As a foundation executive I have the opportunity to study fields and reflect about their strengths and needs. This talk is the result of a lot of reflection about the field of social work – and social work education in particular.

Today I want to talk about your field and about your students. My hopes are that social workers are recognized for their extraordinary social value and that they are compensated for their work equal to their importance; that social work will be so highly valued, it will attract the best and the brightest students to the field; and that this enables everyone who needs a social worker to have access to one so that every family trying to navigate through our county’s geriatric landscape will have a competent geriatric social worker to guide them.

My hopes for social work imply that I do not think the field is there yet; however, I believe it is on the road to getting there. I would like to give you an outsider’s perspective of how the field is viewed – albeit a nonobjective perspective. Some of the things I have to say about where we are now may not be comfortable to hear. But, I do not believe my hopes are in vain. I would also like to suggest to you how my hope for your field might be realized, and why I believe the change is possible, if it is your hope, too.

To do this, I would like to create some mental snapshots: social work nearly a decade ago, today and a possible picture of the future, with some recommendations of how to create such a future. But first I would like to give you a quick background about what brought me to be invited here today.

As you might have already gathered I am not a social worker. I direct the US program on Ageing for The Atlantic Philanthropies. Atlantic is a large international foundation dedicated to creating lasting improvements in the lives of disadvantaged and vulnerable people. We have programs in ageing, disadvantaged children and youth, reconciliation and human rights and health in developing populations. As part of the US Aging Program, we support a limited number of professions – doctors, nurses, social workers and direct care workers – to be better prepared to care for our country’s older adults. Before coming to Atlantic over a year ago, I was a Senior Program Officer at the John A. Hartford Foundation. It was there that I came to know social work education. I should tell you that the work of foundation staff is similar to that of your graduates. We assess needs, then orchestrate resources to address these needs. Most of your graduates do it for individuals … we do it for a community or for the country.

About ten years ago, I was holding down a full-time job that involved a lot of travel. I was the primary caregiver for a mother with Alzheimer’s and a father who was cycling through hospitals, ICUs, emergency rooms and rehabilitation. Then, my uncle died. My aunt, who had heart disease and diabetes,
sunk into a depression. She was sitting in her living room in the dark in her nightgown, not eating, not taking her medication, which started a series of emergency room visits when she had collapsed from diabetic shock. Even though I was her closest relative I could not be there to meet her needs. It is only, with what I now realize was great luck, that I was able to secure the help of a truly amazing geriatric social worker.

Among the first things she did was battle with my aunt’s primary care physician to educate him that anti-depressants were indeed an acceptable treatment for older adults. She then orchestrated ways to address Aunt Tina’s loneliness and health needs, and ultimately, when Tina needed it, helped her to move to a good nursing home. Robin set a standard for excellence in practice, ensuring that Aunt Tina was well taken care of physically, socially and emotionally. Because of Robin, Aunt Tina’s last years of life were rich and satisfying. Tina was happy when she died.

I thought, “Everyone should be able to have a Robin – an amazingly competent geriatric social worker.” What I came to find out is that is just not possible. There are very few geriatric social workers trained in the country. In fact, there were very few social workers with even minimal training in the needs of older adults. I started questioning why that is and what can be done about it.

At the time I was facing my elder care challenges, I was working at the Hartford Foundation. Hartford had initiated programs to strengthen interdisciplinary geriatrics teams. Through that work, it started to become clear that among the professional groups, the social workers were the least well-acquainted with geriatric principles. We started to ask why.

My first foray into social work was stimulated by my interest in the geriatrics field. I started by searching the literature. There was little data available about the labor market in geriatric social work --- who and how many go into the field, where they practice, how much they make, how long they stay in the field, who the leaders are and to what degree it appears in the curriculum. It was hard to assess what was going on. The search verified, however, that there was a problem. Studies by the government said that the US would need 60-70,000 geriatric social workers by 2010. Though it was hard to find data, it seemed that there were only a few thousand available. Also, an NASW study showed that 62% of those in practice said they needed aging information. Despite this, the majority of social work schools did not incorporate geriatric social work into the curricula in any significant way. As several people explained it to me, aging was often the last day of the life cycle class, if they were able to get to it. There was a structural lag; geriatric social workers were needed but were not being produced in adequate numbers.

I started then trying to talk to social work leaders. I have to admit, I was baffled. There was not a “go to” place that was a voice for social work. I met with NASW, CSWE, BPD, IASWR and others. After months of research I was struck by a couple of things. The most important was that the shortage of geriatric social workers was more than a problem in itself – instead, it represented a symptom of a field that was not flourishing: The field was having a hard time attracting and retaining talent; it was not being compensated at its fair market prices; and it did not appear to be keeping up with the changing society as the other professions had been doing.

In my attempt to diagnose what the core of the problem was, I noted four issues in particular. First, the social work world was extremely fractionated, including the professional organizations as well as the sub-specialties within the field. There seemed to be significant competition for resources, where the sub-specialties within social work were operating as if it was a zero sum game; that if another field gained something it meant less for them. *I could not find a unified social work profession.* It is hard for
outsiders, including those that want to help, to deal with a profession when there was not a unified voice at the core.

Second, I found that social workers speak a different language: “person in environment,” “HBSE,” etc. It was almost as if I had been dropped onto an island where over years the group had created its own language. The people I spoke with did not seem to realize that theirs was a unique language making it much harder for me and my colleagues to understand what they were trying to tell us.

Sometimes I could sense the extreme frustration of the social work leaders with me not “getting” what they are talking about. Now I admit that I can be quite dense sometimes. I think that is some of it, but some of it was that words had specific meaning to social workers that didn’t translate to the same meaning to a layperson. What they were saying and what others (me in particular) were hearing might not have been the same.

This is less critical, but I also found that meetings took an extraordinarily long time. It would take me 2-3 times longer than other professions. Some of it was that I didn’t speak the language, as I mentioned earlier, so translation took some time. In retrospect, though, I think some of it is also a reflection of the field’s orientation to process. There was an expectation that I wanted to be drawn into the process, when in fact, I wanted to know the end point. I’ve heard from others, such as hospital CEOs who are in the position to hire social workers that they have had similar experiences.

Finally, I learned that geriatrics was not on the radar screen. Even though older adults were the fastest growing sector of the population and the group that will be a significant portion of your students’ future clients, the field had not yet recognized this. It made me wonder what prevented the field from seeing the big picture.

I started asking, “How does this field grow and change? Where is the impetus to stay up to date as our society evolves?”

Put together, the picture I saw was a group that was relatively insular; a group that perceived itself as misunderstood and under-resourced and, like many under-resourced communities, was tussling over a limited pie rather than finding ways to expand the available resources. This focus created internal tensions and, as I saw it, was putting the field at risk. The inward looking perspective had a blinder-like effect, limiting it from seeing changes in the environments in which it dwells.

That was 1997. Fortunately, things look different today. Very importantly, I see much greater communication among the social work professional organizations. And you should know and be proud that CSWE’s leadership had a lot to do with creating this sea change. Frank Baskind and Julie Watkins have demonstrated true leadership in building bridges with other social work organizations. I would also recognize Betsy Clark, Executive Director at NASW, for her bridge-building talents.

In fact, the associations have formed an ad hoc group called the National Leadership Council. They are starting to speak with a common and strong voice. For example, they orchestrated a meeting with the Centers for Medicare and Medicaid Services (CMS)—the federal payor for the vast majority of health related services. This dialogue on how to secure greater compensation for social work services was only possible because they came with a unified voice. It is a huge advancement.

As they prepared for these types of meetings, they gained greater awareness of what language works and what does not with us non-social workers. They also focused on the bottom-line message, delivering their
concerns about inadequate funds available for training and for practice reimbursement in a pithy and persuasive way. Similar meetings have been held with other groups who are moving to become allies of social work: the department of labor, bureau of health professions and foundations.

I also see an amazingly responsive social work education community that is working to incorporate aging into its curriculum. In just eight years, the field has mobilized so that there are now more than 600 faculty who have participated in a program to help them add geriatrics to their courses, more than 70 undergraduate and graduate programs have added geriatrics to their curriculum, and nearly 20% of schools have recruited geriatric faculty scholars.

Curricular and training resources have been collected and are available through CSWE’s website and support services. Articles on geriatrics are appearing in social work literature, and some of your best students are pursuing geriatrics programs.

We are learning some important lessons as the leadership unifies and reaches out. I have heard several comments during the discussion with CMS and at other meetings with employers and payers. In most cases there is a general good feeling about social workers — but not a good understanding about what social workers do. My perception has been verified by recent NASW research. Through a series of focus groups, NASW learned that the public has a generally positive image of social workers, but does not understand what education and credentials are required to be a social worker and does not have a grasp of the diversity of the profession.

I have found that those who are positively disposed toward the social work profession, like the people we spoke with at CMS, would be happy to advocate for social workers’ greater reimbursement or for training funds, but they need evidence to bring to their bosses that document the value social workers bring.

I know this is hard to hear. Of course your work and that of your alumni has value – as anyone who has been a recipient of services knows. In fact, this request from CMS and others is not just directed to social workers. This is the way of the world now. For example, physicians will soon be reimbursed on a system called “Pay for Performance.” As they can document quality improvement, they can bill for these improvements. I was recently at a congressional hearing about the future of social services, especially community-based services for children and families, which I hope in your mind’s eye includes older people. The clear message is that the government is only going to pay for services that can prove they are adding value. They are not going to support the needed evaluations of programs; the programs will have to seek private support to do the evaluations that document benefits from the services. This is a key notion that I am going to come back to.

If I can borrow one of your central concepts “person in environment” and look at your “profession in environment” I see challenges for social work. Market forces are working against you. What am I talking about?

First there is a low bar for entry into the real social work labor market. Many positions called “social work,” even those supported by local governments, do not require a social work degree. In some cases, like in hospital settings, nurses are being hired to do social work jobs. In others, like in community service agencies, college graduates with English and history degrees are doing “social work” jobs. It is an economic truism: A profession with leaky borders cannot command high salaries. Compensation is being kept artificially low.
Moreover, as social workers move up the line in organizations, they often drop their identifier as social workers. The truly rich career paths that social workers ascend through become invisible. *It appears* that a social worker’s career ladder is short. Because the bar to entry is low, keeping wages low, and because the career ladder appears to be short, it is hard to attract and retain talent in the field.

You also know that social work wages are low for the degree of training required. This is the low entry bar, but I would offer two additional reasons. The first I already mentioned: There is little evidence to document *social* value as a basis for making the case for *economic* value. Second, while social workers are terrific at advocating for others, they are not as good at advocating for themselves. I think I understand how this humility evolved from the field’s historic roots, but the field’s minimal self-advocacy is putting it at a strong disadvantage in the marketplace.

So, what is the result of all this? First, your students’ potential clients are losing out on the quality care they should be getting because others are assuming roles for which your graduates are better suited. It is also difficult to recruit to the field. I know that many of the schools are struggling with admissions. Finally, it is hard for your alumni to stay in the field because of economic barriers.

**What should social work be doing—and what can you as social work educators in particular be doing?**

We have looked back a short ways and seen some problems. We have looked at some aspects of the current state of the field and seen progress. In particular, we can see a gaining momentum for change – yet there are conditions still limiting the field’s potential. Let’s turn to tomorrow. I believe that social work is at a cross-road. My hopes for your field will not be realized unless each of you and your colleagues actively direct the field toward the right direction at this cross-road.

There is a movement among payers for social and health services toward “pay for performance.” That means you have to be able to show how your graduates’ interventions improve their clients’ well-being. For geriatric social work and for work with low-income clients this will be particularly critical as Medicare and Medicaid reimbursement are to be tied to performance.

This means that the field needs to do much more evidence-based research. You as educators can play a unique role in this. You need to teach your students how to do it and help them to understand why it is important. You need to help them identify the big questions that need to be asked. How do we know our practices are effective? If we find they are not, how do we develop yet more effective methods? If you are not yet familiar with outcomes-based research, then reach out to colleagues in other parts of your schools that do such research. Collaborate with them so that their research expertise and your field expertise combine to meet your academic needs as well as answer important practice questions. In addition, be a loud voice at your school advocating for increasing outcomes based research in the curriculum. I can’t emphasize enough how important this is.

Second, I would ask you to ask yourself and your colleagues how you can take a stronger role in advocating for your profession as well as you do for the needs of your clients. On the public policy scene, social work is not terribly visible. At the meetings where payment and employment decisions are made, social work is not represented. I would urge you to learn more about where the decisions that affect your students’ future professional work life are being made and create a compelling voice to be included in the dialogue. I might add that such arguments will be easier when you have some of the results of outcomes-based research in hand. You may know that National Leadership Council (NLC) is on the cusp of taking a major step forward in this area. They are expanding to a coalition, and will be developing a strategy to
address the limits to the labor force issues such as training funds, direct reimbursement, and defining the boundaries of the profession.

One of the NLC’s strengths is consistent with my next recommendation to you. The coalition is reaching out to others who are affected by the lack of a vital social work labor force. The group includes physician and nursing professional organizations and representatives of potential clients such as AARP and the Alzheimer’s Association. It is a powerful coalition that will be hard to ignore, and it is one example of how social work is turning its formerly parochial approach to now one that ensures that social work is on pace with other professional groups. Again, I urge you to more rigorously look around you to see where your profession is compared to other similarly-trained professionals.

When nursing and medicine started outcomes-based research, where was social work? Why did it not know or perhaps not opt to take this path? It is critical that you create alliances with other professions—where you collectively gain strength so that your clients can fair well. At your schools, actively seek university-wide responsibilities. Keep finding opportunities outside of social work per se to insure that the field is nourished by innovations in other fields.

Let me reiterate my three recommendations to you: (1) Do and promote outcomes-based research; (2) Actively advocate for the profession; and (3) Form alliances with other professionals. As you are doing this, pay attention to the messages that work to gain the deserved recognition for the field. Learn how to deliver these messages concisely. Then, gather your friends within and outside social work and act as a force for positive change so that the field can flourish.

I want everyone who needs a good social worker to be able to have one. I particularly want good social workers available so that I and the 78 million baby boomers like me can navigate our geriatric years. And I want social workers to be appreciated and compensated.

Thank you for your patience and indulgence in allowing me this time with you. I hope you were able to hear these comments as coming from someone who cares about your field. I want your profession to thrive. If this talk does nothing else, I hope it inspires you to talk to each other and to other friends to do an objective assessment of your field. I implore you to be part of this mounting force that is working to make my hopes for your field to come true.

Thank you.