

Integrated Practice of Social Work Methods: Prospects of Social Work Intervention Through Community Palliative Care

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ABSTRACT

The profession social work is known for its applicability in diverse fields. The innovativeness in field of practice made this profession to be accepted as the need of the hour. It has uniqueness in its areas of intervention, which extends from individual context to family, groups, community and organization. Social work is very keen in both problem solving and capacity building. The traditional approach of helping the needy changed a lot and began to utilize the human potentialities for the social enhancement. The practice of social work has a marked difference in country to country context. In a country like India we are based on a method approach, where the application will be done through different methods of intervention. Most of the areas of intervention are employing one or more methods, in some agencies utilizing more than two methods and be a model of integrated approach. In health sector, Palliative cares are the emerging model of integrated practice. Especially in the state of Kerala, palliative care is a significant voluntary health movement characterized by the integrated practice of social work methods and it's aimed at the holistic development of the target people. Comparatively this is a new area for social work practice which involves the utilization of social work methods, tools and techniques collaboratively. This paper analyzes the perspective of social work in integrating its six different methods in application on community palliative care and what extent it helps the beneficiaries as a holistic practice.

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INTRODUCTION

Social work made an innovative exploration during the past decades. Its origin can be traced from the principle of charity and philanthropy but meanwhile it takes a professional shape in dealing with different dimensions of problem solving and development. As a professional service social work mobilizes unique methods, tools, technique and principle to attain the goals. Social work draws theories of human development, behavior, social system to analyze the complex situations in practices and to facilitate individuals, groups and organizations to socio cultural changes. The profession social work promotes social changes, problem solving in human relationship and empowerment and liberation of people to enhance well being (IASS/IFSW 2001). It addresses the barriers, inequalities and injustice that exist in society. It responds to crisis and emergencies as well as to every day personal and social problems.

As an enabling profession social work, mission is to enable all people to develop their full potentials, enrich their lives, prevention and promotion from dysfunctions. Professional social workers are change agents in society and in the lines of individual, family, and communities they serve. Social work intervention range from primarily person focused psychosocial process to involvement on social policy planning and development. These include counseling, clinical social work, group work, social pedagogical work, family treatment and therapy as well as effort to help people obtain service and resource in the community. Interventions also includes agency administration, community organization and engaging in political and social action to impact social policy and capacity building. These different and unique roles of social work application can see in a variety of setting, where they employ some methods for intervention. A very few agencies like Palliative Care is make utilizing most of the social work methods together , especially social casework, group work, community organization, social welfare administration and social action.

Comparing to the western countries implication of social work intervention in Palliative care is a new area of practice in India. Working with old age, chronically ill, providing help to such vulnerable category is a widely accepted practice in social work from the very beginning. But through palliative care and hospice it got a new shape of approach and society is ready to accept the need of intervention on this area.

INTEGRATED PRACTICE OF SOCIAL WORK METHODS

Literary integration means combination. Integrated practice indicating the strength based approach which uses a variety of methods and techniques that addresses the different aspects of a specific problem or issue. Integration is an effective strategy to address the problems that are come under social work perspective.

Integrating social work method is having an innovative scope in the fields of intervention. It responds to crisis and emergencies as well as to everyday personal and social problems. Social work utilized variety of skills, technique and activities consistent with its holistic focus on person and their environment. The integrated approach in social work practice have two dimensions, first it facilitate the combined application of social work methods on specific area and the other by the combined practice the target groups gets an holistic development, which touch all dimensions of their needs. The integrated approach in social work has emphasis the need of coordinating different methods and agencies under a single management system. Among the social work agencies there are currently very few agencies that make utilize the combined approach in dealing with the problems. Commonly organization, social group work and casework is practiced together in agencies like mental health setting, schools, correctional homes, etc. Palliative cares also be an ideal model of social work implication, which utilizes voluntary efforts in a sustainable manner.

COMMUNITY PALLIATIVE CARE: AN EMERGING CONCERN OF PUBLIC HEALTH AND SOCIAL WORK INTERVENTION

Palliative care is a specialized means of healthcare which involves on relieving and preventing the suffering of patients. It includes care of the patient, pain and symptom management, disease-modifying treatments, dealing with bereavement and supporting family. Palliative care consider for a quality living and dying by improving physical, psychological and social aspects of the patient and their families. Palliative care is having focus on the holistic aspects of the patients and their families by a participatory way. The interventions of palliative care have different dimensions. “Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with

life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” (WHO 1998). The approach of palliative care is an inclusive one, which extend from the patient’s medical condition to the psychosocial well being of patient and family. Palliative care is the active total care applicable from the time of diagnosis, aimed at improving the quality of life of patients and their families facing serious life-limiting illness, through the prevention and relief of suffering from pain and other physical symptoms as well as psychological, social and spiritual distress. (IAPC Draft 2011). Physical as well as psychosocial aspects are very crucial consideration for the palliative work.

Palliative care is an emerging concern of public health in Indian context. By the middle of 1980’s palliative care services began to exist in our country. But during the mid 90’s it takes shape as an established mode of service delivery. These activities are mostly concentrated in large cities, with the exception of Kerala, where this movement has much more widespread. Even the present scenario palliative care services in developing process. In most of the Indian states it is unable to identify palliative care services, including in 19 states/union territories. Development of services is uneven, with greater provision evident in the south than the north, but for the majority of states, coverage is poor. Barriers to the development of palliative care include: poverty, population density, geography, opioid availability, workforce development, and limited national palliative care policy (McDermott E. et al 2008). The southern part of India showed greater advances in this regard. Especially the state of Kerala showed steady progress in palliative care and they adopted the western perspective of intervention which consists of a bio-psychosocial model in dealing with patient and family.

Delivery of public health care is a complicated one in the modern scenario, even though there are various policies and programs for the same. A large portion of population is inaccessible to public health care and often marginalized from it. This happen especially those who are suffering from chronic illness, old age problems and advanced stages of life. Providing health care to this vulnerable group is a role and implication of professional social work in regard with the principle of social justice. Certainly it’s a difficult task for the health and social care professionals in dealing with the advanced stages of life. In the initial stages of development palliative care has considered only the physical aspects like symptom management

and pain control of the patient. But if we look at the present, it has moved from just being an end care-of life service to one that considered from the moment of diagnosis to the subsequent bereavement period of the carers (Moyra.A. et al- 2011).

Palliative cares are giving innumerable support, to people who are victimized to live in the four walls of a room with pain, hopelessness, helplessness and emotional stress. This is a period when a person needs support in the lines of materialistic and non materialistic aspects. Financial issues, high treatment expenses and lack of income generating activities or unemployment make the patient with palliative care needs and families more pathetic and miserable. Dealing with these kinds of social pain deserves a high consideration of palliative cares. An affordable and sustainable community-based palliative care services can effectively address these whole issues. The Kerala model of palliative care system is a best suited for the sustainable health care delivery. The strength and width of voluntarism is well utilized in this model, whereby community participation and resource mobilization is the core of service delivery. This voluntary public health intervention through palliative care is having great relevance in the grounds of sustainability.

Intervention in public health and the enhancement of the vulnerable group are the significant areas of action for social workers. By engaging the professional service delivery in the field of palliative care provides immense chance to alleviate the problems of patient who needs palliative services. As a profession which stands for humanism and social development Social Work have a great relevance in working with Palliative care. It provides an innumerable scope in the professional enhancement too, as it's a multidisciplinary team work which facilitate skills. This is an agency that enables to being an integrated practice of social work methods and techniques.

Among Indian states the palliative care model of Kerala is appreciative in regard with the characteristics it has. Some of the characteristics which have relevant for Social Work practice need to discuss.

Holism

Holism in the context of palliative care means caring the whole person. By an integrated approach which touch all dimensions of the patient. Individuals are not simply made of separate physical, psychological, spiritual, social, cultural or emotional dimensions but all of these, working and interacting as an integrated whole (Moyra. A & Jan Woodhouse

2011). Palliative cares are stressing on the bio-psychosocial model of intervention.

Multidisciplinary Team

Addressing the holistic aspects of patient it's necessary to make use of health care and social care professionals. Team work is an essential component of palliative care activities. The team comprises individuals from a variety of settings like Physician, nurses, Social workers, psychologist, physiotherapist and volunteers. Each of these professionals and voluntary workers touch all the dimensions of palliative patients. Be a team member social workers coordinating the services in towards the betterment of socio-medical care.

De Institutionalization

Community Palliative care policy aims to remove care from institutions, and prevent people from being required to receive service from within the building. Caring a palliative patient in a hospital setting may leave the relatives and cares overwhelmed in the grounds of financial and human resource sustainability, especially for the poor and rural people. On this line deinstitutionalization, providing the care within the community or home itself with the support of community members deserve high significance. The Home Care Units of palliative care in Kerala, which consist of trained nurses, volunteers and social worker, is the typical example of the institutionalized community care. These home care units are liaison with community people in regard with necessary emergency support to the family.

Voluntarism

Voluntarism is the great most sustainable asset used by palliative care. The volunteers in palliative care are from a diverse filed, which include students, teachers, politicians, local people and many more. One of the significant efficacy with these volunteers is they belongs to the community itself and know how to deal and mobilize resources. These volunteers represent enormous human capabilities with relevant knowledge of problems and people living in the local community. In Kerala it is essential for the Palliative volunteers to get training on working with the palliative patients. By these training they can develop a necessary knowledge

and skills in dealing with them in an empathetic manner. Volunteers and voluntarism contribute to the development of social and human potential, increasing community participation, community development, contributing to reconciliation and reconstruction (Igor Milo 2005).

Sustainability

Sustainability of palliative care in dealing with health care is an adaptable approach for other sectors too. Palliative cares in Kerala is highly sustainable, even though it's lacking support from government sector. In recent years, due to the policy on palliative care government began certain kind of support to the agencies. Palliative cares mobilizes resource from the community itself, it may be materialistic and non materialistic. A number of palliative cares in Kerala using social entrepreneurship for mobilizing financial resources. Palliative cares are coordinating income generating activities for self reliance by vocational training to the patient and family members. In regard with the human resources Palliative care stands for an advanced practice, in which the voluntarism is utilizing very effectively. These volunteers are from the diverse population.

PROSPECTS OF INTEGRATING SOCIAL WORK METHODS IN PALLIATIVE CARE: A KERALA MODEL

The organizing and intervention methods of palliative care are well suited with the objectives of Professional Social work practice. Palliative care is focusing the holistic approach which stresses the bio-psychosocial model. For addressing this approach, integration of social work methods and technique is the best strategy. It has the capability to cover the various dimensions for the holistic development of the target population. In the state of Kerala and some other parts of India social workers practice in palliative care has proven that there is wide scope and result for the combined or integrated practice of six methods of social work. Each method of social work addressing the different dimensions of palliative care services includes assessment, psychosocial supports to family and patients, enabling voluntary efforts, liaison with local resources and agencies, mobilizing resources, social advocacy, mediating for welfare measures. These interventions are extends from diagnosis to the bereavement. A critical analysis of each method in the context of palliative care is essential.

CASEWORK

Social casework is concerned with the adjustment and development of individual towards more satisfying life and well being by alleviating psychosocial problems. Casework in palliative care deserves a valuable significance. The person who needs palliative care service are often under severe stress and psychological pain, as they are undergoing life threatening disease, advanced stages of life, paraplegic conditions. These make them to be isolated from mainstream and results in unemployment, financial burden, decreased family support and poor recreational activities. Psychosocial well being among these groups has probably weak. Studies have shown that up to 75% of patients with terminal illnesses are depressed. Depression can decrease the amount of pleasure and meaning in life. It can take away hope and peace at the end of life. Depression can also be a cause of suffering, and can increase physical pain. It also makes treatment of other illnesses difficult. Additionally, depression is associated with an increased risk of suicide. It is important to identify depression in order to preserve quality of life (Andrea Axtell 2008).

In casework practice these things should keep in mind. The vulnerability of patients, makes it's a difficult task to deal them. One of the most important tasks of doctors, nurses and social workers and allied health professionals in the health field is to help a terminally ill patient in deal with dying (Charles Zastrow 2004)

Psychosocial Support and Counseling

In practice caseworker have to understand the risk factors of the patient through in-depth assessment. Assessment may include the family background, coping capacity and family support system. On the basis of the assessment making interventions and facilitate the patient and family to accept the reality on illness. Supportive counseling needs to employ with the patients. In Palliative practice caseworker shall ready to listen the patient and provide them the opportunity for catharsis. In regard with the family, it's necessary to provide essential information on the family functioning, especially sexual life and child rearing. Facilitate the family with the appropriate service provisions and agencies. In the advanced stages of life the caseworker needs to deal with the grief and bereavement aspects of the family.

Medico-education

Medico education in the context of palliative care starts from the diagnosis. Educate the patient and family regarding the symptoms, course, and prognosis is most relevant. In relation with the chronic illness like cancer, AIDS and heart disease, family should be educated at times. The possible outcomes and threats to the treatments and after care tips are imparted to the family.

GROUP WORK

Group work seeks to facilitate the intellectual, emotional and social development through group activities. Group activities are the strategic plans administered in palliative care, which is having the effect of both psychosocial healing and an intervention model for holistic development. In Kerala scenario, a number palliative cares are organizing group activities, both for the educative and recreational purpose. This group work is being used as a tool for learning and experiencing. In the context of palliative care group is utilized in two ways, first one is treatment group and task group. Treatment group helps individual to solve personal problems, change unwanted behaviors cope with stress, and improve quality of life. Efforts focus on clients solving problems, enhancing personal qualities or providing each other support. This treatment group consist the patients who are suffering from same illness or having same dimensions in the lines of psychosocial aspects. Group members whose share common issues or problems and meet on an ongoing basis to cope with stress, give each other suggestions, provide information, convey, furnish emotional support (Charles Zastrow 2004b). This enables the patients to be felt relaxed and a place for emotional catharsis. In the treatment group social workers employ technique like support and assurance.

Another implication of social work in palliative care is through task groups, these are the group which applying the principle of group dynamics to solve problems, develop strategies, ideas plans, and achieve goal. To meet the needs of families, groups, communities or organizations. By this group the planning on palliative care can be done. The group work palliative care patient and families give a valuable support. It can use for educating the relatives and volunteers on dealing with stress and strain.

COMMUNITY ORGANIZATION

Community is the most ingredient and vital part in the palliative care movement. Kerala proved the utilization and sustainability of community based palliative care delivery, where community played crucial role and made it the responsibility of community to the care of palliative patients. The community endeavor to the palliative care should be coordinated for its efficacy, professional social workers playing significant role in this regard by the practice of community organization. It is an intervention used by social workers and other professionals to help individuals, groups and collectives of people with common interest on the same geographical area to deal with social problems and to enhance social well being through collective action (Barker 1999).

The aim of community organization is stimulating and assisting local community to evaluate, plan and coordinate efforts to provide for the community health, welfare, and recreation needs. Encouraging citizen and fostering participation, coordinating efforts between agencies or between groups, performing public relations, providing public education, and conducting research. (Charles Zastrow 2004c). Community organization has tapping and mobilizes the community resources, voluntarism, sustainability, and make the community to participate for the holistic development of the patient and the surrounding. For the ensuring quality care the initiative like Neighborhood Network in Palliative Care (NNPC) in Kerala contributes a lot. This is a network of palliative cares in Kerala. The network was highly successful in delivering sustainable and meaningful palliative care and long term care with community participation. The practice of this method enables the social worker to unite volunteers from diverse field includes college students, NSS, NCC, NYK volunteers, ASHA workers under a single system of management.

Social Welfare Administration

The main provision of palliative care is the social welfare through community participation. As a welfare agency palliative care has transforming social policies into service. In a large extent policies are formulated by the palliative care itself. Palliative cares are enabling the patients to get welfare measures from appropriate authority, agency by referring them. Palliative Cares are advocating for disabled people, bedridden, chronically ill for getting the social security measures from the governmental agencies. This is a sort of enabling the patient with

the materialistic. And administration involves the overall program of social service agency. It also involves coordinating efforts to achieve selected goals, monitoring and revising internal procedures to improve effectiveness and efficiency. The whole activities of palliative care are guided by the administrative provisions in the agency. Social Worker in palliative care has using social welfare administration as an effective tool for render professional service in a systematic manner.

SOCIAL WORK RESEARCH

Research in palliative care is mainly focusing on the evaluation aspects. The statistics related to the service delivery is making use for both internal and external purpose, internal purpose in on the grounds of evaluating organizational efficacy, sustainability and assessing patient satisfaction. The external aspects include providing data's and reports to the local self, state government and other agencies including World health Organization. Social work Research in the grounds of Psychosocial issues, human rights, family welfare and policy and program formulation happens through palliative care. Research in this field helps to revitalize field practice. Social work research significantly contributed to the policy formulation, the 'Pain and Palliative Care policy' of government of Kerala is a best the example. This policy is first of its kind in India.

SOCIAL ACTION

Social action is the people's activism for a common purpose. Social action is an individual, group, or community effort which aims to bring changes in social legislation or welfare services. Social workers have using it for making alternate and additional service provision. Social action used in Palliative care as means of mobilizing resources, especially human resources for sustainable community participation. Propagandas like organizing seminars, workshops and rallies for making aware the people about the need of the palliative movement. This will helps people to understand and be activist palliative movement.

CONCLUSION

Palliative care is having a high place in the present health care delivery system. Its community based approach is an implication for further

expansion. Social work is the most suitable profession in dealing with the palliative care administration and different dimensions of patient care. Each of the method has addressing different aspects of patient welfare and service delivery. An integrated of Social work practice on community palliative care is the need of the hour. The practice in palliative care, as a team member in the multidisciplinary team and coordinator in different functions definitely enhance the professional qualities of social worker. The integrated practice in Palliative care is an effective learning centre for emerging social work trainees. In Palliative care a professional social worker can definitely apply all the principles, tools, techniques and methods together in an innovative way.

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