

Social Work in Rehabilitation: Roles, Interventions, and a New Theoretical Model

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Abstract

Health related social work is a versatile profession for rehabilitation. Depending on the country and rehabilitation model, health related social work should be an important part of the rehabilitation workforce. Support for patients' social and vocational participation and the organisation of after-care are social work's tasks. International research suggests the effectiveness of social work interventions for certain rehabilitation indications, but the transferability of these results to different settings or countries is unclear. Theory can help to overcome this problem. Based on a qualitative dataset from a German health services research project, we developed a programme theory of social work in rehabilitation. Social workers address contextual factors through information work, planning work and supporting applications. Patients are empowered to enhance the potential positive effects of environmental factors by themselves, too. The combined application of these work types by social workers results in a unique contribution in the rehabilitation workforce.

Keywords: social service, disability, health services research, social workers, social determinants of health

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Introduction

The International Federation of Social Workers' definition of social work¹ highlights the profession's core mandates (e.g. social cohesion, empowerment) and principles (e.g. human rights, social justice). With a participatory approach, social work interventions (e.g. therapy and counselling, group work, and community work) should address the interception between the person and his/her environment.¹ Because the social determinants of health affect access, interventions, outcomes and transitions in health care, social work has traditionally been part of the health care system.^{2,3} To clarify its roles and unique contributions, the term health-related social work was coined.³ It comprises five dimensions of practice in health

care:

"(1) increasing screening and prevention, (2) addressing economic and environmental stressors in health care, (3) improving care management and coordination, (4) promoting interventions tailored to vulnerable populations, and (5) facilitating successful care transitions".³

A recent review provided an overview of the potential effects of health-related social work.² Recipients were people with chronic health conditions requiring specialized care (e.g. rehabilitation), people with extensive care utilization patterns or older people. The effects were mainly positive on health status, utilization of health measures and costs for all groups. The social model of disability, which underpins the functional health model of the International Classification of Functioning, Disability and Health (ICF), describes disability as an interaction between a person's health condition and his/her environmental and personal factors.⁴ Social work is well equipped to be an essential profession in rehabilitation due to its person-in-environment approach.⁵ With a community-based understanding of rehabilitation, social workers should consider interventions that focus on the community level, administration and society's perceptions of disabled people.⁵ To demonstrate the importance of social work in the medical rehabilitation workforce, we will describe below the roles, interventions and possible contributions of social work to rehabilitation process and outcome.

Social work in medical rehabilitation

Health-related social workers are already an important part of the inter-professional rehabilitation workforce, including in Pakistan⁵ and Germany.⁶ A recent scoping review of social work in rehabilitation revealed a wide variety of practice encompassing diverse rehabilitation indications and settings.⁷ Social work is an integral and vital part of the inter-professional rehabilitation team. This is true in a variety of world regions, albeit with a focus on high-income countries. A variation was observed in terms of medical indications, although the majority of articles related to patients with neurological conditions. The data also showed variation in the training of the professionals and their involvement with therapeutic tasks. Despite these variations, the authors identified some core social work

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Table-1: Potential Social Work Intervention in Rehabilitation.

Intervention	Description
Motivational interviewing (MI)	MI and other psychotherapeutic techniques (e.g. problem solving, cognitive restructuring) have a positive effect on the health status and transition of patients with chronic health conditions ²
Case management (CM)	care coordination and care transition need special attention in the rehabilitation process; there are several studies describing the leading role of social work in these interventions; Hammond et al. ⁷ showed positive effects of case management in spinal cord injury rehabilitation.
Loneliness interventions (LI)	LI address an important health risk, which has become prominent especially in the course of the COVID-19 pandemic; Bessaha et al. ⁸ reviewed interventions designed to reduce loneliness; effective interventions with people with chronic health conditions and/or disabilities were mostly technology and/or internet based.
Group work (GW)	GW uses group dynamics and is a time-efficient intervention; a not-yet-effective but comprehensive example are social work-led groups for patients at special risk of vocational disintegration. ⁹

activities: acquiring of financial/social security, addressing the social environment and work-related issues, and discharge planning. Looking at the ICF framework, the outcomes described above span almost all ICF-components, with an emphasis on (vocational) participation. The studies were not sufficiently distributed across the globe, which precluded comparisons by region or high and low-and-middle income countries.

A study from Germany describes the conflicting requirements of patients (well-being) and the rehabilitation system (return to work) as a key challenge. This challenge is further compounded by the development of a professional mandate against this background.⁸ Further structural impediments for social workers include the lack of initial access to patients and the concomitant difficulties to disseminate information to them.¹⁰

The main interventions of social work are counselling of patients and significant others, group work and case management.¹ Evidence for these interventions is limited.⁶ For this reason, a selection of studies analysing comparable interventions and that fit conceptually within rehabilitation are presented in Table-1:

A programme theory of social work in rehabilitation

We have identified comparable social work activities in rehabilitation, but no common framework, in a literature review.⁷ The transferability of these findings remained unclear. The identified social work interventions were frequently perceived to be complex in nature, which makes them difficult to implement. Theoretical descriptions of such

interventions can help to overcome such barriers.¹² We have developed a programme theory of social work in rehabilitation from a qualitative data set.¹³ Figure-1 shows the so-called SWIMMER model, which summarises the findings by presenting the categories developed in an abstract sequence. The core categories are work types, interactional settings and tasks of social work. These categories account for the majority of variation in social work practice. Work types are a bundle of actions/interactions with a specific object. The most important work type is information work, but also occurs with other activities such as supporting applications and planning work. Here, social workers use patient information from the patient itself or from the documentation system. One of many causal conditions for the gathering of patient information is successful emotion work, which refers to relationship building. These work types and their combinations appear in different interactional settings (face-to-face; social work in groups, interaction with internal (rehabilitation team) and external actors (significant others, employees)) with different implications for practice. There are four different tasks of social work. These tasks are goal-oriented. To achieve these goals, different work types are applied in different combinations and therefore, to perform the respective task. The development and execution of perspectives is the most important task for social work. Sub-categories were the development and execution of vocational participation perspectives, social participation perspectives and preparing for a labour market exit. Other tasks were discharge planning and addressing basic social and financial needs. According to the relationship between the consequences of the work types and the tasks, the outputs and outcomes of social work can be named (cf. Figure-1 for the task vocational participation).

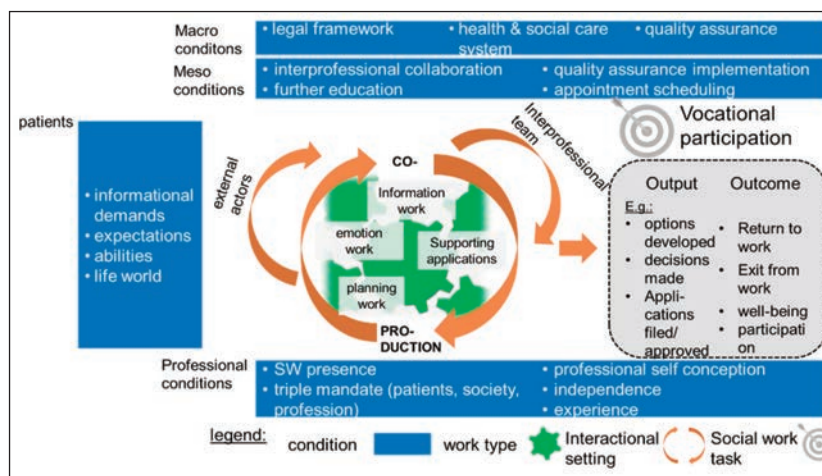


Figure-1: The SWIMMER-Model ("Sozialarbeiterische Wirkmechanismen in der medizinischen Rehabilitation (causal mechanisms of social work interventions in medical rehabilitation) (SWIMMER)").¹¹

The SWIMMER model is conceptually and theoretically adaptable. It is theoretically compatible with Cochrane Rehabilitation's definition of rehabilitation¹³ and the ICF-model⁴ and allows conclusions about the contributions of the combined application of work types to rehabilitation outcomes. Two of these are described here.

Cochrane's rehabilitation definition¹⁴ emphasises the goal orientation of all rehabilitation interventions and its relevance to success. Goal development requires specific knowledge of the patient's situation from different perspectives, often represented by the different rehabilitation professions.¹⁵ Social work gains detailed knowledge of personal and environmental factors through collaborative engagement with the patient's vocational and social participation perspectives. With this knowledge, social workers can increase the specificity of rehabilitation goals.

Taking into account the ICF domains, social workers mainly address environmental factors such as assistive technology, supportive relationships or social services to optimise the patient's performance. They facilitate the impact of those factors directly through information work, planning work and supporting applications. Patients may be also empowered to increase the potential positive effects of these environmental factors themselves (indirect facilitation).

Conclusions

National publications and a recent international review underline the importance of social work services in rehabilitation. Yet, evidence is still scarce. It is recommended that promising interventions such as motivational interviewing should be investigated from a social work perspective in the context of rehabilitation. The SWIMMER Model provides related hypotheses about possible causal mechanisms. It could serve as a point of departure for further much-needed empirical studies on effectiveness and the role of social work in rehabilitation. For those rehabilitation teams working with social workers, the latter have an unrivalled role and function in the rehabilitation process, calling for policies for including social work in rehabilitation to provide adequate resources and training. In inter-professional health care settings, team members should have sufficient understanding of the role of social work, to provide adequate utilisation of social workers' professional skills.

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