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Challenges of Developing an Emotional Resilience Curriculum in social work education in England

Dr. Charles Mugisha[1]

ABSTRACT: This paper presents a case study example of supporting students that fail social work placements in England. The author argues that struggling on a social work placement is associated with lack of emotional resilience. Secondly, a case for an emotional resilience or emotional intelligence curriculum is made. There is evidence that current social work educators and education policymakers are vaguely aware of how to develop an emotional resilience curriculum that is relevant to social work practice. This paper aims to stimulate and inform debate about the role of emotional resilience in the training of social workers and the challenges of implementing a curriculum with professional attributes of emotional intelligence.

Keywords: Challenges, Emotional Resilience, Curriculum, Social Work Education

1. INTRODUCTION

In this paper, I will use a case study example of my experience of supporting students that fail social work placements in England. I will argue that struggling on a social work placement is associated with lack of emotional resilience. Secondly, a case for an emotional resilience or emotional intelligence curriculum is made. I contend that current social work educators and education policymakers are vaguely aware of how to develop an emotional resilience curriculum that is relevant to social work practice. This paper seeks to stimulate and inform debate about the role of emotional resilience in the training of social workers and the challenges of implementing a curriculum with professional attributes of emotional intelligence.

Since the late 1990s, the concept of emotional resilience or what others refer to as Emotional Intelligence (EI) has grown in popularity in Health and Social Care in the UK (Goleman and Chernis, 2001; Johnson et al., 2005; Grant and Kinman, 2014). Goleman (1996: 11) and Goleman et. al. (2002) were the first authors to provide a definition of emotional resilience in the context of health and social care, they define this phenomenon as "being able to motivate oneself and persist in the face of frustrations; to control impulse and delay gratification; to regulate one's moods and keep distress from swamping the ability to think; to empathize and to hope". The notion of positive adaptation to adversity, as well as the importance of self-motivation, coping strategies and peer support, are also recurring themes in the definitions of emotional resilience (Fletcher and Sarkar, 2015). According to Morrison (2007), emotional intelligence just like professional values is "one of the cornerstones for effective social work practice and current social work teaching, practice, management and research can ill afford to ignore" (p.246).

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It is recognized that social work practice can be emotionally draining with high levels of work-related stress and many social workers leaving the profession (Johnson et al. 2005; Grant, et al. 2013). The findings of a study of nursing professionals conducted by Aitken et al. (2012) reported that 42% described themselves as either stressed or "burned out." Social work trainees, midwifery students, and student nurses have also been found to experience high levels of work-related stress and burnout (Kinman and Grant 2011). Emotional resilience is considered a key competence for social workers, nurses and midwives (Howe 2008; Byrom and Downe 2010). Research shows that emotional resilience protects against burnout and compassion fatigue (Görgens-Ekermans and Brand 2012) and plays a role in developing empathy, emotional boundaries, compassion, person-centered care and it helps to avoid over-involvement in clients or harboring cynical attitudes towards them (Grant et al. 2013).

2. Emotional Resilience and Social Work Education

 The training of social workers in England involves attending lectures at the university, service user involvement sessions, social work placements in the voluntary sector or statutory settings and attending Practice Learning Days facilitated by university tutors. For students to qualify as social workers, they must attend two placements of 70 days each in both voluntary and statutory settings. Each student has a Practice Educator, work-based supervisor, and academic tutor. The role of an academic tutor is to coordinate all placement stakeholders and provide a link between the placement agency and the university (Bucks Placement Curriculum Handbook, 2018). The academic tutor visits students on placement on two occasions, at the initial placement agreement meeting and midway, and sometimes at the end of the placement (Finch, 2013). Placement visits provide the tutor with the opportunity to check whether appropriate learning opportunities are in place so that the student meets assessment requirements (Finch, 2013). The academic tutor also ensures that the university's standards, policies, and procedures are being adhered to (Watson and West, 2003). In the unfortunate event that a student is likely to fail, an Action Plan is put in place so as to support the student. The academic tutor's visit to the placement is necessary because mechanisms are consistently developed to monitor the student's progress   and manage any struggling students (Finch, 2013).

In my experience, students tend to struggle on placements due to a multiplicity of reasons. Which include a breakdown in communication between the practice educator and the student, family problems, unrealistic expectations by the placement agency, coursework, assignments, financial difficulties   or health problems such as depression caused by stressors at home, in the placement or university. Moreover, high levels of work-related stress, depression, and burnout have been found among social work students and qualified professionals (Freshwater and Stickley, 2004; Jack and Donnellan 2010; Kinman and Grant 2011). Research conducted by Tobin and Carson (1994) found that training to be a social worker or nurse can be more stressful than qualified practice. Studies have found that some students are unprepared for realities of social work practice, which can affect their emotional well-being (Clements et al. 2013). Jack and Donellan (2010) suggested that strong emotional reactions to practice learning have an impact on self-confidence and competence. Other commentators have argued that the stress experienced by trainee social

workers and nursing students is likely to be exacerbated by their reluctance to disclose their feelings due to fear of being judged as incompetent or lacking in resilience (Wilks and Spivey 2010). Research conducted by Kinman and Grant (2011) found that social work students who develop effective reflective practice skills were more resilient and reported very high levels of emotional wellbeing and perseverance.

A study by Finch and Taylor (2013) looked at unpleasant emotional experiences of Practice Educators when a decision is made to fail a social work student. Parker (2010) noted that the experience of failing a student on placement is often "distressing for all" and Milner and O'Byrne (1986) suggested that academic tutors tend to "social work" failing students, rather than managing appropriately as academics and educators. They described the experience of managing a failing a student as:

"… unpleasant, messy, emotionally fraught, carrying also the threat of appeal and subsequent litigation. It is, therefore, to be avoided at all costs" (Milner and O'Byrne, 1986, p. 21).

Although Milner and O'Byrne's study was carried out in 1986, the experience of failing a student is still characterized by unpleasantness, disorganization, blame games and emotional pain by all actors. Mechanisms of handling failure are more procedural, administrative, oppressive and lacking in humanity or a sense of apathy from the university and sometimes Practice Educators. Despite the overwhelming evidence of difficulties experienced by trainee social workers, the curriculum for social work training continues to place little emphasis on emotional resilience or self-care strategies to protect students' personal well-being (Grant et al. 2013).

On 9th January 2017, the Health Care and Professionals Council (HCPC) outlined 15 new standards of proficiency (SOPs) for social workers in England. The `standards of proficiency set out clear expectations of social work students' knowledge and abilities when they start practicing as qualified social workers (www.hcpc-uk.org). These standards of proficiency include being able to "identify and apply strategies to build emotional Intelligence" (www.HCPC-uk.org). The disbanded College of Social Work had identified emotional intelligence as a key professional attribute in the training of social workers (Grant, et al. 2013). The College's idea was to implement a curriculum that would prepare students for sustained employment in social work. Academic departments and social work educators were therefore charged with developing a curriculum that enhances emotional intelligence for trainee social workers (Grant et al., 2013). The problem is that social work educators were tasked with designing and delivering a curriculum on an area they lacked competence. The curriculums they followed when they trained as social workers did not have professional attributes of resilience and neither did they attain any professional training in emotional resilience as academics. Educators were, therefore, unable to confidently pass on emotional resilience skills to their students and up to now this kind of curriculum as recommended by the College of Social Work and the HCPC   has not been implemented (Grant et al. 2013). Grant and his colleagues questioned the effectiveness of implementing a curriculum where there were concerns about competences of academics including how they perceived the concept of resilience,

how they think it develops, and to what extent they see it as an intrinsic component of the social work education and practice (Grant et al. 2013). Another aspect that was disregarded by the College of Social Work and the HCPC's standards of proficiency for social workers are stressors faced by academics and other social work educators. These stressors in themselves impact on the implementation of a curriculum with professional attributes of emotional resilience.

What stresses are experienced by academics?

Social work educators in the UK face their stresses in the workplace with little or no support and this alone could affect the implementation of a curriculum that has strong principles of resilience. Stresses encountered by academics   and social work educators include unmanageable workloads, unrealistic timescales, managerialism, bureaucratization, isolation from colleagues, emphasis on keeping students happy, low decision-making power, academic snobbery and frequent lack of support from peers and management (Barnes, et.al. 1999; Archibong et. al. 2010).

Furthermore, expectations of university lecturers are very high with salaries below the minimum wage when you take into consideration the amount of work to be completed weekly. Lecturers on a full time or part-time contracts are expected to work twelve hours per day (teaching, marking, preparing lectures, visiting students on placements, group and individual tutorials, team meetings, etc). Attending conferences, research and writing for publication are no longer in the job description of lecturers and senior lecturers of social work in most UK universities. Lecturers who were more focused on teaching and supporting practice learning have seen their workloads triple, and those who were interested in research output have seen their outputs dwindle (Community Care, 2015).

A social work senior lecturer who resigned after 25 years of teaching wrote an article in Community Care expressing his frustrations with the current regime in social work education. He raised concerns about the "on-going battle with university managers to uphold and maintain the academic and professional standards required   and expected on a social work degree programme" (Community Care 2015). This social work educator whose article was published anonymously raised concerns about a new culture of social work students, who "see themselves primarily as consumers rather than learners and have a profound sense of entitlement that if they have paid good money then they deserve a good degree" (Community Care 2015). The social work lecturer criticised the demanding and vociferous student body with militant social work student leaders who are more encouraged to complain rather than to work hard and "a squeamish management team who are more concerned about increasing student numbers, generating income, keeping students happy and enhancing the student experience" (Community Care 2015). There is a worrying culture of undergraduate students who do not read or work hard but expect to get good grades and will complain if their marks are low.

Associated with student's entitlement and the commercialization of social work education is student incivility that is on the rise in the UK and USA (Paula, 2009; Keating, 2016) and affects lecturers' morale and resilience. Studies in the UK and USA have looked at this new student

culture of incivility which university managers tolerate or ignore due to the business-customer model that most universities have adopted. A study by Paula (2009) surveyed 355 undergraduate nursing students and 57 teaching staff at a University in the North West of England. Findings of this study confirmed that students and lecturers were experiencing very high levels of disruptive students' behavior in the classroom with little intervention from university managers who are more focused on keeping students happy. Cleary (2018) research on the marketization of social work education in the UK is the first of its kind in England. The study looks at cases of student incivility which is ignored by university managers who are placing increasing emphasis on income generation, NSS scores and performance management targets. The findings of this study highlight a level of concern among academics regarding the influence of market forces on the academic-student relationship and academic decision making (Cleary, 2018). Another interesting study was carried out in the US by Wahler and Badger (2016). The participants of this study were social work lecturers (N=327). The study examined lecturers' experiences with social work students' incivility in both undergraduate and postgraduate education. Findings showed that some behaviors that are deemed disrespectful occur in social work classrooms and are more frequent among undergraduate students. Characteristics of incivility among social work students include arriving late or leaving early, talking inappropriately in class, texting, making confrontational or sarcastic comments to lecturers, or using computers for tasks unrelated to class activities (Ausbrooks, Jones, & Tijerina, 2011). Social work profession emphasizes core values of integrity, respect, social justice, anti-oppressive practice, anti-discriminatory practice, anti-racist practice, the belief and worth of all people, and the importance of human relationships (BASW, 2017). Acts of incivility in classrooms are considered incongruent with social work professional values and as an indication that perpetrators of such acts are "not fit for practice" (Ausbrooks et al., 2011).

Incivility in social work education impacts not only lecturers' morale but also on students' learning and emotional wellbeing. The commercialization of social work, student entitlement, and incivility affect the implementation of an educational curriculum with emotional resilience attributes. University managers and education policymakers should consider challenging behaviors that affect learning, and it is after eradicating the culture of entitlement and incivility that an emotional resilience curriculum can be developed. Secondly, a pedagogy of education is required that focuses more explicitly on personal and social competencies of the affective domain of each social work student (Kinman and Grant, 2001; Kinman and Grant, 2014). Personal competencies include self-awareness and self-management; social competencies include social awareness and social management skills (Morrison, 2007). The understanding and handling of one's own and others' emotions is a critical aspect at every stage of the social work practice: engagement, assessment, observation, decision making, planning and intervention (Kinman and Jones, 2001; Morrison, 2007; Grant, 2013). A student involved in acts of incivility is unlikely to perform these tasks effectively due to lack of skills of handling other's emotions. These competencies can only be developed in students that come to the university to learn and where university managers are focused on promoting a culture of learning and preparing students for a successful career in social work. Students who develop skills of empathy have excellent self-awareness skills. If a student is indulging in acts of incivility, then it will be difficult to have any empathic skills or any emotional connection with service users.

Kinman and Grant (2014) suggest that empathy needs to be semi-permeable and should allow emotional connection with service users but provide boundaries or distance from the distress felt by service users. Figure 1 below illustrates the cycle of Empathy in social work practice. Figure 2 is the Emotional Resilience Paradigm, and it demonstrates the importance of understanding emotions in ourselves and others. Social work educators that are stressed due to workloads and other stressors are likely to struggle to implement a curriculum of emotional resilience. It is therefore essential to   have mechanisms of supporting these lecturers, first by university managers acknowledging that there is a problem and finding effective solutions. For example, the PGCE in Teaching and Learning in Higher Education for lecturers should follow a curriculum that has emotional curriculum attributes as this will enable educators to be well equipped with professional skills of resilience which they can pass on to their students.
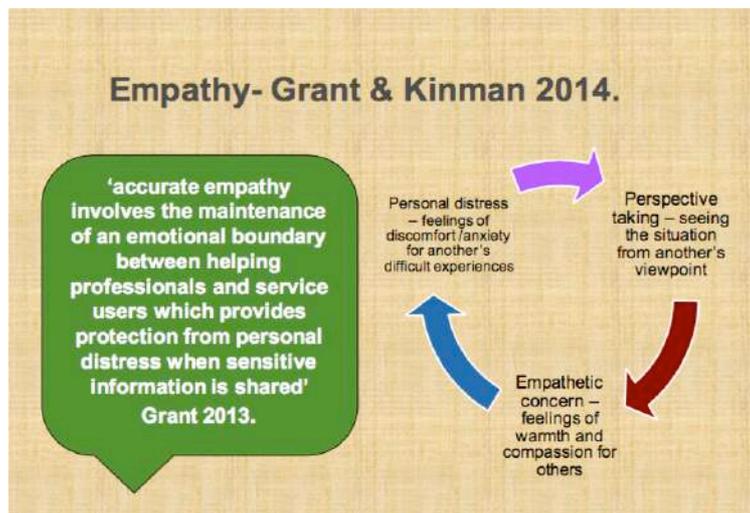
Figure 1 Source: Kinnman and Grant (2014)
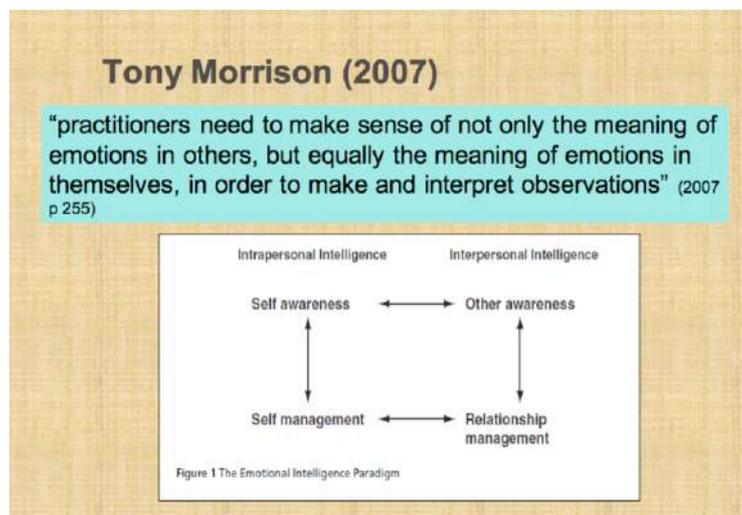
Figure 2: Morrison's (2007) Emotional Intellience Paradigm

3. Conclusion

It is important for social work to develop an emotional resilience curriculum that takes into consideration personal competences as mentioned above. Additionally, an Emotional Intelligence Paradigm should be integrated into all aspects of social work teaching, learning and practice. This will allow students, practitioners and social work educators to develop an appreciation of the need

for emotional intelligence, and the competencies that underpin these important skills. A carefully designed emotional intelligence curriculum will enable social work students to build a repertoire of resilience-building mechanisms that can be honed over time through exposure to challenging practice experiences (Kinman and Grant, 2011; Kinman and Jones, 2011).

Lastly, it is important to point out that every human being has the potential of developing his or her emotional resilience. Therefore, part of the recruitment of student social workers should include emotional resilience tests which would enable educators to identify suitable candidates for the programme. There are various tests available to test a person's Emotional Resilience which include Bar-On EQi (Consortium for Research on Emotional Intelligence in Organizations (Bar-On, 2000), the Mayer-Salovey-Caruso Emotional Intelligence Test (Bar- on, 2000) and the Emotional Competency Inventory (Bar-on, 2000).

This paper has argued that the implementation of an emotional resilience curriculum requires disciplined students who are passionate about social change. Students who are passionate are able to step-back and examine their thinking by asking thought provoking questions. This kind of criticality leads to effective critical thinking and promotes constructive criticism in all areas of practice. Secondly, this paper examines students' disrespectful behaviors which impact on the implementation of an emotional resilience curriculum. The paper contends that students' disrespectful behaviors are incongruent with social work professional values and incivility in the classroom has a negative impact on the morale of social work educators and students learning. To implement an emotional resilience curriculum, social work educators need the support of university managers whose approach of "keeping students happy" is threatening academic standards. A culture of entitlement that universities are encouraging is compromising professional standards (Cleary, 2018). The place of emotion, reflective practice and critical reflection in social work are in danger of becoming increasingly marginalized if universities continue to commercialize education and compromising academic and professional standards.

References

Aiken, L., Sermeus, W., Van den Heede, K., Sloane, D.M., Busse, R., McKee, M., Bruyneel, L., Rafferty, A., Griffiths, P., Moreno-Casbas, M., Tishelman, C., Scott, A., Brzostek, T., Kinnunen, J., Shwendimann, R., Heinen, M., Zikos, D., Strømseng Sjetne, I., Smith, H. and Kutney-Lee, A. (2012) "Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States." British Medical Journal. 344e, 1717.

Ausbrooks, A. R., Jones, S. H., & Tijerina, M. S. (2011). "Now you see it, now you don't: Faculty and student perceptions of classroom incivility in a social work program." Advances in Social Work, 12(2), 255-275.

Archibong, I. A., Bassey, A. O., & Effiom, D. O. (2010). "Occupational stress sources among university academic staff." European Journal of Educational Studies, 2 (3), 217-225.

Barnes. N., & O'Hara, S. (1999). "Managing academics on short-term contracts." Higher Education

Quarterly, 53 (3), 229-239.

Bar-On, R. (2000) 'Emotional and social intelligence: Insights from the Emotional Quotient Inventory', in Bar-On, R. and Parker, J. (eds), Handbook of Emotional Intelligence, San Francisco, CA, Jossey-Bass.

Byrom, S. and Downe, S. (2010) 'She sort of shines': midwives' accounts of 'good' midwifery and 'good' leadership. Midwifery. 26 (1), 126–37.

Cleary, T. (2018). "Social Work Education and the Marketization of Social Work", British Journal of Social Work, 0, 1-19.

Finch, J. (2013) "A Critical Exploration of Practice Assessment Panels: Participation, Power, Emotion and Decision Making in Relation to Failing Social Work Students", York, Higher Education Academy, available online at www.heacademy.ac.uk.

Finch, J. and Taylor, I. (2013) 'Failing to fail? Practice educators' emotional experiences of assessing failing social work students', Social Work Education (Special Edition, Field Education in Social Work), 32(2), pp. 244 – 58.

Freshwater, D. and Stickley, T. (2004) "The heart of the art: emotional intelligence in nurse education." Nursing Inquiry. 11 (2), 91–98.

Grant, L., Alexander, K. and Kinman, G. (2014) "What's all this talk about emotion: Developing emotional literacy, the importance of reflective practice in Social Work students. Social work Education: The International Journal.

Grant L., and Kinman G (2012) "Enhancing well-being in social work students: Building resilience for the next generation", Social Work Education, vol. 31(5), pp (pg. 605-21).

Grant, L. (2013) "Hearts and minds: aspects of empathy and wellbeing in social work students." Social Work Education: The International Journal.

Grant, L. and Kinman, G. (2013). "Bouncing Back?" Personal representations of resilience of student and experienced social workers. Practice, Social Work in Action.

Grant, L. and Kinman, G. (2012) "Enhancing wellbeing in social work students; building resilience in the next generation." Social Work Education: The International Journal. 31, (5)

Görgens-Ekermans, G. and Brand, T. (2012) "Emotional intelligence as a moderator in the stress-burnout relationship: a questionnaire study on nurses." Journal of Clinical Nursing. 21 (15/16).

Goleman, D. (1996) Emotional Intelligence: Why It Can Matter More Than IQ. London: Bloomsbury.

Goleman, D. and Cherniss, C. (eds.) (2001) The Emotionally Intelligent Workplace; How to Select for, Measure and Improve Emotional Intelligence in Individuals Groups and Organisations. San Francisco: Jossey-Bass.

Howe, D. (2008) The Emotionally Intelligent Social Worker. Basingstoke: Palgrave Macmillan.

HCPC (2018) Standards of Proficiency, London, Health Care and Professions Council.

Jack, G. and Donnellan, H. (2010) "Recognising the Person within the Developing Professional: Tracking the Early Careers of Newly Qualified Child Care Social Workers in Three Local Authorities in England." Social Work Education.

Johnson, S, Donald, I., Taylor, P., Cooper, C., Cartwright, S. and Millet, C. (2005) "The experience of work-related stress across occupations." Journal of Managerial Psychology. 20 (2), 178–87.

Keating, Paula (2016) "An exploratory mixed-methods study of student incivility in higher education classrooms." Doctoral thesis, Edge Hill University.

Kinman, G. and Grant, L. (2011) "Exploring Stress Resilience in Trainee Social Workers: The Role of Emotional and Social Competencies." British Journal of Social Work. 41 (2), 261–75.

Kinman, G. and Baker, S. (2013) Emotional Resilience in the Social Work Curriculum: findings of a research study. York: Higher Education Academy.

Kinman, G. and Jones, F. (2001) The Work-home Interface. In Jones, F. and Bright, J. (2001) Stress: Myth, Theory and Research. London: Prentice Hall.

Kinman, G. and Grant, L. (2011) "Exploring Stress Resilience in Trainee Social Workers: The Role of Emotional and Social Competencies." British Journal of Social Work. 41 (2), 261–75.

Morrison, T. (2007) "Emotional intelligence, emotion and social work: context, characteristics complications and contribution." British Journal of Social Work. 37, 245–63.

Milner, J. and O'Bryne, P. (1986) 'The impact of failing students on tutors', Social Work Education, 6(1), pp. 21–3.

Rivas, Paula. "An exploratory study of disruptive behaviour and incivility in higher education classrooms." Paper presented at the British Educational Research Association Annual Conference, University of Manchester, 2-5 September 2009

Tobin, P. J. and Carson, J. (1994) "Stress and the student social worker." Social Work and Social Sciences Review. 5, 246–55.

Wahler, A. E., and Badger, K (206). Exploring Faculty Perceptions of Student Incivility in Social Work: Results from a National Survey. Advances in Social Work, 17 (2), 340-354.

Wilks, S. and Spivey, C. (2010) "Resilience in undergraduate soci al work students: Social support and adjustment to academic stress". Social Work Education. 29, 276–88.

Watson, D. and West, J. (2003) 'The role of the tutor in social work education: Building an emancipatory tutorial relationship', Social Work Education, 22(2), pp. 139 – 49.

www.communitycare.co.uk: "I resigned as a lecturer after the university did not fail social work students. Community Care" (August 2015).

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Meditation in Social Work Practice: A Systematic Review of the Literature for Applicability and Utility

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ABSTRACT: This article focused on the use of meditation in social work practice. Because meditation is a complex construct that has not been readily discussed within social work, the article begins with distinguishing meditation and mindfulness by providing definitions and theoretical relevance to social work. A systematic review of the literature on meditation's effectiveness and use in social work practice was conducted. A total of seven articles met the inclusion criteria, of which, two were quantitative and five were qualitative. The majority of study participants were either social work students or practitioners. The evidence to date is promising for the use of meditation within social work practice, however is hindered the amount and quality. Further, closer examination is needed into what types of meditation are effective for specific conditions.

1.   INTRODUCTION

Social work is responsible for responding to ever changing contexts and to promote social justice. This means remaining abreast and utilizing various methods that are readily available and shown to be efficacious for various conditions and populations. The need to examine different ways, such as Eastern medicine and philosophy, to address mental and physical well-being has direct relevance to social work. Vohra- Gupta, Russell, and Lo (2007) recognized that both the Baby Boomer and Generation X cohorts have embraced Eastern ideology and may challenge traditional definitions and applications of spirituality. Understanding that social work practice both locally and abroad does not always incorporate methods of psychotherapy, finding other ways of empowering people and connecting them to resources is vital. It is also believed that using these types of practices utilize the strengths-based perspective, where clients can be self-empowered (Lee, Zaharlick, & Akers, 2011). Meditation is one practice associated with Eastern thought that is believed to impact mental health. Empowering people to cultivate self-sustaining resources through such practices help to decrease inequity and promotes equality.

The practices of meditation are often associated with religion and spirituality. Although closely interlocked, meditation does not necessarily need to be associated with religion and has utility completely exclusive from religion. Meditation practices and philosophies are diverse and vary from tradition to tradition, such as American Indian, Central Asian Sufi, Hindu, Taoist, various Buddhist, and some Christian traditions (Keefe, 2011).

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Meditation has been defined as practices that achieve a well-defined state of undifferentiated awareness (Keefe, 2011), focusing attention on the present moment and diverting attention away from dwelling on the unchangeable past or undetermined future, reducing unnecessary and unproductive "background mental noise" (Arias, Steinberg, Banga, & Trestman, 2006). The clearing away of "background mental noise" is very conducive to spirituality where a person can connect to his or her inner self and feel a part of a bigger picture. Although related to mindfulness, meditation is its own practice. Meditation and mindfulness are often used interchangeably, and although share many commonalities and subtle differences are not the same.

To understand these subtleties, it is important to discuss the commonalities as well as the differences between the meditation and mindfulness. Another operational definition of meditation is a specific technique that involves muscle relaxation, and produces a self-induced state involving an anchoring or self-focusing technique (Arias et al., 2006). A common goal of meditation is mindfulness, which can be described as the self-regulation of attention and relating to one's experience through curiosity, experiential openness and acceptance (Arias et al., 2006). Mindfulness has been also defined as nonjudgmental awareness that arises through attending to one's moment-to-moment experience (Kabat-Zinn, 1994).

Initially, mindfulness was identified as a concept that is distinct from meditation but one that is also used in conjunction with meditation in existing social work literature (Lynn, 2010). Meditation is often considered as a spiritual practice that encourages self-reflection, while bringing awareness to the present situation or experience (Birnbaum, 2005). Some may argue that meditation is a form of mindfulness while some may argue that mindfulness is a form of meditation. In fact, both can be true. One goal (or step in the process) of meditation can be to reach a state of mindfulness. It is commonly accepted that all meditation practices pair a relaxed body and a concentrated or attentive mind. However, in the lineage of Vipassana meditation, the ultimate goal is not to just clear away the "background noise", to reach a state of mindfulness, but rather, to purify the mind. Through Vipasanna, we see that we create the reality we live in, which is the only way out of suffering (Fleischman, 2003). Vipassana is a process of self-observation, and is believed to affect an individual at the molecular, biological, psychological, cognitive-behavioral and environmental levels (Fleischman, 2003). These are all levels in which social work are concerned (biological, psychological and sociological). Thus, some meditation practices, such as Vipassana, focus on more than just reaching a state of mindfulness.

Being mindful during meditation is helpful, but another distinction is that one does not necessarily need to be formally meditating to be mindful. Some practices encourage mindfulness at all times, such as when walking, eating, bathing, working, and engaging in conversation. The extent one can bring attention to one's experience beyond a formal meditation period is ultimately beneficial. Being mindful, whether it is during a formal meditation practice, or mindful exercises, such as mindful eating, walking, talking helps to improve concentration, awareness and acceptance, which are all beneficial for one's stress and well-being. Mindfulness has been researched heavily in the healthcare (Birnbaum, 2005) and psychology fields (Roeser & Eccles, 2015) and is a widely

accepted practice. Mindfulness has been incorporated theoretically and empirically in social work practice in various ways. Progress has been made in the areas of mindfulness-based cognitive therapy with older adults (Foulk, Ingersoll-Dayton, Kavanagh, Robinson, & Kales, 2014), mindfulness training to foster clinical intervention skills (Gockel, Cain, Malove, & James, 2013), mindfulness and reflection in listening skills (2011), mindfulness in self-care (McGarrigle &Walsh, 2011; Napoli & Bonifas, 2011), developing empathy (Napoli & Bonifas, 2011; Raab, 2014), and in social work education to create space for reflection to become aware (Birnbaum, 2005; Lynn, 2010).

Like mindfulness practices, formalized meditation practices have the power to heal and transform. Birnbaum (2005) indicated that the function of meditation is to heal and transform and the energy used is mindfulness. The altered state that meditation can bring can be used with a high degree of success in the treatment of psychosomatic disorder (Singh, 2006). Lee et al. (2011) indicated that there are two intentions to meditation practice, the first is to reach a mindfulness state, and the second is to cultivate love and compassion.

2. Theoretical Links to Social Work

There increasing interest in meditation in social work practice (Senriech, 2014), and results from a 2018 study show that a sample of licensed clinical social workers engaged in meditation and considered themselves to be spiritual more than the general population (Oxhandler, Polson, & Achenbaum, 2018). The theoretical relationship between meditation and social work practice has been articulated by Lee et al. (2011), in that not only does meditation has neurobiological effects on a person, but it also draws on both self-determination theory as well as the systems perspective. Compatible with social work values, meditation assumes that human nature is good, rather than flawed (Keefe, 2011). Meditation encourages self-determination by creating the open awareness that is essential in facilitating choices of behaviors that are consistent with one's needs, values, and interests (Deci & Ryan, as cited by Lee et al., 2011). It also helps clients build and strengthen self-resources and capacities (Lee et al., 2011). Meditation encourages living and being attentive in the present moment, rather than turning to old habit patterns and reactive thinking, while systems theory helps to link the external stimuli with the internal response. Lastly, meditation also initiates changes at the metacognitive level (Lee et al., 2011). This is perhaps articulated by another goal of Vipassana meditation, which is ultimately, wisdom. In addition to attentiveness (or concentration), and love and compassion, Vipasanna also focuses on gaining wisdom through the understanding of impermanence. Because of its compatibility with social work values, meditation have been incorporated into practice in a variety of settings (such as schools, medical settings, and psychiatric wards) with individuals, families and groups (Logan, 2013).

Although the relationship between social work and meditation has been articulated theoretically, there less empirical support for meditation and social work practice than there is for mindfulness in all fields, including social work practice. Mindfulness already has a large literature base within social work and other fields, particularly psychology. In fact, in searching the Cochrane Summaries, there were only 22 reviews on meditation, but 186 on mindfulness

(http://www.cochrane.org, January 20, 2018). Though mindfulness is an important practice, so is meditation, which although strongly related to mindfulness, is its own practice or "tool" that warrants distinct empirical investigation and support. Thus, the purpose of this article is to provide a systematic literature review of where the profession is regarding meditation in terms of empirical support, use and applicability in social work practice.

3. Methods

A systematic literature review was conducted in January 2018. The following is the inclusion criteria for this review:

1.   Empirical research study with the use of meditation practice or intervention
2.   Sample of social work students or practitioners or use of a meditation intervention with a client population by social workers
3.   Published in the English language in a peer-reviewed social work journal since 2000

Various search engines were used, such as EBsco Host, Google Scholar, and Academic Search Premier. Various terms were included in the search, such as meditation, mindfulness, mindfulness-based, spirituality, and social work practice. Reference lists of potential articles were also checked for additional records. Abstracts of identified articles were then reviewed to determine if the articles met the above criteria. If the abstract met the criteria, then the full text article was reviewed to determine final eligibility. Data of the research designs, study populations, types of meditation and key findings were extracted from each article.

 Although operationalized mindfulness and meditation for this literature review as described above, in the articles reviewed, the authors' definition of meditation superseded. For example, if an author called their intervention "meditation", but after closer review, if it was determined that it was really a mindfulness practice, it was still included because the original authors deemed it as meditation. Reasons for exclusion included use of a mindfulness practice without a formal meditation component (such as walking mindfulness) or non-social work related. Dissertations were also excluded. Other general interventions, such as psycho-educational, mindfulness, or well-being interventions that included a meditation component were excluded. Similarly, if an article did not specifically report on meditation but grouped it with other techniques (for example, yoga or Eastern arts), it was also excluded.

4. Results

A total of seven articles were found that met the criteria. Table 1 provides a summary of the study participants. Table 2 reports on the study designs, methodology and findings of the studies.

Table 1

Summary of study participants

Author & Year	Population	Sample Size	Sex	Race/Ethnicity	Age	Sampling
Birnbaum (2005)	Social work students	50	37 females, 13 males	Not reported	Average age = 25	Not reported or, presumably convenience sample in social work class
Brenner & Homonoff (2004)	Clinical social workers who have practiced Zen for at least five years	10	7 females, 3 males	White= 8 Hispanic= 2	Age range: 41-58	Recruited using purposive, non-random snowball sampling through announcement at local meditation center, reviewing biographies of local presenters, and personal contacts
Coholic (2006)	Social work undergraduate students and recent graduate social work students	4	All female	Not reported	Ages: 22, 39, 45, and 46	Not reported, although all four participants had some previous experience with meditation practice
Lee, Zaharlick & Akers (2011)	Survivors of trauma	2	All female	Not reported	Not reported	Part of a larger intervention study where the participants were female trauma survivors in a substance abuse treatment and residential program for homeless women and their children
Margolin (2014)	University students	6	All female	Not reported	Not reported	Convenience sample of participants new to meditation
Temme, Fenster & Ream (2012)	Residents in a substance abuse treatment facility	93 (43 meditation, 50 control)	81% male	African-American= 47% Hispanic/Latino	Mean age= 39	Convenience sample

Author & Year	Population	Sample Size	Sex	Race/Ethnicity	Age	Sampling
				= 34% White= 10% Other/unknow n= 9%		
Wolf & Abell (2003)	Community members	93, with 31 participants in each of the experimental, comparison and control groups. 61 individuals completed	Of 61 participants completed, 31 females and 30 males	Not reported	Mean age= 24.7 (sd=7.75) Age range: 18-49	Purposively sampled through newspaper advertisement

Table 2
Summary of study characteristics

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings

Birnbaum (2005)	Not specified , but author affiliated in Israel	Qualitative analysis of social work students' written descriptions	To assess students' experiences or reactions such as images, thoughts, feelings or body sensations after participation in either a single workshop or a series of four sessions	Mindfulness followed by guided meditation	35 students participated in single session, 13 students participated in a total of four sessions. Length of session not reported.	NA	Major categories and subcategories emerged in order with most dominant listed first:
							
							Message received during meditation:
							1. Category: Positive Messages about the Self
							   a. Sub category - Reassurance of self
							   b. Sub category - Concrete/specific messages from a guiding figure
							   c. Sub category - Connect to inner voice

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings

							2. Category: "No Message"
							  a. Sub category - Cognitive flooding
							  b. Sub category - Emotional flooding
							Insights received during meditation:
							3. Category: Self Guidance
							4. Category: Abilities of the Self
							5. Category: Professional Self-concept
							6. Category: Difficulties of the Self
							Meditation results include:
							1. Self-directed process
							2. Self-observation
							3. Self-defense
							4. Self-regulation/nourishment

Brenner & Homonoff (2004)	USA	Qualitative semi-structured interviews	To explore the impact of a personal practice of Zen meditation on their social work practice	Buddhist Zen	Participants must have practiced for at least five years	NA	Three major influences of Zen Buddhism on their clinical social work practice: 1. Awareness: Cultivated ability to be more aware and present with clients 2. Acceptance: Ability to remain non-judgmental and accepting of their clients. More comfort with ambiguity. Increased understanding of non-duality or distinction between them and their clients. 3. Responsibility: Felt the need to take action and also encourage clients to also take action
Coholic (2006)	Not specified, but	Individual interviews following a	To assess how and why the group was helpful and how it	Mindfulness, guided imagery	Not specified, but seems to be a single	NA	Participants reported that mindfulness meditation practice assisted them in gaining a deeper level of self-

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings
	author affiliated in Canada	mediation group	was seen as a spiritual process		session. Length of session not reported.		awareness, a less judgmental attitude, a more positive sense of self-esteem, a greater appreciation for life's moments, and increased feelings of gratefulness
Lee, Zaharlick & Akers (2011)	USA	Qualitative study of two, sixty minutes, open-ended focus groups and individual follow-up interviews	To inquire about the nature of their experiences with meditation, the specific curriculum presented, and the changes experienced as a result of meditation	Based on Tibet meditation that taught mindfulness, calmness and empathy	Six-week curriculum consisting of two weeks of breathing meditation, two weeks of loving kindness meditation and two weeks of compassion meditation. Met for one hour Monday through Friday in the morning and evening	NA	Themes of how meditation helped them: 1. helped them to stay calm 2. more accepting toward self and others 3. able to better take care of themselves 4. more aware of and express emotions 5. effectively regulate their emotions and behaviors in dealing with daily life 6. more connected to others 7. helped deal with flashbacks, intrusive thoughts, and other typical PTSD symptoms 8. felt better about themselves 9. gained strength and motivation to move on in their lives
Margolin (2014)	Canada	Qualitative visual analysis of collages, thematic analysis of descriptions of collages	To understand university women's experiences of applying meditation and visualization as an alternative mental health strategy	Mahavakyan Meditation, which includes mantra (chanting), visualization	Eight-week program using a combination of book reading, mantra meditation, visualization, discussion, writing, and reflective collage	NA	Increased emotional, bodily and sensory awareness Reduced reactivity Increased feelings of tranquility, joy and self-acceptance Broadened perspective Ability to reject adverse self-talk Increased belief in the capacity to achieve goals

Author & Year	Country	Design	Objective(s)	Type(s) of meditation	Length of Meditation Program	Measures	Key Findings
Temme, Fenster & Ream (2012)	USA	Random assignment to either meditation or treatment as usual	To investigate the effect of meditation on warning signs of relapse among adults in residential treatment for chemical dependency	Integration restoration (iRest)	Ten one-hour sessions, three times a week	Warning signs of relapse Scale Profile of Mood States Five Facet Mindfulness Questionnaire	For each of warning signs of relapse, mindfulness, and negative mood states, change in the expected direction was significantly greater among participants in the randomized controlled trial's meditation group than in the randomized controlled trial's control group Risk of relapse mediated by negative mood state
Wolf & Abell (2003)	USA	Pre-test posttest design with random assignment to experimental, comparison and control groups with 28 day post follow up	To determine the effects of chanting the maha mantra on stress, depression, enlightenment, passion, and inertia	Mantra	Chanting for 20-25 minutes per day for 28 days	Vedic Personality Inventory Generalized Contentment Scale Index of Clinical Stress	Experimental group improved more in stress, depression, enlightenment and inertia than both comparison and control groups

5. Summary of Research Designs

Of the seven studies, five were qualitative (Brenner & Homonoff, 2014; Coholic, 2006; Birnbaum, 2005; Margolin, 2014; Lee et al., 2011). The remaining two were quantitative experimental designs (Temme et al., 2012; Wolf & Abell, 2003), which both used random assignment to groups with a total sample size of 93 each. Wolf and Abell (2003) reported 61 out of 91 participants completed the study, which is 65.6% retention rate and can be considered "promising" rather than "effective" (Amico, 2009). Temme et al.'s (2012) study also fell into the same category, with a 62.8% completion rate (93 out of 143).

Two studies focused on clinical populations served by social work: trauma (Lee et al., 2011) and substance use (Temme et al., 2012). The other studies focused on non-clinical populations: Wolf and Abell (2003) recruited a community sample, Birnbaum (2005) and Coholic (2011) used social work students, Margolin (2014) used undergraduate students and Brenner & Homonoff (2004) researched social work practitioners. The majority of the participants were female, with the exception of Temme et al. (2012) who had a sample that was 81% male. Most of the authors did not report participants' race/ethnicity (Birnbaum, 2005; Coholic, 2006; Lee et al., 2011; Margolin, 2014), however, for those studies that did report on race/ethnicity, racial and ethnic diversity was an issue, as the samples were primarily White (Brenner & Homonoff, 2004; Wolf & Abell, 2003). Temme et al. (2012) was again the exception with a primarily African-American and Hispanic sample.

In addition to race and ethnicity, several studies failed to report considerable details of their study such as age (Lee et al., 2011; Margolin, 2014) and sampling procedures (Birnbaum, 2005; Coholic, 2006). Although these studies are all qualitative and often do not include such details, it results in a lack of traceability.

There were a number of different types of meditation practices studied in these articles. Some were rooted in Eastern religion and philosophy, and included Zen (Brenner & Homonoff, 2004), mantra (Margolin, 2014; Wolf & Abell, 2003) and Tibetan meditation (Lee, et al., 2011).   The others were non-sectarian and were mindfulness (Birnbaum, 2005; Coholic, 2006), integrative rest (Temme et al., 2012), visualization (Margolin, 2014) and guided imagery (Birnbaum, 2005; Coholic, 2006).

6. Summary of Study Findings

Overall the findings indicated positive support for the use of meditation for mental well-being and for use in social work practice with clients. The quantitative studies found positive results in the areas of substance abuse relapse (Temme et al., 2012), stress (Wolf & Abell, 2003) and mood (Temme et al., 2012; Wolf & Abell, 2003). More specifically, Temme et al. (2012) found that the intervention's effect on reducing warning signs of relapse was through increasing mindfulness, and also that at least part of the effect of increased mindfulness on warning signs of relapse was through decreasing negative mood. Wolf and Abell (2003) found that their mantra intervention

helped to significantly decrease depression and stress.

The qualitative studies support the two areas of mood and stress and help to refine more specifically areas that participants benefit. Common themes among the qualitative studies are that meditation helped to increase both physical (Lee et al., 2011; Margolin, 2014) and emotional self-awareness (Birnbaum, 2005; Brenner & Homonoff, 2004; Coholic, 2006; Lee et al., 2011; Margolin, 2014) acceptance (e.g. non-judgment, decreased duality or broadened perspective on life, Brenner & Homonoff, 2004, Coholic, 2006; Lee et al., 2011; Margolin, 2014) and self-esteem (e.g. increased belief to achieve goals and gained strength and motivation in life, Birnbaum, 2005; Coholic, 2006; Lee et al., 2011; Margolin, 2014). Other themes were increased joy (Margolin, 2014) and gratitude (Coholic, 2006) and ability to deal with negative feelings and emotions (Lee et al., 2011). Many of these benefits would support and explain the decrease in stress that Wolf and Abell (2003) found in their quantitative findings.

7. Discussion

Although more heavily articulated in the psychology field, the empirical support for meditation and social work is just beginning to emerge. Meditation is new to social work (Keefe, 2011), which is reflected by the dearth of literature found. Only seven articles met the criteria and were included in this review.

Although the studies included widely used meditation practices (both religiously based and non-sectarian), they were certainly not exclusive and there are other meditation practices that have yet been studied. It should be noted that many of these practices are similar and may share common elements (such as visualization and guided imagery). Until the field can make clearer distinctions, it is therefore recommended to fully understand the actual practices, techniques and interventions rather than solely rely on the designated label.

Along the same vein, one of the main issues to date is the use of the terms "meditation" and mindfulness" interchangeably. Often mindful practices are called meditation such as Temme et al. (2012). Although this may be understandable as the literature was just beginning to emerge, there is a need to better refine both the definitions and uses in practice. Further, when reporting on either practice, there is variation as to how researchers define mindfulness and how meditation is defined. This could be attributed to researchers' own personal practice, understanding or training, or a reflection of current societal trends to blend concepts and practices. There is the difficult task to define what meditation is but not to restrict the concept.

8. Implications for Further Research

Another methodological critique that arose from conducting this systematic review is that meditation is often considered with other practices, such as yoga (e.g. Derevotes, 2000; Uthaman & Uthaman, 2017; Waechter & Wekerle, 2015). However, this is not necessarily a philosophical or theoretical flaw as many of the practices encompass one another. Although common in an infancy state of research, there will eventually be a need to isolate meditation as a possible intervention to

fully understand its utility, rather than lump it together with other practices such as yoga, or contain within other interventions such as mindfulness or well-being. If lumped with other practices, it would be comparable to combining cognitive-behavioral therapy (CBT) with psychoanalytic therapy and concluding that CBT is effective or not effective. However, this may also not be possible in a practical or practice setting.

Finally, as the literature continues to evolve, closer examination into what types of meditation are effective for which specific conditions. For example, a stress reducing meditation technique, such as the mantra meditation described by Wolf (2003) may be appropriate for a clinical population of individuals with anxiety, while a technique that cultivates compassion, or loving kindness practice (known as metta in Buddhist traditions; Canda & Phaobtong, 1992) may be suitable for those with anger issues. Due to the racial and ethnic diversity issues reported, it is also imperative to continue to diversify study samples.

9. Contributions to Social Work Practice and Knowledge

Meditation practices help the individual as whole, rather than focusing on individual issues. For those with trauma, meditation provides a different way of conceptualizing and providing treatment. Instead of directly addressing and focusing on the content of trauma, meditation trains individuals to change the relationship to one's thoughts, without directly focusing on the specific problems (Lee et al., 2011). This holistic approach to social work helps to create sustainability, since individuals will learn for themselves how to build their self-resources and capacities, and therefore be less dependent on other services.

As aforementioned, there are different types, and different rigor to various meditation practices. A social work practitioner should continue to learn about these differences and similarities when using meditation in practice. For example, meditation includes simple guided imagery and breath counting that are often used in practice as well as long period of sustained meditation periods with the goal to purify the mind and achieve wisdom about impermanence. It should also be noted that there are many different ways and methods to learn and use meditation. Some are more rigid and formalized than others, and a person seeking out instruction should be educated on the process. Entering a meditation retreat or workshop without proper understanding of the undertaking can be actually be detrimental. Like receiving traditional modes of therapy, there can be difficult moments when things are revealed or strong emotions and reactions arise, and without proper guidance and support, can result in adverse effects. For example, individuals with schizophrenia may increase their experience of depersonalization and self-preoccupation through meditation (Keefe, 2011). Rigorous mediation practice can provide insight and awareness to ourselves, and again, may be challenging and overwhelming for some at times. Being able to translate research findings to properly apply techniques to various populations is necessary to ensure best practices.

It is possible that individuals may be resistant to meditation practices. Some formal meditation practices may be daunting or unappealing (or inappropriate at the time) for some individuals for various reasons. One may be resistant if an individual perceives these practices as rooted in Eastern religion and philosophy. Depending on the source of resistance, a social worker versed in

the use and types of meditation can assist through providing education, presenting the information in a way that is acceptable to a client or helping to reduce fears or misconceptions about meditation. However, if an individual is not open to formal meditation practice, developing and striving for a mindfulness practice in day-to-day life may be more palpable to him or her. Regardless of the method chosen, either practice will hopefully benefit individuals and help to gain self-awareness and self-reflection.

Thus, although some may be skeptical of meditation since it is often associated with Eastern religion and thought, the research has shown that these practices may actually have appeal to others. Many ethnic minorities (and non-minorities) and indigenous individuals may not benefit from Westernized conceptions of psychology (Wolf & Abell, 2003). Thus, the inclusion of meditation in social work practice increases the profession's responsibility to cultural awareness and diversity (Wolf & Abell, 2003). By diversifying our knowledge and skill base, we are inclusive and recognizing non-Westernized concepts of health and well-being.

In sum, the research methodology to date is appropriate given the state of the literature in that so far, the research has been mostly qualitative and exploratory for the field of social work. The research to date shows promising evidence for the use of meditation within social work practice, but is hindered the amount and quality of evidence. Small sample sizes and use of convenience samples warrant caution in interpreting the results of the studies. Both qualitative and quantitative studies are needed in the future to further refine the use of meditation in social work practice. Although the literature is somewhat nascent in social work, we can draw on other fields that have heavily validated meditation to incorporate meditation practices in accordance to our profession's mission, values and ethics.

References

*Included in systematic review
Amico, K. R. (2009). Percent total attrition: A poor metric for study rigor in hosted intervention designs. American Journal of Public Health, 99(9), 1567–1575. http://doi.org/10.2105/AJPH.2008.134767.
Arias, A., Steinberg, K., Banga, A. & Trestman, R. (2006). Systematic review of the efficacy of meditation techniques as treatments for medical illness. Journal of Alternative and Complementary Medicine, 12 (8), 817-832.
*Birnbaum, L. (2005). Connecting to inner guidance: Mindfulness meditation and transformation of professional self-concept in social work students. Critical Social Work, 6 (2).
*Brenner, M., & Homonoff, E. (2004). Zen and clinical social work: A spiritual approach to practice. Families in Society: The Journal of Contemporary Social Services, 85(2), 261-269.
Canda, E. R., & Phaobtong, T. (1992). Buddhism as a support system for Southeast Asian refugees. Social Work, 37(1), 61-67.
*Coholic, D. (2006). Mindfulness meditation practice in spiritually influenced group work. Arete, 30(1), 90.
Derezotes, D. (2000). Evaluation of yoga and meditation trainings with adolescent sex offenders.

Child and Adolescent Social Work Journal, 17(2), 97-113.

Fleischman, P. (2003). Karma and chaos. Onalaska, WA: Pariyatti Publishing.

Foulk, M. A., Ingersoll-Dayton, B., Kavanagh, J., Robinson, E., & Kales, H. C. (2014). Mindfulness-based cognitive therapy with older adults: an exploratory study. Journal of Gerontological Social Work, 57(5), 498-520.

Gockel, A., Cain, T., Malove, S., & James, S. (2013). Mindfulness as clinical training: Student perspectives on the utility of mindfulness training in fostering clinical intervention skills. Journal of Religion & Spirituality in Social Work: Social Thought, 32(1), 36-59.

Kabat-Zinn, J. (1994). Wherever you go, there you are: Mindfulness meditation in everyday life. New York: Hyperion.

Keefe, T. (2011). Meditation and social work practice. Social Work Treatment: Interlocking Theoretical Approaches, New York: Oxford University Press, 293-314.

*Lee, M., Zaharlick, A. & Akers, D. (2011). Meditation and treatment of female trauma survivors of interpersonal abuses: Utilizing clients' strengths. Families in Society, 9(2), 41-49.

Logan, S. L. (2013.) Mindfulness and meditation in social work practice. In Franklin, C. (Ed.) Encyclopedia of Social Work. 21st Ed. New York: Oxford University Press.

Lynn, R. (2010). Mindfulness in social work education. Social Work Education, 29(3), 289-304.

*Margolin, I. (2014.) Collage as a method of inquiry for university women practicing Mahavakyam Meditation: Ameliorating the effects of stress, anxiety, and sadness. Journal of Religion & Spirituality in Social Work: Social Thought, 33 (3-4), 254-273. http://doi.org/10.1080/15426432.2014.930632.

McGarrigle, T., & Walsh, C. A. (2011). Mindfulness, self-care, and wellness in social work: Effects of contemplative training. Journal of Religion & Spirituality in Social Work: Social Thought, 30(3), 212-233.

Napoli, M., & Bonifas, R. (2011). From theory toward empathic self-care: Creating a mindful classroom for social work students. Social Work Education, 30(6), 635-649.

Oxhandler, H. K., Polson, E. C., & Achenbaum, W. A. (2017). The religiosity and spiritual beliefs and practices of clinical social workers: A national survey. Social Work, 63(1), 47-56.

Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: a review of the literature. Journal of Health Care Chaplaincy, 20(3), 95-108.

Roeser, R. W., & Eccles, J. S. (2015). Mindfulness and compassion in human development: introduction to the special section. Developmental Psychology, 51(1), 1.

Senreich, E. (2013). An inclusive definition of spirituality for social work education and practice. Journal of Social Work Education, 49(4), 548-563.

Singh, A. (2006). Role of yoga therapies in psychosomatic disorders. International Congress Series, 1287, 91-96.

*Temme, L. J., Fenster, J., & Ream, G. L. (2012). Evaluation of meditation in the treatment of chemical dependency. Journal of Social Work Practice in the Addictions, 12(3), 264-281.

Uthaman, S., & Uthaman, S. (2017). Impact of yoga and meditation on cognitive functions of students. Journal of Social Work Education and Practice, 2(2), 53-57.

Vohra-Gupta, S., Russell, A., & Lo, E. (2007). Meditation: The adoption of Eastern thought to Western social practices. Journal of Religion & Spirituality in Social Work: Social Thought, 26(2), 49-61.

Waechter, R. L., & Wekerle, C. (2015). Promoting resilience among maltreated youth using meditation, yoga, tai chi and qigong: A scoping review of the literature. Child and Adolescent Social Work Journal, 32(1), 17-31.

Winters, D. E., & Beerbower, E. (2017). Mindfulness and meditation as an adjunctive treatment for adolescents involved in the juvenile justice system: Is repairing the brain and nervous system possible? Social Work in Health Care, 1-21.

*Wolf, D. B., & Abell, N. (2003). Examining the effects of meditation techniques on psychosocial functioning. Research on Social Work Practice, 13(1), 27-42.

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Employee Volunteerism in Corporate Social Responsibility and Employee Engagement in India

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ABSTRACT: Introduction of Section 135 and Schedule VII in the Companies Act 2013 is the development of 4 years in India. India is the First country across the globe which has made CSR mandatory for profit-making corporates. The expectations of these selected corporates in the field of CSR are different from traditional CSR. The selected corporates which come under the purview of CSR act had to scale up their CSR programmed by forming CSR Policy, Vision, Philosophy, CSR structure and CSR Board Committee and they also had to decide the focus areas as per the Schedule VII of the Companies Act 2013.

These Corporates have to involve all the stakeholders in their business, i.e., employees, customers, shareholders, communities, and vendors in the CSR process. Many corporate in India have involved their employees in their CSR programs. Employees Volunteerism has become a critical aspect of CSR. Besides involvement into CSR projects the employee volunteerism may result in employee engagement, team building, and brand building. The current article deals with employee volunteerism in Corporate Social Responsibility in Indian industries and its byproduct 'Employee Engagement.'

Keywords: Corporate Social Responsibility [CSR], Stakeholders, Employee Volunteerism, Employee Engagement, Brand Building, Team Building

1. INTRODUCTION

India has taken a big step by making CSR mandatory under Companies Act 2013. Practically it is compulsory to all the profitable, big companies to invest 2% of their net profile in the social cause again defined by the Government under Schedule VII of the Act. The interpretation of the law also suggests the involvement of all the stakeholders in the CSR projects of the company to develop the culture of giving it back to the society.

2. Involvement of the stakeholders:

As per the law, there is separate Board Committee for CSR whose responsibility is to approve and monitor CSR projects. The required spending is also a part of this monitoring process. The commitment and support of the top management and higher management are prerequisites for the result oriented CSR. The partnerships with the NGOs and with the Government, involvement of local governance and the communities have become the necessary features of CSR projects. They are all the stakeholders of the business.

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The CSR Act also encourages **employees' participation** by giving guidelines that in working hours the employees need to participate in CSR projects. The involvement of the employees in CSR activity also helps to build up the culture of the organization which has the spirit of empathy, compassion, teamwork and human approach.

3. Employee Volunteerism:

Employee volunteerism can be defined in a manner consistent with McGlone, Spain, and McGlone (2011): giving of one's time, energy, skills, or talents to a charitable organization without receiving payment in return. It is now an organized effort somewhat being a charity (Clary & Snyder, 1999).

Employee Volunteerism can be considered as an exclusive feature of CSR. It may help in **developing external aspects** like brand image and reputation of the organization. The international and domestic customers in their audits ask the questions on sustainability measures and the efforts/ programmes of the organization which are related to social responsibility. The companies which have clear policies and procedures on sustainability and social responsibility get a good score in the audits which may help them to get new orders or continue the present business.

At the same time, as an **internal aspect of the organization**, employees may get motivated due to voluntarism and motivation factors found for volunteering include humanity, meaningfulness, organizational citizenship, role variety, and networking. A similar concept is reinforced by *[Aguinis & Glavas, 2012]* Employee volunteerism as a practice of corporate social responsibility aids corporations by strengthening employee satisfaction and retention internally and by strengthening corporate reputations and connections with stakeholders externally.

Volunteerism is an opportunity for companies to respond to the altruism in the employees, address the concerns and problems of the community and encouragement to senior organizational leaders to embed socially responsible behavior within core businesses.

4. Various ways of volunteering of employees:

There are various ways by which employees can participate in CSR projects. The examples can be illustrated as follows:

a. Education – They can be the mentors of the students from a government school. The corporates like Amdocs working in this area and around 1000 employees have become mentors to the children.

b. Incorporation schools, teachers are inadequate. The employees can support by teaching the subject of their interest to these school children. There are often no sports teachers. Employees can train these children in this sports area. The employees from Bharat Forge work as volunteers in these schools.

c. Environment - by involving in the various drives like Cleanliness, waste management, and planting trees, an employee can participate in significant number and thereby employee also can involve in the conservation of the environment.

d. Departmental CSR: Various departments of the companies can take up small CSR projects like visiting an orphanage, spending time with the old people, imparting necessary training and education.

e. Skill development: The employees can also participate in Skill development by imparting the required technical skills to the rural youth for employability.

5. Impact of Employee Volunteerism:
a. Benefits to the individual employee by volunteering**:**

Employee Volunteerism not only helps to CSR projects but it also brings out attitudinal changes in the employees. It helps in developing empathy, getting aware about different social issues and also in generating affinity for the various deprived sections of the society. It enriches the total personality of the employee by developing empathy for all the process at the workplace. It also encourages Team Work while working on the projects of CSR.

b. External Benefits of Employee Volunteerism to the company:

Volunteering can help companies to enhance their corporate brand image. When a company does something for the community, the community sees the company's presence in a favorable light. It is a fact that what company's efforts will have considerable influence on the local community than the building structures. *Ameer and Othman (2012)* found that companies in specific activity sectors which emphasize sustainability practices have higher financial performance measured by return on assets, profit before taxation, and cash flows compared to those without such commitments.

c. Internal benefits to the company

Understanding the motivations and attitudes behind volunteering is vital to develop a conducive culture of the organization. In short employee, volunteerism may lead to employee engagement.

6. Employee Engagement Through Employee volunteerism

Employee Engagement is necessary for business growth, Innovation, employee retention and customer satisfaction. Engaged employees feel a strong emotional bond with the organization that employs them. This is associated with people demonstrating a willingness to recommend the organization to others and commit time and effort to help the organization succeed. It suggests that people are motivated by intrinsic factors (e.g., personal growth, working to a common purpose, being part of a more extensive process) rather than merely focusing on **extrinsic factors**.

Volunteering helps the employee in developing empathy, getting aware about different social issues and also in generating affinity for the various deprived sections of the society. This can be considered as intrinsic factors which connect the employees to the organization. Volunteering enriches the total personality of the employee by developing empathy for all the process at the workplace. It also encourages Team Work while working on the projects of CSR. It helps in the process of engaging employee with the organization.

Research shows that employees' hours of volunteering are positively related to an increase in skills acquired from those experiences (Booth, Park & Glomb, 2009). Other benefits of organizational volunteerism for the firm include increased efficiencies and morale/team building (Peloza & Hassay, 2006). In short, employees' positive feelings (such as those related to recognition, success in the job, job enrichment, efficiency and morale building) directly impact their satisfaction with the job and their organization.

7. Measuring the Impact of Employee Volunteerism:

Many studies clearly state the importance of the programs sponsored by the organization (Vander Voort, Glac & Meijs, 2009) along with the many facets of CSR (Janssen, Sen, & Bhattacharya, 2015). A Millennials Survey done by PricewaterhouseCoopers shows that *"59% of Millennials gravitated toward companies with pronounced Corporate Social Responsibility (CSR) programs. "*Communications shows *that the smart employees connect altruism and career ambitions.* Though the corporates in India are promoting Employee Volunteerism in CSR, they have not yet started measuring the impact of Employee Volunteerism on Employee Engagement in percentage/in numbers.

8. Conclusion:

The spirit behind the CSR act was to promote inclusive growth in India. The corporates are involved in the development process not only for the monetary contribution but the social development process also requires speed, managerial skills, project management techniques, and technology. The companies along with monetary support are expected to transfer above skills and competencies in the social development process.

The human resources of the companies have the managerial, leadership skills, project management techniques and the acumen of the technology. The employees of the company along with their work targets also aspire to have 'connect 'with the society in different ways. The ambitions and the spirit of altruism of the employees meet by this way.

Employee Engagement should be the part of the overall Business strategy.

- CSR activities help the employer to improve the employee morale and thereby the business as well.

- It has been observed that employees become more engaged, remain definite & likely to continue with the organization when they possess favorable opinion of their organization's socially responsible activities.

- It is an excellent engagement tool that makes the employee realizes that the organization cares about the workforce's general interest as well as socially committed.

- The CSR activities also lead employees to believe that they are not only working for an organization that provides a good career but one that 'cares.'

The success of the organization depends on the effectiveness of the people. The challenge today is to attract & retain human resources, develop them continuously & motivate them to give their best to the organization.

References

Aguinis, H.,& Glavas, A. (2012). What we know and don't know about corporate social responsibility: A review and research agenda. Journal of Management, 38, 932-968.

"2016 Cone Communications Employee Engagement Study."RSS.N.p., 2016. Web. 03 June 2016. http://www.conecomm.com/research-blog/2016-employee-engagement-study

Clary, E., & Snyder, M. (1999).The motivations to volunteer: Theoretical and practical considerations. Current Directions in Psychological Science, 8, 156-159.

Janssen, C., Sen, S., & Bhattacharya, C.B. (2015). Corporate crises in the age of corporate social responsibility. Business Horizons, 58, 183-192.

"Millennials Survey." PwC. N.p., 2015. Web. 03 June 2016. http://www.pwc.com/gx/en/issues/talent/future-of-work/millennials-survey.html

McGlone, T., Spain, J.,& McGlone, V. (2011).Corporate social responsibility and the millennials. Journal of Education for Business, 86, 195-200.

Peloza, J., &Hassay, D. (2006). Intra-organizational volunteerism: Good soldiers, good deeds, and good politics. Journal of Business Ethics, 64, 357-379.

Van der Voort, J., Glac, K., &Meijs, L. (2009)."Managing" corporate community involvement. Journal of Business Ethics, 90, 311-329.

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The Roles of Social Worker During Flood Disaster Management in Dayeuhkolot District Bandung Indonesia

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ABSTRACT: Social work profession has long been involved with disaster management. In this study tried to discover the roles of the social worker of during flood disaster management of Dayeuhkolot community, Bandung, Indonesia. The study was conducted from 2015 to 2017 in Dayeuhkolot district, Bandung, west java, Indonesia

This study was qualitative approach with descriptive analysis. The primary source of data was collected from informant through in-depth interviews, focus group discussions, formal and informal discussion, and observation. Informants were selected purposively. Meanwhile, secondary data were collected from books, journals, and various Internet sources.
The result of the study shows that the roles of the social worker in the during-disaster phase are catalyst includes evacuation and search and rescue, advocate includes creating a support group, facilitator for fundraising, outreach for social service provider and community health worker, supervisor, volunteer, and coordinator.

Social worker is playing these roles spontaneously, but sometimes they are facing problems like; limited worker for a large population, lack of practice experiences, an acquaintance of social work profession. As a result, they are removing their limitations from seniors and experts social worker. They are rewarded by community people, the government through material and non-material assets.

In Indonesia has no but little application of social work knowledge in disaster management while their government policy recognizes wellbeing of every citizen of the country. So government should apply social work knowledge in every setting including flood disaster management for the welfare of the nation.

Keywords: Flood, Disaster, Management, Social Work, Role.

1.   INTRODUCTION
Compared with other countries, Indonesia is considerably more vulnerable to flooding disasters. It ranks fourth by density and seventh in the world regarding flood occurrence and the number of people affected, respectively.

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Flooding is one of the worst and common disasters in this world. Many lives around the world have been affected by this disastrous floods. Apart from the human loss, it also has a negative impact on the economic condition of a country. Based on the data from the National Disaster Management Agency (BNPB), flood incidence as much as 5394 occurs every year in the period 1815-2011 and Bandung Regency is the topmost ranked from all districts/cities in West Java Province in Indonesia.

Table 1: Number of Flood Disaster in West Java Province from 1815-2013

No	District / City	Numb	No	District / City	Number
1	Bandung	134	14	Kuningan	16
2	Ciamis	39	15	Tasikmalaya	13
3	Karawang	34	16	Kota Depok	11
4	Cianjur	31	17	Kota Banjar	9
5	Bekasi	30	18	Purwakarta	8
6	Cirebon	30	19	Kota Bekasi	7
7	Subang	29	20	Kota Bandung	6
8	Indramayu	29	21	Kota Bogor	4
9	Sumedang	27	22	Bandung Barat	4
10	Bogor	25	23	Kota Sukabumi	3
11	Garut	22	24	Kota Tasikmalaya	2
12	Maialengka	20	25	Kota Cirebon	2
13	Sukabumi	20	26	Kota Cimahi	1

Source: Tri Widodo, 2014

With the enactment of Law Number 24 Year 2007, Indonesia has a legal safeguard or constitutional for providing services for refugee's victims of natural disasters. The opportunity of the Social Work profession to actively participate as a member of the Disaster management team under the name of "Social Worker" as an executive in the articles of the Disaster Management Act of 2007. (Putri: 2015)

In 2009, the Government of Indonesia had also established and enacted laws, no. 11 of 2009 on Social Welfare. In the law, no 11 of 2009 on Social Welfare explained that has the responsibility to protect the entire nation of Indonesia and promote the general welfare to establish social justice for all the people of Indonesia and realize a decent life of livelihood and dignity with the aim of fulfilling the basic rights and needs of citizens for the achievement of social welfare. (Ministry of Social Affairs: 2015)

The role of social worker in different settings like crisis management (Iravani, 2014), Disaster Risk Reduction (Maripe, 2014), Community Building and disaster recovery (Terry, 2007), Strategies for working with Refugee problem (Pujino, 2002), social work role for disaster management by community (Mathbor; 2007) working with refugee (STARTTS, 2004), and the study explored the role of social worker for during flood disaster management in Dayeuhkolot, Bandung, Indonesia.

According to previous studies, social worker played roles before the disaster in Bangladesh (Hossain, 2013), during the disaster in Sweden (Carin, 2015), in Jerusalem (Yanay, 2005) and United States (Stephan, 2010) and post-disaster Social services (Fahruddin, 2005) in Malaysia and this research discovered the role of social worker for during flood disaster management in Indonesia.

There are several pieces of research in India (Jalal, 2006), in Pakistan (Hasan, 2016), In Japan (UNISDR, 2015), in Nordic countries (Eydal et al., 2016) explained the role of the social worker before, during and after a disaster. Research carried out by Jalal (2016) focus on small portion of India, Hasan (2016) more focus on rebuild life in Pakistan and UNISDR, (2015) focus on process of implementing program in Japan, and Eydal et al., (2016) focus on the application of social work in five Nordic Countries context named; Denmark, Finland, Iceland, Norway and Sweden. So, the study researched by Eydal et al., (2016), Hassan, (2016), and UNISDR (2015) to discover the role of social worker for during flood disaster management in Indonesia.

2. Methodology

Based on the background of the study, the research question was as follow: how are the roles of social worker for during flood disaster management in Dayeuhkolot Bandung, Indonesia? To answer the research question, sub research problem as follow: what types of the role of social worker in during flood disaster management in Dayeuhkolot district, Bandung, Indonesia? Based on the background and above research problems, the objective of the study is as follows:

1. To discover the roles of the social worker of during flood disaster management of Dayeuhkolot community, Bandung, Indonesia

Based on the purpose of the study, this research is qualitative approach with descriptive analysis. With this type of research, it is easy to understand and explain the role of social worker for during flood disaster management.

The technique used in this research was a case study. Case study research is an in-depth study of a social unit to provide a broad and in-depth overview of a social unit. Furthermore, the case study method (Creswell; 2013), as one of the descriptive approaches is intensive, detailed and in-depth research on a particular organism (individual), institution or symptom with a narrow area or subject.

For getting the answer of the research question of the roles of social worker for flood disaster management in during stages were interviewing and FGD conducted among social worker as well as non-social worker personnel from Central Disaster and Refuge Management Centre (PUSKASI), Bandung school of social welfare, STKS Bandung, Indonesia. Social Service Department, district level and west java province of Indonesia, Indonesia's disaster management agencies (BPBD), District level and west java province of Indonesia. Ministry of Social Affairs, Jakarta, Indonesia, community people for associate

information's concerning the roles of social worker for during disaster Management.

3. Results

Emergency management in social work disaster research is defined as management of the disaster social service system, which includes disaster organizations as well as the mass assault after a disaster. Emergency management focuses on preparedness for disasters and planning for coordination of community resources during disasters. Here the roles of the social worker in Dayeuhkolot, Bandung, Indonesia as follows;

Catalyst

Social Worker as catalyst person acting as the stimulus in bringing about or hastening a result. The social worker through the utilization of various skills and techniques acts as the stimulus to empower client systems to effect change. In Dayeuhkolot context voluntary and functional social worker playing evacuation, individual search, and rescue activities in an emergency situation.

Evacuation

Flood is Common Era for Dayeuhkolot, Bandung, Indonesia. Community people are living with the flood for long decants. For flood disaster management, the government of Indonesia develops and practicing evacuation process for flood victims through BPBD, MoSA, DINSOS. All of these organizations have same strategies for evacuation sacredly under the commando of BNPB in flood area.

Special Search and rescue activates.

In Dayeuhkolot community, during disaster period, social worker establish unique search and rescue team among GOs, and all NGOs like; Red Cross / PMI for evacuation, ACT for Logistic, Dompet Dhuafa for health care, IOM for Training, BINA Sehat for health care, Rumah Zakat for medical services, BAZNAZ for clean water distribution, Administers in Dayeuhkolot Community Police department, District office of Dayeuhkolot Community, BBSW for Citarum river normalization, cleaning river, cleaning Sediment/poli, for cooperative, systematic and fruitful evacuation process.

The social worker identifies vulnerable people through physical, social, economic, and environmental factors. In addition to that social workers assess the proce
sses which increase the susceptibility of an individual, a community,
assets or systems to the impacts of flood hazards.

In social work practice, mostly the area of interest includes the well-being of socially vulnerable groups of woman, children, disabled and old people. Same in disasters, social worker's focus of attention can be deprived and vulnerable groups of people who demand his attention more than anyone else.

Social workers fully extend their services towards the safe evacuation of victims especially to socially vulnerable groups, i.e., woman & children, old people and disabled. Mostly people and especially vulnerable groups secured just after a disaster by providing proper support in the safe evacuation, as they are most of the times, not capable of evacuating by themselves. The special food, psycho-social, environmental, emotional, protective and shelter needs of each vulnerable group considered and fulfilled by social workers. Social workers also make a checklist for the volunteer.

Advocate

In Dayeuhkolot community, social worker is preparing volunteers to respond to the disaster needs of vulnerable populations and communities, educating and experiencing in simulations of disaster problems, disaster training and cross-training, the scope of practice and certifications. Social Worker thereby ensures the social development in the Dayeuhkolot community. In emergency time, social worker was created support group for helping the flood disaster-affected people.

Creating Support Group

In Dayeuhkolot community, on the basis of losses/damages data, which presents an accurate picture of victims and losses, government authorities or agencies provide assistance to affect. However, it could not be sufficient for the community people. In this context, flood risk assessment is very important which could be done by a local, national and international support group. Social worker conduct research, studies/surveys for accurate and real risk assessment for planners and policymakers for the provision of services.

Social worker used GOs, NGOs, volunteer organizations, key persons of the community for creating support group which includes following groups: Ministry of Social Affair, Jakarta, Indonesia, (MoSA), Social Service Department, West Java, Indonesia (DINSOS), Social Service Department, District level, Indonesia (DINSOS), Regional Disaster Management Agency (BPBD), West Java, Indonesia, Local Disaster Management Agencies (BPBD), District level, Indonesia, Central Disaster and Refuge Management Centre (PUSKASI), Bandung School of Social Welfare (STKS), Bandung.

Volunteer organizations are as follows: Youth for Disaster-Preparedness (Taruna Siaga Bencana /TAGANA), Prevention and Preparedness Unit (Unit Cegah Siaga/ UCS), Social Community Worker (Pekerja Sosial Masyarakat/ PSM), Disaster Preparedness based on Community (Relawan Siaga Bencana Berbasis Masyarakat/ SIBAT), Youth Care Disasters Preparedness (Pemuda Siaga Peduli Bencana/ DASI PENA), Disaster-Preparedness Unit (PM), Fast Action Response (Aksi Cepat Tanggap/

ACT), Indonesian Volunteers (Relawan Indonesia/Relindo), National Volunteer Committee and Volunteer of Alms House (Komite Relawan Nusantara/KRN and Relawan Rumah Zakat/RZ), Preparedness Volunteers (Relawan Siaga), Save the Children, Volunteer of Disaster Management Agency (Relawan Badan Penanggulangan Bencana/ Baguna).

In Dayeuhkolot community key persons as follows: Head of the Dayeuhkolot, head of Military, doctor of the BINA Sehat Hospital, Head of local clinic, head of Dayeuhkolot district office, local religious leaders, local Political leaders, local experts, representative from police, Philanthropic people from the Dayeuhkolot community, representative from ordinary people of Dayeuhkolot.

Facilitator

Social worker In Dayeuhkolot facilitates with the various benefits provided by the government, NGOs, international agencies in relation to disaster management through different programs to the disaster impacted individuals and groups and marginalized sections of the society. Social worker has often involve; identifying community skills, assets, issues and needs, ensuring that local people have their say, developing new resources in dialogue with the community and evaluating existing programs, building links with other groups and agencies, helping to raise public awareness on issues relevant to the community, raising and managing funds, developing and implementing strategies, etc. The fundraising techniques of the social worker in Dayeuhkolot as follows;

Donation / Fund Raising
Social worker acts as an agent towards mobilizing the communities to support vulnerable people and groups by rendering their valuable support at the time of need. Fundraising campaigns may alleviate the sufferings of sufferers.

According to informant "*Local organizations MATAHARI shops given 50 million (IDR) goods and foods directly to the community people by facilitation of social worker from DINSOS district level and Islamic school NURUL HAQ also given support to the community people every year through a social worker.*"

Social workers are taught to organize, develop and support individuals and communities by utilizing the community resources and by a collection of scattered resources where they are available or abundant. From the early social work practices, fundraising and donation collection are essential towards human wellbeing. Early of the Dayeuhkolot history, whenever they faced flood disaster frequently, social workers manage special fund from following sources; National Budget, Local government budget, Village budget, Philanthropic people donation, CSR Fund from Mills and factories of Dayeuhkolot community.

For fundraising, social worker have to recruit volunteer, persons who are interested to work for the community. They also develop effective and implementable fund-raising plan. Also, social worker retains reward and praise for the volunteer. A social worker in Dayeuhkolot community planned to recruit, replacements, and use existing volunteers to help inspire the next group.

Outreach

In outreach roles, social workers inform a variety of audiences about social problems, describe social injustices, and suggest services and policies address these issues. Workers disseminate information to inform the community about public and private social service organizations, thereby enhancing service accessibility. In Dayeuhkolot community during emergency time social worker played a role as Social Service Provider, Community health worker in the emergency post of disaster management.

Social Service Provider

In Dayeuhkolot community, community people need direct services such as food items, shelter and, blanket to fulfill basic emergency needs of affected people as follows; fulfill basic needs (food, clothing and shelter) by way of direct distribution or establishment of a public kitchen, the establishment of temporary shelter / refuge, the deployment of Disaster Preparedness (TAGANA) personnel and the KSB Team in the implementation referred to above, special treatment for vulnerable groups (elderly, children, pregnant women, breastfeeding mothers, disabilities or others), services for disaster victims who are traumatized or depressed, social advocacy includes rescue and creation of security for the survivors, fulfill basic needs, special needs and urgent matters that must be met immediately, reduction of unpleasant emotional reactions, conditioning to restore to typical situations and routines.

Social workers play important roles by providing assistance in the following ways during flood disaster; various communication tools to engage in public awareness campaigns about disasters, coordinating disaster management and development activities, community capacity building at the social, economic and environmental levels, enhancing community preparedness for disasters and in building social capital, educating people on how to mitigate the consequences of disasters during relief (the short-term), recovery (the mid-term) and reduction (the long-term) prevention strategy periods, strengthening the capacities of existing civil society institutions, playing a monumental role in providing psychological support, e.g. counseling, for disaster survivors, assessing the impact of disasters, participating in the community's active involvement in disaster management activities, relief operation activities, resource mobilization using social and human capital, tracking people down for family reunions after disasters, communication, mainly utilizing interpersonal communication for disseminating warning signals, recruiting local volunteers who are familiar with the local logistics, resources and coordination plan.

A central concern for social work is facilitating access to needed services. The mission of the social work profession includes creating linkages between vulnerable populations and service systems and creating linkages among service systems to make resources more accessible to people. This is of particular importance to disaster services in social work because the populations most vulnerable to disaster are often protected by fewer mitigation projects and served by fewer disaster relief organizations with relatively low service capacities. These

social and demographic conditions are associated with lessened access to disaster services.

In Dayeuhkolot, voluntary social workers have been divided into nine areas for flood disaster management;

1. Department of Information and Communication is gathering all the general or special information of the field. Disaster response, specifically assignment during a disaster, assistant of disaster relief post, and as a social volunteer for the disaster session. The primary task of this group is to establish and manage disaster management posts and integrate the full potential of other posts in relation to disaster management.

2. Early Warning System (EWS) Early warning system, which is conducting a study situation, needs assessment, referral review and follow-up assessment and evaluation for a disaster event in as shortest possible time. Fast reaction team (TRC) accommodate all data and information from various sources during disaster time. The results that have been collected and submitted to decision makers (including disaster managers and posts) for decision making.

3. Field Quick Assess / Assessment, thorough data collection and reporting process quick assessment team tries to ensure the accuracy of the disaster condition side by side they try to collect all the needs as well consequences caused by disasters, emergency response, and post-disaster plan.

4. Field Operations, providing all forms of the need of tools or equipment during the emergencies.

5. Evaluation Division has the following tasks of disaster management: the search for survivors, handler's refugees, injured, dead and others, with rescue expertise or rescue for disaster, managing relief as social assistance during emergencies.

6. Field of health post (P3K), has a task force to provide proper medical equipment like; drug-medicines, or medical devices and supplies used in handling disaster victims.

7. Logistics is a team formed for the assignment in the field, collection of potential sources and assistance and distribution for the mitigation disaster. The main logistics task force is the management of assistance, especially in the first moment of disaster happened to meet the needs of the disaster victims based on rules of logistics management and field officers.

8. Public Kitchen, has the task of carrying out data collection, providing and managing a public kitchen for the needs of the victims, in particular, the need for food and drink, taking into account for potential availability in emergency situations in the affected area.

9. Field of Training and Capacity building has the task to provide practice and stabilization training to all personnel who are providing understanding to the community and giving them psychological support. Especially for social and humanitarian service needed people such as psychosocial problematic, elderly services provider, children, disabled and other vulnerable groups especially in during and post-disaster phases.

Community Health Worker

In Dayeuhkolot community besides the injured persons, the emergence of diseases, due to a polluted environment, poor sanitation and unsafe water and food issues, are a severe concern in disasters. Voluntary social workers, as trained, arrange free medical camps to check the general health of affected in relief camps and also ensure the timely availability of medicines for people. Other functions health social workers include: facilitating psychosocial support groups for persons newly diagnosed with a condition or recovering from treatment, finding help for caregivers, and financial benefits.

For the context of Dayeuhkolot community social worker playing following activities for health care facilities during the flood; recognize various strengths, needs, values and practices of diverse cultural, racial, ethnic and socio-economic groups to determine.

Supervisor

Functional and voluntary social worker as a supervisor for implementing intervention model for emergency management in Dayeuhkolot community, the following interventions done by the onsite disaster management teams in collaboration with local volunteers:

A. **Relief Distribution:** The relief distribution began as soon as the people started to be rescued from the affected areas and started settling down in relief camps or at any safe place. With the help of extensive field visits by the disaster management teams, the rescue points have been identified where they started distribution of essential items like- torches, biscuits, slippers, clothes, plastic sheets, baby food, food, etc. The team members mobilized and engaged local volunteers and work collaboratively with them.

B. **Health Care:** For serving the Dayerkolot community, Rumah Sakit Bina Sehat hospital, PUSKESMAS, Dompet Dhuafa medical team, other NGOs are playing a vital role for healthcare management. In this circumstance, social worker working with a doctor, nurses, and different health care posts for serving primary health care during flood disaster. In addition, a mobile medical team can be created by a social worker for better output of health care for the community people.

C. **Education & Awareness:** In this intervention, a social worker playing a role as an educator for refugee children in the different camp. Also using innovative techniques, the social worker provide critical health-related messages like- *'Don't use river water for bathing or drinking purposes*.' The primary purpose to start this method is to engage the children so that they could come out of the trauma caused by the disaster.

D. **Child Health (RCH) Care**: The onsite disaster management teams has its operations with extensive training in child health care focusing on the victims of the flood-affected identified area. The team members went to the interiors of the community and identified affected children for intervention. A group of children form and awareness program implementing for the most vulnerable among the flood-affected children.

E. **Mobilization of Adolescent Girls and Boys:** Adolescent girls and boys are also mobilized and involved in various activities of the disaster management process. These volunteers have chosen to continue to work that evolved out of relief engagement of CBO (Community Based Organization).

Social Worker and disaster management teams to identify locations in Dayeuhkolot community with medical and relief materials. Each subsequent team is to the destination and worked with the previous onsite team in order to ensure smooth functioning of the management process further, each team was divided into sub-groups to perform above-mentioned interventions, such as relief distribution team, hospital management team, school management team, mobile medical team and community mobilization and awareness team.

Volunteer

Social work is a profession and discipline which emerged from volunteerism. Without any greed, salary or benefit, only due to the personal urge, motivation and inspiration remedial work is initiated. Social workers play their role in disasters as volunteer workers by feeling and analyzing the pain of victims and contributing their part in national mainstreaming and development. In Dayeuhkolot community social worker do following activities in relation to volunteer for flood disaster management;

Volunteers Registration

Volunteers are a source of power for social workers, GOs, and NGOs for disaster management. There are many job holders, students or passionate persons who want to render their services in disasters. Need is to identify them and create a log in order to avail their services at the time of disaster. Social workers register them and also train them for disaster management.

Partnership among volunteers

According to an interviewee from BPBD, there are many volunteer communities in Bandung Regency, some of which are formed by government agencies, the private sector, political parties, professional communities, the general public, etc. The volunteer communities are as follow: TAGANA, Prevention and Preparedness Unit (Unit Cegah Siaga/ UCS), Social Community Worker (Pekerja Sosial Masyarakat/ PSM), Disaster Preparedness based on Community (Relawan Siaga Bencana Berbasis Masyarakat/ SIBAT), Youth Care Disasters Preparedness (Pemuda Siaga Peduli Bencana/ DASI PENA), Srikandi Basarnas/ Indonesian Agency for SAR, Disaster-Preparedness Unit (Satuan Penanganan Bencana/Satgana), Fast Action Response (Aksi Cepat Tanggap/ ACT), Indonesian Volunteers (Relawan Indonesia/Relindo), National Volunteer Committee and Volunteer of Alms House (Komite Relawan Nusantara/KRN and Relawan Rumah Zakat/RZ), Preparedness Volunteers (Relawan Siaga) Preparedness Volunteers is a Non-Governmental Organization (NGO) engaged Religious, Education, Empowerment, Greening, Humanities, Social Activity, Save the Children, In this study TAGANA, KSB, and DESTANA social worker make partnership program among all volunteers for solving the flood-related problem in Dayeuhkolot community.

Training

Social worker gaining basic, advanced training from GO, NGOs on disaster management, teaching necessary information to the volunteers, giving basic, advanced training of disaster

management and establishing volunteerism among community people, there is no salary in cash for the volunteers. Volunteers stand for Incentive from God (Honor from Allah), Patience (Sabar), Honesty (Jujur), and trusting in God's plan (Tawakal), spreading Philanthropic activities in the community.

Though volunteerism is contradictory with professional social worker in Dayeuhkolot context all social worker from BPBD, DINSOS, PUSKASI, a local and voluntary organization including professional social worker are giving services to the ordinary people of Dayeuhkolot.

Coordinator

In Dayeuhkolot, as coordinator professional social worker coordinates with different disaster management organizations, as well as Professional social worker coordinated among eight clusters for disaster management as follows: logistics, health, economy, refugee services, education, water and sanitation, early warning, search and rescue. The social worker is also networking among all of these stakeholders for managing flood problem permanently. Usually all of these clusters have own mechanism for helping the community but for achieving more benefit need to integrated services.

Table 2: Indonesian Clusters of Disaster Management

Clusters	Cluster Lead	IASC Cluster (co)Lead
Education	Ministry of Education & Culture	UNICEF/Save the Children
Displacement & Protection*	Ministry of Social Affairs	UNHCR/IFRC. (incl: Camp management, Protection)
Health	Ministry of Health / Centre for Health crisis	WHO (incl: Nutrition)
Logistics	Ministry of Social Affairs / BNPB dep. For logistics & equipment	WFP
Structure & Infrastructure*	Ministry of Public Works	UNICEF/WFP (incl: WASH,Telecommunications)
Economy	Ministry of agriculture / Ministry of Cooperatives & Enterprises	FAO/WFP (incl: food security)
Search & Rescue	BASARNAS	n/a
Early Recovery	*Not yet fully agreed*	n/a

Sources: National cluster system (as of 26 Feb 2014)

For solving the flood disaster problem in Dayeuhkolot social worker as coordinator made networking through volunteer organizations; Youth for Disaster-Preparedness (Taruna Siaga Bencana /TAGANA), Prevention and Preparedness Unit (Unit Cegah Siaga/ UCS), Disaster Preparedness based on Community (Relawan Siaga Bencana Berbasis Masyarakat/ SIBAT), Youth Care Disasters Preparedness (Pemuda Siaga Peduli Bencana/ DASI PENA), Disaster-Preparedness Unit (PM), National Volunteer Committee and Volunteer of Alms House (Komite Relawan Nusantara/KRN and Relawan Rumah Zakat/RZ),Preparedness Volunteers (Relawan Siaga), Save the Children, Volunteer of Disaster Management Agency (Relawan Badan Penanggulangan Bencana/ Baguna).

Social workers, working with the team and beneficiaries, observe community behavior and assess the needs, suggesting the possible intervention (help). In this way, they can become efficient actors to coordinate for the exact help needed using the skill of networking. Social workers often

link needy communities with financial and public institutions that include international organizations. Social Worker should co-ordination of a variety of sectors to carry out for flood disaster management which includes: valuation of the risk, adopt standards and regulations, organize communication and response mechanism, ensure all resources- ready and easily mobilized, develop public education programs, coordinate information with news media, disaster simulation exercises.

4. Analysis and Discussion

The roles of the social worker in Dayeuhkolot community, Bandung, Indonesia in the during-disaster period are motivator includes evacuation and search and rescue, advocate includes creating a support group, facilitator for fundraising, outreach for social service provider and community health worker, supervisor, volunteer, and coordinator. While the Indian state of Jammu and Kashmir social workers play vital roles in during- disaster phase are as follows; to identifying the risky areas and taking up the safer routes. According to them, if the social worker has worked very well in the pre-disaster phase, then it will be easy for him or her to manage the crises phase. If not then it will be too complicated to handle the situation. To rescue, to evacuate, to coordinate and to utilize the internal and external resources in a stipulated time are a big challenge for social workers. (Jalal, 2006)

In Pakistan, response phase social worker is playing following roles; evacuation, blood bank, direct services, donation / fundraising, volunteer work, working with NGOS, emotional and psycho-social first aid, working with vulnerable groups, lost child registration and protection, and community based disaster risk management (CBDRM), free medicines and medical camps, human right violation watch and risk assessment (Hasan, 2006). On the other hand in Japan, (UNISDR, 2014), the role of social worker as follows; volunteers, educator, social service advocate, organizer, and trainer.

While the United States, (Stephan, 2010) in during disaster social worker playing follows roles; medical assistants, assess clients for psycho-social issues, provide resource referrals, provide age-appropriate activities for children, interact with shelter clients to continually assess them, discharge planning, mass care shelters includes; client assessment, resource referral, assessment teams, flexible, crisis counseling, discharge planning, FEMA crisis counseling, case management, advocacy, resource referral and provide includes; true human connection, compassionately, enhanced immediate and safe comfort, calm and stability to survivors of trauma, useful needs assessments, practical resource information and referral to respond to survivor needs, support, validation, and empowerment to survivors.

In Jerusalem, social worker during emergencies to assess needs, exchange information, make referrals and try to reduce anxiety and panic which may require immediate attention. Social worker will also process in formation on missing persons with the police department. Social workers are part of hospital teams. Emergencies flood hospitals with injured people. (Yanay, 2005). In the meantime, Nordic countries, (Eydal et al., 2016) the roles of social worker in during

disaster were full-flagged and well organized as follows; specialized programs for lightly vulnerable populations, overseas aids, management, and distribution, defining victim status and access to assistance, clinical assessment of reactions, compassion fatigue timely support and training for helpers, crisis intervention and PTSD treatment and family reunification.

According to Terry (2007) explained the role of social worker in response stages as follows; mobilizing resources for vulnerable populations, providing food, shelter, and other survival resources, targeting health and social services.

In Indonesia has no but little application of social work knowledge in disaster management while their government policy recognizes wellbeing of every citizen of the country. So government should apply social work knowledge in every setting of flood disaster management for the welfare of the nation.

5. Conclusions and Recommendation

The study is explained and find out the roles of social worker for flood disaster management in Dayeuhkolot district, Bandung Indonesia as follows: motivator includes evacuation and searches and rescue, advocate includes creating a support group, facilitator for fundraising, outreach for social service provider and community health worker, supervisor, volunteer, and coordinator.

It is, therefore, appropriate to highlight some policy consideration which, if implemented could play an important role in flood disaster management. The following practice recommendation needs to be followed:

- Taruna Siaga Bencana (TAGANA), Desa tanggu bencana, Kampung siaga bencan (KSB) almost same program with a different label. So, it is better to make a unique platform for flood disaster management.

- It seems that people of Dayeuhkolot district, Bandung, Indonesia living with flood not coping with flood near about 85 years. So, need to cognitive changing of community people for solving the problem permanently.
- Construction and improvement of switch gate and proper water flowing system into the main
- Ciarum river should be considered.
- Multi-sectorial approach to flood mitigation should be promoted as there are inter-linkages in terms of flood impact on various aspects of society.
- Women, children, and elderly persons are the most vulnerable sections in an emergency situation, and they need particular attention. The importance should be laid down on their vulnerability.

- Without having these, the following academic recommendation need to be followed:
- To establishe disaster curriculum from the primary school level.

- To increase the number of the trainee for disaster training

- To establish social work as a full-fledged profession in Indonesia in every setting including flood disaster management.

References

Carin, B., & Cuadra, B. (2015). Disaster social work in Sweden : context, practice and challenges in an international perspective, (1), 1–18.

Creswell, J. W. (2013). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. Research design Qualitative quantitative and mixed methods approaches. Retrieved from https://doi.org/10.1007/s13398-014-0173-7.2

Eydal, G. B., Ómarsdóttir, I. L., Dahlberg, R., Cuadra, C. B., Hvinden, B., Rapeli, M., & Salonen, T. (2016). Local Social Services in Nordic countries in Times of Disaster: Report for the Nordic Council of Ministers. København: Nordic Council of Ministers.

Fahrudin, A. (2005). Social work anpost-disasterer service practice. Peksos, 4(1), 611-619.

Hassan, S. M., & Adnan, M. (2016). Rebuilding lives : Natural Disasters and Role of a Social Worker in Pakistan, 195–207, Lahore: University of the Punjab.

Iravani, M. R., & Parast, S. M. (2014). Examine the Role of Social Workers in Crisis Management, 2(1), 87–97.

Jalal et al., (2016), Role of Social Workers in Disaster Management with Special Reference to State of Jammu and Kashmir, THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES, Delhi: Research India Publications.

Maripe, Kgosietsile & Sinkamba, P., refilwe, (2014), Social Work Education and disaster Risk Reduction in Botswana, Pakistan: International Journal of Multidisciplinary Academic Research, Vol-2, No-2

Mathbor, G. M. (2007). Enhancement of community preparedness for natural disasters the role of social work in building social capital for sustainable disaster relief and management. International Social Work, 50(3), 357–369. Retrieved from https://doi.org/10.1177/0020872807076049

Ministry of Social Affairs (2015) Himpunan perundangan undang penanggulangan Khusus Komunitas Relawan Dan Bkm Penanggulangan Bencana, Departemen, Jakarta

Pujino. (2002). Strategies pekerjaan Sosial Dalam Penaganan Pengungsian, Diskusi Panel Dalam Rangka Dies Natalis ke 46, STKS Bandung.

Putri, Prasetya, (2015), Penanggulangan Bencana dan peran pekerja sosial, Bandung: Bandung School of Social welfare.

STARTTS (2004) working with Refugees a guide for Social Workers, Sydney: NSW Refugee Health Service.

Stephan, Mambazo, (2010), The Role of Social Worker in a Disaster, Emergency Preparedness Social Worker, Alabama: Alabama Department of Public Health.

Terry, M.C, Hokenstad (2007) Social Work Education for Disaster, International Seminar on Disaster Planning, Barbados: Management and Relief New Responsibilities for Social Work

Education.

Tri Widodo, 2014. Tingkat kerentanan bencana banjirsungai Citarum di Kecamatan Batujaya Kabupaten Karawang, Bandung: Universitas Pendidikan Indonesia,

USIDR, (2015), UN World Conference on Disaster Risk reduction, Social Work Profession and Disaster risk Management, UNISDR, Asia Pacific Regional Office.

Yanay, Uri & Sharon Benjamin, (2005), The role of social workers in disasters The Jerusalem experience, International social work 48(3); 263-276, London: Sage Publications.

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Strengths-Based Social Work: Proposing Protective and Engagement Practice with Older Adults

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ABSTRACT: This article proposes Strengths-Based Protective (SB-P) and Strengths-Based Engagement (SB-E) social work practice model with older adults with particular reference to living in older care homes. Strengths-based social work practice emerged as an alternative paradigm in social work practice based on the philosophy of individual's strength as the vital tool for helping them to overcome psychosocial problems (Salleeby, 1996). Strengths perspective focuses the individual's inherent abilities and resources that allow them to cope effectively with the challenges of living (Rothman, 1994). The strengths perspective is especially pertinent in work with older adults since they have lifetime rich experience which could be addressed for overcoming many of the current difficulties (Kaplan & Berkman, 2016). However, inapplicability strengths-based social work practice not much widely used in social work practice owing to the presumption that high skill is required for carrying out it in general social work practice context. In this regard, this paper is trying to elicit applicability and friendliness to use strengths-based social work practice in older care home setting through the proposed models (SB-P and SB-E).

Keywords: Strengths-Based Social Work Practice, Older Adults, Protective, and Engagement practice

1.   INTRODUCTION

Social work practice with older adults covers a broad range of functions with the primary goal of addressing the specific challenges of the aging process by promoting independence, autonomy, and dignity in later life through micro or macro practices (NASW, 2018). Though there are different approaches used to address their psychosocial problems of older adults, strengths-based social work practice is distinct approach among them. Strengths-based social work focuses on the promotion of quality of life of older adults through helping them to realize need and resources available in their environment to overcome their psychosocial needs. For that, social work practitioners relay on various methodological approaches to reach optimum outcome for their intervention. The strengths-based approach is one among them and regarded as a paradigm shift in social work practice. Strengths perspective focuses on the individual's inherent abilities and resources that allow them to cope effectively with the challenges of living (Rothman, 1994).

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The strengths perspective is remarkably pertinent in working with older adults since they have a lifetime rich experience that can be used in addressing current difficulties (Kaplan & Berkman, 2016). This approach is rooted in the belief that capacity (resources- strengths) throughout the process of helping, pathology has to have an essential point of interest (Salleeby, 1996). Strengths-based social work practice allows the social workers to look at the older adults' psychosocial issues with the lens of resources rather than pathological. General principles of the strengths that pertain to older adults include the following (Chapin, Nelson-Becker, Macmillan, & Sellon, 2016):

1.   All individuals have strengths.

2.   All experiences, even the negative ones, may present opportunities for growth.

3.   Practitioner's diagnosis and the assessment process in direct practice often make assumptions that limit rather than expanding the capacity.

4.   Collaboration rather than coercion leads to highly motivated and engaged clients.

5.   All environments have resources.

6.   Civil society engages in care for all of its members

Since it is a joint activity with the client and the social worker, the social worker is getting enough room to explore the client strengths and planning the appropriate course of intervention (Kaplan & Berkman, 2016). So that the strengths perspective can utilize to alleviate the trauma in old age and improve the mental health in multiple settings with a diverse group of older adults (Chapin R., 2014). It can be used to help educate and provide individuals with dementia and their family caregivers, new skills (Judge, Yarry, & Orsulic, 2010). Strengths approach has been used with older adults living in the community to reduce symptoms of depression and increase the quality of life (Chapin, 2001). However, enlisting strengths of older adults in social work practice is a challenge to social work as it is more abstract rather concrete. This conceptual paper is made out of authors' professional engagement with older adults during research activities in older care homes in Kerala, India.

2. Assessing Strengths of Older Adult's

Assessing strengths is the epitome of strengths-based social work practice. In common parlance, the vast amount of life experience is the critical strengths of older adults. People make the stereotyped view on them as inactive and dependent due to physical decline. The strengths-based social approach gives the social worker to see the client from system theoretical perspective. It helps the social worker to provide more light to resources (strengths) available within and around the older adults. Social workers employ various techniques to assess the strengths of the client such as interview, group discussion, strengths- chat, inventories, and checklist, etc. Indeed, Graybeal, (2000), outlined a ready reckoner called ROPE model of strengths assessment. The ROPE model is based on bio-psych-sociocultural and spiritual domains. For the purpose of easy understanding, client strengths can be classified into innate strengths, acquired strengths or learned strengths and supportive strengths. Therefore, exploring three domains of strengths is the foremost step in the strengths-based social work practice (S-SWP) with older adults.

Innate strengths: Innate strengths are the capacities endowed in older adults by birth. Such strengths include physical capabilities, mental capabilities, intelligence, personality, special talents, skills, etc. These strengths are the critical resource for individuals which make them unique. However, a decline of these strengths may be possible along with aging due to an associated decline of sensory organs.

Learned strengths: Learned strengths are those acquired from socialization and lived experiences such as education, vocational knowledge and expertise, professional relationships and learned skills in peculiar activities. Moreover, coping strategies style (e.g., religiosity, spirituality, etc.) can also be included in this category.

Supportive strengths: The supportive strengths are the older adults' direct personal relationships (significant others) such as family, friends, professional and social organizations, government organisations, etc. Besides these economic supports, such as income from work, life insurance, health insurance and government pensions, and social security measures, are coming under this category. The above-conceptualized strengths are interconnected and support each other.
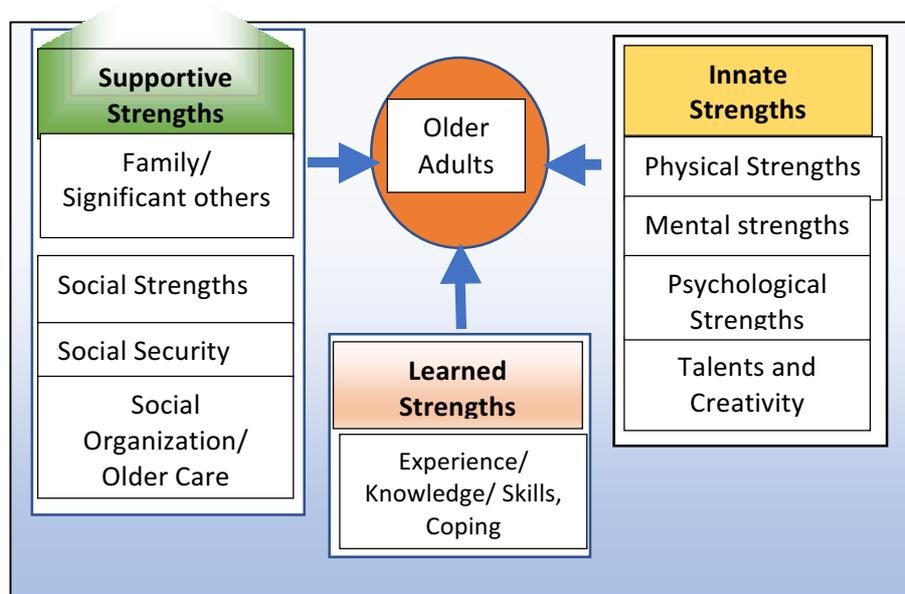

Figure: 1 Conceptual Diagram: General Domains of Strengths

3. Strengths-Based Protective and Engagement Practice

The present proposed social work intervention practice outlined here is the outcome of author's working experience with older adult living older care homes across Kerala, India. Based on that strengths-based social work practice is made into Strengths-Based Protective Practice and Strengths-based Engagement practice. The primary focus of protective practice is to preserve the available strengths of older adults to continue or improvise their daily living. The engagement practice aims to bring the older adults to be productive through engaging with their strengths to overcome their psychosocial problems. The outcome of these approaches is to empower the client with their available strengths. Both of the practices are interconnected, akin to a gear (see figure - 2). A comprehensive assessment of the client and their life experiences are crucial for a better result in strengths-based practice. So, use of positive language with the client that conveys the

social worker's belief in the client's abilities and work in order to build on the client's inherent abilities. Focus on the client's hopes and dreams are also central to the strengths perspective success (Arnold, 2008).
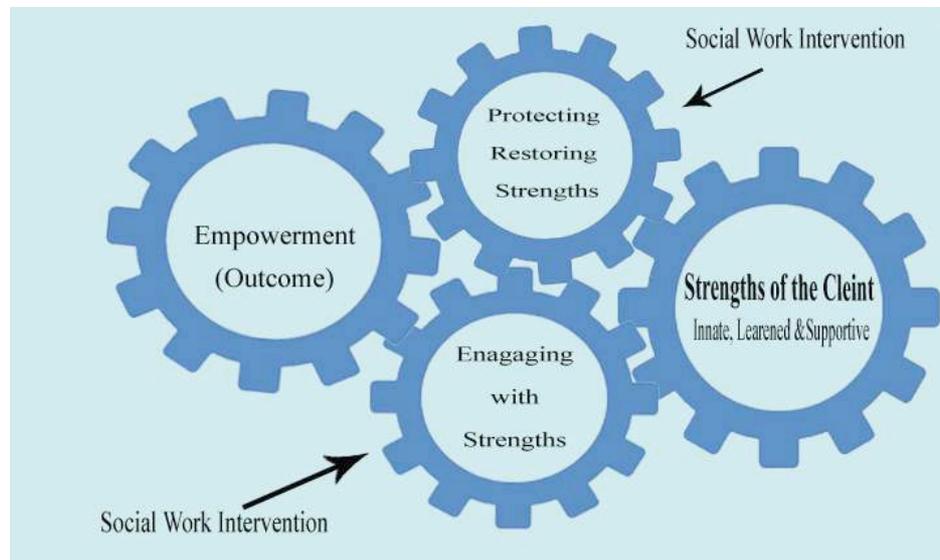

Figure 1: Strengths-Based Social Work- Protective and Engagement Practice in Action

The main wheel (Client strengths) is connected to two wheels which are engaging wheel denoting the social work intervention process is being carried out by the social worker. Social worker judiciously engages the appropriate wheel (protective and engaging practice) for getting the maximum outcome from the intervention. The ultimate outcome is expected to be the empowerment of the client as equal to the client before the problem status. More specifically, the social worker should creatively rotate the client's strengths for promoting quality of life and ultimately empowerment of the client

4. Strengths-Based - Protective (SB-P) Practice

Utilization of older adults' strengths to protect their internal and external capacities is the primary aim of this practice. After the assessment of the available strengths of older adults (client), the social worker is doing an assessment on what is the need and applicability of available strengths to meet the need with the collaboration of the client. Based on the assessment, with the help of available strengths, social worker plan intervention to protect the available strengths from declining. Consider the below case excerpt.

Case-1 (Excerpt):
75- year- old Janaki has been living in an older care home for two years. Recently, she faced health problem and made her pessimistic about herself. She thought that she would be a burden for all other living along with them. The positive sign she showed that she wants to recover from her disease soon, so she observed medication under a strict rule. After facing the health problem, she reduced her interaction with other inmates and avoided her religious belief. According to her, "…none is there to help me out, even God, which I had been relayed on…." Caretaker described

her as the mother of divine insight as she used to use religiosity and spirituality as the major power of her life. Though she does not have a formal education, she likes to read books especially religious. After affected by the disease she has been worried about reading books. She used to remind others about some other books she wants to be read before the death…

Strengths Assessment: Religiosity was the client active strength (AS) (learned strengths) Which channelized for keeping psychosocial emotion under control. The onset of health problem made the client be rebellious on religious belief (learned strengths). It implies that the religious and spiritual strengths are decaying after the health problem. It has been found that religiosity was associated with her strong will to overcome problems (innate strength). Besides the living environment (older care home) are rich with resources, such as caregivers, inmates, social supports other social agencies (hospital, NGOs) and the community at large (supportive strengths).

Social work intervention: In this case, a social worker can plan an intervention to promote the active strengths, i.e., religiously and spirituality. However, it shows decline trend due to the impact of psychosocial trauma. Therefore, the immediate attention should be paid on using the supportive and active strengths to make the client back to the normalcy. Casework, Group work, Supportive counseling, Mindfulness-based therapy may be used as the main components of the intervention program to protect the available strengths and reviving the inactive strengths of the client.

Strengths-based – Engagement (SB-E) Practice: Through strengths-based engagement practice (SEP), social worker connects the older adults with the available strengths and the supportive strengths of the client system. Here, a social worker looks at client present problem itself as an opening to help the client with his/ her strengths. Consider the below-given case excerpt for better understanding.

Case -2 (Excerpt):

75-year- old Govindan, a sculptor by profession accidentally came into the older care home after suffering from a health problem. According to him, he got a narrow escape from death call. After recovery from illness, he decided to go back to his normal life. However, the fear of relapse of the disease pulled him back and now he has completed one year of older care home life. The inmates and older care home staffs are so hopeful that he can make more beautiful sculptures even now and ready to give all support to him to do that.

Strengths assessment: client's psychological barrier to having a traumatized life situation completed him to withdraw from natural social life. He is afraid to continue with his regular engagement (sculpture) even though it has supported by the older care home. This may be due to the unfamiliarity of the present social environment (older care home). His profession (sculpturing) is the prime strengths of the client (learned strengths), and still, he is physically able (innate strengths) to carry it out. Besides that, the client is in the midst of supportive strengths (older care home environment, inmates, and older care home staffs).

Possible intervention: Here, social work role is to engage the client in the present older care home environment with client's strengths. The possible social work intervention is breaking his psychological construct of relapse of disease and inhibition to engage in the present social environment. Social group work intervention with the client is to be a better tool to make the client being engaged into the older care home environment (Duyan, Kara, & Duyan, 2017).

5. Discussion

The proposed strength-based social work practices conceptualized as a ready reckoner for the professional social worker who is engaged in generic social work as well as specialist social work practice with older adults living in older care homes. Both the practices stem from general assumptions and principles of strength perspective emphasizing empowerment of the client (Benard, 2006). The assumption of the existence of strengths even in the midst of problems is utilized to formulate the protective engagement strength-based practices model.

The strength-based protective practice, focus mainly on restoration or protection of client strengths from further decline through social work intervention through helping the client to take action to protect from its further decline so that the client uses the available strengths around him/her as main resources. It accepts that that decay of key strengths as the cornerstone of psychosocial problems. Indeed, it can reduce the client's active strengths too.

The strength-based engagement practice is the continuation of protective practice, but it differs slightly in its aims to empower the client through engaging them with their key strengths which are blocked due to psychosocial and physical reasons. This practice focuses not only protecting the key strengths but also finding opportunities to engage with the most suitable physical engagement. So that this practice is more oriented towards the physical engagement of the older adults with his key strengths which once ceased due to psychosocial or physical problems. In this practice, client strengths seemed to be intact, but psychological barriers stop the client to use the strengths productively so that breaking the barriers is crucial. For that, the social worker can utilize available strengths to activate the key strengths to overcome psychological barriers of the client.

Strengths-based social work practice is the outcome of positive outlook of social work practice. It allows the social worker to make a close look at the different domain of strengths, which were operated in the client's environment. The main problem faced by the older adults in older care homes is the feeling of worthlessness, and it speeds up decaying of their strengths due to psychosocial disengagement. This will create the feeling of being a burden to the family and the society. Therefore, ensuring engagement with the older adult's strengths is sought in the proposed strengths-based social work practice. So, strengths-based social work approach is a better tool for social workers to tackle the mental construct of being a burden to being a productive person for the family and the society.

The assessment of older adults' strengths is the crucial step in strengths-based social work with older adults. Effective utilization of older adults' strengths can bring positive changes in the mental well- being. The strengths harvesting is to be critical in practice. Here, the social worker is the potential strength in strengths-based social work practice. Hence, the social worker who is venturing into strengths-based social work practice should be skilled in strengths assessment and creative to frame appropriate social work intervention collaboratively with the client. The conceptual representation of older adults' strengths such as personal strength, learned strengths and supportive strengths vary from person to person. So that the principle of individualization should always be undertaken throughout the practice. The strengths-based protective and engagement practice can be used either single or in combination in a single case to get a better outcome.

6. Conclusion

Generic social work methods and approaches are built on the philosophy of human potential and its effective utilization to improve the client's quality of life. The strengths-based social work practice is, therefore, an extension of generic social work practice philosophy. The strengths perspective search for the individual capacities and finding the way to use it fruitfully. Older adults are bestowed with capacities which can make drastic positive changes to the well- being of them. The proposed strengths-based social work protective and engagement practice are intended to the professional social worker who likes to use different methods in their social work practice toolbox.

References

Arnold, H. (2008). Building on Strengths: A Social Work Perspective. NASW, Illions Chapter. Retrieved May 05, 2018, from http://naswil.org/news/chapter-news/featured/building-on-strengths-a-social-work-perspective/

Benard, B. (2006). Using Strengths-Based Practice to Tap The Resilience Of Families. In D. Saleebey, Strengths Perspective in Social Work Practice (pp. 197-2017). Boston: Pearson. Retrieved May 27, 2018, from

http://catalogue.pearsoned.ca/assets/hip/us/hip_us_pearsonhighered/samplechapter/0205408176.pdf

Chapin , R. (2001). Building on the strengths of older women. Binghamton: Haworth Press.

Chapin, R. (2014). Social policy for effective practice: A Strengths Approach. London: Routledge.

Chapin, R., Nelson-Becker, H., Macmillan, M., & Sellon, A. (2016). Strengths-Based and Solution-Focused Practice with Older Adults: New Applications. In D. B. Kaplan, & B. Berkman, Social Work in Health and Ageing (pp. 63-72). New York : Oxford University Press.

Cumming, E. , & Henry, W. E. (1961). Growing old: The process of disengagement. New York: Basic Books.

Duyan, V., Kara, G. Ş., & Duyan, G. C. (2017, May 01). The Effects of Group Work With Institutionalized Elderly Persons. Research on Social Work Practice, 27(3), 366-374. doi:https://doi.org/10.1177/1049731516654572

Graybeal, C. (2000). Strengths-Based Social Work Assessment: Transforming the Dominant

Paradigm. Families in Society:The Journal of Contemporary Human Services, 82(3), 233-242. Retrieved May 27, 2018, from

http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.467.2933&rep=rep1&type=pdf

Judge, K. S., Yarry, S. J., & Orsulic, -J. (2010). Acceptability and feasibility results of a strength-based skills training program for dementia caregiving dyads. The Gerontologist, 408-417. doi:oi:10.1093/geront/gnp138

Kaplan, D. B., & Berkman, B. (2016). Social Work in Health and Aging. New York: Oxford University Press.

NASW. (2018). Clinical Social Worker in Gerontology. Washington, D.C.: National Association of Social Workers. Retrieved 05 27, 2018, from https://www.socialworkers.org/Careers/Credentials-Certifications/Apply-for-NASW-Social-Work-Credentials/Clinical-Social-Worker-in-Gerontology

Rothman , J. (1994). Practice with Highly Vulnerable Clients. NJ: Englewood Cliff.

Salleeby, D. (1996). Strengths Perspective in Social Work Practice: Extensions and Caustions . Social Work , 296-305.

WHO. (2016). Mental Health and Older Adults. World Health Organization. Retrieved 15/12/2016, from http://www.who.int/mediacentre/factsheets/fs381/en/

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Case Studies on Elderly and Institutionalization in the Southern region of Kerala

Sharon Fernandez[1], Lithin Zacharias[2], Harikrishnan U.[3]

ABSTRACT: Aging is a period of decline and social attitude towards old age affects the aged population. The practice of institutionalizing the elderly is a broad spreading concept in the modern world, and the old age homes and hospices are growing day by day. The current study aims at exploring the life experiences of the elderly on account of the transition happening due to institutionalization. The current study followed the multiple case study design. The objectives of the study are 1) to understand the social conditions that propel the elderly to choose institutional care, 2) to assess changing the attitude of the elderly towards the society and 3) to determine the coping mechanisms by the elderly in institutions, towards effective adjustment. Samples were selected from the old age homes who were above the age of 65 and institutionalized for at least ten years. Four case studies focused on the current objectives, and semi-structured interview guide was used. The study found that there was some level of psychosocial issues among the elderly and need psychosocial interventions and specialized care for the elderly in the primary, secondary and tertiary levels.

Keywords: Aging, Institutionalization, Psychosocial Issues, Kerala

1.   INTRODUCTION

According to population census 2011, there are nearly 104 million elderly persons in India; 53 million females & 51 million males and 13% people are above 60 years old in the state of Kerala. Traditionally, the age of 60 was generally seen as the beginning of old age. Most developed countries of the world have accepted the chronological age of 65 years as a definition of 'elderly' or senior citizen 'or older person". Signs of new dilemmas are evident in the State of Kerala, having one of the lowest population growth rates in India, that is, the fertility and mortality rates have fallen to very low level, and an average Keralite would live beyond 70 years. All this is leading to a situation making Kerala a State with a speedily aging population that is, to a grey state concept. The break-up of the joint family into a nuclear family made it incapable to accommodate the old due to the pressures created by the demands of a modern urban and industrialized lifestyle. Studies reported that elderly also undergone marginalization, alienation, social insecurity, limited social interaction, limited earning possibilities, multiple medical complications, emotional isolation, limited awareness regarding their legal rights, and natural reluctance to seek justice are their other issues (Rajasi et al., 2016). The current study aims at exploring the life experiences of the elderly on account of the transition happening due to institutionalization.

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2. Methodology

The current study adopted a multiple case study design. The elderly population who were above the age of 65 and institutionalized for more than ten years were included in the study. Data were collected through in-depth interviews from the institutionalized elderly from old age homes at Kollam & Pathanamthitta districts of Kerala. Socio-demographic details including gender, age, education, religion, previous occupation, critical issues among the participants were collected, and in-depth interview focused on social conditions of elderly, changing attitudes towards old age population, coping mechanism among elderly were interpreted in the results. Four different cases have been listed out based on the objectives in the results. Permission was obtained to carry out the study from the institutions, and those who accepted the consents were recruited for the study.

3. Results

Table 1: Socio demographic details of participants

Case no	Gender	Age	Education	Religion	Earlier Occupation
Case 1	Male	71	8th Standard	Christianity	Construction Labourer
Case 2	Male	75	3rd Standard	Hinduism	Agricultural laborer
Case 3	Female	76	10th Standard	Christianity	Homemaker
Case 4	Female	72	5th Standard	Hinduism	Tailoring

Table 2: The key issues identified in the cases

Case	Key issues
Case 1	• Physically and verbally abused by the family. • He spends most of his earning on liquor. • Joined voluntarily in the institution with the support of a religious priest.
Case 2	• Physical and verbal abuse after his disease from the family. • He had a paralytic stroke and needed physical care and support for day-to-day functions. • Friend guided him to the institution.
Case 3	• Physical and verbal abuse from daughter in law. • Family members brought her to the old age home.
Case 4	• Abuse from the daughter in law. • Forced to move into an old age home.

Some of the statements from the participants (Case 1 to 4) while interviewing are given below:

- **Case - 1** described that "*I am asking pardon from God to forgive me for bringing up two sons who have turned this way. Rest of my life will be a prayer for my sons. I love them, even though they have abused me. I strongly resist giving them the share of money which is remaining with me. It's not because I do not love them, its due to my love for him. I do not want to spoil them again*".

- **Case - 2** pointed out that "*There is no respect and love for the elderly from the children. We are used by our children and thrown out after extracting all the love and good health spent on them until this time. The younger generation has become arrogant, and they possess very poor value system. During our period we had strong respect, love, and care towards the elderly. Our young generation started decomposing*".

- **Case - 3** mentioned that "*The old age home is a great blessing for people like me. I interact with all the inmates, and we try to help each other. We are also busy in prayer, watching TV, occasionally visiting churches. This keeps us going*".

- **Case – 4** said that "*I do not like to live in the old age home, but I have no other alternative. I am unable to sleep at night; I often feel tearful when I think of the things happened in my life. I am taken care well by the people here, but it often pains when I think what my children have done. I pray hard when I am unable to control my feelings. I feel that my God is listening to my every word and so I feel relieved*".

Objective 1: To understand the social conditions that propel the elderly to choose institutional care.

- The major reason given for being in an institution was destitution where an individual lacks all other support systems.
- Poverty is the common denominator for all the older persons who now occupy the same class position even if they used to be highly regarded during their prime years.
- Lack of education and unattractive employment such as farm working were deemed to be bad beginning points in life that predisposed one towards institutionalization. One respondent statement was – "lack of education is what made us really foolish."

Objective 2: To assess changing attitude of the elderly towards the society.

- The person's bad experience from his children made him feel sorry about the whole youth population.
- The elderly are less concerned by the younger generation. There is no respect and love for the elderly from the children.
- The past family system with the present one opined that the new generation has a very poor value system which has less concern about elderly.

Objective 3: To determine the coping mechanisms by the elderly in institutions, towards effective adjustment.

- Adaptive coping strategies used were observed to be acceptance, hope, change in perception, re-definition of self, avoidance attitude, dropping of responsibilities, prayer, less fear for life & death.

- Participant word **-** *I know that I have to die in this old age home." It's a way of coping through accepting the fact and managing with her situation."*
- Statement from one participant - *I know that I have to die in this old age home." It's a way of coping through accepting the fact and managing with her situation."*
- Participant statement - *"I am waiting to go near my Mother and rest on her lap when I leave this world full of cruelty."*

4. Discussion

The practice of institutionalizing the elderly is a broad spreading concept in the modern world, and the number of old age homes are growing day by day. The factors which propel elderly to choose or accept institutionalization needs to be studied in-depth, so that one may be able to provide effective psychosocial interventions. A study on abuse against elderly in India revealed that 11% of 60+-year-olds had experienced at least one type of elderly abuse (Physical 5.3%, Verbal 10.2%, Economic 5.4%, Disrespect 6%, Neglect 5.2%). The most common perpetrator was the son, who is reported to be responsible for the abuse among 41% of male victims and 43% of female victims (Skirbekk & James, 2014). This speaks about the need for addressing the psychosocial issues at the earliest in order to minimize the psychological distress.

The decline in different psychological and social functions is common in old age which makes them prone to vulnerabilities especially among the elderly living in institutionalized care. Institutionalization was often met with feelings ranging from bitterness, anger, betrayal, shame, uselessness, powerlessness to impotence. Results of the study of elderly living in old age home and within family set-up in Jammu revealed that elderly feel that younger generation has an attitude which is not supportive towards the oldage population (Dubey, Bhasin, Gupta, & Sharma, 2011). Even though the elderly are able to get relieved from emotional issues by being more spiritual, that seems to favor the withdrawal of an older adult to him/herself than interacting with others. In the current study also concluded that the participants have some kind of psychological distress at institutions. It's because of the abuse form the loved one or from the family members.

5. Conclusion

Every human being passes through the different phases of life. Old age is said to be the final phase of life one has to reach. It is otherwise known as the second childhood. This indicates the care and affection that this population needs. The concept of nuclear family has made the dependent elderly population more vulnerable to illness. The concept has also increased the institutionalized homes in the country. This study on institutionalized elderly have brought out the factors which propel the elderly to choose institutional care, the changing attitude of elderly towards family, spirituality, modernity, the challenges faced by them under institutional care, coping mechanisms. Possible psychosocial measures can be adapted to bring out positive changes in the life and status of institutionalized elderly. Multi-disciplinary teamwork will help to reduce the bio-psychosocial issues of elderly and give proper awareness to the family to handle the issues.

References

American Psychological Association. (2006). Memory Changes in Older Adults. Retrieved March 24, 2018, from http://www.apa.org/research/action/memory-changes.aspx

Dubey, A., Bhasin, S., Gupta, N., & Sharma, N. (2011). A Study of Elderly Living in Old Age Home and Within Family Set-up in Jammu. *Stud Home Com Sci*, *5*(2), 93–98. Retrieved from http://www.indiaenvironmentportal.org.in/files/file/Living in Old Age Home.pdf

Rajasi, R. S., Mathew, T., Nujum, Z. T., Anish, T. S., Ramachandran, R., & Lawrence, T. (2016). Quality of life and sociodemographic factors associated with poor quality of life in elderly women in Thiruvananthapuram, Kerala. *Indian Journal of Public Health*, *60*(3), 210–215. https://doi.org/10.4103/0019-557X.189016

Shweta Maktha, M., & Vijay Kumar, M. (2015). Study on Level of Depression among Elderly Residing in an Old Age Home in Hyderabad, Telangana. *The International Journal of Indian Psychology ISSN*, *3*(16), 2348–5396. Retrieved fromhttp://www.ijip.in

Skirbekk, V., & James, K. S. (2014). Abuse against elderly in India--the role of education. *BMC Public Health*, *14*, 336. https://doi.org/10.1186/1471-2458-14-336

Srivastava, Kajal., Gupta, S C., Kaushal, S K., & Chaturvedi, M. (2010). Morbidity Profile of Elderly A cross Sectional Study of Urban Agra. *Indian Journal of Community Health*, *21*(2). Retrieved from http://www.iapsmupuk.org/journal/index.php/IJCH/article/view/ 151/68

Vishal, J., Rk, B., Swati, P., & Bimal, T. (2010). A study of depression among aged in surat city. *National Journal of Community Medicine*, *1*(1). Retrieved from https://pdfs.semanticscholar.org/ab31/0e0727 63498e08257ff2cc0c408ccd 8c80 71.pdf

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