SOCIAL WORK IN FOR-PROFIT SECTORS

SOCIAL WORK PRACTICE IN THE FOR-PROFIT SECTOR: AN EXAMINATION
OF EXPERIENCE, IDENTITY, AND PRACTICE

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Abstract

The purpose of this qualitative study was to learn more about the experiences of social work practitioners who are employed in the for-profit sector. Data were collected through individual interviews with four registered social workers. Findings showed that social worker's experiences of practice within for-profit or private practice settings falls into six main categories. 'Social work identity', which includes a comparison of social work and other professions, professional values and ethics, and professional practice issues. 'Valued characteristics', which includes past and current work experience, goals for practice, service provision, and job flexibility. The category of 'fee for service' examines charging fees in exchange for social work services, salary and compensation, funding, and advertising. 'Challenges' of social work practice in the for-profit sector includes experiencing financial pressure, client no-shows, and navigating the "balancing act" of providing services while earning an income. 'Supervision', which addresses issues of debriefing. The final category, 'social work education', explores the current post-secondary social work program and includes recommendations from participants on improving the curriculum and preparing graduates for working within the field. A central issue for social workers within the for-profit sector is the misconceptions that exist regarding their work. The conclusion is that unlike private practice, social work practice within non-profit and for-profit agencies has a number of similarities. The social work profession offers a multitude of career options for practitioners; different social workers fill different roles, according to their proficiencies, experience, and expertise.

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Background

After my graduation from McMaster's Bachelor of Social Work program in 2007,

I began working as a hospital social worker at healthcare organization in Southwestern

Ontario. I worked within this role for over 5 years. In the beginning, I enjoyed my job

very much and had the opportunity to learn new skills and develop my abilities as a social

work practitioner. The social work department within this particular organization was one

of the largest in the region and was comprised of over 30 social workers. I felt fortunate

to have the opportunity to work with some very experienced and capable colleagues and,

as a result, formed some very strong collegial relationships within the field. In addition to

my social work colleagues, I also had the opportunity to work with professionals from

other disciplines as part of a multi-disciplinary approach to patient care and service

provision.

However, as the years passed and the novelty of my new job began to dissipate, I

noticed myself becoming less satisfied with my role within the organization. There

seemed to be less and less time devoted to direct patient care and more focus on profit.

My role quickly changed from social worker to discharge planner. The focus of my job

became getting patients out of the hospital as quickly as possible in order to secure

government funding (which was tied to patient length of stay) and avoid long admissions

(commonly referred to as "bed blockers"). Since provincial healthcare funding was

associated with the number of beds in our facility and the number of patients coming in

and out of the Emergency Room (ER) doors, more and more value was placed on

quantity over *quality* of work. At any given time, my colleagues and I were carrying

caseloads of approximately 25-30 patients. This made it impossible to spend adequate

amounts of time with each patient. Some of the aspects of my job that I had enjoyed the

most (e.g. counselling, advocacy) became impossible as my colleagues and I were

provided with scripted conversations that we were required to have with patients and

families in order to facilitate discharge. I found myself bouncing quickly from room to

room offering what I considered to be "Band-Aid" solutions- temporary quick-fixes that

would expedite discharge and prevent the dreaded "bed blocking". My years of

specialized training and social work education were replaced with remedial tasks such as

filling out referrals for home care services, arranging family meetings for physicians, and

scheduling tours at long term care facilities. Due to the overwhelming quantity of work

that I was faced with, I also began to experience the unpleasant physical and

psychological effects of stress (e.g. muscle tension, headaches, irritability, anxiety).

It was at this point that I decided to pursue other opportunities. My decision was

based both on personal and professional reasons. I yearned for a position that would

enable me to focus on the aspects of social work that I most enjoyed- counselling,

advocacy, and social justice. Within a few months, I was offered a position as a registered

social worker at a private, for-profit disability management company based in

Southwestern Ontario. The focus of my role within this new company would be to

provide counseling services to clients who had been involved in motor vehicle or

workplace accidents. While I was excited by the opportunity, nothing could have

prepared me for the tension and conflict that I experienced as I transitioned from non-

profit to for-profit social work. My colleagues accused me of "selling out" and joked that I was "jumping ship". It was perceived that I was, essentially, giving up on those who were truly in need in favour of working in the private sector, where my clients would undoubtedly be less sick and much less complex. I was taking the "easy way out" in favour of less work, higher status, and more money. I was both shocked and confused. While I knew that tension existed between social work practitioners in the non-profit and for-profit sectors, I had not expected that I would experience this tension first-hand. This spurred me to conduct a brief literature review in order to gain a better understanding of the tension that exists between each sector. I was surprised to discover that there were very few existing studies on the subject and the studies that did exist were dated and had not been conducted in Canada. My experience transitioning from the non-profit to the for-profit sector as well as the significant gap in the social work literature led to my interest in exploring the experiences of social workers in the for-profit sector, as I was eager to gain a better understanding of how this tension came to be and why it still exists today.

Introduction

The number of social workers who engage in private or for-profit social work practice has increased significantly in recent decades (Alexander, 1987; Brown, 1990; Jayaratne et al., 1988; Jayaratne et al., 1991). However, despite its increasing popularity, tension exists between non-profit and for-profit sectors within social work practice. There are several possible explanations for this tension. According to the literature, many social workers believe that private practice does not follow the core values of the social work profession (Alexander, 1987; Brown, 1990; Jayaratne et al., 1988; Jayaratne et al., 1991; Lewis, 2004; Smaller, 1987). Strom (1994) found that many practitioners are not concerned about the increasing popularity of private practice, as they believe that it is simply a "phase" in one's career and therefore will not be an ongoing trend. Jayaratne et al. (1988) and Brown (1990) suggest that practitioners within the non-profit sector believe that charging fees in exchange for social work services promotes a two tier healthcare system and that this contributes to a larger debate regarding the privatization of the healthcare system in North America.

It could be argued that much of the social work profession no longer fits with the original image of social workers visiting and assisting the poor (Cohen, 1966). Beginning in the 1960's, a large percentage of social work practitioners are employed in schools, hospitals, and other government agencies (Cohen, 1966). While these agencies are still considered to be non-profit organizations, Cohen (1966) highlights that, much like

private practice settings, these organizations do not subscribe to the original values of the social work profession.

While there is certainly an abundance of literature on social work practice in the non-profit sector, very few studies exist on private or for-profit practice. As Smaller (1987) indicated, there have been four major studies on private practice. These studies were conducted by Peek and Plotkin (1951), Levenstein (1964), Wallace (1977), and Borenzweig (1981). Although these studies did provide thorough descriptions of private practice as well as characteristics of private practitioners, he explains that they did not include an exploration of practitioners' attitudes towards private practice (Smaller, 1987). Smaller believed that, "The issue of private practice involves the values, ethics, and attitudes of individual social workers upon whom the profession and its goals rest." (p.8). He recommended that before a determination can be made regarding the significance of private practice and its place within the social work profession, further investigations should be conducted that focus on attitudes, ethics, and values (Smaller, 1966).

Being that very little is known about social workers within the for-profit sector, the purpose of this study is to explore the attitudes and experiences of practitioners within for-profit and private practice settings in order to gain a better understanding of how their attitudes and experiences have impacted upon service provision, professional identity, as well as their values and ethics as social workers. By learning more about the attitudes and experiences of social work practitioners within for-profit and private practice settings, we can move towards resolving much of the tension that currently exists within the

profession. Resolution of this tension could potentially result in the delivery of higher

quality and cohesive care to clients.

Literature Review

Despite a substantial amount of social work literature, studies on for-profit or private practice are quite limited. Most studies on for-profit or private practice are dated (e.g. the bulk of the research was conducted between 1950 and 1990) with the majority of these studies being conducted in the United States of America (U.S.A.). After careful review, it appears as though much of this literature focuses largely on the collection of quantitative data such as the number of social workers operating private practices, salary and compensation and the educational experience of social work practitioners (Alexander, 1987; Brown, 1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; van Heugten, 2002). These studies suggest that a growing number of social work practitioners are choosing to transition from non-profit to for-profit practice (Brown, 1990; Jayaratne et al., 1988). It likely comes as no surprise that the literature also illustrates that the social work profession continues to be dominated by women (Lewis, 2004). Interestingly, Lewis (2004) found that female practitioners tend to hold front-line social work positions while male practitioners tend to retain management or administrative positions. With regards to income, studies also show that those who enter private practice make this decision as a means to gain more experience and to achieve more flexibility rather than to increase their earning potential (Alexander, 1987; Jayaratne et al., 1991). Subsequently, it was discovered that unreliable income was one of the disadvantages to entering private practice (Alexander, 1987). Finally, Alexander (1987) highlighted the fact that private practice tends to be a more demanding position, which in

turn, requires more credentials. Many studies indicated that social work practitioners who enter private practice typically have a graduate-level degree and a considerable amount of experience in the field (Alexander, 1987; Brown, 1990; Cohen, 1966; Jayaratne et al., 1988). It should be noted that many of these practitioners held supervisory or administrative positions within their previous agencies and were considered the "elite" of their profession (Alexander, 1987; Brown, 1990; Cohen, 1966; Jayaratne et al., 1988).

This study explores the experiences of social work practitioners in the for-profit sector, including those who operate private practices. Being that there are few existing studies which focus on this sector, the purpose of this study is to understand how these experiences have impacted their identity as social workers and their ability to provide service to clients.

It is important to understand how the terms "private practice" and "for-profit sector" are defined within the literature. While Cohen (1966) defines social work practice as, "…the organized conscience of society with a duty to supply free or low cost service to a low-income clientele…" (p. 85), he further explains that, "Reflecting its status in social work, there is no definition of what constitutes private practice." (p.86). As a result, Cohen (1966) created his own definition and described private practice as, "…practitioners offering direct psychotherapeutic or quasi-psychotherapeutic services to individuals and families in return for direct fees." (p.86). These fees may be paid directly by the client or may be paid by a third party, such as an insurer (Cohen, 1966). Strom (1994) also included a definition of private practice within her study. She explained that private practice was defined as, "autonomous, for-profit social work practice that

provides individual, conjoint, family, or group assessments, counseling, or psychotherapy." (p.501). The terms "private" and "for-profit" were used interchangeably throughout the literature in order to define social work services that are provided in exchange for a fee. However, no distinction was made between private practice and for-profit social work. It is unclear why these terms were not clearly defined within the literature and this was identified as problematic due to the fact that they represent different fields of practice and should therefore not be used interchangeably.

When reviewing the literature on private practice and for-profit social work, a number of important issues were identified. First, much of the literature seems to have been written between 1960 and 1990. Reamer (2006) attributes this to the fact that following the Great Depression and World War II, "…the relative tranquility associated with peacetime and domestic calm turned the values and attention of both the nation and its professionals inward. Pursuit of individual wellbeing became more compelling than the pursuit of the public good." (p.16). With this focus on individual wellbeing, social work professionals began to gain control over the profession and their careers (Reamer, 2006).

Secondly, much of the literature that I have researched seems to be focused on private practice rather than the for-profit sector. There is a wealth of information regarding the transition from social work in the non-profit sector to private practice; however there appears to be less information available on social work practice within the for-profit sector. Several studies provided definitions of private practice however; a formal definition of for-profit practice was not included in any of the literature reviewed.

For the purposes of this study, for-profit practice shall be defined as a social work services that are provided by a practitioner who works within a private, for-profit company. In this situation, the client is required to provide a fee to the company in exchange for social work services and no fees are provided directly to the practitioner. It is unclear why the literature focuses only on private practice.

Much of the literature involving social work private practice focuses on practitioners who transition from non-profit work into private practice settings (Alexander, 1987; Cohen, 1966; Smaller, 1987; Strom, 1994; van Heugten, 2002). These researchers suggest that practitioners' transition into private practice as a means to escape agency bureaucracy and uphold the values and ethics of the profession (Alexander, 1987; Strom, 1994; van Heugten, 2002). Other studies examine the benefits to a practitioner's health and wellbeing within private settings (Jayaratne et al., 1988; Jayaratne et al., 1991). Jayaratne et al. (1991) suggest that there are many merits to entering private practice including, increased motivation, increased productivity, and decreased levels of stress and strain. They further explained that lower levels of stress have a direct result on an individual's overall psychological and physical wellbeing (Jayaratne et al., 1991). Studies also exist regarding the roles and responsibilities of social work practitioners within private practice (Brown, 1990; Grosser and Block, 1983). Despite many misconceptions that private practitioners only treat mild, uncomplicated, wealthy clients, Grosser and Block (1983) explain that private practitioners actually see a wide range of clients, including those with severe mental health issues. It is important to note that

Grosser and Black (1983) believed that children and the elderly seemed to be underserved in *both* non-profit and for-profit sectors.

In terms of Canadian studies on this subject matter, most of the information reviewed was obtained from professional associations such as the Canadian Association of Social Workers (CASW), the Ontario Association of Social Workers (OASW), or the Ontario College of Social Workers and Social Service Workers (OCSWSSW). While these professional bodies do not necessarily generate research, they do pay particular attention to practice issues within this sector and, as a result, focus their efforts on addressing tensions or conflicts regarding social work practice within for-profit or private practice settings. For example, the CASW *Guidelines for Ethical Practice* includes a section on charging fees (CASW, 2005). The guidelines (2005) suggest that social work practitioners who engage in private practice must, "Disclose at the outset of the relationship, the fee schedule for social work services including their expectations and practices with respect to cancellations and unpaid bills." (p.18). The guide (2005) further states that practitioners, "Charge only for the reasonable hours of client services, research, consultation and administrative work on behalf of a given client." (p.18).

In addition to guidelines and codes of ethics, local chapters of the CASW (e.g. OASW) provide supports to social work practitioners who engage in private practice. As per the OASW website, benefits to private practitioners include responding to government legislation, lobbying major insurance companies to cover social work services, providing updated information regarding issues such as the Harmonized Sales Tax (HST), discounts on professional liability insurance, virtual networking, as well as a

number of conferences and workshops (OASW, 2011). Of note is the fact that the OASW

is currently lobbying the provincial government to include social work as a regulated

health practice in Ontario. This would enable social work practitioners to sign treatment

forms under the Insurance Act. For quite some time, the OASW has also been concerned

with how best to communicate what the profession does and how to enhance its

reputation.

The OCSWSSW, on the other hand, serves as a regulatory body for social work

practitioners. According to the OCSWSSW website, "The Ontario College of Social

Workers and Social Service Workers (OCSWSSW) is a regulatory body whose primary

duty is to serve and protect the public interest. The College's mandate is to regulate the

practice of social work and social service work and to govern its members."

(OCSWSSW, 2010). The College also establishes qualifications for membership,

provides ongoing education to members, issues certificates of registration, promotes high

standards of service provision, and addresses professional practice issues such as

complaints and discipline (OCSWSSW, 2010). While the College does not generate

research or analysis, the *Perspective Newsletter* which is distributed to members on a bi-

annual basis includes commentary on issues such as supervision, the regulation of

psychotherapy, etc. (OCSWSSW, 2010).

In 2000, Stephenson and colleagues published a report for the Canadian

Association of Social Workers entitled, *In Critical Demand: Social Work in Canada.* The

report was published, "In response to the interest of the social services sector in the

development of a long-term human resources strategy…" (Stephenson et al., 2000). In

this report, Stephenson and colleagues (2000) highlighted the fact that the social services

sector in Canada is comprised of two opposing forces- an increasing need for social

services and a decreasing amount of available resources. As a result, the authors

explained that the structure of service delivery is shifting from service provision by the

public sector to contracting for services within for-profit and private practice settings

(Stephenson et al., 2000).

Stephenson and colleagues (2000) also provided in-depth information regarding

individual provincial needs for social services. Since the 1990s, Ontario has seen faster

population growth than other provinces and will likely experience an increase in the

demand for social services in the coming years (Stephenson et al., 2000). Unfortunately,

the authors predict that as the need for services (e.g. geriatric and health-related) in

Ontario increases, the budget for service provision will decrease (Stephenson et al.,

2000).

Methodologies

Alexander (1987), Brown (1990), Cohen (1966), Grosser and Block (1983),

Jayaratne et al. (1988; 1991), Smaller (1987), Strom (1994), and van Heugten (2002)

employed quantitative methodologies as a means to collect data regarding private social

work practice. These quantitative methods included surveys, questionnaires, and scales

(Alexander, 1987; Brown, 1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al.,

1988; Strom, 1994; Smaller, 1987; van Heugten, 2002). Due to the fact that private

practice is a relatively new phenomenon within social work, many researchers sought to

understand this aspect of the profession purely in terms of numbers. For example, "How many social workers are engaged in private practice?" or, "Do private practitioners work full-time or part-time?" or, "Are the number of practitioners in private practice increasing or decreasing?"

The most popular recruitment method, which was used consistently throughout all of the studies, was through professional associations, such as the National Association of Social Workers (NASW), the State Society of Clinical Social Work (SSCSW), or the American Association of Social Workers (A.A.S.W.). Researchers obtained member listings such as the *Registry of Clinical Social Workers* or the *Membership Directory* (Alexander, 1987; Jayaratne et al., 1988). Participants were randomly selected based on their current field of practice and were mailed surveys, questionnaires, or scales for completion (Alexander, 1987; Brown, 1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Strom, 1994; Smaller, 1987; van Heugten, 2002).

Since Peek and Plotkin's pioneering study in 1951, research interests within the field of private practice social work have evolved and researchers seem to have become more interested in the *lived experiences* of practitioners and less focused on quantitative data. As van Heugten (2002) indicates, "…qualitative research is especially appropriate to the study of the experiences of a subculture whose participants have a shared belief system." (p.466). While quantitative studies have provided valuable insight into what types of practitioners are working in private practice settings and why they chose to transition away from non-profit sectors, it fails to provide us with context. As Lewis (2004) highlights, "…the subjective experience of practitioners is a little known area of

research." (p.394). The implementation of qualitative methodologies would provide researchers with subjective data, which is a significant gap in the current literature. Subjective data could result in richer, deeper findings.

While quantitative data collection was arguably the most widely utilized methodology, researchers such as Smaller (1987) and van Heugten (2002), employed a mixed methods approach and combined quantitative and qualitative methods for data collection by requesting that participants complete a survey or questionnaire in addition to participating in individual interviews. Using this method allowed them to collect quantitative data from participants such as gender, income level, and years of experience, while also gathering qualitative information on their experiences, perceptions, and opinions (Smaller, 1987; van Heugten, 2002).

In terms of samples, as previously discussed, study participants were recruited through professional organizations such as the National Association of Social Workers (NASW) or accredited schools of social work (Alexander, 1987; Brown, 1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Jayaratne et al., 1991; Lewis, 2004; Reamer, 2006; Smaller, 1987; Strom, 1994; van Heugten, 2002). Study participants were required to be social work practitioners (a combination of non-profit and private practice), social work educators, or social work consultants (Alexander, 1987; Brown, 1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Jayaratne et al., 1991; Lewis, 2004; Reamer, 2006; Smaller, 1987; Strom, 1994; van Heugten, 2002). In terms of gaps and limitations, researchers identified the fact that their samples included a disproportionate number of women than men, which reflected the fact that more women

than men choose social work as their profession (Alexander, 1987; Brown, 1990; Cohen,

1966; Grosser and Block, 1983; Jayaratne et al., 1988; Jayaratne et al., 1991; Lewis,

2004; Reamer, 2006; Smaller, 1987; Strom, 1994; van Heugten, 2002).

Themes

Several consistent themes related to private practice and for-profit social work

emerged from the literature. The most prominent themes included: social work identity,

social worker values, service delivery, and social work education (Alexander, 1987;

Brown, 1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Jayaratne et

al., 1991; Lewis, 2004; Reamer, 2006; Smaller, 1987; Strom, 1994; van Heugten, 2002).

Social Work Identity

A controversial issue within social work practice is the ongoing debate about

whether individuals in private practice should be permitted to use the title of 'social

worker' (Grosser and Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Smaller, 1987). A

significant number of practitioners within the non-profit sector strongly believe that

private practice is inconsistent with the core values of the social work profession, and

therefore, those who choose to practice in the for-profit sector should not be considered

social workers (Grosser and Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Smaller,

1987).

Interestingly, studies by Smaller (1987) and Jayaratne at al. (1988) identified that

private practitioners have a tendency to label themselves as social workers among friends

and family, although they often identify more strongly with other professions. These findings suggest that private practitioners have a tendency to identify more strongly with other professions such as psychiatrists due to the fact that are often overloaded with referrals and rely on social workers to share the workload (Cohen, 1966). Cohen (1966) believed that this relationship was only natural, given the fact that psychiatrists and social workers had a history of working closely together. In addition, he suggested that this relationship was beneficial for the private practitioner, as psychiatrists can guarantee continued referrals (Cohen, 1966). Despite these findings, other researchers insist that private practitioners still wish to maintain their identities as social workers (Jayaratne et al., 1988; Smaller, 1987). Similarly, Brown (1990) found that identifying oneself as a social worker did not result in more positive outcomes in private practice (Brown, 1990). As a result, social work practitioners in private practice are more likely to identify themselves as "counsellors" or "psychotherapists" (Brown, 1990).

Alexander (1987) and Lewis (2004) identified the "dual role" of the social worker and counsellor. They argued that the roles of counsellor and psychotherapist do not follow the core values of the social work profession, which means that in order for a private practitioner to consider themselves a social worker, they must devote time to working with the disadvantaged, striving toward social change, and advocating for social justice *in addition* to working within their counsellor/psychotherapist role (Alexander, 1987; Lewis, 2004).

Lewis (2004) found that social work identity is affected by gender and is perceived differently by men and women. She explained that men and women assign

different meanings and significance to their work, which therefore affects their

professional identity (Lewis, 2004). For women, the social work profession is seen as an

extension of their domestic roles (Lewis, 2004). Lewis (2004) explained that, "the link

between social work and its caring functions, is seen as 'natural' because of the

profession's female majority, and is therefore given little recognition in terms of status

and prestige." (p.397). As a result, Lewis (2004) explains that women are more likely to

identify as social workers and place higher importance on maintaining that particular

label. Men, on the other hand, are less likely to identify as social workers, as they tend to

seek management and administrative positions within the field (Lewis, 2004). Lewis

(2004) furthered that men have a tendency to seek status and prestige, while women are

more likely to enter the profession for altruistic reasons.

Throughout the literature, social work identity was also linked to status and

financial gain (Alexander, 1987; Grosser and Block, 1983; Lewis, 2004, Smaller, 1987).

Studies suggest that the social work profession has maintained a relatively poor

reputation over the years (Alexander, 1987; Grosser and Block, 1983; Lewis, 2004,

Smaller, 1987). Therefore, many social work practitioners enter private practice as a

means to achieve higher status and increased prestige (Alexander, 1987; Cohen, 1966;

Grosser and Block, 1983; Lewis, 2004, Smaller, 1987). Interestingly, while many studies

identified that status and prestige were influential factors in practitioners moving from

non-profit to for-profit practice, Smaller (1987) highlighted the fact that a successful

career within social work seems to be perceived as unethical, as the pursuit of financial

success goes against basic social work values. As one participant in his study illustrated,

"You know, I think it's acceptable to be a successful lawyer, but I'm not sure it's acceptable to be a successful social worker." (p.11) (Smaller, 1987). Since many studies concluded that non-profit agencies do not offer the same opportunities for growth or professional development as private practice settings, this would explain the increasing number of practitioners who are choosing to enter the for-profit sector (Alexander, 1987; Cohen, 1966; Grosser and Block, 1983; Lewis, 2004, Smaller, 1987).

Social Work Values

As Reamer (2006) explains, "Values have several different attributes and perform several important functions: they are generalized, emotionally charged conceptions of what is desirable; historically created and derived from experience; shared by a population or a group within it; and provide the means for organizing and structuring patterns of behaviour." (p. 12).

The literature reflects a division between those who support private practice and those who are against it (Alexander, 1987; Brown, 1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Smaller, 1987; Strom, 1994; van Heugten, 2002). In Smaller's (1987) study, "…private practice was viewed favorably by the large majority of subjects (89.6%), with some reservations coming from educators and non-private clinical social workers." (p.10). He indicated that those who were not in favor of private practice tended to be social work educators and non-profit social workers (Smaller, 1987). Those opposed to private practice, "…felt that private practitioners were no longer interested in social work's only priority- helping those in need of social

services who cannot afford them or in some way are unable to obtain help on their own."

(p. 11) (Smaller, 1987).

Those who were opposed to private practice believed that private practitioners

essentially traded the core values and beliefs of the social work profession- to serve the

poor and disabled- in favor of status, money, and prestige (Alexander, 1987; Brown,

1990; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Lewis, 2004;

Smaller, 1987; Strom, 1994; van Heugten, 2002). Interestingly, this same opposition was

not applied to managerial, administrative, or educational positions. While many believe

that private practitioners sacrifice the core values of the profession in favor of higher

incomes and more prestige, the same argument is not applied to those who work as

professors, managers, or directors (Smaller, 1987). Smaller (1987) for example, spoke

with a university professor who admitted, "I object to private practitioners because

they're not helping poor people, but look what I'm doing now, for more money, more

status." (p. 16).

This division between social work and private practice was identified in the

literature as a 'dual-role' or 'sub-culture' (Alexander, 1987; Smaller, 1987). As

Alexander (1987) explains, "All of the subjects studied expressed a concern about a lack

of recognition and a sense of isolation. The sense of being set apart from the rest of the

profession is described by Levenstein (1964) as a 'sub-culture' within the field of social

work." (p. 8). Smaller (1987) furthered that many private practitioners experience tension

and confusion in terms of their professional identity and often feel more identified with

other professionals, such as psychiatrists, psychotherapists, and psychoanalysts.

However, when these private practitioners discussed the titles that they used with family and friends, they most often chose to identify themselves as social workers (Smaller, 1987). While they did identify more strongly with other professionals, they still wished to maintain a social work identity (Smaller, 1987). This tendency to gravitate towards other professions was attributed to the fact that practitioners tended to become increasingly isolated once they entered into private practice (Alexander, 1987; Brown, 1990; Jayaratne et al., 1988; Lewis, 2004; Smaller, 1987). While most retained their membership to professional organizations, they felt as though they had been alienated from the profession due to the fact that they were no longer working within the non-profit sector (Alexander, 1987; Brown, 1990; Jayaratne et al., 1988; Lewis, 2004; Smaller, 1987).

Since its inception, social work has been a profession focused on oppression, discrimination, social change, and social justice (Alexander, 1987; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Reamer, 2006; Smaller, 1987; van Heugten, 2002). Despite its lengthy history, social work is not a glamorous or prestigious profession (Alexander, 1987; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Reamer, 2006; Smaller, 1987; van Heugten, 2002). Unlike practicing medicine or law, social work is not highly regarded within society and is not considered important or essential (Alexander, 1987; Cohen, 1966; Grosser and Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Reamer, 2006; Smaller, 1987; van Heugten, 2002). Throughout the literature, researchers highlighted the importance of resolving the tension that exists between non-profit and for-profit social work practitioners in an effort to eradicate this dual-role (Alexander, 1987; Brown, 1990; Cohen, 1966; Grosser and

Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Smaller, 1987; van Heugten, 2002).

According to researchers, in order to build and promote social work as a worthy and

prestigious profession, it is essential to resolve the tensions *within* the field before we can

turn our attention towards the *outside* (Alexander, 1987; Cohen, 1966; Grosser and

Block, 1983; Jayaratne et al., 1988; Lewis, 2004; Reamer, 2006; Smaller, 1987; van

Heugten, 2002). Smaller (1987) suggests that, "Only when these different groups

recognize their lack of significant differences, will the profession become more

aggressive and unified in its pursuit of opportunities for all individuals." (p. 17). Cohen

(1966) suggests that it may be necessary for the profession to re-evaluate their image as

well as the values and ethics from decades past. He explains that, "Much of professional

social work, however, no longer fits the image, left over from an earlier day, of the social

worker as visitor to the poor…It is hardly surprising then, that private practice has come

to play an important role in the careers of many social workers." (p.93). Due to the fact

that private practitioners tend to hold higher qualifications and more specialized training

when compared to those in the non-profit sector, researchers have suggested that private

practice may, in fact, be the perfect tool to promote the status and increase the prestige of

the social work profession (Alexander, 1987; Cohen, 1966; Grosser and Block, 1983;

Jayaratne et al., 1988; Lewis, 2004; Reamer, 2006; Smaller, 1987; van Heugten, 2002).

　　　While the majority of the research reviewed has concluded that private practice

goes against the core values of the social work profession, Strom (1994) states that the

main reasons for practitioners to not enter private practice is unrelated to social work

values. She explains that this idea of private practice conflicting with professional values

is over-reported and disproportionate to the actual level of concern (Strom, 1994). Strom (1994) described private practice as a "phase" of a social work career and found that the reasons that practitioners avoid private practice is actually related to a lack of "agency perks" such as regular work hours, medical benefits, and the opportunity to contribute to a group pension plan. Strom (1994) explained that those who are against private practice due to perceived conflicts with professional values actually represent a relatively small sub-group.

Service Delivery

Service delivery was a recurring theme throughout much of the research on private practice. Researchers such as Alexander (1987), Brown (1990), Grosser and Block (1983), Jayaratne et al., (1988; 1991), Lewis (2004), Smaller (1987), Strom (1994), ad van Heugten (2002) all addressed concerns regarding service delivery within the for-profit sector. Being that the historical values of social work are rooted in the fact that practitioners serve the poor and disadvantaged, of primary concern was the fact that private practice was ignoring these core values and was instead contributing towards a two tier system for service delivery (Brown, 1990; Grosser and Block, 1983; Jayaratne et al., 1988). While Smaller (1987) expressed concern that this two-tier system would perpetuate the division between the rich and the poor, Jayaratne et al. (1988) argued that private practitioners strongly believed that charging fees in exchange for service actually enhanced client participation, as clients felt a sense of personal responsibility toward the practitioner. Grosser and Block (1983) suggested that while fees are necessary in order

for private practitioners to generate income, implementing a sliding fee scale would increase accessibility to other patient populations. In contrast, van Heugten (2002) argued that lowering fees in order to accommodate clients could in fact result in the practitioner having less credibility among other private professionals, such as occupational therapists or psychologists.

Interestingly, while researchers debated about the ethics of fee for service social work, Cohen (1966) highlighted the fact that the social work profession has shifted away from the historical image of practitioners visiting the poor. He explained that social workers are increasingly employed in settings such as schools and hospitals (Cohen, 1966). While these organizations are still considered members of the non-profit sector, he argued that the work of practitioners in these settings is not congruent with the original values of the social work profession (Cohen, 1966). Van Heugten (2002) furthered that the recent wave of restructuring and new agency mandates within non-profit agencies means that social work within this sector is no longer congruent with traditional social work values.

In addition to fees, researchers also highlighted the need for the implementation of practice standards and strict regulations when it comes to private practice settings (Alexander, 1987; Brown, 1990; Grosser and Block, 1983). As Alexander (1987) pointed out, "…it is apparent that some standards for private practice need to be established…as private practice grows, the issue of qualifying standards may be the most imperative." (p.17). Brown (1990) furthered that as political involvement increases within the social

work profession, private practitioners can expect to see an increase in the need for licensing, in response to this evolving political climate.

Grosser and Block (1983) illustrated several barriers to service delivery within the for-profit sector. They explained that private practitioners tend to be most concentrated in urban settings (Grosser and Block, 1983). This makes it difficult for clients in rural areas to access services (Grosser and Block, 1983). Grosser and Block (1983) also identified the fact that children and elderly patients tend to be underserved in *both* sectors. In contrast, Grosser and Block (1983) also addressed a number of beneficial aspects of private practice: Clients interested in pursuing private services are able to access practitioners through both informal and formal referrals processes. Private practitioners are able to address a variety of client needs and, contrary to popular belief, do not just focus solely on uncomplicated, wealthy clients (Grosser and Block, 1983). Private practitioners are also able to offer a wider variety of services options ranging from brief to long-term interventions, as they are not restricted by agency mandates or funding limitations (Grosser and Block, 1983). Brown (1990) described non-profit social work practice as confining and largely focused on administrative tasks. He identified private practice as being more client-focused and explained that private practitioners are able to provide their clients with continuity of care (Brown, 1990). Brown (1990) furthered that within private practice settings, practitioners are directly accountable to their clients rather than the agency. He believed that this translated into higher quality of service delivery, as private practitioners tended to be more committed to ensuring their clients were satisfied with the services (Brown, 1990).

Social Work Education

Many studies discussed the importance of social work education on social work practice within the for-profit sector. Researchers have identified a need for social work curriculum to be more inclusive of private practice, as they believe that the lack of education on this sector has contributed to a poor understanding of private practice and, as a result, has fueled the tension between non-profit and for-profit social work (Brown, 1990; Grosser and Block, 1983; Jayaratne et al., 1988; Jayaratne et al., 1991; Strom, 1994). While Smaller (1987) argues that social work educators seems to be the most critical when it comes to private social work, Jayaratne et al. (1988) believe that part of the problem lies within the fact that social work students are provided with a false understanding of agency practice and, "…feel that their skills and expertise are being underutilized." (p.329). This leads Jayaratne et al. (1988) to assume that, "what these social workers learned in school was not necessarily relevant to the demands of current agency practice." (p.330). Jayaratne et al. (1988) explain that the current social work curriculum focuses on an outdated image of social work practice which fails to illustrate some of the more challenging aspects of agency practice and also excludes private or for-profit practice as an acceptable alternative.

In order to address this disparity within social work education, Jayaratne et al. (1988) suggest that, "schools of social work could offer curricula that "direct" the nature and character of private practice, thereby gaining some degree of control over the values and ethics governing such a practice modality rather than leaving control to an invisible hand." (p.334). It is also suggested that it may be more beneficial to the profession if

schools of social work would acknowledge the increase in social work practitioners who enter private practice and establish criteria to guide their practice (Jayaratne et al., 1991).

In sharp contrast to undergraduate social work curricula, Jayaratne et al. (1988) suggest that graduate-level programs offer more to practitioners who wish to enter private practice. The researchers suggest that, "schools of social work need to reexamine their curricula carefully in order to bring the social back to social work."

Recommendations

While there was no shortage of barriers, issues, or problems associated with private practice, there were noticeably fewer suggestions or recommendations in terms of addressing the existing tensions or closing the gap between the sectors. While Grosser and Block (1983) highlighted the importance of a better understanding of the social work services within the private sector, Lewis (2004) also discussed the need to recognize clinical social work as part of the overall field. She believed that a failure to do so would result in indirect discrimination towards women (being that women dominate the majority of the field), which in turn, goes against the core values of the social work profession (Lewis, 2004). Brown (1990) and Jayaratne et al. (1988) suggest that in order to resolve the tension between non-profit and for-profit social work practice, it is important for private practitioners to incorporate social work values into their practice. This can be done via social work curriculum in schools and also by including private practice under the umbrella of professional organizations (Jayaratne et al., 1988). Others

such as Smaller (1987) believe that it is impossible to mesh the pursuit of financial

success with the pursuit of social work values.

Gaps in the Literature

The fact that studies on social work in for-profit or private practice sectors are out

of date and largely concentrated in the U.S.A. speaks to the ongoing conflict and tension

regarding this area of practice. The lack of available literature on this topic perpetuates

the silence that has defined this area of social work practice for decades. It is unclear

why there continues to be such a significant gap in the literature. Perhaps researchers are

hesitant to tackle subject matter that has historically been known to be controversial and

divisive. It is also a possibility that research and literature on social work in the for-profit

sector remains scarce due to the fact that there seems to be little attention paid to this

topic.

While the American literature is helpful in developing a general understanding of

this subject matter, it does not set for-profit and/or private practice in its current Canadian

context. The development of Canadian and, more specifically, provincial literature would

enable researchers and practitioners to gain a more thorough and accurate understanding

of the current issues affecting this particular area of social work practice.

Research Methodology

Design

This study used a grounded theory approach in order to collect qualitative data. Data were gathered through in-depth individual interviews with study participants. Thematic categories were identified through dialogue and were not based on responses to one particular question.

Sample

The sample consisted of 4 social workers who were employed in the for-profit sector in southwestern Ontario, Canada. Two participants were employed by a for-profit agency and two participants were self- employed within private practice settings. Three participants had graduate degrees in social work. One participant had an undergraduate degree in social work. All of the study participants were registered with the Ontario College of Social Workers and Social Service Workers (OCSWSSW). The participants included 1 male social worker and 3 female social workers. All of the study participants were Caucasian. The participants had been practicing social work for an average of 22.25 years. All of the participants had practiced social work in the non-profit sector prior to working in the for-profit sector.

Procedure

Initially, the director of rehabilitation at a for-profit agency in southwestern Ontario, Canada was contacted by telephone. The study was reviewed and written

information was provided to the co-owners of the agency via e-mail. Subsequently, an intermediary contacted potential study participants. In two cases, an administrative assistant was assigned by the agency and asked to send a recruitment e-mail to potential participants. In the other two cases, the intermediary was a professional colleague who contacted parties within his professional network. Of note, participants were not approached by anyone in the agency who may have power over them.

Participants who expressed interest in the study contacted the researcher directly through e-mail. The researcher then provided potential participants with further information. The study was explained in detail and if participants were interested in proceeding, an interview was scheduled. Interviews varied from 30 to 90 minutes in length. Interviews were tape recorded and transcribed. The researcher also took notes at the time of the interview. Two of the interviews took place over the telephone using technology that allowed the interview to be transcribed verbatim. The remaining two interviews took place in the social worker's office.

Participation in the interviews was voluntary and anonymous in the sense that no one in the organization knew that they had taken part in the study. Although participant names had been forwarded by the agency, participants were assured that no one in their agency would be informed of who had ultimately participated. This study received approval by the McMaster University Research Ethics Board. When interviews took place over the telephone, verbal consent was obtained and recorded at the beginning of the conversation. Written consent forms were obtained when the interviews took place in person.

Data were gathered using an interview guide. Kreuger and Neuman (2006) explain

that using an interview guide is appropriate when, "the research question involves

learning about, understanding, or describing a group of interacting people." Some

questions included: "In your opinion, what makes a social worker unique from other

professions? (i.e. psychology)"; "People who work in non-profit agencies often receive

supervision. Being that you work in a for-profit agency or private practice, I am

wondering if supervision is important to you?"; "I have been reading that many social

workers not in private practice or for-profit agencies believe that social workers in this

sector are not doing 'real social work' because they are not following the core values of

the profession. What is your opinion on this?"; "I know because I too am a social work

student, that when we go to school, it is basically a no-no to take money in exchange for

service. As social workers, we are trained in a way that implies that if we take money, we

are making a distinction between the rich and the poor and that we are only interested in

serving the rich. I would be interested to learn what your position would be on this?"

Probes were also used in order to elicit more detailed information when participants

offered responses.

Analysis

Categories were identified using the constant comparative method (CCM) of data

analysis described by Glaser and Strauss (1967). According to Hewitt-Taylor (2001)

CCM is defined as, "…a method of analyzing qualitative data where the information

gathered is coded into emergent themes or codes. The data is constantly revisited after

initial coding, until it is clear that no new themes are emerging." (p.39). CCM employs a

transparent process and includes an audit trail, which "…allows other individuals to understand and evaluate how the data was coded and categorized, why data was placed into these codes and categories, and how these were clustered to answer the research questions." (p.41) (Hewitt-Taylor, 2001). During data analysis, the researcher pays particular attention to incidents, events, and happenings, as they are considered indicators of phenomena (Corbin & Strauss, 1990). These phenomena are then labeled as "concepts" and as the analysis continues, phenomena are constantly compared and contrasted against each other and those that possess similar features are labeled as the same concept (Corbin & Strauss, 1990). As the analysis continues, these concepts increase in numbers and become more abstract (Corbin & Strauss, 1990). Concepts are then grouped together into categories, which are also identified through the same analytic process (Corbin & Strauss, 1990).

Data analysis was continuous. Transcripts were read in their entirety, with notes made in the margins that indicated emerging categories. A line by line analysis of the data was then performed. Coding was used to identify concepts and distinguish them from one another. Categories were formed by key words, phrases, or common concepts.

Trustworthiness was established in several ways. The researcher made efforts to build rapport in order to develop open and trusting relationships with study participants. At the beginning of the interview, the researcher took the time to explain the origin of the study and the researcher's experience and interests. Interview questions were asked in a neutral, non-judgmental manner to avoid researcher bias or leading participants. Member checks were conducted where participants were contacted after their interview, asked to

review their transcription and make any changes or deletions. Participants were also contacted following data analysis in order to clarify or expand upon points made during their interviews.

Ethics

Every effort was made to conduct this research in an ethical manner. Prior to beginning the recruitment process, approval was obtained from the McMaster Research Ethics Board (MREB). Following approval from MREB, study participants were recruited indirectly in order to minimize potential conflicts and avoid feelings of coercion or undue influence. Study participants worked in different geographical areas and/or separate office locations than the researcher. Despite the fact that the researcher had collegial relationships with some of the study participants, it is important to note that aside from the investigator/participant research relationship, the researcher did not hold any power over study participants, as the researcher was not in a management or supervisory position.

Findings

Six thematic categories were identified from the data: "social work identity",

"valued characteristics", "fee for service", "challenges", "supervision", and "social work

education".

Social Work Identity

Three properties were identified in the data: "pride", "values and ethics", and "holistic".

1. *Pride* – All study participants expressed a sense of pride in their work. Data revealed

that they were both proud of the work that they were doing with their clients as well as

with their profession in general. When asked about how the social work profession might

differ from other helping professions, participants provided detailed explanations as to

why they chose to become social workers. As Cindy [1]explained,

> "I don't want to call it a job because I really think it's a role and a part
> of our personality to really want to help others. To help mankind in
> terms of any types of support that might be required for day to day
> activities, daily challenges, looking to the future, just really getting
> down to the core of what people, human people, what humans are
> about."

In addition to being proud of their chosen profession, participants also expressed

immense pride in using the title of "social worker". Interestingly, some participants

explained that while they were not overly concerned about their titles at work, they felt

that it was important to refer to themselves as social workers when speaking with clients,

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[1]   In order to maintain confidentiality and protect the privacy of study
participants, pseudonyms were chosen by each participant and will be used
throughout this study.

colleagues, family, and friends. Margaret said, "I don't worry about the titles too

much…I'm in there as a social worker."

While participant responses reflected pride, some participants also identified that while

many feel proud to call themselves social workers, they believed that the profession as a

whole does not possess such a strong sense of pride. In fact, Margaret explained that she

believes that the social work profession suffers from low self-esteem.

> "Even before I was in private practice, I said to senior social workers,
> 'You know what, social work collectively suffers from a low self-
> esteem.' And I really saw that when I went to business school. When I
> did my business plan, I was going to charge $60.00 an hour and the
> person reading my business plan said, 'Come on, mechanics are
> charging $80.00 an hour. You've got to charge at least that.' And I
> thought, 'Holy crap! That's just my car!'"

Margaret's explanation highlights the fact that while social workers may be proud of the

work that they do, they tend to underestimate its value. Several participants identified the

fact that before social work can be seen as an important and valued profession within

society, this work must first occur from *within* the profession. As one participant

mentioned, "Other people aren't going to believe it until we believe it ourselves."

2. *Values and ethics* – Participants in the for-profit sector felt that their decision to work

in this capacity significantly impacted upon their ability to follow the values and ethics of

the profession. Data showed that all participants believed that their work within the for-

profit sector followed the values and ethics of the profession. As Margaret shared,

> "The intrinsic value in private practice is very high because I can do
> what I feel social work values and ethics want me to do. I'm not
> constrained by the fact that the treatment plan has to be done in 6
> weeks. I felt I had no choice but to go into private practice. It means
> being very disciplined. But it also means I can live with myself because
> I give clients high quality service."

Angelina highlighted the fact that operating a private practice gave her clients the right to

self-determination, one of the key values of the profession. She furthered,

> "I think the work that I'm doing now completely fits my idea of what a
> social workers *should* be doing. Because this allows people to act upon
> their own will. Whether they're accessing private practitioner social
> workers through their EAP program or extended health benefits or
> whether they pay privately- it's really their choice."

Participants also indicated that clients who choose to seek treatment from a practitioner in

private practice maintain their independence, as they have a choice in terms of which

practitioner they see and what type of treatment they wish to participate in. Practitioners

felt that, unlike non-profit settings, this meant that they were not imposing themselves

onto their clients but rather responding to a need or request. As Angelina pointed out,

"One of the core values I think is allowing them to maintain their independence and not

imposing yourself on someone." Margaret agreed, stating, "When you're at an agency

you have to accept whatever comes."

Angelina believed that private practitioners were filling a particular niche, which

was created by clients who were seeking social work services in a private setting. In

Angelina's experience, social workers in private practice settings are in demand, and

fulfill client needs by offering this type of service. She explained,

> "People seek out private practitioners. Whether it's EAP companies or
> insurance companies or rehab companies. They are looking for social
> workers to do this kind of work. I haven't even had to go and
> necessarily chase it down. They're looking. They're searching me out.
> So really what we're talking about here is that there are different roles
> for different social workers. The social workers that want to be in
> private practice are filling a niche that's actually needed and is
> necessary."

Like Angelina, several other study participants identified the fact that social work in the

for-profit or private practice sector was just one of many possible roles for a social work

practitioner. As is the case with other professions (i.e. doctors, nurses), different roles

would be filled by different social workers, depending on their interests and skill level.

3. *Holistic*- The data reflected the fact that all participants felt that social work took a

holistic approach to practice. They believe that this was also an important aspect of the

profession's identity as well as a quality that set it apart from other professions such a

psychology. In the context of this study, holistic meant that practitioners assessing and

treating their clients as a whole rather than focusing on one specific aspect of their lives.

Taking this approach meant that practitioners must consider systemic, environmental, and

organic factors within their assessments. As Joe elaborated,

> "I think social workers cover a broader number of life events. I think
> psychologists and psychiatrists are great in what they do. I think their
> focus can be relatively narrow at times, whereas social workers
> although we certainly tend to specialize after a while, overall I would
> see social work as more of a general application to life events and
> helping people."

Angelina added,

> "We look at systems and environmental factors, organic factors. I think
> the training we do with system's theory really allows us to look at
> people from a more holistic point of view. Social workers are looking at
> the human part of people."

Interestingly, several participants made a point of identifying that their approach to

practice did not change when they transitioned into the for-profit sector. Data showed that

participants believed that a holistic approach was one of the key components to social

work practice, which set it apart from other helping professions.

Valued Characteristics

Four properties were associated with this category: "experienced", "multifaceted",

"accessible", and "flexible".

1. *Experienced* – All of the study participants had more than 10 years of practice

experience before transitioning into private practice or securing employment as a

practitioner within the for-profit sector. This included multiple different settings

including hospitals, family service agencies, child protection, and local non-profit

agencies. Their practice experience included areas such as mental health, grief and

bereavement, workplace re-entry, residential treatment programs for children, addictions,

Alzheimer's care, sexual health, and trauma. Their past roles included counseling and

psychotherapy, discharge planning, and instrumental counseling (i.e. referral to

community resources). Study participants expressed a common belief that practitioners

who are considering the for-profit sector would be more successful if they had several

years of experience prior to starting a private practice. As Margaret said,

> "I would not recommend starting out a fresh social work career in
> private practice. One really needs to know or have experience assessing
> people. My office is in my home. I have a husband and two dogs - I
> want to keep my family safe. So getting a bit of a sense of who is going
> to be a safe client versus a non-safe client."

In terms of securing a position within a for-profit agency, Joe explained,

> "Well certainly I think a for-profit agency is probably going to want to
> look at somebody with definitely some experience. I would think…you
> know they might want somebody who has a little better grasp of what's
> out there. They should have some practical experience or have a focus
> of studies on it or something."

2. *Multifaceted* – Study participants specialized in a variety of different practice areas and worked with a wide range of client populations. While they reported that they did work with children as well as elderly clients, most participants agreed that the majority of their clients were between the ages of 16 and 60. Areas of specialty included, grief and bereavement, loss, trauma and post-traumatic stress disorder, adjustment to illness, adult survivors or sexual abuse, infidelity, separation and divorce, addictions, sex therapy, art therapy, depression and anxiety, victims of crime, dissociative personality disorder, and parenting issues. All participants reported that they worked most commonly with individuals; however they also had experience working with couples, families, and occasionally, groups. As Angelina shared,

> "I do EAP (employee assistance programs), I do MVA's (motor vehicle accidents), and I work with an addiction treatment program. I've done art therapy with people. What I'm focusing on now is trauma or distress and how it affects people. In terms of who I see, I pretty much see any age. Probably the youngest I've seen is about 7 or 8 years old up to senior citizens."

3. *Accessible* – Study participants highlighted the importance of making themselves accessible to their clients. Accessibility was important in building rapport with clients and maintaining therapeutic relationships. This included being available in person, by telephone, or by e-mail. It also meant that participants offered flexible office hours and reserved time for emergencies or clients who may be experiencing a crisis. Participants also identified that accessibility extended beyond contacting the practitioner and also included fees and payment methods. As Angelina explained,

> "I try to be accessible to them. So that if they're in crisis or they're e-mailing and need an appointment, I'm trying to be flexible with them. I mean my hope is that they find of the course the treatment to be helpful

> to resolve some of their issues in life and be able to move forward with
> their own goals."

Participants who operated a private practice discussed the importance of ensuring that

clients had access to their services despite their fees. This could mean using a sliding

scale to determine a suitable fee for the client or, in some cases, referring the client to a

different service, such as an Employee Assistance Program (EAP). As Angelina further

explained,

> "The flexibility also goes in terms of fee and payment, trying to make it
> as easy for them as possible. Like helping them to understand, do they
> have extended health benefits? Do they have an EAP that maybe they
> could access?"

Participants acknowledged that they made every effort to accommodate their clients in

terms of offering flexible office hours, making themselves available via telephone or e-

mail, and adjusting their fees when needed. They also identified that occasionally there

were some cases where their services were not appropriate for some clients. In these

cases, all of the participants explained that they would then provide those clients with

referrals to colleagues or services that may be more suitable for their situation.

4. Flexible - This concept refers to job flexibility. Many of the participants in the study

shared that their decision to enter private practice was largely influenced by their desire

to secure a more flexible position within the field of social work. For many, this meant

that they were seeking part-time positions due to family commitments or health issues.

As Angelina described,

> "When I had my own kids I wanted to go back to work but wanted
> something part time. I did a maternity leave for a family services
> agency but within their employee assistance program. After that, that
> kind of gave me the idea to go into private practice…one of the reasons

> that social workers go into private practice is because of the flexibility. I did it mainly because I wanted to be at home with my kids and so could work around their schedules for the most part."

Margaret explained,

> "Private practice is a nice place for people who have various medical issues of their own. Some of us are not 100% healthy so in private practice if you want to be part time that's great."

Enjoying flexible work hours means those participants also experienced a high degree of overall job satisfaction. Joe joked, "Don't tell my boss that I'm satisfied with my job." Participants felt that flexibility within their current positions provided them with a better balance between their work lives and their private lives. It also meant that they were able to achieve personal goals outside of their careers, such as staying home with their children.

Fee for Service

Four properties were identified from the data: "felt difficulty", "entitled", "willingness" and "compensation".

1. Felt Difficulty – Data revealed that participants found it "difficult" to charge fees in exchange for their services. It should be noted that only those participants who worked in private practice settings charged fees directly to the client. In cases where participants were employed by a for-profit agency, the practitioner's hourly rate had been pre-determined by the employer and the fee was charged to a third party (i.e. insurance company, EAP program) rather than to the client directly. Interestingly, whether practitioners were paid directly from the client or through a third party, all participants

identified varying degrees of discomfort with this aspect of their practice. Below, Joe

describes his initial experiences as a practitioner within the for-profit sector,

> "Certainly if somebody has OHIP to cover his service, that's fantastic.
> If they get hurt in an accident and the insurance cover it, that's fantastic.
> I did do some private counseling where people wanted to come in and
> said they couldn't afford it and it was a little bit difficult in the
> beginning. What I said was, 'I'll always find you somebody. It's not
> going to be me because I do charge. Maybe I could do a little bit of a
> slide in fee scale for you, but I will charge something. But if you think
> even that's too much, I will find you resources to go to.' I will never
> say 'no' and not offer an alternative. Sometimes those alternatives also
> charge money. It might turn out that they have a very long waiting list
> and what I'll say to the person is, 'Unfortunately, that's kind of how our
> economy is driven.'"

While participants were not opposed to charging fees in exchange for their services, the

discomfort that they identified was related to interacting with clients who could not

afford these fees. The data suggested that when possible, sliding fee scales were used

with clients who were unable to afford the practitioner's services. However, while this

was effective in some cases, it was not universally applicable. As Joe mentioned above,

some practitioners were then required to make referrals to non-profit agencies within the

community. This also proved to be problematic; as several participants identified that

most community agencies had waiting lists for services. Although the majority of

participants described fee for service social work as "difficult", a small number of

participants used "hate" to describe the transaction. Margaret explained,

> "I hate it. I wish I could just work without it. I said to my husband,
> 'Wouldn't it be nice if every 2 weeks I got a pay cheque just like you?'
> You know, without asking the clients for it. But then it's like,
> 'Margaret, you work hard. You deserve it.' It is a huge tension."

Although Margaret expressed an extreme amount of discomfort with regards to accepting

money in exchange for her services, she felt that this tension was outweighed by the fact

that she was able to provide "high quality service" to her clients, which she did not

believe she would have the ability to provide in a non-profit setting.

2. *Entitled* – Participants also experienced feelings of tension and discomfort when

discussing their beliefs that some clients feel entitled to receive their services. One

participant believed that this sense of entitlement in clients was a direct result of the

Ontario Health Insurance Program (OHIP). She explained that since clients can walk into

any hospital, walk-in clinic, or doctor's office in the province of Ontario and receive

medical treatment at no cost to themselves, they expect the same services elsewhere.

Many participants identified the irony that clients would not hesitate to pay for material

possessions such as food or clothing, yet are not as willing to invest in their health and

wellbeing. Angelina explained,

> "People spend more money on their nails and their hair than they do on
> their mental health. Right? Some people I'm sure they're more willing
> to go out and spend money on a new pair of shoes and a new bag. I
> know people like that. How many handbags do you need? It's an
> interesting process when we really think about it."

3. *Willingness* – While study participants did express a belief that many clients expect to

access social work services for free, alternatively, some participants also identified that

many clients are *willing* to pay for their services and want to compensate them for their

efforts. As Margaret explained,

> "Clients want to pay and feel really badly when there's a need to
> negotiate lower because clients see you work hard, especially when
> they get to know you. If a client complains about the fee, there's usually
> an underlying discontent."

Angelina also believed that clients possessed a willingness to pay for services.

Interestingly, in her experience of private practice, clients typically seek out her services.

Angelina explained that she very rarely had to look for referrals herself.

4. *Compensation*- Data showed that practitioners who entered private or for-profit

settings did so in order to pursue career goals or to focus on a particular area of social

work practice. None of the participants in the study had made the decision based on

financial compensation. In fact, Margaret identified that her income level actually

decreased when she transitioned to private practice. She explained,

> "I am by no means making excessive amounts of money. Oh God no. I
> probably earn…I don't know…$15 000.00 to $20 000.00 when you
> take away what I can write off. In fact last year it was so low that my
> husband was able to write me off as a dependent."

Interestingly, Margaret attributes her lower income to the fact that her pro-bono work

increased when she began her practice.

> "I do more stuff pro-bono. I advocate more. For a while there, my pro-
> bono list was way too high. It tends to get high because people who are
> on the margin of society need a lot more advocacy work so their files
> stay open a lot longer than someone who has more resources at their
> disposal."

In addition to her pro-bono referrals, Margaret also shared that she typically does not

charge her client for much of the advocacy work that she does. She exclaimed, "You'd be

amazed what kind of advocacy one can do in private practice. " Margaret explained that

she only charged her clients for the work that she does in her office. She believed other

activities, such as supporting a client in court, are essential for building rapport and

developing a therapeutic relationship; however she never billed the client for her

participation in these activities. She explained, "It really helps with the bonding more

than anything else. To build the rapport and a therapeutic relationship."

According to the data, all of the participants in this study did pro-bono work for clients.

For example, Joe continued to work with a client despite not having funding from his

insurance company.

> "I'm supposed to be off the case because it's run out of money but I just
> can't drop this person like this. I mean, he's a human being. So the
> reply from my supervisor is, 'Well, ok. Do what you can but don't let it
> get in the way of the stuff we get paid for.'"

In terms of compensation, participants repeatedly referenced third parties who pay for

social work services on behalf of clients. The data suggests that private practitioners

actually collect a significant portion of their fees from third parties rather than their

clients directly. These third parties could include, but are not limited to, employee

assistance programs, insurance companies, Veteran's Affairs, and First Nations.

Interestingly, participants deferred to third parties as a means to manage their feelings of

tension and guilt surrounding fee for service work. As Angelina explained,

> "There's lots of ways to get payment. EAP, criminal injuries, First
> Nations, Veteran's Affairs, extended health benefits. The list goes on
> and on right, insurance companies. You can work in the sector and not
> even take money from anybody. It's really up to the practitioner. You
> could just do EAP work. So you're not taking any money from any
> clients, are you?"

With the exception of those who work in agency settings where rates and fees are

determined by their employer (and typically paid by a third party), all study participants

acknowledged that they regularly use a sliding scale in order to determine the appropriate

fee for each client. While Margaret does not have a formal fee scale to review with each

client, she explained,

> "I'm probably quite relaxed. I don't have a form and say, 'Where's
> your income?' I will say, 'My fees are $90 and hour and $130 for an
> hour and a half. What is a fee that feels right for you?' And people are
> generally…they usually give me a figure higher than I think they
> would."

Angelina discussed the fact that regardless of being in a for-profit or non-profit setting,

resources are always limited. Her comment highlights the importance of the social work

profession as a whole to be flexible and accommodating, regardless of the sector in which

a practitioner may work.

> "Everybody has limited resources. It doesn't matter who you work *for*
> or who you work *with*. No one is going to give you money forever.
> Even people who are millionaires. Once they feel like they've
> accomplished what they want to accomplish, even the millionaires will
> stop."

Challenges of Social Work Practice in the For-Profit Sector

Five properties were identified in the data: "misconceptions", "balance", "fit",

"frustrating" and "economic pressure".

1. *Misconception* – This is a concept that was used repeatedly by participants in order to

describe the perceived work of those in the for-profit sector. This applies to both for-

profit agencies as well as private practice settings. The majority of participants identified

that they felt that there seemed to be misconceptions about their roles as practitioners

within the for-profit sector. Many participants believed that the tension between non-

profit and for-profit sectors was a direct result of these misconceptions. Participants also

blamed a lack of evolution and progression within the social work profession for

perpetuating these misconceptions. Many believed that the image of what it means to be a

social worker is still rooted in the origins of the profession, when women would travel

from door to door to help the poor. While they acknowledged that this was an important

development in the history of the profession, they felt strongly that society has changed

since that time and that it is necessary for social work to change and evolve as well.

Angelina explained,

> "Well, I think the idea is that social workers are welfare workers and
> that's what they should be doing. Even within Ontario Works, social
> workers provide so much more than just being a welfare worker
> anymore. It's a misconception. The world has changed. We've looked
> at our practices from days gone by- is that really how we want to
> support people?"

When discussing their current roles within the for-profit sector, participants

agreed that individual counselling comprised the majority of their work with

clients. As Joe explained, "I'd say that the emotional support counseling is

probably the number one 'raison d'être'." Other significant aspects of their

occupations included advocacy, referrals to community resources (also known as

instrumental counselling), case management, and vocational counselling. Of

note, participants disclosed that the majority of their advocacy work and

community referrals were pro-bono. They explained that when provided with

limited resources from a third party or a limited budget from clients, it was

necessary to prioritize their time. As a result, they chose to spend their time

counseling their clients and would complete the additional work at no charge in

order to ensure that the clients received the most benefit from their services.

Participants seemed happy to have the ability to provide these services to clients

at no charge and believed that it helped to build rapport and strengthen the

therapeutic relationship. As Margaret shared,

> "You'd be amazed at what kind of advocacy one can do in private
> practice. I have supported clients in court. And I don't charge them for
> that piece- it's only the time in my office. You know, let's say there are
> Family Court issues or someone needs advocacy around criminal
> proceedings, I'm there. It really helps with the bonding more than
> anything else. To build the rapport and the therapeutic relationship."

Data showed that participants did not express any animosity or negative

emotions towards social work practitioners in the non-profit sector. Angelina

believed that some of the tension may be the result of unequal distribution of

work:

> "I don't usually bad mouth the non-profit social workers. The people
> that I know that are social workers and therapists working for agencies-
> they're all great. Maybe they're a little resentful because they're
> overworked. I don't know, is there resentment?"

Margaret expressed similar feelings when discussing practitioners in the non-profit

sector. She expressed a belief that comparisons should not be made between those in the

non-profit sector and those in the for-profit sector, as they do different work and do not

have a good understanding of what each sector involves. She explained,

"I don't ask other practitioners what they do and what they don't do. It's none of my

business."

2. *Balance*- Participants also made reference to this concept as a "dance". Data suggested

that the balance between providing good service while observing time limitations proved

to be one of the most difficult aspects of practice. As Cindy illustrated,

> "I have a client who is very needy and does require more than a 1 hour meeting. So that always becomes a challenge or an issue in terms of either advocating with the adjuster to get a little bit more time on the file or put it under non-billable, which I do. Or, you know, I bill the client if it is a client that I can bill and then do what I need to do to make sure they get what they need. That's probably the biggest dynamic here. The biggest dance that always has to be done in terms of what we do."

Data showed that while balancing time management with client needs was a challenge, this issue was not isolated solely to the for-profit sector. One participant indicated that she had a similar experience in her past role as a counsellor for a non-profit agency.

> "I remember working for the agency and saying (to the client) right off the bat, 'These are the questions that are on the assessment form but feel free to limit your answer because I only have 6 therapy sessions to work with you.' So that was my way to acknowledge that these questions were on the form, but empowering the client to decide whether or not they wanted to open that up. It was a dancing act. And part of me felt very disloyal to the agency and part of me felt very disloyal to the client. I felt caught somewhere in the middle."

3. *Fit* – This concept refers to the suitability of the professional relationship. All of the participants in this study made reference to the fact that when a client seeks the services of a private practitioner, he or she also has the right to determine whether or not that particular practitioner will be a good fit in terms of building a therapeutic relationship and address the client's particular concerns. Alternately, the data also reflected that practitioners are also entitled to end the professional relationship, should they feel that the client would be best served elsewhere. This option for the client to choose their therapist does not apply to agency settings, as clients are typically arbitrarily assigned to a practitioner. As Angelina illustrated,

> "I think one of the challenges to service delivery in private practice is trying to find the right fit for some of the clients. I mean I think with any other counseling, I mean if you're going into an agency you're going to be assigned to a therapist, right? When you come to a private practice, when you're picking, people feel very much like they're picking a therapist. They get to choose."

When determining fit, data showed that practitioners must be aware of their strengths and weaknesses in order to determine whether they can assist each client. For practitioners like Margaret, that means having a clear understanding of which types of clients they are willing to accommodate and which types of clients they are unable to serve.

> "It took me a while to realize in private practice, 'Hey! I don't have to do that. It's not my strength. Like marital therapy- it's really not my strength. I hate it. I hate the bickering that goes on. And I don't mind dealing with client anger but if the client's dominant emotion is anger, I tend to refer them elsewhere because that doesn't bring the best part of me out. I choose not to take on any borderline personality disorders patients because I'm not fully trained in dialectical behavioural therapy. I know about it but for that to work it needs a team approach. So that person's better at an agency."

In instances where the practitioners felt that their skills were not suited to the client's particular needs, data showed that referrals were made by practitioner to colleagues in private practice or, in some cases, to community agencies that were better equipped to accommodate the client.

4. *Frustrating* – Participants expressed frustration with certain aspects of social work practice in the for-profit sector. More specifically, participants felt a sense of frustration with regards to service provision. This issue seemed to relate more to participants who practiced in for-profit agencies rather than in private practice. Participants at for-profit agencies explained that funding for provision of social work services came from third parties, such as insurance companies or EAP programs. In some cases, participants were

promised a certain number of sessions with the client only for the third party to reduce

the number of sessions without notice or reasoning. In other cases, the practitioner had

recommended a specific number of sessions according to the client's presenting problem,

and the third party would only approve funding for a portion of those sessions. Angelina

explained,

> "So often what happens with employee assistance programs is that
> they'll change the number of sessions that you're allowed. So you know
> at one point it was 8 to 12 sessions and then all of a sudden there's
> nothing over 6 and it's like, 'Well, how am I going to do treatment
> when you've just cut the number of session in half?' Right? And you
> really can't."

Cindy added,

> "That's always an issue. What they said or what they approve- that's
> what we need to work within. The balance or the difficulty of course
> becomes you know, 'Well, I wanted 8 sessions and I got 3.' So then the
> bigger pressure becomes trying to help the client when you know that
> they're really struggling with some issues."

Interestingly, in order to manage this tension, several participants identified that they tend

to separate themselves from the third party. This meant that participants tried to ensure

that clients understood that the third party had control of the resources, not the

practitioner. This enabled practitioners to avoid being blamed or experiencing feelings of

guilt in cases where services were reduced or denied by the third party. In fact, Cindy

suggested that her employer *expected* that she separate her role as a social work

practitioner from the third party who was providing the funding for her services. This

enabled her agency to sustain their positive reputation and avoid being blamed or

receiving complaints from clients when treatment was denied. She explained,

> "I put it out there. I separate myself from the insurance company. I tell
> them (the client), 'This is what they're (the insurance company)
> saying.' In this role this is what we're dictated to do. Otherwise we'd
> get caught up in a lot of guilt and a couple of other emotional things
> which we don't need when we're trying to deliver service to the client."

Similarly, Angelina continued, "I tell clients, 'If you're distressed, call up your EAP

company. See what they have to say.' It's not really my decision in the end. It's

frustrating obviously."

5. *Economic Pressure* – Participants who worked within for-profit agencies expressed

feelings of pressure related to ensuring that their employer's business was profitable.

They explained that they were required to meet a target of "billable hours" each day and

failure to do so resulted in inquiries from their supervisors and company administration.

If billable hours were consistently low and the company was not making a profit,

participants expressed concern that they would be reduced to part-time hours or possibly

laid off. Interestingly, while these expectations remained in place for the duration of their

employment with this company, participants shared that experiencing this pressure

seemed to decrease over time. As Joe explained,

> "Billable hours have to be a certain percentage. And yet if the insurance
> companies say, 'We're going to cut down how much you can charge,'
> you're kind of stuck that way. It's like there's nothing you can do about
> it. If the referrals don't come in, not for profit companies may not be
> too worried. For instance if you were in the hospital and had an empty
> bed that may not be a big concern for them. But in for-profit, it would
> be. If there's no business they don't need the staff or they'll only need
> the staff on a part time basis. So there's just a little bit of economic
> pressure."

While participants who operated private practices did not experience economic pressure

in the same way as those who are employed by for-profit agencies, they did express

feelings of stress and frustration with the fact that their income was unreliable. Their

concerns stemmed from the fact that clients would often miss appointments or cancel

without providing notice. They are not paid for sessions unless the client attends the

appointment. This had the potential to affect their financial situation, if they were

counting on that payment as part of their income. As Angelina illustrated,

> "Sometimes people, you know, they don't call. They don't show up for
> appointments. It's like there's this expectation. Entitlement maybe?
> And so that's one of the challenges with private practice. I have a
> Statement of Understanding, which outlines what I do, what the fee
> range might be, what sort of organizations I belong to. It has privacy
> and confidentiality, talks about the cancellation policy. And I get people
> to sign it. I ask them to read it. I generally highlight those points. Even
> if they're not paying often I will get them to sign so they understand
> that there's a 48 hours cancellation policy. And they'll sign it and they
> will forget about it."

Supervision

Three properties were identified in the data. These included "essential",

"challenging" and "responsibility".

1. *Essential* – Study participants consistently and unanimously expressed that

supervision was an essential aspect of social work practice in the for-profit

sector. Data revealed that those in private practice settings believed that

supervision was even more necessary, as they worked alone and did not have the

option of speaking with supervisors or colleagues regarding professional

practice issues. These participants hired private consultants who would provide

monthly paid supervisory sessions. In some cases, practitioners could also access

peer supervision through memberships with various professional organizations.

2. *Challenging* – While all of the participants agreed that supervision was

important, they identified some challenges in terms of accessibility. For

instance, Joe explained,

> "I think that supervision is always a good thing. I would certainly like
> to have someone in the same if not similar field as I am doing the
> supervision. So…in my agency I would certainly go for…more like
> peer supervision. And every so often just contact with somebody to
> make sure that we're meeting company requirements."

Cindy had a similar experience,

> "In my current situation I think the difficulty is having a manager who
> is not a social worker and who does not do counselling. That becomes a
> difficulty in terms of when we're reviewing a report or asking questions
> on a case or file. And I think there's a gap there that creates some
> difficulties in terms of the whole supervision piece."

Data suggested that practitioners who were employed by for-profit agencies were more

likely to receive supervision by individuals who were not social workers, whereas

practitioners in private practice hired social workers to provide them with paid

supervision.

Time was also a factor when discussing supervision. Study participants who worked in

for-profit agencies expressed concern that participation in supervision meant that they

were not "working" and were therefore not accruing billable hours. While this did not

affect their participation in a monthly supervisory session, it did affect their willingness

to participate in additional supervisory activities throughout the month, such as debriefing

sessions with colleagues or peer supervision sessions with colleagues.

3. *Responsibility* - Participants believed that supervision was a requirement of fulfilling

one's professional obligations as a social work practitioner. Participants also expressed a

desire for their employers to be supportive of these endeavors. As Cindy illustrated,

> "This is a really useful tool for us to use as part of our service to clients
> and as part of our own professional development. You don't want to
> become stagnated. You become stagnated when you don't do those
> things. It is my responsibility to want to do those things for myself as a
> person and to be better in what I do as a social worker, but we also need
> to have a dynamic that's positive and proactive with employers who are
> supportive of those things."

Social Work Education

Two properties were associated with social work education. These included "important"

and "outdated".

1. *Important* – All of the study participants highlighted the importance of social work

education in post-secondary institutions. Participants credited their education from

accredited schools of social work with enabling them to practice social work from an

anti-oppressive framework and to strive toward social justice. As Margaret highlighted,

> "What I believe is that both Laurier and Mac instilled in me…seeking a
> sense of making sure the client isn't oppressed. If there's a wrong, I try
> to correct it- so justice issues. Helping the client look at the big
> picture."

2. *Outdated* – While all participants agreed on the importance of social work education,

some felt that the current curriculum is outdated and in need of revision. While

participants did identify which aspects of the curriculum were outdated, they offered very

few suggestions in terms of how to enact change. As Cindy explained,

> "I think the current curriculum is doing a disservice to its students. The
> thing is the curriculum needs to more adequately reflect the social

safety net in terms of what's out there. I mean because really that's why
social workers are around is because of the social safety net. I guess at
some point there needs to be a shift or development in…maybe a
change in the perception. So I think there needs to be development in
the curriculum in terms of having, you know shifting that…there's
always going to be a need in society. There's people that need services
and not just because of the fact that they might be low income. And I
think that's maybe where some of the shift in the perceptions need to
change is that social workers and the services that we provide are there
for everybody no matter what economic class that you're in."

Joe added, "I've always found the professors in colleges and universities a little bit out of

reality. They only do a little bit of practice and they talk about theories that may or may

not work. "

Discussion

Social Work Identity

Findings from this study further our knowledge of the experiences of social work practitioners in the for-profit sector in several ways. First, the findings identify social work identity as a key aspect of practice in the for-profit sector. Participants expressed pride in identifying themselves as social workers. They saw a career in social work as a role rather than a job. Most participants also felt that it was important to use the title of "social worker" when discussing their work with others. Using this title also provided a sense of pride regarding their careers. This finding is in contrast to findings presented by Jayaratne et al. (1988) where social workers in private practice were more likely to use non-social work titles. It is also opposed to findings by Brown (1990), who suggested that identifying as a social worker was not important to practitioners within the for-profit sector.

One possibility as to why study participants may identify more strongly as social workers when compared to participants in other studies could be related to their education. Most of the participants in this study received their social work education from accredited schools of social work in South West Ontario. Studies by Jayaratne et al. (1988) and Brown (1990), on the other hand, were conducted in the United States. This could suggest that schools of social work within the province of Ontario instill a strong sense of identity in social work students.

Interestingly, while the participants in this study identified that they feel proud of their titles and their roles as social workers, they also expressed the belief that the social work profession as a whole does not possess the same pride. In fact, a few participants believe that the profession suffers from low self-esteem. This finding is consistent with recommendations from Smaller (1987), which suggest that the social work profession must gain the respect of its peers before it will gain public recognition. Smaller (1987) also suggested that the profession must identify its common purpose before practitioners will have the ability to pursue unified opportunities for clients.

Findings from this study showed that practitioners in the for-profit sector believed that their work was consistent with the values and ethics of the profession. In fact, participants shared that working in private settings enabled them to follow the values and ethics more closely than when they were employed in non-profit settings. This is attributed to the fact that private practice is perceived to foster the client's right to self-determination, as the client is choosing to seek the support of a social worker and is also selecting the practitioner based on their particular needs and comfort level. Study participants highlighted the fact that, in their experience, clients who seek service within a non-profit agency may or may not be seeking assistance voluntarily and are assigned to a social worker without consideration of the client's needs or the practitioner's experience or expertise.

These above mentioned findings are in contrast to Grosser and Block (1983) who identified that practitioners experience difficulty in maintaining a social work identity in private practice due to the fact that they are isolated from the rest of the profession.

Kelley et al. (1987) countered that practitioners have a responsibility to maintain their identity as social workers, as this guarantees accurate representation to clients and also ensures that practitioners maintain a sense of professionalism. While participants did acknowledge that working in the for-profit sector could be isolating at times, it did not appear to negatively impact upon their identity as social work practitioners.

One possibility as to why the participants in this study did not report feelings of loneliness and isolation could be attributed to the fact that all participants engaged in formal supervision. This meant that social workers had guidance and mentorship from others, which allowed them to feel supported and connected with other professionals. Another possibility is that most of the participants in this study retained membership with professional associations and groups (e.g. Ontario Association of Social Workers, Dissociative Identity Disorder Study Group, etc.). This meant that participants had the opportunity to network with colleagues and fellow practitioners, which could decrease their experiences of loneliness and isolation.

Valued Characteristics

Findings suggest that practitioners in the for-profit sector are experienced and have been practicing social work for several years prior to transitioning to this sector. Participants highlighted the importance of possessing experience conducting assessments, being familiar with various treatment modalities, as well as having a thorough knowledge of resources and community supports prior to entering the for-profit sector. They explained that it is also important for practitioners to understand their strengths and

limitations, as it would be impossible to assume that they could provide service to every client who seeks their assistance; in some cases, it will be necessary to refer the client elsewhere. These findings are consistent with Cohen (1966), who found that the "elite" of the social work profession tended to enter private practice. Cohen (1966) suggested that those who enter private practice tend to be the practitioners who held higher-level positions within non-profit agencies and were seeking to realize their full potential as professionals. Findings from this study and Cohen's (1966) study are in sharp contrast to Brown (1990), who suggested that most practitioners who enter private practice are ill prepared.

Practitioners who work within the for-profit sector are able to provide a wide range of services to clients. Findings suggest that social work practice in the for-profit sector is multifaceted, as practitioners possess a variety of expertise and specialties. This provides clients with the opportunity to access services that are relevant to their needs. Grosser and Block (1983) supported these findings by identifying that social workers in private practice see a variety of clients with varying degrees of complexity. Grosser and Block (1983) dispelled the myth that private practitioners only provide service to mild, uncomplicated, wealthy clients.

With regards to accessibility, participants in this study believed that being accessible to their clients was an essential aspect of practice. This meant being available by telephone and/or e-mail. It also meant that they offered flexible office hours in order to accommodate clients who needed evening or weekend appointments. Smaller (1987) found that, on average, private practitioners spent more time in direct practice with their

clients than practitioners in non-profit settings. Kelley et al. (1987) cautioned that while it is important for practitioners to be accessible to their clients, being "too accessible" could be seen as problematic because it assumes the client is weak and reliant on others.

While Smaller (1987) and Jayaratne et al. (1991) asserted that practitioners move to the for-profit sector in the pursuit of success and higher incomes, findings from this study suggest that practitioners are more likely to enter the for-profit sector out of a desire for flexibility. Participants explained that they had been unable to secure flexible and/or part-time social work positions in the non-profit sector and turned to the for-profit sector as a way to accommodate their needs. Practitioners were seeking flexibility in order to accommodate a variety of personal needs, such as chronic illness, and parenting responsibilities. Of note, none of the participants in this study listed success or higher income levels as the precipitating factor for their decision to seek employment within the for-profit sector.

Fee for Service

Findings suggest that participants find it difficult to charge fees in exchange for their services. This applied largely to those practitioners who operated private practices, as those who were employed by for-profit agencies most often collected payment from third parties (e.g. insurance companies, EAP). All of the participants who operated private practices explained that they utilized a sliding fee scale in order to accommodate clients who were unable to afford their hourly rate. These practitioners attempted to be as

accommodating as possible in terms of calculating a fee that the client could afford, while still making enough profit to maintain their practice.

Findings also indicated that clients are perceived to *seek* private social work services and *want* to pay for these services. Practitioners highlighted the fact that, in most cases, clients sought them out. These practitioners very rarely had to pursue referrals or advertise their services, as clients would initiate contact. This suggests that social work practitioners who operate private practices are filling a niche and responding to a demand from clients who wish to pay privately for social work services.

Interestingly, findings also suggest that social workers that enter private practice settings often see a decline in their income, as they tend to take on more pro-bono work. One participant highlighted the fact that since opening her private practice, she has taken on more pro-bono work than ever before. She also identified that pro-bono clients tend to require longer-term services, as they have more issues to address and fewer resources to access. This finding would again contrast against findings by Smaller (1987) and Jayaratne et al. (1991) that practitioners enter private practice in pursuit of higher incomes.

It is possible that private practitioners employ tools such as pro-bono work and sliding fee scales as a means to reconcile the conflict between operating within a capitalist system while also retaining the core values of the social work profession, which speak of serving the underprivileged and disadvantaged. Smaller (1987) felt that it was impossible to mesh the pursuit of financial success with the pursuit of social work values.

While many clients actively seek the services of those in private practice, study participants shared that one of the challenges of working within a fee for service system is the fact that some clients feel entitled to receive services. Some participants attributed these feelings of entitlement to the universal healthcare system within the province. They explained that some clients mistakenly believe that possessing a valid OHIP card means that they can access free services, regardless of the setting. Findings also suggest that this sense of entitlement translates into clients missing or cancelling appointments without providing notice to the practitioner. This was concerning for practitioners, as it affects their availability for other clients as well as their income. Of note is the fact that van Heugten et al. (2001) found that the increase in private practice in recent decades was in direct response to the shift towards private or two-tiered services and a reduction in government funded programs and services. These findings are consistent with findings by Brown (1990), who suggested that the debate over the ethical implications of for-profit social work practice was part of the larger debate regarding fee for service healthcare in the United States. These findings suggest a need for practitioners to educate clients regarding the current state of the healthcare system, as it seems that the provision of some healthcare services are shifting away from government funded programs towards a private system.

These findings suggest that practitioners who choose to work within the for-profit sector do so in order to pursue their professional interests and accommodate commitments in their personal lives. Participants did not enter private practice in pursuit of success or higher income levels.

Challenges of Social Work in the For-Profit Sector

Statements made by participants were consistent with Alexander's (1987) findings that misconceptions regarding for-profit or private practice lead to misunderstandings and contributed toward the ongoing tension that exists between those who practice in the non-profit sector and those who practice in the for-profit sector. Findings from this study were also consistent with Grosser and Block (1983) who suggested that in order to resolve tensions and avoid misunderstandings, there is a need to understand social work practice in the for-profit sector. While it was clear that social work practice in the for-profit sector is not well understood by the profession as a whole, findings showed that participants did not possess any negative feelings towards their colleagues in the non-profit sector.

Findings suggested that misconceptions and tensions regarding social work in the for-profit sector could be related to the fact that the current image of social work is still rooted in the origins of the profession, where women would travel from door to door to assist the poor. While this was an important milestone in the development of the profession, study participants felt that the profession has changed and evolved over time, while its image has remained stagnant. This is consistent with Cohen (1966), who concluded that the majority of the social work profession no longer fits the image of social workers visiting and helping the poor.

In addition to misconceptions, participants also found time management to be challenging. Participants found themselves torn between their desires to deliver high quality service to their clients, while still observing time limitations. Many participants

referred to this delicate balance as a "dance" or "dancing act". Of note is the fact that this issue was not isolated to the for-profit sector. Participants who had experience working in non-profit agencies identified that they struggled to balance the demands on their time within that sector as well. In order to manage this tension, practitioners found themselves providing pro-bono services or approaching third parties to request additional funding as a means to ensure that their clients received the services that were required.

One challenge that seems exclusive to the for-profit sector is determining the appropriate fit for each client in terms of practitioners who possess the experience and expertise to assist them with their particular concerns. As participants indicated, clients who seek social work services at a non-profit agency are assigned to a worker regardless of the issue they may be facing, whereas clients who seek private practitioners are essentially choosing their social worker. Participants highlighted the importance of private practitioners having a good understanding of their strengths and weaknesses. Findings indicated that in cases where the practitioner felt that he or she was not a good fit for the client, they would provide clients with referrals to other services, which included both colleagues in private practices or community agencies.

Finally, economic pressure was also identified as a challenge by study participants. This was applicable in both for-profit agencies and private practices. For participants in for-profit agencies, the expectation that they achieve a certain percentage of billable hours each day created feelings of stress, anxiety, and fear. Participants explained that if they did not attain their target each day, they would worry that the company would not earn a profit, which would result in a reduction in staff. Data showed

that this experience of pressure dissipated over time. Participants who operated private

practices experienced stress and worry related to the fact that their income was unreliable.

They explained that their income was dependent on the number of clients they saw. Put

simply, if there are no clients, they do not get paid. This is consistent with findings from

Alexander (1987), which state that undependable income is one of the major

disadvantages of private practice. While data showed that this was a constant concern for

participants, they seemed reassured by the fact that clients were actively seeking the

services of private practitioners and they had not yet experienced a shortage of work.

Supervision

Participants agreed that supervision was an essential aspect of social work in the

for-profit sector. Data reflected participant's beliefs that engaging in routine supervision

was a requirement of the profession in order to maintain ethical, responsible practice.

Findings indicated that those in private practice settings believed that supervision was

especially important, as private practitioners tend to be isolated from the rest of the

profession. In these cases, all participants reported that they engaged in paid supervision

on a monthly basis. In addition, participants also indicated that they received peer

supervision at no cost through study groups or professional associations; however this did

not replace the paid supervision.

Data showed that participants within for-profit agencies also received supervision

on a monthly basis. While they agreed that supervision was important, they also

identified that it was problematic, as they did not receive supervision from another social

worker. Data showed that none of the participants who worked within for-profit agencies

received supervision from a social worker. This meant that supervision was being provided by professionals from other disciplines. Participants identified this as problematic due to the fact that they did not have the same training or expertise and therefore approached their work with clients from a different perspective. Data showed that all of these participants felt that peer supervision would be a good solution to this dilemma, however they worried that peer supervision would increase their non-billable hours, which, from a business perspective, would be seen by their employer as detrimental. While they believed it would be important and helpful to their work with clients, participants were concerned that peer supervision would not be supported within their agencies.

Social Work Education

While there was no argument that social work education is an essential aspect of preparing practitioners for practice, findings indicated that participants believed that the current curriculum within the schools of social work across Canada are outdated and in need of revision. Some participants believed that this outdated curriculum was contributing to the misconceptions that exist regarding social work in the for-profit sector, as too much focus and importance is placed on non-profit work. As a result, data showed that participants believed that social work students were ill prepared for practice. Participant's beliefs are consistent with Lewis (2004), who concluded that private clinical social work should be recognized as a legitimate aspect of the field. These findings were also consistent with Jayaratne et al. (1991), who highlighted the need for schools of social work to acknowledge the increase in private practice and establish curriculum that

reflected this change. Strom (1994) cautioned that schools of social work should incorporate private practice into their curricula in order to ensure that students have an accurate understanding of the profession as well as to prepare them for the rigors of private practice.

While data did indicate the need for curriculum revision, participants credited their education within schools of social work with preparing them to practice social work from an anti-oppressive perspective and with a focus on social justice. Participants believed that their social work education enabled them to be effective practitioners, regardless of the sector in which they practiced.

Non-profit vs. For-profit Sectors: Surprisingly Similar

While this study proves that there are undoubtedly many differences between social work practice in the for-profit sector when compared to the non-profit sector, it is also important to highlight that these sectors also possess some striking similarities. It is essential to note that similarities were only noted between social work practice within for-profit agencies and non-profit organizations; these similarities were *not* noted in private practice settings.

All of the study participants who were employed in for-profit agencies also possessed employment experience within non-profit organizations. Participants identified some similarities between these sectors. For example, participants expressed difficulties with time management in their current practice within for-profit agencies. At the same time, they acknowledged that time management issues had been one of the reasons that they had elected to leave their non-profit work. Participants also expressed frustration

with the lack of resources available to clients in the non-profit sector, but later

acknowledged that resources were also limited in for-profit agencies. While resources in

the non-profit organizations are typically controlled by government funding, the

resources in for-profit agencies are distributed by third parties such as insurers or EAP

companies. Regardless of the source, it is important to note that social work practitioners

struggled with limited resources in *both* sectors.

These examples highlight the fact that social work practice in non-profit and for-

profit sectors may be more similar than initially assumed. This is consistent with Cohen's

study on the emergence of private practice (Cohen, 1966). In this study, Cohen (1966)

suggested that, "Many social workers, besides, no longer work in traditional agency

settings but in hospitals and clinics…" (p.85). Cohen (1966) believed that hospital and

clinic settings were no different than for-profit agencies, as the majority of these agencies

were focused on generating profits, had long been charging fees and were serving mostly

middle-class clients.

Limitations and Recommendations

This study is limited in its scope, which in turn points to directions for further

study. While this study examined the experiences of social workers within the for-profit

sector in its entirety, it became apparent over the course of the study that social work

practice within for-profit agencies and private practice setting should not be seen as

synonymous. Being that there is little existing research regarding social work practice in

the for-profit sector (and the majority of this research is focused specifically on private

practice settings), it would be beneficial to study each setting separately and in greater

detail. This would contribute towards an increased understanding of social work practice within this sector.

It should be noted that the sample in this study was small. It is recommended that future studies should include more participants until saturation can be reached. In order to expand the sample, it would be necessary to consider including participants from other for-profit agencies and from more private practice settings. In order for the sample to represent greater diversity, participants should be recruited to represent different racial or ethnic backgrounds, rural and/or urban setting, and who speak a variety of languages (e.g. Francophone).

In order to obtain a more accurate reflection of the current tensions that exist between social work in the non-profit and for-profit sectors, it would also be beneficial to conduct a study that examines the knowledge and attitudes of social work practitioners in the non-profit sector towards their colleagues in the for-profit sector. A more thorough understanding of both sectors is required before steps can be taken in order to resolve these existing tensions.

Finally, increased understanding of social work practice within the for-profit sector should guide social work educators to update curricula in order to better prepare social work students for the rigors of social work practice.

Conclusion

Findings indicate that private and for-profit social work practice offers increased job satisfaction, flexible work hours, and the ability to focus one's practice on specific areas of interest or expertise. It is perhaps no surprise that the rate at which social workers have been entering private practice has been steadily increasing in recent decades (Alexander, 1987; Brown, 1990; Jayaratne et al., 1988; Jayaratne et al., 1991). Data also show that practitioners who choose to enter the for-profit sector appear to do so in order to pursue career goals rather than for financial gain.

While there is no doubt that tensions exist within the profession between those who transition to the for-profit sector and those who choose to remain in the non-profit sector, data revealed that these tensions were likely the result of misconceptions as perceived by practitioners in the non-profit sector regarding the role of practitioners within the for-profit sector. Participants expressed a belief that social work curricula are in need of an update in order to more accurately reflects the rise in for-profit practice. Tensions can only be resolved once students and practitioners have a more accurate and thorough understanding of social work practice in the for-profit sector.

Overall, study participants reported mainly positive experiences when discussing their work within the for-profit sector. They experienced a high degree of job satisfaction, delivered high quality service to their clients and enjoyed flexibility, which promoted a good balance between their responsibilities at work and their personal lives.

Although data reflected that social work within the for-profit sector was mainly a positive experience for study participants, a possible tension was identified between operating within a capitalist system while still maintaining the core values of the social work profession. Although participants endorsed positive experiences, one can question whether participants possessed a thorough understanding of the state of the social welfare system. In an ideal world, there would be an abundance of non-profit organizations within the community that would provide for the needs of *all* clients. Essentially, this would render for-profit or private practice unnecessary.

In the end, participants believed that the social work profession encompassed a wide variety of roles and job possibilities- "different roles for different social workers," as one participant explained. While work in non-profit and for-profit agencies appeared to be quite similar, private practice seemed to be an ideal niche for some of the participants in this study and continues to pique the interests of numerous practitioners throughout the profession.

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