-2030.



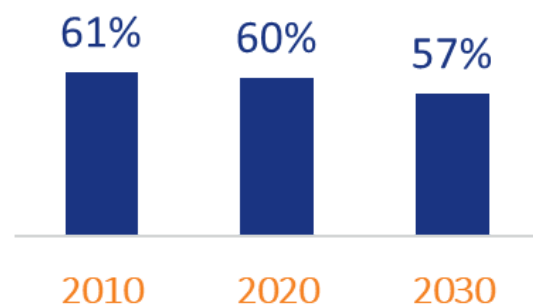
# CONCLUSION

## In 2017, the Providers' Council released a report entitled *Who Will Care?*

The question is more relevant today than it was six years ago as human services providers across the Commonwealth experience **unprecedented job vacancies**. As Massachusetts residents continue to age and the proportion of the population that is prime working age population shrinks, it is no longer a question of who will care at some point in the future, but **is anyone left to care now?**

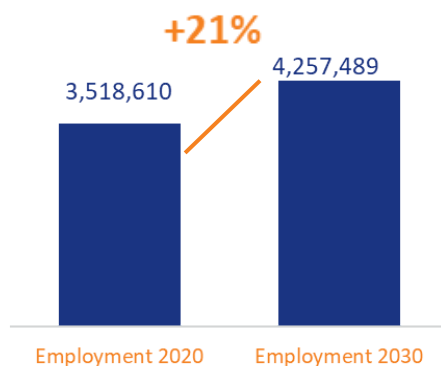
During the last two weeks of January 2023, the Boston Globe ran two articles related to the workforce crisis in Massachusetts.\*\* Both articles presented data about the shrinking labor pool as baby boomers continue to retire and fewer young people are available to replace them in the workforce. In fact, population projections demonstrate that the prime working age population in Massachusetts—those aged 20 to 64—will continue to shrink from 61% in 2010 to 57% in 2030.

### Percentage of Population aged 20-64\*\*\*

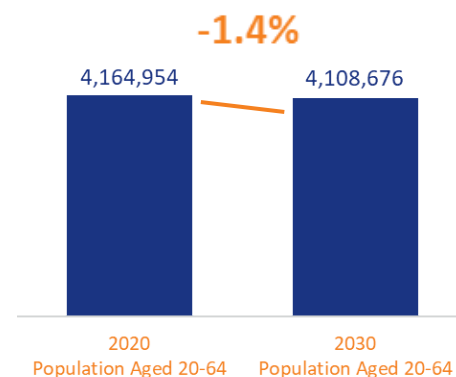


By 2030, the number of prime working age adults in Massachusetts will decrease by 1.4%. At the same time, employment is expected to increase by 21%. **Where will these workers come from?**

### Employment Projection\*\*\*\*



### Population Projection\*\*\*



\* Massachusetts Executive Office of Labor and Workforce Development. *Massachusetts Unemployment & Job Estimates for December 2022*.

\*\* Boston Globe, January 20, 2023: *The state's labor shortage is a problem we can't afford to ignore*.

Boston Globe, January 31, 2023: *America is running out of working-age adults. Here's how to solve the labor shortage*.

\*\*\* UMass Donahue Institute MassDOT Vintage 2018 Population Projections. September 2018. (UMDI-DOT V2018).

\*\*\*\* Massachusetts Department of Economic Research. *Long Term Occupational Projections: 2020-2030*.

The continuing growth in human services sites, suggesting an increased need for services, combined with projected growth in human services occupations, comparatively low salaries for human services workers, and Massachusetts' low unemployment rate (3.3% in December 2022)\* is a recipe for disaster.

**This confluence of circumstances is placing significant pressure on providers to find workers. If unable to do so, their only alternative is clear—*No Staff, No Services.***



# NOTES



the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million (19.5% of the population).

There is a growing awareness of the need to address the needs of older people, and the Government has set out a strategy for doing so in the White Paper on *Ageing Better: Our Future, Our Choice* (Department of Health 2002). This paper sets out the authors' views on the implications of the White Paper for the development of a new generation of health professionals.

## Background

The White Paper on *Ageing Better: Our Future, Our Choice* (Department of Health 2002) sets out the Government's strategy for addressing the needs of older people. It is a key document in the development of a new generation of health professionals.

The White Paper sets out a number of key principles which will guide the development of a new generation of health professionals. These principles are: *Ageing Better: Our Future, Our Choice* (Department of Health 2002).

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