Chapter 13
The Transgressed—From Medical Social Workers to Health Social Workers-Emerging Challenges and the Road Ahead

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Abstract Health social work profession, which marked the genesis of professional social work worldwide, has become very pertinent in the contemporary times, more so in the wake of the present worldwide pandemic of Covid-19. The profession which started more than 100 years ago is now well established and is widely being practised in most of the developed and developing nations. This paper traverses the journey of health social work in establishing itself as a profession and projects the road ahead, both in the global as well as in the Indian context.

Keywords Health social work · Social work profession · Health social work

Introduction

Social work in health care was established almost a 100 years ago. The profession which was earlier known as 'Medical Social Work' is now known as 'Health Social Work'. This change in the nomenclature is mainly because of the shift in the concept of health from Biomedical[1] to Psychosocial.[2] Earlier health was looked only from the biomedical lens, where in the diseases were considered to be caused by germs and the doctors alone could cure the diseased. Later on the importance of social, cultural, political and economic factors was established in shaping health. In its early

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[1] "Traditionally, health has been viewed as an "absence of disease" and if one was free from disease, then the person was considered healthy. This concept, known as the "biomedical concept" has the basis in the "Germ theory of disease" which dominated the medical thought till the turn of the twentieth century. According to the germ theory diseases are caused by germs. Medical profession viewed human body as a machine, disease as a consequence of the breakdown of the machine and one of the doctors task is to repair the machine." (Park, 2005).

[2] "Health is not only a biomedical phenomena, but one which is influenced by social, psychological, cultural, economic and political factors of the people concerned. These factors must be taken into consideration while defining and measuring health." (Park, 2005).

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years of inception, medical social workers were guided by the biomedical concept of health and the social workers role was limited to the hospital. However, gradually the profession was guided more and more by the psychosocial concept and that is when the profession diversified to various other settings like small clinics, non-government organizations (NGOs), disease control programs and the community. The medical social workers were then expected to take care of not just the medical aspects, but also the psychosocial aspects of the illness. Hence, a shift in nomenclature came from 'Medical Social Work' to 'Health Social Work'. This was not just a mere change in nomenclature but a major landmark in the history of medical social work as it marked a shift in the roles assumed by the social workers along with their ideologies as well as their intervention strategies. This paper is an attempt to trace these shifts in the profession of health social work, right from its inception in developed nations like Britain and America to the present times, where in it is practised in almost all the nations. It also traces the trajectory of its evolution and presents the challenges faced by the profession over the years. Finally, it projects the emerging areas of practice especially in the contemporary times. It also looks at the role of professional bodies in terms of imparting further support to the growth of the profession. While the paper draws literature from across the globe, it focuses more on India and Australia, these countries being the prime focus of this edited volume.

Health Social Work—Concept and Relevance

What Is Medical/Health Social Work?

As defined by Arul & Carter, 2017, "The Medical Social Work is the application and adoption of methods and philosophy of social work in the field of health and medical care. It makes selected and extended views of those aspects of social work knowledge and methods which are particularly relevant to help persons who have health problems (Arul & Carter, 2017, p. 57)."

According to Wardhe, S., 1995, "Medical Social Workers help the individuals cope with the psychosocial problems that arise out of ill health and disability, and enable them to lead a productive and satisfying life to the best of his capacity (Wardhe, 1995, p. 175)."

Why We Need a Health Social Worker?

As mentioned earlier, the change in the concept of health from biomedical to psychosocial led to the change in nomenclature of medical social work, to health social work; however, its contribution goes even beyond. In fact, this is the single most driving force which created the need for medical social workers. The growing recognition of the influence of the psychosocial factors on health created the need of professionals, who would not only cure the biological aspect of the illness, but would

also take care of the psychosocial aspects. Hence, emerged a new field of social work practice, namely 'Medical Social Work' later known as 'Health Social Work'.

If one looks at health from the social perspective, besides the biological factors, social factors play a major role in causing a disease, its transmission and thus influencing its course. Hence, the role of a health social worker becomes extremely critical in terms of regulating the disease.

The role of health social worker has become all the more pertinent in the contemporary society with increasing privatization and commodification of health care. The rising cost of health care has made it very difficult for the marginalized to access basic health care. In this context, the social worker plays a very important role in helping people to meet the financial cost of treatment. With the increasing commodification, health professionals are now lacking the humane touch, they prescribe the medicine, but they don't have the time to talk to the patient and explain him or his family about the illness. As a result, the patients are often left with a lot of questions with regards to the illness, its prognosis and care. It is here that a medical social workers play a critical role in fulfilling the above requirements. The section below looks at the emergence of the medical/health social work profession in some countries.

Historical Evolution of Medical Social Work

International

Social work as a professional discipline is considered to have emerged with the appointment of lady alomeners who were the earlier versions of medical social workers. Hence, one can say that the first specialized field in social work was medical social work. Britain and Ireland were the first two countries to appoint hospital almoners or lady almoners. The first lady almoner was appointed at the Royal Free Hospital of London in the year 1895. Her role was to assess the eligibility of patients coming to the hospital for free treatment. Gradually, this role expanded to cover the patients under the provisions of other social programs. By 1905, many other hospitals in London had appointed lady almoners. To oversee the new profession, the Hospital Almoners Council was also created at the same time. In the year 1960, the Almoners were officially renamed as medical social worker. The Institute of Almoner's in Britain was renamed as the Institute of Medical Social Workers in 1964. This institute was instrumental in forming the British Association of Social Workers in 1970. This further proves that the genesis of social work profession started with medical social work.

In Ireland, Winifred Alcock was appointed as the first almoner in a dispensary of sick children in Adelaide Hospital of Dublin. She was appointed by a paediatrician named Ella Webb in 1918 (Arul & Carter, 2017).

In the United States, professional social workers were first appointed in the Massachusetts General Hospital in 1912. Very soon, professional training of other medical social workers was started by a social worker named Ida Cannon.

In other countries, health social work developed along similar lines, but with a somewhat delayed start. For instance, in Hong Kong, almoners were first appointed in hospitals in the year 1939 (Chan, 1997). In China, the first medical social worker was appointed by Ida Pruitt in Beijing in the year 1921. They were mainly expected to carry case work, adoption services and recuperation services. Australia too followed the British model, and the first almoners were appointed at the Melbourne Hospital in 1929. In the next six years, eight more hospitals appointed medical social workers (Crisp, 2000; O'Brien & Parker, 1979). In the Middle East, medical social work saw its inception in Egypt in 1936 (Soliman & Miah, 1998). In Israel, volunteers took charge of health social work, before the foundation of the state in 1948. At first, professional social workers were appointed in specialized hospitals, (e.g. for tuberculosis and rehabilitation), and later, they moved into psychiatric units. The first social work department in a general hospital was established in 1961 (Auslander & Ben-Shahar, 1998). In some countries, social work in health care caught on late. For instance, in Russia, medical social work developed as late as the end of the twentieth century, that too with the help of academics and practitioners from abroad (Shchepin, Sidorov, & Vyazmin, 1998).

India

"Service to the sick has been a part of the Indian tradition, however, its scientific orientation is of a recent origin (Wardhe, 1995)." For a long time in the Indian history, there was no formal medical social worker. The emergence of medical social service for the general population was marked by the setting of hospitals for the care of the sick during the Buddhist period, in the third century BC. Besides, in most instances, the ayurvedic doctors too played the dual role of a family physician and that of a social worker. It was only in 1946 that the first medical social worker was appointed in a hospital setting in India. Let us understand the factors which led to this (www.shodhganga.inflibnet.ac.in).

In 1946, the Health Survey and Development committee (Bhore committee), known for its remarkable contribution of preparing a blue print of the Heath services in India, recommended the need of having medical social workers for enhancing the efficiency of the existing hospitals. In its recommendation, the Bhore committee report mentioned that,

> We have little doubt that the general efficiency of all the large hospitals in India will be greatly influenced by appointing trained hospital social workers on their staff as has been the experience recently in Great Britain and America. (Government of India, 1946)

   This recommendation of the committee was further endorsed and enforced by the medical practitioners who had visited Britain and America and had observed the work of almoners and medical social workers there. After returning to India, some of them were inspired to start similar activities in there hospitals and clinics. The beginning of preventive and social medicine departments in medical colleges, psychiatric clinics in general hospitals and training programs in medical social work further paved the way for the establishment of medical social work in India. Tata Institute of Social Sciences (then known as the Sir Dorabji Tata Graduate School of Social Work) in Mumbai was the first institute to start professional training of social workers in India, and this was followed by the Delhi School of Social Work, Delhi. This is when the first social worker was appointed in the Jamshedji Jeejeebhoy (JJ) Hospital, Mumbai, in the year 1946. This was followed by Lady Irwin Hospital, which appointed its first medical social worker in 1950. Thereafter, many other renowned hospitals of the nation state appointing medical social workers (www.shodhganga.inflibnet.ac.in). Subsequently, social workers were appointed by the State Health Services of Maharashtra, Gujarat, Punjab, Delhi, Madhya Pradesh, Andhra Pradesh, Bihar, West Bengal, Rajasthan and Madras (Seal, 1974). At present, medical social workers are working in all the states of India in both public, private and trust hospitals. Most of the established hospitals have a Social Work department comprisin several social workers, while the smaller ones have fewer social workers. Earlier, the medical social workers were appointed only by the department of Psychiatry and Preventive and Social Medicine. Now, they are appointed across other departments as well, like medicine, orthopaedic, gynaecology and paedeatrics.

   Another landmark in the field of medical social work took place in the year 1973, when the fifth report of Medical Council of India made it mandatory for a medical college with 100 seats to have six medical social workers in the preventive and social medicine departments, two attached to the college, two at rural health centre and two at urban training health centre (MCI, 1973). It is at this stage that the medical social workers expanded their practice to community. This happened mainly due to the shift in the approach of health care from individual to community (Wardhe, 1995). Another reason for this was the growing realization that the psychosocial factors responsible for the illness needs to be handled by community engagement mainly by creating awareness of diseases and referrals. This shift also occurred due to the opening of departments of community medicine in medical colleges and the mandatory training of doctors in the community.

   Internationally as well as within India, social work in health care made a sharp progress in the latter decades of the twentieth century. This was mainly attributed to the progress made in the medical sciences as well as the advances within the social work profession itself (Rehr, 1985). Newer specializations developed within health social work which included oncology and nephrology social workers. More emphasis was given to professional autonomy and accountability (Rehr, 1979). In the United States, early case finding tools were developed by the social workers which were adapted in other countries as well (Berkman & Rehr, 1970; Bywaters,

1991). In various countries, a lot of importance was now given to discharge planning (Davidson, 1978). Technology assumed newer roles and aided the social workers who were now able to maintain information on the computer for both clinical and managerial purpose (Volland, 1984).

The profession which originally started in hospitals gradually shifted to clinics, dispensaries, rehabilitation centres, NGOs and community health programs. The following section throws further light on the role of a health social worker both in the hospitals as well as in the community.

Role of a Health Social Worker

In Hospitals

The main functions of a medical social worker were first spelled out by the Bhore committee report, which also proposed the appointment of medical social workers in hospitals in India. These included:

> Discovering and making available to the medical staff, any factors in the patient's environment that may have a bearing on his physical conditions, thus supplementing medical history with social history; Influencing and guiding patients in carrying out treatment, explaining the physician's directions in simple terms and helping them to carry out the treatment plan; and overcoming obstacles to successful treatment or recovery particularly in the out patient department. (Government of India, 1946)

Following the above recommendations, the role of a social worker in a hospital setting was carved out. The main function of a social worker includes giving information to the patient and his relatives about the illness, its prognosis and care. Other roles of a health social worker include psychosocial assessment of the patients and his family, connecting them to necessary resources in the community like preventative care and financial aid, providing psychotherapy, supportive counselling and grief counselling. A social worker is also instrumental in helping the patients avail the various health insurance schemes. Besides, he plays a crucial role in the discharge and vocational and social rehabilitation of the client after discharge. He is also involved in making patient and his family aware about the "Patients rights" and help them access the same. Hence, the role of a social worker can rightly be summarized in the words of Wardhe, 199, according to whom, "The role of a medical social worker is to restore balance in an individual's personal, family and social life, in order to help that person maintain or recover his/her health and strengthen his/her ability to adapt and reintegrate into society" (Wardhe, 1995).

In Community

The expansion of the role of a medical social worker from hospital to the community involved significant changes. While the social worker is appointed by the hospital, he has the ethical responsibility to undertake work in the nearby community. This work can be undertaken at three levels, namely micro, meso and macro.

At the **micro-level**, the social worker can do community diagnosis which is a survey done to understand the culture, health beliefs, health practices and problems of the community and interpret the same to the hospital for planned intervention. Micro-level work can also involve health education, informal counselling, health screening followed by referrals, facilitating access to health services and health programs and capacity building to address health issues. This can be done by imparting training to volunteers from within the community who can then train others.

At the **meso-level**, the health social worker can network with government and non-government organizations working in the field of health for effective delivery of services. E.g. SNEHA organization in Mumbai is working closely with the Integrated Child Development Scheme (ICDS) of the government and is ensuring that quality services are provided by the Anganwadis, which are community centres offering nutritional counselling and meals to children and their mothers. Some of the other work that can be undertaken at the meso-level include educating health system providers and stakeholders about community health needs and ensuring that the healthcare professionals adapt their practice in accordance with the culture of the populations that they serve. This is required mainly because each community has their own cultural beliefs and practices towards health in accordance with their Indigenous knowledge. Dr. D. Banerjee termed this as "Health Culture" (Banerjee, 1982). The healthcare providers practicing in the community need to be sensitive to this 'health culture' and offer their own medicine, complementing their existing practices.

At the **macro**-level, the health social worker has an immense role to play, especially in the field of advocacy, mainly in terms of framing policies as per the needs of the people as well as helping in the better implementation of policies.[3]

To further elucidate the role of a social worker, case studies of two hospitals have been presented in the section below. The names of these hospitals have not been disclosed for the purpose of confidentiality.[4]

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[3]This has been listed down based on the authors field experience, observation and readings.

[4]I acknowledge the inputs given by my students studying in the College of Social Work, Nirmala Niketan, Mumbai: Mr. Vatsal Agarwal (Masters in Social Work, second year) and Ms. Saumya Nair (Masters in Social Work, first year), who were placed for their concurrent fieldwork in the hospitals described in this section.

Hospital 1

This hospital was established in 1991. The Medical Social Work Department of the hospital works very closely with the other services of the hospital to provide integrated care to all its patients. As a significant department, it is headed by a trained medical social worker who holds a professional degree in social work (MSW), and to assist her, there is another social worker. The social work department is mainly involved in coordinating with various trusts, organizations and individual benefactors to explore options for financial aid. Besides, they are also involved in identifying the financial background of the patients and providing them free of cost or concessional service as per the Mumbai High Court order of 2006. Screening of documents for availing this concession is another important task that the social worker is required to do. The other tasks undertaken by this department include counselling of economically weak patients, referring the service needy patients to private trusts, arranging concessions for cataract surgery and MRI, arranging donors for medical infrastructure and amenities, etc. Other important work of the medical social workers includes making arrangements for waterbeds and airbeds for indoor patients and other rehabilitation services like wheel chair, walkers, commode chairs, etc. The social work department of this hospital has done a commendable job in terms of identifying donors within the city and thus helping the hospital in arranging the funds for the infrastructural development as well as address the financial needs of the patients. They are also playing a crucial role in reaching out to the nearby community by organizing camps for cataract detection and surgery, general health camps and blood donation camps.

Hospital 2

This is a charitable hospital rendering community initiatives for the welfare of rural and tribal population in three districts of Maharashtra, India, namely Thane, Palghar and Mathura. Similar to the first hospital, the social workers tasks include raising funds and providing concessions to patients who are not able to afford medical expenses as per the government order. The procedure includes assessing the income criteria of the patients, verifying their documents and filling up forms. The other important tasks of the social worker include providing information to the patients and his family regarding the illness and the treatment procedures, imparting counselling especially grief counselling and conducting awareness sessions within the different departments of the hospitals. The medical social worker also performs referral work by guiding the patients to government hospitals when they can't afford the treatment cost in spite of the concessions and financial aid.

Hence, one can observe that in both the above hospitals, the medical social worker is involved in routine tasks of fund raising, referrals and counselling. They are not undertaking newer or challenging work, even the community engagement in both

these hospitals is very limited. Thus, it can be inferred that in both these hospitals the profession is still at a rudimentary stage.

Knowledge and Skills Used by a Health Social Worker

In fulfilling the above roles, the health social workers make use of all the methods of social work which includes case work, group work, community organization, advocacy, social welfare administration and social research. Recently, there is a trend to use the integrated approach to social work practice utilizing all the above or clubbing a few methods together.

The intervention models in health social work have shifted from the traditional linear problem-solving approach as suggested by Mary Richmond's social diagnosis model, to biopsychosocial and other holistic models (Holosko & Taylor, 1992). The latest intervention models encourage more active participation in taking decisions for their own care and focus more on the needs of the clients and their strengths. As the number of patients with chronic illness is rising, the social workers are adopting different intervention strategies which include supportive therapy, pain relief, palliative care and spiritual interventions. Creative forms like clay therapy and dance therapy are also being used by the health social worker.

Some of the skills which a health social worker must have include need assessment, planning, mobilizing, networking, training, communication—listening, talking and counselling and advocacy.

Challenges Faced by the Health Social Workers in India

The evolution of health social work as described in the section above witnessed gargantuan challenges in establishing itself within a hierarchical set up where doctors are considered no less than Gods. This section highlights some of these challenges.

Initially, there was a lot of ambiguity with regards to the roles and qualifications of a social worker, as a result of which they often got involved in mundane administrative tasks which were not relevant to their profession. This included activities like fund raising, arranging queues, giving railway concession forms and so on (Wardhe, 1995).

Their role in a multidisciplinary team of doctors, nurses and administrators was not recognized. Most of the times, they worked under the shadow of medical professionals and were unable to define or project their identity and potential.

In most instances, the medical social worker functioned as a single worker. Even when there were more social workers, they were attached to different departments of the hospitals and did not function under a social work department. There was no professional hierarchy among the social workers, compared to the other departments in the hospital. This isolated the social worker and resulted in the absence of professional supervision or consultation. This also led to the lack of safeguard of their

professional interest, especially when they were loaded with routine, mundane and non-professional duties. This eventually hampered their motivation and efficiency.

Some of the other factors that hampered their motivation levels were low salary and lack of avenues for promotion (Wardhe, 1995).

Another limitation that the profession faced initially was that the schools of social work were very limited, mostly urban-based and confined to a few states. The curriculum development were influenced by the American pattern, and hence, it catered to a society which was more urban and modern (Wardhe, 1995). However, over the years, changes have been made in the syllabus to make it relevant to the Indian context.

Another problem faced by the profession is the absence of trained professionals. The qualification of medical social worker is a Masters degree in social work with specialization in medical and psychiatric social work. However, initially due to shortage of schools of social work offering this specialized training, there was a shortage of trained medical social workers. Hence, in many instances, even partially trained social workers were appointed and unfortunately that continues even till today. The requirement of medical social workers far exceeds the number of professionals being trained in this specialization. There is also a shortage of professionally trained psychiatric social workers which also fall under the ambit of medical social workers. It is mandatory for a psychiatric social worker to have a Masters in social work degree along with a Master in philosophy in psychiatric social work. Many psychiatric social workers obtaining an M.Phil. degree from renowned institutions like Central Institute of Psychiatry Ranchi, Institute of Psychiatry, Kolkata, Govt. Medical College and Hospital, Chandigarh, are having Masters of Sociology rather than Masters in Social Work, and hence, they may not qualify as being professionally trained psychiatric social workers (Arul & Carter, 2017).

Over the years, the profession has been able to overcome some of these limitations by bringing in clarity in the role of medical social workers, increasing their salary and by creating separate departments of social work in most of the established hospitals. However, even today, many of the smaller hospitals still do not have a social worker, even the ones that have are mostly involved in mundane and administrative tasks. Health social workers are still struggling to establish itself the way it has in the western world.

In the global context, medical social workers have faced several challenges, especially in the latter part of the twentieth century, primarily due to the demographic transition and shift in diseases from communicable to lifestyle. The social workers were thrown to deal with newer diseases like HIV/AIDS, geriatric illness, lifestyle diseases like obesity, diabetes and hypertension, along with the existing diseases like TB, typhoid and malaria. This along with man-made disasters and environmental catastrophes surely enhanced the burden on the profession.

Neoliberal policies have also had an effect on the social work profession. New financial policies suggested by the World Bank and IMF resulted in the curtailment of welfare expenses in most developing countries (Berger et al., 1996; Dworkin, 1997). This resulted in a severe financial crisis in the health sector, thereby leading to privatization and the subsequent escalation in the costs of health care. All this

led to the enhancement of the role of a health social worker in a newer arena which mainly involved advocating for the health rights of the marginalized section of the society.

Role of Professional Bodies in Overcoming These Challenges

While the medical social work profession was grappling with various challenges, it was realized from various quarters that a professional body of trained medical social workers would help in solving some of these issues. It was also felt that a professional body of trained social workers would help in projecting their functions to the society and impart training, which is important for the growth of the profession. Professional bodies would also help in updating their knowledge, values and professional skills and advocating for their rights. In response, professional bodies of trained medical social workers were established both globally as well as in India. The American Association of Trained Social Workers was the first such international professional body that was created in 1918. This section highlights some of these bodies that were established in India, especially in the field of medical social work.

The *Indian Society of Psychiatric Social Work* is the first professional body of trained medical social workers. It was established in the year 1970 by the Dept. of Psychiatric Social Work, Central Institute of Psychiatry, Ranchi. It was later upgraded to reach its current status by the faculty members from the Dept. of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences, Bangalore. The society's nomenclature was changed to the Indian Society of Professional Social Workers (ISPSW) in December 1988, as it broadened its functions and started representing educators, practitioners and researchers from all streams of social work in the society (www.ispsw.in).

Another professional body which was exclusively established for the medical social workers in 2009 is the *All India Association of Medical Social Work Professionals (AIAMSWP), New Delhi*. Ever since the body was constituted, it has been trying to bring professional medical social workers on one platform so that a collective identity of the profession may emerge. This body also attempts to promote the profession of health social work in the country, along with safeguarding and protecting their interests (aiamswp.org.in).

Both these professional bodies have organized several trainings, seminars, symposia and workshops for the medical social worker fraternity so that they can come together at a single platform and work towards consolidating and building new knowledge base that would be helpful for their profession. They have also worked intensively in defining the role and functions of a health social worker both in the hospital as well as in the community.

Apart from these, there are various other professional bodies of social work that exists in India, all of which also represents the medical social workers as a group. Some of the popular ones in India include Indian Association of Trained Social Workers (IATSW), Association of Schools of Social Work in India (ASSWI),

National Association of Professional Social Workers in India (NAPSWI), India Network of Professional Social Workers (ISPSW), Institute of Professional Social Workers (IPSW), etc.

Apart from these bodies, many recognized hospitals have also created their own associations to safeguard the interest of their in house medical social workers. E.g. All India Institute of Medical Sciences (AIIMS), Delhi created the Foundation of Medical Social Welfare Unit in 1960 when the first medical social worker was appointed in the hospital. Ever since, the appointment of the medical social workers in the hospitals was much appreciated as it yielded very positive results as it was successful in imparting the much needed psychosocial support to the patients and his family. In 1992, the strength of the medical social workers in the hospital rose to 24. An association of medical social workers was also created within the hospital, which focused to work for the upliftment of the medical social work profession. As a result of their efforts in 1997, the designation of medical social workers changed to Medical Social Service Officer (MSSO). The strength of the MSSO in the hospital enhanced to 41 in 2000 and 50 in 2012. At present, there would be even more. In 2012, The Medical Social Welfare Unit, Main Hospital had ten Medical Social Service Officers. Besides, each of the different departments had around 40 Medical Social Service Officers. They are working directly under the Chief/HOD of the concerned department. The hard work and sincerity of medical social workers along with the support of the management, has made AIIMS the has made it the only. Due to the professional efforts, sincerity & hard work of Medical Social Service Officers and the visionary support of the superior authorities has created AIIMS as the only institution in India with the biggest strength of medical social workers in a hospital setting (www.aiims.edu).

Apart from these professional bodies, several international and national journals specializing in the field of health social work are doing a good job in terms of disseminating knowledge in the field. Some of the famous journals at the international level include Health and Social Work, Social Work in Health Care, Journal of Psychosocial Oncology, Health and Social Care in the Community (Auslander, 2001). The Indian Journal of Health Social Work and Indian Journal of Psychiatric Social Work are two important journals from India.

Emerging Areas of Practice—The Road Ahead

The health social workers are playing a great role in taking care of the psychosocial needs of the patients and helping them in their treatment process. They are also playing an equally important role in the community in terms of creating awareness about diseases and connecting the community with the healthcare system. However, there are certain areas in which they can further contribute, and this would also decide the future course of the profession. This includes the following:

1. Undertaking research to evaluate the existing interventions as well as creating new knowledge base for future interventions.
2. Developing innovative programs to act as models for newer areas of practice.
3. Understanding the link between health and development and undertaking work in the fields of education, livelihood and poverty alleviation, mainly to enhance the health of the masses.
4. Networking with other government and non-government service providers working in the field of health.
5. Developing culturally relevant and Indigenous models of healthcare practice.
6. Training the health worker in interpersonal skills like rapport building, listening, communication and counselling.
7. Strengthening of the existing professional bodies and coming up with newer ones, this would help in further establishing and developing it as a profession.
8. Imparting help to other members in the healthcare team of the hospital who may be suffering from issues like domestic violence and other interpersonal problems (Auslander, 2001).
9. Advocacy: The medical social worker can play a big role in advocating on various issues related to health. This includes campaigning for healthy lifestyle, identifying the risk factors leading to a particular disease through epidemiological study and spreading awareness on the same in the communities, improving the quality of services provided by the healthcare providers. In the Indian context, there are several areas in which the health social worker can actively take up advocacy work. This includes

   a. Exerting pressure on the government to regulate and monitor the quality of services provided by the private healthcare providers.
   b. Improving the quality of services provided by the government health service systems.
   c. Framing of health policies in accordance with the needs of the marginalized people residing in remote areas. This includes the below poverty line (BPL), scheduled caste (SC), scheduled tribe (ST) and other marginalized group like women, children, disabled and the elderly.
   d. Effective implementation of the already framed policies. Programmes like social audit and community-Bbsed monitoring prove useful in this.
   e. Putting pressure on the government to increase the budgetary allocation on health. This has been taken up by Jan Swasthya Abhiyan (JSA) and Medico friendly circle (MFC).
   f. Working on issues of health denial, considering health as a fundamental right. E.g. Campaign on Right to health by JSA and MFC.
   g. Advocacy for affordable medicines, use of generic drugs and amendment of patents act 1970. E.g. Affordable Medicines and Treatment campaign, launched in 2001 by NGOs, activists and civil society groups.
   h. Advocacy for implementation of the patient rights charter in all hospitals of the country, Jan Swasthya Abhiyan is again playing a very active role in this.

i. Advocating for the rights of a specific group of patients like HIV/AIDS, Tuberculosis, etc.[5]

Besides, the above emerging areas of practice, the recent upsurge of the Covid-19, pandemic has opened a new arena of work for the health social workers. In the contemporary times when the entire world is grappling to deal with the pandemic, the social workers have a very crucial role to play in disseminating information among the people on the safety measures to be followed, addressing the myths and misconceptions regarding the illness and connecting the community to the healthcare system. The lockdown imposed in many countries to prevent the further spread of the virus has created financial crisis in the lives of millions, further enhancing the issues related to poverty, hunger and homelessness. In this scenario, the social workers are working in terms of mobilizing resources and distributing it to the needy. The lockdown and isolation is also leading to a lot of mental health issues, to which the social workers across the globe are responding by offering counselling both online as well as telephonically. The roles to be played by a social worker in the event of this pandemic as enumerated by the International federation of Social Workers (IFSW) are as follows:

Ensuring that the most vulnerable are included in planning and response, organizing communities to ensure that essentials such as food and clean water are available, facilitating physical distancing and social solidarity, as a profession, advocating for the advancement and strengthening of health and social services as an essential protection against the virus, and the consequent social and economic challenges, advocating within social services and in policy environments that services adapt, remain open and proactive in supporting communities and vulnerable populations. (www.ifsw.org)

The secretary general of the International Federation of Social Workers (IFSW) in her recent address has appreciated the social work fraternity in responding to the pandemic. She has enumerated the noble work being undertaken by the social work fraternity across the globe which includes "Working for the homeless and other vulnerable groups by organizing food and other necessary items and setting up telephone hotlines that provide family counselling. These hotlines are also providing direct safety when domestic violence occurs which is on a rise in many countries after the lockdown. In countries with weak state-provided health and social service infrastructures social workers are focused on community development approaches, providing education and promoting community responsibility. She also mentioned that the social work fraternity is responding beautifully by blending in hope and vision within the communities they work within. This represents a crucial aspect of professional social work practice" (Dr. Rory Truell, IFSW secretary general, 26 March, 2020).

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[5]This section has emerged from the authors own experience in advocacy while being associated with the Jan Swasthya Abhiyan as well as other engagements and readings.

The Disaster Intervention Climate Change and Sustainability committee of the International Association of Social Workers (IASSW) have left their Website open for the social workers from across the globe, to share their stories about the ways and means through which they have responded to the Covid-19 pandemic in their own specific region. This endeavour would help the social work fraternity from across the globe to learn from each other (Dominelli, 2020).

In the United States, the social work professionals associated to the National Association of Social Workers (NASW) have also reported of working on multiple fronts to prevent the spread of Covid-19 and to ensure access to services such as teletherapy. According to the NASW, "Social workers are in a unique position to promote disease prevention efforts including disseminating accurate information from trusted sources, and to help address anxiety and other concerns that are arising as a result of this public health crisis" (www.socialworkers.org).

Hence, social workers across the globe and through various professional associations are playing a very active role in responding to the new challenges thrown on the humanity by the outbreak of the Covid-19 pandemic.

Health Social Work in Australia

This section looks at the health social work as practiced in Australia. Australia has been chosen, as this edited volume has been published from this country. Also, it is a developed country with extremely good health indicators, and hence, it is a contrast to India which has extremely poor health indicators. Besides, the number of health social workers in Australia is much more than in India. Hence, the author felt that it might be interesting to look at the two countries in a comparative light.

As mentioned earlier in the introduction, Australia too started with the British model of appointment of lady almoners. The first lady almoner was appointed in the Melbourne hospital in 1929, following which eight more hospitals also appointed lady almoners in the next six years. In 2012, there were around 17,000 social workers employed in Australia which was too less than USA which had 650,500 at that point of time (Karger, 2012), but definitely more than India.

When compared to India, Australia enjoys a relatively high health status. The high health status of the country is reflected by the increase in life expectancies, low levels of mortality and morbidity across all age groups (Australian Institute of Health and Welfare, 2010, p. 33). According to Australian Institute of Health and Welfare, 2010, "Australia has the third-highest female life expectancy—84 years for females and 79 years for males—and death rates are falling for many of the major health conditions such as cancer, cardiovascular disease, and asthma" (Australian Institute of Health and Welfare, 2010, p. 6). This can also be attributed to the fact that the Australian government is spending 9.1% of its gross domestic product on health care, where as India is spending as low as 1.28%. The good health outcomes in Australia is also due to the fact that the state is providing Universal Health Care to its citizens ever since 1975 which offers free treatment in a public hospital.

Another significant characteristic of Australia is the changing structure of households with many Australians living alone. According to Future Living Arrangements, 2006, "In 2001, out of 7.3 million households, 1.8 million were those where only one adult resided, and the number of these "lone person households" is projected to increase from 1.8 million households in 2001 to between 2.8 million and 3.7 million households in 2026" (Future Living Arrangements, 2006). Social isolation is often associated with poor health status, mainly due to pure nutritional intake. It is also seen to have a negative impact on mental health. Hence, the increase in lone households is surely going to have an impact on the enhancement of healthcare utilization in the country.

Hence, in Australia, while there are less people suffering from communicable diseases, the medical social work professionals have to deal with chronic problems related to old age like diabetes, hypertension, arthritis, dementia, etc. This clubbed with more and more people living alone throws a severe problem of caregivers for the elderly population. Also, the need of psychiatric social worker is more due to the rising numbers of mental health issues due to lonely living.

Recently, the Australian government has introduced fast-track programs mainly with a view to accelerate the treatment process, reduce the length of stay in the hospital and to facilitate early discharge of the patients. This program though is great for the patients as it saves their treatment cost considerably, but it has resulted in an increase in the work load of the social workers, especially in terms of assessing the post-hospital needs and making appropriate referrals to other home-based or institutional services (Cleak & Turczynski, 2014).

The challenges brought forth by the above-mentioned changes in the health care have diversified the role of a social worker to newer areas of geriatric care, medico-legal counselling, advocacy, networking, organizing financial aid and conflict management.

Hence, it is seen that even in a country as developed as Australia with such good health indicators, the health social work fraternity is grappling with its own set of challenges.

Conclusion

Hence, one can see that the health social work has come a long way from where it started in London. Almost all the developed and developing countries have adopted medical social workers inspired by the British model. The scope of the profession varies considering the socio-political, economic and health status of the country. Both globally as well as within India, the profession has undergone several challenges. Presently, it has reached to a level where it is recognized and established as a profession. Most of the hospitals in India, whether big or small, have medical social workers. While the bigger ones have a department, and the smaller ones have individual social workers. The medical social workers now have a defined role, and their importance is recognized by the other members in the hospital team mainly because

of the increased emphasis on the bio-psychosocial model of health care. They are also playing a pivotal role in communities and contributing greatly to the field of community health. The profession now needs to consolidate the existing knowledge base, build on its strengths and venture out into newer and more challenging roles, particularly in the field of advocacy and research. The response that the profession is offering in the wake of the Covid-19 pandemic is commendable.

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