

INTERDISCIPLINARY RELATIONSHIPS BETWEEN SOCIAL WORKERS AND OTHER PROFESSIONS IN HANDLING CHILDREN WITH SPECIAL NEEDS AT SURYAKANTI HEALTH CLINIC BANDUNG, INDONESIA

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ABSTRACT

Interdisciplinary relations of social workers seen through interpersonal relationships of social workers with other professions, organization setting of interdisciplinary work systems and the funding model allocated for such interdisciplinary work. The researchers were interested in seeing the implementation of these three aspects with the aim of knowing the description of social worker relations with other professions in Suryakanti Health Clinic Bandung, Indonesia. The method used in this research was a qualitative descriptive method with ten informants consisting of two social workers, one doctor, one psychologist, four therapists, one nurse and one employee of management. Data collection techniques used interviews, observations, field notes, and document usage. Data validity was performed using credibility test with increasing perseverance, reference adequacy as well as triangulation of technique and time. The results showed that the clinic policy of separating the interdisciplinary works into inter-professional and referral divisions has brought about social workers lose their role as mediator and no longer participate in recommendation formulation with an interdisciplinary team. Consequently, all the activities related to the patient handling were mostly based on a good interpersonal relationship between the social workers and other professions. Similarly, due to the limited funding, the clinic provided the social workers with only transportation expenses, while the service fees expected to come from the parent of the visited patient were not always obtained.

Keywords: *social worker, interdisciplinary relationships, children with special needs*

INTRODUCTION

Social workers can work as professionals or volunteers in various settings. Social workers can also be specialists in specific fields that distinguish them from other social workers whose work may be more general (generalist social work), such as medical social workers on mental health who have a special role in mental health. The setting of more specific social work practices such as medical social workers on mental health puts social workers to work together and relate to various parties including with the various professions working in the same field (Dunk-West, 2013; Mc Coyd & Kerson, 2016).

Social work professionals must uphold and obey the existing code of ethics to maintain the integrity of the social work profession (Zastrow, 1986). Social workers who practice in accordance with the code will create a good relationship with other colleagues. The relation of a social worker to another profession who is a co-worker or a colleague may be referred to as an interdisciplinary interdependent relationship of two or more professions working and learning with, from, and about each other to enhance the collaboration and quality of the service provided (Worsley *at al.*, 2013). The relation of social workers to other professions is also influenced by inter-professional communication. Effective communication also influences misunderstandings with colleagues in teams (Potter & Perry, 2005; Basuki, 2008; Berridge, 2010).

Children with special needs (referred to as “ABK”) do not only include children with special needs with permanent condition as a result of certain, but also temporary or children with risk factors, children with developmental problems, and may affect their learning ability or vulnerability to the emergence of obstacles or disturbances in subsequent developments (Garnida, 2015). According to the Ministry of Women Empowerment and Child Protection, the number of children with special needs in Indonesia is about 1.5 million.

It cannot be denied that taking care of ABK requires extra energy, though, and costs compared to the needs in taking care of children in general. Baker-Ericzén (2005) showed that ABKs’ parents had higher levels of stress in their daily lives. The high level of stress does not only harm the mental state of the parents but, this could be eventually the main cause of the occurrence of health problems and the occurrence of family break-up. Parents often cannot implement coping strategy against such conditions and finally, they surrender the child to the ABK handling agencies that often charge parents with high costs.

Comprehensive services from mutual assistance or the interdisciplinary services of various professions today are offered by hospitals and health clinics. One of these clinics is Suryakanti Health Clinic in Bandung Indonesia that provides services for the problems of childhood development as a whole and interdisciplinary. Suryakanti Health Clinic provides holistic services for every of its crew so that they can develop to be more productive, confident, and respectful to the individuals in the community where they grow and always involve ABKs’ parents as partners in every service given, even provide services for the parents such as counseling. Social workers play roles in supporting clinical services, then as advocates with client complaints, mediating in case of conflict between clients and the health clinic as the service provider through a home visit, school or other environments.

The existence of the interdisciplinary work eases the professionals in the health clinic in providing better services, such as the supporting data related to the condition of the clients at home or in the social environment obtained when the social workers have a home visit for the clients. The relation of other referral professions such as doctors toward social workers became the beginning of the Interdisciplinary relationships between the two. De Vito (2010) suggested that lateral communication as a form of message exchange such as communication between social workers in one part of the organization and social workers with other professions in the hospital was originally awakened in interdisciplinary relations. Today, the Social workers are not currently authorized to have home visits to all clients, only clients who get the Foster Parent service that can have a home visit by the social workers. This is in line with the opinion of Worsley *et al.* (2013) stating that the fact of research orientation to date focuses on the relationship between institutions (health and social) rather than how service delivery is realized through the efforts of local policy collaboration and operational practices between health officer practices and social workers when joined in multi-professional work.

This condition encouraged the researcher to conduct a more in-depth research on the interdisciplinary relationship between social workers and other professionals who provide services with interdisciplinary work in Suryakanti Health Clinic. The general formulation of the problem studied was “How are the Interdisciplinary relationships between social workers and other professions in handling children with special needs in Suryakanti Health Clinic Bandung?” With the deeper study of the dimensions of interpersonal relationships between social workers and other professions, interdisciplinary work policy that regulates the interdisciplinary social workers’ relation with other professions, a funding model allocated to interdisciplinary work carried out by the social workers and other professions. This study aimed to know the interdisciplinary relationships between social workers and other professions in handling children with special needs in Suryakanti Health Clinic Bandung.

RESEARCH METHOD

The research was conducted at Suryakanti Health Clinic Bandung Indonesia in 2017. The method used is a descriptive method with a qualitative approach. The background of the study was open background and closed background. The open background was implemented by observing during the intervention by various professions. The use of a closed background was implemented to deepen the research on relationships and dig information from informants more broadly and deeply. The research location at Suryakanti Health Clinic Bandung was chosen with the consideration that this clinic was the only clinic that provides comprehensive and holistic services in Bandung City by involving the services of social workers. The data source consists

of the primary data source and secondary data source. The primary data sources were informants consisting of professionals at Suryakanti Clinic. The determination of informants was done by the purposive technique of ten people consisting of two social workers, one doctor, one psychologist, one physiotherapist, one therapist, one speech therapist, one pedagogist, one nurse or developmental tester and management representative of Suryakanti Clinic Bandung. The secondary data source consists of documents related to the client's healing history. Data collection techniques involved interviews and documentation studies. The data validity analysis was conducted through credibility test by means of improving persistence, reference adequacy, and triangulation of technique and time. Data analysis technique was performed in three stages, namely: data reduction, data presentation and conclusion or verification.

RESULTS

Health services for children with special needs

Suryakanti Health Clinic Bandung is one of medical services units of the Growth and Health Services units that handle the problems of children's growth, especially in children with special needs under the child development center named "*Pusat Pengembangan Potensi Anak (PUSPPA) Suryakanti Bandung*". The words "Surya Kanti" comes from Sanskrit which means "in the dark, there is still a beam of hope".

The vision of PUSPPA Suryakanti Bandung is that they are convinced that in every child, regardless of the innate, religion, ethnicity, gender, disability, and social level, has the potential to develop. The missions of PUSPPA Suryakanti Bandung are: (1) to provide holistic services for children and especially for children with special needs so that children can develop into more productive, confident, and respectful individuals toward the community where they live; (2) to provide comprehensive services that are not focused on the disorders suffered by the children but see the children as individuals with all the needs, strengths, and weaknesses which, when given assistance and opportunity, can develop all of their potentials; (3) to implement services that are interdisciplinary in nature according to the various needs of the children; (4) to involve parents as partners in the services on the basis of the strength that provided for children and their families; and (5) to provide continuing education for PUSPPA Suryakanti staff and executives in order to adjust to new developments in the field of children development.

The forms of services in Suryakanti Health Clinic Bandung are: (1) developmental or growth examinations done by the trained nurses and psychologist with the aims of obtaining an overview of the children's developmental level and knowing any developmental delay as early as possible; (2) medical examinations done by the developmental pediatrics, which discuss the complete medical history and development of the children including the parenting and the surrounding environments; (3) psychological examination, to help children solve their problems through clinical, cooperation, family, school, and other parties supports as a whole. The patients (0-10 years) treated are those with or without developmental disorders, including children with learning difficulties, behavioral difficulties, emotional disturbances, abnormalities, and developmental delays; (4) physiotherapy services, to develop, maintain, and restore the children's body movements and functions throughout the life cycle and function and communication training; and (5) occupational therapy services, to help children with temporary/permanent physical/mental disorders; (6) speech therapy services, to develop the communication skills in children with speech impairment, language, sound, rhythm, and swallowing disorders; (7) pedagogical service, to provide supportive education, improve and develop the learning ability in children; (8) Electroencephalogram (EEG) service, to do an investigation in the form of electrical tape recording nerve cells in the brain to determine the physiological disorders of brain function; and 9) Social work service, to assist individuals, groups, and communities in improving or developing their ability to function socially and to create the conditions of society that enable them to achieve their goals. The social workers cooperate with the social environments of children, both with the family and others around the child, including the caretakers to create the conditions that support the children's growth.

Interpersonal Relationships between Social Workers and Other Professions

Interpersonal relationships are the first aspect of the concept of interdisciplinary relationships between social workers and other professions. The concrete meaning of interpersonal relationship is found by translating

them into sub-faces of mutual understanding of equality between profession, mutual respects for duties, roles, and responsibilities among the professions, taking initiative to discuss the interests of patients, sharing information in writing, verbal, and non-verbal forms, inter-professional negotiations on patient issues, and mutual assistance and completion of inter-professional duties. There are seven steps in developing the interpersonal relationship between social workers and other professions.

Firstly, mutual believes in the equality of inter-professional status. Fostering relationships and communication with the principle of inter-profession equality is very applicable as a foundation in performing services for patients as an inter disciplinary team so that no inter-professional considers the profession or handling a particular profession is better than the others. The equality of inter-professional status is in fact believed by all professions in Suryakanti Health Clinic in Bandung in organizational structure, the decision making on the provision of services of each field and the decision making on the provision of shared services (team) in which all professions including the social workers have equal rights to argue and determine the best decision for the team.

Secondly, mutual respect for the interdisciplinary duties, roles, and responsibilities, in which professions already know and communicate their duties, roles, and responsibilities but are limited to their general duties and roles. Other professions see the most prominent social worker duties and mentioned by most of the professionals relating to the social work is the duty to make a home visit that for about the past seven years has not gone perfectly.

Thirdly, taking the initiative to discuss the patients' interests together with the patients' safety objectives and to discuss the patients' treatment process is carried out by the whole professions, but the discussion of the current cases goes informally. Formerly, formal cases discussed were carried out with a clear scheduling and followed by all of the professionals in one event.

Fourthly, share the information in written, verbal or non-verbal forms. Interdisciplinary relationships not only can be seen from the communication they do verbally and directly on the discussion, but also the communication in the written form which became the media in the relationship. Written information about the patients' condition and the treatment provided by the mutually distributed professionals to other professionals that are presented in the form of a medical record.

Fifthly, conducting inter-professional negotiations on the patients' problem is the ability to reach mutual consent among the professionals on the patients' health issues is being handled together. Negotiations are conducted by inter-professionals who are the members of an interdisciplinary team to deal with the patients' problems together. Negotiations are often carried out during the case discussions and often concern about how to handle the situation and relief the costs.

Sixthly, the collaborations between the social workers and other professions are divided into two: a collaboration related to the patient handling and collaboration beyond the patients or administrative handling. The collaboration related to patients' handling of a social worker is done when they get referrals to help other professionals such as for parents counseling as well as home visit. The administrative collaboration is like in the procurement of a seminar where they are together involved as organized committees.

Seventhly, helping and completing inter-professional tasks in accordance with the duties and roles of the respective profession are performed well by the professionals in the clinic. The activities of mutual assistance can be in the form of providing information needed between both parties.

Interdisciplinary Working Policy in Suryakanti Health Clinic Bandung

Interdisciplinary work policy is believed to have an effect on the interdisciplinary relationships between social workers and other professions in providing a good working environment and holistic services. For such reason, the clinic adopted an interdisciplinary work policy by dividing the interdisciplinary works into the inter-professional and the referral divisions. The activities of the inter-professional division were mostly devoted to providing the diagnosis and handling recommendation for the patients. Once the recommendation has been made, the referral division consisted of social workers would use the recommendation to treat the patients through a home visit. In most cases, both the diagnosis and treatment recommendation were made through a forum of discussion to produce a collective decision. The drawback of the policy was that the social workers lose their role as mediator and no longer participate in recommendation formulation with an interdisciplinary team

The funding model allocated for the interdisciplinary work

The funding model is the last aspect of looking at the interdisciplinary relationships of social workers with other professions in handling children with special needs. The funding model in Suryakanti Health Clinic in Bandung was influenced by non-government parties and volunteers. As a non-profit foundation, the clinic does not receive income or gain from government services or funding agencies. The available funding allocated for interdisciplinary activities is used to support the activities related to social work relationships with other professions in interdisciplinary works, both within the clinic and outside the clinic.

Interdisciplinary activities within the clinic are conducted in the clinic from Monday to Friday between 08:00 am and 15:00 pm. These include discussion and upgrading the interdisciplinary handling made by every profession. There is no fund for additional salary for each profession in these activities. An expert from outside of the clinic is occasionally invited for free with respect to the improvement of discussion and upgrading the interdisciplinary handling.

Interdisciplinary activities outside the clinic are conducted within or outside the clinic working hours and are mostly allotted for a home visit. Ideally, the costs incurred during the home visits should be allocated for the transportation costs and social worker services are paid to the clinic. However, this was not the case. For each home visit, the clinic provides the social worker with the transportation expense only, while the parents of the visited patients are expected paid the service fees. The fact that many parents do not want to pay the social worker for the services had been responsible for the vacuity or cessation of the home visit activities.

Aside from home visit, the social workers are occasionally expected to attend seminar activities outside the clinic. The fact that the clinic often faces a financial deficit, the social workers have to submit financial assistance for the seminar related expenses from the foundation. The approval of the financial assistance is usually based on the priorities and benefit of the seminar for the interdisciplinary team in the clinic. Furthermore, the knowledge gained from the seminar should be shared with other professions' during the upgrading activities.

DISCUSSION

The interdisciplinary relationships between social workers and other professions were examined through aspects of the interdisciplinary variables of interpersonal relations, interdisciplinary work policy, and the funding model allocated for such interdisciplinary work. Social workers and other professions were aware of the equality of the professional positions among them. In addition to the policy, Suryakanti Health Clinic Bandung also put them on an equal level in the organizational structure. Inter-professional also believed in equality of their positions when they were given the same duties and responsibility for the services they provided in accordance with their own expertise. The Collective decision-making was done together through discussions to determine the best handling for the patients. The professionals that discuss together to take decisions to get the same rights in issuing their respective opinions.

Suryakanti Health Clinic Bandung has built an interdisciplinary working system. Each social worker was aware that the duties and roles of other professions, in general, were to help reassessing the patients and to suggest the relevant services. By inter-professional approach, the patients' developmental conditions and the problems found in the patients can be mutually elaborated based on the patients' medical record and, thus, the comprehensive handlings and services can be implemented.

The inter-professional was willing to provide each other with information about the patients' developmental conditions and the problems found in the patients they are working with. Mutual sharing of information through medical records was done by all professions. The Negotiations carried out by the social workers with other professions run well, they were usually regarding the determination of the handling of many negotiable patients. All professions felt happy and comfortable with the interdisciplinary working system applied in Suryakanti Health Clinic Bandung including the negotiation and discussion of cases. Case discussions continue to be implemented even though the system is changing, which is currently being implemented informally and flexible.

All professionals and employees of Suryakanti Health Clinic Bandung realized that their work in the clinic is run by a non-profit foundation so that the budget for the salary and interdisciplinary activities were fairly limited. Nevertheless, they can work in close proximity and have the relation to a family. This type of relationship to a large extent had made the services sustained even though in the absence of the social worker.

In some cases, the other professions would serve as the substitute in conducting a home visit to the troubled patients when the social workers were unavailable. The fact that the position of social workers had been vacant for the last seven years was not realized by three out of eight informants due to such relationship.

CONCLUSION

The separation of the interdisciplinary works into inter-professional and referral divisions adopted by the Suryakanti Health Clinic in Bandung has brought about social workers lose their role as mediator and no longer participate in recommendation formulation with an interdisciplinary team. Consequently, all the activities related to the patient handling were mostly based on a good interpersonal relationship between the social workers and other professions. Furthermore, with the limited funding, the clinic provided the social workers with only transportation expenses, while the service fees expected to come from the parent of the visited patient were not always obtained.

RECOMMENDATION

A policy for revitalizing the role of social workers in interdisciplinary team would enhance the interdisciplinary relationships between the social workers and other professions as to improvement both in the quantity and quality services to the patients. Funding procurement should be widened and intensified to overcome the budget limitation in providing the clinic services.

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