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Laetitia Petersen

Social Work in Primary Health Care in South Africa

Abstract: Primary Health Care Facilities are important areas of comprehensive and integrated service delivery for the South African Population. Social workers are needed in Primary Health Care settings, need to offer specialist comprehensive integrated generalist practice but also be resourceful and knowledgeable regarding health care and societal issues. Therefore social workers in health care in South Africa should not only fulfill the traditional social work roles as indicated by the profession but also roles identified from the Social Developmental Framework i.e. Advocacy, Enabler, Mediation, Social Protector, Broker, Educator and Counsellor.

Keywords: Social Work in Health Care, Health Care, Primary Health Care, Secondary Health Care, Tertiary Health Care, Roles, Advocacy, Enabler, Mediation, Social Protector, Broker, Educator and Counsellor.

Introduction: The South African Health Care context is diverse and faces several challenges. Social work has a role to play in this context. This article attempts to offer a limited view of Social Work and its roles in Primary Health Care in the South African context. In addressing these aspects the focus of the discussion will be on the following aspects: Firstly, a brief discussion is offered regarding the South African Health Care context. Here specifically the three dominant levels of health care i.e. primary, secondary and tertiary will be briefly highlighted and discussed. Secondly, the importance of Primary Health Care settings in South Africa will be highlighted. It will be clearly motivated that Primary Care Settings are important and valuable centers of service for all and that Primary Health Care's core fundamentals are rooted in the South African Constitution. Primary Health Care facilities will incisively be indicated as the gateway for the clients to access all other essential services. Thirdly, the prevalence of Social Work in Primary Health Care will receive attention. The expansive need for Social Work in this area will be accentuated. Fourthly, focus will be bestowed on the roles of Social Work in Primary Health Care. It will be highlighted that the role of Social Work is holistic and comprehensive. Fifthly and finally, the most essential the roles that should be offered in Primary Health Care in South Africa will be tabled and discussed. These suggested roles are from the Social Developmental Framework and include Advocacy, Enabler, Mediation, Social Protector, Broker, Educator and Counsellor.

From this discussion it is hoped that the reader will understand that Social Work in Health Care especially in Primary Health Care is needed and requires specialist knowledge in offering comprehensive and integrated generalist practice services to meet the needs of the health care users. The social worker needs to be conversant and confident about his/her role, medical conditions and challenges and societal pressures and challenges. Social work is therefore a much needed profession.

South African Health Context

South Africa is in a unique situation in that its health care finds itself in a dualistic position that encompasses both first and third world health care qualities that operates alongside one another (Yach and Kistnasamy, nda). This therefore implies that South Africa has Tertiary Health Care Institutions that can compete with other world class institutions in offering the best in clinical trial medication, basic primary health care in extremely rural areas of our country that provide basic services to impoverish communities as well as the acknowledgement of traditional medicine. This is therefore an extremely diverse health context. Within this diverse health care context to what extent is social work needed or play a role in this sector?

The South African Health Care context is divided into various levels that may be summarized as primary, secondary and tertiary health care settings. It should be noted that there may be other categories like district health centers, mobile clinics, etc., relevant in the South African context. These other categories may be included either under primary or secondary health care. What is unique in the South African context is the influence of traditional medicine which plays an important role with the South African population. In acknowledging this diversity the South African Traditional Health Practitioners Act (2007) was promulgated to register the traditional healers of South Africa. This Act also acknowledged the important role of traditional healers in South Africa. This also resulted in the formulation of the Draft Policy on Traditional Medicine (2008) which aimed at the institutionalization of African traditional medicine as a valid choice of medicine. Dickinson (2008) highlighted the diverse roles of traditional healers with regard to treating HIV/ AIDS and that this became acceptable in the South African context. Furthermore some provinces have attempted to incorporate or acknowledge the role of traditional medicine in their health care policies. This may be particularly noted in the policy guideline for health care as according to the Mpumalanga Province.

Department of Health, Welfare and Gender Affairs (1996, p. 24) acknowledged and encouraged a close working relationship with traditional healers. Even though traditional medicine is an important component in the South African context; this paper will not reflect on the impact of traditional medicine but finds it necessary to mention the importance and possible implication on the formalized health care context.

Differing statistics regarding the current available health care facilities in South Africa have been recorded. Statistics South Africa (2004) has recorded that South Africa has 4100 clinics (Primary Health Care) and 413 hospitals in 2004. The Health System Trust (2013, p. 24) in the Revised National Health Care Facilities Baseline Audit recorded that by 2012 there were 3487 primary health care facilities in SA and 391 hospitals (secondary and tertiary hospitals). Regardless of this differing statistics the South African Government has been committed to the establishment of more health care facilities especially primary health care facilities. The following discussion will provide a brief delineation of the levels of health care services offered in the South African context:

Primary Health Care (PHC here after) services usually refer to any basic medical services offered at the initial level or first contact with any medical facility. As according to the Mosby's Dictionary of Medicine, Nursing and Health Professions (2006, p. 1526) PHC refers to: "a basic level of health care that includes programs directed at the promotion of health, early diagnosis of disease or disability, and prevention of disease...Primary health care is provided in an ambulatory facility... often those living in a particular geographic area."

In addition The Oxford Concise Dictionary (2010, p. 594) defined PHC as: "health care provided by general practitioners or other health professionals to whom patients seeking medical treatment have direct access and to whom they can usually self – refer."

Fort Cowles (2005, p. 14) indicated that primary health care is the first level of health care that focus on both the prevention and maintenance of illnesses. The World Health Organization (1978, p. 25 as cited in Fort Cowles, 2005, p. 92) described PHC: "as the promotion of health, prevention of disease the offering of mental and physical services." According to the Alma – Ata (WHO (1988, p. 15) in Dennill in Denill, King and Swanepoel, 2007, p. 2) PHC is seen as: "essential care based on practical, scientifically sound and socially acceptable methods."

These definitions indicate the accessible nature of PHC but also that it is the initial level of contact with any medical facility or formalized governmental institutions. The National Health Care Plan of South Africa (1994) stressed the equal access and free health care (at this level to all). This links well with the South African Constitution (1996) which stressed the principles of equity, equal access and the right to health care. At these levels is included free access of non – South African citizens to emergency health care services. These health care services are therefore important and instrumental.

Secondary Health Care (SHC here after) refers to “an intermediate level of health care that includes diagnosis and treatment, performed in a hospital having specialized equipment and laboratory facilities.” (Mosby’s Dictionary of Medicine, Nursing and Health Professions, 2006, p. 1684). The Oxford Concise Dictionary (2010, p. 661) defined SHC as: “health care provided by hospital clinicians for patients whose primary care was provided by the general practitioner or other health professional who first access, diagnosed, or treated the patient. Secondary care cannot be accessed directly by patients.” Fort Cowles (2005, p. 14) suggested that the secondary health settings focus on preventing health problems to worsen, to repair health problems and to manage illnesses.

The above denotes that SHC settings offer a progression of medical services that are not readily available at a PHC level. These SHC services are also accessed with a referral from a PHC provider at a PHC institution like a clinic. This is well documented in the referral processes of health care (Department of Health, Welfare and Gender Affairs, 1996)

Tertiary Health Care (THC here after) service refers to “a specialized and highly technical level of health care that includes diagnosis and treatment of disease and disability. Specialized intensive care units, advanced diagnostic support services and highly specialized personnel are usually characteristic of tertiary health care. It offers highly centralized care to the population of a large region and in some cases to the world.” (Mosby’s Dictionary of Medicine, Nursing and Health Professions, 2006, p. 1833). The Oxford Concise Dictionary (2010, p. 594) defined THC as: “specialized services provided by centres equipped with diagnostic and treatment facilities not available at general hospital.” Fort Cowles (2005, p. 14) added that THC also involves supportive care and terminal care.

From the above it is therefore noted that the TCH settings offer highly specialized services. Currently South Africa has 10 THC hospitals

spread throughout South Africa (The Health System Trust, 2013, p. 7). Therefore this further encourages the utilization of PHC.

In South Africa even though these delineations exist the boundaries are blurred. At times Tertiary Settings has to deal with PHC aspects due to the complexity of diseases (especially HIV/AIDS), lack of services, where Primary or Secondary Health Care settings are not available to clients or a lack of availability of effectively trained staff at these levels. The only treatments that have remained at these facilities and not migrated to secondary or tertiary settings are treatment for primary HIV/ AIDS, revitalization of the HIV/ AIDs prevention programmes, immunizations, reproductive health planning and maternal and/ or infant mortality (Yach and Kistnasamy, nda, p. 17). Due to the blurring of boundaries, the social worker's role in these setting is challenging and has to be diversified. Therefore the social worker needs to be conversant and confident regarding their role, medical conditions, challenges, societal pressures and the unique South African context.

The Importance of Primary Health Care Settings in South Africa

South Africa has been committed to establish PHC clinics in all areas to ensure equitable access to health care services and also to provide effective integrated and comprehensive services. The reality however is that a great number of clients from rural areas still have to travel long distances to secondary but mostly tertiary health care settings due to challenges and constraints at the PHC settings. Yach and Kistnasamy (nda, p. 18) indicated that there have been many achievements made in PHC but that further developments are still needed including a need for more trained health care workers. Yach and Kistnasamy (nda, p. 3) reported that visitations at PHC facilities have increased from 67 million visits recorded in 1998 to 98 million visits in 2004. There has been a substantial increase in the usage of the services at these centers. Harrison (2010, p. 14) concurred with the increase in usage of services at PHC facilities. Yach and Kistnasamy (nda, p. 8 and 14) also indicated that as from 1994; 700 new PHC clinics have been built and 125 mobile PHC clinics were purchased. A well-known example of a mobile PHC clinic is the so called Miracle Train, Phelophepa, which was established in 1994 and which further attempts to reach the most far reached areas in SA and offering effective and integrated health care services to the population who may not readily have access to needed health care services (southafrica.info retrieved 26 June 2014). This was an innovative way

to address the principle of equitable, effective and comprehensive health care in SA.

The aim of PHC in South Africa is to offer a solution to the fragmented health care system (Department of Health, Welfare and Gender Affairs, 1996, p. 9). Department of Health, Welfare and Gender Affairs (1996, p. 10) indicated that a major proponent of effective health care to the population is the decentralization of health care to communities. Therefore the major movement of South African health care is the establishment of community based health care services, decentralization of health care to PHC facilities and offering effective health care services. Health care was previously characterized by a great deal of travel and at times across provincial borders travel to receive appropriate health care (Department of Health, Welfare and Gender Affairs. 1996; Yach and Kistnasamy, nda). The aim of decentralization of health care services was not only equitable access but also to combat the above mentioned aspects.

In addressing the health care disparities and the offering of effective and comprehensive health care at PHC facilities; effective PHC should entail: 1. Integrated and comprehensive services, 2. Effectiveness and efficiency, 3. Equity and accessibility, 4. Community participation and local accountability, 5. Inter-sectorial approach to health development, and 6. Sustainability of services (Department of Health, Welfare and Gender Affairs, 1996, p. 11).

Dennill (in Dennill et al., 2007, p. 34) indicated that South Africa's health system developed and incorporated both western medicine and African traditional medicine as reflected in various cultures. The National Health Care System developed almost in an unplanned manner. In 1986 the National Health Plan indicated that the focus should be on meeting the health needs of all. This was based on the Alma – Ata that was established by the World Health Organization in 1988 (in Dennill in Denill et al., 2007, p. 2; World Health Organization, 2008). In 1991 and especially with the new dispensation in South Africa it was reinforced that primary health care should be equitable (Dennill in Dennill et al., 2007, p. 35).

Fort Cowles (2005, p. 94) further described PHC as the interaction of the physical, mental, emotional and social functioning of a person. Here clearly it is denoted that PHC is holistic i.e. encompassing the entire human being. Therefore PHC is never about giving the poorest quality of service or less important services. It is all encompassing, integrated and comprehensive (Department of Health, Welfare and Gender Affairs, 1996, p. 3). The writer would even suggest that PHC

is the most important gateway for accessing further services. As a result if poor services are received at this level the client will not return or it will filter their whole perspective of health care in South Africa or will result in non-addressing of the clients' needs. This perspective was also well addressed by Fort Cowles (2005, p. 94) who indicated that PHC is the gatekeeper or the access point for further services.

The values of Primary Health Care are: 1. Provision of one stop services, 2. Aid the patient in the navigation of the health services, 3. Provision of continuity of care, 4. Offering of prevention, early intervention and health promotion, 5. Linkage of the patient, family and community (Donaldson, 1996, p. 53 in Fort Cowles, 2005, p. 94).

Similarly Dennill (Dennill et al., 2007, p. 3) identified eight essential components of primary health care which includes: "1. Education of health problems and methods of preventing and controlling, 2. Promotion of food supply and proper nutrition, 3. An adequate supply of safe water and basic sanitation, 4. Maternal and child health care, 5. Immunization against major infectious diseases, 6. Prevention and control of locally endemic disease, 7. Appropriate treatment of common disease and injuries, and 8. Provision of essential drugs." (Dennill in Dennill et al., 2007, p. 3).

From the above it is denoted that the most important components therefore for PHC services are prevention and health promotion. Health promotion as according to Fort Cowles (2005, p. 95 - 6) incorporates health behaviour and is active attempts of participation of people in all sectors and whereas prevention interventions are focused on the decrease of the occurrence of ill health.

Furthermore Dennill (Dennill et al., 2007, p. 6-7) suggested the common principles that all primary health care should adhere to are Equity, Accessibility, Affordability, Availability, Effectiveness and efficiency. This once again links with the principles of the South African Constitution (1996).

Dennill (Dennill et al., 2007, p. 7) furthermore elaborated that there was a major shift of the focus of primary health care especially in South Africa from curative to preventative and being community based. This is a major aspect as it requires alignment with the resources of the community. But Dennill (Dennill et al., 2007, p. 7 - 8) stressed further that the success of PHC are highly influenced by community ownership of health care and inter-sectorial collaboration. These aspects highlighted by Dennill links extremely well with the implementation of the Social Developmental Framework which also stress partnership, collaboration and community ownership. Estab-

lishing partnerships or collaboration is one of the core principles of the Social Developmental Perspective (Patel, 2010, p. 194). This aspect Patel stressed as being important for success of any project. Midgley (1995) and Midgley and Conley (2010) acknowledged the importance of collaborative partnerships. Midgley (1995) highlighted the importance of communities taking up the responsibility for their own needs which he termed the 'communitarian' approach to Social Development. Therefore community ownership for the successful utilization of PHC services and promotion of health is of the utmost importance.

Social work in Primary Health Care Settings

Social work is now more than ever a needed service in South Africa and even more so in Health settings. Particularly in the last years it was indicated that Social Work should not only be regarded as a scarce skill but also that more social workers are needed especially to deal with the HIV/ AIDS pandemic. The Department of Labour's research project on scarce skills regarding Social Work indicated that there is a big need for social work in South Africa (Department of Labour, 2008, p. 47). The current ratio of social workers per population is low therefore implying that social workers can barely meet the needs of the South African Population. The research also indicated that by 2015 a further 7631 social workers are needed to address the needs of South Africans (Department of Labour, 2008, p. 43). A great need for social work exists especially dealing with the impact of the HIV/ AIDs pandemic (ibid). The Health Systems Trust (2013, p. 22) reported that in 2011, PHC settings had 21% social workers employed and that there is a great need for social workers. The limited social workers in this sector therefore cannot really address the needs of this population effectively.

Social workers may be the only real resource for accessing information and assistance. Effective and efficient social workers that can provide integrated services are needed in the health settings of South Africa. No longer can social workers be poorly equipped with social work knowledge, medical knowledge as well as information regarding the South African context. Competent Social workers are needed for South Africa generally. There is even a greater need for competent Social Workers in Health Care. Due to the diversity of the South African health care settings as was highlighted earlier social workers are instrumental.

Dhooper (2012, p. 1) is of the opinion that social work in health care has an impressive history. Social work is involved in preventative, primary, secondary, tertiary, restorative and continuing care. Social work in health care, as according to Dhooper (2012, p. 4), is instrumental in offering holistic services to clients. So therefore from Dhooper's view the writer also strongly feels that social work in any health care setting is of the utmost importance.

Generally in health care settings there is a hierarchy of importance. Social Workers feel and perceive their worth equal with Administrative staff. The value of Social work is not well acknowledged in the South African Health Care Settings. This could be as a result of attitudes and stereotypes from other medical staff, lack of training of Social Workers to enter a medical setting and the competence of the social worker. Whatever the reason may be, it is the social workers' duty to be professional and convince others via their professional conduct of their importance. Gregorian (2008) captured that other professionals do not grasp the value of social work but that social workers need to establish their credibility by articulating their worth.

Roles of Social work in Primary Health Care

In PHC Settings the social worker needs to be dynamic, professional, accountable and competent to deal with the challenges. South Africa needs social workers who will get involved and become part of solutions versus being reactive. Anybody may have opinions and input but social workers are the problem solvers. As a result these social workers should be generalist practitioners that understand integrated practices i.e. providing effective holistic and eclectic services to address the needs of the clients. Apart from this, social workers in health care should not have the attitude that they are non – medical staff therefore they do not need to have knowledge regarding medical conditions. In fact they should be knowledgeable regarding the basics of the human body, diseases and the treatment. A lack of knowledge translates that the social worker is not a credible source. The social worker is most often the only effective link with the medical team and client. Due to the social worker's training in communication; the social worker becomes the translator of the medical information into understandable concepts for the client. This aspect will receive further attention with the discussion of the educator role. But apart from this the social workers' credibility will also be gauged by their knowledge and understanding of the South African context and the communities they serve. This is where collaborative partnerships are stressed.

Literature revealed several roles of social work in PHC. The following is a brief acknowledgement of these imperative roles. Gregorian (2008) highlighted that the social workers role in medical settings are highly consultative and entails the collaboration with many disciplines. This therefore highlights the multidisciplinary or interdisciplinary approach to social work offered in medical settings. This collaborative approach also extends to partnerships with communities where it may be considered as the trans-disciplinary approach.

Dhooper (2012, p. 6) discussed the various benefits of social work and indicated the various areas in which social workers are involved which includes 1. Screening, 2. Psychosocial Assessment and Intervention, 3. Interdisciplinary collaboration, 4. Discharge Planning and 5. Post – discharge follow – up (Dhooper 2012, p. 6). From this discussion of Dhooper it is clear that the social worker is involved in all facets of the health care process. As a result the writer feels that social workers should never view their role devoid of importance.

Fort Cowles (2005) indicated that the role of social work was always depended on the expectations of other health care professionals and was modified accordingly. This the writer finds problematic as other professions are not really governed by other professionals opinions of their functioning. So it therefore seems that the role of social workers are depended on others and not guided by the profession itself.

Fort Cowles does not really address specific roles but rather the functions that social workers need to fulfill in PHC settings. These are participation in the planning and implementing of treatment programmes, alleviation of social stress, participation in outreach programmes and involvement in health promotion (Fort Cowles 2005, p. 127). Once again it is noted that social work's roles should encompass health promotion and illness prevention.

Borst (2010, p. 66 – 72) tabled several roles for social workers in health care. These roles include advocate, communication, mediator, researcher, evaluator, recorder and educator. The roles of advocate, mediator and educator will be discussed under point five.

The role of communicator refers to communicating the social and emotional needs of the client (Borst, 2010, p. 67). Social workers are in the perfect position to address the needs of the client. The roles of researcher and evaluator encompass the proactive involvement of social workers adding to the profession. The role of evaluator refers to development of the profession and its efficiency. The role of the recorder refers to administrative requirements of the social work profession (Borst, 2010, p. 72). From Borst's discussion the roles of re-

search, administration and evaluation forms important components of the effective social work service delivery.

Dinerman (in Auslander, 1997, p. 30 – 31) provided a different view of the roles of social work in PHC. Dinerman suggested that the role of social work should encompass dealing with fear, offering counselling and being knowledgeable about medication. Dinerman (in Auslander, 1997, p. 30 – 31) also suggested that social workers and the health settings need to rather view patients as a customer. This is an approach that places the client and the medical personnel on equal par. This links once again with principle of equity. Here also the importance of the social worker being equipped with medical knowledge is noted.

Browne (in Gehlert and Browne, 2006, p. 27 – 40) discussed the various areas and roles that social workers are involved in and broadly characterized it as all aspects that may relate to any aspect of Social Work Assessment and Intervention.

From the above discussion it is clear that the role of Social work in health care may be viewed as collaborative, comprehensive, integrated and imperative to ensure effective service delivery.

Essential Social Work roles in PHC for the South African Context

Formerly it was cited that the South African health system developed haphazardly in an attempt to deal with the major pandemics, inequalities and free access to health care. Apart from this the focus of PHC changed from curative to preventative service delivery that needs inter-sectorial collaboration (Dennill in Dennill et al., 2007, p. 7-8 and 34-35). Considering the diversity, the challenges of the health care system but also challenges that the South African population are faced with; social workers need to be effective and efficient specialists of comprehensive integrated generalist practice. To address the above the writer proposes that essential roles that should be implemented in PHC are highlighted as according to the Social Development Framework.

It was noted that the roles of social work in health care are manifold. All the roles stipulated are important for effective service delivery and equal in their applicability. But to deal with the challenges and diversity of the South African Context there are specific roles that should be fulfilled. These roles are in addition to those that were discussed earlier.

Department of Health, Welfare and Gender Affairs (1996, p. 57) stressed the importance of inter-sectorial collaboration or partnerships for the resolution of complex health and social ills. This Department furthermore acknowledged the importance of the role of Social Work for the implementation of the management of primary health care services or programmes (Department of Health, Welfare and Gender Affairs, 1996, p. 64). This directly links with the implementation of the Social Developmental framework.

The South African Constitution (1996) led to the development and the implementation of the White Paper on Social Welfare (1997). This White Paper motivated that the Social Development principles should be employed by social welfare professions and occupations to address all challenges and needs of the South African Population. This approach highlighted certain roles but more importantly also partnerships and inter-sectorial collaboration to achieve the goals of the Constitution (Midgley, 2001; Gray and Lombaard, 2008; Patel, 2010).

As a result of the unique and needed contributions that Social Work can make in a PHC setting there are certain roles as highlighted by the Social Developmental Perspective but also Generalist Practice that would be of extreme value in offering integrated and comprehensive service delivery in PHC settings. In describing these roles the writer will also include her own experiences and or examples. The roles suggested and that will be discussed are Advocacy, Enabler, Mediation, Broker, Social Protector, Educator and Counsellor.

Advocacy:

Patel (2010, p. 149) described advocacy as where social workers lobby on behalf of their clients. Kirst – Ashman and Hull (2010, p. 130 – 131) indicated that this refers to representing or defending others. This is furthermore described by the above authors as coalitions, community action research and case advocacy (Patel, 2010, p. 221; Kirst – Ashman and Hull, 2010, p. 130 – 131). Borst (2010, p. 67) echoed similar sentiments and formulated the description of this role as the promotion of the decisions of the client. The above is aimed at ensuring fair and equitable treatment but more importantly providing a voice for the client. Therefore based on action research and case advocacy the social worker will intervene on the client's behalf. The social worker is therefore required to be knowledgeable about the clients' circumstances in order to provide the best possible care and assistance to them. This is especially an important role to fulfill to disenfranchised clients that still perceives a huge status difference be-

tween them and the medical team. This aspect of the role links well with empowerment. The social worker here should not only have the individual client in mind but also the needs to the community. This role links well with the democracy and participation of the Social Developmental Perspective (Patel, 2010).

This role also requires some pro-activeness on the part of the social worker. As the social worker sees his/ her clients and themes are highlighted through their intervention this may be utilized to plan further community actions or research to address social ills, health promotion strategies and to address inequalities. The social worker in PHC therefore needs to be dynamic and at the forefront of interceding on the clients' behalf.

Enabler:

Patel (2010, p. 218) defined this role as assisting and promoting the client or to empower, to provide them with the means, opportunity make possible or effective. Kirst – Ashman and Hull (2010, p. 86) furthermore indicated that this involves providing support, encouragement and suggestions to the client system. Patel (2010, p. 218) stressed that the ultimate aim of empowerment refers to the increase in personal, interpersonal and political power. Therefore with this role the social worker needs to capacitate clients to do for self but also balance the inequality that may prevail in the health setting or in the family or community.

From what the writer has noted it may be that at times clients are just so frightened to say no to or disagree with medical teams. This is particularly evident where tradition or culture and a westernized approach to healing conflicts. The social worker may play an important role to enable the client to state his/ her position and to make an informed decision. Where necessary the social worker will offer support throughout the process of empowerment. It should be noted that by empowering the client the medical team may not be accepting of the client's decision. This aspect the social worker needs to manage with diplomacy. They should be informed of the possible outcomes. This should always be followed up with a signed informed decision where the possibilities are highlighted. Family members and medical personnel should both be utilized as witnesses. From the writer's experience this was not really well received by the team, but as a social worker the writer always reminded the team of the right to self – determination which is entrenched in the Constitution.

Mediation:

Patel (2010, p. 148 and 221) simply described mediation as the resolution of conflicts between parties and to promote reconciliation, settlement, compromise or understanding. Kirst – Ashman and Hull (2010, p. 101) described that mediation is about helping others to resolve conflicts or other dissension. Borst (2010, p. 68) formulated this role as the intercession between patient and health care system. Whichever method of mediation the social worker utilizes to resolve conflict i.e. to enable others to resolve the conflict or the social worker intervening to resolve the conflict it is clear that this is an important role for the social worker to offer at a PHC level. Due to cultural diversity and beliefs conflict may arise between clients and the medical team. Medical teams are usually resistant to traditional medicine. The social worker needs to play an important role to ensure that the communication channel between the client and medical team remains open irrespective of the client's decision. Therefore a client may decide to decline medical treatment. The social worker will need to resolve the conflict in such a manner to provide the client with an opportunity to return for health care services at a later stage. This will ensure that the medical team does not harbour any animosity towards the client.

Broker:

Patel (2010, p. 148 and 220) indicated that as a broker the social worker aims to link the client with different resources which may include financial, physical, educational, social service, technical and environmental resources necessary to meet the client's needs. Kirst – Ashman and Hull (2010, p. 100) expressed similar sentiments as above but added that the social worker needs to be well informed of resources but also knowledgeable about eligibility requirements and be sensitive to client's needs. This role therefore requires that the social worker in PHC collaborates with the medical team and community resources. The social worker therefore has to be involved in intersectorial collaboration to ensure the effective linking with resources and addressing the needs of clients. If the social worker at the PHC facility has a family that is in need of food, shelter and finances that social worker should not only link the family with the required resources but also address the immediate emergency needs manifested. If the social worker is not knowledgeable and not involved in intersectorial collaboration the social worker will be inefficient. It must be remembered that a condition like malnourishment is directly linked to

social and financial needs. Therefore just to treat the matter medically will not resolve the root causes. Social Assistance in the form of food parcels and Financial Assistance like grant application are of the utmost importance in such cases.

Social Protector:

This is a well-known social work role. Social workers fulfill this usually to a greater or lesser extent. This role as according to Patel (2010, p. 222) refers to the protection of human rights of populations at risks. Parsons, Jorgensen and Hernandez (1994) added that this is a guardian role. This role is commonly exhibited in cases of child abuse. But there are other circumstances that it may be required. For example an older person may seek medical attention but then from the social work assessment and intervention it is deduced that possible abuse may be evident. This is then therefore the social worker's role to protect and become the guardian of the older person. This role needs excellent assessment skills and the social worker to be proactive. Delay in assuming this role may result in negligence but more importantly perpetuating the endangerment of the older person.

Educator:

Patel (2010, p. 220) defined this role as information sharing and exchange, skill transfer and human capacity building to strengthen livelihoods. Kirst – Ashman and Hull (2010, p. 101) briefly stated that the educator provides others with new information. This may incorporate aspects like mentoring and coaching, involving clients in skills training stress management, etc., (Patel, 2010, p. 220). Borst (2010, p. 72) reminded that education may occur in different formats as based on the needs of the client.

All members of the multidisciplinary teams in a medical setting offer diverse but complementary services to ensure that a client receives comprehensive and effective health care. This information or the complexity of the health care process may be overwhelming for clients. In assisting the client to reconcile with the health care process and understand the process or illness; social work has an important role to play. Some social workers have the impression that they do not need to be knowledgeable about medical conditions and neither about societal matters. In fact it is imperative that the social workers are not only knowledgeable about societal matters but also of medical procedures and conditions. It has been reported that medical doctors

do not always have good communication skills. The social worker becomes valuable in utilizing their communication skills in educating i.e. providing all the relevant information to the client thereby enabling the client to make an informed decision as well as to mediate the information barrier between client and medical team. It has been reported that psycho-education plays an instrumental role in health promotion as well as adherence of clients with their medical treatment (Okonsky, 2011). Social workers therefore need to assume a more proactive role in this regard.

Counsellor:

Patel (2010, p. 220) defined this role as to provide support and guidance in the helping process and Kirst – Ashman and Hull (2010, p. 28) described it as offering guidance to clients and assists them in a planned change or problem – solving process. When being diagnosed any individual goes through major emotional reactions. Approaching the health center may also evoke fears. These emotions or concerns need experts who may assist clients in dealing with the matters. Social workers are trained to offer counselling and it is imperative that the social workers equip themselves with information of the illness profile in order to aid clients effectively. The core of this is listening skills.

The seven roles identified and discussed will not only ensure effective and comprehensive service delivery but also aid the well-being of the clients and the communities. All these roles require the proactive commitment from social workers to their clients.

Conclusion

This article identified the diverse and disparate South African Health Care context. In addressing Social Work in the Health Care several facets received attention. The importance of social work, its unique and valued role in health care was highlighted. The start of the discussion discussed the unique and diverse South African Health Care context. The different levels of health care service delivery namely i.e. primary, secondary and tertiary were defined. The differences between the levels were also mentioned. Thereafter the importance of Primary Health Care settings in South Africa was motivated. It is hoped that was clearly delineated that Primary Care Settings are important and valuable centers of service for all service users. Primary Health Care facilities were identified as the gateway for the clients to

access all essential services. The next point of discussion was the identification of the prevalence of Social Work in Primary Health Care. Here was noted that Social Work is indicated as a needed service. From literature the various comprehensive and integrated roles of social work were highlighted. The diverse social work roles were noted. The final part of the discussion identified the essential roles that the social worker should be conversant in namely of Advocacy, Enabler, Mediation, Social Protector, Broker, Educator and Counsellor. It is hoped that this article conveyed that Social Work in Health Care is needed, needs to be comprehensive and integrated to appropriately meet the needs of the health care users.

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