

Current and Future Needs of Gerontological Social Work Practice in Alberta: Findings from the World Café at the Gerontological Symposium in Edmonton, Canada

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Research Ethics

This study was approved by the Research Ethics Board at MacEwan University (REB # 100552).

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Declaration of Interest Statement

No potential competing interest was reported by the authors.

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Abstract

The growing aging population in Canada has multi-faceted psycho-social needs. Social workers are well-positioned to address these needs, despite many challenges. This paper reports findings from the World Café at the Gerontology Symposium in Alberta, Canada, held in 2018. The goal was to learn from social work practitioners, researchers, and educators ($N=49$) about current and future needs of gerontological social work in Alberta. There were two research questions: 1) What strategies do social workers need on the micro, mezzo, and macro levels to help better serve the growing older adult population in Alberta? (R1) 2) How can social workers promote the value and contribution of gerontological social work within the interprofessional community? (R2) The data were analyzed using qualitative content analysis. Ten R1-related themes emerged: personal traits of a social worker; professional skills; bio-psycho-social needs of older adults; community connections; access to benefits; gerontological social work education; integrated healthcare; aging policy; ageism; and advocacy to strengthen the voice of older adults. The three R2-related themes include strengthening the status of the social work profession; building trust through demonstrated skills; and interprofessional education and practice.

Keywords: aging, qualitative research, social work education, World Café, gerontology

Current and Future Needs of Gerontological Social Work in Alberta:

Findings from the World Café at the Gerontological Symposium in Edmonton, Canada

In 2018, the School of Social Work at MacEwan University in the Canadian province of Alberta hosted a Gerontological Symposium with the embedded World Café workshop. The symposium was timely in the context of the growing older adult population in Canada and Alberta. The goal of the World Café workshop as a part of this symposium was to learn about the needs of gerontological social work in Alberta from the perspectives of practitioners, researchers, and educators. This paper reports the findings from the World Café workshop.

It is noteworthy that Canada has one of the highest life expectancy rates in the world at 81.7 years (about 83.9 for women and 80 for men), which is about 15 years longer than the world average (Goldner, Jenkins, & Bilsker, 2016). Owing to this and other changes, older adults (65 and older) are the fastest growing group in Canada, standing just over 17.5% of the general population in the country (Statistics Canada, 2021) and are predicted to increase to about 21% to 29% by 2068 (Statistics Canada, 2019).

The growing aging population in Canada has multi-faceted and complex needs (Franco et al., 2021; O'Connor & Kelson, 2018; Tseng et al., 2019). The complexity of needs in old age extends beyond declining physical health that is common in aging. As Bhatti et al. (2020) state, “[about] 80% or more of our health and well-being are determined by modifiable social and environmental factors that occur outside mainstream biomedical health systems and can be improved at both individual and population levels” (p. 426). In addition to healthcare, older Canadians require access to information, housing, income security, safety, social networks, transportation and other necessary conditions that are necessary to ensure their quality of life (Franco et al., 2021; Reimer-Kirkham et al., 2020).

However, there are many barriers to meeting the growing and complex needs of the older Canadians, with ageism being one of the most prominent (Mistry, 2021). Ageism can be described as a “negative view of aging that devalues seniors based on the mistaken belief that they have little to offer” (The Chief Public Health Officer Report, 2010, p. 92). Ageism can be observed in de-prioritizing and marginalizing older people’s needs and aging in policy, research, education, public service provision, and the day-to-day life; discrimination against older people; and oppressive institutional practices and policies that are based on negative societal beliefs about aging (Azulai, 2014; Mansfield-Green et al., 2015; Sinha, 2012). Addressing ageism to help meet the complex needs of the growing older adult population in Canada requires trained and competent public service workers, including social work professionals, to ensure effective advocacy and high-quality care for older adults, their families, and communities (Boscart et al., 2017).

Social workers with gerontological training are uniquely positioned to address social and environmental factors in aging because of the profession’s traditional focus on the social determinants of health, psycho-social supports, and other “non-clinical factors impacting the health status of older adults ... include[ing]... culture, education, personal health practices, and coping skills” (Mulligan, Bhatti, Rayner, & Hsiung, 2020, p.426) as well as loneliness and social isolation (De Jong Gierveld et al., 2015; The National Seniors Council, 2014). Also, the emphasis on the Anti-Oppressive Practice (AOP) in social work with its sensitivity to diversity are beneficial in helping the older adult population that are ethnically diverse and require culturally sensitive services (Dominelli, 2002; Forsell & Torres, 2012).

Despite this prime position of gerontological social work to help meet the bio-psycho-social needs of older Canadians from a holistic perspective, the profession has been experiencing

a variety of challenges to meet this important goal. The following two sections offer a review of the literature on some of the major documented challenges.

Challenges of Gerontological Social Work in Serving the Older Adult Population in Canada

There is limited research on gerontological social work in Canada (Boscart et al., 2017; Simons & An, 2015). Available professional literature points to many challenges to the development of well-prepared gerontological social work professionals. Perhaps, one of the most prominent challenges is a consistent documented shortage of social work professionals with specialized gerontological training and expertise (Baumbusch et al., 2014; Charles et al., 2014; Gordon, 2011; Wang & Chonody, 2013). In the context of the growing older adult population in Canada, this shortage of the professional workforce is concerning.

According to McCleary et al. (2017), one of the reasons for the shortage of gerontological social workers in Canada is a limited interest among social work professionals and students alike to specialize in aging. However, even when interest is present, there are limited professional training opportunities in gerontological social work in the country (McCleary et al., 2017). Scholars document the lack of resources, such as time, expert faculty, and funding to support a dedicated gerontological curriculum development (Boscart et al., 2017; Hirst & Lane, 2016). Other challenges include a lack of understanding of aging processes and the associated need for specialized knowledge.

It is noteworthy that the professional social work competencies in Canada do not include knowledge and skills specific to working with older adults (Boscart et al., 2017; Canadian Association for Social Work Education [CASWE], 2021). This presents as a barrier to

developing an adequate professional training curriculum for gerontological social work (Boscart et al., 2017; McCleary et al., 2014).

The lack of popularity of gerontology among helping professions and the limited gerontological professional training opportunities may reflect the long-standing norm of ageist attitudes in society, which devalue older adults and, by extension, those who serve them (Chonody, & Wang, 2014; Ferguson, 2012; Hirst, Lane, & Stares, 2012; Hooyman & Lubben, 2009). Ageism has become even more pronounced and visible during the COVID-19 pandemic (Fraser et al., 2020; Meisner, 2021).

In Canada, evidence suggest that ageism is prevalent in health and social care settings (Dahlke et al., 2021; Mistry, 2021). When students, faculty, and professionals perceive serving older people as not a desirable or valuable option, it can negatively impact their future professional practice (Biscart et al., 2017; Hirst et al., 2012; Dahlke et al., 2021). As Azulai (2014) comments,

Social workers... are not free from prejudicial beliefs. Moreover, [these] beliefs could potentially seep into [the] way social workers treat older clients as well as how they approach gerontological practice and the extent to which they value their clinical practice with older adults.” (p. 8)

The literature suggests that a higher level of involvement with older adults may improve student attitudes towards older adults (Ferguson, 2012; Mansfield-Green et al., 2015). Some scholars suggested that participation in intergenerational projects can help increase student interest in the field of gerontology, decrease ageism, and provide social benefits to older adults (Birren & Deutchman, 1991; Hausknecht, Vanchu-Orosco, & Kaufman, 2018). Also, there is a much-needed change in attitudes towards aging among social work faculty and administrators in

the Canadian social work education programs (McCleary et al., 2017). Pianosi and Payne (2014) stated that “an increase in communication between older adults, gerontological educators and professionals, health care organizations, government agencies and the Canadian public is essential” (p. 842).

As Hirst et al. (2012) point out, “whether or not ... social workers specifically choose to work with seniors, the increasing number of older adults dictates that most professionals will work with this population at some point in their careers” (p. 8). Therefore, it is critical to promote gerontological social work in professional programs in Canada to adequately “prepare the social care workforce to meet the needs of the aging population” (McCleary et al., 2017, p. 502). Boscart et al. (2017) comment that, although there is an emerging trend to introduce gerontological content in some Canadian social work programs, it is important to further examine the successes, barriers, and facilitators to gerontological social work education and professional practice. With appropriate education in gerontological care and public education on ageism, social workers will be well-positioned to enhance the quality of life of older Canadians and address their growing needs.

Gerontological Social Work and Interprofessional Practice

It is important to not only recognize the need for trained gerontological social workers but also to affirm the importance of interprofessional practice in the field of gerontology. This is because older adults in Canada experience age-related and other health concerns, which potentially increase the odds for recurrent treatments in healthcare clinics, hospitals, or long-term care facilities, all of which are interprofessional care settings (Mossabir et al., 2014; Wister & Speechley, 2015). As older clients in these care settings have complex bio-psycho-social needs, effective healthcare cannot be provided by any one profession alone but requires a team of

different professionals, working together to meet those needs (MacEntee, 2011; Shigli et al., 2021).

Social workers are often employed as part of interprofessional healthcare teams to provide holistic collaborative care to older adults (Beltran & Miller, 2020). Research evidence suggests that employment of social workers in interprofessional teams positively contributes to the improvement of patient health outcomes (De Saxe Zerden et al., 2018).

However, social workers experience many challenges in working within interprofessional teams. One such challenge is limited training of social workers in interprofessional collaborative practice, despite research evidence on the effectiveness of interprofessional education (IPE) in enhancing knowledge and skills of social workers (Anderson, 2016; Delavega et al., 2019; Keeney et al., 2019). Although nursing and medical professionals have been advancing the IPE knowledge and practice, this type of professional education in social work programs in Canada has been in its developmental stages (MacEntee, 2011; Shigli et al., 2021).

Gerontology-specific interprofessional education is emerging through a variety of methods (Beltran & Miller, 2020), including simulations or scenarios (Heuer et al., 2010; Murphy & Nimmagadda, 2015), seminars (Chan et al., 2009), teaching sessions or courses (Head et al., 2016; Heflin et al., 2014) as well as experiential practice in the field (Conti et al., 2016; Sheppard et al., 2015). Despite these advances, “there is an unmet need for gerontology IPE, especially as it relates to community-dwelling older adults and caregivers in medically underserved areas” (Black et al, 2018, p. 110). Social workers can play an important role in the continued advancement of gerontological IPE through participation in and evaluation of social work educational opportunities.

Another challenge that social workers experience within interprofessional teams is the limited perceived value of social work in medical settings. As Ambrose-Miller and Ashcroft (2016) point out, there is a common sentiment in medical settings that “social work had to be... more diligent with demonstrating worth to the collaborative team” (p. 107). This scepticism about social work exists contrary to the documented evidence of the profession’s value in collaborative teams (De Saxe Zerden et al., 2018). The negative perception of social work and its value could reflect power differentials inherent to the hierarchical system of healthcare, where physicians often hold decisional and leadership powers, which are then downloaded to other medical professionals. As social care is deprioritized in medical settings in favor of biological needs of a patient (Osborn et al., 2014), social work is de-emphasized accordingly. In addition, from the perspective of classism, the prime focus of social work on marginalized and undervalued populations in society could marginalize and undervalue the profession that serves them (Cootes, Heinsch, & Brosnan, 2021; Downey, Neff, & Dube, 2019).

The limited value of social work and psycho-social care for older adults in medical settings require significant attention, especially as an “international survey of older adults showed that Canada had some of the poorest results in care coordination that involved linking with social service providers” (Agarwal et al., 2020, p. 2). Scholars also note the necessity to advocate the enhanced integration of medical and social services across health care in Canada (Agarwal et al., 2020; Chappell et al., 2008; Denton et al., 2008; Hutchison et al., 2011; Mossabir et al., 2014; Ploeg et al., 2009). Improving navigation and connection between primary care and community-based health and social services “can involve multiple activities (e.g., information provision, making referrals, and facilitation) to improve patients’ access to health

care and community-based resources to improve their health and well-being” (Agarwal, 2020, p. 2).

To enhance effective coordination of services within the interprofessional context, the National Interprofessional Competency Framework (Canadian Interprofessional Health Collaborative [CIHC], 2010) outlines the following six domains: 1) clarity of professional roles of team members; 2) effective team functioning; 3) collaborative leadership; 4) person-centred focus in care and service delivery; 5) effective interprofessional communication, and 6) effective conflict management. In accordance with this framework, gerontological social workers can help the interprofessional community to better understand the role, function, and methods of the social work profession, actively engage with the teams, promote collaborative leadership, model respectful teamwork, share their contributions, and manage interpersonal conflicts when such manifests. From the social work side, these actions can help the team to better understand the scope of the social work profession, the roles of social workers and services they provide to help the team timely connect medical clients with social services. This model, however, requires reciprocity within the team, and all team members need to embrace the framework to make it work.

To summarize, there is ample evidence on the growing complex needs of the aging population in Canada, which necessitate increased availability and training of gerontological social workers to function within interprofessional teams. However, there is a paucity of research on gerontological social work in Canada (Simons & An, 2015). This study comes to fill the gap by sharing research findings about the challenges and needs of gerontological social work as a profession and a partner in interprofessional care in the Canadian province of Alberta. Specifically, there are two research questions that the authors will try to answer to:

- 1) What strategies do social workers need on the micro, mezzo, and macro levels to help better serve the growing older adult population in Alberta?
- 2) How can social workers promote the value and contribution of gerontological social work within the provincial interprofessional community?

Theoretical Framework

In this study, the researchers use the dual lenses of the Ecological Systems Theory (Bronfenbrenner, 1994) and the Anti-Oppressive Practice (Dominelli, 2002) as overarching theoretical frameworks to guide the interpretation of the study findings. The Ecological Systems Theory is one of the most influential theoretical perspectives in social work (Zastrow & Kirst-Ashman, 2016). The theory was developed by Urie Bronfenbrenner (Bronfenbrenner, 1994), who recognized that human relationships are mutually shaped by larger social forces across the different contextual systems. The theory has evolved into what is now frequently referred to as the Bioecological Systems Theory (Rosa & Tudge, 2013), and had multiple iterations with different numbers of the contextual systems defined. For the purpose of this study, we will emphasise and utilize the principles found in the earlier stages of this theory that include the micro-, meso-, exo-, and macro-systems as the contextual systems to understand people in their environments (Zastrow & Kirst-Ashman, 2016).

A microsystem refers to an individual's "most proximal setting" (Rosa & Tudge, 2013, p. 246), or one's immediate environment, including those with direct, significant contact with that individual (Bronfenbrenner, 1994). The interactions within the microsystem influence the individual's actions, which in turn influence the system's operating on the person. For an older adult, a microsystem may be their house or place of residence, their immediate family members, their neighbourhood park, their health care provider, their social worker, etc.

A mesosystem refers to “relations among two or more microsystems in which the [individual] actively participates” (Rosa & Tudge, 2013, p. 246), which results in larger organizational structures. For example, the mutual interaction between the microsystems of an older adult, such as between their family and their religious community, or their health clinic and their social service agency, can illustrate the mesosystem of that older adult with direct impacts on the individual. The mesosystem is “formed or widened, each time an individual enters a new setting and is diminished when the opposite happens” (Rosa & Tudge, 2013, p. 246). This is important to consider with older adults as their social circles may diminish over time with retirement from jobs, passing of friends and other social losses that could lead to social isolation or service accessibility challenges.

An exosystem includes an even larger context of community, where mesosystems interact between each other but without direct interaction with an individual, while still impacting an individual's life. An example can be the provincial and federal healthcare systems, media institutions, legislative and executive government branches, transportation infrastructure, as well as food, water, and electricity supply chains to the province or country. According to Rosa and Tudge (2013), the exosystem is where “politicians develop a given society’s social policies” (p. 247). Laws that regulate social and healthcare benefits and for older adults, medical coverage, provincial regulations after the age of 65, availability of city and transportation infrastructure to accommodate persons with mobility concerns, access to services for basic human needs for persons on fixed income or low income individuals, the dominant narrative in media coverage of age-related topics – all these components of the exosystem regulate and impact the lives of older adults in society without direct interaction with older adults themselves.

A macrosystem “differs fundamentally from the other levels of context [as it] embraces the institutional systems of a culture or subculture, such as the economic, social, education, legal and political systems” (Rose & Tudge, 2013, p. 247). The macrosystem includes the socio-cultural values, philosophies, political regimes, global economic conditions, war, weather and climate conditions, technological trends, and other macro factors that provide an overarching framework for people’s lives in a particular geographic location, region, country, or the world (Bronfenbrenner, 1994). Examples of macrosystem’s components may be societal perceptions on age, aging, and treatment of older people (e.g. Western perspective, Eastern perspective, Indigenous ways of knowing, etc.), ageism, individualistic versus collectivistic approaches to care of older adults in society, perspectives on mental health and wellness, philosophies and worldviews on healthcare (e.g. biomedical model, social model of care, etc.), and the impact of COVID-19 pandemic on health and wellness of the older adults in society. This level calls social workers to engage with older adults on a larger platform, wherein they can utilize their skills to identify deeper systematic and societal challenges related to cultural changes to support the growing population of older adults in Canada.

The Anti-Oppressive Practice (AOP) offers an additional theoretical lens in this study. Barker (2003) defines oppression as:

“the social act of placing severe restrictions on an individual, group or institution...formally or covertly... so that they may be exploited and less able to compete with other social groups. The oppressed individual or group is devalued, exploited, and deprived of privileges by the individual or group who has more power (p. 306-307).

The AOP is a social work theory that emphasizes critical evaluation and challenging of social injustices in the form of various types of oppressions (Zhang, 2018, p. 125). The pursuit of

social justice that is at the heart of the AOP perspective, is also one of the core values in the Social Work Code of Ethics (Baines, 2011; Canadian Association of Social Workers, 2005). Therefore, the AOP serves as a suitable lens to look at marginalization of older adults in the Canadian society due to ageism and structural oppressions that preclude meeting their growing and complex needs. Also, the AOP offers the helpful lens to understand the challenges of gerontological social workers in addressing the marginalized needs of the older adult population in Canada.

Methods

Setting:

The study was approved by MacEwan University Research Ethics Board (File # 100552). In this paper, the authors report findings from the World Café at the Gerontological Symposium, held in November 2018 at MacEwan University, Alberta. MacEwan University offers diploma and bachelor-degree programs in social work and is situated in the heart of the city of Edmonton, the capital of the Canadian province of Alberta.

This one-day Gerontological Symposium was offered as a free-of-charge professional development opportunity for social work practitioners, researchers, educators, and students to learn about recent research and practice developments on the needs of gerontological practice in the Canadian province of Alberta. The symposium program included a conversation with an Indigenous Elder, research presentations on aging by social work scholars, a panel discussion with social work practitioners from the local community agencies about current issues in aging care in Alberta, and the World Café workshop, which concluded the symposium.

Participant Recruitment:

About 80 participants registered for the Gerontological Symposium, while 49 attended the World Café workshop. The invitation to the Gerontological Symposium was advertised through the newsletter of the Alberta College of Social Workers, the main regulatory body and the professional association of social workers in the province. The invitation was also advertised at MacEwan University for social work faculty and students as well as distributed through the informal communication channels among other local universities with social work programs, such as the University of Calgary.

At the time of the online registration for the symposium, prospective participants had been informed that the World Café workshop at the end of the symposium was related to a research study, and that participation in that study was voluntary. Participants, who did not consent to attend the World Café, were able to participate in the rest of the symposium and to leave early, receiving the certificate of symposium attendance. Similar to a typical conference, no demographic data was collected from the participants at the time of their registration.

Design

The study design was built on the World Café method (Brown & Isaacs, 2005). The World Café method was originated by Brown and Isaacs (2005) as an effective, engaging, step-by-step conversation process with large groups of people to foster dialogue on important issues (Brown & Isaacs, 2005; Goldberg, Pasher, & Levin-Sagi, 2006; Storey & Taylor, 2011; Tan & Brown, 2005; Thunberg, 2011). The effectiveness of the World Café stems from its participatory process and the focus on a small number of predetermined questions of perceived importance to society (Brown & Isaacs, 2005; Thunberg, 2011). The contextual setting is purposefully informal, inclusive, and uses multiple small tables resembling a café style to encourage conversations (Brown & Isaacs, 2005). Since large-group conversation dynamics is challenging

to navigate, there is a risk of losing divergent perspectives to more dominant and popular opinions, which can skew research findings. Thus, the World Café method, which offers a process to meaningfully engage every participant in a conversation, has been selected for this study at the Gerontological Symposium.

The World Café conversation process involves seven design principles, used together in a progressive format (Lorenzetti, Azulai, & Walsh, 2016):

- 1) Setting the context: defining a purpose of a conversation, meeting parameters, discussion questions, and defining participants
- 2) Creating hospitable space: a welcoming physical set-up of the tables, decoration, hospitality; food offering, etc.
- 3) Exploring questions that matter by introducing pre-selected questions to participants and inviting them to discuss these questions with their table mates for a defined time-period
- 4) Encouraging everyone's contribution: participation in any form is welcomed, whether it is verbal sharing of ideas or writing them down on a paper and leaving notes at a table
- 5) Connecting diverse perspectives: participants are invited to randomly change tables several times at set intervals (typically each 15-20 minutes), which allows participants to mingle and engage with new people, linking their discoveries to those of other participants and, thereby, “cross-pollinate” their ideas
- 6) Listening together for patterns and insights; and
- 7) Gathering collective discoveries: Brown and Isaacs (2005) state that the process of “intentionally harvesting the insights ... is one essential way that everyone who participates can contribute to weaving bits and pieces of their emerging collective intelligence into a coherent whole.” (p. 143)

It is important to note that researchers, as the World Café hosts, have important roles as facilitators of conversational interactions (Lorenzetti et al., 2016). The World Café conversations are intended to be largely self-managed and self-organized, thus hosts assume a backseat role: they are tasked with arranging a thoughtful design of a café environment, providing clear instructions regarding the World Café etiquette and logistics, managing time, and providing guidance to procure, weave and connect ideas emerging from the dialogue in an inclusive manner (Brown & Isaacs, 2005).

Following these guidelines, the research team in this study limited their involvement as the World Café hosts to the duties of explaining the process, managing time, and helping participants to harvest and integrate ideas at the end of the workshop. The researchers utilized the seven design principles of the World Café process to learn about the perspectives of the participants on current and future needs of gerontological social work in the local context of Alberta.

Data Collection Process:

The World Café discussion on the two research questions followed the World Café protocol (Lorenzetti et al., 2016). In congruence with the protocol, researchers first explained the World Café process and etiquette to the participants. Next, the researchers invited participants to discuss the first research question with their table mates for 20 minutes: “What strategies do social workers need on the micro, mezzo, and macro levels to help better serve the growing older adult population in Alberta?” When 20 minutes passed, participants were encouraged to randomly change tables and continue their conversation about the same question for another 20 minutes with different participants. Then, participants were invited to randomly change tables and use additional 20 minutes to discuss the second research question: “How can social workers

promote the value and contribution of gerontological social work within the interprofessional community?” Finally, participants were invited again to randomly change their tables and discuss the same question for another 20 minutes with different table mates. Altogether, participants had about 40 minutes to discuss each research question with a variety of participants in the room, which ensured high engagement and cross-pollination of ideas. The World Café lasted about two hours, including the introduction of the questions to the participants, explaining the World Café etiquette and the process, and the two conversation rounds of 20 minutes each per each question.

The table discussions were not audio-taped or otherwise recorded for the lack of feasibility in the open space conference venue. To collect the data, participants were requested to write down their insights and ideas on the provided sticky-notes and to leave them at their tables for others to see when they moved around the room. When the final table discussion round was complete, the research team collected the sticky notes from participants for the purpose of the data analysis.

Data Analysis

The data were analyzed using a qualitative content analysis method (Hseih & Shannon, 2005). After the collection of the sticky notes with the participants’ responses to the research questions, the two researchers (AA and HT) worked together to arrange the notes on a wall at the conference venue, while participants were invited to visit, read the notes, and comment.

The data from the sticky notes included brief comments, ideas, and pieces of information. As these were self-recorded notes, many of them were not full sentences. Sometimes, participants mentioned just a few words to “record” their thoughts on the discussed topics. The data from the notes is provided in Tables 1 and 2.

The researchers used the 30-min break in the conference schedule to conduct a rapid preliminary content analysis of the data by, first, arranging the information into initial codes. The codes were then lumped together into four groups: “Micro,” “Mezzo,” “Macro,” and “Inter-professional.” Within each group, researchers identified the most often recurring ideas as sub-themes, while the recurring and connected sub-themes formed main themes. During this analytical process, the researchers consulted each other to resolve any questions and to validate each other in the process of coding, identifying sub-themes, and developing themes.

When the World Café participants returned to their seats after the break, the researchers shared the preliminary emerging findings with them in a 30-min debrief session. Participants were invited to comment, question, approve or disprove the findings. This sharing instigated further high-engagement discussion, where participants overwhelmingly supported the preliminary findings as representing their perspectives. This collaborative participatory debrief was a form of a member-check method to ensure that the researchers correctly interpreted the participants’ ideas to enhance the trustworthiness of the findings.

After the World Café workshop, a third researcher (KQ) reviewed the data as a peer-check method to add rigor to the data analysis. The results from this joined analytical endeavor are reported in the Results.

Results

Research Question # 1

The data analysis resulted in 10 main themes in response to the first research question: *“What strategies do the social workers need on the macro, mezzo, and micro levels to help better serve the older adult population?”* These themes include: 1) personal traits of a social worker (micro); 2) social worker’s professional skills, knowledge, and experience (micro); 3) catering to

bio-psycho-social needs of older adults (micro); 4) improving access to benefits and services (mezzo/exo); 5) improving access to benefits and services for older adults (mezzo-exo); 6) enhancing community connections (mezzo-exo); 7) improving gerontological social work education and programming to prepare qualified professionals (mezzo-exo); 8) developing an integrated geriatric healthcare (mezzo-exo); 9) policy change to adequately serve the growing population of older adults (mezzo-exo); 10) addressing ageism in society (macro); and 11) advocacy to strengthen the voice of older adults in society (macro).

The Micro Level. At the Micro level, the study participants talked about the qualities that social work professionals must possess to better support the older adult population. These qualities include both helpful personal traits and professional traits.

Personal traits. Congruent with the core ethical principles of the social work profession, respect was the most often mentioned quality, followed by patience, persistence, attention to and care for others, courage, having an open mind, being self-aware of own abilities and biases, and having a non-judgemental, inclusive, and helping attitude. As one participant noted, a social worker needs to be “more helpful - ie/[sic] assist people with practical things - ie. [sic] Don’t give a phone number without help.”

Professional traits. Participants also identified important skills, knowledge and experience that are necessary in generalist social work practice but can also apply to working specifically with the aging population. These include developing relational skills, good listening skills, promoting family connections, and a focus on a strength-based approach (i.e., focusing on what is possible, what can be done, what strengths older people already have building upon, etc.).

Communication skills were mentioned; specifically, using respectful language and matching the level of language to the level of capacity. Regardless of one's ability, it is important that social workers create opportunities for effective communication with older people with whom they are working. Participants also talked about the importance of collaboration and “connect[ing] with other social workers in relation to learning resources and sharing” so that they would be better equipped to serve older adults.

Meeting the bio-psycho-social needs. Participants talked about the importance of catering to the diverse needs of older adults and “referral to programs re[sic]: good Sam [Good Samaritan] and other resources” to meet their basic bio-psycho-social needs, such as housing, transportation, food, health, mental health, and other basic needs. Addressing spiritual needs of older adults, such as “help[ing] find their purpose” and meaning in life, was also perceived as important. Participants believed that it could be achieved through engaging in “meaningful activities”, “volunteering”, “training, and mentoring opportunities” for older adults.

The Mezzo/Exo level. Most participants' comments concentrated at the two middle levels of the ecosystem: the community level of the Mezzo and the institutional level of the Exo. Occasionally, the extreme brevity of some participants' comments posed a challenge to accurately discern which level the participant had in mind while writing it. Thus, we report here the findings pertinent to both Mezzo and Exo levels.

Improving access to benefits and services for older adults. Participants reported that it is very complicated and time-consuming to navigate the systems to meet the basic needs of older adults. They suggested some strategies to improve access to the services by creating new roles such as “system navigators” as well as developing a “wider criteria for the Alberta Seniors Benefit, Canadian Pension Plan, and OAG [Old Age Pensions]”. Participants also mentioned

accessible transportation and medication coverage as necessary, recommending “free transit pass when you turn 65 years” as well as automatically processed medications for older adults, as examples of some strategies. Moreover, participants recommended the use of program evaluation and analysis to improve service, better supervision for social workers, and increasing collaboration and interconnectedness among service agencies that care for older adults.

Improving community connections. Enhancing older adults’ connections to family, community, and programs to decrease the risks for social isolation was a theme among participants. Some mentioned the importance of allowing “pets in long-term care facilities.” Others talked about strengthening inter-generational relationships for those who may experience health-related mobility challenges and the deterioration of social involvement and social connection. This theme is interconnected with other themes such as affordable and accessible services and benefits for older adults, for instance, to allow for a consistent connection of older adults with peers, families, and the larger community.

Enhancing gerontological social work education and programming. Participants noted the need to enhance gerontological social work education at each level of professional training by increasing a variety of gerontological education opportunities (e.g., “Mandatory class as part of any social work education - diploma, BSW, MSW”) to enhance social work knowledge, skills, and experience working with older adults. Participants expressed a need to continue education in aging issues to keep expanding their knowledge and skills in working with older adults. They also suggested that it is important to match the social work education curriculum to the needs of older adults in the community. Also, including older adults in designing and delivering social work education could promote intergenerational connections, decrease ageism, and promote student interest in working with older adults.

Developing an integrated healthcare system for older adults. Participants highlighted the significance of developing a consistent, inter-connected, integrated healthcare for older adults (e.g., sharing records, resources, information, communication between healthcare providers and across geographic areas). Participants suggested that integrated specialized care for older adults is important to avoid the “duplicat[ion of] services,” to enhance “close coordination with home care,” and to provide care in a more holistic way (e.g., “hospitals need to look at [the] emotional level not just medical”).

Policy change. Participants also suggested a timely need for the aging policy change. Specifically, they emphasized shifting policies away from the medical model to a social model of care that is person- and family-centered. Some noted, however, that simply infusing person-centered and family-centered elements into a medical model does not change the essence of the medical model, it is still a medical model and presents a challenge to holistic aging care. Participants also noted the need to learn from other countries and Canadian provinces (e.g., “Ontario social programs class needs to be implemented here [in Alberta]”) to make necessary changes. They also commented that “people making policies need to reach out to service providers for input” to ensure that they “... have understanding about the impact of cutbacks in programs/funding [sic] for older adults.”

Macro level. At the macro level, the two prominent themes included addressing ageism and advocacy to strengthen the voice of older adults. It is conceivable, though, that these macro-level strategies, in fact, stretch across all the systems from “infantilizing” older adults on the micro level to marginalizing older people in policy and service provision.

Addressing ageism. Participants noted that acknowledging, understanding, and challenging ageism in society and among social workers is critical to better serve the older adult

population. The aging group is defined externally through age-related stereotypes, which can be translated into prejudicial attitudes, discriminatory behaviors (e.g., limiting affordable transportation) and oppressive policies. Participants mentioned a variety of strategies to address ageism, including “speaking up against ageism”, “check[ing] in with our [own] ageism and challenge ourselves”, and “avoid[ing] language that infantilizes our seniors.” Participants perceived public education on ageism and aging issues as essential through such venues as “media approach (books, movies)” and early-age activities “starting at grade school”. Participants argued that the profession of social work should take an active part in eradicating ageism in the public and among social work professionals and other health and social care providers. Also, participants believed that intergenerational programming could help in diminishing ageism. One example could be capitalizing on the life experience of older adults when “older adults mentoring young adults (Example - junior high classes)”, or “bringing children to facilities with older people, [where] young can learn from the older.”

Advocacy to strengthen the voice of older adults. The need to strengthen advocacy on behalf of older adults has been a recurrent theme on many levels, from advocating to secure basic services for older adults to helping them make their voices heard on the political level. Due to the ageism, the voices of old people in society are marginalized. Moreover, older adults with health and mobility challenges find it even harder to advocate for themselves due to the combined stigma of age and disability. Participants suggested that actions must be taken to enhance the person-centred focus in aging care at every level to strengthen the voice of older adults as well as to “ensure seniors' voices are heard on a political level.” Some participants noted that it is important to reach out to older people for inputs to include them in decision-making, to “be part of a counsel/group.” These recommendations sum up to the very simple

strategy of “listen to them” and “talk with them.” For a detailed list of the participants’ verbatim responses to the Research Question # 1 please see Table 1.

Table 1:

Verbatim Notes from the World Café Participants on the World Café Question #1:

What strategies do social workers need on the micro, mezzo, and macro levels to help better serve the growing older adult population in Alberta?

<ul style="list-style-type: none"> • Prevention education for example - how to age gracefully - healthy • Education/school system - educate young children when their small against ageism • Shift policies from medical model to client centered • Education - public ed via TV and social media • People making policies need to reach out to service providers for input • Senior level cuts funding without consultation with frontline to see the impacts on older adults • Ensure seniors voices are heard on a political level • Ensure that social workers are accessible to all senior communities • There needs to be communication between OAS and Canada Border Agencies • Making accessing the OAS/CPP more accessible and easier • Gap in system • Refunding moving from hospital into care - “top up” not good enough • Advocate for good social programs as adults • Ontario social programs class needs to be implemented here • Engage stakeholders to create change - more than just talking • Programs for social isolation • Example - senior centres without walls • Change in policy • Collaboration and connection 	<ul style="list-style-type: none"> • Connect with other social workers in relation to learning resources and sharing • Open mindedness • Open heartedness • Being vulnerable to asking • Patience • Non-judgmental • Persistence • Interchangeable of open-mindedness • Being courageous in accepting • Be helpful by being more helpful - ie/ assist people with practical things - ie. Don’t give a phone number without help. Be a system navigator with people • If we see a gap in the system can we recruit/deploy volunteers to assist • helping older adults to have a voice by engaging in meaningful conversation and help them feel like they matter • Build trust • Build a relationship with them • Being genuine and authentic • Being aware of resources • Training • Better supervision • Ability to form relationships/friendships • Provide assistance to generate these relationships • Driving privilege to be mindful of what it’s like growing old • Prevention services that impact the aging person a way to deliver it • Resource list of services “web site”
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- Collect issues and present ACSW GNNIG - north group
 - Allowing pets on long term care/continuing care, assisted living facilities
 - Systems navigator
 - Mentorship - older adults mentoring young adults (Example - junior high classes)
 - In communities, add more programs = transportation
 - Winder criteria - all socioeconomic status
 - More affordable and accessible transportation
 - Free transit pass when you turn 65 years
 - education/connecting with community
 - With ASB - medications to be automatically processed for older adults
 - Better understanding of pensions in public education
 - Education of seniors issues in jr. high
 - Example - having children go to long term care facilities on Halloween. Great for older people safe for children
 - - advocate for person centered needs which are not covered by system supports
 - Benevolent funding?
 - Communication to their level of comprehension - ensure that the older adult feels heard
 - Identifying issues in order to put strategies in place
 - Referral to programs re: good Sam [Good Samaritan] and other resources
 - Facilitate access to resources
 - Financial lack of funding
 - Talk with older people and build relationships
 - Being aware of things we could do and what the seniors can't do
 - In a health care setting, every discipline is able to access patients upon admission
 - What work is being done to help individuals circumstances improve
 - Advocacy
 - Addressing speaking up against ageism
 - How older adults are portrayed in media
 - Inclusion of all groups - ie. not only race but religion, dietary, culture
 - Get social workers to appreciate the value of data for the purpose of outcome measurements and analysis
 - Improve programs from the program analysis
 - Media approach (movies, books)
 - Different organizations interconnected about services
 - Mandatory class as part of any social work education - diploma, BSW, MSW,
 - Avoid language the infantilizes our seniors
 - Recovery language usage in older adult person living with dementia
 - Work on strength base with older adults
 - Use specific recovery language
 - Incorporating having opportunities for older adults to be part of a counsel/group - another way to have a voice
 - Politicians need to have understanding about the impact of cut backs in programs/funding for older adults - talk to those on the front lines
 - Lesson to learn when looking at how other parts of the world provide care/support older adults
 - Advocacy around language and stigma
 - Create opportunities for volunteer engagement
 - Subsidized homecare
 - Seniors clinic
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<ul style="list-style-type: none"> • Recognizing our privilege in being able bodied • Check in with our ageism and challenge ourselves • Infantilizing • The language toward our seniors • Bringing children to facilities with older people, young can learn from the older. Older can learn from the young • Start education at an early age - in grade school • Ongoing family connections • Listen to them • Talk with them • Do not overlook skills, knowledge, and experience • Strength based approach rather than a deficit approach • Self-advocacy efforts • Challenging language and how we talk about or to older adults • Recognizing own ability - awareness 	<ul style="list-style-type: none"> • Doctor doing home visits • Not doing harm by our interventions • Is there a seniors one-stop hospital • Hospitals need to look at emotional level not just medical • Close coordination with home care for client centered care • Take care to person at home • PCN, ECURT Home Care - don't duplicate services • Accessing connect care across the province - need to have shared medical records • Coming from a medicine wheel perspective when working with individuals • Having a realistic commercial • Having people that are elderly/older - be speakers and trainers • Having young people work with older people - seniors - teaching opportunity • Have the older people be involved in volunteering - sharing • Helping seniors with ways to find purpose • Teaching - education about respect for everyone - compassion
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Research Question # 2

There were three main themes identified in the data in relation to the second research question: *“How can social workers promote the value and contribution of gerontological social work within the provincial interprofessional community?”* These themes include: 1) strengthening the status and voice of the social work profession; 2) building trust through demonstrated skills; and 3) enhancing interprofessional education and practice.

Strengthening the status and voice of the social work profession. First, the study participants emphasized the importance of the inclusion of the social work profession in the provision of psycho-social care for older adults as well as policy and knowledge-making.

“Getting invited to the table” would be a sign of inclusive professional treatment and an opportunity to practice social work. However, as another participant noted, “social workers are seen as less valuable in hospital [sic].” Even though the bio-psycho-social approach has been formally adopted in health and social service settings, the psycho-social needs remain de-emphasized and do not receive the same attention, legitimacy, and funding as physical and medical care. It is important to raise awareness about the demand for psycho-social services as a part of holistic human care in the reality when “SW [social workers] not seen as common as other workers.” Thus, “creat[ing] positions of direct social worker with direct social work skills” as a dedicated role in geriatric care settings is necessary for the holistic care of older adults.

Second, creating clarity about the roles and competencies of gerontological social workers is essential. The widespread lack of knowledge among interprofessional communities of what social workers do is not conducive to the inclusive attitude toward the social work profession as well as understanding how to engage with social workers. As some participants put it, there is a “need to do advertising” to “promote ourselves.” That could be achieved through the enhanced efforts of the Alberta College of Social Workers, unionizing, community education and engagement, developing professional networks, enhancing inter-professional committees, accessing opportunities provided by other disciplines, meeting policy makers to share knowledge and concerns, attending interprofessional conferences and other activities, pitching social work to high school students, etc.

Third, assuming leadership roles can help enhance the status of the social work profession. Participants talked about “more social workers in management” and “SW [social workers] in govt [sic, government] assuming ...roles on the macro level”.

Finally, fighting ageism and oppression in the system that marginalizes vulnerable populations and, by extension, those who serve them is critical. Elevating the status of gerontological social work is impossible without addressing ageism. As one participant noted, “our organizations value youth = energy [sic], we can pay them less etc., so ageism [is] very entrenched in our systems.” “Gerontology should be [a] mandated class” can be one of the possible strategies to address ageism in the professional community.

Building trust through demonstrated skills. Participants believed that social workers need to continuously build trust in the social work profession among the interprofessional community by demonstrating and modeling competent professional skills.

This can be achieved in several ways. First, it is important that organizations “make sure social work is done by social workers,” as professional skills are acquired in professional training at professional schools based on professional knowledge and regulations.

Second, participants noted the importance of “do[ing] good work.” They shared some examples of what good work constitutes, including “connecting [clients] with resources in the community”, “communicat[ing] with all inter-professional communities [to] help sort out challenges”, and the “need to have all papers in order - birth certificates, personal directives...”. Participants noted that social workers must practice relational skills by “building working relationships with other professionals to advocate for the needs/services [sic] of the older adults.” Multi-level advocacy on behalf of a client, family and community is one of the core social work skills to practice and demonstrate. As one participant noted, when it comes to vulnerable populations, “SW [social workers] are often the only fight [in] the hospital system, i.e. [against] early discharge”. Pro-client advocacy is congruent not only with the person-centred care but is at

the core of the social work profession owing to the right to self-determination principle in the professional social work Code of Ethics.

Third, participants commented that social workers must offer education to the professional and general public. Social workers can provide education in various social care areas, such as elder abuse and neglect. Also, educating on the roles and competencies of gerontological social workers in interprofessional settings is essential. As one of the participants commented, it would help “building trust by communicating what we are doing.” That could be achieved through community education, developing professional networks, enhancing inter-professional committees, accessing opportunities provided by other disciplines, meeting policy makers, and attending interprofessional conferences and other activities.

Fourth, collecting and acting upon the feedback from clients, families, and other professionals on social work performance is an opportunity to learn and grow. Also, enhancing one's own professional development and skills enhancement is necessary through “do[ing] lots of research” and taking various educational opportunities.

Enhancing interprofessional education and practice. Finally, participants recommended enhancing respectful interprofessional collaborative practice in aging care. One reported strategy is strengthening interprofessional education to “break the silo” during disciplinary training by offering combined or dual degrees in post-secondary education, and engaging students in inter-professional education courses and activities. Interprofessional practice may become a familiar field after “students from different disciplines talking together about what different professions bring to the table.” Enhancing interprofessional collaboration in the field work is also important. participants talked about “creat[ing] more interprofessional teams...as the norm, not at exception.” They suggested that enhancing interprofessional

education and practice could promote “respect [for] the knowledge base of the varied disciplines” and “recogniz[ing] each other’s tools in [the] toolbox” to improve care for older adults in the interprofessional community. For the detailed list of the participants’ verbatim responses to the Research Question # 2 please see Table 2.

Table 2:

Verbatim Notes from The World Café Participants on the World Café Question # 2:

How can social workers promote the value and contribution of gerontological social work within the inter-professional community?

<ul style="list-style-type: none"> • Raise awareness of typical gerontological issues - in-service, public ed campaigns, media, neighborhood groups, etc. • Be comfortable being an advocate • Build trust by communicating what we are doing • Class in social work • Informed ageism - why training for home study so intensive but nothing for gerontological practitioners • Students from different disciplines talking together about what different profession bring to the table • Create more interprofessional teams - have that as the norm, not at exception • One stop shop • Share positive stories • Do good work • Position of direct social worker with direct social work skills • Getting invited to the table • Promote ourselves • Reaching out and doing education – i.e. elder abuse • Gerontology should be mandated class • Encourage our communities to engage • School, senior lodges, centres, community leagues, daycares, etc. work together - play together • Don’t just focus on pain of client, focus on what bring them pleasure - bring that to team meeting 	<ul style="list-style-type: none"> • Building working relationships with other professionals to advocate for the needs/services of the older adults • Developing relationships/come together • Continuation of care, not just ended at discharge • Be advocates and provide education to other disciplines • Consider private systems like banks - share knowledge with them • Social workers are seen as less valuable in hospital • Someone needs to be a support • Meeting with multidisciplinary team • SW are often the only fight the hospital system, i.e. early discharge • Need to do advertising • SW not seen as common as other workers • Meeting with minister and sharing concerns • Demographics change - where to put facilities? • Keeping staff affects care of client • Do lots of research • Communicate with all inter-professional communities - help sort out challenges ie. bank filling out forms, immigration, GIS, • Advocating for clients’ • Need to have all papers in order - birth certificates personal directives will
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- Calling ourselves by our specialty - gerontological social worker
 - Network professionally
 - Work to support caregivers
 - Need to honor the older adults in our community -
 - Our organizations value youth = energy, we can pay them less etc. so ageism very entrenched in our systems
 - Make sure social work is done by social workers
 - Elder community needs to be recognized and prioritized as are children
 - prevention/early intervention ignores the older generation
 - Working with financial organizations to raise awareness of financial abuse - red flags same model could be used
 - Education of what a social worker does - this is our role...
 - Teaching other professions about clients being the author of their own lives
 - The right to self-determination - social workers being the leader
 - Social worker presenting the whole picture of the situation - client family, etc. to the IDT team
 - How can we promote social work as a profession - like sciences are - to high school - students/communities
 - Feedback from the client and family on the impact of social work services to other IDT members
 - Every program should acknowledge their own history - keep accurate archives
 - Educating the professionals on what we do as social workers
 - Advocacy to communicate to other professionals on the clients' behalf
 - Recognize each other's tools in toolbox
 - People with mental health issues - this can be an issue for the regular person
 - Seniors need to do income tax each year and they don't know their OAS is contingent on this
 - Leadership ie SW in govt assuming those know of roles on the macro level
 - Trying to connect with family member as a primary caregiver
 - Connecting with resources in the community
 - Social workers taking the opportunity to speak at conferences for other disciplines'
 - On a micro level build relationship with IDT members educate team the value of the social work role
 - College to advocate and promote the profession in society
 - Do social workers need a union to speak together?
 - Attend continuing educational events with a holistic lens
 - Have our college speak for us
 - Education on medicine wheel perspective
 - Have hospital funding be based on outcome of discharge
 - Take time to learn skills from others and apply to your own
 - Promote self-care within SW community
 - Clarity of gerontological social work - so we all understand
 - Curriculum needs to match the needs of the community
 - With interprofessional community - be willing to hear needs - need input from entire team - focus on all teams
 - Be aware of the hat we wear - we are the advocate of client, client's family,
 - Be responsible to speak on clients' behalf
 - Continue to test the assumptions that we have about what someone needs
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| <ul style="list-style-type: none"> • Language in files - e.g. “aggressive” follows the client in their file • Demonstrating the value through role modeling - talking to the client not about the client • Good = knowledgeable instructors - social work program like McEwan • Combine degrees - dual disciplines • Advocate - communicate with fellow students and fellow workers • Advocate to policy makers and politicians • Improve our skills - keeping up on knowledge and changes to meet client needs • Engage medical community in universal screening as they are often first point of contact • More interdisciplinary committees • Accessing opportunities provided by other disciplines e.g. allied health and medical professions • teamwork / building relationships • Being approachable • Being excited about our jobs • Give a confident power pitch • Break down stereotypes about our roles • Connect care EMR = have a social worker notes present including strengths, positives and strategies • Message for students working with seniors is challenging, complex and interesting • Diversify - look beyond social work | <ul style="list-style-type: none"> • Offer to share knowledge - teach courses to other groups in the same field • Drawing upon the resourcing others and not being afraid to ask for the support from others on the inter- prof. Team - ok to need more info • Slow the process down • medical/social/emotional are all valuable • Need to draw from the strengths of the different discipline. • Remove silos • Respect the knowledge base of the varied disciplines • Can come to a better conclusion by engaging all of the players • Understand tools in each other’s toolbox and understand and respect them - blend together • Offer courses to all = interdisciplinary • Communication to frontline workers - team work - follow up verbally to chart information • Heart and respect everyone else • Start where I am, interprofessional sounds - feels so big • generalist/specialist are equal • Take an expert role as a social worker • Social worker needs to be valued as an equal in the interprofessional team/community e.g. doctor does not equal more expert than a social worker • Gerontology symposiums across disciplines - e.g. nursing and social work • More social workers in management |
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Discussion and Conclusion

The two-hour World Café discussion generated rich and insightful findings. Ten themes emerged in response to the first research questions on the micro, mezzo and macro strategies to

better serve older adults in Alberta. These themes include: the importance of personal traits of a social worker; social work professional skills, knowledge, and experience; catering to the bio-psycho-social needs of older adults; enhancing community connections for older adults; improving access to benefits and services for older adults; improving gerontological social work education to ensure professional care of older adults; developing integrated healthcare for older adults; aging policy changes that are timely; addressing ageism; and advocacy to strengthen the voice of older adults in society. As to the second research question on improving the value of gerontological social work in the interprofessional community, three following main themes were identified: strengthening the status of the social work profession; building trust through demonstrated skills; and enhancing interprofessional education and practice.

The Ecological Systems Theory (Bronfenbrenner, 1994) helps to interpret the findings in the light of the conceptual and practical inter-connectedness between the micro, mezzo, exo, and macro levels in addressing the needs of the growing older adult population in their environments. A number of specific steps can help address the challenges faced by the ageing population. First, the complexity of the service systems requires significant knowledge and resources to navigate (Charles et al., 2017). Therefore, training social workers to understand the systems and to assist older adults in engaging appropriately is necessary. But so too is making significant changes to the systems to ensure that they are simplified and accessible by older adults without help. Furthermore, specific identified areas of intervention are quite wide-ranging and include the need to reduce poverty, increase transportation options, and increase opportunities for older adults to interact with others, thereby reducing social isolation which is common within older adults in Canada. These findings support the previous research evidence (Menec et al., 2020).

Although this study was conducted in the pre-pandemic time, it is worthy of noticing that the accessibility challenges to the system became more significant during the COVID-19 pandemic due to the required physical distancing, diminished face-to-face services and physical interactions between older adults and service providers (Seifert, Cotten, & Xie, 2020; Smith, Steinman, & Casey, 2020). Recognizing that the challenges of the older adults, identified in this study, have been even more pronounced during the pandemic solidifies the relevance of the findings to the realities of older adults in Canada and Alberta. Through the lens of the Anti-Oppressive Practice (AOP) (Zhang, 2018), the accessibility challenges require swift response to promote equitable access of older adults to the necessary services and to prevent further marginalization of health and wellbeing of the aging population in Alberta.

The AOP also offers a perspective on the two emergent themes in this study - the voice of older adults and ageism, which encompass all levels of care and are the main recurrent themes in relation to care of older adults in Alberta. The AOP emphasizes the importance of expanding choice for all persons with special regard for those who are marginalized, disadvantaged, and vulnerable (Baker, 2003; Zhang, 2018). It is pivotal, therefore, that older adults are included in decision-making around their own care and life, their choices are respected, and their voices are heard in describing the issues and delineating the solutions, consistent with person-centred care premises (CIHC, 2010).

As a socially constructed phenomenon, what aging means, and how it is perceived and experienced is influenced by culture, societal expectations, and individuals' lived experiences (Brooks, 2010; Teater & Chonody, 2020). Older adults' experiences and perspectives play an essential role in understanding and explaining aging and finding solutions for change. Given the social work profession's orientation to the Anti-Oppressive Practice (Zhang, 2018), it is upon

social work professionals, leaders, researchers, and educators to expand the role of social work in the specialized area of gerontology. In this vein, any work that focuses on helping social workers learn how to impact a positive change in the system and to reduce the barriers that affects the daily lives of the aging population, is a form of social justice. It is imperative that social workers have the skills to facilitate aging population to find their own voice thereby encouraging older adults to get what they perceive they need to live a good life.

Another important theme of this research was a clear call for education of the general public and professional communities about aging and ageism. As mentioned earlier, ageism is a prominent factor in Canada and the world, contributing to negative attitudes and perceptions about aging in society, which dehumanize and depersonalize older adults, shaping discriminatory or neglectful decisions in aging policies as well as health and social care for older adults (Dahlke et al., 2021; Fraser et al., 2020; Meisner, 2021; Mistry, 2021). From the AOP perspective (Zhang, 2018), ageism is a structural barrier that contributes to the marginalization of older adults in the Canadian society through inequitable policies and inadequate allocation of resources. As a result, ageism prevents meeting the growing and complex needs of the aging population in the country. As one strategy to counter ageism, education needs to focus on raising awareness about age-related issues and the complex problems of structural ageism, systemic problems of access to resources for older adults, and including the voice of older adults in naming and addressing their needs. This is congruent with the previous literature on the topic of aging care (Azulai, 2014; Boscart et al., 2017; Mansfield-Green et al., 2015).

Further, emphasis should be placed on expanding opportunities for intergenerational connections between seniors and the professional and lay communities. Previous findings have demonstrated that engaging individuals of different generations in beneficial activities could

increase contact and understanding, create meaningful relationships, reduce age stereotypes, reduce social barriers, and strengthen links between generations (Giraudeau & Bailly, 2019; Hausknecht et al., 2018; Murayama et al., 2015; Sun et al., 2019).

Schools of social work will need to be central figures in moving this agenda forward. As other scholars have indicated, there is a critical need for trained and competent health and social service professionals, including social workers, to ensure high-quality care for older adults, their families, and communities (Boscart et al., 2017). Based on this study findings, more social work students need to be given the opportunity to gain the experiences, knowledge and skills that are required for competent practice with older adults. Alberta schools of social work must teach students how to conduct effective and skillful social work assessments with this population, how to document them, and how to present them to the interprofessional team. This will require providing more opportunities for students and may involve mandating exposure to this field of practice. Additionally, the definition of what constitutes competent gerontological social work practice needs to be clarified and embedded in ongoing training both pre- and post-graduation. To support and strengthen gerontological social work training, the need for developing Canadian-based social work competencies specific to working with older adults are overdue (Boscart et al., 2017).

Finally, there is a need to enhance the status of gerontological social work both within the profession and the interprofessional community. The study participants all agree that strengthening of the status and voice of the social work profession is pivotal to play an essential role in providing interprofessional collaborative geriatric care. However, interprofessional collaboration can be hindered by overt and covert power differentials of the professional hierarchy in healthcare settings, where the contribution of social work is perceived of a limited value

(Ambrose-Miller & Ashcroft, 2016; Osborn et al, 2014). From the AOP perspective (Zhang, 2018), the professional power imbalance in the current professional healthcare hierarchy reflects societal attitudes that prioritize physical health over psychosocial and spiritual health. Deconstructing such hierarchy to better reflect the multi-faceted human needs is, therefore, important.

Furthermore, social workers will need to be confident in their professional identity (Ambrose-Miller & Ashcroft, 2016). Collaboration amongst all professions engaged with older adults and most importantly, with older adults themselves is also critical to future success.

It is important to note limitations of this study. First, the sampling strategy was not optimal: this research benefited from the participants, who represented a small number of gerontological social workers in Alberta. Although the recruitment notice was distributed widely through the provincial professional social work association, the geographic location of the Gerontological Symposium at MacEwan University in the city of Edmonton resulted in hosting only local participants who were able to physically attend. Also, as no demographic information was collected from the symposium attendees, similarly to a typical conference, a lack of information about the sample diversity poses a challenge to the interpretation of the study results.

Second, the World Café as a research data collection method has limitations as well. The research team used sticky notes to collect the participants' insights about the research questions during their World Café discussions. As the full discussions were not taped or otherwise recorded, it is possible that some important information from the conversations between the participants and their table mates could have been missed. To enhance the trustworthiness of our data analysis, two researchers arranged the information on the sticky notes into codes and themes, reviewed each other's coding, and invited the participants to read and comment on those

notes. However, it is possible to conceive that some information could have been missed during this same-day rapid analysis of the data.

Finally, it is necessary to note the positionality of the research team members, which could have impacted the data collection and interpretation. All research team members are faculty (AA, HT, and KQ) and a student (KM) in the School of Social Work at MacEwan University in the Canadian province of Alberta, a teaching university that offers diploma and undergraduate programs in social work. As members of the social work profession, all research members operate from the Anti-Oppressive Practice lens and the person-in-environment perspectives, congruent with the Ecological Systems Theory, as the basic premises of the social work profession. Also, all research members have working experience with older adults and a deep interest in gerontological social work. Should this study have been conducted by members of different professions or those without work experience with older adults, the data interpretation, potentially, could have been different.

Despite these limitations, the study findings offer meaningful and insightful strategies to better serve older adults and to enhance the value of gerontological social work in the Canadian context. This context includes the rapidly aging population on the complex intersection of universal healthcare, fragmented social service system, and disproportionally slow development of gerontological social work practice, research, and professional training (McCleary et al., 2017; Wells & Taylor, 2002). Therefore, the main contribution of this study is building knowledge about the needs of Canadian gerontological social workers that are necessary to serve the growing population of older adults in the country. The World Café workshop in the Canadian province of Alberta served to capture various perspectives of local social work practitioners, students, social work educators, and researchers, who were able to relay their work and life

experiences with older adults. The local professional community gathered to share and benefit from each other's experiences, exchange knowledge, and inform future research, policy, and practice in gerontological social work in Alberta and Canada.

Future research should engage a wider representative community of gerontological social workers across Canada as well as older adults, policy makers, and other stakeholders to augment the findings we have discovered through the World Café in Edmonton. Also, it would be beneficial to compare the realities of gerontological social workers in different Canadian provinces as well as with social work practitioners in other countries that experience aging population.

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