



**STRENGTHENING THE IMPACT OF SOCIAL WORK  
TO IMPROVE THE QUALITY OF LIFE FOR  
OLDER ADULTS & THEIR FAMILIES**

# A Blueprint for the New Millennium



**A PROJECT OF THE COUNCIL ON SOCIAL WORK EDUCATION/SAGE-SW  
FUNDED BY THE JOHN A. HARTFORD FOUNDATION OF NEW YORK CITY**



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**MARCH 2001**

As the Baby Boom generation ages and the median age of the U.S. population edges upward, health and human service professionals in all disciplines are challenged by new and increasing career opportunities in the new millennium. How can the social work profession be prepared to meet the challenges of a growing aging population and to build on the opportunities of these changing demographics?

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# Preface

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The Council on Social Work Education (CSWE) is a national association that seeks to enhance the quality of social work education for practice and promotes the goals of individual and community well-being and social justice. CSWE pursues this mission through setting and maintaining policy and program standards, accrediting bachelor's and master's degree programs in social work, promoting research and faculty development, and advocating for social work education. *Strengthening Aging and Gerontology Education for Social Work (SAGE-SW)* is a project of CSWE and funded by the John A. Hartford Foundation of New York City to strengthen geriatric and gerontological social work. The Hartford Foundation has funded a number of projects through its social work initiative (see Appendix A), and has given a specific charge to *SAGE-SW* to develop and disseminate this action plan to strengthen gerontological social work, and seek discussion and action among social work professionals and a variety of other stakeholders.

## SOURCES OF INFORMATION

Background data and information for this *Blueprint* were derived in the following manner:

- A comprehensive review and analysis of gerontology and gerontology-related social work education and demographic literature (see annotated bibliography at [www.cswe.org/sage-sw/](http://www.cswe.org/sage-sw/));
- Focus groups with over 135 social work practitioners, educators, employers, students and members of other professions;
- Student surveys;
- A national competencies survey of social work practitioners and educators, both with and without interest in aging;
- Outreach meetings with stakeholders such as representatives from social work education and practice organizations, aging organizations, government agencies and the community-based agencies in which social workers practice;
- An advisory panel of social work educator and practitioner leaders with interest in gerontology (see listing in Appendix B);
- Collaboration with the other Hartford Geriatric Social Work Initiative projects;
- Roundtable exchanges;
- Technical assistance from over 35 national practice and academic experts; and
- Information collected from social work faculty through *SAGE-SW* interest forms.

Unless otherwise noted, issues and data are derived from the *SAGE-SW* project.



# Executive Summary

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**As the median age of the U.S. population edges upward, human service professionals in all disciplines anticipate a significant increase in the need for competence in issues related to aging. Is social work prepared to meet the challenges and build on the opportunities of these changing demographics?**

With the Baby Boom generation approaching older middle age and with advances in health care extending the average life span, the U.S. population includes a rapidly increasing number of adults older than 65 and an unprecedented number of the oldest old (85 and older). In addition to rapid growth of the oldest-old, there is a significant increase in the diversity of the aging population. As a result of these demographic changes, there will be a greater need for social workers to use their skills to enhance the quality of life for older adults and their families and to assist them in navigating ever-changing and increasingly complex health, mental health, social service and community environments. Social work offers a comprehensive approach to meeting an individual's physical, emotional, spiritual and social needs, and this perspective will be essential in providing services to older Americans and their families.

As the need for gerontological social workers increases over the next decade, the shortage will be acute unless dramatic changes occur in educational outreach, incentives and opportunities and in the system that supports and encourages social workers to pursue specialization in gerontology. The rapid increase in older adults also suggests that *ALL* social workers should have basic competence in aging. Although most social workers want and need education about aging, social work education does not now include sufficient attention to the subject.

The Council on Social Work Education's (CSWE) Strengthening Aging and Gerontology Education for Social Work (SAGE-SW) project has gathered information and developed a *Blueprint* for action. This *Blueprint* was created with funding support from the John A. Hartford Foundation, which currently funds four major efforts (see Appendix A) designed to enhance the geriatric competence of social workers. The *Blueprint* is aimed at creating an environment in which aging knowledge and skills are valued by the profession, and the knowledge and skills of the social work profession are valued by employers, consumers, and other professions. This document calls for action and leadership by social work practitioners, administrators, academics and researchers, as well as other stakeholders in the aging network in order to:

- Prepare social workers for practice in a wide range of settings with diverse, multigenerational clients;
- Prepare researchers, educators, policymakers and administrators who have the expertise and the vision to promote the optimal well-being and support of older adults and their families; and

- Develop and promote an environment in which employers, payors, funders and consumers understand and value the contributions of social work services for older adults and their families.

The CSWE/SAGE-SW's data gathering efforts suggests that a significant proportion of social work faculty and students are not fully aware of the range of settings and practice opportunities in gerontology. In addition, social work education must adapt itself to better prepare students for practice and to meet the increasing need for social workers competent in aging. At the same time, a significant public relations effort is needed to help employers, insurers, policy-makers and other human service professionals recognize the important contributions social work can make to the well-being and quality of life of older adults.

In education, too few programs provide gerontology curriculum at the bachelor's (BSW) level or specialization at the master's (MSW) level (Damron-Rodriguez et al., 1997). Focus groups indicated that, in most programs, unless a student entered the program with knowledge or interest in aging issues, they had little opportunity to acquire it at the MSW level. In addition, there are few social work-sponsored opportunities for working professionals to participate in continuing education on aging. CSWE recognizes that competing interests are a normal part of professional education in any field, but the goal is to expand gerontology education to place it on equal footing with the other fields. This is necessary since most social workers will practice with the elderly and/or their families (Reed et al., 1992).

The strategies developed to address the need for leadership in gerontological social work at all levels, from practice to policy, include the following:

- Increase the visibility of gerontological social work to the public and to other professionals;
- Answer serious questions about workforce issues for social work, such as job demand, pay, and work environment;
- Increase opportunity and support for gerontological social work research;
- Develop strategies and resources to strengthen the capacity of all social work education programs to provide gerontological education;
- Increase opportunities to strengthen practitioner competence;
- Increase interdisciplinary educational opportunities to better prepare practitioners to work with older adults and their families;

- Strengthen the gerontological content of the basic social work curriculum;
- Strengthen faculty competence aging and gerontology;
- Expand conceptions of diversity and lifespan to include aging; and
- Develop and strengthen student interest in serving older adults and their families.

**This *Blueprint* provides a set of challenges for which leadership and action are imperative in order that the social work profession is able to meet the needs of a growing aging population.**

# Introduction

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## THE DEMOGRAPHIC IMPERATIVE

Medical, technological and lifestyle advances have extended the longevity of the typical American, increasing the median age from 28 in 1970 to 36 in 1999 (Administration on Aging, [AoA], 2000b). In 2000, 13 percent of the population was 65 and older; by 2030, more than 20 percent of the population will be older than 65 (AoA, 2000b). In the last 20 years, the number of people 85 and older has doubled, and the number of people 100 and older has tripled (AoA, 2000b).

The future will bring an even greater increase in the number of people in the oldest-old (85+) category, and this population group has higher incidence of dependency and disability than those aged 65-84 (AoA, 2000b). In addition to rapid growth of the oldest-old, there is a significant increase in the diversity of the aging population. The population of aging Hispanic Americans, African Americans and Asian Americans will grow at even greater rates than the population of older whites (AoA, 2000b). The diverse aging population includes growing numbers of lesbian, gay, bisexual and transgender older adults, immigrants and refugees, persons with developmental disabilities, adults living alone, and older persons in prisons.

**As Baby Boomers reach age 65, there will be a greater need for social workers to use their skills to enhance the quality of life for older adults and their families and to assist them in navigating ever-changing and increasingly complex health, mental health, social service, and community environments. Social work is unique among health and mental health professions because its practitioners consider the physical, mental and social aspects of a person. Social work offers a comprehensive approach to human development that is essential in the provision of services to older adults and their families.**

As adults age, they face a combination of physical, social and psychological changes that differ from the experiences of adults in younger age groups. The changes associated with aging are synergistic in their effects on an older adult's quality of life and on the need for supportive services. The comprehensive view of human needs that social work affords makes the social worker a key member of any interdisciplinary service delivery team. Social workers provide an array of clinical, social, and case management services to individuals, families, and communities. They also serve as administrators, advocates, and policy analysts. They work with older adults, their family members and with other service providers to optimize the older adult's independence and well-being. With an increasing number of intergenerational families composed of three, four and five generations and with a

growing number of grandparents raising their grandchildren, social workers can provide critical assistance to families juggling the demands of multigenerational caregiving (AoA, 2000a).

**Moreover, the social work profession, and particularly social workers that work in health care and social services, will have increasing involvement with a diverse population of older clients and their families (Peterson & Wendt, 1990; Damron-Rodriguez & Lubben, 1997). The demographics of aging clearly indicate a need for social workers that specifically work in services to the aged, and also suggest that all social workers need basic aging-practice competence.**

## SOCIAL WORK AND GERONTOLOGY

In 1987 fewer than 30,000 U.S. social workers were working either full-time or part-time with the elderly. By 2010 when the Baby Boomers begin turning 65, projections suggest that 60,000 to 70,000 social workers will be needed (National Institute on Aging [NIA], 1987).

These findings create an imperative for human service professionals to demonstrate necessary competencies in service delivery to older adults. Unfortunately, the most recent research indicates that there may in fact be a scarcity of adequately trained social work professionals to provide the kind of care and services required to meet the needs of an aging population.

In a profile of contemporary social workers and their roles in the profession, it was found that about 16% of baccalaureate social workers (BSW) and only 4% of masters of social work (MSW) graduates work specifically in services to the aged (Gibelman & Schervish, 1997; Teare & Sheafor, 1995). Further, a survey of members of the National Association of Social Workers (NASW) found that 62% of respondents, regardless of specialty, indicated that they needed aging knowledge (Peterson & Wendt, 1990). In addition, the Council on Social Work Education's Strengthening Aging and Gerontology Education for Social Work (CSWE/SAGE-SW) national competencies survey of practitioners and academics, both with and without interest in aging, found that over one-half of the 65 competencies included in the survey were ones thought to be needed by all social workers.

**Social work practice with older adults is a highly stigmatized field of practice...[stemming] in large part from negative stereotypes of the elderly...[and a] view that aging service positions are not adequately challenging (Scharlach et al., 2000, p. 529). However a significant portion of all**

**social workers come into contact with older people and need basic skill and knowledge to work responsively and effectively with a growing aging population (Reed et al., 1992; Damron-Rodriguez & Lubben, 1997).**

Until recently, the response to changing demographics by the social work profession has been limited. The culture of the profession appears to have been strongly influenced by *ageism*—negative attitudes and stereotypes—about work with older people (Damron-Rodriguez et al., 1997). This may be due, in part, to a lack of leadership on a national level by social work practice, education and research organizations. In addition, there are a dearth of models and best practices that are easily available to assist educators, practitioners and researchers to address the misperceptions regarding gerontological social work practice and employment opportunities.

A significant issue for gerontological social work focuses on the educational environment and preparation for practice with older people. The majority of both BSW and MSW educational programs offers students little direct or infused gerontology content (Scharlach et al., 2000). A major study of funding for the education and training of geriatric-care personnel indicate that “there are national shortages of geriatric-care personnel in the medical, mental health, and social service professions who are prepared to provide effective services for the nation’s older population” (Dawson & Santos, 2000, p. 1). Social work, an integral part of the interdisciplinary geriatric team, has few full-time gerontological social work trainees in field practica. Social work educators reported that programs were losing interested faculty “due to a lack of grant support for aging-related programs” (Dawson & Santos, 2000, p. 14). Lack of trainee funding for first year MSW placements was seen to be the primary reason for the limited supply of gerontologically trained social workers (Dawson & Santos, 2000). Other than the “Veterans Administration Geriatric Research Education and Clinical Centers, no significant national resource presently exists for supporting students interested in aging” (Scharlach et al., 2000, p. 528). Historically important support for curricula enhancement, demonstration projects and training have all but been eliminated from the Administration on Aging discretionary budget. Specifically designated funding from the Bureau of Health Professions (BHPr) for gerontological social work has been placed in a broad behavioral sciences category that invites funding competition from a variety of professions.

Major efforts are required to address population changes, the needs of the increasingly diverse older population, and the broadening range of health and social service settings in which professional social workers will be involved. Efforts should:

- Prepare social workers for practice in a wide range of settings with diverse, multigenerational clients;
- Prepare researchers, educators, policymakers and administrators who have the expertise and the vision to promote the optimal well-being and support of older adults; and
- Develop and promote an environment in which employers, payors, funders and consumers understand and value the contributions of social work services for older adults and their families.

The John A. Hartford Foundation has taken leadership in recognizing the important role that social workers play in enhancing the well-being of older people. They have funded several initiatives including the Faculty Scholars program, the Practicum Development project, the Doctoral Fellows program and the CSWE/SAGE-SW project (see Appendix A). These initiatives are an excellent beginning, but there is much work remaining. The material that follows examines the critical issues that create the current climate of social work and gerontology and suggests direction and action for strengthening social work leadership and response to a growing aging population.

# Issues and Suggestions for Action

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**ISSUE I: There has been a lack of sustained national leadership focused on changing the culture of social work in order to strengthen the profession's response to a growing aging population.**

- There has been a lack of visibility and leadership among gerontological social work practitioners, researchers and academics.
- Gerontological social work has suffered from the lack of a consistent central point of contact and clearinghouse for inquiries, information, and resources for practitioners, educators, employers, the media, and governmental and non-governmental aging-related organizations.
- Gerontological social work education lacks sufficient role models and mentors.
- There has been a lack of leadership in academia to strategically address competing curricular and organizational demands that impinge on strengthening gerontological social work.
- Efforts to enhance the status of gerontological social work in such areas as licensing, credentialing, or program accreditation have been fragmented and ineffectual (Berkman, Dobrof, Damron-Rodriguez & Harry, 1997).
- Studies have demonstrated a lack of attention to aging in publications by national social work practice and education organizations.

## RECOMMENDED ACTIONS

**A. Gain a commitment from a national social work organization, such as the Council on Social Work Education (CSWE), that can easily communicate with and influence a broad spectrum of stakeholders to provide a central point of information, linkage, visibility, educational resources, and communication aimed at strengthening social workers' ability to respond to a growing aging population.**

### *Suggested activity*

1. Developing, facilitating and maintaining ongoing sources of communication with educators and practitioners, such as newsletters, webpages, fact sheets, listserves, resource databases, and journal articles.
2. Providing ongoing information and communication with a wide variety of stakeholders through exhibits, conference presentations, technical assistance, workshops, and seminars.

3. Providing a central location for developing and using expert technical assistance.

**B. Foster opportunities within national social work organizations to organize gerontological social work leadership to influence and institute professional change.**

### *Suggested activity*

1. Facilitating ongoing collaboration among social work educational organizations such as the National Association of Deans and Directors of Schools of Social Work (NADD), the Association of Baccalaureate Social Work Program Directors (BPD), the Association for Gerontology Education in Social Work (AGE-SW), and CSWE to create increased visibility for gerontological social work and increased opportunities for leadership.
2. Increasing advocacy regarding gerontological issues within national social work organizations.
3. Increasing the number and influence of aging specialists in national social work organizations and on national committees, such as NASW, CSWE, American Public Health Association (APHA), and the Society of Social Work Leadership in Health Care.
4. Accessing funds to support prominent aging and gerontology-related keynote speakers for national social work meetings such as CSWE and NASW, various social work specialty conferences, and BPD.
5. Increasing the numbers of aging specialists on national examination writing committees of such organizations as the Association of Social Work Boards and NASW credentials programs.
6. Adding professional staff in gerontological policy, government relations and advocacy at NASW and other professional social work organizations.
7. Assessing the efficacy of developing state and national examinations in gerontological or geriatric social work.
8. Developing appropriate and consistent social work auspices to foster collaboration and communication with social work and aging interest groups and organizations.
9. Sponsoring periodic national social work-specific forums or conferences on gerontological social work policy, practice, and education, with resulting publications, in order to attract deans, directors, researchers and faculty in social work as well as practitioners.

**ISSUE II: The majority of social work faculty, students and employers are not aware of the range of roles, settings and practice opportunities in gerontology.**

- Potential employers often have limited awareness of the breadth and potential impact of social work skills in the workplace.
- Employers and non-social work professionals often can identify a number of social work roles and skills but are not always able to differentiate roles of BSWs and MSWs.
- Other professionals perceive that social workers are good advocates for their clients but often are not effective advocates for themselves.
- Employers suggest that social workers do not apply for relevant, available jobs often because positions did not specify “social work,” salaries were low, or the position may isolate them from other social work professionals.
- Employers that want professional social workers in their agencies often encourage their current employees to obtain a BSW or MSW degree, or they actively seek field practicum students whom they can “train” and then employ.
- Both the literature (Scharlach et al., 2000; Gibelman & Schervish, 1997; Berkman, Dobrof, Damron-Rodriguez & Harry, 1997) and CSWE/SAGE-SW data suggest that a number of employment and marketplace questions may play an important part in the lack of attention to gerontological preparation and practice. Among the most prominent questions concern whether: there are a sufficient number of good, well-paying jobs for both BSWs and MSWs in aging; whether there are significant regional variations in job opportunities; whether many social work positions in aging are professionally isolated; and whether older adults and their families are under-served because agencies and other professions are not clear about what social workers do.

**RECOMMENDED ACTIONS**

**A. Increase the visibility of gerontological social work in the public and to other professionals.**

*Suggested activity*

1. Developing and carrying out public relations campaigns or marketing programs to targeted audiences regarding the value of the roles and services of professional social workers. Targeted audiences may include:
  - aging community organizations such as AARP, American Society on Aging (ASA), National Association of Area Agencies on Aging (N4A), and
  - potential employers, such as assisted living organizations and medical services, regarding the value of hiring, promoting and training gerontological social workers.
2. Developing and implementing strategies to increase the visibility of the profession with aging-related organizations

(e.g., Assisted Living Federation of America, Alzheimer’s Association, National Hospice), with government agencies, and with other health, mental health and social services professional organizations.

3. Developing and implementing strategies to educate employers about why, how and where to use social workers.
4. Developing videos directed at primary, secondary and baccalaureate students to increase the visibility and interest in social work with older people.

**B. Answer serious questions about need and demand for social work services, pay, and work environment, and widely disseminate that information.**

*Suggested activity*

1. Conducting a task analysis of gerontological social work activity at both the BSW and MSW levels.
2. Convene a national panel from such organizations as CSWE, NASW, AGE-SW, and the Society for Social Work Leadership in Health Care, to review BSW/MSW responsibilities, salaries, and supervisory issues, and then make recommendations to the profession.
3. Developing a national cadre of policy experts (e.g., from NASW, CSWE, AGE-SW, NADD, BPD, the Institute for the Advancement of Social Work Research (IASWR) membership, social work health care organizations) to work with and influence employers, Congress, funders and payors to recognize the value of gerontological social work.
4. Disseminate information on the role and value of social work with older people to the public, employers, other professionals, and the media.

**ISSUE III: Gerontological social work research, particularly practice-based, outcome research is very limited.**

- Both faculty with interest in aging and those without such interest did not see much funding, university support or opportunity for social work research in aging.
- Practitioners frequently cite the need for more social work practice-based, outcome research.
- There is a lack of evidence-based research regarding the value of gerontological social work (Scharlach et al., 2000).
- Field supervisors in aging settings, particularly those in rural and inner-city areas, feel that their agencies are an untapped but rich opportunity for mutually beneficial student-based learning and student and faculty research.

**RECOMMENDED ACTIONS**

**A. Increase opportunity and support for gerontological social work research.**

**Suggested activity**

1. Providing a focal point for research, such as IASWR, in collaboration with the Association for Gerontology Education in Social Work (AGE-SW) and the Gerontological Society of America (GSA), to reach out on behalf of social workers to strengthen their relationship with the National Institute on Aging (NIA) and other relevant government agencies, including: the Health Resources and Services Administration (HRSA), the Health Care Financing Administration (HCFA), the Agency for Healthcare Research and Quality (AHRQ), the Department of Veterans Affairs (VA), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Aging.
2. Developing a program to actively promote gerontological research within the social work education community and among doctoral students.

**B. Increase emphasis on practice-based, measurable gerontological social work research.**

**Suggested activity**

1. Developing strategic incentives to reach out to gerontological faculty and field supervisors to conduct practice-based research.
2. Encouraging the BHP, NIA, HCFA, SAMHSA, AHRQ, and VA to fund studies that will examine social work outcomes.
3. Developing a strategy to reach out to organizations and foundations that are potential stakeholders to encourage social work outcomes research (e.g., the Hartford Foundation, the National Alliance for Caregiving (NAC), the Alzheimer's Association, AARP).
4. Developing social work curricula that includes gerontological practice outcomes studies, focusing on case/care management and mental health services.
5. Developing protocols for gerontological social work in a variety of settings.

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**ISSUE IV: A majority of all practicing social workers indicate a need for some basic knowledge about aging, yet few have had gerontological training or education including important interdisciplinary skills.**

- Most gerontological practitioners indicate the need for continuing education content in a variety of areas including: medical aspects of aging, improvement of social work skills, health status, assessment, normal aging, functional status, and modifications in communication techniques (Gleason Wynn, 1995; Greene, 1990).
- Few social work education-based continuing education programs or NASW chapter continuing education programs have aging content.

- Both degree-seeking students and practitioners looking for continuing education can benefit from gerontology certificate programs.
- Many workplaces and payors do not recognize the need for interdisciplinary practitioner training, and college and university organizational cultures often do not foster interdisciplinary educational efforts.
- Other than programs from Geriatric Education Centers (GEC), data indicate few efforts to provide needed interdisciplinary continuing education programming for practitioners.
- Social workers generally are not prepared to work in the growing interdependent, interdisciplinary environment of aging services (Scharlach et al., 2000).

**RECOMMENDED ACTIONS**

**A. Increase opportunities to strengthen professional competence.**

**Suggested activity**

1. Undertaking studies to assess the availability, structure, and utility of certificate programs in the field of aging, especially in social work education.
2. Developing models and materials for implementation of gerontology certificate programs in the field of aging.
3. Organizing and conducting workshops for social work academia on implementing certificate programs.
4. Developing outreach and collaboration on continuing education between CSWE and NASW chapters.
5. Developing collaborative continuing education models through demonstration programs with CSWE, NASW chapters, the American Society on Aging (ASA), GECs, the Department of Veterans Affairs (VA), and national aging interest organizations (e.g., Alzheimer's Association, NAC and other caregiver organizations, Diabetes Association, National Hospice, long-term care associations and long-term care companies).

**B. Increase interdisciplinary educational opportunities to better prepare practitioners to work with older adults and their families.**

**Suggested activity**

1. Developing interdisciplinary dialogues through such organizations as the Association for Gerontology in Higher Education (AGHE), ASA or GSA to examine areas of competency intersection that lend themselves to interdisciplinary teaching and practice (e.g., medicine, nursing, psychology, occupational therapy, architecture, business).
2. Developing funding strategies for government agencies and foundations to create or expand Multidisciplinary Training Centers (e.g., Geriatric Education Centers of the HRSA BHP) that include BSW and MSW training for work with older adults and their families.

3. Developing funding to create or replicate models of interdisciplinary and multidisciplinary education and continuing education.

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**ISSUE V: The majority of social work programs, both BSW and MSW, currently have limited resources and capability to strengthen gerontology education, and limited incentive to improve the situation.**

- Relatively few social work education programs have faculty and financial resources or institutional support for gerontology specialization, sequences, or course offerings (Damron-Rodriguez et al., 1997; Scharlach et al., 2000).
- Few MSW programs have sufficient resources to be eligible for current Hartford Foundation field or faculty development initiatives (Damron-Rodriguez et al., 1997).
- Continuing education courses and gerontological certificate programs, when available, were highly valued by field supervisors, aging service workers and employers.
- Faculty with aging interest felt that the CSWE Curriculum Policy Statement of 1992 (CSWE, 1992), and future Educational Policy and Accreditation Standards (EPAS), need to be strengthened in regard to aging in order to encourage more curricular attention.
- The Curriculum Policy Statement of 1992 mentions aging but provides no prescriptive methods for adding content to the curriculum.
- CSWE site visit accreditation teams for BSW and MSW programs generally do not focus on aging, and are not prepared to assess and help educational programs to strengthen aging content.

**RECOMMENDED ACTIONS**

**A. Develop strategies and resources to strengthen the capabilities of all social work education programs.**

*Suggested activity*

1. Developing funding for “Centers of Excellence” at the BSW and MSW levels for infusing aging content into the class and field.
2. Encouraging CSWE to develop a range of faculty development strategies and opportunities to enhance the gerontological capabilities of all social work faculty.
3. Empowering people invested in gerontological social work (e.g., AGE-SW members) to engage CSWE, NADD, and BPD in efforts to promote the infusion of aging content into the social work curriculum.
4. Developing local government, foundation and private individual support for student education programs and stipends.
5. Assessing and disseminating models and methods of developing self-sustaining programs related to gerontological

social work (e.g., continuing education programs, training of practitioners, field/school grant partnerships).

6. Encouraging the development and wide dissemination of strategies to attract the interest of field agencies and the aging practice community to help bridge the gap in aging resources for social work education programs.
7. Compiling and disseminating low-cost strategies for increasing attention to aging in both BSW and MSW programs.
8. Strengthening the proposed CSWE Educational Policy and Accreditation Standards in regards to aging, and better prepare all accreditation site visitors to assess and encourage inclusion of gerontological education opportunities.

**B. Expand the capabilities of programs with aging resources.**

*Suggested activity*

1. Developing models and strategies for expanding the network of mentors and instructors in collaboration with NADD, BPD, AGE-SW, and practitioner organizations.
2. Developing policies and incentives to encourage faculty members to participate in the local aging network.
3. Developing models that use corporations, Employee Assistance Programs (EAP), bank trust departments, elderlaw offices, and other non-traditional settings as field placements.
4. Encouraging the use of classroom faculty as field supervisors in non-traditional settings.
5. Developing programs of “Best Practices” agencies on the local, state and national level.
6. Providing incentive programs for gerontological field instructors, such as free classes at the university.
7. Offering scholarships for those in the aging field to obtain MSW degrees that concentrate on aging, disabilities and health care.
8. Developing prominent programs, scholarships, and awards that publicly recognize gerontological field instructors.

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**ISSUE VI: The majority of both BSW and MSW students are provided little or no training or experience in working with older adults.**

- Knowledge about aging, especially among MSW students, is disturbingly low.
- Most BSW and MSW curricula do not adequately cover issues of adulthood and aging when teaching the lifespan.
- Most BSW and MSW curricula provide little content in relation to quality of life issues, end-of life issues, the vulnerability of older people, and special issues related to older persons from diverse cultural, ethnic and racial groups.

- When content on aging is included in curricula, it most often is found in the required foundation course, Human Behavior and the Social Environment (HBSE), and little is known about the quality or quantity of this material.
- There is wide variation among social work programs regarding the extent to which aging content is infused in the foundation curriculum.
- Few students are exposed to faculty or guest speakers with expertise in aging or to academic experiences related to work with older adults and their families.
- Most certificate programs that currently exist are interdisciplinary in nature, and social work students often are not encouraged to participate.
- Diversity and cultural competence course content often lacks material on older adults.

## RECOMMENDED ACTIONS

### A. Strengthen the social work curriculum regarding aging, and by developing infusion and integration materials for foundation and non-aging courses.

#### *Suggested activity*

1. Refining the CSWE/SAGE-SW Gerontological Competencies (see [www.cswe.org/sage-sw/](http://www.cswe.org/sage-sw/)) for use in teaching on both the BSW and MSW level.
2. Organizing leadership to strengthen the CSWE Curriculum Policy Statement in regard to inclusion of aging content, and use a lifespan approach to organizing curriculum.
3. Developing standards of practice for social work with older adults and for social work in acute and long-term care settings that then can be translated into curriculum content.
4. Using the CSWE/SAGE-SW competencies, develop infusion or integration materials and modules on aging for the entire foundation curriculum.
5. Adapting infusion and integration materials as content for BSW and MSW faculty development training.
6. Organizing social work experts to collaborate with social work textbook publishers to add aging content and more complete lifespan approach texts for the foundation curriculum and for specialty curricula.

### B. Expand conceptions of diversity and lifespan to include aging.

#### *Suggested activity*

1. Promoting an organized, national effort to develop infusion materials on aging for diversity courses.
2. Expanding NASW and CSWE definitions of diversity to explicitly include aging.
3. Advocating for clearer articulation of the social work role with aging families and intergenerational caregivers by

national social work organizations such as NASW, CSWE, BPD, NADD, AGE-SW, and the Society for Social Work Leadership in Health Care.

4. Advocating for changes, when warranted, in textbooks, journal articles and national licensing examination questions, to include diverse populations of aging adults.
5. Advocating for the inclusion of older adults as an important component of Child and Family courses.
6. Providing learning and mentoring opportunities for diverse groups of students with faculty, field supervisors and mentors from diverse backgrounds.
7. Developing and supporting a cadre of 8-10 expert practitioners who can provide lectures and seminars on aging practice, lifespan issues, and cultural competence to BSW and MSW programs.
8. Encouraging gerontological social work researchers and faculty to seek funding in minority aging (e.g., National Institute on Aging and CSWE Minority Fellows Program in Mental Health).

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### ISSUE VII: One obstacle to greater infusion of aging content into the social work curriculum is that faculty who provide training (in class and in the field) frequently have little or no training themselves in aging. Faculty who are unfamiliar and/or uncomfortable with aging content need teaching resources.

- The CSWE/SAGE-SW Gerontological Competencies Survey revealed that out of the groups surveyed, social work faculty had the least amount of education or continuing education in gerontology.
- Various models of faculty preparation have been developed but are underutilized in gerontology (e.g., training trainers, interdisciplinary models at a single university, such as health-related faculty, summer workshops, multi-university training consortia).
- Faculty are interested in accessing a reliable, central place for teaching resources and inquiries regarding social work aging curriculum.
- Curriculum resources for infusing aging content are less available than material to teach specialized aging courses.
- Since at least 16% of BSWs work in aging, BSW faculty have special need to be comfortable with teaching aging content.
- There is need for faculty and directors of BSW programs to learn about models and examples of teaching aging content in the classroom and field.

## RECOMMENDED ACTIONS

### A. Disseminate faculty resources.

#### *Suggested activity*

1. Develop collaborative strategies with CSWE, BPD, NADD, and AGHE to create a resource center for infusion and integration materials on aging for social work courses.
2. Develop infusion/integration compendia and other publications with CSWE, BPD and others.
3. Make materials and resource lists widely available to social work faculty at CSWE, BPD and other conferences and meetings for social work educators.

### B. Strengthen faculty competence.

#### *Suggested activity*

1. Developing prestigious BSW and MSW faculty development programs at nominal or no cost to participants that reach out to large numbers of faculty. Types of programs can include: train-the-trainer workshops and summer workshops (multidisciplinary, single university, consortium of schools, regional).
2. Developing and conducting, with AGE-SW expertise, Faculty Development Institutes and on-line training for BSW and MSW faculty that teach non-aging social work curricula.
3. Developing funding sources for faculty to conduct research in a variety of aging network agencies.
4. Developing funding sources to create a significant number of demonstration BSW and MSW programs in which faculty members are paid to serve as field liaisons to students in aging and aging-related agencies.
5. Developing collaborations with NASW chapters to have members or retired members interested in aging mentor students and faculty and serve as resources in the classroom.

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**ISSUE VIII: Students and faculty with interest in aging perceive that gerontology is less valued than other curriculum areas and report a significant degree of ageism among faculty, students and administrators. Most students indicate a lack of interest in specializing or working in aging, and those who had such interest felt little faculty or curricular support.**

- Those students with interest in aging or planning to specialize in aging did not feel they were mentored or encouraged in the same way as students in other specializations. When there was faculty leadership, it was frequently dependent on one person, often adjunct, who had limited impact on the rest of the students' education.
- Students who come to their social work education with an interest in aging may not feel encouraged in their interests because of the lack of specialized courses on aging and the lack of content on aging in the foundation curriculum.

- Students, particularly BSW students, have expressed a much greater interest in gaining knowledge about older people than expected by faculty. Often this interest is not encouraged.
- Previous interventions to change student attitudes about aging or working with the cognitively impaired have not been very successful (Kane, 1999).
- Many students with interest in aging, or specializing in aging, were themselves 40 years of age or older.
- Most focus group participants felt that increasing incentives, including the availability of stipends, and heightening visibility about aging would be positive steps in developing increased student interest in aging.
- Students suggested that the first exposure to aging should provide a balance between various stages of health and frailty, and not focus exclusively with death or severely impaired elders.
- Too often field placements do not create exposure to older clients because they lack: foundation course projects requiring interviews with older adults or required foundation year field placements that serve clients across the lifespan.
- Infusion of aging content is an effective way to help students learn more about how aging and mental health issues intersect to affect service provision (Cummings & Kropf, 2000).
- Infusing content on aging can prepare all students for the "multi-dimensional challenges" involved with practice with older adults (Cummings & Kropf, 2000, p. 94).

## RECOMMENDED ACTIONS

### A. Develop and strengthen student interest.

#### *Suggested activity*

1. Pursuing the development of gerontological social work student organizations (BSW, MSW and Doctoral) on campuses and within social work and aging organizations (e.g., CSWE, NASW, ASA, GSA).
2. Developing funding for BSW and MSW student paper and poster presentations at state and national conferences.
3. Developing and widely disseminating professional videos on various aspects of social work with older adults and their families to libraries, to ASA, and to BSW and MSW programs.
4. Developing strategies for providing both BSW and MSW students with foundation field experiences that are multigenerational.
5. Expanding opportunities for student exposure to gerontological social work, such as through infusion of aging case studies and content into foundation curriculum, increasing guest speakers in gerontology in all foundation classes, and increasing assignments or projects that are gerontology related.

**B. Developing and expanding financial incentives to increase student interest.**

*Suggested activity*

1. Encouraging student loan forgiveness programs for students who specialize in aging.
2. Assessing sources of support for student stipends, such as federal and state government agencies, foundations, and aging interest organizations.
3. Developing a strategic plan for advocating for establishment and expansion of student stipends.
4. Developing an active network for disseminating information on student funding opportunities through social work education schools and programs, as well as the community college level.

**The issues and suggested strategies for action cited in this *Blueprint* are intended to involve a broad array of stakeholders in their development and implementation. A number of suggested activities can be accomplished without new resources, but with empowered educators, practitioners and advocates. Leadership will be needed to create the necessary culture change, address the ageism of our society and within social work education and ensure that all social workers are ready and able to enhance the well-being of older people and their families. These recommendations can be viewed as a set of challenges for which action is imperative. These recommendations are directed to the social work community, those who can and should hire social workers, to funders and to policymakers.**



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# Appendix A

## HARTFORD GERIATRIC SOCIAL WORK INITIATIVE (HGSWI)

There is a clear disconnect between the education of social workers and the demand for geriatrically-knowledgeable social workers in practice. When members of the National Association of Social Workers (NASW) were surveyed, 62% reported that geriatric knowledge was required in their professional work (Gibelman & Schervish, 1997). Despite this, only 2.7% (938) of the nearly 35,000 students pursuing master's degrees in social work select an aging concentration (Lennon, 2000). Even more troubling, however, is that for the remaining 97% of students, fewer than 2% take any courses in aging during their graduate education (Damron-Rodriguez et al., 1997).

The Hartford Geriatric Social Work Initiative (HGSWI) seeks to strengthen and advance social workers' practice with older adults by enhancing social work education's capacity to train aging competent social workers. It is designed to build on the small cadre of geriatrically-knowledgeable social workers and develop leaders for the future. It will also develop an infrastructure in academic and professional organizations that can sustain a focus on the needs of the elderly. Specifically, the Initiative includes efforts to:

1. Develop faculty members committed to research and teaching about health and supportive needs of elders;
2. Develop field training sites necessary for students to gain a true appreciation of the need for, and rewards of, geriatric social work;
2. Build consensus on geriatric competencies needed by social workers and a clearinghouse for geriatric teaching tools; and
2. Provide dissertation grants and other career enhancements to social work doctoral students specializing in gerontology.

Woven throughout the Initiative is an effort to strengthen the connections between those institutions that provide care to the elderly and those that educate the social work professionals who will go on to provide services.

### **Geriatric Social Work Faculty Scholars Program**

<http://www.geron.org/socialwork.html>  
Gerontological Society of America  
1030 15th Street NW, Suite 250, Washington, DC 20005  
Barbara Berkman, Ph.D. (Columbia University)  
Linda Harootyan, MSW  
Phone: (202) 842-1275

### **Geriatric Social Work Practicum Development**

<http://socialwork.nyam.org/>  
New York Academy of Medicine  
1216 Fifth Avenue, New York, NY 10029  
Patricia Volland, MBA, MSW  
Phone: (212) 822-7207

- A. Planning Sites (11 sites + Coordinating Center)
- B. Implementation Sites (6 sites + Coordinating Center augmentation)
  1. Hunter College, City University of New York  
New York, NY
  2. State University of New York, Albany  
Albany, NY
  3. University of California, Berkeley  
Berkeley, CA
  4. University of Houston  
Houston, TX
  5. University of Michigan  
Ann Arbor, MI
  6. Partners in Care Foundation  
Burbank, CA (On behalf of four Southern California Schools of Social Work)
  7. Coordinating Center Augmentation  
New York Academy of Medicine

### **Geriatric Social Work Competencies and Clearinghouse (SAGE-SW)**

<http://www.cswe.org/sage-sw/>  
Council on Social Work Education  
1725 Duke Street, Suite 500, Alexandria, VA 22314  
Joan Levy Zlotnik, Ph.D.  
Anita L. Rosen, Ph.D.  
Frank Baskind, Ph.D. (Virginia Commonwealth University)  
Phone: (703) 683-8080

### **Geriatric Social Work Doctoral Fellows Program**

<http://www.geron.org/Hartford/hartfordggsw.html>  
Gerontological Society of America  
1030 15th Street NW, Suite 250, Washington, DC 20005  
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# Appendix B

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## ACRONYMS

<b>AoA</b>	Administration on Aging
<b>AHRQ</b>	Agency for Healthcare Research and Quality
<b>AGE-SW</b>	Association for Gerontology Education in Social Work
<b>AGHE</b>	Association for Gerontology in Higher Education
<b>APHA</b>	American Public Health Association
<b>ASA</b>	American Society on Aging
<b>BPD</b>	Association of Baccalaureate Social Work Program Directors
<b>BSW</b>	Bachelors of Social Work
<b>BHP</b>	Bureau of Health Professions, HRSA
<b>CSWE</b>	Council on Social Work Education
<b>CPS</b>	Curriculum Policy Statement (of the Council on Social Work Education)
<b>EPAS</b>	Proposed Educational Policy and Accreditation Standards (of the Council on Social Work Education)
<b>GSA</b>	Gerontological Society of America
<b>GEC</b>	Geriatric Education Center (of HRSA)
<b>HCFA</b>	Health Care Financing Administration
<b>HRSA</b>	Health Resources and Services Administration
<b>IASWR</b>	Institute for the Advancement of Social Work Research
<b>MSW</b>	Masters of Social Work
<b>NADD</b>	National Association of Deans and Directors of Schools of Social Work
<b>NAC</b>	National Alliance for Caregiving
<b>NASW</b>	National Association of Social Workers
<b>NCOA</b>	National Council on the Aging
<b>NIA</b>	National Institute on Aging
<b>SAGE-SW</b>	Strengthening Aging and Gerontology Education for Social Work
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SSWLHC</b>	Society of Social Work Leadership in Health Care
<b>VA</b>	Department of Veterans Affairs



# Appendix C

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## SAGE-SW ADVISORY PANEL

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