Social Work and Labor Unions: Historical and Contemporary Alliances
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ABSTRACT. While the profession of social work and the labor movement have moved in different directions since the post-WW2 era, recent events, such as the dominance of managed care and cuts in government financing, have led social workers to rediscover unions as potential political and workplace allies. This essay uses interviews, union documents and secondary data to document both historical and contemporary alliances between unions and social workers. Specifically, the cases of public sector workers organized through Service Employees International Union 535 and the affiliation of the Clinical Social Work Federation with the Office and Professional Employees International Union are examined and compared. Implications for community and workplace organizing are developed.

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INTRODUCTION

As we enter the 21st century, social work faces a dual set of challenges: maintaining the sanction for services provided by social work professionals and promoting progressive social welfare policies. The obstacles to meeting these demands are significant. The profession must contend with the growth in managed care systems (Farley, 1994), citizen opposition to taxes and social expenditures (MacLeod, Montero & Speer, 1999), and the privatization of child welfare and income maintenance programs (Gorin, 2000; Petr & Johnson, 1999). Since social work has been relatively ineffective in devising strategies to shape progressive policy responses to these trends, the profession may need to consider forms of collaboration with more politically sophisticated and powerful allies. One obvious, albeit frequently overlooked, option for coalition building is to ally with the labor movement. In recent years, labor unions have increased their political activity around issues such as shrinking government budgets, managed care, and social welfare privatization, and have increased their organizing among populations of interest to social work, such as women, immigrants and people of color (Scanlon, 1999).

In this historical essay and comparative case study, we argue that social work is facing a unique opportunity to reconnect with organized labor, an institution that shares our fundamental values and has proven capacity to shape public policy. We begin with a review of the common goals of social work and labor during the Progressive Era, and examine the reasons that this alliance weakened after WW II. This distance is contrasted with the close ties that teachers and nurses formed with labor unions during the same historical period. We then recount the history of US labor in the 1960s and 1970s, and contrast it with social work professionalization and political activism in the same period. Examining the 1990s, we describe a growing interest in labor unions by social workers. Using news sources, reports, and interviews with social workers and labor union organizers, we document current efforts that involve both social work and the labor movement. A concluding discussion summarizes the organizing challenges facing social work-labor efforts and makes modest suggestions for future strategies.
LABOR AND SOCIAL WORK: HISTORICAL OVERVIEW

Building the Welfare State

Most historical accounts of the relationship between social work and labor unions argue that the two experienced an initial age of unity followed by a period of distancing and conflicting agendas (Karger, 1989; Spano, 1982). During the progressive movement of 1890-1920, social workers and labor activists were part of a larger response to the income inequality, massive immigration, and urbanization characteristic of that era (Fink, 1997; Hays & Boorstin, 1997). The progressive movement, comprised of journalists, public hygiene advocates, social workers, trade unions, and suffragists, pressured governments to create social welfare provisions, enfranchise women as voters, protect child labor, improve sanitation, shorten work weeks, and create economic regulatory structures (Colburn & Pozzetta, 1983). Indeed, during the Progressive Era, the roles of journalist, social reformer, social worker and labor activist were often indistinguishable (Fink, 1997). Figures such as Jane Addams, Lillian Wald, and Florence Kelley founded settlement houses and advocated for social services, but were also outspoken supporters of child and women’s labor reform and the right of workers to organize labor unions. Social workers were part of the National Women’s Trade Union League, and continued to ally with unions throughout the New Deal era. Both were active in promoting the passage of the Social Security Act and the National Labor Relations Act (Amsterdam, 1982).

Social workers not only worked in cooperation with labor activists during the New Deal period, but they also joined labor unions. Much attention has been paid to the actions of the Rank and File Movement in which tens of thousands of social workers joined radical social work discussion groups, unions, and protective associations from 1931-1944. These social service workers perceived themselves as sharing common struggles with the industrial, blue-collar workers of the era. They aimed to create a national social services union and formed the National Coordinating Council (NCC) to help coordinate and unify the actions of multiple social service worker unions. The NCC attempted, albeit unsuccessfully, to affiliate a single social work union with the AFL-CIO (Fisher, 1980; Karger, 1988; Spano, 1982). However, as WWII came to an end, internal dissent, McCarthyism, and the improving economy caused a rapid decline in the unionization movement.
Professionalization and Worker Identity

In the decades that followed, the professionalization of social work and rising conservatism in the labor movement created a growing distance between labor unions and social service workers. First, social workers were increasingly constructing a self-identity in which they viewed themselves as professionals rather than as workers. While the Depression-era social workers viewed themselves as workers, subsequent practitioners cultivated a middle-class, professional identity. Rather than pursuing unionization strategies, social workers sought advanced clinical training, the development of professional journals, the establishment of private practices, social work licensure, and the formation of the National Association of Social Workers (Walkowitz, 1999). Some social workers, particularly in the public sector, and in cities with strong unions such as New York, did unionize by joining the Association of Federal, State, County, and Municipal Employees (AFSCME), the Communications Workers of America (CWA), and the Service Employees International Union (SEIU). These appear, however, to have been a fairly small portion of the overall professionally trained social work labor force. Perhaps more importantly, social workers joined these unions in solidarity with other non-social work professionals in their worksites. Thus, they did not retain a cohesive social work identity, nor were they successful in forging an identity that embraced their roles simultaneously as workers and professionals (Karger, 1988).

Did professionalization necessarily require that social workers distance themselves from the labor movement? A look at the history of the nursing and teaching professions suggests that social work made a crucial error in its movement away from unionization in the 1950s. Like social workers, nurses and teachers were represented in trade unions since early in the century, and also had formed professional associations. By the 1940s, teaching and nursing created hybrid organizations that were simultaneously professional associations and unions.

The American Nurses Association (ANA), which had existed primarily for nursing educators and administrators, expanded its services in 1946 to provide union-based collective bargaining in addition to its professional association activities. Currently, the nursing unions are embedded within state chapters of the ANA, but an administrative structure isolates the union activities and decisions from the professional association. Similarly, the National Education Association (NEA), a professional association which had previously opposed collective bargaining due to its domination by educational administrators, began to offer such
services in 1956. The NEA, unlike its rival, the trade union called the American Federation of Teachers (AFT), has always retained its status as a professional organization that provides collective bargaining. Through these hybrid organizations both nurses and teachers have been able to shape collective identities in which union membership is seen as compatible and even necessary to achieve professionalization (Goodman-Draper, 1995; Murphy, 1990).

Although activist social workers formed the National Association of Social Workers (NASW) in 1957 as an effort to increase the visibility and political power of the profession, the failure of social work to create a similar hybrid organization reduced its political power and diminished its status and working conditions. Through collective bargaining, nurses and teachers are able to negotiate higher wage levels and advocate for job classification protection, but these workplace gains are beyond the province of social work professional associations. Without the common interests that follow from collective bargaining, NASW has not been able to build a cohesive membership and has been cut off from the solidarity of other unionized workers. In comparison to the NEA or the ANA, NASW has relatively little political strength. The NEA, with 2.6 million members, exerts such significant political impact that 10% of the delegates at the 1996 Democratic National Convention belonged to the organization. Moreover, the largest campaign contributions to the Democratic Party in 2000 came from a bloc of teachers represented in the AFT, the NEA, and SEIU (“Teachers back Gore” ..., 2000).

Two Divergent Paths: Progressivism and Populism

While the search for professionalization moved social workers away from unions, it is also true that social work activists and labor unions took significantly different political paths in the post-WWII era. After the anti-communist purge, labor largely pursued a populist approach to politics that veered both leftward and rightward in response to its member’s concerns. Labor leaders often were at odds with other progressives on issues such as the Vietnam War, immigration, and affirmative action. This was particularly true in the powerful building trades, which controlled apprenticeship and job training programs that became the target of affirmative action during the Johnson and Nixon administrations (Quadagno, 1994). Compared to their 1930s predecessors, blue-collar males during the 1960s often did not participate in progressive coalitions and labor was identified as supporting relatively privileged, and conservative, white male workers (Milkman, 1985). Quadagno (1994) documents the
shift in working class white males away from Democratic Party-based coalitions following the 1968 presidential elections.

Conversely, during the sixties and seventies, social work’s activist base devoted itself to the civil rights and anti-war movements, and later, to newer social movements such as feminism and gay and lesbian rights. For many social workers who were politically active during this time, labor unions were no longer “where the action was” (Karger, 1989; Wagner, 2000). Workers were no longer viewed as the “vanguard” of change as they had been by radical social workers in an earlier, socialist-inspired era. Progressive social workers argued for the need to ally with people of color, women, sexual minorities, and clients of social service agencies themselves (Wagner, 2000). In general, this shift parallels the decline of earlier leftist politics focused on social class and the rise of progressive politics centered on gender, ethnicity, and sexuality (Gitlin, 1995).

US unions also undercut their base of support among progressives through their embrace of “business unionism.” During the 1950s, American unions lost their “social movement” origins. Rather than reaching out to the un-organized, or working to ally themselves with impoverished citizens, labor worked to provide services to the already organized worker. This business union model isolated the labor movement from activists who were concerned about issues such as poverty, racism and welfare, and reduced the level of trust between labor unions and community activists (Buhle, 1999). For example, for many years the AFL-CIO maintained a hard-line policy on restricting immigration flows to the United States, leaving many immigrant rights groups suspicious of organized labor.

During the 1980s, the US government and corporations began a general assault on US labor unions. President Reagan’s administration began with an executive order against the air traffic controllers union, and set the stage for strong anti-union politics. Worker membership in unions began a decline that continued for nearly 20 years. US corporations moved away from the relative peace that had marked business-labor relations from 1950 to the late 1970s, and backed by federal policy began hiring anti-union consultants, firing organizing workers, and hiring large numbers of part-time and contingent workers (Aronowitz, 1998). This anti-union climate, coupled with the increasing corporatization and privatization of social services, likely further reduced the tendency for social work unionization. By the late 1980s, the institutional memory of social work’s involvement with labor had virtually faded from consciousness.
The New Labor Movement and White Collar Professional Unions

In the mid-1990s, the US labor movement shifted its strategy and moved significantly left of the US political spectrum. The election of John Sweeney as president of the AFL-CIO ushered in an era of greater accountability to communities, and made available more money for organizing, particularly among low-wage workers, women, immigrants and people of color. Pursuing this strategy, dubbed “The New Unionism,” the AFL-CIO increased the presence of women and people of color at the highest leadership levels, and instituted interest groups for African-American, gay and lesbian, Hispanic and Asian-Pacific Islander labor union members (Mort, 1998). By 1999, labor, which had been declining in membership for 40 years, had its most successful organizing year ever.

During the 1990s, interest in labor unions began to resurface among professionals, particularly those negatively impacted by the power of managed care organizations. Nurses, physicians, social workers, and psychologists began to explore the option of forming unions to promote the needs of their respective professions, and professional membership in unions increased in the decade. The American Medical Association voted in 1998 to create its own collective bargaining organization, and launched the Physicians for Responsible Negotiation the following year (Weber, 1999). Similarly, the New York American Psychological Association affiliated with the American Federation of Teachers (Greenhouse, 1999). Social workers, also responding to the influence of managed care, began to re-engage with labor by becoming union members, affiliating with unions, and forming lobbying partnerships.

LABOR AND SOCIAL WORK: CONTEMPORARY EFFORTS

Since unionization is fraught with promise and peril, it is important to explore these new emerging relationships between unions and social workers. In the contemporary period, two cases—the workplace based organizing of SEIU 535 and the guild membership approach of the Clinical Social Work Guild—are selected because of their ability to highlight two distinct approaches to union organization and because of the innovative structure of the latter case. Semi-structured interviews were conducted between January 1 and August 30, 2002 with 7 respondents who were selected based upon their roles as leaders in social work professional associations, or in labor unions working with social workers.
Respondents were asked the following questions: (1) Where did the idea for an affiliation with labor unions originate? How did it come about? (2) What difficulties did you encounter in implementing the affiliation? (3) What do you see as the strengths of the affiliation? (4) What else would you like to tell us about this project? An “open coding” procedure was used to identify major themes and keywords (Emerson, Fretz, & Shaw, 1995). After these themes were identified, the constant comparison method was used to re-examine the data for additional evidence of those themes (Padgett, 1998). A member checking technique was used to review the accuracy of our studies’ content. These interviews were supplemented by information from organizational documents, on-line publications and information, and contractual agreements from the two cases.

Service Employees International Union (SEIU) 535

One of the largest unions representing human service workers is Service Employees International Union (SEIU) 535, based in Oakland, California. SEIU 535, the American Federation of Nurses and Social Service Union, represents some 28,000 human service and health care workers in 17 counties throughout California including the state’s largest metropolitan areas. Approximately 10,000 public sector employees, many of whom work for Child Protective Services and Adult Protective Services, are union affiliates (“Who we,” n.d.). Union membership also includes eligibility workers with CalWorks, the state’s welfare (TANF) program. In addition, several thousand nurses and mental health workers at hospitals and medical facilities statewide are members, along with social workers, drug and alcohol counselors, therapists, licensed cli-

**TABLE 1. Description of Case Study Informants**

<table>
<thead>
<tr>
<th>Informant</th>
<th>Informant Role or Occupation</th>
<th>Case</th>
<th>Date Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informant A</td>
<td>SEIU Union Official</td>
<td>SEIU 535</td>
<td>April 9, 2002</td>
</tr>
<tr>
<td>Informant B</td>
<td>SEIU Union Official</td>
<td>SEIU 535</td>
<td>August 9, 2002</td>
</tr>
<tr>
<td>Informant C</td>
<td>SEIU Union Official</td>
<td>SEIU 535</td>
<td>April 30, 2002</td>
</tr>
<tr>
<td>Informant D</td>
<td>CSWF State Officer</td>
<td>CSWG</td>
<td>May 8, 2001</td>
</tr>
<tr>
<td>Informant E</td>
<td>CSWG National Officer</td>
<td>CSWG</td>
<td>April 4, 2002</td>
</tr>
<tr>
<td>Informant F</td>
<td>CSWG Member</td>
<td>CSWG</td>
<td>May 13, 2002</td>
</tr>
<tr>
<td>Informant G</td>
<td>CSWF National Officer</td>
<td>CSWG</td>
<td>May 15, 2002</td>
</tr>
</tbody>
</table>
cal social workers, physicians and psychologists (Informant B, union official; “Who we,” n.d.; “We are,” n.d.). Of note, SEIU 535 has organized more than 3,000 social workers employed at private, social service organizations providing mental health, child and family, and other services statewide (“We are,” n.d.; Informant A, union official; Informant B, union official).

The union was founded in 1964, in response to working conditions in public social welfare agencies in Los Angeles County. The recognition of county social workers by SEIU (the group received a union “charter”) was significant, as public employees in California did not have the legal right to unionize at that time (“Who we,” n.d.). After winning a major wage increase from the county Board of Supervisors, some 2,000 social workers staged a successful strike that year—the first organized public employee work stoppage in state history—to force the Board to honor its agreement (“Who we,” n.d.; “We are,” n.d.). A similar labor action followed in Santa Barbara and other counties. As a result of these actions, the state legislature passed a law guaranteeing collective bargaining rights for public employees (Informant B, union official).

Legislation supported by then Governor Jerry Brown promoted the concept of “agency shops,” which went into effect in the early 1980s at many county social welfare agencies. This made all public employees subject to joining a union (with religious exemptions) based on approval by a majority of workers. This provision covers both workers and supervisors; the latter have unionized in several counties (Informant B, union official).

Key Benefits. Union officials identify three key benefits of union affiliation for social workers: increased salary and benefits, a greater voice in the workplace, and the ability to affect public policy. As with most unions, SEIU 535 members generally enjoy a higher pay scale than their non-unionized social work counterparts (“Local 535’s,” n.d.; “We are,” n.d.). While social work has historically been a low paying, female-dominated profession, this situation improves radically when social workers organize collectively (Informant A, union official). For example, SEIU 535 represents workers in eight of the 10 highest paying counties in the state, and some of the best-paid mental health professionals and nurses in southern California (“We are,” n.d.). Union members have negotiated a more attractive retirement plan than originally offered by officials in one county, while improvements in family/maternity leave, bi-lingual pay, pay equity, and domestic partner benefits were gained in several other counties (“We are,” n.d.; Informant A, union official).
The ability to affect working conditions represents a major achievement for SEIU members. Many employee contracts include the creation of a union-management committee to ensure the input of human service professionals (Informant A, union official). Union officials note that these working groups have helped ensure that employees are notified about proposed changes in work assignments, hours, and vacant job positions (Informant A, union official; Informant B, union official; Informant C, union official). A key victory occurred when SEIU 535 won an order from the state Supreme Court requiring counties to negotiate specific workload standards in employee contracts, ensuring that a cap is placed on worker caseloads (“We are,” n.d.; Informant B, union official). A union leader suggested that these provisions allow both public and private sector social workers to provide a level of service that can better meet client needs, while reducing the number of constituents placed at risk (Informant A, union official). These workplace changes have not come without conflict: union leaders and rank and file members often must confront supervisors unwilling to abide by caseload limits negotiated by the union (Informant A, union official; “Are social,” 2000; Bermack, 2001).

Unionization has also provided greater visibility and influence on policy issues directly affecting social workers. Union members have served on a state advisory committee seeking to redesign California’s child welfare system (Informant B, union official; “Long-awaited,” 2000; “High caseloads,” 2000; “Unions social,” 2001; “Social workers,” 2000). The union also led successful campaigns to prohibit the contracting out of public assistance eligibility determination, to provide for longer hospital stays when giving birth, and gained federal support to block the privatization of Medi-Cal and the state’s food stamp program (“We are,” n.d.). In the context of California’s ongoing budget crisis, SEIU 535 has lobbied to ensure that social service programs and workers are not targeted in an effort to balance the state budget (“Money can’t,” 2002; “Let the,” 2002; “Layoffs threatened,” 2002). The union dedicated 40 days in summer 2002 for bringing social workers to the state capital for political rallies, and legislative meetings and testimony. Such efforts broadened political support for raising taxes on the state’s wealthiest citizens to help balance the state budget (Informant A, union official).

SEIU 535 has also publicized the need for additional public resources for health care, mental health, and other social services to ensure a high level of service for constituent groups (Informant B, union official; “The campaign,” 2001). The union has been involved in an extended
Challenges to Unionization. Union officials cite several challenges in recruiting social workers to a union; the concept of professionalism is the biggest obstacle (Informant A, union official; Informant B, union official; Informant C, union official). Countless social workers have expressed a desire to maintain a professional identity if and when they also join a labor union. The most common question organizers face on this issue is, “Why would I join a union if I’m already a professional worker?” (Informant B, union official). The union maintains that most public-sector social workers are often not treated as professional workers unless they demand such respect, noting that most gains achieved by their members would not have occurred if individual social workers—lacking organized power—had sought similar goals (Informant B, union official; Informant C, union official). They cite the example of private sector mental health workers who despite their credentials and status, found a compelling need to unionize due to their working conditions, and as a result gained increased pay and a reduced workload (Informant B, union official; “Who we,” n.d.).

Organizers must also confront negative images and stereotypes of unions held by social workers. Union leaders note that most social workers lack prior union experience and are unaware of the value of a collective bargaining process (Informant A, union official). The union has responded by promoting a message of collective responsibility, noting that the purpose of a union is not to fulfill the needs of individual professional social workers, but rather to pursue collective goals like caseload reductions, and improved funding and working conditions (Informant B, union official).

Perhaps the key challenge the union faces involves the financial support required to achieve their vision of adequate social service provision and workplace conditions in California. Union leaders and state lawmakers have sought to develop long-term funding to reduce caseloads statewide for child welfare and other crucial services, and to hire and train a new generation of social workers and other human service pro-
professionals. However, the state’s ongoing budget crisis poses a key obstacle for such proposals.

The Clinical Social Work Federation

Not all social workers are in a position to be organized in the workplace. A particular challenge to collective bargaining is posed for social workers in private practice, or for those social workers who are small in number within any specific workplace. During the 1990s, many social workers in private practice were negatively affected by the rise of managed care corporations; one group, the Clinical Social Work Federation (CSWF), decided to turn to unions for assistance.

The CSWF is a confederation of 31 state societies which provide continuing professional education and legislative advocacy on behalf of 8,000 clinical social workers, many of whom are private practitioners (“What is,” n.d.). In 1998, the CSWF board voted to create the Clinical Social Work Guild (CSWG) and to affiliate with the Office and Professional Employees International Union (OPEIU) (Informant D, state federation officer). This followed a similar action that occurred in the previous year when the New York State Psychological Association affiliated with the American Federation of Teachers (Greenhouse, 1999). The idea of affiliating with a union originated in 1997 when the leadership of the CSWF read a *New York Times* article on the podiatry association’s decision to affiliate with OPEIU. A CSWF state society president was assigned to chair an exploratory committee to look into the issue of unionization for social workers. The issue proved to be complicated as federal labor law prevents private practitioners from engaging in collective bargaining by arguing that to do so constitutes a restraint of trade. The committee found that most unions they approached were uncertain how to formalize a relationship with a group that could not engage in collective bargaining agreements. However, the president of OPEIU had already worked with the similarly situated podiatry association and was enthusiastic about organizing the CSWF (Informant E, guild officer).

The unusual structure of the CSWF led to some difficulties in the implementation of the affiliation. The executive committee agreed that they would affiliate with the union if 76% of state clinical social work society presidents voted to do so. The executive committee of the CSWF traveled to many of the state societies to discuss the proposal and the structure of the union. However, each state president used a different process to determine their decision about affiliation. Some made execu-
tive decisions, others polled membership, and some held an actual vote among membership. These differences in the process of deciding on whether to affiliate may have created some unevenness in support for the union among the membership (Informant F, guild member). Eventually, enough board presidents voted to affiliate and a formal agreement was signed in 1998. After the initial two-year agreement ended, the contract was renewed for the period of 2000-2003 (Clinical Social Work Federation & Office and Professional Employees International Union, AFL-CIO, 2000).

CSWG 49 experienced beneficial outcomes from its decision to affiliate with a union, yet also faced significant difficulties. Politically, the social workers increased their influence at the federal level gaining access to elected officials through union lobbyists and to staff at the Health Care Financing Administration. They began working actively with unions to become providers for their members through self-insured plans and through the development of a labor member referral system (Informant E, guild officer). The Washington State chapter was able to pass social work licensure because the union provided funding for a crucial state survey that demonstrated citizen support for regulation of the profession (Informant D, state federation officer). Members also received access to a health plan through the union, something that had not previously been available to the professional association (Informant G, national federation officer; “Guild benefits,” n.d.).

Difficulties presented themselves as well. First, problems with a third party company responsible for reimbursement through the health care plan resulted in non-payment of claims. As a result some members were referred to collection agencies by health providers. Second, referrals from the labor provider system have been slow to materialize, due, in part, to the fragmented system of locals and international unions that are part of the labor bureaucracy in the US (Informant G, national federation officer). Third, the political efficacy of the guilds has varied from state to state due to differences in member involvement, labor union density, and political sophistication. Finally, some members still struggle with the idea that professionalization can be compatible with unionization, and others were concerned that union dues were significantly higher than professional membership fees under the old system. By 2002, some CSWG 49 leaders feared that the membership would not vote to renew the contract with OPEIU (Informant E, guild officer).
DISCUSSION

Several themes emerged from this exploratory look at new forms of unionization among social workers. These include increased political power, enhanced fringe benefits, perceived staff support, and obstacles to union activity. For SEIU 535 members, increased political power and influence resulting from unionization occurs at the state level in campaigns to impact child welfare policy and state budgetary decisions. For CSWG 49, that political action reflects the interests of a geographically dispersed membership of a national union local and has mostly targeted federal policy. The finding that unions are adept at impacting public policy is consistent with past studies of social work unionization (Grossman, 1985; Pennell, 1995). Given recent calls for increased political participation by social workers, this is encouraging, and suggests that unionization can be a useful strategy toward that end. Further support for this can be seen in the comparably greater political influence of professions such as teaching and nursing (which are also largely comprised of women) with higher levels of unionization.

A second common theme is that union members receive enhanced fringe benefits. Union contracts have garnered SEIU 535 members improved retirement plans and other benefits, while members of CSWG 49 have gained access to a medical plan that was unavailable to them when they functioned only as a professional association. Literature on unionization and fringe benefits is consistent with this finding; nationally, union members are significantly more likely than non-union counterparts to have medical, disability, and defined benefit retirement plans (Bureau of Labor Statistics, 1999). Professional associations representing social workers simply do not have the ability to aid members in advocating with employers for such benefits.

Collective bargaining allows SEIU 535 to impact worker’s salary and work conditions. SEIU members have used collective bargaining to improve salary, and negotiate caseload caps. Due to laws against collective bargaining by private practitioners, and the fact that the union does not represent workers within specific workplaces, the Office and Professional Employees International Union (OPEIU) cannot provide the CSWG 49 with this kind of service. This is problematic because collective bargaining is, after all, a primary motivation for many people to join unions. The inability to provide collective bargaining explains leader’s perceptions that CSWG 49 members may be reticent about the dues increases associated with unionization. If the membership perceives that the only benefit of union affiliation is increased political access, without
more tangible policy victories such as the passage of social work licensure in Washington State, there may be insufficient motivation to pay increased membership dues.

A third theme is the perceived level of staff support by the union. There appears to be a greater sense of administrative and staff support for various activities in the SEIU union. CSWG 49 respondents were less effusive in their praise of their union for its support in developing political strategies or member services. Perhaps, the unusual structure of the guild membership is made more complex by the disparate needs of its members, who are private practitioners, social workers in non-profits, and those in private, for profit agencies. These workers have different workplace interests, and this makes targeting union services and political goals to the membership extraordinarily complex. Moreover, the dues paid to OPEIU represent a relatively small amount of money to support union services, and OPEIU simply has not dedicated as large an amount of staff resources to providing services to the CSWG 49. Since the OPEIU-CSWG affiliation is much newer than the 40-year-old SEIU 535 local, OPEIU is experimenting with a new form of unionism and has yet to work out the details of staffing and providing support to such a unique local. It may be that SEIU, the largest union in the AFL-CIO, has deeper pockets and is more financially able to provide a myriad of services to their locals than is the smaller OPEIU. While SEIU 535 members have higher dues structures, the costs are deducted from their paychecks, and members perceive the value of collective bargaining to be worth the expenditure. Finally, CSWG 49 is in the process of proving itself as a labor organization that can benefit its members, while SEIU 535 can rely on its long history and reputation as an effective ally for California state workers.

The fourth theme of obstacles to unionization includes concerns about professionalism and the non-involvement of rank and file members. Both SEIU and OPEIU leaders mentioned member concerns about professionalism as an obstacle to union activity. It is not surprising that social workers, who have spent the last seventy years fighting for professional recognition, are still struggling with the ideology of professionalism. Walkowitz (1999) has carefully documented the post WW II history of social worker ambivalence about social class identification with blue-collar workers. However, the finding that social workers worry that unions are “unprofessional” has been disputed by Pennell (1987) who suggests that it is structural barriers to unionization, not attitudinal ones, that explain the relatively low rate of US social work unionization. If concerns about professionalism are a barrier it can be noted that both nursing and
education have forged “professional-worker” identities that acknowledge that one can be a professional and still benefit from union representation. Hybrid professional association-unions such as the American Nurses Association and the National Education Association have allowed them to straddle both identities simultaneously (Murphy, 1990).

Both SEIU and CSWG 49 leaders report difficulty in motivating members to advocate for themselves, particularly in legislative and electoral campaigns. Given the importance of political activity by social workers, this unwillingness is troubling. Despite the difficulties labor leaders note in engaging social work members to participate politically, the unions still report significant political success, and have greater access to union lobbyists and allies. This suggests that unions are more effective than professional associations are in impacting political outcomes. Ezell (1994) notes that “class based advocacy” among social workers tends to be fairly minimal, averaging perhaps an hour a week. This may be explained by the fact that most employed social workers are using volunteer time to do political work. In contrast, unionized workers are often able to take advantage of paid leave to conduct “union business,” which can include legislative and electoral advocacy.

**IMPLICATIONS FOR PRACTICE**

Despite declining unionization in the United States, strong gains have been made in organizing both public sector and professional workers (Tambor, 1995). While social work faces numerous challenges to working effectively with unions, such efforts provide a strong foundation on which to construct a coordinated organizing effort targeting social service professionals. Organizing by social workers offers the promise of increased professional status, through improved pay and benefits, and enhanced working conditions, thus better reflecting the formal training/licensing undertaken by most professional social workers. As illustrated by the case of SEIU 535, the unionization of social workers has the potential to counter national trends of stagnant/declining wages, increased caseloads and work demands, and diminished influence by social workers on social policy issues. The alternative is continued burnout by overburdened and underpaid professionals, the loss of good social workers from public sector welfare positions (Stoesz, 2002), and a recurring emphasis on individual, rather than collective social work needs. Because of these conditions, opportunities
exist to increase the level of social work unionization in the public, for-profit, and not for profit sectors.

In order to accomplish this, organizers will have to overcome social workers’ concerns about professionalism, and help them to craft a “hybrid” identity as union members and professional social workers. Social workers will have to be helped to overcome a fear of confrontation and a reticence to advocate for themselves, perhaps by recognizing that client advocacy and advocacy for the profession are often tied together. In the private sector, social workers are often not numerous enough to form their own bargaining units. In those cases, they will need to forge relationships with other professionals to make unionization possible.

Social workers may reach out to unions in other ways, particularly when workplace based organizing isn’t feasible, or where mutual goals might indicate the value of other kinds of collaboration. The example of the Clinical Social Work Guild suggests that there is both opportunity and peril in working with non-collective bargaining based affiliations with unions. In engaging in such alliances, social workers must choose unions carefully, making certain that the union with which they work has the capacity to deliver sophisticated political campaigns and member services. Moreover, it will be imperative that members perceive that such campaigns are cost effective. If social workers don’t believe that they are receiving adequate services for the costs of union affiliation, they will abandon such relationships. Social work professional associations should also evaluate the benefits of forging temporary alliances with unions when working on issues such as welfare reform, mental health parity, or living wage campaigns. Indeed, labor unions are increasingly scanning the social landscape for potential allies in community campaigns as part of the “new unionism” (Simmons, 1994).

Further research is needed to understand the benefits and costs of unionization for social workers. It is unclear how many professional social workers are union members, or the differences in salary, benefits, work conditions, or political involvement between union and non-union workers. It is also unclear how the experiences of unionized social workers vary with membership in particular unions. A good beginning would be for the NASW Member Survey to ask whether members belong to unions, and to which unions they are affiliated. Access to such data would provide basic information that could be invaluable to the process of assessing the differences between employee salary and benefits of union and non-union social workers. Finally, more studies of recently unionizing professions such as psychology and medicine might provide comparative data that could be informative for social work.
For social work unionization rates to increase, several policy directions must be pursued. This study indicates the importance of advocating for one of the goals of CSWG 49: passing legislation that allows private practitioners to collectively bargain with managed care companies. Overturning federal laws that prevent collective bargaining by independent practitioners could provide a boon to developing membership in organizations such as CSWG 49. NASW and other social work organizations should include labor law reform as part of its policy work, for example by supporting state legislation that would remove obstacles to collective bargaining for public employees. This could also include support for passing laws that make illegal the hiring of permanent replacements for striking workers. Social workers should also support laws that require that union elections be held within 14 days after 60% of eligible workers sign union cards. Finally, allowing “sectoral bargaining,” in which workers employed across similar organizations can bargain jointly with multiple employers, might allow social workers in dense urban areas to unionize more effectively (Forbath, 1997). Social work practitioners, both in direct service and in community practice, should begin to seriously think about unionization and to work actively with labor organizations. This will require weighing carefully decisions to unionize, and to understand the significant commitment of real participation that is necessitated by union membership.

CONCLUSION

Both the future of social work employment and the degree to which labor unions will play a role in US political life are unclear. Labor and social work have common and divergent histories, but recent events have created opportunities for fruitful relationship building. At their best, both are advocates for more socially just workplaces and public policies. By acting deliberately and thoughtfully, unions and social workers may well find new ways to work together. Collaboration with unions will require social workers to analyze their views of what constitutes professionalism, and to consider their own attitudes and biases about working with allies in more traditionally blue-collar fields of work. Community practitioners should begin reaching out in solidarity with the causes of labor organizations, and at the same time, ask labor for their participation in traditional social welfare concerns. Past scholarship has highlighted the potential benefits of such alliances (Simmons, 1994). This mutuality will be a nec-
necessary part of successful social work and labor community practice. The 21st century could emerge as an era in which social work is able to forge a new professional identity that reconnects it with an old, and powerful, ally.

REFERENCES


GLOSSARY OF TERMS

*AFL-CIO*: the American Federation of Labor-Congress of Industrial Organizations, an umbrella organization of 64 US unions, with over 13 million total members.
Business Unionism: a form of unionization that focuses on providing services to current union members and forming non-confictual agreements with corporate employers. Business unions, often associated with labor bureaucracy, and in some cases, corruption, tend to take relatively conservative political positions on international politics and civil rights.

Collective Bargaining: the process by which unions and employers reach a contractual agreement over wages, hours, and work conditions, usually over a defined time period.

Union Local: the smallest level of union organization. Unions are organized internationally and are divided up into locals which represent workers regionally and sometimes by craft or occupation. For example, the Service Employees International Union is made up of 300 local unions in the US and Canada.

Guild: a union of people who specialize in the same craft, e.g., writers, bakers, social workers.

Sectoral Bargaining: a form of collective bargaining in which a union represents groups of workers with different employers in a single industry to negotiate a shared contract of wages, hours, and working conditions.