Geriatric Social Worker’s Management - Need of the Hour in Present Indian Scenario

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Abstract: The aim of the paper is to portray the importance scope of geriatric social worker in oldage care. Ageing population is expanding dramatically and unprecedently bounceing increasinngly. It is obligatory for geriatric social work to be ready to meet the challenges with preparedness. Social work profession is a profession which enhances the person by helping the individual to help himself or herself. Social work has emerged from west, it is having emancipatory approach and has healthy impact on individuals, groups and communities. In particular elderly population increasing more and facing multifacet problems raging in their lives. The solution which has to be from geriatric social work. In other words, the Geriatric social work must be part of multidisciplinary team. The psychosocial aspects are assessed and intervention scientifically which most significant aspect of holistic development in geriatric social work profession.

Keywords: Getriatric, Oldage. Scope, Need, Present scenario.

1. Introduction

The transition and metamorphosis that are happening in the life cycle of human beings. Ageing is normal and natural phenomenon where negative myths and misconceptions have to be erased from the society. According to Lekshmi Nair [2014] Ageing is not an event but a process. Since elderly are non-resourceful person and disempowered individuals they have excluded for developmental theories and by professions which has to be considered and highly discouraged. Population ageing is a global Geriatric social work must take up the Challenges and holistic and person-centered approaches where the profession can make up emancipatory approach for active aging.

2. Population Ageing

- The elderly population (aged 60 years or above) account for 7.4% of total population in 2001. For males it was marginally lower at 7.1%, while for females it was 7.8%. Among states the proportion vary from around 4% in small states like Dadra & Nagar Haveli, Nagaland Arunachal Pradesh, Meghalaya to more than 10.5% in Kerala.

- From 5.6% in 1961 it is projected to rise to 12.4% of population by the year 2026.

- The old-age dependency ratio climbed from 10.9% in 1961 to 13.1% in 2001 for India as a whole. For females and males the value of the ratio was 13.8% and 12.5% in 2001. India, now home to 1.2 billion people, is projected to overtake China in about a decade to become the world’s most populous country.

- The United Nations Population Division projects that India’s population ages 50 and older will reach 34 percent by 2050 (UN 2011). Between 2010 and 2050, the share 65 and older is expected to increase from 5 percent to 14 percent, while the share in the oldest age group (80 and older) will triple from 1 percent to 3 percent.

3. Glimpse on History of Social Work in India

The concept of social work emerged from the Christian philosophy where charity emerged. Along with biblical scriptures other sacred texts were also insisting help of the weaker and vulnerable section intending that if we help other God is not unfaithful to forget our good deeds. Many individuals gave contribution and inspired Indian people to do reformation in past days are following:- Raja Ram Mohan Roy sowed the seed of social and religious reform in his work for the abolition of Sati, in addition to supporting widow remarriage and women’s education. Iswar Chandra VidyaSagar also advocated for widow remarriage and women’s education, as well as economic self-reliance and an end to polygamy. Gopal Hari Deshmukh promoted the establishment of dispensaries, maternity homes, and orphanages. M.K. Gandhi worked tirelessly for the upliftment of women and Dalits when, alongside his fight for freedom from foreign rule, he also fought for freedom from social evils. Mother Theresa had worked for the destitute. Saint Ignatius walked all over south India for the welfare of the people. According to Sanjay Bhattacharya [2003] In the former days helping the society took place through religious institutions, charity, mutual aid, social support network, state assistance and kinship.

It also mentions that the protestant missionary named Cliffton Marshal came to India 1925. He had established sirs Dorabji Tata School of Social Work which gave professional training. The trained social workers started to spread and practice in all sectors. Thus the school of social
work started to emerge in different venues of the country and started to spread its concentrations in vivid fields.

4. Geriatrics

Geriatrics is the branch concern with diagnosis, treatment and prevention of diseases in older people and person specific to ageing population. The term geriatrics derived from Greel terminology Geron meaning “old age” and “iatros” meaning healing. The geriatrics evolved from UK and USA. India like developing countries has not realized its focus on population ageing.

5. Social Work and Geriatric Social Work

According to IFSW [2014] “Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing”. It also insist Social work is a profession which enriches the underlying principles are “respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity and upholding human rights and social justice”. The social work has passed through paradigm shifts from inception till this time to enhance the well-being of individuals, families and communities. Social work orientation has moved direction from charity, welfare, development into empowerment. According to F.M. Loewenberg, the three functions of social work are revival and inculcating the dysfunctional capacity, provision of individual and social resources and prevent social dysfunctioning. The elements of social work practice are values [guidelines for behaviour], problem [proposed for remedy], goals [situational based direction to reach desired point], participants [Understanding the individuals as himself] and strategies [effectiveness, efficacy and motivation, capacity & readiness must be the features to plan effective strategies].

6. Role of Geriatric Social Worker

- Promote health-seeking behavior in elderly and the family members because they can avail through “Health as a Right”
- Running an awareness campaign for the aged regarding balanced, nutritious, regular, timely and easily digestible diet/food. Insisting on diet consultation occasionally in the communities.
- Creating awareness about suitable eating habits and the importance of inculcating healthy food habits in the young age itself to dismantle the ill health impact in subsequent stages of life.
- Admit the wandering elderly in Short stay homes and further rehabilitate and integrate them in their families or transfer to long stay homes.
- Publishing indigenous methods of treatment pertaining to the elderly with bio-psychosocial approach at adequate forums, conferences and symposiums.
- Planning culture basedand tailor made intervention.
- Pressurizing mass media to play an important role in health awareness campaigns and discouraging them for negative portrayals of elderly.
- Engage in senior help Line or hot line Service throughout India for instant assistance
- The National Old Age Pension Scheme needs reforms in its philosophy as well as machinery. Here, the social workers may act as a bridge between government schemes and the needy, aged by creating awareness and helping them in advocacy programme related to availing this scheme.
- Introducing the micro-credit system through SHGs, particularly in the lower income group areas to enhance the livelihood among the elderly population.
- Healthy elderly can be given to start small scale industries to promote wellbeing and initial level social workers can be monitoring and evaluating agents.
- Introducing schemes like “Adopt a Dependent Aged” where geriatric social worker must be looking after the adoption procedures of the elderly.
- Offering pre-retirement, grief, crisis counseling and psychotherapist by experts who have a deep understanding of human behavior and supervised practice for three thousand and five hundred hours.
- Sensitizing younger generations about their responsibilities towards the elderly through the mass media, street plays, school education, and so on.
- Making the aged understand the problems of the younger generation and adapt to the changes taking place in the society by peer counseling. Regarding loneliness and social isolation of the aged, lobbying can be done with government to implement day care centres for the aged, respite care arrangements and foster care and retirement homes for holistic development of elderly in every block.
- Running outreach units to provide services for the aged, like mobile meals, clinics, libraries, and so on.
- Starting a strong nationwide School Education Programme that focuses on bringing children closer to the aged, and coordinate schools children visits to old age homes to bridge up generational gap.
- Using the mass media in glorifyingvalues which advocate paying respect to our aged, and active lobbying to compel the mass media to undertake its
Responsibility of creating social awareness on geriatric problems and management.

- Identifying and penalizing defaulters who abuse or abandon their aged parents by developing a community-based monitoring system comprising senior citizens of the area, NGOs, social workers, newspaper reporters, and so on, to deal with such cases in every hamlet.
- Undertaking research to identify and analyse the specific needs (like shelter, economic security, and so on) of the aged and to regularly monitor and evaluate existing schemes and programmes of dual government.
- Develop psychosocial clinics in satellite centres for welfare of the elderly.
- Implement effective social work administration skills in non-governmental and governmental agencies like hospitals and corporate agencies like Corporate social responsibility programme for elderly.
- Application of social work methods, models and approaches to develop the geriatric social work and geriatric Neuro-psychiatric social work specialties.
- Emerge interdisciplinary models in geriatric social work.
- Application of psychotherapy interventions for specific conditions in elderly at communities must be promoted.
- Care management can be done in care homes and their own fascinates, according to priority of the patient with community doctor.
- Capacity building programmes for community members equip them as a home care nurse.
- Educate the community through information communication technology materials through blogs.
- Comprehensive services must rendered to the elderly by bringing the care services implementing.
- Render End of life care to the elderly individuals in a systematic way which is very important in the life of every elderly.
- Care manager, Case manager and Project management in care homes and other care facilities.
- To provide continuum of formal care.
- To provide safety and promote neglect, abuse and other forms of constrains.
- Strengthening and delivery of the successful and active ageing programmes.
- Maintaining functionality and prevention of disability.
- Lobbying for welfare schemes and disability pensions for benefit of elderly.
- Encourage Quality of life and Holistic Wellbeing.

7. Conclusion

There is more scope for geriatric social work due to mass longevity. The social work has to renew their core competencies to meet political, economic and psychosocial consequences. Geriatric social workers must be equipped to evolve and implement appropriate policies, which will ensure escalated quality of life. The shortage of human resources formal and informal carers must be trained to fill the gap in service delivery. The government, non-government, corporate organisations must work on meeting challenges in elderly with difficult circumstances like dementia, stroke etc.

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References