

Educating social workers for the demographic imperative

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Abstract

Our health system aims to restore, maintain and improve the independent function of all Australians and so our health workforce needs to have the knowledge, skills and abilities to achieve this task. As older people are already significant users of the health system, and will increase in the future due to population ageing, our workforce should be trained to deal with the age-related health and social needs required to achieve independent living for older Australians. Social workers, like other allied health disciplines, play a key role in hospitals and community health settings in maintaining older peoples' health and wellbeing in the community, as well as carer support. This article reports on a pilot research program to look at the skills and competencies of social workers needed to provide a quality service in aged care, as well as the expansion of an educational program aimed at developing a gero-rich curriculum which enhances the gerontological competencies of social work students.

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AUSTRALIA, LIKE MOST industrialised countries, is undergoing a numerical and structural demographic transition to an ageing population. Not only are the actual numbers of older people increasing substantially, but the proportion of the population in this age group is increasing as well. This transition will be greatly exacerbated by the large baby-boomer generation reaching age 65 years within the current decade, but also the increase of those people aged 85 years or more.^{1,2} Older people are already disproportionate users

What is known about the topic?

The ageing of the Australian population requires health professionals who can deal with age-related health and social needs, but there has been little research on ways to build these skills in training programs.

What does this paper add?

This paper provides the findings of a survey of 53 experienced social workers that outlines social work practice with older adults.

What are the implications for practitioners?

Both generalist and specialist gerontological training is required for social workers to adapt to future clinical practice.

of health services³ and seen by some as a major factor leading to bottlenecks in acute hospital discharges.⁴ This profile of older people in the health system, however, leads to a negative image of the aged, which has workforce-related flow-on effects. From the literature, as well as the author's own teaching experience, there is a perception among social work students that ageing is not an attractive field to work in because it is remedial service rather than direct therapeutic and preventive. These negative images have led to a shortage of skilled social workers in the aged care field and a lack of interest by social work students wanting to undertake elective gerontological courses.^{5,6}

To date, there has been little research carried out in Australia on what social workers currently do in working with the aged, and there is only limited study of social work students and the aged.⁷ A recent paper that highlights some of the negative student views of working with older people does point out the benefit some students perceived from undertaking an ageing course, and this may be pointing to a more positive approach emerging from students and the educational courses being run.⁸ This article reports on a pilot project which aimed initially to address that gap in the social work literature by clarifying in

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greater detail the job functions and knowledge, skills and abilities of social workers in aged care, and thereby enabling a more realistic and skill-oriented image of social work with the aged to be developed. The findings in turn are being used in partnership with two major hospital social work departments to develop training material for students in social work courses as well as refresher courses for current practitioners. Again, the aim of the project is to develop a greater pool of gerontologically competent students and practitioners who can deliver a quality health service to older Australians, as well as have the profession of social work better prepared to meet the exigencies of an ageing population.

The project draws primarily from a similar recent project in the United States initiated in the year 2000 by the National Council on Social Work Education (CSWE). The Council received a substantial grant from the John Hartford Foundation to establish a project called "Strengthening Aging Social Work" (SAGE-SW, now included in the "Gero-Ed" program at CSWE in Washington) to prepare social workers for the ageing US population, and to identify the key professional gerontological knowledge and skills required. Similar to the CSWE survey,⁹ this project used a mail-out questionnaire to hospital social workers and departments and some community agencies to pilot test the content and instrument regarding social work with older people. Senior social workers at most agencies were formally invited to oversee the project with the author, and this led to greater cooperation by their staff. The questionnaire was posted out to 70 public acute and sub-acute hospitals, including two private hospitals, and ten community agencies, including six aged care assessment and psychiatric teams and four community health centres.

The questionnaire asked respondents about the sorts of needs they have to address in their work with older people and the job tasks these needs generate. The questionnaire also asked what skills and knowledge social workers draw on to undertake this work. There were also a couple of questions about the best and worst aspects of working in aged care, and in terms of the future,

whether the baby boom generation as older patients might be different to the current cohort of older people. An official response rate for this pilot survey is not known because the exact number of social workers in each agency is unknown, however 53 social workers responded with complete questionnaires, and 80% of these respondents were from the acute health setting. The pilot sample was an experienced, mostly female group of social workers with an average age of 42 years and an average of 10 years service with the aged. The findings from this pilot are briefly presented below, and then discussed in terms of how they are linked to an educational program for social work students.

Gerontological skills and knowledge

The social workers say they work mostly (60% to 90%) with older females in the age range 75–84 years who are mostly on a pension (80% to 100%). Interestingly, only about 30% of the respondents' work time is actually spent with an average older patient — the other 70% is spent with the carer (25%), family (25%), and other service providers such as councils, the general practitioner, and so on. Not surprisingly, the most frequent and time-consuming needs addressed by these workers (more than 50% of respondents) are health related, such as anxiety and depression related to and as part of family concerns regarding residential care. Providing emotional support and grief and loss counselling for carers are also regarded as most common needs. The most frequent job tasks generated by these needs included organising case conferences and conducting family meetings, completing psychosocial assessments, advocating on behalf of the older patient, and consequential report writing, mostly in relation to hospital discharge.

As stated, the questionnaire then asked respondents about the skills used in working with older people, and the professional knowledge drawn on to perform these job tasks. The knowledge components most frequently mentioned (more than 50% of respondents) were theories of the lifespan, especially adult development; then

practice theories such as crisis intervention, narrative and strengths-based approaches; then service system knowledge which covered various legislation, for example guardianship and aged care service provision. The most frequent skills (more than 50% of respondents) used in conjunction with this knowledge were verbal communication, problem solving and mediation, assessment and discharge skills, and teamwork. Anecdotally, the skill of counselling was part of this patient-worker communication, however more as part of the functional casework process such as discharge rather than voluntary, ongoing individual therapy. The practitioners working in mental health also included use of diagnostic tools such as the mini-mental scale as a skill they used in daily practice.

The social workers also responded to questions about the best and worst aspects of working in aged care, and some of the more frequent positive comments included a focus on the older person themselves — their wealth of knowledge and experience and the richness of their life experiences. Older people were seen as easy to work with, “not whingers”, thankful and mostly agreeable/compliant. On the other hand, seeing older people deteriorate, observing family conflict, and seeing other people make decisions for the older person were seen as negative aspects of working in aged care. Many respondents also commented on the “undue” complexity of the aged care system and the pressure on the workers for discharge as other unpleasant aspects of work in aged care. Respondents also commented that in the future with the baby boomer cohort, older people would be more educated, which on the one hand might enhance their ability to organise their own care, but might also lead to higher expectations of care and workers in this field. Respondents thought that, overall, this future cohort of older people would make their work more challenging. In terms of “age” training and education, only one-third of respondents had undertaken courses, and while three-quarters believed training in gerontology is needed, one-quarter did not. These latter statements concerning training, or the lack thereof,

reinforce the need to look at the gerontological health and welfare training currently provided to social work students, and how this might be enhanced for the future aged population.

Educational programs for gerontological social workers

A simple conclusion from this current literature and practice review of gerontological social work in Australia is that, despite the growing need for skilled workers to be able to provide a quality service to older people, there is not much professional or educational activity occurring. This gap in workforce development refers to both recruiting new gerontologically competent social work students, as well upgrading current social workers with gerontological refresher courses. However, this lack of action could be influenced by difficulty in determining what training is needed. We must first be clear about what education and training we want.

The needs and job tasks referred to above, such as family decision making, are predicted by social workers to become more complex in the future as the more educated baby boomer cohort proceeds to old age and as people live much longer with possibly more chronic diseases and maybe more frailty. In addition, families will become more multi-generational, which can affect decision making in terms of identifying which family members will be responsible. The rise in the number of people with moderate or greater levels of dementia will also complicate decision making, and determining or assessing the older person's competence in the many relevant domains such as health, finances, accommodation, and legal matters¹⁰ has huge implications requiring a trained workforce to address these issues. Just in relation to health, for example, the older person's cognitive abilities or mental competence raises ethical and legal issues in matters such as decisions about the extent of heroic treatment, people's desire to refuse treatment, the impact of “living wills”, and the use of health proxies. Some of these matters already arise in daily practice, however the greater numbers of older people will

substantially increase the frequency of these difficult decisions.

These types of workforce demands indicate that, similar to the US experience referred to above, we may need both generalist and specialist training for this work with older people. The generalist training is required for all practitioners in the health sector just because older people are, and will be, so frequent among patients; the specialist training will be needed for those undertaking complex competency assessment as well as the more complex ethical issues arising with treatment. At the undergraduate university level training the generalist, gerontological content infusion requires that all subjects undertaken might have some reference to older people as one of the many key second-order dimensions for analysis. That is, all courses should include reference to older age as well as gender, race and so on. The specialist training on the other hand would occur in purpose-run electives where the focus would be on clinical practice, including research and the use of evidence-based approaches to work with older people. Similarly, for current practitioners, to be a clinical specialist in gerontological social work would require that a worker has undertaken 2 years of supervised clinical practice as well as Masters-level courses in the area.

This approach for clinical practice requires a strong partnership between the workplace, such as a hospital, and the university where the training fits with the employer and employees workforce needs, as well as the older person and family. This partnership approach already happens to some extent with undergraduates in courses the author conducts at Latrobe University, where chief social workers from some major hospitals come in to gerontology courses and explain the social workers' job and what is required to get these jobs. These chief social workers also have some of their recently employed new graduate social workers come and talk to students or present their research. This emphasis on practice research and program development is also reflected in the course assignments set for students whereby the students are

required to develop health and wellbeing programs specifically for older people and show how they would be evaluated on the job. The partnership approach works well for both students and employers, however it really has occurred only due to the interest of the chief social workers concerned rather than being a structural course change that is planned and sustainable. However, the current social work students do benefit from one other planned change in curriculum where an interdisciplinary subject has been introduced, and some of the content of this subject deals with older people as discharge-related case studies. Social work students are part of multidisciplinary student teams who complete web-based assignments in relation to health system functions. This subject appears to have great potential for benefiting students' experience of real-world job functions with older people in health settings.

Conclusion

There is probably now little doubt or lack of recognition that the global demographic transition to an ageing society is forcing us to look at the gerontological training needs and competencies of all health workers. Some useful program changes, such as those for social workers as outlined in this article, are occurring both in the workplace and in training institutions, but there is plenty of scope to innovate and try new methods through research and training in relation to older people. While research funding is very competitive, applications in relation to ageing are given due recognition because the costs of, as well as quality of life in, an ageing society are a concern to funders and governments. These bodies are interested in finding and funding new ways in which we can assist older people to minimise their hospital stays and maintain and improve their independent living and wellbeing. An infusion of gerontological skills and knowledge into core curricula for all students as well as allowing specialisation would help our health system stay prepared for our ageing society. In addition, government funding to establish some centres of excellence in gerontological training,

practice and research might be useful signposts to citizens that we are looking at old age positively.

Competing interests

The author declares that he has no competing interests.

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