DEVELOPMENT OF MEDICAL SOCIAL WORK PRACTICE IN MALAYSIA: A HISTORICAL PERSPECTIVE

by

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ABSTRAK

Kajian ini menggunakan rekabentuk kualitatif dan strategi induktif untuk mengumpul data menerusi pita rakaman temubual dengan 15 responden yang pernah atau sedang memegang jawatan pekerja sosial perubatan. Kerangka analisis ini adalah berdasarkan kepada empat bahagian, iaitu praktis kerja sosial perubatan, konteks organisasinya, pendidikan kerja sosial serta pendirian profesional, menjangkaui tiga jangka masa yang berbeza, iaitu 1950-1969, 1970-1989 dan 1990-2010. Hasil kajian menunjukkan bahawa amalan kerja sosial telah wujud hasil dari keperluan perkhidmatan sokongan psiko-sosial selepas tamatnya Perang Dunia Kedua, serta latihan profesional adalah wajib untuk praktis sepanjang tiga dekad yang pertama. Walau bagaimanapun, perubahan terhadap dasar pengambilan pekerja memulai pertengahan tahun 1980-an menyaksikan bagaimana siswazah-siswazah tanpa kelayakan kerja sosial diserap ke dalam hospital-hospital awam dan universiti, diikuti pula dengan penempatan pembantu-pembantu kebajikan yang tidak terlatih di hospital-hospital awam sekitar lewat 1980-an, serta disusuli dengan pengambilan kaunselor-kaunselor oleh hospital-hospital awam pada lewat 1990-an. Hasil kajian menunjukkan bahawa pada tahun 2010 peristiwa-peristiwa tersebut bakal menyumbang secara ketara terhadap berkurangnya kepentingan peranan dan tugas-tugas profesional seperti kaunseling dan sokongan psiko-sosial secara berterusan, manakala ianya bakal melihat peningkatan yang ketara di dalam tugas penilaian sosial terhadap masalah-masalah kewangan yang memperkecilkan tanggapan terhadap kerja sosial perubatan kepada sekadar bantuan kebajikan semata-mata. Tanggapan tersebut masih wujud dalam institusi hospital di sini, akan tetapi Kementerian Kesihatan telah mengambil langkah yang giat sejak lima tahun yang lalu untuk mengiktirafkan dan mengawal praktis pekerja sosial perubatan melalui rang undang-undang yang sedang digubal untuk semua ahli profesional kesihatan bersekutu.

Development of Medical Social Work Practice in Malaysia:

A Historical Perspective

ABSTRACT

This study adopted a qualitative design and an inductive strategy to collect primary data through tape recorded interviews with 15 respondents who once held or are still holding, the posts of medical social workers. The framework of analysis was based on four areas, i.e., the medical social work practice, its institutional context, social work education and professional standing, over three different time frames which are 1950-1969, 1970-1989 and 1990-2010. The findings showed that the practice had developed out of a need for supportive psychosocial services in the aftermath of World War II, and professional training was a prerequisite for practice during the first three decades. However a change in intake policy beginning in the mid - 1980s saw the recruitment of graduates without social work qualifications into both public and university hospitals, followed by the secondment of untrained welfare assistants into public hospitals in the late 1980s, and the intake of counsellors into public hospitals in the late 1990s. The findings showed that by 2010 these events had contributed significantly to a subsequent diminishing emphasis in the professional role and tasks of counselling and psychosocial support, and a significant increase in the task of social assessments for financial problems, which narrowed perception of medical social work to being mere welfare assistance. This perception within the hospital institution still persists but, in the last five years the Ministry of Health has taken clear steps to re-professionalise medical social work practice through the enactment of an Allied Health Professions Bill which is in the process of being drafted.

CHAPTER ONE

RESEARCH BACKGROUND

1.0 Introduction

The purpose of this research was to examine the development of medical social work practice in Malaysian hospitals since it was introduced post-World War II. The first British 'Almoner' was recruited in 1948 by the Federal Establishment Office of the then British Administration to provide social work services to a public hospital in Singapore, then in the Federation of Malaya (Wee, 2002). The term 'Almoner' was derived from the early activity of 'giving alms' to the poor and the ailing during the Victorian era in Great Britain. It was changed to 'Medical Social Worker' in the 1960s, but currently referred to as Health Social Worker in more developed countries where the practice has been extended to health services outside the hospital institution (BASW, 1996).

Having undergone social work training and worked in a teaching hospital for over 20 years [1974 - 1996] as a medical social worker, the researcher has continued to be interested in the growth of the profession, especially in the evolvement of its role and identity and professional standing. The researcher has personally noted some developmental events and changes of historical significance impacting on medical social work practice and education over the years, as well as the lack of local research and documentation to capture a

clearer description and a better understanding of what the medical social work profession is about in Malaysia.

1.1 Statement of Problem

As an overview, the profession of social work in general does not appear to have developed as much in Malaysia as in other countries in the region, despite a history of more than 60 years. There was, and still persists, among other professionals, government departments and the public in Malaysia today, the perception that social work is voluntary humanitarian work which can be carried out by anyone. Even philanthropists who donate funds towards charities are called social workers; well-meaning acts of distributing food parcels to the poor, and seasonal visits to residents in welfare homes or patients in hospitals, are labelled as social work activities. Medical social work, which is a more specialised field of practice, i.e. social work in a medical setting, or clinical social work, as it was popularly known in the 1970s (Strean, 1978), is even less heard of and understood by the general public in Malaysia. Most patients in the early years perceived medical social workers to be unpaid hospital volunteers and are surprised to discover that they have gone through a specific university course.

The occupational title of Medical Social Worker has not been as easily accepted by local practitioners as it was by the pioneering group of the 1950s. The first professional association established by British almoners was called Malayan Association of Almoners [MAA]. It was re-named the Malaysian

Association of Medical Social Workers [MAMSW] in 1967 but dissolved to amalgamate with the Malaysian Association of Social Workers [MASW] in 1975. Subsequent increase in medical social workers in public hospitals from the mid-1990s onwards prompted the staff to re-establish a professional body for themselves in 1996 but, significantly, they registered the organisation as Malaysian Association of Medical Social Work Officers, rather than an Association of Medical Social Workers. Till today, there appears to be a strong reluctance among some of them to be identified as a 'worker', whilst there are others who view it as a 'noble' title.

As observed by Crabtree (2005, p.732), although social work practice in Malaysian hospitals has existed since the post-war years, *"… it continues to maintain only a tenuous hold on the margins of accepted careers."* However, she also noted that social work in the hospital setting is a little better recognised than social work in other fields of practice like social welfare, schools and prisons. This is mainly borne out by the number of positions in the Ministry of Health for the post of Medical Social Work Officer (Lim, 2007), in comparison to no such social work positions in schools and prisons and other social service agencies. The Department of Social Welfare is traditionally a setting for social work practice, and the biggest employer of social workers, but it does not have any post designated as Social Worker per se. Personnel involved in welfare and social work kinds of tasks are identified as a Social Welfare Officer or Assistant Social Welfare Officer. In the Malaysian civil service, officers in the category of social services are termed as Social Development Officers, whether they are

designated as Social Welfare Officer, Medical Social Work Officer or Community Development Officer.

Since the introduction of social work practice by the British Administration in Malaya in the late 1940s, there have been no regulated standards, either by the government, or the local professional association, on what constitutes good practice. Local social workers have been practising without professional accreditation or legislative regulation all along and only in April 2010 was a Cabinet decision taken to establish competency standards for practice and to enact a Social Workers Bill (Plate 3). This state of affairs probably allowed for the relaxing of intake criteria beginning from the early 1970s, when non-social work graduates were recruited into social work positions in the government welfare services (Siti Hawa, 1991; Ismail, 1998; Chong, 1998; Lim, 2007).

By mid-1980s, the Ministry of Health [MOH] and Ministry of Education [MOE], under which university teaching hospitals were formerly administered, had also started to accept graduates without social work training into medical social work positions (Zahrah, 1990; Chong, 1998; Crabtree, 2005; Lim, 2007). This only strengthened public perception that social workers did not require specialised education and training for practice, which decimated the already fragile identity of the profession even further. Ismail (1998, p.20) described it as *"de-professionalising"* of the social work profession.

Having said that, it is to be noted that there are more graduates with social work degrees among medical social workers than there are in other fields

of practice, albeit less than 21 per cent in public hospitals (Lim, 2007), while there is less than 10 per cent in the social welfare services (MASW-JKM, 2005[1]).

Today, the role of the medical social worker is still very much confined within the hospital institution, in both government and university teaching hospitals. In private hospitals, there has been a very miniscule intake of social workers by a couple of private hospitals in Penang. The Lam Wah Ee and the Adventist Hospitals have recruited social science graduates as social workers though their scope of work appear to be more that of a welfare worker. There is still a significant absence of medical social workers in public health services as well as mental health services for industries, which had already occurred in many other countries after World War II (Bartlett[1], 1961).

Working with individuals and families in casework, or case management as it is more popularly referred to now, continues to be the common focus of practice in hospitals, and there is still little emphasis on other social work approaches such as group work, community work, policy planning, social development, advocacy and research. Policy planning, social development and advocacy are more emphasised at the administrator's rather than at the practitioner's level, while research appears to be largely the domain of social work educators.

In case management the identity of the medical social worker is still largely linked to the provision of 'alms giving' as it was in the formative years

rather than 'therapeutic casework' (Bartlett[2], 1961) or counselling. Medical social workers today appear to be receiving increasingly more referrals for financial assistance to purchase implants, appliances, and drugs not normally available in government or teaching hospitals. Due to the heavy rate of such referrals, social workers spend more time attending to financial problems than to the psychosocial needs of patients and their families (Lim, 2007).

Lim (2007) also noted that limitations in manpower, professional qualifications and skills, supervision, support staff and physical space are contributing towards diminishing quality in delivery of service especially in light of the increasing workload, and fuelling existing poor perceptions of medical social workers, their practice and their profession.

In traditional social work practice worldwide, counselling is viewed as one of the many tools employed in social casework. However, in Malaysia in the 1990s, with the increasing acceptance of counselling as a separate profession from social work, a Counsellors' Act was enacted in 1998, legally disqualifying social workers without counselling degrees from being registered as counsellors. In government hospitals, new positions were created for counsellors to take on the therapeutic role which medical social workers had been providing since the beginning of its service (Lim, 2007). This seems to indicate that either (1) the Health officials did not fully understand the professional role of the medical social worker, or (2) the medical social worker was seen as not able to provide counselling therapy, and had over time become more recognised as a welfare worker, thus the need to hire counsellors to

provide therapy. This unique state of affairs has subsequently led to some inter-professional tensions and territorial confusion (Gill, 2005). More significantly, it has further eroded the professional status of the medical social worker in reducing the therapeutic aspects of its role and tasks. Medical social work does appear to have lost much ground in its traditional social treatment role and functions, and its professional standing over the past 60 years.

1.2 Framework of Analysis

This research seeks to describe and analyse the historical development of medical social work practice within a framework of its roles and tasks, its institutional and educational context, and its search for professional standing in Malaysia. This will be done against the backdrop of three eras, that is, from 1950s - 1969, 1970s -1989 and 1990s - 2010. It also seeks to learn lessons which may be drawn from the analysis to guide how medical social work can be further developed to enhance its professional role, identity and relevance in the hospital institution as well as in the wider field of health care in Malaysia.

1.3 Research Objectives

1. To understand what factors influenced the growth and development of medical social work practice in Malaysia;
2. To examine the roles and tasks of medical social work over time;
3. To examine the institutional and educational context of its practice;
4. To examine the search for professional status and recognition;
5. To examine issues impacting on the future of the profession.

1.4 Research Questions

1. Who were the key people who contributed to the development of medical social work in Malaysia?
2. What are the roles and tasks of medical social workers?
3. What is the organisational context of medical social work practice?
4. How did medical social workers seek to define the professional status of medical social work?
5. What wider factors in the socio-political-economic environment did these medical social workers see as having shaped medical social work?

1.5 Significance/Justification of Study

Since the initial hospital social service was established during the British Administration of Malaya, there has never been any historical documentation of its development. So far the documentation has been limited in that only certain aspects of the service or professional issues have been studied or written on. There is a need for such a documentation of this specialised field of medical social work practice in Malaysia for various reasons. A study of the growth of medical social work would provide a point of reference for practitioners and educators in the profession, and for stimulating interest among potential undergraduates, volunteers and other professionals in the health field. Such a paper could also be helpful in dialogues with government and non-government organisations for medical social workers when seeking review of current policies and actions affecting the growth of the profession. This paper is also to

acknowledge the contributions of pioneers and current practitioners and educators in medical social work, and that of other significant professionals and organisations partial to the growth of the profession.

The documentation seeks to trace the circumstances within which the need for medical social work services arose, how it was practised over time, where the professional practice is today, the search for a professional role and an identity in a secondary setting, and the significant players who influenced this specialised field of social work over the years. It will contribute towards a better understanding of what medical social work is, how it can continue to play a role in the provision of holistic medical and health care and why it is still as relevant, perhaps more so now, than it was during the immediate post-war years of 1950s.

1.6 Scope and Limitations of Study

The scope of this study is not geographically restricted as it includes information obtained from practitioners of medical social work (currently employed or no longer in employment) from different parts of the country. Having said that, it is acknowledged that the researcher was not able to obtain a thorough picture or an exhaustive history of medical social work as some sources of data had expired, or were lost or destroyed over time, or were not even well documented. Due to time and financial constraints, the researcher was also not able to interview many of the past and current practitioners for a fuller picture. As pointed out by Cohen and Manion (1989, p.48), in historical

research, the researcher *“has often to contend with inadequate information so that his reconstruction tends to be a sketch rather than a portrait.”*

The bulk of literature in medical social services came from research theses, journal publications and conference proceedings from other countries like the United Kingdom, United States of America, Australia and other Asian nations as there are sparse and limited printed matters on related issues in this country. Much of the local data obtained under findings came through individual interviews with medical social work practitioners, retired and current, for more direct accounts of work experiences, while secondary data regarding administrative issues and policies was sought from minutes of departmental and the professional association's committee meetings, annual reports and bulletins. Access to files regarding government policies and action concerning the medical social work profession was limited, or restricted, or not available, thus affecting to some extent the historical perspectives in this study.

This research can only provide a minuscule window to the practice of medical social work in Malaysia, perhaps the first of many more attempts to study the profession in greater depth and with deeper analysis. There is also a risk of personal bias as the researcher was a former practitioner in a teaching hospital.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This Chapter will introduce social work in hospitals as one of the varied settings for social work practice. In the first part, a description of the historical evolvement of social work in a broad context will provide an understanding of how it acquired the five distinct attributes to be defined as a profession. In the second part, it will cover the specialised field of medical social work practice itself, within a framework of its purpose, characteristics, roles and tasks, the development of education and a professional identity, at a global level. Thirdly, this chapter will document medical social work practice in the local context within the limited sources of documentation, research and publications in Malaysia.

2.1 The Broad Context of Social Work

To provide a perspective of medical social work practice within the broader context of generic social work, it is necessary to describe the evolution of social work in general, its philosophy, values and principles, theoretical knowledge, skills and intervention approaches, upon which medical social work practice is based. Several other fields of social work practice had emerged during the early twentieth century to become ‘specialities’. Within the social welfare setting, there is

specialisation in child protection, probation and juvenile justice, domestic violence, disability, drug and alcohol addictions, divorce and child custody, aged care, poverty, trafficking of persons, and many more. Social work practice had also moved into other settings like schools, prisons, public health services and industries in several countries.

> *"Unlike the older professions which developed specialisations in their maturity, social work grew out of multiple specialisations in diverse fields of practice. It was not until 1955, in fact, that the National Association of Social Workers was formed to unite into one professional organisation the many groups committed to particular specialities."* (Roberts & Nee, 1970, p. xiii).

It has been said that social work is not only a helping profession but also a responsive profession because it responds to changing social situations in different geographical locations and in various aspects of life. It responded to voluntary charity activities in the 1800s. It mobilised itself in fundraising and service operations in joint efforts with the community during World War I. It embraced emerging psychological theories to provide counselling support. It became significantly involved in social welfare policy, planning and social development to effect control and change for the well-being of society. Social work is also actively practised by non-government welfare services and civil societies in promoting the rights and improving the lives of the vulnerable and marginalised groups and communities (Tripodi, Fellin, Epstein & Lind, 1977).

2.1.1 Early Beginnings

Social work developed into a formalised welfare service from the early years of voluntary and charitable acts as a response to social problems among the poor and the marginalised in the late 19th century in the United States of America. It emerged out of human concern for people living in the slums of London in the same century, and became increasingly important with the creation of a welfare state in the post-war years. Industrialisation in Britain then had wrought social upheaval with *"mass urbanisation; high levels of labour migration; extreme exploitation of labour; religious turmoil; high levels of illness, disease, infant mortality; the disintegration of traditional social relations of mutual obligation and care."* (Horner, 2003, p.26).

With roots in charity and welfare activities, the social work emphasis then was more on working with individuals and families with social problems, making thorough assessments and well-planned intervention and giving of food, shelter and alms. Spanning a history of more than a century, social work practice has seen the evolvement of welfare services moving from residual to institutional care, from private charitable organisations to public social services, from welfare for the poor to welfare rights for all citizens, rich and poor. The focus over time has changed from charity to individualised rights of the socially disabled, enabling access to information and services and empowering the individual's ability to make and be responsible for decisions made (Siporin, 1975).

2.1.2 Definition

"Social work has meant many different things to many people," stated Herbert Strean (1978, p.2). It is difficult to define because it involves a variety of activities, roles and functions, target groups, psychosocial issues, methods of intervention, and areas of practice. Social work is a *"thinking, feeling, doing"* practice (Strean, 1978, p.256).

Bartlett (1961[a], p.23) referred to the 1956 Working Definition of Social Work Practice developed by the Commission on Social Work Practice of the National Association of Social Workers. It was seen as a developing definition, describing the practice of a competent worker as such:

> *"Social work practice, like the practice of all professions, is recognised by a constellation of value, purpose, sanction, knowledge, and method. No part alone is characteristic of social work practice nor is any part described here unique to social work. It is the particular content and configuration of this constellation which makes it social work practice and distinguishes it from the practice of other professions."*

To Mary Richmond, *"The good social worker doesn't go on helping people out of a ditch. Pretty soon she begins to find out what ought to be done to get rid of the ditch."* (Morales & Sheafor, 2004, p.37). This indicates taking considered action to solve a problem, to improve social functioning and the ultimate well-being of people, which is reflected in the definition developed by the American National Association of Social Workers (1981):

> *"The purpose of social work is to promote or restore a mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone."*

Globally, social workers have accepted the current definition adopted by the IFSW and the IASSW in 2000, which states:

> *"The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work."*

This definition describes the activity of social work as promoting 'social change', the 'empowerment' and 'liberation' of people, the 'enhancement of well-being' in the lives of people. Social workers work towards the welfare and self-fulfilment of all people, based on humanitarian, religious and democratic ideals and philosophies, and the principles of human rights and social justice. Social work also has a knowledge base, utilising scientific knowledge in human behaviour and society, and theories of human behaviour and social systems. At the points of intervention, various methods and strategies are utilised to develop resources to meet the needs and aspirations of the socially disabled, requiring professional skills in problem solving and the disciplined use of self as a social worker.

2.1.3 Philosophy, Values and Principles

Every profession has a professional philosophy, *"a set of beliefs and attitudes, ideals, aspirations and goals, values and norms, ethical precepts or principles"* (Siporin, 1975, p.62). The philosophy of social work lies in its values of humanism: social regard for the worth of the individual and the group; in its belief of universal moral and religious ideals to do good deeds; in its democratic ideals that people are entitled to citizenship rights and responsibilities within the communities they live in. Social work has been described as a social and moral philosophy with distinctive core values of altruism and a commitment to be of service to others, an aspect of 'caring and loving' which has contributed towards the provision of a welfare institution, self-help groups and mutual aid organisations within society.

A social worker believes in the worth and dignity of the individual, in his ability to help himself, in his rights to privacy and confidentiality, and also his rights to have access to social resources and to social justice. Based on these values, the social worker utilises principles of acceptance of individuality; of maintaining confidentiality (except when lives are endangered); of being non-discriminatory towards sex, race, religion, culture, economic status, physical attributes and social lifestyle; of being non-judgemental as in not moralising against the individual but taking a stand against immoral actions as defined by the norms of society; of respecting individual strength and self-determination; of being empathetic and objective; and being able to use self in a professionally purposeful and competent manner (Biestek, 1957; IFSW, 2004; Vass, 2005).

Along with values and principles, a social worker is guided by a code of ethics and a code of conduct drawn up by the employer agency, the local professional body and the international social work organisation. The codes normally address professional behaviour relative to the rights of the client, the objectives of the employer agency, the relationship with social work colleagues, enhancement of the profession, responsibility towards the welfare of society at large and the use of self in delivering competent practice (IFSW/IASSW, 2004; BASW, 2002; MASW, 1980).

2.1.4 Theoretical Knowledge

Social work began by borrowing knowledge, largely from sociology, psychology and psychiatry, but with the growth of practice, social workers also developed their own theories and models of practice, which contributed towards professional education and training of social workers for work in various settings. It is believed that social work began to be more professionally defined as a discipline utilising principles and methodology, following the writings of Mary Richmond in '*Social Diagnosis'* (1917) and her book, *'What is Social Casework?'* (1922). Helen H. Perlman (1957) introduced a problem-solving framework while Ruth Smalley (1967) expanded on the functional approach in the casework process. Biestek (1957) wrote about '*The Casework Relationship'*. Florence Hollis saw casework as *'A Psychosocial Therapy'* (1964). In many subsequent publications by social work practitioners and educators there is substantial evidence to demonstrate that the

early acts of alms giving had developed into a systematic knowledge, value and skill based profession called social work (Greenwood, 1957).

Social work practice has been developed on three key theoretical concepts - "*the ecosystem perspective, the problem-solving process, and client-worker partnership"* (Compton & Galaway, 1999, p.3). These concepts have been the framework for practice in divergent social settings and with a diversity of people. Since the 1950s, the focus of social work practice has been directed at the fit between individual needs and wants, and the availability of environmental resources. Working on this person-in-environment basis, social work intervention is directed towards enhancing or changing the individual and/or his environment. The social worker employs the problem solving process of identifying the problem and the desired resolution through 4 phases: (1) engagement; (2) assessment; (3) intervention or action and (4) evaluation (Compton & Galaway, 1999) .

2.1.5 Methods of Intervention

Equipped with values and knowledge, social workers employ a number of methods to intervene in problematic situations posed to them. In direct practice with individuals and families, social casework or social case management which is the more contemporary term, is a well researched method of practice (Biestek, 1957; Bartlett, 1961; Perlman, 1970; Hollis, 1970; Smalley, 1970). Many approaches, models or theories about casework have been expanded on in the past such as the psychosocial approach (Hollis, 1964), a problem-solving process

(Perlman, 1957), the functional approach (Smalley, 1967), crisis intervention (Rapoport, 1970), at times requiring individual counselling to reduce risk factors or to protect the individual from further risk of harm, or to improve individual functioning. It is generally understood to be a process of assessing, identifying the actual problem, planning, intervening, reviewing and reflecting on the outcome (Tripodi, Fellin, Epstein & Lind, 1977).

Group work is utilised to also effect better functioning in individuals but through the process of sharing in a group made up of people sharing a common problem like drug dependency, schizophrenia, HIV/AIDS, to name a few. Through the facilitation of the social worker, the group dynamics are *"utilised to help the client develop abilities, modify negative features of self-image, resolve interpersonal conflicts, and find new and more constructive patterns of behaviour."* (Strean, 1978, p.16).

Community organisation sometimes referred to as community work, community based social work, or community development is another social work method employed, when a group of people or a community facing a common problem are enabled by the social worker to help themselves (Strean, 1978). It provides avenues for self-help, community responsibility and social integration. This is perceived as more economical than maintaining individualised services, which is becoming increasingly less tenable with uncertain global economy and welfare cutbacks. Ife (2000) suggests that community based social work, albeit not

without obstacles, should be given more emphasis for social work *"to remain relevant in pursuing its avowed ends of human rights and social justice."*

Other methods of social work include social administration, social planning, social policy development, social advocacy, and social research. At these levels, social workers are focussed on influencing and effecting change in organisations, communities or society as a whole (Strean, 1978).

2.1.6 Social Work Skills

Adding to ethical values, principles, knowledge and methods of intervention, the activation of social work practice also requires various skills by the social worker. A social worker in any field needs to have the competency to apply the values, principles, knowledge, related social theories, and methods of intervention, to practice whether working with the individual, families, groups, communities or organisations. The social worker must have the capacity to work professionally within an organisation using professional knowledge about organisations, and contributing appropriately to the organisation's aims and objectives. The social worker is expected to uphold the professional code of ethics and code of conduct of the profession, and to constantly reflect on practice through self questioning and professional supervision (Meemeduma, 2006). In the process of social casework, the social worker needs to have the ability to make appropriate and efficient social assessments, analyses, planning, interventions and evaluations (Tripodi, Fellin, Epstein & Lind, 1977; Strean, 1978). Social workers also need to keep appropriate

records of practice, and to utilise the activity of home visits to inform assessments and analyses. These require skills in communication, that is, in interviewing, writing reports and correspondence, consultations and networking, articulating professional thoughts and opinions during case discussions, meetings and ward rounds (Vass, 1996).

In summary, ethical values, knowledge, intervention methods and skills form the foundation for professionally accountable and competent practice (Meemeduma, 2006).

2.1.7 Building a Professional Identity

From the initial formation of charitable organisations in the 1850s, social work has evolved to be recognised as a professional helping service because of its five distinguishing attributes which are said to define a profession (Greenwood, 1957). It possesses (1) a systematic body of theory, to acquire which the practitioner must have undergone a formal social work education in an academic setting, and there are numerous schools providing such training on a global scale. With knowledge in social theories, social work values, knowledge and skills, the social worker assumes a position of (2) professional authority and acquires (3) the sanction of the community to regulate the quality of practice, training and supervision, education and research. Social work activity is regulated by (4) a professional code of ethics and conduct to prevent abuse of authority and protect

rights of clients, and (5) a professional culture as in having a national association of members and affiliation to regional and international social work organisations.

The emergence of social work as a profession between 1915 to1950, *'From Volunteers to an Occupation'*, is expounded in *'Social Work - A Profession of Many Faces'* (Morales & Sheafor, 1977). That period saw the formation of the American Association of Hospital Social Workers [1918], the American Association of Psychiatric Social Workers [1926], the American Association for the Study of Group Work [1936], the Association for the Study of Community Organisation [1946], the Social Work Research Group [1949] and the current umbrella body, the National Association of Social Workers [1955].

Likewise, national associations were established in other countries. In Britain it started with the Hospital Almoners Association [1903] and the Hospital Almoners Council [1906]. In 1922, the Association and the Council were merged and became known as the Institute of Almoners which changed its name to Institute of Medical Social Workers in 1964. It played a significant role in influencing government health and welfare policies of the day, and brought professional recognition to hospital social workers. In the meantime social workers in psychiatric hospitals emerged as a separate entity and established their own professional association in 1930. However, by 1970, social workers from the varied fields of practice had decided to go under the umbrella of the British Association of Social Workers [BASW] and had their respective associations dissolved.

As early as 1928, social workers had moved for the formation of an international body to represent the profession. In that year a Permanent Secretariat of Social Workers was established in Paris but the outbreak of WWII ended its activities. In 1950, at the International Conference of Social Work in Paris, members proposed the formation of the International Federation of Social Workers. With the agreement of seven national associations to be its pioneering members, IFSW was formally established in 1956 during the International Conference of Social Welfare in Munich, Germany. Today it represents 90 national associations (http://www.ifsw.org).

Professional standing is also synonymous with professional regulation, and there are various ways of monitoring professionalism, for example, professional self-regulation, professional association regulation, constitutional and legislative regulation, recruitment, and employment rules and policies, and complaints tribunal. The requirements for professional regulation have however taken different routes in different countries. Some have enacted laws to protect the title of social worker and to license practice by registration alone, some regulate to ensure licensure and certification for specialised fields of practice, while others have opted for voluntary registration or accreditation through its local professional body and / or a government organisation in order to practise. Since 2005, social workers employed in UK have to be registered with the General Social Care Council to practise (http://www.gscc.org.uk). In the USA, regulation is more complex due to different state laws, a highly advanced level of social work services, and multiple forms of specialisation. Not all states require social workers to be licensed, and it

also depends on the type of job and practice setting. There is also certification for practice in specialised areas in some states (http://www.naswdc.org/). Australian social workers are only required to register with the professional organisation to be accredited, and the Association is currently studying the need for more stringent regulation of professional practice (http://www.aasw.asn.au). The Singapore Association of Social Workers [SASW], together with the Ministry of Community Development, Youth and Sports, and the National Council of Social Services, has discontinued its previous system of registration only, and launched an accreditation system instead in April 2009 (http://www.sasw.org.sg/site/). Other countries in the Asia Pacific region like Hong Kong (http://www.swrb.org.hk/EngASP/intro.asp#1), South Korea (http://www.welfare.net/site/global/globalEng.jsp) and New Zealand (http://www.swrb.org.nz/) have already adopted either registration and licensing or registration alone. In the face of escalating and increasingly complex and multidimensional social problems, and public calls for higher competency, accountability and protection of service users, regulation in one form or other is necessary for professional development.

2.2 Medical Social Work Practice

Social work in hospitals has a history of more than a hundred years. *"It is one of the oldest established fields of professional social work practice."* (Carlton, 1984, p.3). It began in Great Britain, Europe, and the United States [US] towards the end of the nineteenth century. In Britain, it grew from the early *"societal expression of solicitude"* (Ryan, 2006), through the Elizabethan Poor Laws of 'alms

giving' to eradicate poverty, to the provision of social services in hospitals. Social workers from the Charity Organisation Society [COS], which later became known as the Family Welfare Association [FWA], were concerned for poor patients in overly crowded charity hospitals then. Infectious diseases and illnesses from poor working and housing conditions, and poverty were reasons for overcrowded outpatient clinics and frequent admissions to hospitals. Hospitals were concerned that patients who could afford to pay were abusing the charity of the hospitals. Sir Charles Loch, a social worker from COS, saw a need for a *"charitable assessor, or co-ordinator"* and, for a trial period, he offered to place a trained social worker at the Royal Free Hospital *"to determine the need of those who applied for medical relief"* (Badawi, 1990, p.2). The first social worker to be appointed as Almoner to the Hospital in 1895 was Miss Mary Stewart. Her salary was jointly borne by the COS and the Hospital. She impressed the Hospital Board and her colleagues with her work and stayed on for many years. Seven other hospital boards employed their own almoners in the following 10 years (Badawi, 1990; Auslander, 2001).

In the US, hospital social work was introduced by a medical doctor, Dr. Richard Cabot, *"a physician who was unusually sensitive to the relationships between disease and poverty."* (Suppes & Wells, 1991, p.69). In 1905, he was responsible for hiring Ida Cannon, a nurse who developed an interest in social work while visiting her patients in the slums. Her work triggered the hiring of other social workers in other general hospitals as well as specialised facilities, and social work became an official activity in the wards. She articulated her years of experience in her book '*On The Social Frontier of Medicine: Pioneering in Medical*