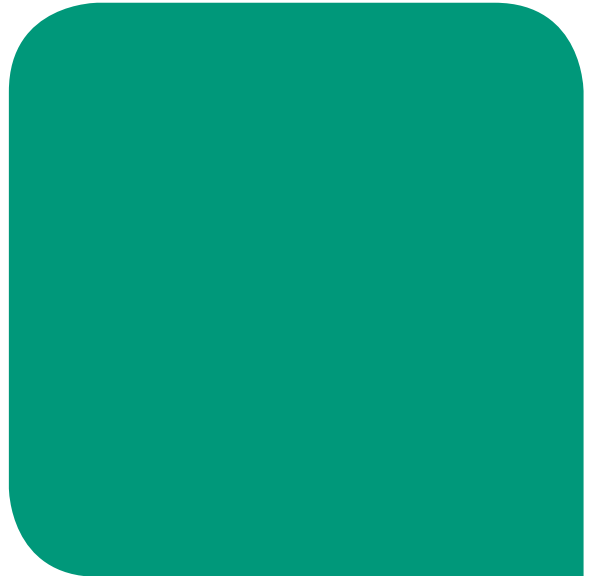


# Teaching and learning human growth and development in social work education: older people



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# Executive summary

## Background

### Aims

The knowledge review aims to:

- i) examine the research evidence about human growth and development and older people (HGDOP), and in particular what promotes or hinders successful outcomes
- ii) map the progress of qualifying education practice in HGDOP in England, Wales and Northern Ireland.

The review aims to explore the following questions:

- What is the nature of qualifying social work education about HGDOP?
- How effective is qualifying social work education about HGDOP, and what promotes or hinders successful outcomes?
- How far are critical perspectives, particularly social gerontology, evident in qualifying social work education about HGDOP, and how effective are they?

## Research review

### Methodology

The review of the literature examines the evidence about HGDOP in qualifying social work education and synthesises findings in order to address the review questions. The review was conducted in accordance with the Social Care Institute for Excellence (SCIE) guidelines for completing systematic reviews and was supported by EPPI-reviewer software.

The process of the knowledge review was informed by a stakeholder group that advised on the design and development of the review and work in progress and commented on draft materials.

From a search of the literature 24 relevant studies were identified and key themes analysed. Five of these studies met the inclusion criteria for in-depth review.

### Key findings

- Five quality-assessed studies met the inclusion criteria, all of which were published in the US between 2002 and 2006. The fact that only five studies met the inclusion criteria reflects the limited literature on the relationship between human growth and development (HGD) and older people and on the outcomes of qualifying social work education.
- Apart from their focus on curriculum development, the studies were diverse in terms of their aims and scope. They provided considerable descriptive detail about

the content and process of the changes made to the curriculum. Most of these changes were designed to increase knowledge about older people, change (mostly negative) attitudes and, to a lesser extent, develop skills and improve the quality of outcomes for service users and carers.

- The studies provided limited evidence about which characteristics of HGDOP teaching and learning were effective in delivering specific outcomes. In those studies that evaluated the views of student participants there was some evidence of increased knowledge and more positive attitudes towards older people. However, these changes were evaluated in the short term and by student perceptions rather than by the measurement of knowledge and behaviour.
- The studies provided limited information about the views of other participants, although where the views of older people and agency partners were reported, they were positive about their involvement.
- In relation to the theoretical frameworks underpinning HGDOP, there was evidence of more thorough exploration of pedagogical theory than of developmental or gerontological approaches.
- All five studies reported on the integration of practice or service learning initiatives into the university-based curriculum. The rationale for this approach was to introduce one-to-one contact between students and older people at an early stage of the social work programme as one means of increasing knowledge about the experience of later life and counteracting stereotyping.
- Students found these experiences facilitated their learning, with reservations about the amount of time necessary to complete the additional work. The older participants were universally positive about their participation.
- The limitations of the review in terms of the numbers and scope of the studies makes it impossible to generalise about the contribution of these developments to any evaluation of effectiveness. However, the studies suggest that greater integration of practice learning initiatives, even on a limited scale, would be worth further investigation.

## Practice survey

### Background

The practice survey reports the perspectives of nine higher education institute (HEI) social work educators recruited from six centres of social work education (four in England, and one each in Wales and Northern Ireland). The six centres identified ensured a range of provision and focus at undergraduate and postgraduate level, including full-time, part-time and work-based routes. The largest centre enrolled 100 students per year, the smallest, 20 students.

The practice survey also reports the views of members of the stakeholder group, which included students, service users and carers, practitioners and staff/volunteers in voluntary organisations working with older people, including older people from Black and minority ethnic backgrounds.



## Key findings

- The survey indicated that effectively integrating HGDOP teaching and learning within the curriculum was challenging and complex. Time pressures were a constant constraint and other challenges included:
  - integrating HGDOP within a curriculum traditionally focused on child development, and changing student attitudes to older people and later life
  - encouraging reflection on a time of life many found troubling and painful to contemplate
  - continuing to address HGDOP in modules focused on 'doing' social work with older people in an organisational and regulatory context that was perceived as undervaluing the place of theory and reflective practice.
- The practice survey identified many examples of innovative attempts to include attention to later life, change attitudes and encourage self-reflection, including the explicit use of cross-cutting theories and approaches and specific formative tasks, including the limited use of community-based learning opportunities.
- Attention to theory was more variable. While there were examples of the use of critical approaches to the use of theory, only one respondent specifically mentioned the use of critical social gerontology.
- Most programmes lacked robust evaluation of HGDOP teaching and learning outcomes.
- None of the practice survey participants reported an explicit practice curriculum for HGDOP. Educators expressed concerns about the lack of theory in practice placements, and the priority sometimes given to learning about formulaic approaches to 'doing care management'. In only one programme was HGD an explicit requirement in practice learning assessment.
- Social work educators and stakeholder respondents emphasised the importance of understanding and 'attitude' in underpinning social work interventions with older people. Educators prioritised critical understanding and appreciation of theories of ageing and self-reflection on the impact of this emotive area. Stakeholders, and especially service users, emphasised the importance of being able to listen to and hear older people's diverse knowledge and experience.

## Recommendations for future research and practice

- To develop a research base in HGDOP in the UK. The practice survey identified some innovative educational practice that would benefit from evaluative research and dissemination.
- To involve all participants in HGDOP in the research process. The views of students are central as the users of social work education but attention should also be paid to the views of other stakeholders including service users, practitioners and other agency partners.
- To develop research designs that evaluate and measure outcomes not only immediately after the teaching has taken place but in relation to longer-term learning gains.
- To clarify the parameters of HGD in relation to older people: what do social workers need to know about 'development' in later life and how can a balance be struck between 'normal' development and the developmental problems and crises social workers encounter in practice?

- To consider methods of integrating flexible models of service or practice learning into HGDOP, enabling students to learn from older people in their own environments.
- To develop teaching and learning methods that challenge ageist and other oppressive attitudes towards older people and encourage all students to engage with learning about later life.
- To recognise that these developments are resource intensive and to find ways of resourcing such developments.
- To review the practice curriculum and practice learning requirements to ensure that HGD is integrated within practice learning and its assessment.
- To develop approaches to curriculum organisation that support and monitor the integration of HGD across the curriculum.

# 1 Introduction

## 1.1 Rationale for the knowledge review

The knowledge review of human growth and development and older people (HGDOP) in qualifying social work education was commissioned by the Social Care Institute for Excellence (SCIE) and builds on a broader scoping study on human growth and development (HGD), mental health and disability, commissioned by SCIE from the same registered provider.<sup>50</sup> The knowledge review was commissioned in the context of the requirement for teaching and learning about HGD to be a key component of qualifying social work education in England, Wales and Northern Ireland.<sup>32, 36, 39, 56</sup>

The review identifies and evaluates a wide range of research material relevant to the teaching, learning, assessment and outcomes of HGDOP at qualifying social work level. It includes both a practice survey and a research review:

- The research review examines the evidence about HGDOP, and in particular what promotes or hinders successful outcomes.
- The practice survey maps the progress of education practice in HGDOP. The main methods of data collection were telephone interviews with social work educators and other stakeholders and the targeted use of questionnaires to access student views.

## 1.2 Review questions and objectives

The research review and practice survey explore the same central questions:

- What is the nature of qualifying social work education about HGDOP?
- How effective is qualifying social work education about HGDOP, and what promotes or hinders successful outcomes?
- How far are critical perspectives, particularly social gerontology, evident in qualifying social work education about HGDOP, and how effective are they?

The review identifies the range of empirical research relevant to these questions, setting them in the context of policy and research. The first question maps the nature and diversity of HGDOP including settings, pedagogical approaches, content, goals and aims. The second question explores the nature of HGDOP outcomes and identifies the facilitators and barriers affecting these outcomes. The third research question explores whether and to what extent critical perspectives influence the outcomes identified.

The rationale for the review is that:

- HGD is a central requirement of qualifying social work education
- HGDOP has not been the focus of any previous knowledge reviews
- policies related to older people are receiving increased attention and have implications for training and education.

The review objectives, as identified in the aims and central research questions, are set out in Appendix 1.

### 1.3 Policy and practice background to HGDOP

The social care agenda for older people is led by central government, characterised by policies which seek to promote social inclusion, control, respect and choice.<sup>38</sup> The National Service Framework (NSF) for older people<sup>35</sup> identified rooting out age discrimination and the delivery of person-centred care as the first two standards required for good quality health and social services. Subsequent programmes for implementing the NSF have identified the improvement of health in later life, and dignity and integration in care as priorities for raising the quality of health and social care.

While older people and their carers are high on the policy agenda, in social work education the *Requirements for social work training*,<sup>36</sup> which shaped the curriculum for the social work degree, make no specific reference to work with older people and their carers. However, they do require education providers to include HGD as a core component of the social work curriculum, although it is linked to disability and mental health, with no reference to older people. Similarly, knowledge about HGD (from childhood to old age) is a specific requirement of the National Occupational Standards (NOS) for social work<sup>62</sup> and social workers are required to be assessed on HGD during training.

### 1.4 Regulatory context of HGDOP in qualifying social work

The social work degree was introduced in England in October 2003 and in Wales and Northern Ireland in October 2004. The requirements relevant to the teaching, learning and assessment of HGDOP are included in Appendix 2. In each country HGD is a key requirement of qualifying education, although the requirements are slightly different.

### 1.5 Definitions

#### 1.5.1 Human growth and development

The conclusions of the earlier scoping study suggest the definition of HGD and its relationship to older people and social work education is problematic. The policy documents currently setting out the requirements for HGD in qualifying social work education make no attempt to define it, leaving open questions about what a 'developmental perspective' means. This point was confirmed by the initial scrutiny of abstracts for the scoping study. This identified a range of literature claiming to have a developmental focus but in fact exploring the experience of older people at a particular point in time rather than within the lifespan context.

Educators interviewed for the scoping study identified another dilemma in the definition of 'human growth and development'. They reflected on the tension between teaching 'normal' development and/or concentrating on barriers to and problems in development, which social workers encounter in practice.

In addition, concepts of 'growth' and 'development' have been criticised from a number of perspectives as being normative, individualistic and unhelpful in fluid and rapidly changing contexts.<sup>44, 56, 58</sup>

### 1.5.2 'Old age' as a concept

Within the framework of human development, the usefulness of 'old age' as a concept is also contested. Debates within gerontology raise questions about whether the category 'old' should be the major determinant of our understanding of later life, or whether it is only one, socially determined, dimension of identity and experience.<sup>28, 31</sup>

In response to these debates, the review team decided to adopt Sugarman's wide-ranging definition of HGDOP as:

... material foregrounding ageing and acknowledging the context of human development adopting lifecourse or lifespan perspectives.<sup>59</sup>

### 1.5.3 Critical gerontology

Although the scoping study identified 104 papers discussing human development and older people, many of these explored the problems older people experience rather than emphasising positive ageing and the contributions older people make to society. The papers also reflected concern about social work students' reluctance to work with older people after qualification and the impact of this on the quality of social work practice.

The third research question in this review examines whether there is evidence that critical gerontology plays a role in counteracting these limited views about HGDOP. Although critical gerontology includes a range of different theoretical approaches, it seeks to explore issues and questions that have not always been prioritised by mainstream social gerontology. These include understanding what constitutes 'successful ageing', exploring the structural factors that impact on ageing as well as valuing the experience and meaning of ageing to individuals.<sup>45</sup> Chambers<sup>8</sup> has argued that with 'a multi-faceted approach to ageing and a commitment to challenge discrimination, critical social gerontology already parallels social work education and older people' (p 745). She suggests it has the potential to make a positive contribution to the social work curriculum in three main areas:

- challenging ageism
- counteracting the 'blaming' culture, particularly in relation to older people as a 'welfare burden'
- characterising old age as an integral part of human development and the 'accumulation of a lifetime's experience' (8, p 757).

## 1.6 The review team

The review team for this HGDOP knowledge review consisted of two members with previous experience of systematic reviews. The third team member has previously undertaken a review of evidence-based practice.

## 1.7 Ethics

The research review is a systematic review of existing evidence already in the public domain. It did not raise issues of ethical research governance.

The practice survey included interviews and questionnaires with educators, service users and students and required informed consent. The anonymity of respondents was ensured as and where appropriate. In particular, steps were taken to ensure that students responding to questionnaires did so anonymously if they wished. The practice survey was conducted in accordance with the sponsor Sussex Institute's *Research governance and ethics standards and guidelines*.<sup>60</sup> These are designed to meet the requirements of research funders, including those of the Department of Health Research Governance Framework.

## 1.8 Stakeholder group

The stakeholder group was appointed at the beginning of the project and was consulted at key stages. Its purpose was to act in an advisory capacity to the review. Its membership reflects the nature of the review and the range of stakeholders to whom it is relevant. Stakeholder group membership consisted of the following groups.

**Users and carers:** three users/carers from the University of Sussex/Brighton Service User Network, one of whom was also an educator, and four members of a group for minority ethnic elders in Brighton and Hove, interviewed for the practice survey by a former group coordinator.

**Users' and carers' organisations:** one coordinator of an Age Concern local organisation and one former coordinator of the group for ethnic minority elders mentioned above.

**Students:** two undergraduate students from the University of Sussex/Brighton BA programme and two postgraduate students from the University of Sussex MA programme.

**Practitioner/manager:** one social work practitioner working with older people in a hospital setting, one social work manager responsible for quality assurance issues for older people's services.

**Social work educator:** one academic, from Keele University for whom HGDOP is an area of specialist interest.

Stakeholder involvement at different stages of the review is discussed further in Section 2.6 of this review.

## 2 Research review methodology

### 2.1 Approach to the review and review questions

The review was conducted in accordance with SCIE guidelines for completing systematic reviews<sup>34</sup> and was supported by EPPI-reviewer software (Evidence for Policy and Practice Information).<sup>63</sup>

*The review structure:* review findings are reported in two main sections:

- A map of the research field (Section 3), providing an overview of all the research included in the review. In this section of the report studies were not quality assessed for trustworthiness, appropriateness or relevance. The map provides the context for the in-depth review of the data-extracted studies.
- An in-depth review (Section 4) that provides a synthesis of the evaluative studies that examined the outcomes of HGDOP in qualifying social work. The included studies were quality assessed to determine the weight of evidence attributable to them in answering the review questions.

### 2.2 Searching the literature

The review search strategy covered the following types of sources, systematically gathered from five electronic bibliographic databases, relevant websites, handsearching and contact with experts:

- empirical studies from peer-reviewed sources
- theoretical papers from peer-reviewed sources (to inform the framework for synthesis)
- professional and policy documents for background only
- research reports and other relevant published literature.

Details of the search strategy are given in Appendix 3. A total of 727 citations were retrieved; with 187 duplicates extracted, there were 540 unique citations.

### 2.3 Inclusion and exclusion criteria

All identified studies were screened on the basis of title and abstract according to agreed inclusion and exclusion criteria. The exclusion criteria are given in Table 1. Details of the numbers of reports excluded on each criterion are given in Figure 1 and Appendix 3. Twenty per cent of all titles and abstracts were double screened independently by two reviewers to ensure reliability.

**Table 1: Exclusion criteria**

	Criterion label*	Criterion details
First stage	1	Not social work education
	2	Not qualifying level social work education
	3	Not focused on social work education and older people
	4	Not focused on social work education about HGD
	5	Not focused on social work education about HGDOP
	6	Training material/textbook
	7	Book review
	8	Bibliography
	9	Journalism/bulletin
	10	Language other than English
Second stage		First stage criteria re-applied to full document

Note: \*Not mutually exclusive.

At the first stage the majority of the 410 exclusions were made on the bases that reports were not focused on social work education about HGDOP, not focused on social work education about HGD or not about social work education and older people. From the title and abstract alone, it was difficult to interpret whether HGDOP was the focus of many papers. The reviewers erred on the side of inclusion at this stage, identifying 130 reports for further screening. Seven papers could not be retrieved, leaving 123 papers retrieved.

At the second stage the same inclusion and exclusion criteria were applied to the full paper. The majority of second-stage exclusions were made on the bases that papers did not focus on social work education about HGDOP, or did not focus on social work education about HGD.

Twenty-six papers met the criteria for inclusion in the review. Four of these reported on the same two studies; two reports were therefore treated as linked.<sup>20, 26</sup> Thus 24 separate studies were included in the review.

Fifteen of these papers reported on one or more of the 67 'Gero-rich' initiatives,<sup>47, 53</sup> instigated with the support of the Council of Social Work Education (CSWE) in the US and funded, or part-funded, by a US charitable foundation, the Hartford Foundation. Aside from two of the four studies identified as linked above, the empirical and theoretical reports relating to this initiative took place on different sites and with different research teams and authors. They were therefore treated as separate reports.

At this stage, both empirical and non-empirical papers were included. Achieving a reliable definition of what constituted empirical and non-empirical research in this field was not easy, since many papers reported education practice/routine course evaluation and descriptive or evaluative research.



## 2.4 Keywording

The 24 papers were coded using a review-specific keywording strategy (see Appendix 4). The strategy included type of study, characteristics and contexts of HGDOP, the study findings and conclusions. It was designed in the light of the experience of previous reviews and the scoping study.

Twenty per cent of all papers in the review were double keyworded independently by two reviewers to establish inter-rater reliability.

More discussion of the keyworded papers is included in Section 3 of this review. They provide background information on the nature and extent of the research 'field' in HGDOP.

A flowchart of the review process from searching to mapping is included below as Figure 1.

## 2.5 Data extraction and in-depth review

An in-depth review was undertaken of five papers,<sup>1–5</sup> and one linked paper<sup>6</sup> to examine empirical research, and, in particular, work from which inferences about effectiveness might be drawn. Studies included were not only empirical, but provided sufficient methodological detail to allow quality assessment.

Section 4 describes the nature and focus of the studies involved, the characteristics of HGDOP discussed, and outcomes addressed, as well as key concepts in use, findings and conclusions. A detailed description of the studies included in the in-depth review is provided in Appendix 5.

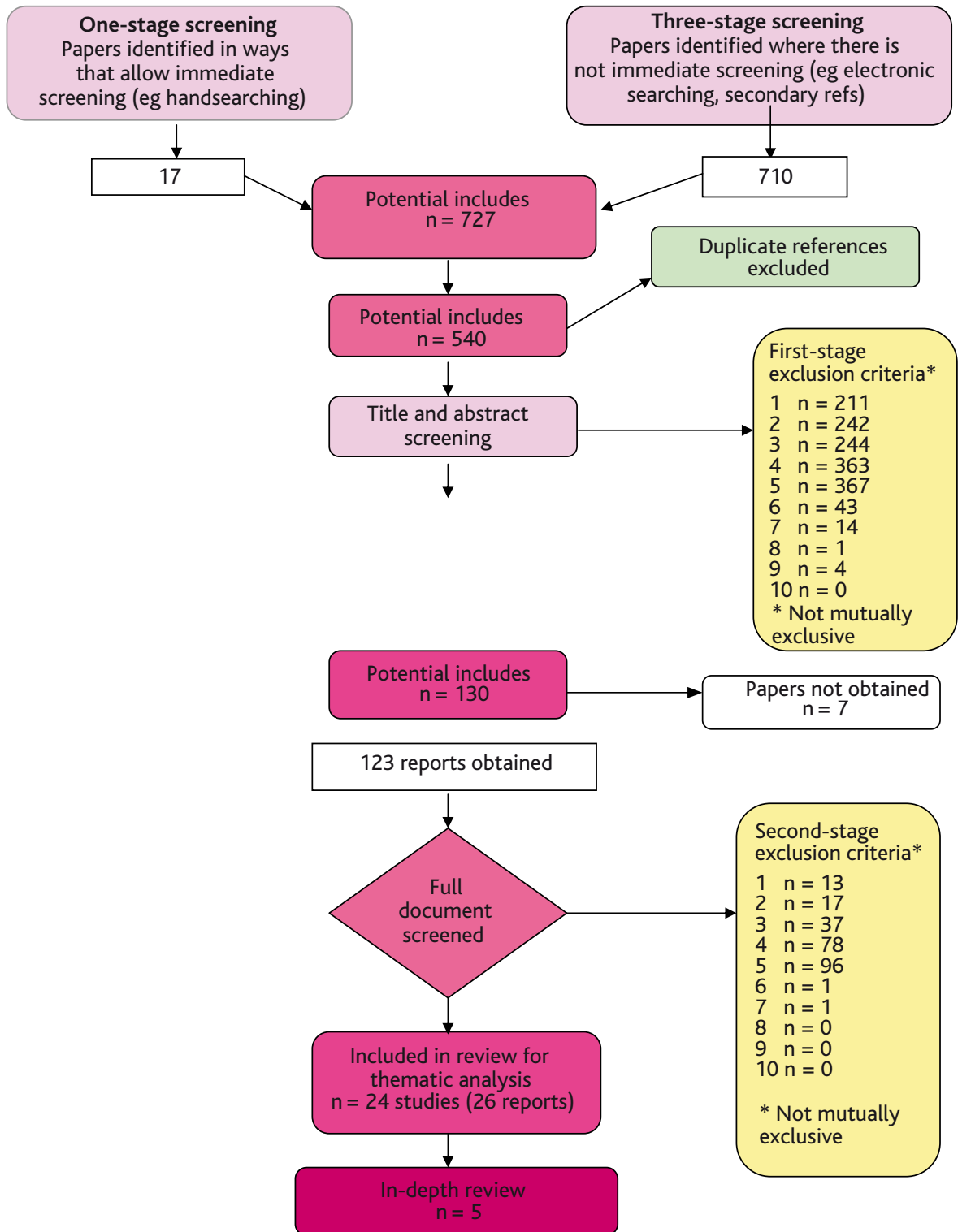
Studies included in the in-depth review were quality assessed, in accordance with SCIE and EPPI-Centre data extraction guidelines. The data extraction strategy included rigorous judgements of validity, reliability, ethics, user engagement and quality of research design, execution and reporting.

## 2.6 Stakeholder participation

The purpose of the stakeholder group was to engage users and carers, students, social work practitioners and managers in the knowledge review both as *critical friends* at key stages in the process and as informants in the practice survey.

The resources and time scale available meant it was not possible to involve stakeholders in all stages of the review. However, their views were sought at key stages through telephone and email contact. As *critical friends*, stakeholders were invited to comment on all key research decisions and consulted over specific issues. As informants, individual stakeholders contributed to the practice survey themes by participating in telephone interviews. One stakeholder also interviewed older people from minority ethnic backgrounds to enable their views to be included in the practice survey.

Figure 1: Flowchart of research review process



The stakeholder group was consulted at the following key stages:

- contributing to the definition of the review questions and the contents of the research proposal
- the design of the keywording strategy
- commenting on drafts of the descriptive map
- contributing to the content and process of the practice survey.

Specifically:

- A brief pro forma was sent to all stakeholders at the start of the review. This was to seek their views on the definitions of HGDOP and the identification of key issues. This material informed the identification of the research questions and priorities. A summary of this feedback is included in Appendix 9.
- The descriptive map was circulated to members of the stakeholder group and the resulting feedback informed the ongoing progress of the review.
- Five group members – the three carers/service users and the Age Concern and minority ethnic elders group participants – made particular contributions to the practice survey. They were interviewed using a specifically designed questionnaire (included in Appendix 8).
- One member involved with a group of minority ethnic elders undertook interviews with four community members. She sought their views about their experiences as older people in relation to HGDOP. The questions used and their analysis is included in Appendix 8.

# 3 Mapping HGDOP: an overview of the research

## 3.1 Introduction

This section identifies some of the characteristics of the 24 papers identified in the keywording process. It provides a map of HGDOP and follows the keywording strategy. It is structured under the following headings:

- HGDOP studies: type and quality
- aims and theories of HGDOP
- characteristics of HGDOP
- main claims to 'findings' reported about HGDOP.

In this overview of the research included in the review, papers were not quality assessed for trustworthiness, appropriateness or relevance. What the overview provides is background information on the nature and extent of the research 'field' in HGDOP. For reasons of space the findings are presented in more detail in Appendix 7.

## 3.2 HGDOP studies: type and quality

### 3.2.1 Study location and publication

All but one<sup>8</sup> of the 24 papers identified by the keywording process were from the US. Most were published since 2000, with the oldest paper published in 1988.

### 3.2.2 Type of study

The papers were placed in four categories according to the type of study they represented:

- Empirical – evaluation
- Empirical – descriptive
- Non-empirical – descriptive
- Non-empirical – other.

The definition of empirical papers arrived at was:

- giving some indication of research methodology (for example, who was researched, how) and/or
- giving some data/findings that are clearly sourced from informants other than the author alone.

Papers designated either 'non-empirical–descriptive' or 'other' focused mainly on explorations of curriculum initiatives, considering specific modules or the integration of material throughout the curriculum. Twenty of the 24 papers reported

in this review described or evaluated pedagogical innovations. The remaining four papers<sup>8, 22, 13, 18</sup> provided a critique of current HGDOP curricula with a more general discussion of the implications for the HGDOP curriculum. Of these four papers, Chambers<sup>8</sup> took a critical gerontological and feminist perspective; Sherr and Blumhardt<sup>22</sup> challenged the adequacy of current theoretical frameworks to encompass the position of older rural women; and Crewe<sup>13</sup> argued for the inclusion of an ethno-gerontological perspective.

### 3.3 Aims and theories of HGDOP

#### 3.3.1 Aims of HGDOP teaching and learning

Most studies identified a range of aims in relation to the teaching, learning and organisation of HGDOP and these are set out in Table 2 below.

**Table 2: Aims of HGDOP teaching and learning\***

Aims of HGDOP teaching and learning	Number of studies
Improving understanding of human development and older people	22
Improving quality of practice	17
Changing attitudes towards older people in context of human development	16
Other	8
Improving outcomes for users and carers	6

*Note:* \*Not mutually exclusive.

The most frequently cited aim was to improve understanding of HGDOP, although papers varied in the level of detail provided in relation to this aim. For example, one paper<sup>4</sup> identified 'learning about' older people as an aim while another<sup>3</sup> aimed 'to allow students to explore systematically how the older narrators ... developed meaning in their lives in the context of historical, social, economic, political, and cultural realities often much different from the students' own' (p 117).

In 11 of the 22 studies with the stated aim of improving understanding of HGDOP<sup>1–5, 9–11, 14, 15, 25</sup> both classroom and practice learning settings were used. In nine, the classroom was the only setting used.<sup>12, 13, 17–20, 22–24</sup>

Changing attitudes was a major objective of 16 papers<sup>1–5, 7–12, 14, 18, 20, 23, 25</sup> and in this group a combination of classroom and practice-based learning was twice as likely to be used as classroom learning alone.

Seventeen studies also had as an aim the improvement of the quality of social work practice.<sup>1, 2, 5, 8, 9, 11, 13–16, 18–20, 22–25</sup> Improved outcomes for users and carers was an explicit teaching and learning aim for a smaller number of studies.<sup>2, 7, 8, 12, 17, 22</sup>

In the 'other' group the four studies<sup>4, 10, 15, 16</sup> with the stated aim of increasing interest in gerontological social work as a career option had between them a range of related aims, from increased understanding,<sup>15</sup> changes in attitude<sup>4, 10</sup> and improvement in practice.<sup>16</sup> Studies that identified a range of (usually) more specific aims (for example, including those such as involving students in understanding rural settings,<sup>4</sup> encouraging student self-reflection<sup>1</sup> and increasing access to training for residential staff<sup>7</sup>) were also included in the 'other' category.

Where aims included improving understanding, changing attitudes or improving the quality of practice, participants in learning and teaching were more likely to include users and carers. Half of the studies with each of these aims included users and carers in teaching and learning.<sup>3–5, 9–11, 14, 17, 20, 24, 25</sup> Users, carers and community members were represented in about the same proportions as social work practitioners/managers and other practitioners/managers combined.

### 3.3.2 Theories and concepts in use

The theories and concepts identified in use are set out in Table 3, with an indication of the number of papers that identified particular approaches. They refer both to HGDOP and to pedagogical theory. In most studies, the emphasis was on one or other of these, but not both. Appendix 6 gives further information about the definitions of these theories and concepts adopted in the review.

**Table 3: Theories and concepts in use**

Theories and concepts in use	Number of studies
Psychosocial	15
Equalities/rights-based	14
Ecological/systems	10
Other	10
Socio-biological	7
Critical gerontology	6
Sociological	6
Psychological	3
Not specified	1

The overall impression gained from the studies was that the conceptual and theoretical analysis of HGD received little attention in this literature. All studies made some statement indicating the range of areas drawn on as the theoretical context for HGDOP teaching and learning (for example, physiological, psychological, sociological development, etc), and 10 papers<sup>1–3, 5, 8, 11, 13, 22–24</sup> provided a more sustained theoretical analysis of the rationale for their approach. Five of these specifically mentioned an ecological approach,<sup>2, 5, 13, 22, 23</sup> one,<sup>22</sup> for example using 'a multidimensional approach' to consider the 'goodness of fit' between individuals and their environment (p 49). Chambers<sup>8</sup> drew on critical gerontological concepts to challenge dominant discourses that 'problematise' female old age and widowhood.

Socio-biological aspects of ageing received no sustained theoretical attention in any of the papers reviewed, except in relation to perceptions of dementia.<sup>18</sup>

There was much of interest in the papers that focused on theorising teaching and learning. Of the 10 papers identified as 'other', three concentrated on theorising the 'infusion' model, which aimed to make connections between early and later life experiences.<sup>12, 16, 21</sup> 'Infusion' was theorised as a 'spiral', aiming to 'articulate the interconnections among early and later life experiences' (16, p 16). The other seven<sup>3-5, 8-10, 14</sup> explored specific pedagogical approaches including oral history/narrative approaches<sup>3-5, 8, 9, 14</sup> and 'service learning'.<sup>3, 4, 14</sup> Service learning is defined as an approach which encompasses interactions between students and older people in local community settings designed as a means of 'acquir(ing) experiences that will enhance classroom learning' (52, p 175 cited in 6, p 723).

### 3.4 Characteristics of HGDOP

#### 3.4.1 HGDOP process focus

A majority of papers focused on questions of teaching and learning in HGDOP. The main point of interest was that HGDOP material was delivered using a range of overarching frameworks including feminist,<sup>8</sup> ethno-gerontology,<sup>13</sup> ecological theory<sup>7</sup> and the stress/resiliency framework.<sup>24</sup>

The papers that discussed course organisation and management provided some interesting and useful descriptions of the ways in which curriculum development was approached. Several described developmental work undertaken with practice teachers and other community partners,<sup>1-4, 7, 9, 11</sup> for example, the 'benefits and barriers' of inter-generational learning;<sup>9</sup> the development of 'standardised learning competencies' in practice placements;<sup>2</sup> and the identification of older volunteers for an oral history project.<sup>3</sup> On a more general level, Hooyma and St Peter<sup>16</sup> gave an overview of four models of curriculum change – specialisation, integration, infusion and transformation, the latter going 'beyond merely creating a course or a module on geriatric social work, to developing ways to fundamentally alter curriculum structure, organisation, and pedagogy' (p 15).

More limited attention was paid to assessment. The papers reviewed included almost no information about how theoretical knowledge was assessed. Most of the six papers that included a focus on assessment described specific examples of HGDOP assessment tasks. The most frequently cited were tasks based on the use of oral histories and interviews with older people.<sup>3, 14, 20, 24</sup> Three papers explicitly included self-reflection in the assessment process.<sup>14, 20, 24</sup>

There was no indication that users/carers/community members were involved in assessment processes – rather that work undertaken with them, such as oral history, was a focus of assessments such as 'a written and/or visual piece celebrating their partners' lives and the events and circumstances that shaped them' (6, p 727) and was evaluated by instructors. Where assessment involved a practice element, examples included reports and write-ups of oral history<sup>3, 14</sup> and the requirement

that a practice placement experience must include at least one older service user or an intergenerational case.<sup>15</sup>

### 3.4.2 Timing and organisation of HGDOP initiative

Sixteen papers<sup>3, 4, 7, 11, 12, 14–22, 24, 25</sup> related to initiatives that took place at an early stage of undergraduate or postgraduate qualifying education, often as part of, or linked to, introductory or foundation courses. A common concern was to engage students in considering issues related to ageing and older people at an early stage of their professional education on the assumption that this would have the most impact on changing attitudes and increasing interest.

The review identified two approaches to curriculum organisation: the discrete and the embedded. Most papers (21 of 24) reported on the development of discrete initiatives or significant module components with different emphasis given to the balance between HGD and HGDOP. In nine of the papers, one-to-one contact with an older person was central to the initiative described.<sup>2–5, 7, 9, 11, 14, 25</sup>

A further nine papers<sup>12, 13, 17–20, 22–24</sup> identified HGD teaching and learning as a discrete initiative, usually as part of a human behaviour in the social environment (HBSE) course. HBSE is a core introductory module in US social work programmes and is one of the first modules to be taught, usually during the first semester.

Four of the US papers<sup>15, 16, 21, 25</sup> were categorised as 'embedded' for the purposes of this review because they argued that the most effective means of changing attitudes towards older people and encouraging students to work with them was to 'embed' gerontological teaching and learning across the curriculum. There were also examples of the discrete and embedded approaches being combined within the curriculum. Nine 'discrete' papers<sup>9, 12, 17–21, 23, 24</sup> discussed HGD initiatives that were part of a wider intervention to embed gerontological content across the whole curriculum.

Thirteen papers<sup>3, 5, 9–12, 15–17, 21, 22, 24, 25</sup> described initiatives that were supported by some funding from the Hartford Foundation Gero-rich project.<sup>54</sup> Where papers were linked to that initiative, the emphasis on HGD teaching and learning varied greatly. They included examples of service learning initiatives which involved significant periods of community-based learning,<sup>3</sup> group and community work projects with a particular focus (for example, <sup>9</sup>) or, the shortest discrete initiative, a 60-minute observed focus group with a post-group discussion and class work.<sup>10</sup>

### 3.4.3 Participants in HGDOP

In all papers where specified (22 – all but <sup>8, 13</sup>) teaching and learning was organised and delivered by social work educators. The involvement of other participants in the organisation and delivery of HGDOP was limited in spite of Hooyman and St Peter's comment that in infusion models:

... all key stakeholders ... need to be involved in the process of planning, implementing, and sustaining the curricular changes. (<sup>16</sup>, p 14)



### Participants in course organisation

Besides social work educators, the next group most often reported as involved in the organisation of teaching and learning were social work practitioners,<sup>2, 7, 14, 16, 21</sup> followed by other practitioners.<sup>2, 4, 11, 21</sup> Only one paper<sup>16</sup> reported educators other than social workers being involved in course management and organisation. None of the studies with the stated aim of changing student attitudes towards older people reported involving users, carers or community members in course organisation and management. Four studies<sup>10, 12, 16, 21</sup> identified students as participants in course organisation.

### Participants in teaching and learning

Predictably, social work educators were identified as participating in teaching and learning in most of the papers, while users, carers and/or community members were the second most frequently mentioned participants.<sup>3–5, 9–11, 14, 17, 20, 24, 25</sup> Examples of their involvement included guest speaking in college-based teaching sessions, providing input on oral history methods,<sup>4</sup> focus group participation<sup>10</sup> and participating in one-to-one interactions with students.<sup>2, 4, 11, 14</sup> Two studies mentioned the potential for older people to be involved with assessment.<sup>17, 20</sup>

Seven papers identified a role, or range of roles, in teaching and learning for social work practitioners/managers.<sup>1, 2, 7, 9, 12, 14, 15</sup> The papers indicated very little use of social work practitioners/managers in the classroom-based elements of the programmes discussed. Where the setting included both practice and classroom-based elements, the social work practitioners/managers seemed to be involved in the practice element only in all but two studies.<sup>9, 14</sup> Sometimes practitioners were reported as working with materials provided by social work educators (for example, <sup>1, 2</sup>), but more often they provided consultations, support and guest lectures. In one example 'agency social workers provide educational opportunities and consultation ... and serve as professional role models' (<sup>4</sup>, p 99).

#### 3.4.4 Setting of HGDOP teaching and learning

There were slightly more papers discussing initiatives that integrated classroom and practice learning<sup>12</sup> than those reporting classroom-only modules.<sup>10</sup> 'Practice learning' in this review included assessed practice placements (commonly referred to 'as the practicum' in the US), but were more likely to refer to variable time-limited experiences in agency and/or community settings, such as 'paired' contact with older people, observational visits or service learning in the US literature. These service learning experiences were usually assessed by social work educators as an element of a classroom-higher education institute (HEI)-based module.

Five papers referred to initiatives within formal practice placements,<sup>1, 2, 15, 16, 25</sup> of which three<sup>1, 2, 15</sup> provided detailed content. The paper by Browne et al<sup>2</sup> was the only one to focus on a HGDOP teaching and learning curriculum within a required practice placement. Birkenmaier et al<sup>1</sup> described an initiative aimed at exploring and integrating spiritual beliefs in service provision for older people. The initiative was

organised and provided by social work educators while students were on an elective practice placement. Further details of these initiatives are included in Appendix 7.

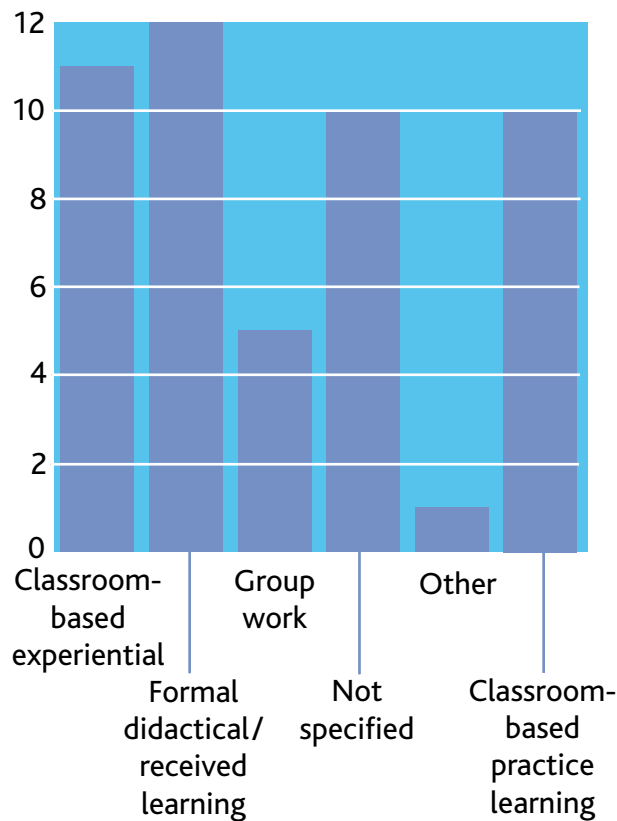
The other seven papers discussing integrated classroom/practice initiatives included oral history projects where the settings were identified and selected by social work educators in consultation with agency staff,<sup>3-5, 14</sup> or interviews or focus groups with older people on specific topics,<sup>10, 11</sup> and observations and visits.<sup>5, 25</sup> The resulting material was used to complement learning and assessment in the classroom.

Ten of the papers referred to classroom-based learning only.<sup>12, 13, 17-24</sup> Most of these<sup>13, 17, 18, 20, 23, 24</sup> described general approaches to or models of HGDOP. Only one paper<sup>7</sup> reported on a purely practice-based setting. This paper described programmes providing practice placements with chronically mentally ill older people in residential settings. The placements were supervised by practice teachers who also provided the formal educational input. Students undertaking these placements were paid a stipend and given a reduction in tuition fees.

### 3.4.5 Pedagogical methods

Some papers were very explicit about their teaching methods<sup>5, 11, 12, 20</sup> and on occasion this was the focus of the paper (for example, <sup>3, 10, 25</sup>). Figure 2 identifies the range of methods identified by the papers, although these categories are not mutually exclusive, and 10 papers provided no detail about the methods used.

**Figure 2: Pedagogical methods**



*Note:* Categories not mutually exclusive.

Formal didactic approaches such as lectures were referred to in 12 of the 14 papers providing information on the pedagogical approaches used.<sup>2–5, 9–12, 14, 19, 24, 25</sup> However, formal teaching was invariably used alongside a range of other methods, including case studies, classroom exercises and the use of video. Five studies had a particular focus on learning through group work, to support self-reflective discussion of practice experiences<sup>1, 9, 11, 14</sup> or through observation of focus groups of service providers and users.<sup>10</sup>

A wide variety of approaches to classroom-based experiential learning were described in 11 papers.<sup>1–3, 5, 9–11, 14, 20, 24, 25</sup> Within this were two main emphases: self-reflection,<sup>1, 5, 9, 10, 11, 14, 20, 24, 25</sup> and discussion of practice/service-learning experiences.<sup>2, 3, 14</sup> Examples were provided of a range of approaches used to encourage self-reflection, such as use of time lines,<sup>5, 20, 24</sup> meditations,<sup>1</sup> simulations,<sup>25</sup> and other reflections on ageing.<sup>1, 10, 20, 24</sup> In some papers these approaches were described in detail. Waites and Lee<sup>25</sup> considered the response of students to a range of simulations, such as wearing thick gloves to simulate the impact of arthritis, while Birkenmaier et al<sup>1</sup> described the detail of a meditation exercise to help reflect on later life and dying. The use of reflective journals was mentioned by two studies.<sup>3, 4</sup> Ames and Diepstra<sup>6</sup> saw these journals as a way of integrating classroom material with oral history learning and 'provid(ing) a mechanism for focussing class discussions' (6, p 725). Eight other studies<sup>1, 10, 14, 20, 24, 25</sup> reported pedagogical approaches that encouraged written self-reflective tasks of various kinds.

There were no references made to the use of e-learning supporting any of the pedagogical methods identified in classroom or practice learning.

Practice-based learning was mentioned as a pedagogical method in 10 papers and included varied and imaginative approaches. Four of these 10 papers<sup>1, 2, 7, 25</sup> related to formal placement experiences. Others included the use in the classroom of material provided by students from their placements;<sup>9</sup> a module on spirituality undertaken together by practice teacher and linked student;<sup>1</sup> and practice placements alongside other service learning opportunities such as visits and volunteering.<sup>25</sup> Six papers described between them a variety of 'service learning' initiatives in agency or community settings, such as scheduled reminiscence and oral history; visits to matched<sup>3, 4, 14</sup> – or perhaps unmatched<sup>5</sup> – older people in nursing home or independent living settings; observations and 'report back' of day centre facilities.<sup>5</sup> In these examples service learning was seen as an important method of integrating theory and practice, complementing learning and assessment in the classroom.<sup>3, 4, 25</sup> These initiatives were usually assessed by social work educators as an element of a classroom-HEI-based module.

### 3.4.6 Curriculum organisation

The papers reflected some of the dilemmas related to organising a diverse and substantial range of material into an appropriate curriculum at an introductory point in the course. Overall, there was no obvious relationship between the perspectives chosen and the papers' declared aims, pedagogical approaches or participants in teaching and learning.

Ten papers were identified as approaching curriculum organisation from more than one perspective,<sup>5, 8, 11, 14, 17–22</sup> arguing that an eclectic approach was required to do justice to the complexity of the subject (see Table 4).

**Table 4: Curriculum organisation\***

Curriculum organisation	Number of studies
Theory-based	15
Topic-based	7
Rights-based	6
Linear/sequential	4
Other	2
Not specified	1

*Note:* \*Categories not mutually exclusive.

### Theory-based

As Table 4 shows, 15 papers<sup>2–5, 7–9, 11, 13, 14, 16, 19–22</sup> suggested that particular theories or approaches provided an appropriate framework for delivering the HGDO curriculum, although no prevailing theoretical approach emerged. Six studies identified ecological models as the overarching framework.<sup>2, 5, 7, 9, 19, 22</sup> For some this framework was combined with other approaches such as lifespan theories (for example, <sup>5</sup>), and phenomenology, conflict and empowerment theory.<sup>22</sup> Other relevant HGD theories identified as providing the organisational framework for the curriculum included critical theories,<sup>8, 20</sup> psychosocial/lifespan theory,<sup>3, 5, 11, 14, 16, 21</sup> ethno-gerontology<sup>13</sup> and sociological theories of ageing such as disengagement or activity theory.<sup>23</sup>

### Topic-based

Seven papers were categorised as topic-based.<sup>1, 10, 12, 17–19, 23</sup> Three of these argued for greater attention to be paid to a specific issue (such as mental health<sup>12, 18</sup>) and three focused on the needs of a particular service user group – grandparents in kinship care,<sup>17</sup> older people with learning difficulties,<sup>19</sup> and older people with dementia.<sup>18</sup> Kropf<sup>19</sup> is included in this group because, although the main organising framework was theory-based, the focus was on a particular topic. Others<sup>1, 10, 23</sup> focused on topics that related more specifically to development in later life, including the psychological dimensions of successful ageing and the management of stress.<sup>23</sup>

### Rights-based

Six studies<sup>5, 8, 11, 17, 18, 22</sup> included a rights-based approach as an important, but not the only, approach to curriculum organisation. All of these studies incorporated an anti-oppressive focus, with specific groups of discriminated-against older people the focus of attention in some papers, for example, women;<sup>8, 22</sup> racial and cultural oppression;<sup>17</sup> and older people with dementia.<sup>18</sup>

### Linear ('cradle to grave')

The four linear and sequential ('cradle to grave') models<sup>18, 20, 21, 25</sup> were linked to the promotion of ideas about positive ageing<sup>20, 21, 25</sup> and attention to issues for the very old.<sup>18</sup> The paper by Eun-Kyoung et al<sup>15</sup> did not identify how teaching and learning might be organised. Vandsburger et al,<sup>24</sup> on the other hand, explicitly stated that the stress and resiliency framework discussed was flexible enough to be adapted to any form of curriculum organisation. Downey and Miles<sup>14</sup> included in their approach to curriculum organisation a focus on the programme's older participants and providing 'isolated individuals with support and companionship and the opportunity to contribute to the growth and development of the next generation of social workers' (p 95).

#### 3.4.7 Curriculum content

Developmental processes, positive ageing and values/attitudes/anti-oppressive practice (AOP) provided the core curriculum content. It was difficult to distinguish between these three attributes, as definitions were unclear in some papers where examples of content were not always detailed or specific.

#### Developmental processes

Many papers provided relatively unexplored descriptions of HGD content on 'developmental processes'. This is not surprising, perhaps, given that most of the papers included in the review did not focus their discussion on an overarching theoretical perspective on HGD for older people within the curriculum. So, for example, Dorfman et al<sup>4</sup> referred rather generally to a 'basic aspects of aging' curriculum that included 'the biological, social, and psychological aspects of aging, and includes a broad variety of topics including health, economic status, social supports' (p 223). Others indicated a more specific approach to developmental processes. For Crewe,<sup>13</sup> for example, the focus was on ethno-gerontology within a lifecourse perspective. Many papers that reported on curriculum developments (particularly in relation to the HBSE modules) assumed that content on bio-psychosocial development was automatically included and therefore detailed exploration of material relevant to these areas was limited (for example, 4). Other papers referred to material drawing on the work of 'standard' developmental theorists such as Levinson<sup>51</sup> and Erikson<sup>40, 41</sup> and to social gerontologists such as Neugarten<sup>54</sup> and Havighurst<sup>43</sup> (for example, 5, 23).

#### Values and attitudes

In nine papers developmental processes and a lifespan perspective also included content on values and attitudes and on positive ageing.<sup>4, 5, 8, 11, 14, 17, 20, 21, 23</sup> Content on values, attitudes and AOP was a strong theme, with all of the 17 papers in this group giving at least some attention to stereotypes of ageing.<sup>1-5, 7-11, 13, 14, 17, 18, 20-23</sup> Some papers highlighted specific areas of anti-oppressive understanding and practice such as racial and cultural diversity,<sup>2, 13, 17, 18</sup> including migrants' experiences.<sup>21</sup> One focused more particularly on older women's experiences<sup>8</sup> and one included some attention to gay and lesbian older people.<sup>21</sup>

### Positive ageing

Positive ageing was discussed from a number of perspectives. Some<sup>4, 8, 20</sup> considered it mainly in relation to pedagogical methods and suggested that narrative and biographical approaches were useful. Gray and Kabadaki<sup>5</sup> also focused on methods and the merits of videos and vignettes. Others<sup>1, 14, 17, 22–24</sup> emphasised a 'strengths and resilience' framework, and/or the abolition of stereotypes and increased 'appreciation for their (older adults) role and contributions to society' (14, p 96).

All of the nine papers that included skills work in curriculum content were among the 16 papers that identified changing attitudes as a programme aim. The skills content included in these nine papers<sup>1–4, 7, 9, 11, 14, 25</sup> included: communication, interviewing and listening skills;<sup>3, 9, 11, 14</sup> training in oral history methods;<sup>4</sup> and skills in assessment,<sup>1, 2, 25</sup> with Waites and Lee<sup>25</sup> specifically mentioning the ability to make bio-psychosocial assessments. Other skills mentioned included conference organisation,<sup>9</sup> social action,<sup>9</sup> network building,<sup>7</sup> research and computer skills.<sup>5, 7</sup>

### Biological ageing

A gap in the literature was the limited range of papers that situated or considered the impact of biological ageing and common chronic conditions within the HGDOP focus. There was little discussion about what to include in relation to age-related health/illness (with the exception of Kane and Houston-Vega's 2004 paper on dementia<sup>18</sup>) and end-of-life studies.

#### 3.4.8 Main outcomes considered

The outcomes identified in this review reflect the main claims identified in the papers rather than the outcomes that the papers evaluated (see Table 5).

**Table 5: Main outcomes considered\***

Main outcomes considered	Number of studies
Acquisition of knowledge/understanding	19
Changed attitudes/perceptions to HGDOP	17
Participant reactions	8
Acquisition of skills	7
Improved professional behaviour/quality of practice	5
Other	5
Improved outcomes for users/carers	3
Not specified/ not applicable	1

Note: \*Categories not mutually exclusive.

### Acquisition of knowledge

Regardless of the underpinning theories and concepts used, the most significant outcome considered was the acquisition of knowledge and understanding (19 papers 1–5, 8–10, 13, 15, 17–25). The focus was more often on increased 'understanding' through service learning and classroom-based experiential approaches rather than on knowledge of specific gerontological concepts or theoretical models, although at least 10 papers focused on knowledge as well as understanding. 2, 3, 5, 8, 9, 13, 20, 22–24

### Changing attitudes

Seventeen papers focused on changing attitudes as an outcome of teaching and learning. 1, 3–5, 7–10, 13–16, 18, 20, 21, 24, 25 This was very much in keeping with the central concern of the Gero-rich initiative in increasing understanding of the experience of older people with a view to increasing interest in gerontological social work. Indeed all five of the studies 13, 15, 16, 21, 25 where HGDO was described as 'embedded' in other modules, which is such a feature of the approach of the Gero-rich project, had as an outcome changed attitudes and perceptions. Of these five papers all but Crewe declared some funding through the Gero-rich project. None of this group considered participant reactions or acquisition of skills as main outcomes.

### Acquisition of skills

Confidence and skill building in areas such as listening and working with cultural diversity were outcomes considered in seven papers. 1–3, 9, 14, 17, 24 Improved professional practice was a stated outcome of interest in five papers. 8, 13, 18, 23, 24 Improved outcomes for users and carers underpins all developments in this as in other areas of social work education. However, three papers explored this aspect specifically – two at a theoretical level 8, 20 and one 7 as an element of the evaluation of a practice intervention.

Other outcomes of interest included increasing interest in gerontology as a career 10, 12, 15 and the development of an embedded model of teaching and learning as a way of increasing understanding of older people and gerontological social work among all social work students. 16

A relatively small number of papers (eight 1–5, 9, 10, 20) considered students' experience of teaching and learning as an outcome. Those that did were interested in the perceived usefulness of the course (for example, 5), reflections on course structure and content, and suggestions for improvement. 1, 3, 10 Student reactions in relation to assessment were a focus mentioned in only two studies. 3, 20 Since half the papers identified both classroom and practice as teaching and learning settings and most also included more than one pedagogical method, it is not surprising that no significant relationship emerged between these factors and the outcomes considered.

### 3.5 Main claims to 'findings' reported about HGDOP

This section aims to present an overview of the claims made about HGDOP teaching and learning in the 24 papers. The papers were varied in terms of methodology and in the amount of detail they provided, and unlike the papers discussed in Section 4 of this review they have not been quality assessed. Therefore, no appraisal can be made of the trustworthiness of the claims made about 'findings'. Instead, presented here is a broad indication of the range of claims being made.

What stands out most is that all of the 14 papers that evaluated or described 'findings' in relation to the HGD curriculum have predominantly positive claims to make about the interventions described and/or their effectiveness, and none was predominantly negative, or even mixed. The highest proportion of positive findings was associated with changing attitudes (75%), followed by improved understanding (59%) and improved quality of practice (53%), but not all of these claims were backed up by clear empirical data.

A second key point is that most of the papers reporting 'findings' focus on the views of student participants rather than other participants including service users and carers, practitioners and managers. The views of service users and carers, in particular, received limited attention.

The seven empirical papers<sup>1–5, 9, 10</sup> that included participant reactions all reported positive findings. For example, one paper<sup>5</sup> reported that students found the curriculum approach a 'change of pace from lecture, encouraged participation, and helped them to remember and understand concepts' (p 62). Students undertaking a spirituality and ageing module<sup>1</sup> were reported to have valued the knowledge input and felt that the guided meditations could be used in other settings. The one paper<sup>4</sup> that evaluated outcomes for older people involved in an oral history project reported that the interaction was enjoyed by all. Older participants commented, for example, that it gave them a greater understanding of young people and an opportunity to make a contribution.

Ten of the 14 papers provided or referred to evidence to support predominantly positive changes for students. Eight of these claimed an increase in students' knowledge, understanding and skills.<sup>1–5, 9, 10, 15</sup> Positive changes in student attitudes were reported in six papers,<sup>1, 4, 7, 9, 10, 14</sup> with, for example, Cohen et al describing the impact of the approach adopted as 'a transformative experience' (p 341) in which 'students began to deconstruct their images of older adults and those practitioners who serve older adults' (10, pp 341–2). Diepstra and Ames,<sup>3</sup> on the other hand, reported positive findings but no statistically significant positive change in students' attitudes towards older people. Two of the empirical evaluations reported findings of improved quality of practice skills,<sup>2, 3</sup> as did Downey and Miles,<sup>14</sup> one of the empirical descriptive papers. Vandsburger et al<sup>24</sup> also claimed improved quality of social work practice, but this was not explored in detail. Two papers<sup>1, 9</sup> reported a diminished but continued student 'discomfort', one in integrating learning into practice<sup>1</sup> and the other raising issues such as sexuality.<sup>9</sup> A reduction in student fears of getting old was reported by Dorfman et al,<sup>4</sup> while Downey and Miles<sup>14</sup> claimed



that the oral history project provided 'lessons in how to live one's life more fully, dealing with pain and suffering' (p 100).

Six papers reported on changes in student interest in a career in gerontological social work. Of these, four reported increased interest<sup>4, 7, 10, 14</sup> but the other two found no significant change in this area.<sup>3, 15</sup>

Some papers reported on students' suggestions for programme improvements. Students identified greater use of experiential material and emphasis on 'normal' or healthy ageing rather than on pathology and social problems. In one paper<sup>1</sup> students suggested that more examples and modelling of direct work with older people be included. In another paper<sup>3</sup> students had some recommendations to make about the timings of visits and the selection of older people to ensure that they had sufficient memory to participate.

Limited attention was paid to outcomes for practitioners, and social work staff. There were three exceptions: Abramson et al,<sup>7</sup> who reported that student field placements in residential settings for chronically mentally ill older people brought benefits to the staff as well as the students involved. Ranney et al<sup>21</sup> claimed that the approach taken to the preparation of faculty staff to increase the gerontological content of the HGD and other aspects of the social work curriculum had ensured that the faculty were 'less threatened' (p 93). Browne et al reported 'a high level of satisfaction with all project activities' (p 703) among the programme consortium members.

## 4 In-depth review of studies of HGDOP outcomes

Five studies with one further linked study were identified as being suitable for in-depth review. A summary of each study is given in Appendix 5.

The studies were analysed in depth using the EPPI-Centre's data extraction guidelines (EPPI-Centre, 2007) and EPPI-Reviewer software.<sup>64</sup> Reviewers allocated different weights of evidence to the five studies on the grounds of trustworthiness, appropriateness and relevance to the review questions, and overall weight of evidence for this review. Each study was independently data extracted by two team members and consensus reached by subsequent consultation.

### 4.1 Nature and date of study

All of the included studies were published in the US after 2000. Two studies were published in 2002, two in 2005 and the remaining study was published in 2006.

### 4.2 Study design

#### 4.2.1 HGDOP focus

In spite of some differences of emphasis there were similarities in the focus of the studies. All five studies reported on curriculum initiatives and outcomes for participants. The main outcomes reported were changes in student attitudes and self-perception<sup>3, 4</sup> and the development of knowledge and skills.<sup>3, 5</sup> Three studies reported the responses of participants other than students, for example older people,<sup>4</sup> consortium members<sup>2</sup> and practice assessors.<sup>1</sup>

#### 4.2.2 Qualitative and quantitative approaches

Four studies<sup>1-3, 5</sup> did not involve researcher manipulation but collected pre- and post-test data. They combined student questionnaires<sup>1-3, 5</sup> with other instruments such as interviews,<sup>2</sup> or qualitative comments/evaluation.<sup>5</sup> One paper used the standardised Hertford Gero-rich questionnaire as the main means of data collection.<sup>3</sup> In the remaining study<sup>4</sup> an experimental service learning group and control group were set up using questionnaires to collect material from students. This paper also used interviews to collect qualitative data from older people.

#### 4.2.3 Research sample

Where studies reported on the size of their research samples, these were small. They ranged from 12 students,<sup>2</sup> eight students and eight field instructors,<sup>1</sup> through to a sample of 13 students in an 'experimental' group sample matched to 13 service users with a control group of 36 students.<sup>4</sup> In one study, the sample was 63 students<sup>3</sup> and one study<sup>5</sup> gave no details about the size of the sample.

Only one study<sup>4</sup> included an inter-professional student sample.

All studies included students. Most of these were undergraduates although one study<sup>1</sup> included both undergraduates and postgraduates. Most of the students attended one university although one paper reported a sample from two universities.<sup>3</sup> Other participants included field instructors,<sup>1</sup> project team members<sup>2</sup> and service users in social or residential care settings.

### 4.3 Weight of evidence

#### 4.3.1 Weight of evidence judgement

To examine the level or characteristics of the HGDOP outcomes claimed in the review we have borrowed the model adapted by Barr<sup>29</sup> from Kirkpatrick<sup>49</sup> and used in earlier reviews.<sup>61</sup> This model has been modified to suit the specific requirements of this review. Following the EPPI-Centre categories for quality assessment, the weight of evidence attributable to each study was judged by the review team, shown in Table 6. While ratings of trustworthiness refer to the inherent quality of each study, ratings of appropriateness and relevance refer specifically to the review questions; they are not judgements of the quality of the study itself. Within this small sample of studies, the distribution of overall weight of evidence was one high, two medium and two low.

**Table 6: Judgements on trustworthiness, appropriateness, relevance and overall weight of evidence**

Study	A: Trustworthy	B: Appropriate for review	C: Relevance for review	D: Overall weight of evidence
Birkenmaier et al <sup>1</sup>	Medium	Medium	Low	Low
Browne et al <sup>2</sup>	Low	Medium	High	Medium
Diepstra and Ames <sup>3*</sup>	Medium	Medium	High	Medium
Dorfman et al <sup>4</sup>	High	High	Medium	High
Gray and Kabadaki <sup>5</sup>	Medium	Low	High	Low

Note: \*A linked report to this study is identified in Appendix 5.

### Key to Table 6: Definitions of judgements adapted from the EPPI-Centre categories

**Weight of evidence A:** Taking account of all quality assessment issues, can the study findings be trusted in answering the study question(s)?

**Weight of evidence B:** Appropriateness of research design and analysis for addressing the question, or sub-questions, of this specific systematic review

**Weight of evidence C:** Relevance of particular focus of the study (including conceptual focus, context, sample and measures) for addressing the question, or sub-questions, of this specific systematic review

**Weight of evidence D:** Taking into account trustworthiness, appropriateness of design and relevance of focus, what is the overall weight of evidence this study provides to answer the questions of this systematic review?

#### 4.3.2 Factors contributing to the weight of evidence

The study rated low in terms of trustworthiness<sup>2</sup> was limited by the minimal quality of reporting of details about the methods used, process of data analysis or other factors with which to judge reliability and validity. The three studies where the weight of evidence (WOE) was judged as medium<sup>1, 3, 5</sup> provided more methodological or process detail but were limited by other factors such as small or unrepresentative samples,<sup>1, 3</sup> lack of researcher independence<sup>3</sup> and lack of comparison or control conditions.<sup>1, 3</sup> The one study rated high in terms of trustworthiness<sup>4</sup> provided a multi-sourced analysis of both qualitative and quantitative data across groups (including older people) and over time.

The same study<sup>4</sup> was the only one rated high in terms of appropriateness. Although there were some limitations evidenced in terms of sample size, the study took a creative and rigorous approach to exploring the experience and outcomes of an HGDOP intervention from several different perspectives, pre- and post-test. All three studies<sup>1-3</sup> judged medium for appropriateness of research design and analysis employed pre- and post-test designs to address aspects of curriculum innovation in relation to HGDOP.

The three papers with high ratings for relevance<sup>2, 3, 5</sup> provided considerable detail about the curriculum developments explored in relation to HGDOP. These included the rationale, content and processes involved, as well as focus on the outcomes of the interventions discussed. The limitations of the study assessed as medium relevance<sup>4</sup> related not to its overall relevance but to the fact that the sample included a range of professional disciplines. It was not clear what proportion of students were social work students and, in addition, the outcomes were mainly at the level of attitudes and reflections on experience, rather than behaviour.

The factor influencing the low relevance rating in the study by Birkenmaier et al<sup>1</sup> related to the narrow focus on just one aspect of HGDOP, spirituality in assessment and intervention.

## 4.4 Aims of HGDOP

In common with the aims of the papers included in the overview in Section 3, the aims identified by the studies were most likely to emphasise the development of knowledge/understanding combined with changing attitudes/self-reflection. Of lesser significance was improving the quality of practice and outcomes for users and carers (see Table 7).

**Table 7: Aims of HGDOP**

Aims of HGDOP	Number of studies*
Knowledge development	4
Changing attitudes/self-reflection	3
Improving quality of practice	1
Improving outcomes for service users/carers	1

Note: \*Not mutually exclusive.

Since all the data-extracted studies explored curriculum innovation as the major theme, it was not surprising that four studies identified the development of students' knowledge about specific frameworks as an aim. Gray and Kabadaki, argued that a strengths-based approach would enable students to: 'understand the complex relationships ... which influence human development and functioning' (p 56). Browne et al<sup>2</sup> also argued for increased knowledge about the strengths-based approach but felt it should be combined with an understanding of ecological models of development.

For Dorfman et al<sup>4</sup> oral history and reminiscence enabled 'elders [to] help students learn about rural communities ...' (p 221). In this study oral history was a significant vehicle for increasing knowledge. For Ames and Diepstra<sup>6</sup> the aims of the study were to explore:

... how engagement in an oral history project with older adult partners influenced students' personal awareness, understanding of life span development, and knowledge about older adults. (p 725)

One study<sup>4</sup> suggested that service learning provided a means of promoting process knowledge about HGDOP by encouraging the integration of theory and practice. Service learning gave students opportunities to 'gain valuable hands-on application of in-class learning' (p 223).

Attitude change, personal development and increased self-awareness were the second set of espoused aims. All five papers identified these aims, sometimes relating to specific issues such as spiritual awareness<sup>1</sup> and, in other studies, relating to wider structural factors such as ageism.<sup>2</sup> For Browne et al,<sup>2</sup> one aim was to explore a curriculum where students learned to develop greater understanding about 'ageism and its implications for evaluation of one's own practice' (p 701). Gray and Kabadaki's study<sup>5</sup> sought to understand whether it was possible to 'apply human behavior

knowledge to increase self-awareness and facilitate personal and professional development' (p 56). They reflected on the significance of exploring questions about developing a HGD curriculum as a means of changing attitudes towards older people. Only one study<sup>4</sup> specifically related changing attitudes to career development and career choice. However, the concern to raise the profile of gerontological social work in the US suggests that changing attitudes was a key aim of curriculum innovation even when this was not explicitly stated in the studies.

Only two papers specifically mentioned skill development as an aim, although one study<sup>4</sup> argued that service learning provided opportunities for developing communication skills. In Gray and Kabadaki's study,<sup>5</sup> the focus was on improving assessment skills with older people, while Birkenmaier et al<sup>1</sup> described the importance of spirituality in the development of practice skills. The fact that most discrete HBSE modules take place at an early stage in social work programmes may be one explanation for the limited emphasis on skill development in the explicit aims of these five studies.

## 4.5 Theories and concepts in use

The studies drew on a wide range of theories, concepts and frameworks but, in the main, these were not explored or critiqued in detail. This limited attention to HGDOP theories reflected the characteristics of the wider group of studies included in the mapping process. In many of these studies a range of theories was alluded to but not always explored as a means of developing an integrated theoretical approach to HGDOP.

### 4.5.1 Psychosocial, lifespan and developmental theory

In the five studies references to lifespan and developmental studies lack specificity, possibly because the context of HBSE modules assumed that this material was a 'taken for granted' aspect of the curriculum. An example of this approach was Dorfman et al's<sup>4</sup> paper discussing a 'basic aspects of aging' course which:

... covers the biological, social, and psychological aspects of aging, and includes a broad variety of topics including health, economic status, social supports, and health and social services for elders. (p 223)

No further detail was given about how this material was used. One paper<sup>5</sup> referred to the work of Erikson<sup>40, 41</sup> and Peck<sup>65</sup> as preparation for life story interviews where the aim was to 'understand individual's needs and development over the life span' (p 60). Selected students would then 'observe and assess an older person's current functioning and compare that with the standard textbook information' (p 61).

### 4.5.2 Ecological theory and rights-based approaches

Ecological theory was specifically referred to in two studies<sup>2, 5</sup> where it provided an overarching framework and was usually combined with other theoretical models. Gray and Kabadaki emphasised the strengths perspective but made specific reference

to ecological theory linked to a lifespan approach. By the end of the course, students should be able to:

... critically appraise research and theories related to humans and their environment for use in generalist social work practice. (p 56)

Ames and Diepstra<sup>6</sup> drew on Ashford et al's work<sup>27</sup> on ecomaps in order: 'to examine "the points of connection between systems influencing a person's life" as well as "points of conflict and points of support"' (6, p 726). Browne et al<sup>2</sup> made specific reference to research such as that by Hooymann and Kyak,<sup>46</sup> which focused on the experience of older people using an ecological framework.

Browne et al's work<sup>2</sup> also made connections between ecological approaches and the development of students' cultural competence, although the main aim of the paper was to examine disadvantage and inequality. The course:

... articulates the structural barriers and disadvantages and advantages across the life course that result in differential access-to-service patterns and documented health disparities among ethnic groups. (p 702)

Every class session ... is taught from a diversity perspective. (p 702)

Gray and Kabadaki's paper<sup>5</sup> mentioned drawing on a range of theorists to explore negative social attitudes within a course where objectives included enabling students to analyse the 'impact of oppression and discrimination' (p 56).

#### 4.5.3 Pedagogical theory

However, two studies explored pedagogical theory in considerable detail.<sup>3, 4</sup> Both argued that models of service learning were underpinned by a research base that supported its use as a means to 'acquire experiences that will enhance classroom learning' (51, p 175, cited in 6, p 722). This included critical thinking skills and the integration of theory and research with practice.

The study by Diepstra and Ames<sup>3</sup> drew on research on oral history as method of providing 'context, perspective, interpretation, dialogue, and meaning' (48, p 206, cited in 3, p 117). The study suggested there was evidence that oral history also promoted empathy and understanding, interviewing skills and confidence, especially in cross-cultural situations and with marginalised groups.

## 4.6 Nature of educational intervention

### 4.6.1 Course or module type

The five studies described a variety of approaches to the structuring of teaching and learning about HGDOP. Three studies discussed semester-long modules,<sup>3-5</sup> one focused on a discrete initiative which took the form of bimonthly sessions taught during a 13-week practice placement,<sup>1</sup> while the remaining paper explored three developments taking place within an elective on ageing.<sup>2</sup> The overall length of the

practice learning experience was not specified in the intervention described by Browne et al.<sup>2</sup>

There was some recognition that content about HGDOP should be a requirement for all students at an introductory level. This was illustrated by the fact that the HBSE modules were compulsory (discussed in 3, 5). In the remaining three studies there was some voluntary element to the teaching and learning about HGDOP. In the study by Birkenmaier et al<sup>1</sup> a discrete module on spirituality was a voluntary option within the practice learning experience. Another study described two compulsory college-based modules and a 13-week practice curriculum within the framework of an elective programme on ageing.<sup>2</sup> In a third paper students from a number of disciplines took part in a voluntary, introductory course on gerontology.<sup>4</sup>

Whether the modules were required or elective, all five initiatives were assessed, suggesting that they had a formal status within the qualifying programme.

#### 4.6.2 Level of the teaching and learning

As the previous section has suggested, HGDOP was delivered to students at different levels of learning. Dorfman et al's study<sup>4</sup> was the only one to discuss inter-professional learning, including students from a range of disciplines such as nursing, social work, ageing studies and health. As the title 'Basic aspect of aging' suggests, this course was designed to present a wide range of material at an introductory level. Of the five studies, three (including 4) described undergraduate programmes, one a Master's programme,<sup>2</sup> and one<sup>1</sup> a programme for both undergraduate and postgraduate students.

#### 4.6.3 HGDOP setting

The five quality-assessed studies represented combined elements of learning in both classroom and practice settings.

The study by Birkenmaier et al<sup>1</sup> described a formal class-based initiative that took place in practice settings. Browne et al's<sup>2</sup> study included both a 13-week field-based curriculum for students and field instructors and a classroom-based curriculum for students, involving two modules related to ageing and diversity. The semester-long service learning initiative described by Dorfman et al<sup>4</sup> was an optional part of an introductory classroom-based gerontology course. This involved students learning from ongoing contact with older people living in social care facilities in a small rural community. Diepstra and Ames<sup>3, 6</sup> reported on an oral history project which required at least seven interactions with selected older person partners from diverse backgrounds, along with a reflective journal which was used to integrate classroom material with oral history learning and 'provide a mechanism for focussing class discussions' (6, p 725). The study described by Gray and Kabadaki<sup>5</sup> seemed to be the most classroom-oriented, but included a requirement that 'students complete an intensive interview with an older adult' (p 60).



#### 4.6.4 Participants in HGDOP

Three studies explored the involvement of service users in teaching and learning.<sup>3, 4</sup> In two of these, older volunteers were involved in oral history projects where they were 'paired' with a student. A third study<sup>5</sup> discussed the involvement of older people as 'experts' 'who are adapting and coping successfully with the ageing process (and who) 'are invited to class to speak about their experiences' (5, p 61). The same study mentioned the involvement of older people in an 'intensive interview' with students, although no further detail was provided of the process and outcomes of this initiative.

In the Dorfman et al study<sup>4</sup> the older participants in the oral history project were asked for their views. In interviews with the project staff: 'The older participants were asked to give both their general and specific thoughts about the project, what they perceived as their own and students' contributions to the project, and if they had suggestions or recommendations regarding future activities or improvements' (4, p 228). The other two studies describing the involvement of older people in teaching and learning<sup>3, 5</sup> did not discuss the older people's views of the experience.

One study<sup>2</sup> explored the involvement of a range of participants in course management. A primary focus of the initiative was to work in partnership to identify an agreed set of competences in interdisciplinary practice with older people. The main aim was to educate culturally competent social workers. This curriculum was targeted at both students and practitioners. In order to facilitate this aim the authors of the study set up two advisory councils, involving community leaders and members of partner agencies including senior managers, practice teachers and service managers. The role of these groups was to oversee the development and delivery of the curriculum and to ensure 'that practitioners' concerns were addressed' (2, p 699).

The impression from the five studies was that the major participants in HGDOP remained the university-based social care staff and students. There were no examples of the involvement of other professionals in the learning process. There were also no examples of service users and carers being involved in management or assessment, although one paper<sup>2</sup> focused on the involvement of the wider local and social work community in curriculum development. Students' views were sought in all five studies, although one study<sup>5</sup> provided little detail about this consultation. There were no examples of students being involved in management groups and no detail about their views on the future development of the teaching and learning about HGDOP.

#### 4.6.5 HGDOP content and process

The content and process of teaching and learning reflected the primary aims of the five studies: changing students' attitudes towards ageing and social work with older people and increased knowledge of human development. The studies either approached these aims through a specific content focus such as awareness of the importance of spirituality<sup>1</sup> or cultural competence,<sup>2</sup> or pedagogical approaches such as service learning and oral history.<sup>3, 4</sup> In terms of changing attitudes and perceptions Dorfman et al<sup>4</sup> argued that in intergenerational service learning 'The most prevalent

theme is development of more positive attitudes toward and understanding of older people' (p 221). Making similar points in relation to oral history, Diepstra and Ames<sup>3</sup> commented that the intent of the initiative described in this study 'was to change social work students' attitudes toward and interest in working with older adults while expanding their awareness and understanding of human behaviour in the social environment' (p 116).

To different degrees all five studies reflected a strong emphasis on:

- content derived from practice settings
- the transfer of learning from the classroom to practice and vice versa
- learning by doing and experiencing.

The two papers which examined more focused initiatives<sup>1, 2</sup> also included elements of 'practice learning'. Birkenmaier et al<sup>1</sup> described a module within the fieldwork practicum which involved three group meetings of students and their field instructors. The content of the groups was designed to provide 'an overview of spiritual aspects of human development and information regarding aging and spirituality' (p 750). Two studies outlined practice-based initiatives that provided opportunities for skill development such as interviewing, communicating and assessment.<sup>2, 3</sup> In addition, one study argued that evidence from research on oral history suggested that it provided a vehicle for the development of confidence in interviewing, particularly in relation to marginalised or excluded groups.<sup>3</sup>

Given the small number of quality-assessed studies, this emphasis on learning from and about practice is all the more noteworthy and highlights the different ways in which 'practice learning' can be integrated into HGDOP. This ranged from the formally assessed practicum,<sup>1</sup> to individual interviews between students and older service users designed to develop communication skills and/or increased knowledge of later life.<sup>5</sup>

Another major theme in relation to the content and process of HGDOP was the use of reflection to develop personal awareness and professional identity. Birkenmaier et al's study of spirituality and HGDOP<sup>1</sup> discussed meditation and self-reflection including the use of metaphors around ageing and dying as techniques for increasing self-awareness. Three studies<sup>3-5</sup> report on the use of reflective journals to enable students to identify their learning and integrate classroom and practice-based learning. All five studies favour experiential and interactive models of learning including the use of case studies and vignettes, presentations, observation, video clips and classroom exercises.

Only two studies<sup>3, 5</sup> provided information about how HGDOP was assessed. In both examples, mixed methods of assessment were used including ecomaps and genograms, reflective commentaries and analyses. One study<sup>5</sup> described how students were required to undertake a life story interview with an older person and complete an analysis identifying significant developmental milestones, and lifecourse events, identified in the life story. Although service users were not formally involved in the assessment process, one study<sup>6</sup> made the point that the assessment 'products'

were 'designed to be submitted to their [oral history] partners at the conclusion of the course' (p 727).

## 4.7 HGDOP outcomes examined

### 4.7.1 Range of outcomes considered

Table 8 sets out the range of outcomes that studies examined. All but one of the studies was concerned with participant reactions to HGDOP. Where studies explored the outcomes that suggested HGDOP effectiveness, this was at the level of individual learning. Only one study<sup>1</sup> focused on the involvement of agencies as an outcome and two studies<sup>1, 3</sup> commented on benefits to participants other than students: service users and carers<sup>3</sup> and field instructors.<sup>1</sup>

**Table 8: Outcomes examined**

Outcomes	Number of studies*
Participant reactions	4
Changed attitudes	4
Skill development	2
Knowledge acquisition	5
Agency involvement	1
User/carer benefit	2

Note: \*Not mutually exclusive.

The most common outcomes addressed on an individual level were knowledge acquisition (five studies) and changes in attitude (four studies). These outcomes were inferred by participants' reports of improvement rather than by measuring change in knowledge and attitude. However, given the emphasis on practice-based initiatives it may be that these outcomes and others such as the development of skills were more comprehensively tested in practice placements and other parts of the course.

### 4.7.2 Measurement and monitoring of outcomes

All five studies examined the outcomes of a specific curriculum innovation, monitored and measured within short time scales rather than longer-term considerations such as the maintenance of change or its application to post-qualifying practice. Four studies<sup>1-4</sup> measured outcomes pre- and post-delivery of the HGDOP module/initiative. The remaining study<sup>5</sup> monitored outcomes post-test only (see Table 9).

**Table 9: Outcomes measured and monitored\***

Outcomes	Number of studies measured	Number of studies monitored only
Participant reactions	3	1
Changed attitudes	3	1
Skill development	3	0
Knowledge acquisition	4	1
Agency involvement	0	1
User/carer benefit	1	1

Note: \*Not mutually exclusive.

Knowledge acquisition received the most attention, followed by participant reactions, changed attitudes and skill development. Only one study<sup>4</sup> measured outcomes for service user participants, while another briefly monitored outcomes.<sup>3</sup>

Most attention was paid to individual change. Only one paper<sup>2</sup> commented on organisational change and suggested that this was monitored through involvement in course management and the completion of a survey of consortium members' views. No further details were provided about the outcomes of this survey.

## 4.8 Synthesising outcome findings

### 4.8.1 Positive and negative outcomes

Four of the five studies presented predominantly positive outcomes, although only two claimed universally positive outcomes. One study claimed that 'We met or exceeded all project objectives' (p 703). The second study that claimed consistently positive outcomes<sup>5</sup> provided limited detail with which to substantiate these claims. In the other two studies reporting overall positive outcomes,<sup>1, 4</sup> the picture appeared to be more 'mixed' than universally positive. One study<sup>4</sup> reported marginal differences between study and control groups in terms of general attitude measures, although on other specific attitude measures (such as fear of ageing and more positive attitudes towards older people) there was greater differentiation between the two groups pre- and post-test, with more positive change identified in the study group. In the other study<sup>1</sup> quantitative data suggested more positive outcomes than qualitative data.

The remaining study<sup>3</sup> reported mixed HGDOP outcomes. In common with the study by Birkenmaier et al<sup>1</sup> there were some reported differences between qualitative and quantitative outcomes. There was no significant change pre-test to post-test in three of the four quantitative measures of student attitude and interest: students' attitudes towards older people, interest in learning about them or interest in working with them. However, there was a significant improvement in students' self-perception of their ability to work with older adults.

## 4.9 Participant reactions

All five studies reported on students' responses to HGDOP drawing on feedback gathered formally or informally. One study also reported on feedback from fieldwork educators,<sup>1</sup> one from service user participants<sup>4</sup> and one from agency practitioners and managers.<sup>2</sup>

In one of the two studies claiming universally positive outcomes,<sup>2</sup> students reported feeling more confident about working with older adults from minority ethnic groups, and about their own role in interdisciplinary teams. They also felt more knowledgeable about normal ageing and about the ethical dilemmas involved in social care. The students in the second study in this group<sup>5</sup> rated curriculum change as 'consistently positive', particularly the introduction of more interactive models of learning.

One of the positive studies described the development of a curriculum that focused on spirituality.<sup>1</sup> Student self-reports in the qualitative data reported greater awareness of the significance of the issue as well as greater competence in relation to practice. However, in qualitative focus groups, students indicated some continuing level of discomfort in integrating their learning into direct practice. The study by Dorfman and colleagues<sup>4</sup> reported a greater overall change in outcomes for those students who took part in the service learning initiative compared with those who did not. However, as Section 4.7.1 reported, some measures of attitude change demonstrated only marginal post-test differences between the two groups.

In Dorfman et al's study<sup>4</sup> the service learning students were all positive about the experience both in relation to increased knowledge:

It showed me that the theories of aging about diversity and elders aging differently was very much true. (p 233)

and awareness:

I feel more informed about the myths versus the realities of aging. (p 234)

In the study reporting mixed outcomes,<sup>3</sup> the qualitative data indicated that students were more positive in their perceptions of course usefulness, while the quantitative measures showed less change in student attitudes or interest. The qualitative findings were described by the authors as 'more definitive'; however, these findings were at the level of students' perceived skills and understanding, rather than measured outcomes. In the short term students expressed positive views, particularly in relation to service learning and the use of oral history. The more ambitious goals of changing attitudes and motivating students to work with older people seemed to be more elusive.

The limited information about the involvement of other participants suggested that they were generally positive. Older adults participating in service learning felt the process had been rewarding for them since they liked the interaction with young people.<sup>4</sup> One study<sup>2</sup> that surveyed consortium partners (including agency managers

and practitioners) provided no details of the survey but indicated participants' 'high level of satisfaction with all project activities' (p 703). This related particularly to the initiative's impact on recruitment strategies and educational outcomes.

A self-selected group of eight field instructors participated in the development of the spirituality initiative,<sup>1</sup> completing pre- and post-test questionnaires and taking part in focus groups. The quantitative data reported wholly positive outcomes, particularly in increasing confidence in initiating and maintaining interventions relating to spirituality. The qualitative data noted improvements in assessment skills, knowledge and sensitivity. In common with the student participants, the field instructors 'reported an increased knowledge and comfort with the topic of spirituality and aging' (p 756).

## 4.10 Analysis of outcomes

### 4.10.1 Knowledge improvement

Change in the level of students' individual knowledge was the most frequently evaluated outcome of HGDOP. Improvement was reported in all five studies with three emphasising change in knowledge about lifespan development as a key outcome.<sup>2-4</sup> These three studies also reported on increased knowledge of theoretical approaches, for example, the strengths perspective,<sup>2, 3</sup> the ecological model and empowerment theory<sup>2</sup> and about diversity and inequality. In the study by Browne and colleagues<sup>2</sup> all 12 students in the sample reported feeling greater competence and confidence when 'intervening with Asian and Pacific Islander elders and older women' (p 703).

The strength and detail of the claims to knowledge change varied in the five studies. One study<sup>1</sup> made general claims to increased awareness of the importance of spirituality and greater willingness to raise the issue in practice. In the other study that reported generally on knowledge change,<sup>5</sup> students made consistently positive comments about teaching and learning processes that enabled them to develop a greater understanding of concepts.

The three studies that provided greater detail about knowledge change also showed variations in the strengths of the claims to change. The study by Browne et al<sup>2</sup> was positive in relation to knowledge development, reporting that all 12 students in the sample felt they understood more about normal ageing and about interdisciplinary teamwork. Eleven felt they were knowledgeable about common ethical dilemmas faced in elder care and understood their roles in policy analysis, programme evaluation and resource development.

However, in the study by Diepstra and Ames,<sup>3</sup> the outcomes were more mixed. For example, while the majority (97%) of students found the course very useful in one or other of the four measures used, 43% found it useful in developing greater understanding of the effects of age, race, ethnicity, religion, culture and social class on development across the lifespan, while significant minorities found the course somewhat useful, and slightly useful (31% and 22% respectively) on this measure.

Outcomes in relation to theoretical knowledge were more mixed, with 29% finding the course very useful, 49% somewhat and 19% slightly useful.

#### 4.10.2 Attitude change

Attitude change in relation to HGDOP was the second most significant outcome evaluated in the studies. It was identified in four studies, three of which measured and one of which monitored changes in attitudes.

The two papers<sup>3,4</sup> that focused more generally on HGDOP suggested the introduction of service learning and oral history initiatives providing students with sustained, one-to-one contact with older people, led to significant change in attitudes in some areas. The study by Diepstra and Ames<sup>3</sup> found that after their involvement in an oral history project students felt more confident about their ability to work with older people. They also reported greater self-awareness about their interpersonal skills, values and preferences. Dorfman et al's study<sup>4</sup> reported that those students who participated in a service learning project were significantly more likely to have positive attitudes towards older people and towards working with them than those who did not take part in the project.

Of the other two projects identifying attitude change as an outcome one<sup>1</sup> was concerned with one aspect of HGDOP, the significance of spirituality in social work practice with older people. This study reported on students' increased awareness of the value and appropriateness of focusing on spirituality in assessment and work with older people. The study by Gray and Kabadaki<sup>5</sup> referred to findings of a separate study, part of larger Gero-rich pre-test/post-test evaluation, which showed a 'more positive perception of older adults' following the course (p 62). However, no further details were provided about the evaluation.

#### 4.10.3 Skill development

Two of the three studies<sup>2, 3</sup> which reported outcomes in skill development relied on students self-reporting rather than the measurement of change. The third study,<sup>1</sup> which took place in practice settings, may have measured change through the formal assessment process but this was not reported by the study.

Changes in skills were typically reported in relation to greater confidence in working with older people, although the study by Browne et al<sup>2</sup> also reported the development of skills in cultural competence.

The studies by Browne and colleagues<sup>2</sup> and Diepstra and Ames<sup>3</sup> reported improved communication and interviewing skills as significant aspects of change. All 12 students in Browne et al's sample reported greater confidence in their interviewing skills. In the study by Diepstra and Ames,<sup>3</sup> where the reported changes were mixed in terms of knowledge and attitude, change in skill development was less equivocal. Of the sample of 59 students post-test, 75% found the course very useful in developing their ability to engage and communicate with older people. Both studies reported initiatives that included substantial contact with older people as key elements in the curriculum.

The study by Dorfman et al<sup>4</sup> did not comment on skill development even though detailed attention was paid to other aspects of change. This may have been because the students in this sample were from varied academic and professional backgrounds and the intervention was designed to change knowledge and attitudes rather than focus on the development of professional skills.

#### 4.10.4 Outcomes for service users, carers and agencies

In the five quality-assessed papers outcomes for service users and carers and agency partners receive far less attention than outcomes for students.

Two studies explored change for service users and carers. Only one of these<sup>4</sup> measured outcomes by completing individual interviews with older participants. They were asked for their views about the service learning project and about their own and the students' contributions. They were also asked to suggest future improvements. No dislikes were mentioned by the older people, who commented favourably on the planning and organisation of the project. All liked the personal interaction, sharing their life experiences and the reciprocal nature of contact with the students. All felt the project should continue and their main recommendation was that it should be extended to include greater numbers of older people living in social care facilities. Outcomes for older people included 'opportunities to interact with students, to contribute to their learning, and to receive recognition for their worth and life experience' (p 239).

In terms of outcomes for agencies, the limited information relating to outcomes for agency partners has already been discussed in Section 4.9. However, the managers and practitioners who were part of the consortium taking part in one study<sup>2</sup> indicated high levels of satisfaction that led to their continuing commitment after the end of the project.

### 4.11 Facilitators and barriers to HGDOP

Given the small number of studies included for quality assessment and the diversity of their scope and focus, there is limited information about what is effective in terms of the delivery of a HGDOP curriculum. As the previous section has outlined, the reported outcomes of HGDOP suggested some evidence of change in knowledge and attitude on an individual level. However, these outcomes were only evaluated in the short term and were evidenced largely by student perceptions rather than measurement. In addition, as some of the studies suggested, the strength of the reported findings was also limited by small samples and lack of outside evaluation.<sup>3,4</sup>

In spite of these limitations, an analysis of the five studies identified some factors that influenced the outcomes of HGDOP. These facilitators and barriers were identified by participants and by the educators responsible for developing the HGDOP curriculum (see Table 10).



**Table 10: Facilitators and barriers to HGDOP**

Facilitator and barrier	Number of studies*
Funding/resources	2
Planning/organisation	4
Agency support	1
Pedagogical approach	5
Integration of practice learning initiatives	5

Note: \*Not mutually exclusive.

#### 4.11.1 Funding and resources

All five studies reported initiatives that were supported by external funding; two by the national Gero-rich initiative,<sup>3, 5</sup> one as part of the Gero-rich initiative and with additional national funding<sup>1</sup> and the remaining two by local or national funders.<sup>2, 4</sup>

Two studies emphasised the role additional funding played in supporting curriculum development and facilitating outcomes:

Important to the success of this model was the presence of seed money. Funds allowed the use of faculty time and other resources to develop and pilot the project. (1, p 759)

Browne and colleagues also used additional funding to release staff from some responsibilities and recruit a project manager. This study also reported the use of outside funding to offer bursaries to students as part of a wider recruitment strategy. However, the authors identified concerns about maintaining change over the longer term without continued funding:

... sustaining a project such as this one requires an infusion of monies that in turn can support the work of community social workers, busy and often understaffed professionals in their own work settings. (p 703)

This underlines the resource implications for all participants, recognising that innovation requires commitment from agencies as well as universities if outcomes are to be maintained and development continued.

#### 4.11.2 Planning and organisation

The planning and organisation of HGDOP was commented on by student participants in two studies.<sup>3, 4</sup> Their most frequent comments related to the additional workload involved, sometimes because it was unexpected and sometimes because students felt disadvantaged by additional assessment tasks. This was most evident in service learning projects where negative comments related to increased workload:

The only negative comments that several students made about the experience centred on workload issues, because the service-learning experience was very time consuming and was probably more work than many students had anticipated. (4, p 235)

In response to this feedback future groups will receive additional credits if they are involved in service learning projects.

Although students mainly recognised service learning as a positive experience, they suggested improvements to a range of logistical issues other than workload. In one study<sup>3</sup> recommendations included changes in the timing of assessments, the location of the service learning and the required number of visits. Outcomes were affected by the fact that these were new developments that involved the management of complex arrangements between the university and a range of collaborators. Staff were required to oversee these arrangements and to ensure that all went according to plan:

... we made sure that community field staff participants had their parking pre-arranged, their lunch served, their books and other work well-organized.... (2, p 703)

Such attention to detail was required to ensure that participants continued to support the work and offer students learning opportunities in practice settings.

One of the service learning studies<sup>3</sup> also identified issues in the matching of participants. In the linked study by Ames and Diepstra<sup>6</sup> 28% of the students felt that university staff should take a more active role in selecting the older people involved in the project:

... they expressed frustration over the difficulty some oral history partners had remembering details of their lives.... (p 732)

#### 4.11.3 Agency support

One study<sup>2</sup> specifically identified the involvement of agency partners as a facilitator to achieving outcomes: 'The project was successful because of strong commitment with our agency partners' (p 730). This was the only study that was concerned with outcomes on an organisational level since its aims included developing a set of competencies which were 'owned' by employers, practitioners and students.

However, given the collaborative nature of the initiatives reported in the five studies, all were dependent on support from agency partners for success. This included the identification of oral history partners,<sup>3, 4</sup> the involvement in field instructors in the spirituality groups<sup>1</sup> and the use of community-based facilities such as day centres and nursing homes.<sup>3</sup>

#### 4.11.4 Pedagogical approaches

Experiential and active learning approaches were identified as key facilitators in the five quality-assessed studies. In relation to experiential learning in the classroom, the studies did not identify one prevailing pedagogical approach. Instead, a range of different techniques was adopted to facilitate learning aims. In the study by Birkenmaier and colleagues<sup>1</sup> students identified meditation as a helpful means of exploring spirituality. They also found modelling assessment and direct practice skills a useful preparation for raising issues about spirituality with older people. In two studies<sup>3, 4</sup> students were asked to keep reflective journals, as a record of both their learning experience and personal/professional development. These documents were resources for classroom presentations and assignments.

Gray and Kabadaki's study<sup>5</sup> suggested a range of methods to integrate a strengths-based model of HGDOP into the HBSE curriculum. These included the use of dramatic vignettes to sensitise students to the concerns of older people and their families, and the use of presentations:

Selected students observe and assess an older person's current functioning and compare that with the standard text book information pertaining to the biological, psychological and social aspects of aging. The students present their findings to the class using visual aids such as posters, photo albums and PowerPoint presentations. (p 61)

Students in this study<sup>5</sup> rated the usefulness of curriculum activities and assignments at 4.1 on the Likert 5-point scale and their comments also reported as 'consistently positive' activities and assignments that fostered active learning.

#### 4.11.5 Integration of practice learning initiatives

The integration of practice learning initiatives was identified as a facilitator in all five studies. The nature and scope of these initiatives was varied (see Table 11).

**Table 11: Characteristics of practice learning initiatives**

Nature of the practice learning initiative	Number of studies
Substantial service learning/oral history project throughout a classroom-based module	2
Practice learning experience as a significant part of a classroom-based module	1
HGDOP initiative as part of assessed practice learning experience (field practicum)	1
One-off practice/community learning experience contributing to classroom module	1

One study<sup>1</sup> reported on the integration of a specific aspect of HGDOP into formally assessed practice learning. In this example students had chosen to work with older people and to take part in the spirituality module. Three other studies<sup>2–4</sup> reported on the integration of service learning or other substantive practice-based initiatives into classroom modules. One study<sup>5</sup> discussed the integration of a one-off interview with an older person into an HBSE module.

One of the studies that reported on the use of oral history<sup>3</sup> in a HBSE course argued that it had 'the potential to provide students with earlier opportunities for integrating empirical and practice-based knowledge' (p 115). While the findings suggested students gained more knowledge about older people and had greater opportunity to interact with them, there was no evidence of increased motivation to work with older people. The authors comment that although students may perceive themselves to be more competent, 'they simply may choose not to work with this population' (p 122).

The substantive service learning initiative reported by Dorfman and colleagues<sup>4</sup> was less equivocal in identifying the learning outcomes achieved. The authors argued that their project supported findings from other research that demonstrated the value of integrating service learning initiatives into existing programmes. The authors claimed that the advantages of service learning are also relevant to developing a HGDOP curriculum. Unlike the study by Diepstra and Ames,<sup>3</sup> Dorfman et al<sup>4</sup> argued that students in their sample showed greater interest in working with older people as a result of incorporating service learning into HGDOP.

One other study<sup>5</sup> suggested that the integration of practice learning, even when it was on a limited scale, acted as a facilitator to achieving a range of different outcomes. This study reported on an assignment requiring students to complete a life story interview with an older person and analyse this experience by answering a number of questions. The authors argued that even this limited use of direct work with older people contributed to the 'consistently positive' picture of learning already discussed.

#### 4.12 Conclusion

The research review explored evidence of the nature of HGDOP and what promoted or hindered successful outcomes. The review revealed a limited literature exploring *human growth and development* and older people in the context of *qualifying social work education*. The five quality-assessed studies identified for inclusion were all published in the US and reported on curriculum developments. Otherwise they were diverse in relation to their scope and focus.

The studies provided considerable detail about the process and content of the curriculum developments with which they were concerned. However, they provided limited evidence of effectiveness in relation to the curriculum changes they reported. In the short term, those studies that evaluated the views of student participants identified mainly positive changes in relation to increased knowledge about HGDOP and attitudes towards older people. However, these changes were evaluated in the short term and by student perceptions rather than measurement. The studies

provided limited evidence of the views of other participants in the educational process, but those older people and agency partners who were involved described the experience as positive.

The review suggests one area that would benefit from further investigation. The five studies reflected the prevailing concern in the US with the lack of students wanting to work with older people post-qualification and the need to develop a curriculum that would help to mitigate this situation. The findings of the review were inconclusive in terms of identifying factors that could make an impact on this issue. However, the five studies suggested some of the facilitators (and barriers) to increasing knowledge and changing attitudes to later life. One of the key facilitators appeared to be the integration of practice/community learning into the college curriculum. Studies that reported on these developments suggested HGD/HBSE provided a significant learning opportunity by involving students in one-to-one contact with older people at an early stage in qualifying education.

# 5 HGDOP practice survey

## 5.1 Introduction

This section reports on the practice survey. The practice survey complements the research review and reports on the perspectives and practices of social work educators involved in HGDOP pre-qualifying education in England, Wales and Northern Ireland. It covers the same topic areas and issues as in the literature review, with a specific focus on current practice, contexts, experience, developments and challenges. It also includes stakeholder comments on some of the review's central themes. It is structured under the following headings:

- aims and scope of the practice survey
- summary of methodology
- themes emerging from the practice survey.

Where stakeholders have provided views, illustrative examples are included at the end of the relevant sub-section.

For reasons of resource and logistics, the practice survey did not seek to map current education practice across the regions; nor does it make claims to represent wider consensus or trends.

## 5.2 Aims and scope of the practice survey

The purpose of the practice survey, in line with guidance from SCIE, was to complement the research review, and to examine the same review questions about the nature and effectiveness of HGDOP teaching and learning, and evidence of critical gerontological perspectives, exploring these in the contexts of current qualifying social work education in England, Wales and Northern Ireland.

## 5.3 Summary of methodology

The methodology used in the practice survey is summarised below. Full details are set out in Appendix 10.

### 5.3.1 Sources of information

The practice survey reports directly the perspectives of nine HEI social work educators, recruited from six centres of social work education (four in England, and one each in Wales and Northern Ireland), identified on both pragmatic and purposive bases through the following means:

- participants included in the scoping study
- research reports retrieved in the research review
- stakeholder and contact information

- invitation to self-identify, via SWAP (Social Policy and Social Work) newsletter and Joint University Council Social Work Education Committee, JUCSWEC, mailing list (see Appendix 11).

The six centres identified ensured a range of provision and focus at undergraduate and postgraduate level, including full-time, part-time and work-based routes. The largest centre enrolled 100 students per year, the smallest, 20 students. Participants included five social work educators with lead responsibility for teaching and learning about older people, and four who coordinated HGD modules. Programme documentation was sought as a complement to other data gathered from participant HEIs, but not from other providers.

The practice survey also reports on the views of members of the stakeholder groups which included students, service users and carers, practitioners and staff/volunteers in voluntary organisations working with older people, including older people from Black and minority ethnic backgrounds.

### 5.3.2 Data collection methods

All data collection tools were developed in consultation with stakeholders. Telephone interviews using a semi-structured questionnaire (see Appendix 11) were conducted with the nine social work educator participants. Course and programme documentation was provided by four programmes and included in the data analysis. Semi-structured questionnaires (see Appendix 11) were forwarded via educators to relevant cohorts of students. The only response received has been included within the stakeholder feedback.

Stakeholders were invited to complete a questionnaire or telephone interview focusing on the aims, content, delivery and direction of HGDOP education. Service users/carers were invited to comment, from their experience, on the strengths and weaknesses of social work practice with older people. Illustrative examples of the views of stakeholders are included in Section 5.4 below (see Appendix 9 for fuller details of stakeholder responses).

### 5.3.3 Confidentiality, bias and ethics

Issues of informed consent, confidentiality, anonymity and researcher bias were addressed in accordance with sponsor guidelines, as indicated in Appendix 10.

### 5.3.4 Data coding and analysis

Practice survey data were coded using thematic manual analysis based on schema compatible with the keywording and data extraction strategies of the literature review, and informed by preliminary findings from the mapping stage of that review.

## 5.4 Themes emerging from the practice survey

In this sub-section the themes emerging from the practice survey are grouped to reflect the format outlined at the beginning of this section, starting with the aims

of HGDOP teaching and learning. Under each heading the findings of the survey are organised under sub-themes and illustrated by quotes from social work educator respondents. At the end of sub-sections where stakeholders have provided a view, brief illustrations of their perspectives are included.

#### 5.4.1 Practice survey: aims of HGDOP teaching and learning

All nine social work educator participants reported on a number of aims for HGDOP teaching and learning. These mirrored the range found in the literature review, and reflected different emphases between programmes and between modules within programmes. They may be grouped as follows.

##### **Improving theoretical understanding**

All but one participant gave as an aim the development of understanding and knowledge about HGDOP in order to:

'... build up the students' knowledge base for application to social work practice.'

Some educators (especially but not only the postgraduate programmes) emphasised the need to pay particular attention to critical analysis:

'We have throughout the teaching a challenging attitude towards all the normative theories about development and ensure that all the taught sessions include a critique of theoretical perspectives.'

Another commented on the need to integrate theories from gerontology into modules exploring ageing:

'I strongly believe that there is a need for social workers to have a better gerontological knowledge base,... I am passionate about the case for critical social work with older people.'

##### **Changing attitudes**

Six of the nine participants identified changing attitudes to older people as an aim. In HGD this could be to challenge existing stereotypes or introduce students to material they were reluctant to engage with:

'I use a strengths model, try to challenge ideas of "decline", deal with the stereotypes about chronic sickness, "normalising" the lifecourse.'

Educators working with students later in the course aimed to change a 'managerialist' approach to working with older people. One educator aimed:

'... to counter "check list" views of how you work with older people and see the rich and diverse lives that they have already led.'



### Developing skills

Two of the participants leading modules with a focus on older people specifically included skills development as an aim:

'... particularly communication skills ... hearing older people's life stories, being able to talk to older and disabled people about things that may be difficult and challenging and where there may be risks, or conflicts of values.'

The aims reported by educators leading HGD teaching and learning were less likely to include skills development, although, as will be seen below, some of the pedagogical approaches used in these modules often had the potential to increase skills in observation, listening and communication.

### Increasing interest in this area of practice

Only one participant reported this as a specific aim and linked it to changing attitudes. She suggested that the content of the older people module enabled tutors to challenge students who did not want to work with older people in practice placements. The teaching and learning framework provided:

'... a language to talk to students about what are really ageist assumptions.'

### Improving quality of practice

Two participants mentioned improving the quality of practice as an aim. One gave as her rationale a:

'... deep concern about the erosion of social work skills with older people and social work with older people...'

### Other aims

Three participants identified the development of *reflective practice* as an aim, principally to help prepare students to manage and not avoid the strong emotional responses likely to be invoked by work with older people. For example:

'... sometimes people want to know what really happens in the real world in a very concrete way rather than using the material to engage with what it's like to talk about these kinds of subjects and to talk with people who are older, who are disabled, who are facing the end of their life in pain or facing particular kinds of challenges.... People avoid that by going into ... what are the policies and procedures, laws. Perhaps it feels more secure, or it's actually very painful to think about, really to talk about some of the things the case material brings up or the life stories.'

One highlighted the contribution of an understanding of HGD theories to *preparation for interprofessional practice*:

'... we are also very conscious that people operate in multi-professional contexts and it's important that ... they [students] have the opportunity to be exposed to broad thinking about the subject.'

### Stakeholder responses

There were very clear messages from stakeholders about what should be the aims of HGDOP (see Appendix 9). These might be summarised as:

- knowledge
- skills
- understanding
- respect.

The service users in particular identified good listening skills as essential in developing understanding and showing respect. This was highlighted by two older stakeholders:

'Older people ... feel they are not listened to, they also feel they are second class citizens.'

'Communication is top priority.'

A social work manager argued that HGDOP teaching and learning should:

'... enable students to begin to understand individual responses to the universal experience of ageing within specific social and cultural contexts.'

#### 5.4.2 Organising frameworks and theoretical approaches to HGDOP

As was the case with the research review, most social work educator respondents reported using an eclectic theoretical approach within a topic-based organising framework. Lifespan/psychosocial theories dominated – the four HGD coordinators interviewed all referred to approaches based on these theories, but three also drew on sociological, biological and equalities-based theories.

Some sought to include overarching topics such as attachment within a birth-to-death lifecourse approach:

'It's topic-based and goes from pre-birth to post-death ... but at the start of the programme we have underpinning sessions on, for example, nature/nurture, stress/vulnerability ... gender and race.'

Eclectic approaches were most evident in interviews with the educators teaching about older people. The following comments relate to their organising frameworks:

'To be honest, bio-social-psychological – sounds a bit all encompassing but if you think of those three parts of the Venn diagram, I do try to cover all of them and show how they fit together.'

'Integration, rooted in psychology because it's in HGD. Also introduce sociological ideas to critique them, critical evaluation of individualistic psychological approaches. Anti-ageist, anti-disablist perspectives, the social model of disability. Can we think about a social model of older age?'

One respondent clearly identified critical gerontology as the main perspective:

'The organising framework is a critical perspective ... gerontological is the overarching idea, within that sociological, social policy, rights-based and critical perspectives.'

The importance given to theory varied greatly between respondents. Some provided little evidence of a strong theoretical framework, while others saw it as very important that students developed a critical theoretical base to underpin their work with older people. For example:

'I strongly believe ... there is a need for social workers to have a better gerontological knowledge base,... making the case that social work with older people is complex, that older people have needs other than just having care shoved in their direction.'

One educator highlighted the difficulties some students had in identifying theoretical approaches to apply to practice situations:

'Students say in placement "I haven't got any theory to do with older people". Publications are rather pragmatic as opposed to theoretical. People think there are no theories around older people.'

In general, there seemed to be some symmetry between the theoretical approach of the HGD and older people elements within a programme. It is clear that achieving effective integration of HGDOP requires a whole-programme strategy, a point made by one educator emphasising the different approaches taken in the two modules:

'The organising framework [of the older people module] is a critical perspective ... [on] an interdisciplinary subject ... [within the HGD module] teaching is psychological, currently.'

As will be seen in sub-section 5.4.5 below, there was limited evidence of theoretical continuity in relation to HGDOP between class-based and practice learning elements.

### 5.4.3 Practice survey: HGDOP teaching and learning structures and sequence

The practice survey confirmed that HGDOP teaching and learning does not fit neatly into a discrete module within UK qualifying social work education. In all programmes it was covered to some extent within HGD modules – or early stage modules that included HGD. To a much more varied degree it appeared in later modules focused on areas of practice, and the timing of practice learning also affected the way in which HGDOP teaching and learning was structured within the curriculum. All social work

educator respondents spoke of the need to ensure that HGDOP received sufficient attention in all aspects of the programme. The challenge of managing this effectively within a crowded curriculum was a serious concern for many. The organisation and timetabling of practice learning modules also affected course design and structure.

To deal with this complexity, some programmes developed 'cross-teaching' and other 'cross-referencing' strategies:

'First year, in particular, is structured for modules to be taught/coordinated by more than one person, so cross-referring woven into [the] structure.... Students have "reflective journals" which run underneath the whole three years, we try to consciously weave them all together.'

Another approach was to:

'... try and give a "scaffolding approach"; very swift overview at Level 5 but some issues picked up on in final year.'

#### 5.4.4 Participants in the organisation and delivery of HGDOP teaching and learning

##### Programme organisation and management

It was difficult to get a clear impression of the extent to which older people were involved in curriculum organisation and management. Carers and older people were sometimes seen as interchangeable, despite their differing perspectives. Two respondents reported significant involvement of older people in programme organisation, including taking part in the development and management of the curriculum. In the other example:

'Four older people from this carers' group ... are very active in selection and access; also involved with the programme management committee, practice assessment and Exam Board.'

##### Teaching and learning

There was limited involvement of older people or of other practitioners in teaching and learning in HGD-focused modules. Only one participant described the involvement of other practitioners:

'People come in from hospices to do a session on death and dying ... and then another one on grief and mourning. Although not focused just on older people, its aim is to extend the idea of what HGD is about.'

The older people modules were more likely to draw on the expertise of others in teaching and learning, although the focus of their involvement was not always clear. The following example illustrates practitioner involvement in the classroom and in the community:

'Yes, I involve some practitioners – take students on [a] couple of visits, for example, to the local intermediate care centre – they are shown around and get a talk on how centre works and what services are there; I also involve a nurse lecturer on health issues relating to late age and also a safeguarding adults coordinator comes in....'

One programme reported the involvement of a range of people who 'happened to be old' in teaching and learning across the curriculum:

'... retired practitioners who are "older people" are also involved in teaching, eg a retired lay mental health tribunal member talks about his experience in the past and what he does around mental health now.'

The time available and the focus on HGDOP within the curriculum had an impact on the involvement of non-HEI participants in teaching and learning. It may also be that an increased use of community-based settings could provide more appropriate opportunities for the participation of older people.

### Stakeholder responses

All stakeholders felt that older people who used services, carers and other practitioners, along with college tutors, should be involved in teaching and learning. Several made the point that older people who do not currently use services should be involved:

'This must include users of services and non-users to present a balanced picture of older people to prevent a pathologised approach. Older people talking about their experiences, views and interpretation of older age must be a part of the learning experience.' (student)

'People who use services should be involved to talk about good and bad experiences and what they want to see and don't want to see happen.' (service user)

#### 5.4.5 Setting of HGDOP teaching and learning

Most, but not all respondents drew on practice learning experiences to enhance HGDOP knowledge and understanding. However, unlike much of the literature reported in this review, the practice survey found that the setting for HGDOP teaching and learning was predominantly classroom-based. Structured, practice-based or 'service learning' opportunities were very rare, and only one programme included HGDOP theory and knowledge as an explicit practice learning requirement.

#### Practice learning in the classroom

Typically, respondents reported drawing on student's practice-based case studies in classroom and small group discussion:

'... particularly in the second year [we] ask them to bring material about work with an older person to look at critically, apply theory, apply knowledge, apply skills.'

Some respondents draw on case study examples developed with practitioners or, in one case, on their own practice experience:

'... because I go into practice in the summer ... so I bring changed and anonymised experience and so do students.'

But, as one respondent made clear, the practice examples drawn on do not necessarily involve a HGD element:

'I invite them to contribute to discussions using illustrations – [they are] eager to do that. [The main practice issues raised are] issues about doing assessments, people refusing services or not accepting services they think are most needed....'

HGD-focused modules seemed far less likely to draw on practice experience, perhaps because of timing within the programme or the amount of focus on older people within the modules. One HGD convenor responded that she "can't give examples" of practice-based learning being drawn on. Another, who was not a social work academic, was reported as having "developed case studies linked to social work literature for use in her teaching".

### **Practice learning requirements**

One programme explicitly required a HGD element in the practice learning portfolio, although this was not necessarily in relation to older people:

'[Students are] required to evidence a human growth perspective in the portfolio [as part of an] analysis of practice, if they are writing about an older person they would be expected to have a developmental understanding.'

Several other respondents reported (more or less) implicit requirements. The following two examples are representative:

'When on placement we would usually require a case analysis. We are not saying to them you must bring in your HGD knowledge, [we] don't make that expectation explicit, but [we] do remind them of module ... what knowledge do you have already to draw on? There is an expectation that they would automatically do that.'

'HGD is not overtly included in practice assessment requirements, but students need to reflect on their experience and link to theory, if appropriate.'

### **Service learning**

Service learning initiatives were far less frequent than in the (mainly US) literature reviewed. However, two programmes included a short mandatory service learning

element and two included visits, one to 'Big Pit', where older ex-miners work, and another to an assessment centre.

### Good practice examples of service learning

#### *University of Northumbria*

'We ask students to interview an older person to get their views of the ageing process. One of the most uplifting moments of reading I have in the year is when I read these because so many older people say such positive things. This is a formative learning task but it has proved to sufficiently effective to be proposed as a summative task for the future.'

#### *University of Teesside*

'One of the first things I ask them to do in connection with perceptions of ageing is to go to the local shopping centre and sit and stand around for half an hour and see who they recognise as an older person, what they are doing, who they are with and what they are using when they are judging them to be "older". That gets some quite useful discussion going.'

### Stakeholder responses

The stakeholders were unanimous in identifying the need for both HEI and practice-based/service learning. The Black and minority ethnic elders group members were not asked this question, but it is interesting that two of them also recommended involvement in community-based settings:

'Learning in the field is very important in gaining a practical understanding of realities like poverty ... older people in general, rather than those getting services, should be the focus, need to see at first hand how older people live – "most learning takes place through our eyes"' (older service user)

'Practice-based learning is essential and this should be coupled with the reflective exploration of the personal impact of issues of ageing.' (NGO coordinator)

'[I do] not think it would be a good idea for ... elders to go to the university as they might not be comfortable there, because they [minority ethnic groups in general] are not educated.... Social work [students] should go to minority ethnic groups and spend time with them.'

#### 5.4.6 Practice survey: HGDOP curriculum content and process

Participants provided examples of an innovative range of pedagogical approaches, which many described as constrained by the time available and by class size. The approaches used were mainly classroom-based, and included a mixture of didactic and experiential learning processes. The examples given focused on experiential

understanding rather than theoretical knowledge and analysis, mirroring the focus of much of the literature reported in this review. The barriers identified are described first, before moving on to pedagogical approaches and assessment. This is followed by stakeholders' views on module content.

### Barriers

Constraints of *time* were described by most respondents:

'Time affects pedagogy. In the new degree you are fighting for time, negotiating competing demands.'

Other barriers mentioned by several respondents included the perceived lack of attention given to HGDOP in social work NOS:

'... the NOS do not encourage this [HGD in practice learning].'

the *dominance of policy* and performance-driven approaches in the practice learning curriculum:

'Theoretical issues were subordinated by procedure,... because a lot was hanging on it [to be competent]. Practice teachers are under pressure to "do the job right" [so you get] rule following'

and, to a lesser degree, the dominance of child development within the HGD curriculum and *HGD staff teaching specialisms*.

*Class size* was a challenge in some HGD modules, generally taught to whole year cohorts and, at its most extreme, to 100 students in a two-hour class:

'HGD is delivered in large lectures then directed learning tasks in small groups.... It's really tough to cover everything we need to in the time we've got.'

### Pedagogical approaches

Despite constraints of time and programme design, respondents described a range of creative experiential teaching and learning interventions. These tended to be ordered in a loosely similar and overlapping sequence, beginning with activities aimed at engaging interest, then challenging stereotypes, then focusing on increasing self-reflection and moving on to focus on the development of empathy. Exploring each element in turn, the following are some of the experiential tasks reported (see Appendix 12 for a full list of initiatives).

#### Engaging interest

'I do a lot of things, videos, DVDs, videos from the Alzheimer's Society, dementia centre, mental health, BBC plays, novels. I'll use whatever to engage people, get their interest.'



'Before the case material I always ask them to share their experiences of working with older people, being part of a community including older people, being older. Also of older people within their family, assuming that people are coming with pre-existing knowledge and are not just blank slates....'

### ***Changing attitudes and challenging stereotypes***

One respondent pointed to the skills needed to change attitudes and challenge stereotypes:

'It's more about awareness raising, because many people don't know anything. It's about informing them "in a nurturing way". It's a delicate balance.'

Several approaches to meeting this challenge were reported:

'We get them to interview an older person to get their views of the ageing process.'

'It's a didactic lecture, encouraging examples from practice, and I often use my mother, recently gone into nursing home. [It's] helpful to use a practical model that has changed my attitude. My mother has become a case study.'

### ***Encouraging self-reflection***

This was thought essential by many in order for students to understand the impact of HG Dop on themselves and on their approach to work with older people:

'[We use] self-selected groups ... because we feel very strongly that it's an opportunity to think about how some of the theoretical models apply to us/ them as people and as learners because we want them to be very aware of how powerful and emotive some of this material is – it's very easy to read material from a book ... but actually when you are applying it to people or thinking through some of the concepts they have a really emotional resonance for people, so that's why we get them to choose their own groups, because sharing some of that material may be tricky in a group where you are directed to join it.'

### ***Developing understanding and empathy***

A range of approaches was used to develop understanding and empathy, often including an element of self-reflection.

### Good practice examples: exercises for developing empathy

#### Goldsmith's, University of London

'[We do an] exercise at the beginning for people to imaginatively think about themselves as an older person. Think about themselves now and what they want to say to themselves as an older person, what are their aspirations and dreams as an older person, what services they would like, what services they would like in their community, how would they want to be treated. Starting with the self, to use empathy, to build empathy to work with older people.'

#### Queen's University, Belfast

'In ... groups of 12 ... I've used Bigg's work, *Confronting ageing*<sup>30</sup> to develop a guided fantasy. Going forward in time, what will old age be like, who will you be with, etc. I put this in the context of empathy. So although the development of empathy is the goal, inequality issues also emerge.

### Anti-oppressive practice

Participants were asked how they integrated issues of equality and diversity into teaching and learning about older people. They responded to this in a number of ways. Some reflected on approaches used to challenge ageism within the programme structure as a whole; others focused on pedagogical approaches:

'We don't specifically talk about it, as "social and cultural diversity and equality" is a specific foundation model so we will refer across.... We expect them to start picking up as the teaching goes on that this is the way you should be able to think about it....'

'We do a session which sets out principles of things to be aware of in any of the psychological research or theoretical perspectives, then we make a point of teasing out issues in each of the taught sessions.'

'... [students] develop the brief scenario into a more extended life history and people are encouraged to think about a range of issues related to power and diversity to construct those stories ... [this] helps people to think about how other aspects of difference intersect with age.'

Three participants (two from the same programme) felt that the approaches taken needed further development:

'There are some examples in the case material but it's a point of development because it's not embedded into the lecture.'

## Assessment

There was considerable variability in approaches to the assessment of HGDOP within and between HGD and older people modules.

In several there was no automatic formative or summative assessment of HGDOP. For example, in one HGD module both HGD assessment options were related to children and families. In another, the only assessed task was a child observation, although there is “an assessment for those who chose to work with adults within the case study in year two”. In others, assessment of HGDOP was one of several HGD assessment options.

In one HGD module, a summative assessment was combined with a workbook of formative assessments, including some related to HGDOP, and submitted for tutor feedback. The summative assessment emphasised self-reflection:

‘A 3,000 word assignment asking them to write about their understanding of attachment and how it applies to them in their life – a meta learning opportunity...’

in which HGDOP may feature if the attachments described include older people.

## Stakeholder responses

The perspectives of stakeholders on the content of HGDOP teaching and learning had in common an emphasis on the need to understand ageism and that people experience old age differently. Within that, students and practitioners were slightly more likely to emphasise theoretical knowledge:

‘Academic learning legitimates thoughts and feelings, providing context, weight and understanding. Students should know everything about lifespan development and dementia.’ (practitioner)

Service users and carers prioritised listening and communication skills, social history, ageism and knowledge of resources:

‘Students need to learn that old age can be very good – not tied to work, lots of advantages as well as disadvantages. Social workers need to point out the quality of life that is possible, help a sense of self-worth ... social workers need to be able to help older people talk about [the past]. Social history helps social workers empathise and allows older people and social worker to have an intelligent conversation.’ (older stakeholder)

‘It would be a good idea for students to do [a] “day in the life of” exercise and spend time with an older person who was functioning well despite some problems.’ (service user/carer)

‘The most important issue was why older people are not treated well. That should be prioritised although other important issues are listening to the views of

different people and the social worker being positive.' (Black and minority ethnic elder)

'You have to get students involved in knowing about how you achieve equality according to their culture.' (NGO Coordinator)

'[Those students who did] less well were those who were less able to integrate theory to personal experience and reflection.... It is important to give some careful attention to issues of mortality because these underpin a fundamental aspect of all human experience around ageing and lie at the centre of questions about quality of life. How well we are able to visit and live with these questions actually impacts on the quality of presence and support we provide.' (NGO Coordinator)

#### 5.4.7 Outcomes of HGDOP teaching and learning

As the practice survey findings on assessment indicate, many programmes struggled to evaluate students' theory, knowledge and understanding of HGDOP on the basis of assessed work alone, and indeed there was little evidence that this approach was used. This is at least partly because of the complex processes of HGDOP teaching and learning in most programmes. Few respondents focused attention on outcomes during the telephone interviews, and the practice survey did not find evidence of a comprehensive, structured approach to evaluating outcomes in the programmes discussed.

Two respondents reported the success of certain approaches on the basis of student feedback:

'[Having done the study unit] students often report that they have changed their mind and that they are more open to thinking about working with older people.'

'Study unit comes out well. Really enjoy it, get engaged with it, often say they weren't looking forward to it, but it's been a brilliant learning experience.'

However, it is clear from these findings that there is room for development in the assessment of outcomes of HGDOP.

### 5.5 Practice survey: concluding comments

The practice survey identified a number of examples of good and innovative practice in HGDOP (additional examples are given in Appendix 12), including the explicit use of cross-cutting theories and approaches and of specific formative tasks, and some limited use of community-based learning opportunities. Educators reflected concerns identified by the literature, especially the importance of HGDOP initiatives that aim to develop student understanding, change attitudes and encourage self-reflection. There were the inevitable tensions created by a congested curriculum, where social work education about older people is not an identified 'requirement' and has to compete with a range of other topics. Time pressures were a constant constraint, as were the challenges of changing attitudes to older people and later

life, and encouraging reflection on a time of life many found troubling and painful to contemplate.

Social work educators and stakeholder respondents emphasised the importance of understanding and 'attitude' in underpinning social work interventions with older people and had clear ideas about how this might be achieved. Educators prioritised critical understanding and appreciation of theories of ageing, an understanding of the diverse lives and experiences of older people, and self-reflection on the impact of this emotive area. Stakeholders, and especially service users, emphasised the importance of social workers being able to listen to and hear older people's diverse knowledge and experience. The indication was that this was best achieved by spending time with older people within their own communities.

Attention to theory was variable, and the assessment of HGDOP and the evaluation of HGDOP teaching and learning outcomes were less than robust in most programmes. None of the practice survey participants reported an explicit practice curriculum for HGDOP. Educators found this could hinder the effective use of practice learning experience in exploring HGDOP both in practice and in the classroom. In only one programme was HGD an explicit requirement in practice learning assessment.

The practice survey responses suggest that these are complex issues that require further attention at policy and programme levels. It also indicates that the potential of short, informal service and community-based learning experiences to meet HGDOP teaching and learning priorities may be under-explored and could be an area for development.

# 6 Findings and discussion

## 6.1 Summary of findings from the research review

The research review explored the evidence of the nature of HGDOP in qualifying social work education and the factors that encouraged or hindered successful outcomes. In addition, the review aimed to explore the extent to which critical perspectives, particularly critical gerontology, were evident in the teaching of HGDOP.

Five quality-assessed studies met the inclusion criteria, all of which were published in the US between 2002 and 2006. A larger number of studies (24) were identified at the keywording stage of the review. The fact that only five of these met the inclusion criteria reflected the limited literature that explored the relationship between HGD and older people and *evaluated* the outcomes of interventions in the context of qualifying social work education.

The five studies all reported on curriculum developments in HGDOP designed to increase the quality and quantity of teaching about older people. These developments reflected widespread concern in the US about the limited numbers of qualifying social workers choosing to work with older people in the context of an increasingly ageing population.<sup>54</sup>

Apart from their focus on curriculum development, the studies were diverse in terms of their aims and scope. They provided considerable descriptive detail about the content and process of the changes made to the curriculum. Most of these changes were designed to increase knowledge about older people, change (mostly negative) attitudes and, to a lesser extent, develop skills and improve the quality of outcomes for service users and carers.

The studies provided limited evidence about which characteristics of HGDOP teaching and learning were effective in delivering specific outcomes. In those studies that evaluated the views of student participants there was some evidence of increased knowledge and more positive attitudes towards older people. However, these changes were evaluated in the short term and by student perceptions rather than the measurement of knowledge and behaviour. The studies provided limited information about the views of other participants, although where the views of older people and agency partners were reported, they were positive about their involvement.

In relation to the theoretical frameworks underpinning HGDOP, there was evidence of more thorough exploration of pedagogical theory than of developmental or gerontological approaches. For example, research into the use of oral history and service learning supported the introduction of these methods of teaching and learning. Students and older participants evaluated these pedagogical approaches positively although the limitations already discussed also apply to evaluating their effectiveness. Students asserted they had learned about HGDOP by taking part

in oral history projects or service learning and in one study<sup>4</sup> these views were supported by comparison with a control group. These findings remain to be tested by long-term follow-up studies.

There was no evidence of the systematic use of critical gerontology in the review. While a number of theoretical models and approaches to HGDOP were cited, there was no detailed reporting of the rationale for their use or of their impact on particular outcomes.

All five studies reported on the integration of practice or service learning initiatives into the university-based curriculum. The rationale for this approach was to introduce one-to-one contact between students and older people at an early stage of the social work programme as one means of increasing knowledge about the experience of later life and counteracting stereotyping. These developments ranged from one-off life story interviews between individual students and an older person, to semester-long oral history projects. Student learning was assessed on the basis of related assignments or classroom presentations.

Students found these experiences facilitated their learning, with qualifications about the amount of time necessary to complete the additional work. The older participants were universally positive about their participation.

The limitations of the review in terms of the numbers and scope of the studies makes it impossible to generalise about the contribution of these developments to any evaluation of effectiveness. However, the studies suggest that greater integration of practice learning initiatives, even on a limited scale, would be worth further investigation.

## 6.2 Summary of findings from the practice survey

The practice survey explored the perspectives on HGDOP of nine social work educators with responsibilities for HGD and/or older people teaching and learning in six HEIs in England, Wales and Northern Ireland. It also included the views of 11 stakeholders and four elders from a minority ethnic organisation.

The survey indicated that effectively integrating HGDOP teaching and learning within the curriculum was challenging and complex. Time pressures were a constant constraint. In the early stages of the course, where most HGD teaching and learning took place, the challenges included integrating HGDOP within a curriculum traditionally focused on child development, changing student attitudes to older people and later life and encouraging reflection on a time of life many found troubling and painful to contemplate. Later in the programme the challenge was to continue to address HGDOP in modules focused on 'doing' social work with older people in an organisational and regulatory context that was perceived as undervaluing the place of theory and reflective practice.

Within HGD and older people modules educators reported many examples of innovative attempts to include attention to later life, change attitudes and encourage self-reflection (see Appendix 12), including the explicit use of cross-cutting theories

and approaches and of specific formative tasks, including the limited use of community-based learning opportunities. Attention to theory was more variable. While there were examples of the use of critical approaches to the use of theory, only one respondent specifically mentioned the use of critical social gerontology.

The assessment of HGDOP and the evaluation of HGDOP teaching and learning outcomes were less than robust in most programmes. In two of the six programmes the only required assessment of HGD focused on child development. HGDOP was rarely an assessment requirement for all students.

None of the practice survey participants reported an explicit practice curriculum for HGDOP. Educators found this could hinder the effective use of practice learning experience in exploring HGDOP both in practice and in the classroom. They expressed concerns about the lack of theory in practice placements and the priority sometimes given to learning about formulaic approaches to 'doing care management'. In only one programme was HGD an explicit requirement in practice learning assessment.

Social work educators and stakeholder respondents emphasised the importance of understanding and 'attitude' in underpinning social work interventions with older people and had clear ideas about how this might be achieved. Educators prioritised critical understanding and appreciation of theories of ageing, an understanding of the diverse lives and experiences of older people, and self-reflection on the impact of this emotive area. Stakeholders, and especially service users, emphasised the importance of being able to listen to and hear older people's diverse knowledge and experience. The indication was that this was best achieved by spending time with older people within their own communities.

### 6.3 Discussion

The review of HGDOP has identified the limitations of the research in terms of its quantity and quality. One of the main limitations has been the lack of available research addressing both human growth and development *and* later life. Adding an educational perspective into the mix further limits the available research 'field'.

In the US concern about the limited availability of social workers wanting to work with older people has led to a national initiative designed to increase the amount and quality of gerontological content in qualifying programmes. While the Hartford Gero-rich project<sup>47, 53</sup> has increased the number of publications discussing these developments, similar concerns have not yet been reflected in publications outside the US.

Improving the quality of gerontological education remains high on the US agenda but HGD has received more limited attention.<sup>47</sup> The majority of studies in the research review explore HBSE modules as an example of integrating teaching and learning about older people into the curriculum. Where there is a wider exploration of HGD, this typically focuses on one aspect, such as Birkenmaier and colleagues' work on spirituality.<sup>1</sup>



The practice survey identified a number of examples of good and innovative practice in HGDOP but for a variety of reasons, including the limitations of personal and organisational resources, these are not widely disseminated. Educators reflected other concerns identified by the literature, especially the importance of HGDOP initiatives that aim to develop student understanding, change attitudes and encourage self-reflection. There were the inevitable tensions created by a congested curriculum, where social work education about older people is not an identified 'requirement' and has to compete with a range of other topics.

The practice survey responses suggest that these are complex issues that require further attention at programme level and within national standards and requirements. It suggests that the assessment and evaluation of HGDOP teaching and learning outcomes may be less than robust in many programmes.

The practice survey also indicates that the potential of short, informal service and community-based learning experiences to meet HGDOP teaching and learning priorities may be under-explored and could be an area for development. It suggests that this approach to involving older people in HGDOP would more fully engage with the reality of their lives and be more comfortable for many than inclusion in classroom-based 'teaching'.

The lack of attention to HGDOP in the wider literature and the findings of the practice survey provide an opportunity to increase the scope and quality of UK research in some of the areas below.

#### 6.4 Recommendations for future research and practice

- To develop further a research base in HGDOP in the UK.
- To develop a research base in social work education in relation to HGDOP in the UK. The practice survey identified some innovative educational practice that would benefit from evaluative research and dissemination.
- To involve all participants in HGDOP in the research process. The views of students are central as the users of social work education but attention should also be paid to the views of other stakeholders including service users, practitioners and other agency partners.
- To develop research designs that evaluate and measure outcomes not only immediately after the teaching has taken place but in relation to longer-term learning gains.
- To clarify the parameters of HGD in relation to older people: what do social workers need to know about 'development' in later life and how is a balance struck between 'normal' development and the developmental problems and crises social workers encounter in practice?
- To consider methods of integrating flexible models of service or practice learning into HGDOP, enabling students to learn from older people in their own environments.
- To develop teaching and learning methods that challenge ageist and other oppressive attitudes towards older people and encourage all students to engage with learning about later life.

- To recognise that these developments are resource intensive and to find ways of resourcing such developments.
- To review the practice curriculum and practice learning requirements to ensure that HGD is integrated within practice learning and its assessment.
- To develop approaches to curriculum organisation that support and monitor the integration of HGD across the curriculum.

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# Index

Note: HGDOP refers to 'Human Growth and Development and Older People'

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## **Appendix 1: Review objectives**

- To examine what is meant by 'human growth and development and older people' (HGDOP) as it relates to qualifying social work education.
- To examine the range of approaches, participants, contexts and methods of qualifying social work education about HGDOP.
- To examine the theoretical frameworks underpinning HGDOP, and its effectiveness in qualifying social work education.
- To identify the range of process and effectiveness outcomes identified for HGDOP, including student learning and transfer of learning into practice.
- To examine the effectiveness of different approaches to HGDOP in achieving identified outcomes.
- To identify the facilitators and barriers to effective teaching and learning about HGDOP in qualifying social work.
- To highlight in particular the prevalence, nature and effectiveness of critical perspectives in teaching and learning of HGDOP at qualifying level.
- To highlight where possible examples of good practice in England, Wales and Northern Ireland.

## Appendix 2: Requirements for teaching, learning and assessment of human growth and development in qualifying social work education

	Guidance	Requirement
United Kingdom	<b><i>UK Code of Practice for social care workers (2004)</i></b>	'Respecting diversity and different cultures and values.'
	<b><i>Quality Assurance Authority benchmark statement for social work (2008)</i></b>	'The relevance of sociological perspectives to understanding societal and structural influences on human behaviour at individual, group and community levels.'  'The relevance of psychological, physical and physiological perspectives to understanding personal and social development and functioning.'
England	<b><i>National Occupational Standards (NOS) for social work (2003)</i></b>	'Psychological and sociological explanations of: human growth and development and the factors that impact on it human behaviour.'  'Assist people to identify and address developmental needs and associated risks.'  'Work with risk, that is associated with human growth and development, promoting independence, learning, social inclusion or "alternative" lifestyles.' " Assist
	<b><i>Department of Health requirements for social work training (2002)</i></b>	'Providers will have to demonstrate that all students undertake specific learning and assessment in the following key areas:  • human growth, development, mental health and disability.'
Wales	<b><i>Raising standards: The Qualification Framework for the social care sector in Wales (Welsh Assembly Government, 2004)</i></b> (incorporates the All Wales Assessment Framework, including NOS, the social work benchmarking statement and skill requirement of Quality Assurance Agency statement for social work and Code of Practice for social care workers)	'Psychological and physiological perspectives on individual and social development and functioning from infancy to old age. The nature and characteristics of developmental delay, disruption and trauma.'  'The relevance of sociological perspectives to understanding societal and structural influences on human behaviour at individual, group and community levels.'

### **Appendix 3: Search strategy and study selection**

The research review team developed the search strategy based on the experience gained in the scoping review,<sup>48</sup> which supported the identification of relevant terms and appropriate databases. The strategy was modified further during searching on each individual database, to take account of the varying descriptor terms used to classify citations and to allow adaptations to be made. The choice of databases to search was determined by the Social Care Institute for Excellence's (SCIE's) guidance on systematic reviewing and the resources available.

#### **Search terms and databases**

Five bibliographic databases were included in the search:

- AgeInfo
- ASSIA (Applied Social Sciences Index and Abstracts)
- PsychInfo
- Social Services Abstracts
- Social Care Online

The search strategy used with the bibliographic databases was based on a combination of the following elements:

- human growth and development (HGD)
- relevance to older people
- relevance to social work education

The search terms and results for each database were as follows:

#### **AgeInfo**

##### **Search 6/8/07**

Text = (social work or social care or human service prof\*) and Text = (educat\* or student or curriculu\* or train\*) and Keyword = "ageing process@"/"mental health (elderly)@"/"attitudes to the old of general public@"/"rights (elderly)@"

##### **ASSIA (Applied Social Sciences Index and Abstracts)**

##### **Searched 8/10/07**

##### **Human growth and development dimension**

((DE=(**personality**)) or (DE=(**person-environment fit**)) or (DE=(**human ecology**)) or (DE=(**human development**)) or (DE=(**mental health**))) or ((AB=(**resilienc\***) or TI=(**resilienc\***)) or (AB=(**capacit\***) or TI=(**capacit\***)) or (AB=(**aging**) or TI=(**aging**)) or (AB=(**ageing**) or TI=(**ageing**)) or (AB=(**adult develop\***) or TI=(**adult develop\***)) or (AB=(**crosscultur\***) or TI=(**crosscultur\***)) or (AB=(**cross cultur\***) or TI=(**cross cultur\***)) or (AB=(**divers\***) or TI=(**divers\***)) or (AB=(**identit\***) or TI=(**identit\***)) or (AB=(**transition\***) or TI=(**transition\***)) or (AB=(**lifecourse**) or TI=(**lifecourse**)) or (AB=(**life course**) or TI=(**life course**)) or (AB=(**lifecycle**) or TI=(**lifecycle**)) or (AB=(**life cycle**) or TI=(**life cycle**)) or (AB=(**life span**) or TI=(**life span**)) or (AB=(**lifespan**) or TI=(**lifespan**)) or (AB=(**stage**) or TI=(**stage**)) or (AB=(**develop\***) or TI=(**develop\***)) or (AB=(**normative develop\***) or TI=(**normative develop\***)) or (AB=(**human develop\***) or TI=(**human develop\***)) or (AB=(**human growth**) or TI=(**human growth**))))

##### **Older people dimension**

((DE=(**elderly people**)) or (DE=(**older people**)) or ((AB=(**geront\***) or TI=(**geront\***)) or (AB=(**older adult\***) or TI=(**older adult\***)) or (AB=(**later life**) or TI=(**later life**)) or (AB=(**aging**) or TI=(**aging**)) or (AB=(**ageing**) or TI=(**ageing**)) or (AB=(**older people**) or TI=(**older people**))))

##### **Social work education dimension**

((ab=(**social care**) or ti=(**social care**)) within 6 ((ab=(**educat\*\***) or ti=(**educat\*\***)) or (ab=(**stud\*\***) or ti=(**stud\*\***)) or (ab=(**qualify\*\***) or ti=(**qualify\*\***)) or (ab=(**program\*\***) or ti=(**program\*\***)) or (ab=(**curricul\*\***) or ti=(**curricul\*\***)) or (ab=(**fieldwork\*\***) or ti=(**fieldwork\*\***)) or (ab=(**practice placement\*\***) or ti=(**practice placement\*\***)))) or ((ab=(**social work**) or ti=(**social work**)) within 6 ((ab=(**educat\*\***) or ti=(**educat\*\***)) or (ab=(**stud\*\***) or ti=(**stud\*\***)) or (ab=(**qualify\*\***) or ti=(**qualify\*\***)) or (ab=(**program\*\***))

or ti=(**program\*\***) or (ab=(**curricul\*\***) or ti=(**curricul\*\***) or (ab=(**fieldwork\*\***) or ti=(**fieldwork\*\***) or (ab=(**practice placement\*\***) or ti=(**practice placement\*\***)))) or (((ab=(**practice placement\*\***) or ti=(**practice placement\*\***) or (ab=(**fieldwork\*\***) or ti=(**fieldwork\*\***) or (ab=(**curricul\*\***) or ti=(**curricul\*\***) or (ab=(**program\*\***) or ti=(**program\*\***) or (ab=(**qualify\*\***) or ti=(**qualify\*\***) or (ab=(**stud\*\***) or ti=(**stud\*\***) or (ab=(**educat\*\***) or ti=(**educat\*\***))) and ((ab=(**human service\*\* profession\*\***) or ti=(**human service\*\* profession\*\***) or (ab=(**social care**) or ti=(**social care**) or (ab=(**social work**) or ti=(**social work**))))))

### Combined search

((DE=(**personality**) or (DE=(**person-environment fit**) or (DE=(**human ecology**) or (DE=(**human development**) or (DE=(**mental health**)))) or ((AB=(**resilienc\***) or TI=(**resilienc\***) or (AB=(**capacit\***) or TI=(**capacit\***) or (AB=(**aging**) or TI=(**aging**) or (AB=(**ageing**) or TI=(**ageing**) or (AB=(**adult develop\***) or TI=(**adult develop\***) or (AB=(**crosscultur\***) or TI=(**crosscultur\***) or (AB=(**cross cultur\***) or TI=(**cross cultur\***) or (AB=(**divers\***) or TI=(**divers\***) or (AB=(**identit\***) or TI=(**identit\***) or (AB=(**transition\***) or TI=(**transition\***) or (AB=(**lifecourse**) or TI=(**lifecourse**) or (AB=(**life course**) or TI=(**life course**) or (AB=(**lifecycle**) or TI=(**lifecycle**) or (AB=(**life cycle**) or TI=(**life cycle**) or (AB=(**life span**) or TI=(**life span**) or (AB=(**lifefspan**) or TI=(**lifefspan**) or (AB=(**stage**) or TI=(**stage**) or (AB=(**develop\***) or TI=(**develop\***) or (AB=(**normative develop\***) or TI=(**normative develop\***) or (AB=(**human develop\***) or TI=(**human develop\***) or (AB=(**human growth**) or TI=(**human growth**)))))) and ((DE=(**elderly people**) or (DE=(**older people**) or ((AB=(**geront\***) or TI=(**geront\***) or (AB=(**older adult\***) or TI=(**older adult\***) or (AB=(**later life**) or TI=(**later life**) or (AB=(**aging**) or TI=(**aging**) or (AB=(**ageing**) or TI=(**ageing**) or (AB=(**older people**) or TI=(**older people**)))))) and (((ab=(**social care**) or ti=(**social care**)) within 6 ((ab=(**educat\*\***) or ti=(**educat\*\***) or (ab=(**stud\*\***) or ti=(**stud\*\***) or (ab=(**qualify\*\***) or ti=(**qualify\*\***) or (ab=(**program\*\***) or ti=(**program\*\***) or (ab=(**curricul\*\***) or ti=(**curricul\*\***) or (ab=(**fieldwork\*\***) or ti=(**fieldwork\*\***) or (ab=(**practice placement\*\***) or ti=(**practice placement\*\***)))))) or ((ab=(**social work**) or ti=(**social work**)) within 6 ((ab=(**educat\*\***) or ti=(**educat\*\***) or (ab=(**stud\*\***) or ti=(**stud\*\***) or (ab=(**qualify\*\***) or ti=(**qualify\*\***) or (ab=(**program\*\***) or ti=(**program\*\***) or (ab=(**curricul\*\***) or ti=(**curricul\*\***) or (ab=(**fieldwork\*\***) or ti=(**fieldwork\*\***) or (ab=(**practice placement\*\***) or ti=(**practice placement\*\***)))))) or (((ab=(**practice placement\*\***) or ti=(**practice placement\*\***) or (ab=(**fieldwork\*\***) or ti=(**fieldwork\*\***) or (ab=(**curricul\*\***) or ti=(**curricul\*\***) or (ab=(**program\*\***) or ti=(**program\*\***) or (ab=(**qualify\*\***) or ti=(**qualify\*\***) or (ab=(**stud\*\***) or ti=(**stud\*\***) or (ab=(**educat\*\***) or ti=(**educat\*\***))) and ((ab=(**human service\*\* profession\*\***) or ti=(**human service\*\* profession\*\***) or (ab=(**social care**) or ti=(**social care**) or (ab=(**social work**) or ti=(**social work**))))))

### PsychInfo

Searched 26/7/07

- #1 (older adj people) in AB
- #2 (ageing) in AB
- #3 (aging) in AB
- #4 (later adj life) in AB
- #5 (elder\*) in AB
- #6 (older adj adult) in AB
- #7 (geront\*) in AB
- #8 #1 or #2 or #3 or #4 or #5 or #6 or #7
- #9 (human adj growth) in AB
- #10 (human adj develop\*) in AB
- #11 (normative adj develop\*) in AB
- #12 (develop\* adj stage) in AB
- #13 (lifefspan) in AB
- #14 (life adj cycle) in AB

- #15 (life adj course) in AB)
- #16 (transition\*) in AB
- #17 (identity) in AB
- #18 (divers\*) in AB
- #19 (cross-cultur\*) in AB
- #20 (cross adj cultur\*) in AB
- #21 (life adj stage) in AB
- #22 (resilienc\*) in AB
- #23 (develop) in AB
- #24 (stage) in AB
- #25 #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24
- #26 #8 and #25
- #27 (social adj work) in AB
- #28 (social adj care) in AB
- #29 ((human adj service\*) in AB) and ((profession\*) in AB)
- #30 #27 or #28 or #29
- #31 (educat\*) in AB
- #32 (stud\*) in AB
- #33 (qualify\*) in AB
- #34 (program\*) in AB
- #35 (curricul\*) in AB
- #36 (fieldwork) in AB
- #37 (practic\*) in AB
- #38 (service adj learn\*) in AB
- #39 #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38
- #40 #30 and #39
- #41 #8 and #25 and #40

### **Social Care Online**

Because of the limitations of the Social Care Online database, and on advice from technical staff at SCIE, this search was completed in two parts and then duplicates removed, giving 131 unique results in total.

#### **Part 1 search 10/7/07**

Human growth and development dimension

((@p=("normative")or @p=("develop\*")or @p=("stage")or @p=("lifespan")or @p=("life course")or @p=("life cycle")or @p=("human growth") or @p=("identit\*")or @p=("transition")or @p=("diversity")or @p=("cross-cultural")) or (@k= ("living and life events") or @k=("life style") or @k=("personality development") or @k=("child development") or @k=("ecological approach")))

Older people dimension

and

(@p=("later life") or @p=("ageing") or @p=("aging") or @p=("elder\*") or @p=("older people") or @p=("older adults") or @p=("ageism") or @p=("agism") or @p=("geriatric")or @p=("geront\*")or @p=("senior\*")or @p=("third age"))

Social work education dimension

and

(@k= ("social work education") or @k= ("student social workers") or (@k= ("social care professionals") and @k=("education")))

**Or**

## Part 2 search 6/10/07

Human growth and development dimension

(@k=("life style" or "personality" or "ecological approach" or "ageing" or "resilience" or "mental health" or "cultural identity" or "age discrimination" or "develop\*"))

Older people dimension

and @k=("older people" or "ageing")

Social work education dimension

and @k=("social work education" or "student social workers"))

**Part 1 and Part 2 with duplicates removed: 131 results**

### Social Services Abstracts

#### Search 8/10/07

Query: ((DE=(life stage transitions)) or (DE=(geront\*)) or (DE=(life cycle)) or (DE=(mental health)) or (((AB=(normative) or TI=(normative)) or (AB=(life span) or TI=(life span)) or (AB=(lifecycle) or TI=(lifecycle)) or (AB=(life-cycle) or TI=(life-cycle)) or (AB=(life course) or TI=(life course)) or (AB=(transition) or TI=(transition)) or (AB=(ident\*) or TI=(ident\*)) or (AB=(crosscultur\*) or TI=(crosscultur\*)) or (AB=(corsscultur\*) or TI=(crosscultur\*)) or (AB=(stage) or TI=(stage)) or (AB=(mental health) or TI=(mental health)) or (AB=(adult develop\*) or TI=(adult develop\*)) or (AB=(parent\*) or TI=(parent\*)) or (AB=(aging) or TI=(aging)) or (AB=(ageing) or TI=(ageing))) or ((AB=(attach\*) or TI=(attach\*)) or (AB=(child\*) or TI=(child\*)) or (AB=(loss\*) or TI=(loss\*)) or (AB=(parenthood) or TI=(parenthood)) or (AB=(capacit\*) or TI=(capacit\*)) or (AB=(normative) or TI=(normative)) or (AB=(resilien\*) or TI=(resilien\*)) or (AB=(human within 4 develop\*) or TI=(human within 4 develop\*)) or (AB=(human within 4 growth) or TI=(human within 4 growth)) or (AB=(adult within 4 develop\*) or TI=(adult within 4 develop\*)) or (AB=(mental within 1 health\*) or TI=(mental within 1 health\*)) or (AB=(stage\*) or TI=(stage\*)) or (AB=(cross-cultur\*) or TI=(cross-cultur\*)) or (AB=(cross cultur\*) or TI=(cross cultur\*)) or (AB=(divers\*) or TI=(divers\*)) or (AB=(identit\*) or TI=(identit\*)) or (AB=(transition\*) or TI=(transition\*)) or (AB=(life course) or TI=(life course)) or (AB=(life cycle) or TI=(life cycle)) or (AB=(lifespan) or TI=(lifespan)) or (AB=(stage) or TI=(stage)) or (AB=(develop\*) or TI=(develop\*)) or (AB=(normative develop\*) or TI=(normative develop\*)) or (AB=(human develop\*) or TI=(human develop\*)) or (AB=(human growth) or TI=(human growth)))))) and ((DE=(elder\*)) or (((DE=(older people)) or (AB=(elder) or TI=(elder)) or (AB=(older adult) or TI=(older adult))) or ((AB=(geront\*) or TI=(geront\*)) or (AB=(older adult\*) or TI=(older adult\*)) or (AB=(elder\*) or TI=(elder\*)) or (AB=(later life) or TI=(later life)) or (AB=(aging) or TI=(aging)) or (AB=(ageing) or TI=(ageing)) or (AB=(older people) or TI=(older people)))))) and (DE=(social work education))

### Handsearches

The following **journals** were handsearched:

*Ageing & Society* (title search for period 2000–08)

*British Journal of Social Work* (title search for period 2000–07)

*Educational Gerontology* (title search for period 2000–07)

*Social Work Education* (title search for period 2000–07)

Through handsearching and through references from database citations 17 relevant references were found that had not already emerged from the database searches and were included in the review.

An **author search** was undertaken (on 8/2/08) using Google Scholar, to identify any relevant publications for the following authors whose names had emerged from the



database and policy website searches as authors of textbooks and/or relevant policy documents (period covered 1996 to 8/2/08):

Coleman, P.  
Crawford, K.  
Gearing, B.  
Langley, J.  
Milne, A.  
Phillips, J.  
Tanner, D.  
Walker, A.  
Walker, J.  
Wilson, G.

No relevant references were found that had not already emerged from the database and handsearches.

### **Website searches**

The following policy websites were searched in the course of the review:

#### **Government sites**

##### **Department of Health**

[www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Olderpeople/OlderpeoplesNSFstandards/index.htm](http://www.dh.gov.uk/en/Policyandguidance/SocialCare/Deliveringadultsocialcare/Olderpeople/OlderpeoplesNSFstandards/index.htm) (National Service Framework [NSF] for older people standards) searched 8/2/08.

[www.olderpeoplesmentalhealth.csip.org.uk/silo/files/integrating-opmh-services.pdf](http://www.olderpeoplesmentalhealth.csip.org.uk/silo/files/integrating-opmh-services.pdf) (mental health) searched 8/2/08.

##### **Northern Ireland**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

##### **Scotland**

[www.scotland.gov.uk/Publications/Recent](http://www.scotland.gov.uk/Publications/Recent) (care and social work)

[www.scotland.gov.uk/Resource/Doc/124015/0029863.pdf](http://www.scotland.gov.uk/Resource/Doc/124015/0029863.pdf)

##### **Wales**

<http://new.wales.gov.uk/topics/health/?lang=en>

<http://new.wales.gov.uk/about/departments/dhss/?lang=en>

##### **Social care workforce**

[www.dh.gov.uk/en/Policyandguidance/SocialCare/workforce/index.htm](http://www.dh.gov.uk/en/Policyandguidance/SocialCare/workforce/index.htm)

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLibrary/index.htm](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLibrary/index.htm), searched 8/2/08.

##### **Other UK sites**

##### **General Social Care Council**

[www.gsc.org.uk/News+and+events/Consultations/Roles+and+Tasks+of+social+work/](http://www.gsc.org.uk/News+and+events/Consultations/Roles+and+Tasks+of+social+work/)

##### **HEA/SWAP**

[www.swap.ac.uk/](http://www.swap.ac.uk/) (searched 7/2/08)

**Joint Social Work Education Council (JSWEC)** (searched 7/2/08, from 2005 to present)

[www.jswec.co.uk](http://www.jswec.co.uk)

**Social Care Institute for Excellence (SCIE)** (searched 7/2/08)

[www.scie.org.uk/](http://www.scie.org.uk/)

**Age Concern** (searched 8/2/08)

[www.ageconcern.org.uk](http://www.ageconcern.org.uk)

**Help the Aged Research** (searched 8/2/08)

[www.helptheaged.org.uk/](http://www.helptheaged.org.uk/)

##### **US sites**

**CSWE National Centre for Gerontological Social Work Education**

<http://depts.washington.edu/geroctr/>

**Gero-rich/Hartford Foundation**

[www.jhartfound.org/v1i3.htm](http://www.jhartfound.org/v1i3.htm)

Where relevant policy documents have been found they are included in the review text. No other specific human growth and development and older people (HGDOP) documentation in addition to that which had been obtained by the other methods was discovered through this approach.

**Search strategy results: sources of reports**

A total of 727 citations were retrieved; with duplicates extracted, there were 540 unique citations. The table below shows the number of citations yielded from each source, both including and excluding duplicates.

**Citations retrieved by source**

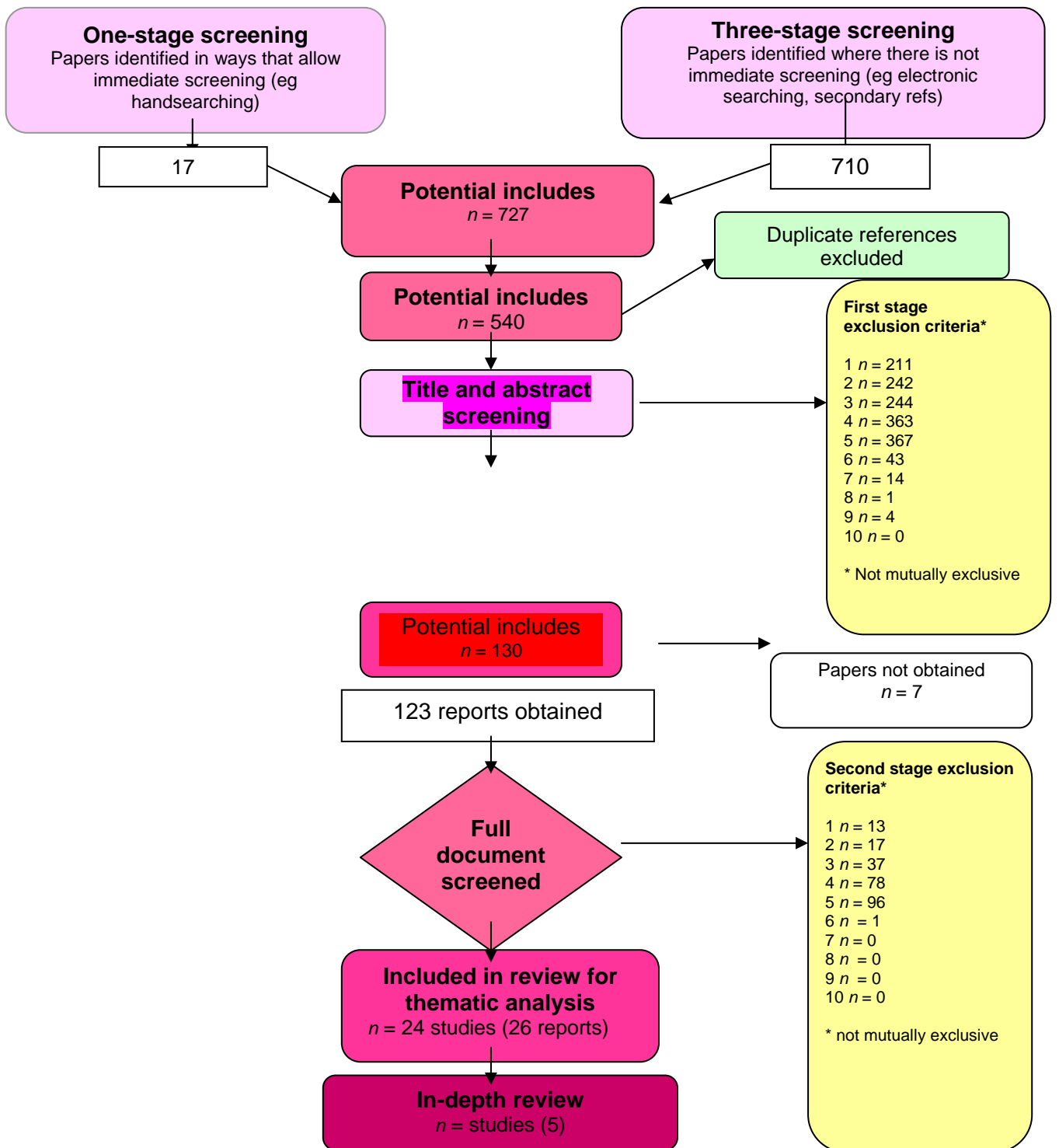
<b>Database</b>	<b>Total citations retrieved by search strategy (including duplicates)</b>	<b>Unique citations retrieved by search strategy</b>
Social Care Online	131	131
Social Services Abstracts	182	136
ASSIA	171	98
PsycInfo (118)	118	76
AgeInfo	98	82
Handsearch	17	17
<b>Total</b>	<b>727</b>	<b>540</b>

**Screening: inclusion and exclusion for thematic analysis**

The following figure provides a flow chart of the research review process to date, indicating inclusions, exclusions and number of remaining reports/studies at all stages.

Titles and abstracts of all unique citations retrieved were screened to determine whether the full reports should be acquired.

## Flowchart of research review process



## Screening and filtering of reports

The figure above illustrates the process of filtering reports, from searching to mapping. At the first exclusion stage, titles and abstracts were screened using the exclusion criteria set out in the review protocol. These were not mutually exclusive, and not coded sequentially or hierarchically; papers were excluded on all relevant counts. The first stage exclusion criteria are as shown in the table below.

### Exclusion criteria

	Criterion label*	Criterion details
<b>First stage</b>	1	Not social work education
	2	Not qualifying level social work education
	3	Not focused on social work education and older people
	4	Not focused on social work education about HGD
	5	Not focused on social work education about HGDOP
	6	Training material/textbook
	7	Book review
	8	Bibliography
	9	Journalism/bulletin
	10	Language other than English
<b>Second stage</b>		First stage criteria re-applied to full document

As indicated in the figure above, the majority of exclusions at this stage (410) were made on the bases that reports were not focused on social work education about HGDOP (367), not focused on social work education about HGD (363) or not about social work education and older people (244). As a result, 130 reports remained to be screened, on the basis of the full paper.

First stage screening indicated that, from the title and abstract alone, it was difficult to interpret whether HGD in relation to older people was the focus of many papers. The reviewers erred on the side of inclusion at this stage, identifying 130 reports for further screening, using the same inclusion and exclusion criteria, on the basis of the full paper at the second stage. Seven papers could not be retrieved, leaving 123 papers retrieved.

As expected, the majority of second stage exclusions were made on the bases that papers did not focus on social work education about HGDOP ( $n = 97$ ), or did not focus on social work education about HGD at all ( $n = 78$ ).

Twenty-six papers met the criteria for inclusion in the review. Four of these reported on the same two studies; two reports were therefore treated as linked, and integrated in keywording of one 'lead' report per study.

At this stage, both empirical and non-empirical studies were included. It should also be noted that at least 15 of these studies reported on one or more of the 67 'Gerorich' initiatives<sup>52</sup> instigated with the support of the Council of Social Work Education (CSWE) in the US and funded, or part-funded by a US charitable foundation, the Hartford Foundation. Aside from two of the four studies identified as linked above, the empirical and theoretical reports relating to this initiative have taken place on different sites and by different research teams and authors. They were therefore treated as separate reports. Five empirical studies were identified for consideration.<sup>1-5</sup>

Achieving a reliable definition of what constitutes empirical and non-empirical research in this field was not easy, since many papers border between accounts of education practice /routine course evaluation and descriptive or evaluative research.

### **Quality assurance**

The review team endeavoured to achieve consistency and reliability at all stages as follows:

- *Screening of titles and abstracts (first stage)*: 20% of all first stage screening was undertaken independently by two members of the review team, achieving 93% reliability. Where there was uncertainty or discrepancy in reviewer judgements these were addressed in team discussion and agreement reached.
- *Screening of full reports*: 100% of the full reports were double-screened separately by two reviewers, achieving 90% reliability. Any disagreements or difficulties in application of inclusion/exclusion criteria were resolved in discussion.
- *Keywording studies*: Two research team members piloted the keywording strategy to establish consistency by independently coding five full reports (20%), then conferring to establish reliability. Uncertainty or discrepancy between reviewers' judgements was addressed in team discussion, to achieve clarification and consensus.

## Appendix 4: Keywording and data extraction strategies

### Keywording strategy

Item	Code	Text
<b>Linked reports</b>	<ul style="list-style-type: none"> <li>• Not linked</li> <li>• Linked</li> </ul>	Give details
<b>Status</b>	<ul style="list-style-type: none"> <li>• Published</li> <li>• In press</li> </ul>	
<b>Location</b>	<ul style="list-style-type: none"> <li>• UK</li> <li>• Europe</li> <li>• USA</li> <li>• Australia</li> <li>• Other (please specify)</li> <li>• Not specified</li> </ul>	Give details
<b>Type of study</b>	<ul style="list-style-type: none"> <li>• Empirical – evaluation</li> <li>• Empirical – descriptive</li> <li>• Non-empirical – descriptive</li> <li>• Non-empirical – other</li> </ul>	Give details
<b>Summary</b> (brief outline of topic, findings, arguments, conclusions – no more than 100 words)		Give details
<b>HGDOP programme/course</b> name, location and type (eg undergraduate/postgraduate)	<ul style="list-style-type: none"> <li>• Programme details</li> <li>• N/A</li> <li>• Improving</li> </ul>	<ul style="list-style-type: none"> <li>• Give details</li> </ul>

<p><b>Aims of HGDOP teaching and learning</b> (explicit or implicit) (tick all that apply)</p>	<p>understanding of human development and older people</p> <ul style="list-style-type: none"> <li>• Changing attitudes towards older people in context of human development</li> <li>• Improving quality of practice</li> <li>• Improving outcomes for users and carers</li> <li>• Other</li> <li>• Not specified</li> </ul>	
<p><b>Professional focus</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Uni-professional learning</li> <li>• Inter-professional learning</li> <li>• Not specified</li> </ul>	<p>Give details</p>
<p><b>HGDOP process focus</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Teaching and learning</li> <li>• Assessment</li> <li>• Course management/organisation</li> <li>• Other</li> <li>• Not specified</li> </ul>	<p>Give details</p>
<p><b>Participants in HGDOP organisation/management</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Social work educators</li> <li>• Other educators</li> <li>• Social work practitioners – managers (including practice assessors)</li> <li>• Other practitioners – managers</li> <li>• Users/carers/ community members</li> <li>• Other</li> <li>• Not specified/n/a</li> </ul>	<p>Give details</p>

<p><b>Participants in HGDOP teaching/learning/assessment</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Social work educators</li> <li>• Other educators</li> <li>• Social work practitioners – managers (including practice assessors)</li> <li>• Other practitioners – managers</li> <li>• Users/carers/ community members</li> <li>• Other</li> <li>• Not specified/n/a</li> </ul>	<p>Give details</p>
<p><b>Pedagogical methods</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Formal didactic/ received learning</li> <li>• Group work</li> <li>• Enquiry/problem-based learning</li> <li>• Classroom-based experiential learning</li> <li>• Practice learning</li> <li>• Other</li> <li>• Not specified</li> </ul>	<p>Give details</p>
<p><b>HGDOP setting</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Classroom/higher education institute (HEI)</li> <li>• Practice learning</li> <li>• Both</li> <li>• Other</li> <li>• Not specified</li> </ul>	<p>Give details</p>
<p><b>Curriculum organisation</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Topic-based</li> <li>• Theory-based</li> <li>• Linear/sequential</li> <li>• Rights-based</li> <li>• Other</li> <li>• Not specified</li> </ul>	<p>Give details</p>



<p><b>HGDOP curriculum content</b> (academic or practice learning) (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Developmental processes</li> <li>• Positive ageing</li> <li>• Values/attitudes/anti-oppressive practice (AOP)</li> <li>• Skills work</li> <li>• Professional practice/teamwork</li> <li>• Reflective or evidence-based practice</li> <li>• Other</li> <li>• Not specified</li> </ul>	<p>Give details</p>
<p><b>Status of HGDOP initiative(s)</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Brief discrete initiative eg one visit/session</li> <li>• Substantial discrete initiative eg significant module component</li> <li>• Embedded in other modules</li> <li>• Not specified/n/a</li> </ul>	
<p><b>Stage of student education</b> (tick all that apply)</p>	<ul style="list-style-type: none"> <li>• Early (eg first year)</li> <li>• Undergraduate/Master's</li> <li>• Middle (eg second year undergraduate)</li> <li>• Late (final year)</li> <li>• Throughout</li> <li>• Not specified/n/a</li> </ul>	

<b>Theory/concepts in use</b> (state if explicit or implicit) (tick all that apply)	<ul style="list-style-type: none"> <li>• Psychological</li> <li>• Sociological</li> <li>• Psychosocial</li> <li>• Socio/biological</li> <li>• Ecological/systems</li> <li>• Equalities/rights-based</li> <li>• Critical gerontology</li> <li>• Other</li> <li>• None specified</li> </ul>	
<b>Key informants of study</b> (tick all that apply)	<ul style="list-style-type: none"> <li>• Students</li> <li>• Educators</li> <li>• Practitioners/managers</li> <li>• Users/carers</li> <li>• Author only</li> <li>• Other</li> <li>• Unclear</li> </ul>	Give details
<b>Main HGDOP outcomes considered in study</b> (tick all that apply)	<ul style="list-style-type: none"> <li>• Participant reactions</li> <li>• Changed attitudes/perceptions</li> <li>• Acquisition of knowledge/understanding</li> <li>• Acquisition of skills</li> <li>• Improved professional behaviour/quality of practice</li> <li>• Improved outcomes for users/carers</li> <li>• Other</li> <li>• Not specified/n/a</li> </ul>	Give details
<b>Main findings/claims about HGDOP</b>	<ul style="list-style-type: none"> <li>• Predominantly positive</li> <li>• Predominantly negative</li> <li>• Inconclusive /mixed</li> <li>• Other</li> <li>• N/A</li> </ul>	Give details
<b>Suitable for data extraction</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Possible (why?)</li> <li>• No (why?)</li> </ul>	Give details

## **Data extraction strategy**

### **Section A: Administration details**

A.1. Name of reviewer

A.1.1. Please specify

A.2. Date of review

A.2.1. Please specify

A.3. Title of main paper and date of publication

A.3.1. Please specify

A.4. Author(s)

A.4.1. Please specify

A.5. Linked reports

A.5.1. Details

A.5.2. Not applicable (no linked reports)

### **Section B: Study aim(s), rationale and research questions**

B.1. Please describe the study's aims and research questions

B.1.1. Details

### **Section C: Nature of education intervention**

C.1. Please outline the type of education intervention with which the study is concerned (eg course/module type, level, participants, mode of delivery, primary focus)

C.1.1. Details

C.1.2. Not applicable (not focused on specific education intervention)

C.2. Does the education intervention draw on any theoretical/conceptual frameworks? Please give details

C.2.1. Details

C.2.2. Not applicable (no theoretical/conceptual frameworks identified)

## **Section D: Nature of study**

D.1. Which study type and design does this report describe? (eg descriptive; pre and/or post test evaluation; comparison/controls)

D.1.1. Details

D.2. Which variables does the study seek to measure or examine? (please specify whether measured or not)

D.2.1. Baseline characteristics (of sample)

D.2.2. Intervention characteristics

D.2.3. Outcomes

D.2.4. Facilitators/barriers

D.2.5. Other

D.2.6. Not stated/unclear

D.3. Are comparisons made between two or more groups? (please give details eg number of groups, basis for allocation and/or comparison of groups)

D.3.1. Details

D.3.2. Not applicable (not more than one group)

D.4. What is the sampling strategy? (eg how is the sample selected, is it intended to be representative)

D.4.1. Details

D.4.2. Not stated/unclear

D.5. How were participants recruited? (comment on incentives, consent etc)

D.5.1. Details

D.5.2. Not stated/unclear

D.6. What was the sample size/number of study participants?

D.6.1. Details

D.6.2. Not stated/unclear

D.7. What were the participant characteristics? (eg age, gender, ethnicity, academic

level)

D.7.1. Details

D.7.2. Not stated/unclear

D.8. Who collected the data? (eg independent researcher, educator)

D.8.1. Details

D.8.2. Not stated/unclear

D.9. Which methods were used to collect the data? (eg routine formal/informal course evaluation, research interview/questionnaire/focus group; research tools used, etc)

D.9.1. Details

D.9.2. Not stated/unclear

D.10. Please comment on reliability and validity of data collection methods

D.10.1. Details

D.11. What are the main methods of analysis used in the study?

D.11.1. Details

D.11.2. Not stated/unclear

D.12. Please comment on reliability and validity of data analysis methods

D.12.1. Details

## **Section E: Findings and conclusions**

E.1. Please summarise the findings of the study (indicating if possible where positive/negative mixed/other, where statistically significant)

E.1.1. Outcomes of education intervention

E.1.2. Facilitators/barriers to HGDOP

E.1.3. Other

E.2. Please summarise the conclusions/recommendations of the study

E.2.1. Details

E.2.2. Not stated/unclear

## **Section F: Quality and relevance of the study**

F.1. Please comment on strengths and limitations of the study in addressing its own questions

F.1.1. Quality of reporting (including bias, gaps)

F.1.2. Choice of research design

F.1.3. Sampling

F.1.4. Data collection methods (including reliability, validity)

F.1.5. Data analysis methods (including reliability, validity)

F.1.6. Ethics

F.2. Weight of evidence A: taking account of all quality assessment issues, can the study findings be trusted in answering the study's own question or sub-question(s)?

F.2.1. High trustworthiness

F.2.2. Medium trustworthiness

F.2.3. Low trustworthiness

F.3. Weight of evidence B: how appropriate is the design of this study for addressing the question(s) of this particular review?

F.3.1. High appropriateness

F.3.2. Medium appropriateness

F.3.3. Low appropriateness

F.4 Weight of evidence C: how relevant is the particular focus of this study for addressing the question(s) of this particular review? (conceptual, type and context of intervention and respondents, type of outcomes considered etc)

F.4.1. High relevance

F.4.2. Medium relevance

F.4.3. Low relevance

F.5. Weight of evidence D: taking into account weights of evidence A, B and C, what is the overall weight of evidence this study provides to answer the question(s) of this particular review?

F.5.1. High weight of evidence (please specify)

F.5.2. Medium weight of evidence (please specify)

F.5.3. Low weight of evidence (please specify)

## Appendix 5: Data extracted studies

Study	Aims of the study	HGDOP intervention	Study design	Findings and conclusions
<p>Birkenmaier, J., Behrman, G. and Berg-Weger, M. (2005)<sup>1</sup> Low weight of evidence</p>	<ul style="list-style-type: none"> <li>To provide a framework for exploring and integrating spiritual beliefs in service provision for older people.</li> <li>To provide an overview of spiritual aspects of human development and information about the integration of ageing and spirituality.</li> <li>To encourage student self-reflection about spirituality and its impact on their professional practice.</li> <li>More generally to improve understanding of human development and older people.</li> </ul>	<ul style="list-style-type: none"> <li>US-based study. A discrete and voluntary module linked to the practicum of a social work programme, including both undergraduates and postgraduates.</li> <li>Provided by academic staff, participants are students and field instructors, from a range of placement settings for older people.</li> <li>Explores spiritual beliefs in service provision for older people, the spiritual aspects of human development and issues of integration of ageing and spirituality to promote positive ageing.</li> <li>Includes student self-reflection on spirituality and its impact on their professional practice.</li> <li>Involves three four-hour group sessions in joint student/practice teacher groups.</li> <li>Includes: pre-reading, meditations, self-reflection and questions challenging 'binary thinking' about spirituality and ageing.</li> </ul>	<ul style="list-style-type: none"> <li>Non-experimental design, pre-test, post-test using questionnaire, plus post-test focus groups (one for students, one for field instructors).</li> <li>Convenience sample of eight students and their eight field instructors.</li> <li>Quantitative and qualitative analysis of the impact of the module on students' and field instructors' attitudes and skills.</li> <li>The questionnaire was not tested for reliability or validity. However, the authors triangulated this with focus group data to help flesh out internal validity.</li> <li>The authors who facilitated the focus groups were not the educators involved in the classroom</li> </ul>	<p>The findings were predominantly positive. Students and field instructors reported:</p> <ul style="list-style-type: none"> <li>increased awareness of the value of focusing on spirituality in assessment and work with older people</li> <li>an increased feeling of competence to perform a spiritual intervention</li> <li>greater willingness to raise issues of spirituality in practice.</li> </ul> <p>Field instructors recommended the introduction of a spirituality module relevant to all client groups. However:</p> <ul style="list-style-type: none"> <li>in qualitative focus groups, students still indicated some level of discomfort in integrating learning into direct practice</li> <li>students gave very little report of actually having used any spiritual assessment/intervention in their practice.</li> </ul> <p>Facilitators: students found the use of guided meditations, direct work with older people and modelling assessment skills very helpful.</p> <p>Barriers: they identified institutional barriers to incorporating spirituality into assessment and practice including:</p> <ul style="list-style-type: none"> <li>bureaucratic obstacles and lack of time</li> <li>the need for coordination and consensus between professionals in multi-professional settings.</li> </ul>



		assessment format.	sessions.	
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Study	Aims of the study	HGDOP intervention	Study design	Findings and conclusions
<p>Browne, C., Braun, K., Mokuau, N. and McLaughlin, L. (2002)<sup>2</sup></p> <p>Medium weight of evidence</p>	<p>To describe the development of a curriculum and course, which aims to:</p> <ul style="list-style-type: none"> <li>improve student understanding of human development and older people, including normal ageing, and major psychosocial issues</li> <li>improve understanding of the ecological model, strengths perspective and empowerment theory</li> <li>increase knowledge about diverse cultures</li> <li>develop skills in cultural competence and the awareness of the impact of ageism on students' practice.</li> </ul>	<p>US-based initiative to develop a set of competencies in and curriculum for culturally competent interdisciplinary practice with older people. Focus is on learning and development both of students (MSW) and practitioners. The course was an elective for social work students, working with older people. Initiative developed and managed in partnership with agencies. The initiative includes:</p> <ul style="list-style-type: none"> <li>13-week field-based curriculum for students during their practice placement, to provide continuing education to all project partners including field instructors. The curriculum included practice-based seminars providing opportunities to practice assessment skills using case studies</li> <li>two university-based required modules for the ageing elective including: normal ageing, assessment and intervention plus a new elective 'Diversity and the</li> </ul>	<p>This study is predominantly descriptive of a multi-stranded approach to gerontological education. However, it also includes an element of independent evaluation.</p> <ul style="list-style-type: none"> <li>Pre and post-test questionnaires with small student sample (<math>n = 12</math>) from one 2000–01 cohort.</li> <li>Evaluation focuses on the development of knowledge and skills related to cultural competency, and inter-disciplinary work.</li> <li>The evaluation also draws on a survey of and interviews with the project team and project participants although no details about the survey are provided.</li> <li>Little information provided about data collection methods on which to judge reliability or validity.</li> </ul>	<p>Predominantly positive findings</p> <p>All 12 students in the sample report:</p> <ul style="list-style-type: none"> <li>feeling competence and confidence about 'intervening with Asian and Pacific Islander elders and older women'</li> <li>confidence about their role in inter-disciplinary teams, and in interviewing skills</li> <li>they understood normal ageing, and the application of the ecological model, empowerment theory and the strengths perspective</li> <li>11/12 felt they were knowledgeable about common ethical dilemmas faced in elder care</li> <li>11/12 also claimed to understand their roles in policy analysis, programme evaluation and resource development</li> <li>7/12 felt competent to assess elder abuse; or felt knowledgeable about the full range of social work interventions with older people.</li> </ul> <p>Consortium members are reported to have felt a 'high level of satisfaction with all project activities'.</p> <p>Facilitators: the strong commitment of all community partners.</p> <p>Barriers: sustainability and resource implications – initiatives like this require the infusion of monies to support the work of the practitioners involved, and allow some buy-out of faculty to support the project.</p>

	*	Ageing Experience:	<ul style="list-style-type: none"><li>• No discussion of pre-test scores or change over time.</li></ul>	
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Study	Aims of the study	HGDOP intervention	Study design	Findings and conclusions
<p>Diepstra, S.A. and Ames, N. (2006)<sup>3</sup> Medium weight of evidence</p>	<ul style="list-style-type: none"> <li>To evaluate how involvement in an oral history project with older adults influenced: <ul style="list-style-type: none"> <li>students' personal awareness</li> <li>understanding of lifespan development</li> <li>knowledge about old age.</li> </ul> </li> <li>To incorporate key teaching and learning concepts into human behaviour in the social environment (HBSE) modules.</li> <li>To structure an assignment to ensure that students demonstrated systematic knowledge about social and political contexts and awareness of how older people developed meaning in their</li> </ul>	<ul style="list-style-type: none"> <li>US-based project which required students to be paired with an older person to take part in a semester-long oral history project.</li> <li>The students were enrolled on the first year social work programme in two universities. This project was included in the HBSE module.</li> <li>The older people were volunteers from adult day care facilities or living in residential care homes.</li> <li>Before the project started students were prepared through question and answer sessions, including information about confidentiality and interviewing techniques.</li> <li>Discussions and assignments included reflective journals to facilitate the</li> </ul>	<ul style="list-style-type: none"> <li>Quantitative and qualitative evaluation, pre and post-test self-report using convenience sample of 63 students. All 63 completed pre-test, 60 completed post-test.</li> <li>Uses adaptation of standardised questionnaire used by Hertford Geri Enrichment project.</li> <li>Examines process outcomes (student feedback on the course) and changes in student attitudes and knowledge.</li> <li>No comparison or control group.</li> <li>Sample appears to be most of the relevant student population. The sample is mainly female and almost all white. Authors say this is representative of the student population, presumably at the two universities.</li> </ul>	<p>Findings were mixed, and qualitatively more positive about student perceptions of the course, than quantitatively in changing attitudes or interest.</p> <p>No significant change pre to post-test in three of the four quantitative measures of student attitude:</p> <ul style="list-style-type: none"> <li>towards older adults</li> <li>interest in learning more about older adults</li> <li>interest in working with older adults.</li> </ul> <p>Qualitative data suggest a significant improvement in student self-perceptions of their ability to work with older adults (however, this is perceived ability, or confidence, rather than actual ability). Students were most positive about:</p> <ul style="list-style-type: none"> <li>their developing ability to communicate with older people</li> <li>their learning about themselves (their own interpersonal skills, characteristics, values and preferences)</li> <li>improved understanding of the effects of age, race, ethnicity, religion, culture and social class on development across the lifespan.</li> </ul> <p>Barriers: the logistics of visits were difficult to manage and student feedback suggested the need for improved arrangements for selecting and screening prospective oral history partners.</p>



Study	Aims of the study	HGDOP intervention	Study design	Findings and conclusions
<p>Dorfman, L.T., Evans, R.J., Ingram, J.G. and Murty, S. (2002)<sup>4</sup></p> <p>High weight of evidence</p>	<ul style="list-style-type: none"> <li>US-based study that aims to describe and evaluate a service learning initiative as part of an introductory, interdisciplinary course on gerontological social work.</li> <li>Service learning intervention aims to improve understanding, and change student attitudes to older people in the context of human development.</li> <li>Students are engaged in one-to-one contact with older people in a rural community setting.</li> </ul>	<ul style="list-style-type: none"> <li>An optional semester-long service learning project embedded in an introductory interdisciplinary gerontology course. It includes students from social work and other disciplines.</li> <li>The course covers biological, social, and psychological ageing.</li> <li>Thirteen service learning students were recruited and trained. They were paired with older people in nursing homes or semi-independent living in a small rural town.</li> <li>The focus is on preparation and support of students engaged in experiential learning through completing oral history projects.</li> <li>Students make four four-hour visits including visiting social care resources for older people.</li> </ul>	<p>A quasi-experimental, prospective study, which describes and evaluates the impact of a service learning initiative. It involves comparison on standardised attitude tests between:</p> <ul style="list-style-type: none"> <li>the 'experimental' service learning student group (SL) (<math>n = 13</math>) and the control non-service learning group (NSL) (<math>n = 36</math>) otherwise undertaking the same course</li> <li>pre and post-test comparison within and between groups.</li> </ul> <p>Additional qualitative data collected:</p> <ul style="list-style-type: none"> <li>from pre and post-test questionnaires to service learning students about their attitudes and the perceived value of the project</li> <li>from participating older people interviewed about their reflections on the experience.</li> </ul>	<p>Predominantly positive findings:</p> <ul style="list-style-type: none"> <li>between pre and post-test (improvement in attitudes for all students post-test)</li> <li>between SLs and NSLs (SLs had a slightly greater improvement in attitudes)</li> <li>qualitative feedback from SL students was primarily positive; from older participants the feedback was wholly positive.</li> </ul> <p>There were few differences at pre-test between the SL group and matched group. At post-test:</p> <ul style="list-style-type: none"> <li>the SLs were marginally more positive on the 'General Attitudes towards the Elderly Scale'</li> <li>the SLs had marginally more positive attitudes towards working with older people than the NSLs.</li> </ul> <p>SL students' reflections on the learning experience:</p> <ul style="list-style-type: none"> <li>the majority of SLs reported enhancement of class learning, reporting increased knowledge and understanding, particularly about elders from rural communities</li> <li>the majority were positive or accepting about their own ageing.</li> </ul> <p>The older people were all positive about the experience, particularly the reciprocal interaction. They did not make any recommendations about the future of the course.</p> <p>Facilitators and barriers: students valued the service learning experience but had concerns</p>

		<ul style="list-style-type: none"><li>• Students keep weekly reflective journals and make presentations to the whole class.</li></ul>		about additional time and workload required.
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Study	Aims of the study	HGDOP intervention	Study design	Findings and conclusions
<p>Gray, J.I. and Kabadaki, K. (2005)<sup>5</sup> Low weight of evidence</p>	<ul style="list-style-type: none"> <li>The aims of this US-based study are to describe in detail a strengths-based HSBE curriculum.</li> <li>The curriculum is designed to help students to: <ul style="list-style-type: none"> <li>understand human development and functioning (particularly human relationships)</li> <li>apply human behaviour knowledge to increase self-awareness and personal and professional development</li> <li>incorporate a strengths perspective to help them improve their knowledge about and skills in assessing older adults.</li> </ul> </li> </ul>	<p>A classroom-based HBSE curriculum for second year undergraduate students. The range of teaching and learning activities includes:</p> <ul style="list-style-type: none"> <li>the use of video clips and dramatic vignettes to illustrate positive ageing</li> <li>time line exercises enabling students to think about their future and to identify wishes and concerns</li> <li>developmental milestone presentations</li> <li>contributions by older adults ('elders as experts')</li> <li>students undertake observations at day centres and report back to the class</li> <li>students complete an individual interview with an older person to explore their life experiences and development</li> <li>an ongoing focus on the development of computer skills and research competence.</li> </ul>	<ul style="list-style-type: none"> <li>Primarily a descriptive study with limited detail of the methods of the evaluation.</li> <li>This just qualifies as an empirical study because a small amount of evaluation data are sourced from students.</li> <li>The study draws on post-test questionnaire data collected from students, and also qualitative student evaluation comments.</li> <li>Little detail is given about how this material has been collected and analysed.</li> <li>Reference is also made to a separate study in which this course was evaluated. This was part of larger Gero-rich pre and post-test evaluation project. No detail is given about that study, nor is it referenced, but mention is made to its positive findings in terms of achieving</li> </ul>	<p>The findings are predominantly positive. Students rated the usefulness of curriculum activities and assignments at 4.1 on the Likert 5-point scale. Student comments were also reported as 'consistently positive' about the new curriculum, particularly the enhanced level of participation that they felt improved their capacity to retain knowledge. The authors conclude with the expressed hope that the integration of the module they describe into programme curricula will:</p> <ul style="list-style-type: none"> <li>broaden students' perspectives</li> <li>develop their abilities to assess older adults</li> <li>enable students to engage in social work practice that includes dialogue and focuses on strengths and resilience, not pathology.</li> </ul>



			student attitude change.	
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## Appendix 6: Definitions of theories and concepts adopted in the review

Many studies made passing reference to the theoretical and conceptual approach informing the paper, often by listing a range of perspectives that were expected to inform students' learning. Because of this lack of detailed attention it was difficult to categorise this area of the review, since the range of theoretical and conceptual perspectives mentioned as relevant in any one paper were not necessarily accompanied by related discussion or analysis. The following definitions were identified in the scoping study and subsequently refined for this review.

<b>Psycho-social</b>	Students learn from an approach which emphasises the dynamic relationship between the whole person and the social context throughout the lifespan
<b>Rights and equalities</b>	A rights and equalities approach provides a theoretical framework for students to learn how to practice anti-oppressively. There is a particular emphasis on anti-ageist approaches with an acknowledgement of the impact of interacting disadvantage
<b>Ecological/systems approach</b>	Students learn from an ecological perspective linked to a lifespan approach. This includes knowledge of biological, sociological, cultural, psychological and spiritual development across the lifespan, social systems and their impact on the individual. At the end of the course, students should be able to 'Critically appraise research and theories related to humans and their environment for use in generalist social work practice' ( <sup>5</sup> , p 56)
<b>Socio-biological</b>	In this approach students learn about the interaction between biology and old age and how biological ageing interacts with structural factors
<b>Critical gerontology</b>	Students learn by exploring the experience of older people including the physiological, psychological, sociological and political dimensions of later life and challenging dominant discourses that problematise old age
<b>Sociological</b>	Students learn by exploring the political, economic and historical location of old age, including social roles and stratification
<b>Psychological</b>	In this approach students focus more on developmental processes from an individual perspective, learning from the work of theorists such as Erikson <sup>40,41</sup> and Levinson <sup>49</sup>

## Appendix 7: Additional data from the 24 papers in the HGDOP map\*

\* In this appendix the section numbers follow those in Section 3 of the main review with additional sub-sections included. To avoid confusion with the main review, tables are not numbered.

### 3.2. HGDOP studies: type and quality

#### 3.2.1. Study location and publication

##### Location of study

Location of study	Number of studies
US	23
UK	1

All but one<sup>8</sup> of the 24 included studies were from the US. All have been published. Most were published since 2000, with three older studies. The oldest study included was published in 1988.<sup>7</sup>

##### Publication date

Date of study	Number of studies
2000 to present	21
1990–99	2
1980–89	1

#### 3.2.2. Type of study

##### Type of study

Type of study	Number of studies
Empirical – evaluation	8
Empirical – descriptive	6
Non-empirical – descriptive	7
Non-empirical – other	3

Ten studies were designated either ‘non-empirical – descriptive’<sup>11, 13, 17, 18, 20, 23, 24</sup> or ‘other’.<sup>16, 19, 22</sup> In both these categories the papers focused mainly on explorations of curriculum initiatives, considering specific modules or the ‘infusion’ of material throughout the curriculum. Twenty of the 24 papers reported in this review described or evaluated pedagogical innovations. The remaining four papers<sup>8, 13, 18, 22</sup> provided a critique of current human growth and development and older people (HGDOP) curricula with a more general discussion of the implications for the HGDOP curriculum.

Of these four papers, Chambers<sup>8</sup> took a critical gerontological and feminist perspective; Sherr and Blumhardt<sup>22</sup> challenged the adequacy of current theoretical frameworks to encompass the position of older rural women; Crewe<sup>13</sup> argued for the inclusion of ethno-gerontological theories and Kane and Houston-Vega<sup>18</sup> focused on the need for inclusion of dementia when exploring diversity.

The definition of empirical studies arrived at was:

- giving some indication of research methodology (for example, who was researched, how)

and/or

- giving some data/findings that are clearly sourced from informants other than the author alone.

Only a minority of all studies reported focused solely on HGDOP. There was greater preoccupation with human growth and development as part of a wider concern to evaluate or describe gerontological initiatives. Of the eight empirical evaluation papers three had a primary focus on HGDOP<sup>3-5</sup> or aspects of HGDOP.<sup>1</sup> In the remaining papers in this group<sup>2, 10, 12, 15</sup> HGDOP was included as part of a wider evaluation.

A minority of studies<sup>1, 2-4, 15</sup> sought to evaluate the effectiveness of initiatives, pre and post-test. Two studies<sup>5, 10</sup> reported on a post-test evaluation only, although one of these,<sup>5</sup> and another empirical study,<sup>12</sup> referred to pre and post-test evaluations but did not supply details of one or both elements. Seven of the eight empirical studies reported on a substantial discrete initiative. The eighth<sup>15</sup> explored an embedded approach. Slightly less than half of the empirically evaluated studies reported feedback from students. Dorfman et al<sup>4</sup> was the only study to report feedback from users and carers.

In the six papers identified as empirical descriptive there was little or no evaluation of data, although some outlined varying degrees of qualitative feedback.<sup>14, 25</sup>

Within all categories where the sample sizes were reported, they were mostly under 50. The only exceptions were Eun-Kuong et al,<sup>15</sup> with a sample of 164 students, and Downey and Miles,<sup>14</sup> which referred to an analysis of 150 student reports over five years.

### 3.3. Aims and theories of HGDOP

#### 3.3.1. Aims of HGDOP teaching and learning

All studies identified at least one aim in relation to HGDOP. All but one paper<sup>21</sup> indicated more than one teaching and learning aim.

#### Aims of HGDOP teaching and learning\*

Aims of HGDOP teaching and learning	Number of studies
Improving understanding of human development and older people	22
Improving quality of practice	17
Changing attitudes towards older people in context of human development	16
Other	8
Improving outcomes for users and carers	6

Note: \* Not mutually exclusive.

As the table above demonstrates, the most frequently cited aim was to improve understanding of HGDOP, cited explicitly in all but two papers.<sup>16, 21</sup> Papers varied greatly in the level of detail provided in relation to this aim. For example, Dorfman et al<sup>4</sup> mentioned as an aim that students 'learn about' older people in rural communities while Diepstra and Ames (<sup>3</sup>, p 117) reported that, 'The assignment was structured to allow students to explore systematically how the older narrators ... developed meaning in their lives in the context of historical, social, economic, political, and cultural realities often much different from the students' own'. The only interprofessional programme reported in this review<sup>4</sup> focused on improving understanding and attitudes and did not include improved practice or improved outcomes for users and carers as aims.

In 11 of the studies with the stated aim of improving understanding of HGDOP,<sup>1-5, 9-11, 14, 18, 20, 23, 25</sup> both classroom and practice learning settings were used. In nine, the classroom was the only setting used.<sup>12, 13, 17-20, 22-24</sup> Of the remaining two studies in this group, one, Abramson et al,<sup>7</sup> specified a practice-based setting. In her theoretical paper Chambers<sup>8</sup> did not specify the setting. Where the aim was changing attitudes, a combination of classroom and practice was twice as likely to be used as classroom alone.

Changing attitudes was a major objective of 16 papers.<sup>1-5, 7-12, 14, 18, 20, 23, 25</sup> Seventeen studies also had as an aim the improvement of the quality of social work practice.<sup>1, 2, 5, 8, 9, 11, 13-16, 18-20, 22-25</sup> Improved outcomes for users and carers was an explicit teaching and learning aim for a smaller number of studies.<sup>2, 7, 8, 12, 17, 22</sup> The four studies<sup>4, 10, 15, 16</sup> with the stated aim of increasing interest in gerontological social work as a career option had between them a range of related aims, from increased understanding,<sup>15</sup> changes in attitude<sup>4, 10</sup> and improvement in practice.<sup>16</sup> Studies that identified a range of (usually more specific) aims (for example, including those such as involving students in understanding rural settings,<sup>4</sup> encouraging student self-reflection<sup>1</sup> and increasing access to training for residential staff<sup>7</sup> were also included in the 'other' category.

Where aims included improving understanding, changing attitudes or improving the quality of practice, participants in learning and teaching were more likely to include users and carers. Half of the studies with each of these aims included users and carers in teaching and learning.<sup>3-5, 9-11, 14, 17, 20, 24, 25</sup> Users, carers and community members were represented in about the same proportions as social work practitioners/managers and other practitioner/managers combined.

All eight of the empirically evaluated studies had as an aim improved understanding of HGDOP, and all but one<sup>15</sup> aimed to change student attitudes towards older people. Four aimed to evaluate the quality of practice,<sup>1, 2, 5, 15</sup> but only Browne et al<sup>2</sup> and Corley et al<sup>12</sup> had as an aim the evaluation of improved outcomes for users and carers. The empirical evaluated studies were more likely than other studies to include an increased interest in gerontological social work as a career as an aim.<sup>4, 10, 15</sup> Two also had more specific aims, for example, 'to involve students in meaningful interactions in a rural community setting'<sup>4</sup> or encourage student self-reflection.<sup>1</sup>

### 3.3.2. Theories and concepts in use

The theories and concepts reported in the papers related both to HGDOP and to pedagogical theory. In most studies, the emphasis was on one or other of these, but not both.

#### Theories and concepts in use

Theories and concepts in use	Number of studies
Psychosocial	15
Equalities/rights-based	14
Ecological/systems	10
Other	10
Socio/biological	7
Critical gerontology	6
Sociological	6
Psychological	3
Not specified	1

The overall impression gained from the studies included was that the conceptual and theoretical analysis of human growth and development (HGD) received little attention

in this literature. Across all studies, Erikson<sup>40, 41</sup> was the theoretician most cited (for example, in <sup>11, 13, 23, 24</sup>), followed by Germain and Gitterman<sup>42</sup> (for example, in <sup>3, 7, 22</sup>). In relation to HGDOP theories, all studies made some statement indicating the range of areas drawn on as the theoretical context for HGDOP teaching and learning (for example, physiological, psychological, sociological etc), and 10 papers<sup>1-3, 5, 8, 11, 13, 22-24</sup> engaged in more sustained theoretical analysis of the rationale for their approach. Of these 10 studies, six gave some focus to rights and equalities approaches.<sup>2, 5, 8, 11, 13, 22</sup> For example, Crewe<sup>13</sup> drew on the concept of ethno-gerontology within an ecological perspective to explore the relationship between biographical diversity and cultural factors. Five of the 10 papers specifically mentioned an ecological approach.<sup>2, 5, 13, 22, 23</sup> Sherr and Blumhardt,<sup>22</sup> for example used 'a multidimensional approach' to consider the application of Germain and Glitterman's<sup>42</sup> theories about 'goodness of fit' between individuals and their environment in order 'to holistically portray the heterogeneity of rural elderly women' (<sup>22</sup>, p 49). Chambers<sup>8</sup> drew on critical gerontological concepts to challenge dominant discourses that 'problematise' female old age and widowhood. Birkenmaier et al<sup>1</sup> and Diepstra and Ames<sup>3</sup> drew on psychosocial theories, with Birkenmaier et al<sup>1</sup> focusing on research on spirituality, social support and coping to inform their approach to teaching and learning about spirituality in old age. Socio-biological aspects of aging received no sustained theoretical attention in any of the papers reviewed, except in relation to perceptions of dementia, which were explored by Kane and Houston-Vega.<sup>18</sup> The theories and concepts identified in these papers are set out in the table above, with an indication of the number of papers that identified particular approaches. Many studies only made passing reference to the theoretical and conceptual approach informing the paper, often by listing a range of perspectives that were expected to inform students' learning (for example, knowledge of the relationships 'between bio-psycho-social-cultural-spiritual systems',<sup>17</sup>, p 414). Because of this lack of detailed attention it was difficult to categorise this area of the review since the range of theoretical and conceptual perspectives mentioned as relevant in any one paper were not necessarily accompanied by related discussion or analysis. This was a particular issue in relation to the categories 'psycho-social' and 'ecological' since several studies (for example, <sup>1, 3</sup>) expressly mentioned consideration of factors related to the wider environment but situated this within a psycho-social approach. There was much of interest in the papers that focused on theorising or conceptualising teaching and learning. Of the 10 papers identified as 'other', three concentrated on theorising the 'infusion' model' and its application to curriculum development.<sup>12, 16, 21</sup> 'Infusion' was theorised as a 'spiral', aiming to 'articulate the interconnections among early and later life experiences' (<sup>16</sup>, p 16). Eun-Kyoung et al,<sup>15</sup> categorised in the table above as 'non-specified', also focused on infusion, with less attention to theoretical concepts. The other seven<sup>3-5, 8-10, 14</sup> explored in some detail theoretical and conceptual development related to specific teaching and learning approaches. It was noteworthy that six studies focused attention on the theories underpinning oral history/narrative approaches.<sup>3-5, 8, 9, 14</sup> Three studies<sup>3, 4, 14</sup> outlined theoretical approaches to 'service learning', defined as an approach which encompasses interactions between students and older people in local community settings designed as a means of 'acquir(ing) experiences that will enhance classroom learning' (<sup>5</sup>, p 175 in <sup>6</sup>, p 723). Cohen et al<sup>9</sup> explored the use of focus groups as an approach to learning. The main pedagogical theories in use in these papers are set out in the table below.

### Theories and concepts in relation to pedagogy of HGDOP

Infusion (4 studies)	This approach argues that students learn about HGDOP through the development of an 'infused' curriculum. Learning about older people is located
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	within the perspective of the total lifespan rather than the separation of later life suggested by a specific module.
Oral history/narrative approaches (6 studies)	A means of accessing the life stories/biographies of older people in order to develop understanding of their life experience and its diversity.
Service learning (3 studies)	A vehicle for encouraging integrative learning across a number of dimensions: linking practice and classroom based learning, encouraging reflective practice and skill development. Students learn by directly engaging with older people.

### 3.4. Characteristics of HGDOP

#### 3.4.1. HGDOP process focus

##### HGDOP process focus

HGDOP process focus	Number of studies
Teaching and learning	23
Course management/organisation	13
Assessment	6
Other	1

A majority of studies (all but 21) focused on questions of teaching and learning in HGDOP. Thirteen, including Ranney et al,<sup>1-5, 7, 9-12, 15, 16, 21</sup> focused on course management and organisation and six<sup>3, 14, 15, 17, 20, 24</sup> included a focus on assessment. In those papers discussing teaching and learning, the main point of interest was that HGDOP material was delivered using a range of overarching frameworks. These included feminist,<sup>8</sup> ethno-gerontology,<sup>13</sup> ecological theory,<sup>7</sup> and the stress/resiliency framework<sup>24</sup>. Nine papers reported initiatives to infuse content about specific topics or service user groups into an existing curriculum, including cross-cultural understanding,<sup>2, 20</sup> spirituality,<sup>1, 11</sup> dementia,<sup>18</sup> older chronically mentally ill people,<sup>7</sup> the growing significance of grandparents as providers of kinship care,<sup>17</sup> older people with learning disabilities<sup>19</sup> and rural older women.<sup>22</sup>

The 13 papers that discussed course organisation and management provided some interesting and useful descriptions of the ways in which curriculum development was approached. Several described the developmental work undertaken with practice teachers and other community partners.<sup>1-4, 7, 9, 11</sup> For example, Cohen et al<sup>9</sup> analysed the 'benefits and barriers' of inter-generational service learning; Browne et al<sup>2</sup> described the development of 'standardised learning competencies' used in practice placements; Diepstra and Ames<sup>3</sup> the identification of sites and older person volunteers for an oral history project, and Abramson et al<sup>7</sup> placements in residential facilities. Four<sup>3, 4, 9, 10</sup> paid at least some attention to the processes used to prepare students for field service interactions and two<sup>7, 15</sup> described some of the incentives developed to encourage student engagement. On a more general level, Hooyman and St Peter<sup>16</sup> gave an overview of four models of curriculum change – specialisation, integration, infusion and transformation, the latter going 'beyond merely creating a course or a module on geriatric social work, to developing ways to fundamentally alter curriculum structure, organisation, and pedagogy' (<sup>16</sup>, p 15), as did Corley et al,<sup>12</sup> who described the development of 'cross-cutting thematic modules' to include a gerontological perspective in wider curriculum areas such as abuse,

caregiving and mental health. A detailed description and analysis of development work within a faculty to encourage increased attention to older people across the wider curriculum was provided in one paper.<sup>15</sup>

More limited attention was paid to assessment. Most of the six papers that included a focus on assessment described specific examples of HGDOP assessment tasks. The most frequently cited were tasks based on the use of oral histories and interviews with older people.<sup>3, 14, 20, 24</sup> One suggested assignment integrated content about kinship care within a wider perspective<sup>17</sup> and one made reference to the inclusion of an 'ageing' component in a mandatory diversity assignment.<sup>15</sup> Three studies explicitly included self-reflection in the assessment process.<sup>14, 20, 24</sup>

There was no indication that users/carers/community members were involved in assessment processes – rather that work undertaken with them, such as oral history work, was a focus of assessment in some studies, for example, 'a written and/or visual piece celebrating their partners' lives and the events and circumstances that shaped them' (<sup>6</sup>, p 727) was evaluated by instructors. Where assessment included a practice element, in two papers<sup>3, 14</sup> this related to the inclusion of reports and write-ups of the oral history project. In the third<sup>15</sup> a practice placement experience that included at least one older service user or an intergenerational case was part of a wider approach to the infusion of HGDOP across all elements of the programme. The papers reviewed included almost no information about how theoretical knowledge was assessed. One study<sup>14</sup> reported that in their assessment task students are required to apply a developmental model to the mentor's life history, as well as reflecting on their own experience.

### 3.4.2. Timing and organisation of HGDOP initiative

#### Stage of student education

Stage of student education	Number of studies
Early (eg first year undergraduate/Master's)	16
Middle (eg second year undergraduate)	3
Throughout	1
Not specified/n/a	6

Fifteen papers<sup>3, 4, 7, 11, 12, 14–20, 22, 24, 25</sup> related to initiatives that took place at an early stage of undergraduate or postgraduate qualifying education, often as part of (for example, <sup>3, 17, 19, 22</sup>) or linked with (for example, <sup>14</sup>) introductory or foundation courses. A common concern was to engage students in considering issues related to ageing and older people at an early stage of their professional education on the assumption that this would have most impact on changing attitudes and increasing interest in this age group. One<sup>5</sup> of the three studies focusing on a mid-stage initiative specifically situated it before the practice placement. Another paper<sup>23</sup> identified as 'mid-stage' in the table above described a 'mid-stage' intervention but specified that the teaching and learning could also take place at other stages. The third study<sup>25</sup> in this category covered both early and middle stages.

One study discussed a specific curriculum intervention in which teaching and learning about gerontological social work, including HGD, was infused throughout the curriculum.<sup>15</sup> This was also included as an early stage study since it reported on



some outcomes for the first year curriculum. Five studies<sup>1, 2, 8-10</sup> did not specify the timing within the curriculum, although two of these<sup>1, 2</sup> linked the teaching and learning described to practice placements.

The review identified two approaches to curriculum organisation: the discrete and the embedded. Most papers (21 – all but <sup>8, 15, 16</sup>) reported on discrete initiatives or significant module components of a substantial nature. Within this group of 21, six papers<sup>1-4, 10, 14</sup> provided information on the length and extent of the component (or one of its elements). This ranged from, for example, four four-hour interactions with an older person,<sup>4</sup> to a 90-minute focus group with a post group discussion.<sup>10</sup> In four of these, one-to-one contact with an older person was central to the initiative described,<sup>2-4, 14</sup> as it was in five other papers<sup>5, 7, 9, 11, 25</sup> where less precise details were provided about the length and extent of specific components.

A further nine papers<sup>12, 13, 17-20, 22-24</sup> identified HGD teaching and learning as a discrete initiative (usually as part of a human behaviour in the social environment [HBSE] course) without providing detailed information on the amount of time devoted to it.

Four of the US papers<sup>15, 16, 21, 25</sup> were categorised as ‘embedded’ for the purposes of this review because their central argument was that the most effective means of changing attitudes towards older people and encouraging students to work with them was to ‘infuse’ or ‘embed’ gerontological teaching and learning across the curriculum. In Crewe et al,<sup>13</sup> the fifth of the ‘embedded’ group, an embedded approach, was seen as the main vehicle for achieving increased attention to ethno-gerontology. There were examples of the discrete and embedded approaches being combined within the curriculum. Three of the studies focusing on an ‘embedded’ approach also gave examples of discrete initiatives,<sup>13, 21, 25</sup> while nine of the papers categorised as discrete initiatives<sup>9, 12, 17-20, 21, 23, 24</sup> identified the HGD initiative within a wider intervention to increase gerontological content across some or all foundation level courses, with HGD/HBSE teaching and learning used as one example of the approach. (In these US studies, foundation level courses typically included HBSE, preparation for practice, policy and research courses.)

In all, 12 papers<sup>3, 5, 9-12, 15-17, 22, 24, 25</sup> described initiatives that were supported by some funding from the Hartford Foundation Gero-rich project.<sup>52</sup> This project has spearheaded attempts to infuse gerontological social work within the US social work curriculum. Where papers were linked to that initiative, the emphasis on HGD teaching and learning varied greatly. They included examples of service learning initiatives which involved significant periods of community-based learning,<sup>3</sup> group and community work projects with a particular focus<sup>9</sup> or, the shortest discrete initiative, a 60-minute observed focus group with a post-group discussion and class work.<sup>10</sup>

### 3.4.3. Participants in HGDOP

#### Participants in HGDOP management, teaching, learning and assessment\*

Participants	Management (number of studies)	Teaching, learning and assessment (number of studies)
Social work educators	22	20
Social work practitioners/managers (including practice assessors)	5	7
Other practitioners/managers	4	3
Other (students and ex-students)	4	2
Users/carers/community members	2	11
Other educators	1	0
Not specified/n/a	2	3

Note: \* Categories not mutually exclusive.

### **Participants in course organisation**

The organisation of HGD teaching and learning in most papers<sup>22</sup> was reported as undertaken, or (in theoretical studies) assumed to be undertaken by social work educators. Two of the theoretical papers made no comment on who should undertake this task.<sup>8, 13</sup> It is striking that only one study<sup>16</sup> reported other educators as involved in course management and organisation. Other than social work educators, the group most often reported as involved in the organisation of teaching and learning were social work practitioners (in five papers – <sup>2, 7, 14, 16, 21</sup>), followed by other practitioners.<sup>2, 4, 11, 21</sup> The numbers were small, but social work practitioners/managers were proportionately more likely to be involved in course organisation and management where the aim of the initiative was improving practice for users and carers.<sup>2, 14, 16</sup> Two studies<sup>2, 21</sup> included both social work and other practitioners in course organisation.

'Elders' were included as participants in course organisation in one paper<sup>16</sup> and representatives of community-based agencies in another.<sup>21</sup> It is interesting that none of the studies with the stated aims of changing student attitudes towards older people reported involving users, carers or community members in course organisation and management. Four papers<sup>10, 13, 16, 21</sup> identified students as participants in the organisation of teaching and learning. Corley et al commented that 'the faculty believed that students would learn from being involved in the planning, implementation, and evaluation of these focus groups' (<sup>13</sup>, p 336). In their overview of the development of 'infusion models', Hooyma et al argued that with such a model 'all key stakeholders ... need to be involved in the process of planning, implementing, and sustaining the curricular changes' (<sup>16</sup>, p 14) but the papers showed limited evidence of such engagement.

The involvement of practitioners, managers, users and/or students in the management and organisation of HGDOP curricula did not seem to be linked to curriculum content in the papers reviewed. However, where the setting included a practice learning element, social work practitioners/managers<sup>2, 14, 16</sup> and other practitioners/managers<sup>2, 4, 11</sup> were more likely to be seen as involved in the organisation and management.

### **Participants in teaching and learning**

Social work educators were identified as participating in teaching and learning in most (20) papers. Only four papers did not mention them as participants. Of these four, one<sup>7</sup> identified a practice teacher as taking responsibility for teaching and learning input, who for 50% of her time 'provides integration and support for the educational focus of the programme' (<sup>7</sup>, p 6). Two of the other three did not specify who should be involved.<sup>8, 13</sup> The fourth<sup>16</sup> identified as participants all those involved, whatever their role or discipline. All participants in teaching and learning, including users, carers and community members, were almost equally likely to be involved in formal didactic as in experiential teaching, with practitioners proportionately more likely than other participants to be involved in group work approaches. Again, it is striking that not one of the reported papers mentioned a specific role in teaching and learning for other educators. It may be that this was taken for granted in descriptions of 'infused' or 'embedded' models, but it was not explored as an issue.

Eleven papers<sup>3, 4, 5, 9-11, 14, 17, 20, 24, 25</sup> specified roles for users, carers and/or community members in the teaching and learning of HGDOP. This included, for example, guest speaking in college-based courses by members of a local social history society to provide teaching input on oral history methods,<sup>4</sup> lecture input by older people 'who are adapting and coping successfully with the aging process' (<sup>5</sup>, p 61), to 'help promote healthy images of aging and refute myths' (<sup>24</sup>, p 91 and <sup>5, 9, 24</sup>), focus group participation<sup>10</sup> and/or participating in one-to-one interactions with students,<sup>3, 4, 11, 14</sup>

frequently focusing on oral history. Two studies mentioned the potential for older people to be involved with assessment.<sup>17, 20</sup>

Seven studies identified a role, or range of roles, in teaching and learning for social work practitioners/managers.<sup>1, 2, 7, 9, 12, 14, 15</sup> The papers indicated very little use of social work practitioners/managers in the classroom-based elements of the programmes discussed. Where the setting included both practice and classroom-based elements, the social work practitioners/managers seemed to be involved in the practice element only in all but two studies.<sup>9, 14</sup> Sometimes practitioners were reported as working with materials provided by social work educators (for example, 1<sup>2</sup>), but more often they provided consultations, support and guest lectures. For example, Downey and Miles reported that 'agency social workers provide educational opportunities and consultation ... and serve as professional role models' (<sup>14</sup>, p 99).

Users, carers and community members were more likely than social work practitioners/managers to be included as participants in papers describing purely classroom-based settings. Three of the 11 identifications of user, carer and/or community member involvement in teaching and learning were in classroom only settings.<sup>17, 20, 23</sup> In contrast to the findings on course organisation, users, carers and community members were more likely to be participants in learning and teaching than social work or other practitioners and managers where the programme aims included improving understanding,<sup>3-5, 9-11, 14, 17, 20, 24, 25</sup> changing attitudes<sup>3-5, 9-11, 14, 20, 24, 25</sup> or improving quality of practice.<sup>9, 11, 14, 5, 20, 24</sup> Around half of the studies with each of these aims included users and carers in the teaching and learning. It is notable also that those papers which referred to reflective practice activities as part of the course content were most likely to involve social work practitioners/managers,<sup>1, 2, 9, 14</sup> other practitioners<sup>10, 11</sup> and especially users, carers and/or community members, who were cited as involved in 10 of these studies.<sup>3-5, 9-11, 14, 20, 24, 25</sup>

Only three studies identified a teaching role for other practitioners and managers,<sup>10, 11, 12</sup> one to provide expertise 'in aging and cross-cultural issues' (<sup>12</sup>, p 300). Another included the chaplain of a nursing care facility in a programme focusing on teaching and learning about spirituality in older age.<sup>11</sup> The third included 'service providers' in focus groups.<sup>10</sup> Two studies reported on student involvement in teaching and learning. One mentioned student class presentations.<sup>4</sup> The other<sup>14</sup> described learning groups facilitated by student 'upperclassmen' selected from the previous year's class. Only one paper<sup>4</sup> had a specifically inter-professional focus. The majority of studies (23) made no mention of professionals or student professionals other than social workers and social work students, although service providers were mentioned in several studies.

#### 3.4.4. Setting of HGDOP teaching and learning

##### Setting of HGDOP teaching and learning\*

Setting of HGDOP teaching and learning	Number of studies
Both	12
Classroom/higher education institute (HEI)	10
Practice learning	1
Not specified	1

*Note:* \* Categories not mutually exclusive.

Twelve papers described approaches based in a combination of both practice and classroom settings.<sup>1-5, 9-11, 14-16, 25</sup> Practice learning settings reported in this review included assessed practice placements (commonly referred to as the practicum in the US), but for the papers in this review they more usually referred to variable time-limited experiences in agency and/or community settings, such as 'paired' contact with older people, observational visits or volunteering (often termed 'service learning' in the US literature). These service learning experiences were usually assessed by social work educators as an element of a classroom/HEI-based module.

Of the 12 papers combining settings, five seemed to refer to initiatives within formal practice placements/practicum.<sup>1, 2, 15, 16, 25</sup> Three of these<sup>1, 2, 15</sup> provided some details about the content of this element. The paper by Browne et al<sup>2</sup> was the only one to focus on a HGDOP teaching and learning curriculum within a required practice placement. It described in detail a 13-week field-based curriculum for students during practice placement, to provide continuing education to all project partners (including practice teachers). The curriculum included practice-based integrated seminars led by practice teachers, the opportunity for students to practice assessment skills via case studies and to 'address questions' related to placement practice (<sup>2</sup>, p 701). Practice teachers and service managers were involved in the development of the practice learning and university-based curriculum through membership of a 'consortium council' – 'the project's working group' (<sup>2</sup>, p 699) and contributed to the development of seven 'standardised learning competencies' involving knowledge and skills and practicum curriculum handbook. HGD formed a significant part of the seminar programme and an unquantified, but underpinning element of two university-based modules. Birkenmaier and colleagues<sup>1</sup> described an initiative aimed at exploring and integrating spiritual beliefs in service provision for older people. The initiative was organised and provided by social work educators while students were on an elective practice placement. It included a group activity for students and practice teachers from a range of older people practice settings, combined with an expectation that students use the questionnaires and approaches learned with service users in their placement settings. Another paper<sup>15</sup> outlined a model for infusing gerontological content across the curriculum that included an expectation that all students would undertake work with at least one older person or intergenerational family as an element of their field practicum.

The other seven studies in this category reported on oral history projects where the settings were identified and selected by social work educators in consultation with agency staff,<sup>3-5, 14</sup> interviews or focus groups with older people on specific topics<sup>10, 11</sup> and observations and visits.<sup>5, 25</sup> The resulting material was then used to complement learning and assessment in the classroom. The type of setting did not seem to be particularly relevant to curriculum content, status of initiative, stage of education or outcomes considered. However, it is interesting to note that where the aims described by papers included changing attitudes, a combination of classroom and practice was twice as likely to be used as classroom alone and a combination of both classroom and practice was slightly more likely to be used than classroom alone where the aim was improving quality of practice. Where assessment included a practice element, in two papers<sup>3, 14</sup> this related to the inclusion of reports and write-ups of the oral history project.

Ten of the papers specifying the setting for HGDOP referred to classroom-based learning only.<sup>12, 13, 17-24</sup> Most of these papers<sup>13, 17, 18, 20, 23, 24</sup> were in the 'non-empirical descriptive' category, describing general approaches or models of HGDOP. Pedagogical approaches were least likely to be specified in papers that where classroom/HEI was the sole identified setting.

Only one paper<sup>7</sup> reported on a purely practice-based setting for a HGDOP project. This study described two programmes providing practice placements of unspecified length with chronically mentally ill older people in residential settings for four to six first year students each year. The placements were supervised by practice teachers who also provided the formal educational input. Students undertaking these placements were paid a stipend of US\$3,300 and given a reduction in tuition fees.

### 3.4.5. Pedagogical methods

#### Pedagogical methods\*

Pedagogical methods	Number of studies
Formal didactic/received learning	12
Classroom-based experiential learning	11
Practice learning	10
Group work	5
Other	1
Not specified	10

*Note:* \* Categories not mutually exclusive.

Fourteen papers provided some information on the pedagogical approaches used or advised. Some papers were very explicit on this element (for example, <sup>5, 11, 12, 20</sup>) and on occasion this was the focus of the paper (for example, <sup>3, 10, 25</sup>). Formal didactic approaches such as lectures were referred to in 12 studies<sup>2-5, 8, 10-12, 14, 19, 24, 25</sup> but these were invariably used alongside a range of other methods, including case studies, classroom exercises and the use of video. Five studies had a particular focus on learning through group work, to support self-reflective discussion of practice experiences<sup>1, 9, 11, 14</sup> or through observation of focus groups of service providers and users.<sup>10</sup> No connection was found between pedagogical approaches and the aims of the study or the outcomes considered, and all participants, including users, carers and/or community members, were equally likely to be involved in formal didactic and experiential teaching. Pedagogical approaches were least likely to be specified in papers that concentrated on an overview, or general conceptual framework and where the classroom/HEI was the sole identified setting. Ten papers<sup>8, 12, 13, 15-18, 21-23</sup> did not specify a particular teaching method in relation to HGD.

A wide variety of approaches to experiential learning were described in the 11 papers<sup>1-3, 5, 9-11, 14, 20, 24, 25</sup> that included this focus. Within this were two main emphases: self-reflection<sup>1, 5, 9-11, 14, 20, 24, 25</sup> and discussion of practice/service-learning experiences.<sup>2, 3, 14</sup> Examples were provided of a range of approaches used to encourage self-reflection, such as use of time lines,<sup>5, 20, 24</sup> including reflective exercises on the 'rationale for that projection' (<sup>5</sup>, p 60), meditations,<sup>1</sup> simulations,<sup>25</sup> and other reflections on the student's own ageing.<sup>12, 24</sup> In some studies these approaches were described in detail. Waites and Lee<sup>25</sup> considered the response of students to a range of simulations, such as wearing thick gloves to simulate the impact of arthritis, which they claimed students found particularly valuable in learning about physical impairments often associated with ageing – 'you can kind of relate better when you are actually doing it' (<sup>25</sup>, p 57). Birkenmaier et al<sup>1</sup> described the detail of a meditation exercise to help reflect on later life and dying, and other techniques that challenged 'binary thinking' about spirituality and ageing. The use of reflective journals was mentioned by two studies.<sup>3, 4</sup> Ames and Diepstra saw these journals as a way of integrating classroom material with oral history learning and 'provid(ing) a mechanism for focussing class discussions' (<sup>6</sup>, p 725). Six studies<sup>1, 10, 14, 20, 24, 25</sup>

reported pedagogical approaches that encouraged written self-reflective tasks of various kinds.

Practice-based learning was mentioned as a pedagogical method in 10 papers and included varied and imaginative approaches. In four of these 10 papers<sup>1, 2, 7, 25</sup> they related to formal placement experiences. These included the use in the classroom of material provided by students from their placements;<sup>9</sup> a module on spirituality undertaken together by practice teacher and linked student;<sup>1</sup> and practice placements alongside other service learning opportunities such as visits and volunteering.<sup>25</sup> Six papers described between them a variety of 'service learning' initiatives in agency or community settings, such as scheduled reminiscence and oral history visits to matched<sup>3, 4, 14</sup> – or perhaps unmatched<sup>5</sup> – older people in nursing home or independent living settings; observations and 'report back' of day centre facilities;<sup>5</sup> a module on spirituality undertaken together by practice teacher and linked student;<sup>1</sup> and questionnaire interviews with older people.<sup>11</sup> Cohen et al<sup>9</sup> described a range of service learning approaches including planning an older women's conference, a 'spiritual legacy project' and facilitating a 'housing transitions' focus group. These service learning experiences were usually assessed by social work educators as an element of a classroom/HEI-based module. In this group three papers identified service learning as an important method of integrating theory and practice<sup>3, 4, 25</sup> with the service learning material used to complement learning and assessment in the classroom.

One paper<sup>7</sup> described two programmes providing field placements with mentally ill older people in residential settings, which took place prior to the first formal practice placement and focused on 'life transitions', 'environmental pressures' and 'interpersonal processes'. The placement was assessed by a practice teacher and involved a payment and fee reduction for the student.

### 3.4.6. Curriculum organisation

#### Curriculum organisation\*

Curriculum organisation	Number of studies
Theory-based	15
Topic-based	7
Rights-based	6
Linear/sequential	4
Other	2
Not specified	1

Note: \* Categories not mutually exclusive.

The papers reflected some of the dilemmas related to organising a diverse and substantial range of material into an appropriate curriculum at an introductory point in the course. Nine papers were identified as approaching curriculum organisation from more than one perspective,<sup>5, 8, 11, 14, 17, 19–22</sup> but the perspectives chosen bore no obvious relationship to study aims, pedagogical approaches or participants in teaching and learning.

#### Theory-based

As the table above shows, 15 papers<sup>2–5, 7–9, 11, 13, 14, 16, 19–22</sup> of the 24 papers suggested that particular theories or approaches provided a framework for delivering the HGDOP curriculum although no prevailing theoretical approach emerged. Six studies identified ecological models as the overarching framework.<sup>2, 5, 7, 9, 19, 22</sup> For some this framework was combined with other approaches such as lifespan theories (for example, <sup>5</sup>), and phenomenology, conflict and empowerment theory.<sup>22</sup>

Other relevant HGD theories identified as providing the organisational framework for the curriculum included critical theories,<sup>8, 20</sup> psychosocial/lifespan theory,<sup>3, 5, 11, 14, 16, 21</sup> ethno-gerontology,<sup>13</sup> service learning theories<sup>3, 4</sup> and sociological theories of ageing such as disengagement or activity theory.<sup>23</sup> Hooyma et al<sup>16</sup> described a framework broadly situated in psychosocial theories but organised in a 'spiral' approach, beginning with aging and end of life (<sup>16</sup>, p16). Several of these papers also adopted more than one theoretical approach to curriculum organisation arguing that an eclectic approach was required to do justice to the complexity of the subject. For example, Crewe<sup>13</sup> linked ethno-gerontology with an ecological perspective and Collins et al<sup>11</sup> emphasised the link with social justice theories.

### Topic-based

Seven papers were categorised as topic-based.<sup>1, 10, 12, 17-19, 23</sup> Three of these papers argued for greater attention to be paid to a specific issue (such as mental health<sup>12, 18</sup>) and three focused on the needs of a particular service user group – grandparents in kinship care,<sup>17</sup> older people with learning difficulties,<sup>19</sup> older people with dementia.<sup>18</sup> Kropf<sup>19</sup> is included in this group because although the main organising framework was theory-based the focus was on a particular topic. Others<sup>1, 10, 23</sup> focused on topics that related more specifically to development in later life. Examples of such topics were: the psychological dimensions of successful ageing including the management of stress,<sup>23</sup> spiritual development and the environmental aspects of positive ageing<sup>1</sup> including the availability of resources.

### Rights-based

Six studies<sup>5, 8, 11, 17, 18, 22</sup> included a rights-based approach as an important, but not the only, approach to curriculum organisation. All of these studies incorporated an anti-oppressive focus, with specific groups of discriminated-against older people the focus of attention in some papers (for example, women;<sup>8, 22</sup> racial and cultural oppression;<sup>17</sup> and older people with dementia<sup>18</sup>).

### Linear ('cradle to grave')

The four linear and sequential ('cradle to grave') models<sup>18, 20, 21, 25</sup> were linked to the promotion of ideas about positive ageing<sup>20, 21, 25</sup> and attention to issues for the very old.<sup>18</sup> The paper by Eun-Kyoung et al<sup>15</sup> did not identify how teaching and learning might be organised. Vandsburger et al,<sup>24</sup> on the other hand, explicitly stated that the stress and resiliency framework discussed was flexible enough to be adapted to any form of curriculum organisation. Downey and Miles<sup>14</sup> included in their approach to curriculum organisation a focus on the programme's older participants and providing 'isolated individuals with support and companionship and the opportunity to contribute to the growth and development of the next generation of social works' (<sup>14</sup>, p 95).

### 3.4.7. Curriculum content

Developmental processes, positive ageing, and values/attitudes /anti-oppressive practice (AOP) provided the core curriculum content. It was difficult to distinguish between these three attributes, as definitions were unclear in some papers where examples of content were not always detailed or specific.

#### HGDOP curriculum content\*

Curriculum content	Number of studies
Developmental processes	19
Values/attitudes/AOP	17

Positive ageing	14
Reflective or evidence-based practice	12
Skills work	9
Professional practice/teamwork	5
Other	2
Not specified	1

Note: \* Categories not mutually exclusive.

Many papers provided relatively unexplored descriptions of HGD content on 'developmental processes'. This is not surprising, perhaps, given that most of the papers included in the review did not focus their discussion on an overarching theoretical perspective on HGDOP within the curriculum. So, for example, Dorfman et al<sup>4</sup> referred rather generally to a 'basic aspects of aging' curriculum that included 'the biological, social, and psychological aspects of aging, and includes a broad variety of topics including health, economic status, social supports' (4, p 223). Johnson-Dalzine<sup>17</sup> comments that 'the course is designed to assist students in their integration of knowledge about lifespan development' (17, p 413). Others indicated a more specific approach to developmental processes. For Crewe,<sup>13</sup> for example, the focus was on ethno-gerontology within a lifecourse perspective. Many papers that reported on curriculum developments (particularly in relation to HBSE modules) assumed that content on bio-psycho-social development was automatically included and therefore detailed exploration of material relevant to these areas was limited (for example, 4). Other papers referred to material drawing on the work of 'standard' developmental theorists such as Levinson<sup>51</sup> and Erikson<sup>40, 41</sup> and to social gerontologists such as Havighurst<sup>43</sup> (for example, 5, 23).

#### Values and attitudes

In nine papers developmental processes and a lifespan perspective also included content on values and attitudes and on positive ageing.<sup>4, 5, 8, 11, 14, 17, 20-23</sup> Content on values, attitudes and AOP was a strong theme, with all of the 17 papers in this group giving at least some attention to stereotypes of ageing.<sup>1-5, 7-11, 13, 14, 17, 18, 20-23</sup> Some papers highlighted specific areas of anti-oppressive understanding and practice such as racial and cultural diversity<sup>2, 13, 17, 18</sup> including migrants' experiences.<sup>21</sup> Two focused more particularly on older women's experiences<sup>8, 22</sup> and one included some attention to gay and lesbian older people.<sup>21</sup>

#### Positive ageing

Positive ageing was discussed from a number of perspectives. Some (for example, 4, 8, 20) considered it mainly in relation to pedagogical methods and suggested narrative and biographical approaches as useful. Gray and Kabadaki<sup>5</sup> also focused on methods and the merits of videos and vignettes. Others (for example, 1, 14, 17, 22-24) emphasised a 'strengths and resilience' framework, and/or the abolition of stereotypes and increased 'appreciation for their (older adults) role and contributions to society' (14, p 96).

All of the nine papers that included skills work in curriculum content were among the 16 papers that identified changing attitudes as a programme aim. The skills content included in these nine papers<sup>1-4, 7, 9, 11, 14, 25</sup> included communication, interviewing and listening skills;<sup>3, 9, 11, 14</sup> training in oral history methods;<sup>4</sup> and skills in assessment,<sup>1, 2, 25</sup> with Waites and Lee<sup>25</sup> specifically mentioning the ability to make bio-psycho-social assessments. Other skills mentioned included conference organisation,<sup>9</sup> social action,<sup>9</sup> network building,<sup>7</sup> research skills<sup>7</sup> and computer and computer-based research skills<sup>5, 7</sup> (categorised as 'other' in the table above).

In 12 of the 16 instances where changing attitudes was a teaching and learning aim, reflective or evidence-based practice was a stated element of the content.<sup>1-5, 9-11, 14, 20, 24, 25</sup> From the details provided it would seem that in this group the emphasis was mainly on self-reflection, rather than evidence-based practice, although all but two



papers<sup>11, 14</sup> also reported on the acquisition of knowledge and skills as an outcome. Two papers focused on spirituality and the spiritual needs of older adults<sup>1, 11</sup> and Kane and Houston-Vega<sup>18</sup> also addressed this area, but not as a main focus.

A gap in the literature was the limited range of studies that situated or considered the impact of biological ageing and common chronic conditions within the HGDOP focus. There was little discussion about what to include in relation to age-related health/illness (with the exception of Kane and Houston-Vega's 2004 paper<sup>18</sup> on dementia) and end-of-life studies.

### 3.4.8. Main outcomes considered

The outcomes identified in this review reflect the main claims identified in the paper rather than the outcomes that the papers evaluated.

#### Main outcomes considered\*

Main outcomes considered	Number of studies
Acquisition of knowledge/understanding	19
Changed attitudes/perceptions to HGDOP	17
Participant reactions	8
Acquisition of skills	7
Improved professional behaviour/quality of practice	5
Other	5
Improved outcomes for users/carers	3
Not specified/n/a	1

Note: \* Categories not mutually exclusive.

#### Acquisition of knowledge

Regardless of the underpinning theories and concepts used, the most significant outcome considered was the acquisition of knowledge and understanding (19 papers – 1–5, 8–10, 13, 15, 17–25). The focus was more often on increased 'understanding' through service learning and classroom-based experiential approaches rather than on knowledge of specific gerontological concepts or theoretical models, although at least 11 papers (including theoretical ones) focused on knowledge as well as understanding.<sup>2, 3, 5, 7–9, 13, 20, 22–24</sup>

#### Changing attitudes

Seventeen papers focused on changing attitudes as an outcome of HGDOP teaching and learning.<sup>1, 3–5, 7–10, 13–16, 18, 20, 21, 24, 25</sup> This was very much in keeping with the central concern of the Gero-rich initiative in increasing understanding of the experience of older people with a view to increasing interest in gerontological social work. Indeed all five of the studies<sup>13, 15, 16, 21, 25</sup> where HGDOP was described as 'embedded' in other modules, and which is such a feature of the 'infusion' approach of the Gero-rich project, had as an outcome changed attitudes and perceptions. Of these five papers all but Crewe<sup>13</sup> declared some funding through the Gero-rich project. None of this group considered participant reactions or acquisition of skills as main outcomes.

#### Acquisition of skills

Confidence and skill building in areas such as listening and working with cultural diversity were outcomes considered in seven papers.<sup>1, 2, 3, 9, 14, 17, 24</sup> Improved professional practice was a stated outcome of interest in five papers,<sup>8, 13, 18, 23, 24</sup> all but one of which<sup>23</sup> were theoretical in focus. The hope of improved outcomes for users and carers underpins all developments in this as in other areas of social work

education. However, three papers explored this aspect specifically – two at a theoretical level<sup>8, 20</sup> and one<sup>7</sup> as an element of the evaluation of a practice intervention.

Other outcomes of interest included increasing interest in gerontology as a career<sup>10, 12, 15</sup> and the development of the ‘infusion’ model of teaching and learning as a way of increasing understanding of older people and gerontological social work among all social work students.<sup>16</sup>

A relatively small number of papers (eight – <sup>1-5, 9, 10, 20</sup>) considered students’ experience of teaching and learning as an outcome. Those that did were interested in the perceived usefulness of the course (for example, <sup>5</sup>), reflections on course structure and content and suggestions for improvement.<sup>1, 2, 10</sup> Student reactions in relation to assessment were a focus mentioned in only two studies.<sup>3, 20</sup> Since half the papers identified both classroom and practice as teaching and learning settings and most also included more than one pedagogical method, it is not surprising that no significant relationship emerged between these factors and the outcomes considered.

### 3.5. Main claims to ‘findings’ reported about HGDOP

This section aims to present an overview of the claims made about HGDOP teaching and learning in the 24 papers. The studies were varied in terms of methodology and in the amount of detail they provided and unlike the studies discussed in Section 4 of this review they have not been quality assessed. Therefore no appraisal can be made of the trustworthiness of the claims of ‘findings’. Instead, presented here is a broad indication of the range of claims made in the papers.

#### Main claims to findings about HGDOP

Main findings/claims	Number of studies
Predominantly positive	14
Other	2
N/A	8

What stands out most is that all of the 14 studies that evaluated or described findings in relation to the HGD curriculum have predominantly positive claims to make about the interventions described and/or their effectiveness, and none are predominantly negative, or even mixed. The highest proportion of positive findings was associated with changing attitudes (75%), followed by improved understanding (59%) and improved quality of practice (53%), but not all of these claims were backed up by clear empirical data.

The seven empirical studies<sup>1-5, 9, 10</sup> that included participant reactions all reported positive findings. For example, the students found the curriculum approach reported in one paper<sup>5</sup> as a ‘change of pace from lecture, encouraged participation, and helped them to remember and understand concepts’ (<sup>5</sup>, p 62). Students undertaking the spirituality and ageing module outlined by Birkemaier et al<sup>1</sup> were reported to have valued the knowledge input and felt that the guided meditations could be used in other settings. The one paper<sup>4</sup> that evaluated outcomes for older people involved in an oral history project reported that the interaction was enjoyed by all. Older participants commented, for example, that it gave them a greater understanding of young people and an opportunity to make a contribution – ‘I think it gave her encouragement that you can get farther ahead in life’ (<sup>4</sup>, p 236).

Ten of the 14 papers provided or referred to evidence to support predominantly positive changes for students. Eight of these 10 papers claimed an increase in students’ knowledge, understanding and skills.<sup>1-5, 9, 10, 15</sup> Positive changes in student

attitudes were reported in six papers,<sup>1, 4, 7, 9, 10, 14</sup> with, for example, Cohen et al<sup>10</sup> describing the impact of the approach adopted as 'a transformative experience' (<sup>10</sup>, p 341) in which 'students began to deconstruct their images of older adults and those practitioners who serve older adults' (<sup>10</sup>, pp 341–2). Diepstra and Ames,<sup>3</sup> on the other hand, reported positive findings but no statistically significant positive change in students' attitudes towards older people. Two of the empirical evaluations reported findings of improved quality of practice skills<sup>2, 3</sup> as did Downey,<sup>14</sup> one of the empirical descriptive papers. Vandsburger et al<sup>24</sup> also claimed improved quality of social work practice, but this was not explored in detail. Two papers<sup>1, 9</sup> reported a diminished but continued student 'discomfort', one in integrating learning into practice<sup>1</sup> and the other raising issues such as sexuality.<sup>9</sup> A reduction in student fears of getting old was reported by Dorfman et al<sup>4</sup>, while Downey and Miles<sup>14</sup> claimed that the oral history project provided 'lessons in how to live one's life more fully, dealing with pain and suffering' (<sup>14</sup>, p 100).

Six papers reported on changes in student interest in a career in gerontological social work. Of these, four reported increased interest<sup>4, 7, 10, 14</sup> but the other two found no significant change in this area.<sup>3, 15</sup>

Some papers reported on students' suggestions for programme improvements. Waites and Lee<sup>25</sup> sought students' views on the best method to encourage interest in working with older people and infuse gerontological content in the curriculum. Students identified greater use of experiential material and a greater emphasis on 'normal' or healthy ageing rather than on pathology and social problems 'you can kind of relate better when you're actually doing it' (<sup>25</sup>, p 57). The students participating in the Birkenmaier et al<sup>1</sup> study suggested that more examples and modelling of direct work with older people be included. In the Diepstra and Ames<sup>3</sup> study students had some recommendations to make about the timings of visits and the selection of older people to ensure that they had sufficient memory to participate. Limited attention was paid to outcomes for practitioners, and social work staff. There were three exceptions: Abramson et al,<sup>7</sup> who reported that student field placements in residential settings for chronically mentally ill older people brought benefits to the staff as well as the students involved. Ranney and colleagues<sup>21</sup> claimed that the approach taken to the preparation of faculty staff to increase the gerontological content of the HGD and other aspects of the social work curriculum had ensured that the faculty were 'less threatened' (<sup>21</sup>, p 93). Browne et al<sup>2</sup> reported 'a high level of satisfaction with all project activities' (<sup>2</sup>, p 703) among the programme consortium members.

## **Appendix 8: Stakeholder consultations and questionnaires**

### **1. First consultation with stakeholder group**

We are at the stage in the research on qualifying social work education about human growth and development of older people (HGDOP) where we are completing a detailed protocol that will shape the research process. Both the research review and the practice survey will explore a number of questions in an attempt to map the current state of teaching and learning, and what is known about it.

From your experience we would like your comments on any particular issues that should be highlighted in exploring the following questions:

- What should be the key aims of teaching and learning about HGDOP?
- What should be the content of HGDOP?
- How should teaching and learning be organised? Is there a balance to be struck between college and practice-based teaching and learning?
- Who should be involved in the teaching and learning?
- What should the main theoretical approaches be underpinning the teaching and learning?

We would also like to hear your views on any other issues that you think are particularly relevant to the research questions we have identified.

Thank you very much.

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### **2. Invitation to student and practitioner stakeholders to comment on draft practice survey questionnaires**

Email: 7 March 2008

Dear Colleagues

I contacted you recently to update you and send you the interim report about the SCIE research exploring social work teaching and learning about older people and human development.

I mentioned that the next stage of the work is the practice survey. We are just about to begin the survey, which will involve telephone interviews with educators and students so that we can map existing practice. We will then link that information with the research findings.

We have attached drafts of the two interviews we have drafted for educators, one for those who convene human growth and development (HGD) modules and another for those who teach about work with older people. We have drafted the schedules for these interviews and would be very interested to hear your views on the drafts before we finalise them. In particular, could you let us know if you think there are any key points we have not included.

Sorry to burden you with two requests for views so close together. If you have to prioritise, then at this stage the practice survey questionnaire is the more pressing, because we need to start the survey as soon as possible. So, if you were able to let us have your views within the next two weeks, we would be very grateful indeed.

We look forward to hearing your views and thank you very much for taking the time to respond.

Best wishes

Pat Le Riche and Margaret Boushel

### **3. Stakeholder questionnaires: consultation with student and practitioner stakeholders**

We are doing research for the national Social Care Institute for Excellence to find out what social workers are taught about the human growth and development of older people (HGDOP) during their social work training. We are interested in finding out what is being taught and what is found to be most helpful. We have now looked at what has been written about this topic and we are contacting some social work training programmes to talk to the staff involved to get their views and to see what students find helpful.

From your experience we would like your comments on any particular issues that you think should be highlighted in what social workers are taught about older people's growth and development. For example:

- What should social work training programmes be aiming for in their teaching about older people's development? (eg improving understanding about ageing, and how it may effect people differently; improving attitudes towards older people; improving skills in listening and responding to older people etc)
- What should students be taught and learn about? (eg what happens as we age and what makes ageing different for different people; positive aspects of ageing; how older people can be discriminated against; how to relate well to older people; how to learn from older people and the experience of working with them, etc)
- How should students' learning be organised? Should it all happen in college or in the community or both?
- Who should be involved in the teaching and learning? (eg college staff, older people, people from other professional backgrounds like nurses, etc)
- What are the key strengths and weaknesses of the HGDOP teaching and learning that you have experienced?

We would also like to hear your views on any other issues that you think need to be included in social work training about older people's growth and development.

Thank you very much.

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University of Sussex

### **4. Stakeholder questionnaires: consultation with older people stakeholders**

We are doing research for the national Social Care Institute for Excellence to find out what social workers are taught about the human growth and development of older people (HGDOF) during their social work training. We are interested in finding out what is being taught and what is found to be most helpful. We have now looked at what has been written about this topic and we are contacting some social work training programmes to talk to the staff involved to get their views and to see what students find helpful. We are also very interested in hearing the views of older people who may have used social care services or who are carers.

From your experience we would like your comments on any particular issues that you think should be highlighted in what social workers are taught about older people's growth and development. For example:

- What should social work training programmes be aiming for in their teaching about older people's development? (eg improving understanding about ageing, and how it may effect people differently; improving attitudes towards older people; improving skills in listening and responding to older people etc)
- What should students be taught and learn about? (eg what happens as we age and what makes ageing different for different people; positive aspects of ageing; how older people can be discriminated against; how to relate well to older people; how to learn from older people and the experience of working with them, etc)
- How should students' learning be organised? Should it all happen in college or in the community or both?
- Who should be involved in the teaching and learning? (eg college staff, older people, people from other professional backgrounds like nurses, etc)
- From your experience, what do you think social workers seem to understand well about getting older and where are the gaps?

We would also like to hear your views on any other issues that you think need to be included in social work training about older people's growth and development.

Thank you very much.

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**5. Questionnaire used by non-governmental organisation (NGO) member with minority ethnic group elders**  
**University of Sussex**  
**Questions about older people and social work**

We are hoping to find out what older people think social workers should be taught in their training. We are particularly interested in how they learn about people's life experience and their development so they can be better at helping people.

Please could you answer the following questions.

1. Should social work training programmes be:  
Helping people know more about growing old  
Helping people understand how to listen and talk to older people

Helping students understand that all older people are different  
Helping students have a more respectful way of working with older people

Are there other things you think are important?

2. Do you think students should learn about:
- What makes old age different for different people?
  - What is good about being old?
  - How to learn from older people's experience
  - Why older people are not always treated well

Are there other things you think are important?

3. Are there things that you think social workers do well when they work with older people?

What are the things you think they could do better?

4. Are there any other things you think are important that you would like to tell us about?

Thank you very much for answering these questions.

Margaret Boushel and Pat Le Riche  
Department of Social Care and Social Work  
University of Sussex

## Appendix 9: Stakeholder responses

### Summary of stakeholder group member responses to human growth and development and older people (HGDOP) questionnaire

<p><b>Q1. What should be the key aims of teaching and learning about HGDOP?</b></p>	<p><b>Q1. Main feedback points</b></p> <p><b>Student stakeholders (4 responses)</b></p> <ul style="list-style-type: none"><li>• Inclusion: older people need to be seen as people (2)</li><li>• Older people need to be seen as contributing to society (2)</li><li>• We are all developing throughout our lives</li><li>• Examine existing theories on HGDOP in the light of the changing context of older people's lives and contributions to society</li><li>• Ecological and socially integrated approach – ensure that health needs are not divorced from social needs</li><li>• Ageism, marginalisation and its social construction</li></ul> <p><b>Social work practitioner (1 response)</b></p> <ul style="list-style-type: none"><li>• Inclusion: older people need to be seen as people</li><li>• Own attitudes/prejudice in order to tackle ageism</li><li>• Impact of ageism on organisation and delivery of social work services</li><li>• Preparation to challenge myths and stereotypes about ageing</li><li>• Prepare students to be advocates</li></ul> <p><b>Social work manager (1 response)</b></p> <ul style="list-style-type: none"><li>• Enable students to begin to understand individual responses to the universal experience of ageing within specific social and cultural contexts</li></ul> <p><b>Service users/carers (7 responses)</b></p> <ul style="list-style-type: none"><li>• Good listening and communication skills (4)</li><li>• Know more about growing old (3)</li><li>• Understand diversity in capacity, competence and confidence in old age (3)</li><li>• Respectful ways of working with older people (2)</li></ul>
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	<ul style="list-style-type: none"> <li>• Support older people in accessing rights, services and opportunities to improve quality of life</li> <li>• Understanding of impact of poverty in old age</li> <li>• Understanding changes that older people have experienced in their lives and in family and friendship relationships</li> <li>• Understand impact of isolation</li> <li>• Understand changing and increased expectations of 'new old'</li> <li>• Inclusion and ageism</li> <li>• Understand how to provide information and include older people in assessments and other processes in a meaningful way, taking account of particular circumstances, for example, illness</li> </ul> <p><b>Non-governmental organisation (NGO) coordinator/ex-chair (2 responses)</b></p> <ul style="list-style-type: none"> <li>• Multi-perspective awareness of issues around ageing and ageism (2)</li> <li>• Open-minded, person-centred, eclectic approach</li> <li>• Empathy and respect through involvement with older people</li> </ul>
<p><b>Q2. What should be the content of HGDOP?</b></p>	<p><b>Q2. Main feedback points</b></p> <p><b>Student stakeholders (1 response)</b></p> <ul style="list-style-type: none"> <li>• Personal and cultural awareness of ageist attitudes and behaviours</li> <li>• Diversity and resilience of older people</li> <li>• Old age and impact of gender, class, culture on family dynamics</li> <li>• Respect and strengths-based approach</li> <li>• Sexuality</li> <li>• Professional values in multi-disciplinary contexts</li> <li>• Communication skills</li> <li>• Awareness of cognitive changes/impairments/dementia</li> <li>• Skills of empowerment</li> </ul> <p><b>Social work practitioner (1 response)</b></p> <ul style="list-style-type: none"> <li>• Lifespan development</li> <li>• Awareness of cognitive changes/impairments/dementia</li> <li>• Rights-based approaches</li> </ul>

**Social work manager (no comment)**

**Service users/carers (7 responses)**

- Respect and do not patronise (3)
- Skills in eliciting and understanding older people's personal and social history (3)
- Good listening skills (3)
- Ageism (2)
- Advantages and disadvantages of old age (2)
- Diversity and resilience in older people – via, for example, 'day in life of' experience of well-functioning older people (2)
- Know what is on offer and how to access (2)
- Multi-faceted nature of disability and need for holistic approach
- Skills in empowering older people to overcome fears and improve quality of their lives
- Simulated experiences of physical restrictions of ageing and age-related disabilities
- Understand that there is no automatic congruence between mental and physical capacities/incapacities
- Psychological impact of physical illness and vice versa
- Continuity of personality traits
- Open-mindedness and lack of presumptions regarding older people's wishes and needs
- How to preserve dignity and quality of life and support companionship and independence
- Creative, lateral thinking 'in the moment', personalised approach and problem-solving skills
- Being positive
- Cultural diversity
- Ability to learn from older people

**NGO coordinator/ex-chair (2 responses)**

- Ecological perspective on ageing, including spiritual/humanistic and transpersonal
- Equality, taking account of language barriers and culture
- Good communication skills
- Knowledge of resources

<p><b>Q3. How should the teaching and learning be organised? Is there a balance to be struck between college and practice-based teaching and learning?</b></p>	<p><b>Q3. Main feedback points</b>  <b>Student stakeholders (4 responses)</b></p> <ul style="list-style-type: none"> <li>• Both: a balance (4)</li> <li>• Practice-based learning to help absorb and process information in 'real life' situations and 'true awareness of older age' (3)</li> <li>• College to provide theories and concepts</li> <li>• More curriculum time in college on HGDOP to focus on key life events such as bereavement, transitions, end of life</li> <li>• Mix of teaching and practice-based learning to provide first-hand experience of theories in practice and to highlight complexities (students may have less first-hand experience of older people than of children)</li> <li>• Practice element may change attitudes</li> <li>• Guest speakers</li> <li>• Practice visits</li> </ul> <p><b>Social work practitioner (1 response)</b></p> <ul style="list-style-type: none"> <li>• More time on older people in curriculum</li> </ul> <p><b>Social work manager (1 response)</b></p> <ul style="list-style-type: none"> <li>• Significant practice orientation</li> <li>• (Appropriate) user involvement in college-based teaching</li> </ul> <p><b>Service users/carers (3 responses: Somali elders not asked this question)</b></p> <ul style="list-style-type: none"> <li>• Mix between practice and book learning (3)</li> <li>• Practice learning very important, with older people in general as focus, not older people who are service users, to see at first hand how older people live (2)</li> <li>• Mix of college-based and practice to learn 'subtle' skills and avoid takeover by bureaucracy</li> <li>• Tutors need regular practice experience also to understand changes</li> <li>• Videos, case studies etc useful to demonstrate in classroom what it is like in the field</li> </ul> <p><b>NGO coordinator/ex-chair (2 responses)</b></p> <ul style="list-style-type: none"> <li>• Both college and practice-based (2)</li> </ul>
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	<ul style="list-style-type: none"> <li>• Need also reflective exploration of the personal impact of issues of ageing</li> <li>• Opportunity to experience and learn how to deal with exposure to ageing issues and their personal resonance essential</li> <li>• More in community than in college, to make it a 'live experience' (1)</li> </ul>
<p><b>Q4. Who should be involved in the teaching and learning?</b></p>	<p><b>Q4. Main feedback points</b></p> <p><b>Student stakeholders (4 responses)</b></p> <ul style="list-style-type: none"> <li>• Carers (3)</li> <li>• Social work practitioners from statutory and voluntary services (2)</li> <li>• College staff with knowledge of area (2)</li> <li>• Older people: service users and non-service users (2)</li> </ul> <p><b>Social work practitioner (1 response)</b></p> <ul style="list-style-type: none"> <li>• Older people</li> <li>• Service users</li> <li>• Carers</li> <li>• Organisations like Age Concern, voluntary and independent agencies</li> </ul> <p><b>Social work manager (no comment)</b></p> <p><b>Service users/carers (3 responses: Somali elders not asked this question, but see Q7 below)</b></p> <ul style="list-style-type: none"> <li>• Service users (2)</li> <li>• Carers</li> <li>• Tutor</li> <li>• Older people</li> <li>• Other professionals</li> </ul> <p><b>NGO coordinator/ex-chair (2 responses)</b></p> <ul style="list-style-type: none"> <li>• Experienced practitioners</li> <li>• Other professionals</li> <li>• Service users</li> </ul>

<p><b>Q5. What should be the main theoretical approaches underpinning the teaching and learning?</b></p>	<ul style="list-style-type: none"> <li>• Older volunteers</li> </ul> <p><b>Q5. Main feedback points</b></p> <p><b>Student stakeholders (4 responses)</b></p> <ul style="list-style-type: none"> <li>• Lifecourse perspectives (2)</li> <li>• Attachment – to people and places (2)</li> <li>• Bereavement, loss and grief theories (2)</li> <li>• Labelling theory in order to tackle discrimination</li> <li>• Teaching and learning theories</li> <li>• Theories on successful ageing</li> <li>• Ageism</li> <li>• Approaches to working with older people, for example, reminiscence theory</li> <li>• Identity</li> <li>• Disability</li> <li>• Theories on structured dependency</li> <li>• Critical perspectives on risk</li> <li>• Systems/ecological theories</li> </ul> <p><b>Social work practitioner (no comment)</b></p> <p><b>Social work manager (no comment)</b></p> <p><b>Service users/carers (none asked this question)</b></p> <p><b>NGO coordinator (1 response – ex-chair not asked this question)</b></p> <ul style="list-style-type: none"> <li>• Person-centred practice, for example Rogers</li> <li>• Lifespan, for example, Erikson</li> <li>• Self-actualisation, for example, Maslow</li> <li>• Perspectives on bereavement</li> <li>• Perspectives on empowerment and disempowerment</li> </ul>
<p><b>Q6a. What are the key</b></p>	<p><b>Q6a. Main feedback points</b></p>

<p><b>strengths and weaknesses of the HGDOP teaching and learning that you have experienced?</b></p>	<p><b>Student stakeholders (1 response)</b> <i>Weaknesses/needs</i></p> <ul style="list-style-type: none"> <li>• Insufficient time and attention given to HGDOP</li> <li>• Insufficient focus on older people in attachment and identity teaching</li> <li>• Needs 'infusion' approach to older people's issues across curriculum, rather than emphasis on children (reflects staff background, results in lack of knowledge regarding older people and reinforces negative attitudes)</li> </ul> <p><b>Social work practitioner</b> <i>Weaknesses/needs</i></p> <ul style="list-style-type: none"> <li>• Needs counselling skills regarding older people</li> <li>• Not just task-centred approach</li> <li>• Practitioner input needed regarding imaginative approaches to groups with 'second class' status</li> </ul> <p><b>Social work manager (no comment)</b></p> <p><b>Service user/carers (not asked this question)</b></p> <p><b>NGO coordinator (1 response – ex-chair not asked this question, see Q6b below)</b> "Can't comment [regarding teaching and learning] but some students have made excellent use of the theoretical teaching they have received ... those who have done less well were those who were less able to integrate theory with personal experience and reflection."</p>
<p><b>Q6b. From your experience what do social workers seem to understand well about getting older and where are the gaps?</b></p>	<p><b>Q6b. Main feedback points</b> <b>Student stakeholders (not asked this question)</b></p> <p><b>Social work practitioner (not asked this question)</b></p> <p><b>Service users/carers (5 responses)</b> <i>Strengths</i></p> <ul style="list-style-type: none"> <li>• Most social workers have good listening skills and are good communicators (2)</li> <li>• Most social workers have good understanding of older people's needs</li> <li>• One had good overview regarding local services</li> </ul>

	<ul style="list-style-type: none"> <li>• Some show concern and dedication</li> <li>• Interested in getting in touch with older people (all likely to apply more often to more mature late twenties-early thirties social workers)</li> <li>• Not heard anything bad, but community not forthcoming with information, so social workers have to ask and ask to get information – can be hard for both sides</li> </ul> <p><i>Weaknesses/needs</i></p> <ul style="list-style-type: none"> <li>• One social worker was ‘money saving, not rights-based’</li> <li>• Liaison between social workers in hospital and local community are very important</li> <li>• Social worker input needs to be timely to be effectual (for example, take account of other time scales, such as benefit system) – one social worker was not</li> <li>• Need to be prepared to ask questions to get good advice</li> <li>• Age of social worker can be a gap – if young, may not have had much experience of older people, need to get out and talk to older people</li> <li>• Social workers understand their rights but not always good at telling other people their rights</li> <li>• Social workers do not always know their duties</li> </ul> <p><b>NGO ex-chair (1 response)</b></p> <p><i>Strengths</i></p> <ul style="list-style-type: none"> <li>• Social workers understand the law</li> </ul> <p><i>Weaknesses</i></p> <ul style="list-style-type: none"> <li>• Social workers understand their rights but are not good at telling other people their rights</li> </ul>
<p><b>Q7. We would also like to hear your views on any other issues that you think are particularly relevant to the research questions we have identified.</b></p>	<p><b>Q7. Main feedback points</b></p> <p><b>Student stakeholders (1 response)</b></p> <ul style="list-style-type: none"> <li>• Need to reflect values regarding and knowledge about older people across course to promote positive attitudes and non-ageist approach</li> </ul> <p><b>Social work practitioner (1 response)</b></p> <ul style="list-style-type: none"> <li>• Draw on Kitwood’s approach to ‘person-centred’ practice, which sees dementia as ‘blip’, not mental</li> </ul>

	<p>health problem</p> <ul style="list-style-type: none"> <li>• Solution-focused approaches useful</li> </ul> <p><b>Social work manager (1 response)</b></p> <ul style="list-style-type: none"> <li>• Beware of unintended avoidance of difficult generalities or potentially negative experiences associated with the physical processes of ageing which, if social work students are to be adequately prepared for practice with older people, they need to have a (critical) grasp of. Impairment is real and has effects on individuals' relationships to the world (see, for example, Tom Shakespeare's work on disability)</li> </ul> <p><b>Service users/carers (7 responses)</b></p> <ul style="list-style-type: none"> <li>• Read/know more about different cultures (3)</li> <li>• Become more involved with different communities – social workers should go to ethnic groups and spend time with them (2)</li> <li>• Social workers need to know about services, especially benefits service and how to access them</li> <li>• Ask older people and carers about how it is and how it could be</li> <li>• Access media and other materials, for example, NHS 'expert patient programmes'</li> <li>• Know about and acknowledge the diverse interests and capacities of older people</li> <li>• Social workers should be 'up front' and really listen to older people</li> <li>• Include relatives in assessments at older people's invitation</li> <li>• More frequent assessments</li> <li>• Not a good idea for Somali elders to go to university as they might not be comfortable there</li> <li>• Use translators to translate complex ideas and improve communication</li> </ul> <p><b>NGO coordinator/ex-chair (2)</b></p> <ul style="list-style-type: none"> <li>• Give careful attention to issues of mortality because these underpin a fundamental aspect of all human experience around ageing – social workers need to be able to 'visit and live with these questions' to provide good quality support to older people</li> <li>• Important to reflect on the differing needs and challenges facing different cohorts of older people, for example, difference between sixties and eighties in terms of life opportunities, interests and challenges</li> <li>• Often major issues around loss or threatened loss of independence for older people and their impact on self-esteem</li> <li>• Be aware of transitions and ambivalences. Less actual time left the older people get. This also plays a</li> </ul>
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role in how they feel – so the decisions and choices can reflect this context of feeling ‘limited time’

- Courses should make it compulsory for students to go out and meet groups

## Appendix 10: Practice survey methodology

### 1. Sources of information

The practice survey offers illustrative examples of practice from each country, and additionally seeks to present where possible examples of innovative practice, of cases where critical perspectives are prominent, and/or cases where emphasis has been placed on evaluating effectiveness. For reasons of resources and logistics, the practice survey did not seek to map current education practice across the regions, nor make claims to represent wider consensus or trends.

*Participants:* the practice survey reports directly the perspectives of social work (higher education institute, or HEI) educators, and of students. It also reports on the views of members of the stakeholders group which included students, social work service users and carers, practitioners and staff/volunteers in voluntary organisations working with older people, including older people from Black and minority ethnic backgrounds. It was not feasible within the resources to gather directly the views of practice assessors. Informants were, however, asked to report on practice learning experience, where relevant, and on any feedback obtained from service users and carers.

*Documentary sources:* experience from a previous practice survey of social work education (Taylor et al, 2006)<sup>61</sup> confirmed that programme documentation was neither the most accessible nor useful source of information about current education practice. Response rates were limited, data collection time-consuming, and the information gleaned of highly variable utility. The scoping study for the present review suggested that these limitations would be greater in the current project since human growth and development and older people (HGDOP) is likely to be taught and learned in diverse parts of the qualifying curriculum, with different documentation associated with each. For the purposes of this review, therefore, documentation was sought as a complement to other data gathered from participant HEIs, but not from other providers.

*Participant recruitment – HEI educators:* the review team recruited participants from six centres of social work education (HEIs), to explore in depth the provision and effectiveness of HGDOP at qualifying social work level. Four centres in England, and one each in Wales and Northern Ireland, were included. Centres were selected on both pragmatic and purposive bases. Representatives of three centres (one in each country) included in the scoping study had already agreed in principle to participate in a study focused specifically on HGDOP. Two of these were included. In addition, four other centres were identified through the following means:

- research reports retrieved in the research review
- stakeholder and contact information
- invitation to self-identify, via Social Policy and Social Work Subject Centre (SWAP) newsletter and Joint University Council's Social Work Education Committee (JUCSWEC) mailing list.

From the above, the six centres identified ensured a range of provision and focus at undergraduate and postgraduate level, with representation from all three countries.

The key HEI participants were nine HEI-based educators, representing between them the six centres. Given curriculum structures, it was thought likely that in each centre information would need to be gathered from two educators: one with responsibility for teaching and learning about human growth and development (HGD), the other about social care for older people. In three of the identified centres

two educators participated on this basis. In two centres, following discussion with the centre this proved not to be necessary, and in one centre there was no response from the second educator invited to participate. The respondents were in turn asked to forward to relevant cohorts of students the invitation, explanation and tools to participate in the study, as indicated below.

*Participants – stakeholders:* the stakeholder group was established to act in an advisory capacity throughout the review. The group brought together a range of perspectives from relevant user groups, along with providing opportunities for specialist input from particular individuals (for membership, see Appendix 9).

The stakeholder group played a key role throughout the review. Student, practitioner and educator members acted as critical friends and commented on draft questionnaires etc. Service users and carers and all other members, with the exception of the social work educator, were invited to engage as informants and complete a questionnaire or telephone interview focusing on the aims, content, delivery and direction of HGDOP education.

## **2. Data collection methods**

All data collection tools were designed to explore the review questions and were developed in consultation with stakeholders. They covered the same topic areas and issues as in the research review, with a specific focus on current practice, contexts, experience, developments and challenges.

Issues of informed consent, confidentiality and anonymity were addressed in accordance with sponsor guidelines, as indicated in Sub-section 3 below.

**2.1. Telephone interviews – HEI social work educator participants:** telephone interviews using a semi-structured questionnaire (see Appendix 11) were conducted with nine social work educators from six HEIs. The participants were identified on the advice of their HEI colleagues as those best placed to report on management and organisation, teaching, learning and assessment of HGDOP within the classroom and, as far as possible, practice learning curricula. Interviews also focused on perceived impact and effectiveness. The interview questionnaire was made available to participants in advance and the interviews were conducted by two of the research team members.

The six centres included representation from qualifying social work education programmes at both undergraduate (four) and postgraduate (three) levels, including one programme with both undergraduate and postgraduate strands. All six provided full-time programmes, two provided work-based and one a part-time route to qualification. The largest programme represented enrolled 100 students in each year, the smallest, 20 students.

Four of the social work educator participants identified their primary roles in relation to the review topic as coordinator or convenor of modules on teaching and learning about older people (and/or adults), and three as coordinator or convenor of HGD modules (or modules in which the main HGD teaching and learning took place).

**2.2. Semi-structured questionnaires – HEI participant students:** semi-structured questionnaires (see Appendix 11) were forwarded via educators, by email, to relevant cohorts of students. Questionnaires were tightly focused on student experiences of HGDOP, perceived impact, strengths and weaknesses. Students were invited to return questionnaires either direct to the review team or via a course administrator. This could be undertaken by email or (to retain anonymity) by post.

The return rate on this element of the survey was disappointing, with only one response. This was partly explained by student placements and assessments at the time the questionnaire was sent out, but may also be a reflection of the perceived importance of the topic area. The response received has been included with the student stakeholder data.

**2.3. Course and programme documentation** was sought from each participating HEI to complement other data. This was provided by four programmes and included in the practice survey data analysis.

**2.4. Semi-structured questionnaires – stakeholder participants:** stakeholder participants were invited to complete a questionnaire (Appendix 8), forwarded to them by email. Service user/carer stakeholders, and stakeholders representing voluntary sector organisations were given the option of undertaking a telephone interview based on the questionnaire. One, a voluntary sector staff member, chose to complete the written questionnaire. The remainder opted for a telephone interview. Questionnaires were tightly focused on stakeholder views of the aims, content delivery and direction of HGDOP education. Service users/carers were also invited to comment, from their experience, on the strengths and weaknesses of social work practice with older people.

**2.5. Telephone interviews – stakeholders:** telephone interviews using a semi-structured questionnaire (see Appendix 8) with the three stakeholder service user/carers members of the University of Sussex/Brighton Service User Network and the voluntary sector organisation ex-chair were conducted by members of the review team. The interview questionnaire was made available to participants in advance and the interviews were conducted by two of the research team members. A further four service users who were members of a minority ethnic elders group were asked for their views by the voluntary sector organisation ex-chair using an adapted and shortened questionnaire format, who then translated and telephoned their responses to one of the review team. This allowed the inclusion of some reflections from this community, despite the language difficulties involved.

### **3. Confidentiality, bias and ethics**

Respondents to the questionnaires and the telephone interviews were identified by name in the returns but all personally identifying information has been removed in analysing and reporting on the data for this review. All contributors of good practice examples are named with their knowledge and written consent.

One of the practice survey researchers is a social work educator with a specialism in the research area. As a result, attention was paid to possible sources of bias in the selection of respondents for telephone interviews and questionnaires, the choice of questions asked, the data analysis and reporting of findings. This meant that where a researcher was well known to the respondents, another member of the research team undertook the telephone interview.

Every effort was made to ensure that service users and carers and students were adequately informed about the research prior to interviews and that appropriate information was available from project letters (see Appendices 8 and 11) and/or from on-site social work educators.

### **4. Data coding and analysis**

In order to address the central review questions, practice survey data was coded using thematic manual analysis based on schema compatible with the keywording and data

extraction strategies of the research review, and informed by preliminary findings from the mapping stage of the research review. Most of the telephone interviews were tape-recorded and the tapes transcribed prior to analysis of the data. The remainder were recorded in handwritten notes, typed up prior to analysis. The majority of the transcripts of the telephone interviews were shared with the HEI or stakeholder/service user interviewee concerned in order to verify its accuracy and interpretation and invite further comment.

Key concerns, themes and issues were identified from repeated reading of the transcript material by two of the research team. The data has been organised to present specific, illustrative examples of education practice and experience, highlighting where possible issues of effectiveness, innovative practice and evidence of critical, social gerontological perspectives in the teaching and learning of HGDOP, in classroom and/or practice learning settings.

The analysis also seeks to explore dilemmas and challenges suggested by the research literature, along with any gaps identified in the research evidence base.

# **Appendix 11: Practice survey letters and questionnaires**

## **1. SWAP/JSWEC flier**

### **Human growth and development of older people in qualifying social work education**

Is this a subject that interests you? Would you like to contribute?

The University of Sussex has been commissioned by the Social Care Institute for Excellence (SCIE) to complete a knowledge review of teaching and learning about human growth and development and older people (HGDOP) in qualifying social work education.

As part of the review we are completing a practice survey. We would be interested to hear from anyone with a particular interest in this area of work who can tell us about any interesting and innovative approaches to learning either in college or in practice. We would also be interested in receiving any examples of course materials or other teaching resources that are currently being used in teaching.

Please contact:

Pat Le Riche or Margaret Boushel  
M.Boushel@sussex.ac.uk

## **2. Telephone interview schedule for educators teaching about older people**

### **Human growth and development and older people**

The University of Sussex has been commissioned by the Social Care Institute for Excellence (SCIE) to undertake a research review examining the teaching, learning and assessment of human growth and development and older people (HGDOP) in qualifying social work education. The review aims to identify relevant evidence from research literature, education practice and relevant policy documents. A key component of the review is a practice survey that will map current practice in this area and attempt to identify examples of 'good practice'. As part of the practice survey a small number of telephone interviews are being completed to access the perspectives of higher education (HE) providers in England, Wales and Northern Ireland. Material gained during the interviews will be anonymised but where we identify 'good practice' examples we will seek consent to include these in the final report.

Context information

Name of respondent

Course location

Level            Undergraduate/postgraduate/both (*please identify which course is the subject of the interview*)

Number of students on each programme

Role/responsibility of respondent (in relation to the organisation and delivery of teaching about older people)

I would like to start by exploring teaching about older people.

i) In terms of the structure of the sequence/module:

- Do you have a separate sequence/module about older people, or is the teaching of this topic integrated into other sequences? If so, which sequence(s)?
- Is the sequence/module core or elective? If elective, then how many students have chosen this module this academic year and how does this relate to the size of groups choosing other modules?
- At what point(s) in the course does the teaching take place?
- Are students also involved in practice learning when the classroom teaching about older people takes place?
- What proportion of the sequence/module teaching focuses specifically on older people?
- Does the teaching about older people take place with social work students alone or does it involve other disciplines? If so, which disciplines?
- Apart from social work educators, who is involved in the organisation and delivery of the teaching – practitioners, older people, users and carers, educators from other disciplines, managers? Others?
- Is the teaching mostly classroom or practice-based or a mixture of both?
- How is the classroom-based learning assessed?

ii) What are the main aims/outcomes of teaching and learning about older people – improving theoretical understanding, developing skills, changing attitudes, increasing interest in this area of practice, improving the quality of practice, improving outcomes for users and carers? Other aims?

iii) In organising the content:

- How would you characterise the module's organising framework in relation to older people? Is it topic, theory or equalities/rights-based? Or do you have a different organising framework?
- How would you characterise the theoretical base of the teaching about older people? (eg psychological, sociological, socio-biological, ecological, equalities/rights-based) Other? A mixture?
- How would you characterise the pedagogical approach? (eg formal didactic learning, classroom-based experiential learning, problem-based learning, other forms of group work) Other? A mixture?

How do you integrate issues of equality and diversity into teaching and learning about older people?

I would now like to focus specifically on teaching and learning about human growth and development (HGD) within the sequence/module about older people.

iv) Is content on older people and HGD included in this sequence/module? (*If Yes, move on to the following*)

- What are the main aims/outcomes of teaching and learning about HGD in the context of working with older people – improving theoretical understanding, developing skills, changing attitudes, increasing interest in this area of practice, improving the quality of practice, improving outcomes for users and carers? Other aims?

- How would you characterise the theoretical base of the teaching? (eg psycho-social, socio-biological, ecological, equalities/rights-based) Other? A mixture? (*prompt: seek specific examples*)
  - Which aspects of ageing are included in the content? (eg relationships, chronic conditions, end of life issues) (*prompt: seek specific examples*)
  - How would you characterise the pedagogical approach? (eg formal didactic learning, classroom-based experiential learning, problem-based learning, other forms of group work) Other? A mixture? (*prompt: seek specific examples*)
  - Apart from social work educators, who is involved in the teaching – practitioners, older people, users and carers, educators from other disciplines, managers? Others? Where others are involved can you please give examples of their involvement.
  - How is the learning about HGDOP assessed? (*prompt: seek specific examples*)
- v) Can you think of other examples of teaching and learning content about HGDOP not already mentioned? (*prompt such as relationship work, end of life issues*) (if No, move on to the following)
- Could you explain why HGD content is not included in this module/sequence?
  - Can you think of other examples of teaching and learning content about HGDOP in other parts of the programme that has not already been mentioned?

In relation to practice learning:

- Can you give examples of material from practice being used as part of HGDOP teaching and learning in the classroom? (*prompt: seek specific examples*)
  - Can you think of any specific examples of where your programme requires HGDOP to be demonstrated in practice learning? (*prompt: check if this is the case with all service user groups and, if relevant, seek specific examples*)

vi) What particular strengths and weaknesses of the teaching and learning have been identified from evaluation processes?

Can you think of any additional examples of good or innovative practice in your teaching of HGDOP? Would you be happy for these to be identified in the final report?

Would you be prepared to send us any relevant teaching material?

vii) Can you think of any particular resources – research, articles, websites etc – that you have found useful in developing teaching and learning about HGDOP?

viii) We would like to include the views and ideas of students about HGDOP teaching and learning.

Are you happy for us to send a brief questionnaire to students who have completed HGDOP course elements?

What would be the best way to access these students?

Thank you for taking part in this interview.



### 3. Telephone interview schedule for educators teaching human growth and development

#### Human growth and development and older people

The University of Sussex has been commissioned by the Social Care Institute for Excellence (SCIE) to undertake a research review examining the teaching, learning and assessment of human growth and development and older people (HGDOP) in qualifying social work education. The review aims to identify relevant evidence from research literature, education practice and relevant policy documents. A key component of the review is a practice survey that will map current practice in this area and attempt to identify examples of 'good practice'. As part of the practice survey a small number of telephone interviews are being completed to access the perspectives of higher education (HE) providers in England, Wales and Northern Ireland. Material gained during the interviews will be anonymised but where we identify 'good practice' examples we will seek consent to include these in the final report.

Context information

Name of respondent

Course location

Level            Undergraduate/postgraduate/both (*please identify which course is the subject of the interview*)

Number of students on each programme

Role/responsibility of respondent (in relation to the organisation and delivery of HGDOP)

I would like to start by exploring the teaching of human growth and development (HGD) in general.

i) In terms of the structure of the sequence/module:

- Do you have a separate sequence/module on HGD or is the teaching of this topic integrated into other sequences? Both?
- At what point(s) in the course does the teaching take place?
- Are students also involved in practice learning when the classroom teaching takes place?
- What proportion of the HGD teaching focuses specifically on older people?
- Does the HGD teaching take place with social work students alone or does it involve other disciplines? If so, which disciplines?
- Apart from social work educators, who is involved in the organisation and delivery of the teaching – practitioners, users and carers, educators from other disciplines, managers? Others?
- Is the teaching mostly classroom or practice-based or a mixture of both?
- How is the classroom-based learning assessed?

ii) What are the main aims/outcomes of the teaching and learning – improving understanding, changing attitudes, improving the quality of practice, improving outcomes for users and carers? Other aims?

iii) In organising the content:

- Does the teaching follow a linear/sequential pattern (birth to death)? Is it topic, theory or equalities/rights-based? Or do you have a different organising framework?
- How would you characterise the theoretical base of the teaching? (eg psycho-social, socio-biological, ecological, equalities/rights-based) Other? A mixture?
- How would you characterise the pedagogical approach? (eg formal didactic learning, classroom-based experiential learning, problem-based learning, other forms of group work) Other? A mixture?

iv) How do you integrate issues of equality and diversity into the teaching of HGD?

v) I would now like to focus specifically on teaching and learning about older people within HGD:

- What are the main aims of teaching and learning about HGDOP – improving understanding, changing attitudes, improving the quality of practice, improving outcomes for users and carers? Other aims/outcomes?
- Apart from social work educators, who is involved in the teaching – practitioners, users and carers, educators from other disciplines, managers? Others? Where others are involved can you please give examples of their involvement
- How would you characterise the theoretical base of the teaching? (eg psycho-social, socio-biological, ecological, equalities/rights-based) Other? (*prompt: seek specific examples*)
- How would you characterise the pedagogical approach? (eg formal didactic learning, classroom-based experiential learning, problem-based learning, other forms of group work) A mixture? (*prompt: seek specific examples*)
- How is the learning about HGDOP assessed? (*prompt: seek specific examples*)

vi) How do you integrate issues of equality and diversity into the teaching of HGDOP? (*prompt: seek specific examples*)

vii) In relation to practice learning:

- Can you give examples of material from practice being used as part of HGDOP teaching and learning in the classroom? (*prompt: seek specific examples*)
- Can you think of any specific examples of where your programme requires HGDOP to be demonstrated in practice learning? (*prompt: check if this is the case with all service user groups*)

viii) Can you think of any additional examples of good or innovative practice in your teaching of HGDOP? Would you be happy for these to be identified in the final report?

Would you be prepared to send us any relevant teaching material?

Thank you for taking part in this interview.

#### **4. Covering email sent to students on programmes where staff contributed to the practice survey**

**To all xxx BA students**

We know you are very busy but we would be grateful if you could complete the attached short questionnaire. We are very interested in finding out about your experience of teaching and learning about human growth and development and older people (HGDOP) in college and in placement. This is part of a research project that has been commissioned by the Social Care Institute for Excellence (SCIE). We will treat any information you provide as confidential. You need not provide your name and if you would prefer not to reply by email you can reply by post at the address below and we will refund the cost of postage.

We hope you can spare a few minutes to complete this questionnaire.

Thank you in advance.

Pat Le Riche and Margaret Boushel  
Social work researchers  
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**5. Questionnaire sent to students on programmes where staff contributed to the practice survey (along with covering email)**

**University of Sussex  
Human growth and development and older people  
Student questionnaire**

The University of Sussex has been commissioned by the Social Care Institute for Excellence (SCIE) to undertake a research review examining the teaching, learning and assessment of human growth and development and older people (HGDOP) in qualifying social work education. The review aims to identify relevant evidence from research literature, education practice and relevant policy documents. A key component of the review is a practice survey that will map current practice in this area and attempt to identify examples of 'good practice'. As part of the practice survey we are seeking the views of students on a small number of social work courses in England, Wales and Northern Ireland. Any material gained from the questionnaire will be anonymised. We would very much appreciate it if you would complete and return this questionnaire so that student views are fully included in the review.

Context information

Name of respondent (optional)

Course name and location

Level            Undergraduate/postgraduate

Before you came on the course did you have any experience of working with older people, either as a volunteer or in paid work? If you have experience, please give details.

During the course, have you chosen electives or specific modules on work with older people (which might have been included in a module on work with adults)? If you have, please give details.

- i) In which modules, teaching sequences, practice learning or other parts of the course did teaching about human growth and development and older people (HGDOP) take place?
- ii) Looking back to the teaching of human growth and development in relation to older people what do you think was the most important learning for you in terms of:
- Knowledge of HGDOP
  - Skills
  - Social work values
  - Other aspects of learning

Can you please give us an example and tell us why this learning was important?

lii) Can you tell us about any teaching and learning approaches you found particularly useful? (eg thinking about your own future old age, oral history work, films, role-play etc)

iv) Can you tell us about any learning materials you found particularly useful? (eg books/articles, websites, material from placement or prepared by your practice assessor)

v) Have you completed or are you completing a placement with older people? If not, have your placements provided you with any opportunity to consider the experiences of older people? (eg grandparents as foster carers, family members as providers of community resources)

vi) If you have answered yes to either of these questions can you please give us an example(s) of where you were able to apply college-based learning to your practice?

vii) Are there any other points or suggestions you would like to make about your HGDOP teaching and learning?

viii) Are there any other points or suggestions you would like to make about HGDOP teaching and learning more generally?

Thank you for completing this questionnaire.

Pat Le Riche and Margaret Boushel  
University of Sussex

## Appendix 12: Practice survey additional good practice examples of pedagogical tasks (including stakeholders' ideas)

### 1. Engaging interest and challenging stereotypes

#### University of Teesside

##### Observation

Walk down to and into the Cleveland Centre. Observe older people. Try unobtrusively to note the following:

How many 'older people' have you seen?

How many of those had evident mobility problems?

How many others seemed to have some difficulty in carrying bags etc?

How many were accompanied by people of a similar age?

How many were accompanied by younger people?

In noting 'older people' what assumptions/recognition features were you drawing on?

Did you note any exceptions?

#### University of Northumbria

##### Service and community learning: interview an older person above retirement age

Discuss with them the following subjects:

- What have they enjoyed about getting older?
- What, if anything, has surprised them about getting older?
- What used to worry them about being older when they were young?
- What worries them now?
- What are their views of services provided for older people?

Record the responses then consider the following:

- At what stage of old age is the person?
- How contented is s/he?
- How much is s/he affected by negative stereotypes of older people?

How might what you have found out in this interview influence your social work practice with older people and their carers?

#### University of Teesside

##### Perceptions of ageing quiz

Here is a short quiz to start you off: say whether you agree or disagree. You might also like to add a comment:

1. Older people always push in front of queues
2. Older people are old-fashioned and conservative
3. Older people are all wrinkly
4. When you get old you lose interest in sex
5. Older people are boring
6. Older people are nice, they give you presents
7. Older people are always criticising
8. When you get old you just accept what happens to you
9. You lose interest in people when you get older
10. You never feel old

#### University of Teesside 'Getting old' agelines

Major sporting retirement	35?
Grandparent (technically possible at about)	40+
Able to apply for Saga services (holidays, insurance etc)	50
Known in research as 'older voters'	50+
Able to apply to Anchor Housing	55
Other housing associations	60
Travel subsidy (bus pass)	60
Winter fuel allowance	60
Pensionable age (women)	60
Pensionable age (men)	65
Default retirement age	65
Ineligible as magistrate or juror	70
Free television licence (and help with digital)	75
Often refused motor insurance (new customer)	75
Extra pension, extra winter fuel allowance	80
Queen's telegram	100

## 2. Self-reflection tasks

### University of Teesside

#### Reflective task

'I just ask them what are they dreading and what are they perhaps looking forward to about getting old themselves. And point out that it is really important to think about ageing in relation to yourself, or we can't really begin to understand because otherwise the fear and denial for ourselves takes over.'

### University of Northumbria

#### Questionnaire on death and dying

1. What do you believe about death?
2. What experiences/people have shaped and influenced your views on death and dying?
3. In your culture what rituals are there to help the bereaved?
4. Are you aware of any changes in your culture in relation to the way dying, death and bereavement are dealt with?
5. How might these changes be beneficial/detrimental?
6. What kind of support is helpful to people who are dying – adults, children or both?
7. What kind of support is helpful for people who are bereaved?

## 3. Increasing empathy

### University of Teesside

#### Time line: who is this older person and what might they have lived through?

Aged 0	• 1927 born
Aged 3	• 1930 depression
Aged 14	• 1941 left school (Second World War)
Aged 18	• 1945 rationing
	• Korea 1950–53, Suez 1956
Aged 40	• 1965+ 'pop culture'
	• 'Sexual liberation'

Aged 80	<ul style="list-style-type: none"><li>• 1987/92 retirement</li><li>• 2007</li></ul>
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#### 4. Stakeholders' ideas

Service users, service user educators and carers suggested the following ideas relevant to teaching and learning:

**Simulated experiences** of some of the common physical restrictions of older age to “help understand that one group of older people can be mentally alert but bodies giving out, others mentally struggling, but physically fit.... Also that ‘physical illness’ can have a psychological impact and vice versa...”.

**Older people's ‘visibility’:** students need to “think about a cross-section of young people they know ... and understand that these traits are still there when older ... older people can become invisible”.

**Day in the life of...:** “It would be a good idea for students to do ‘day in the live of’ exercise and spend time with an older person who was functioning well despite some problems.”

**Social history:** “Social workers need to be able to help older people talk about these things [the past]. Social history helps social workers empathise and allows older people and social workers to have an intelligent conversation.”

## Teaching and learning human growth and development in social work education: older people

This knowledge review examines the nature of qualifying social work education about human growth and development with regard to older people (HGDOP), looking particularly at what promotes or hinders successful outcomes.

HGDOP is a central requirement of qualifying social work education, but has not previously been the focus of any knowledge review. Policies relating to older people are receiving increasing attention, which has important implications for the training and education of HGDOP.

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