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SOCIO-ECOLOGICAL THEORY AND THE “LIFE MODEL OF SOCIAL WORK PRACTICE” IN PRACTICAL SOCIAL WORK IN THE FIELD OF PALLIATIVE AND HOSPICE CARE

In the article, it has been established that one of the significant approaches in social work is the socio-ecological approach. Its main principle is the perception of individuals and their surroundings as interconnected systems within their specific cultural and historical contexts. Within this approach, social work professionals from the USA, C.B. Germain and A. Gitterman, in the 1980s, developed the “Life Model of Social Work Practice” as a practical tool for application in social work. One area of activity for social work professionals can be palliative and hospice care – comprehensive support for the terminally ill and their families. The possibilities of using the “Life Model of Social Work Practice” in social work in the field of palliative and hospice care in Ukraine have been explored. It has been found that the current regulatory framework in Ukraine generally corresponds to the socio-ecological approach and, in particular, to the principles of the “Life Model”. The stages of social work, according to the “Life Model”, mostly correspond to the procedures provided by the current regulatory framework in Ukraine. Due to the high social relevance of palliative and hospice care, it is important to study modern theories and approaches that directly impact the development of assistance to this client group.

Key words: social work, palliative and hospice care, patient rights, human rights, democracy, social policy, social support, social care.

Introduction. The number of elderly and individuals with severe, incurable illnesses in Ukraine remains high. In the conditions of martial law, mortality statistics in our country for 2023 and 2024 remain undisclosed. However, available data also indicate general trends. For instance, in 2017, the total number of deaths was 583 600, and in 2021, already taking into account the consequences of the Covid-19 Coronavirus, 714 263 individuals [4]. The number of deaths from new formations in 2019 was 61 289 [1], in 2021, 53 012 [2], and in 2022, 42 660 (excluding temporarily occupied territories) [3]. Palliative and hospice care can be provided to these individuals. Accordingly to World Health Organisation, “Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual” [19]. This type of assistance

may be provided not only within the healthcare and medical sphere but also generates interest in related fields such as social work, psychology, political science, economics, and others.

Due to the high social relevance of this topic, it is important to study contemporary theories and approaches that directly impact the development of care for seriously ill individuals.

Research background. Most studies on the issue have been conducted within the context of medicine, healthcare, and public administration. Researchers such as Y.I. Gubski, A.V. Tsarenko, R.O. Moiseenko, and H.V. Savka have contributed significantly to this field. A.V. Tsarenko, R.O. Moiseenko and other authors have analyzed the activities of regional authorities in organizing palliative care for the population and provided medical-social justification and development of optimal models of the palliative care system in Ukraine [11]. H.V. Savka concludes that “the provision of palliative-hospice care in Ukraine requires further development both in terms of creating new and modernizing existing departments, as well as in training a sufficient number of specialists – nurses and doctors, social workers” [12, p. 29]. Political aspects of implementing palliative and hospice care have been studied by M.V. Kalashlinska and O.O. Volf. In her study on the political and legal aspects of providing palliative care to terminally ill patients in the Ukrainian context, M.V. Kalashlinska concludes that an effective palliative care system should become an integral part of Ukraine’s healthcare system. The main direction for the development of the country’s palliative policy is considered to be the creation and expansion of a network of hospices – specialized institutions functioning in the form of inpatient, outpatient, and mobile facilities [9, p. 77]. O.O. Volf, in the study dedicated to the problems of health care and palliative care development during the parliamentary elections in the Slovak Republic in 2020, used content analysis of the program documents of parties participating in the parliamentary elections to examine the attitudes of Slovak political forces towards health care and palliative care for the elderly and those with severe, incurable diseases [5]. In the study dedicated to problem of transformation of state policy in the field of education of nurses on end-of-life care in the context of sustainable development goals and democratization of society in Ukraine, O.O. Volf found that citizen participation in the development of state educational policy is a necessary condition for the formation of a democratic society and contributes to greater alignment of educational programs with the needs of the population [6]. Psychological aspects of care for seriously ill patients have been studied by researchers such as P. E. Livak, I.O. Korzhenko, and N.V. Baydiuk. They note that effective understanding between the patient and their caregivers is necessary, realizing the importance of both verbal and non-verbal communication, as well as the significance of spiritual, emotional, and religious support. It is important to focus on providing assistance to relatives of patients who provide palliative care and to increase their awareness of the specifics of working with such patients [10, p. 53]. In the context of social work, palliative and hospice care has been studied

by M.O. Zhytynska and O.O. Volf. In the study on the peculiarities of professional training of future social workers for providing palliative care to elderly individuals, M.O. Zhytynska considers the introduction of the educational discipline “Palliative and Hospice Care for Terminally Ill Patients” to be appropriate and relevant. This discipline could involve studying modern methods and principles of palliative care, including psychological communication peculiarities, features of professional activities of social workers within a multidisciplinary team, and other aspects [8, p. 119–120]. O.O. Volf, in his research, examined, among other things, the experience of an innovative project providing palliative care based on an institution subordinate to the Ministry of Social Policy [4].

The purpose of the study. This material presents the results of studying the possibilities of social work in providing palliative and hospice care in Ukraine, drawing not only on the analysis of scientific literature but also on the author’s practical experience as a social worker at the National Children’s Specialized Hospital “OHMATDIT” of the Ministry of Health of Ukraine during 2011–2022. The focus of the research is the “Life Model of Social Work Practice”, authored by C.B. Germain and A. Gitterman. This model was developed within the framework of the socio-ecological approach in 1980 and is quite well-known and popular in the practice of social work in the United States and some EU countries.

Results and discussion. The ecological idea, which emphasizes the interconnectedness of life, is applied within the field of social work. For instance, Jane Addams (1860–1935), towards the end of the nineteenth century in Chicago, adopted an ecological perspective and aligned her actions accordingly. She connected nature and ecology with the pursuit of justice within social systems [14, p. 338]. In the development of socio-ecological theory, a prominent role is played by the field theory of Kurt Lewin. This was developed by Marianne Hege and Wolf Rainer Wendt [14, p. 339]. The ecological aspect also gains significant traction in American academia. During the 1970s, North American social work scholars increasingly integrate ecological thinking into discussions concerning theories and concepts of social work. Ecology encourages the examination of individuals within the context of evolutionary, ecological, and social “wholes” of which they are parts [14, p. 339]. Such an understanding of humanity (in the context of social work) stood in contrast to the prevailing ideas of Freudian psychotherapy in social work theory at that time. Even Freud’s ideas were criticized, and socially and politically revolutionary approaches in social work [14, p. 342] were emphasized with an ecological perspective, stressing the importance of viewing people and their environment as interconnected systems within their specific cultural and historical contexts [14, p. 343].

Thus, for the socio-ecological approach, a comprehensive bio-psychosocial approach to the individual and considering the individual in the context of their relationships and interactions with the environment is important. Based on this ecological approach, C.B. Germain and A. Gitterman developed the “Life Model of Social Work Practice”.

Central to this model is the notion that social work assumes a supportive role in the development of coping strategies and reframing of action alternatives. This entails a professional function that encompasses individual case work, work with families, groups, and communities, as well as advocacy towards organizations and the state [15, p. 146].

The ethical principles underlying the “Life Model of Social Work Practice” are as follows: Protection of Life, Equality and Inequality, Autonomy and Freedom, Minimal harm, Quality of Life, Privacy, and Confidentiality [15, p. 147].

The most important definitions for the “Life Model of Social Work Practice” are as follows.

1. Harmony and interaction between the individual and the environment. The Model posits that individuals and their social environment can develop positively when the involved needs, abilities, rights, and desires are optimally aligned with each other [14, p. 343].

2. Individual resources for coping processes. These resources include, among others, relational abilities, competence, self-esteem, self-regulation [14, p. 345].

3. Social factors related to coping processes [14, p. 346].

4. The Model in practice involves awakening the strengths and potentials of individuals and changing the environment in such a way that well-being for individuals within the context of optimized person-environment relationships is possible [14, p. 348]. According to the “Life Model of Social Work Practice”, the task of social work is to guide recipients in activating personal and environment-related coping resources and to relate them to the conditions of the social and material environment [14, p. 348].

5. Ethical claim of social work [14, p. 350].

During the practical using, the Model foresees such phases.

1. Introduction and establishment of contact, overall assessment of the situation, and determination of the level at which the issue will be addressed: individual, family, group, or community.

2. Implementation of intervention. Among the techniques for working with families are empowerment, tapping into their own resources, mobilization, and others. Among the methods for working in social structures: coordination, distribution of resources between clients and systems, advocacy, implementation of innovations in services, networking, and influencing legislation formation.

3. Conclusion of the intervention, which is typically gradual. The authors of the Model emphasize the importance of parting and mourning in the social worker’s work, noting that clients may feel anger and resentment due to such separation. An evaluation of the intervention is also conducted at the final stage [14, p. 348–350].

So, the primary principle of the socio-ecological approach is the perception of individuals and their environment as interconnected systems within their specific cultural and historical contexts. Within this approach, social work practitioners from the United States, C.B. Germain and A. Gitterman, developed the “Life Model of

Social Work Practice” in the 1980s, which serves as a practical tool for application in social work. This model represents an instrument for contemporary social work. The following section examines palliative and hospice care as a specialized type of assistance for clients with incurable diseases and their family members.

Cecily Saunders, the founder of modern international palliative and hospice care, in an article summarizing the history of the development of this approach, notes that “openness, mind together with heart and freedom of the spirit are the three founding in January 1996. <...> David Tasma [the first incurably ill patient of C. Saunders, with whom they talked much about life and dying], the Polish Jew who thought he had made no impact on the world by his life, started a movement founded on the Judean–Christian ethic, which has shown it can flourish in different cultures, with its own characteristics, but with the common aim that people should be helped not only to die peacefully, but to live until they die with their needs and their potential met as fully as possible. <...> Maximising the potential the patient and family still have for activity, relationship and reconciliation. This will be a unique experience which may reveal hidden strengths, often to the surprise of both patient and family” [17, p. 11]. Thus, at the outset of the formation of the palliative care movement, it was envisaged that it would prioritize the interconnection of people, recognizing that each life and death carry significance and also impact others.

The Resolution of the World Health Assembly “Strengthening of palliative care as a component of comprehensive care throughout the life course”, adopted in 2014, can summarize our brief overview of what this type of assistance entails. The palliative approach “is fundamental to improving the quality of life, well-being, comfort, and human dignity for individuals, being an effective person-centred health service that values patients’ need to receive adequate, personally and culturally sensitive information on their health status, and their central role in making decisions about the treatment received”. The resolution recognizes that “Palliative care is an ethical responsibility of health systems, and that it is the ethical duty of health care professionals to alleviate pain and suffering, whether physical, psychosocial or spiritual, irrespective of whether the disease or condition can be cured, and that end-of-life care for individuals is among the critical components of palliative care”. According to the resolution, interdisciplinary, or multiprofessional networks between different professionals are important in palliative care, as well as providing assistance not only to the patient but also to the entire family and building networks among all involved individuals [19].

Therefore, the palliative approach is characterized by a holistic perspective on individuals and recognizes that they require not only medical but also other needs to be addressed. Attention to ethical aspects, respect for human rights, and interdisciplinary collaboration are the fundamental principles of palliative care. A commonality between the “Life Model” and palliative and hospice care is the understanding of individuals and considering them in a social context, where everyone interacts and influences each other.

In the concluding part of our study, we will explore the possibilities of using the “Life Model” in social work with terminally ill citizens in Ukraine. Considering that palliative and hospice care, according to the Order of the Ministry of Social Policy, is one of the social services, we will briefly analyze the Law of Ukraine “On Social Services” in the context of the possibility of using a socio-ecological approach and compliance with Ukrainian legislation.

The Law of Ukraine on Social Services states that they can be provided to vulnerable population groups, defined as “individuals/families at the highest risk of encountering complex life circumstances due to the influence of adverse external and/or internal factors”. Social services are actions aimed at preventing complex life circumstances, overcoming such circumstances, or minimizing their negative consequences for individuals/families experiencing them. Individuals/families may receive one or several social services simultaneously. Providers of social services must be included in the “Register of Providers and Recipients of Social Services” (Article 1). This register was established according to the Resolution of the Cabinet of Ministers of Ukraine № 99 dated January 27, 2021, and inclusion in it requires at least a certain qualification and education in social work. Among the principles underlying the provision of social services are the observance of human rights (1), humanism (2), and comprehensiveness (12) (Article 3). One of the fundamental principles of the social service delivery system is the “continuity, consistency of social service provision, and their diversity, ensured by the interaction of subjects of the social service delivery system” (Article 10). Ensuring the interaction between social service providers and bodies, institutions, establishments, individual entrepreneurs who provide assistance to vulnerable population groups and individuals/families experiencing complex life circumstances falls within the competence of the Council of Ministers of the Autonomous Republic of Crimea, regional, Kyiv, and Sevastopol city state administrations (Article 11).

Thus, social work within the socio-ecological approach does not contradict the Law of Ukraine on Social Services, as it involves working with individuals or families, and the purpose of such work may be to overcome or minimize complex life circumstances. Moreover, the Law envisages the comprehensive provision of services by various professionals, the interaction of different service providers, i.e., the creation of a certain ecological environment for the provision of these services.

In another relevant Law of Ukraine, namely the Law of Ukraine on Social Work with Families, Children, and Youth, the legal principles of social work with one of the population groups are established. Although this Law is not directly related to palliative and hospice care, it contains some provisions relevant to socio-ecological theory. In particular, it defines that a social manager (subject <...>) can not only provide social services in the territorial community and mobilize the resources of the territorial community for social work and the provision of social services but also prepare and submit proposals to the local executive authority, local self-government body for improving local programs providing for social work and the provision of

social services. This implies the work of a social manager at the individual, community level, and the formation of social policy (Article 18).

The main standards for providing palliative and hospice care in Ukraine are outlined in the Ministry of Health Order № 1308 dated June 4, 2020, “On Improving Palliative Care Provision in Ukraine”, and the Ministry of Social Policy Order № 70-N dated February 20, 2024, “On Approval of the State Standard of Social Service for Palliative Care”.

According to the analysis of the Ministry of Health Order, palliative care encompasses a set of measures aimed at improving the quality of life of patients of all age groups and their families who are facing issues related to life-threatening illnesses. Such a complex includes measures to prevent and alleviate patient suffering through early identification and assessment of symptoms, pain relief, and addressing other physical, psychosocial, and spiritual problems. The provision of palliative care is grounded in principles of accessibility, planning, continuity, and sequence, in accordance with the patient’s preferences regarding the choice of treatment and place of death, with consideration for ethical and humane treatment of the patient, their family members, and other caregivers. A care plan is established for patients requiring palliative care, documenting non-medical needs, patient preferences regarding diagnosis disclosure, place of death, and other aspects, as well as the need for family support.

According to Ministry of Social Policy Order № 70-N dated February 20, 2024, the individual plan for providing social service of palliative care is based on the individual needs assessment of the service recipient, detailing the actions to be taken for providing such service, necessary resources, frequency and timelines of execution, responsible parties, monitoring data, and information on plan review. Client needs assessment is comprehensive and conducted with the involvement of the service recipient and/or their legal representative. Social workers are integral members of multidisciplinary teams. The main principles of service provision include accessibility of social service, individual approach, and involvement of other entities, institutions, organizations, and individuals as needed and on contractual basis.

Thus, the application of this approach is in line with the main regulatory acts governing the fundamental principles of social work in the context of palliative and hospice care. Overall, these acts correspond to the fundamental tenets of the “Life Model” regarding the principles and practical phases of social work. Key aspects of social work in the field of palliative and hospice care when utilizing the “Life Model” may include the following.

1. Patient-centeredness and consideration of individual patient and family characteristics. During the initial phase, a personalized approach to the client is established, taking into account their expectations, including cultural aspects such as attitudes towards death, readiness to discuss diagnosis, religious beliefs, etc., and a care plan is developed. The client (and the entire family) may participate in this process, meaning they are active, rather than passive, participants in the process.

2. Complexity, holistic nature of care, and appropriate use of a multidisciplinary approach. Complexity involves not only considering physical, social, psychological, and spiritual components but also providing assistance to the entire family. Recognizing the interplay within the family, which also functions as a network, and the significance of each component, is crucial. Ideally, the social worker should catalyze the team's work process and involve more specialists in the palliative care process.

3. The need to develop resources and the potential of individuals with serious illnesses. Despite being in the dying stage, the person remains human. In the final stage of life, a social worker (alone or with support, such as a medical chaplain) could help the individual understand their life and sense of being. With the support of occupational therapists, psychologists, or even volunteers, a patient can stay active until the end, and the social worker can empower the family. Organizing special education for family members and caregivers on the basics of palliative care is also essential.

4. Rights must be respected. The person retains his / her human rights until the end, including the right to a dignified death, information, obtaining equipment, etc. One of the most critical human rights is the right to receive medical care in full, including adequate pain management. A social worker can explain this right to patients and family members and strive to protect it for patients in medical facilities.

5. Social work in the field of palliative and hospice care should occur not only at the individual level at the hospice, hospital, or patient's home but also at the level of developing palliative and hospice care in the community or at the state level. It should involve advocating for palliative care itself and providing education, such as training for parents of seriously ill children. The social worker can and should act as a catalyst for democratic changes in the community, evaluating services provided and advocating for necessary changes to address gaps affecting patients in need of palliative care.

One of the organizations working in Ukraine in the field of palliative and hospice care is the charitable organization "Association of Palliative and Hospice Care". Accordingly to the Report [16], for this NGO it is important to consider the individuality within the context of its environment, paying attention to socio-cultural aspects. This entails considering the rights and wishes of the individual, as well as their needs. The educational and enlightenment activities conducted by the Association are aimed precisely at these aspects. Supporting the family and wider circle of relatives and friends of the patient (client) before, during, and after admission to hospice or another palliative care facility is one of the main missions of this organization. The Association aims to involve not only medical but also social workers, psychologists, rehabilitologists, and occupational therapists in the field of palliative and hospice care. Since the dying process can last for several months, the quality of life during this period directly depends on the activity of the patient (client) and the support of their self-esteem and assistance in socio-psychological self-regulation. The Association is based on professional standards of social work, including those of the International Federation of Social Workers and the European Federation of Social Work. Within the framework of the socio-ecological

theory, social work includes working with individual cases, working with families, groups, and communities, as well as working at the state level, i.e., developing social policy. The Association of Palliative and Hospice Care operates at all these levels, providing assistance to individual citizens, organizations, and institutions, while also participating in the formation and improvement of the state's social policy regarding the seriously ill.

Conclusions and perspectives for the further researches.

1. In the field of social work, especially in the context of palliative and hospice care, the contemporary method “Life Model of Social Work Practice” is widely known; the Model was developed within the framework of socio-ecological theory and has international application.

2. The main principles and tenets of this approach include recognition of the interconnection and mutual influence of all individuals, as well as the necessity of an individualized and comprehensive approach to meeting the needs of clients and their families.

3. The current regulatory framework in Ukraine generally corresponds to the socio-ecological approach and, in particular, the principles of the “Life Model of Social Work Practice”.

4. The practical stages of social work, according to the “Life Model of Social Work Practice” – establishing contact, agreeing on an action plan, developing an individual plan, implementation, monitoring, and evaluation – mostly align with the procedures provided by the current regulatory framework in Ukraine.

5. The charitable organization “Association of Palliative and Hospice Care”, operating in Ukraine, has been actively using this model in its practice since 2011.

6. Based on aforementioned, the Models could be used widely in Ukraine in the practice of palliative and hospice care.

Further research perspectives lie in studying the possibilities of applying the “Life Model of Social Work Practice” in various fields of social work; analyzing other approaches and models of social work with the elderly and people with serious illnesses; comparative analysis of the activities of social services in the field of palliative care in different countries worldwide.

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СОЦІОЕКОЛОГІЧНА ТЕОРІЯ ТА “LIFE MODEL OF SOCIAL WORK PRACTICE” У ПРАКТИЧНІЙ СОЦІАЛЬНІЙ РОБОТІ У СФЕРІ ПАЛІАТИВНОЇ ТА ХОСПІСНОЇ ДОПОМОГИ

У статті встановлено, що одним із важливих підходів у соціальній роботі є соціально-екологічний підхід. Його основними принципом є сприйняття людей і їхнього оточення як взаємопов'язаних систем у межах їхніх конкретних культурних та історичних контекстів. У рамках цього підходу фахівці із соціальної роботи зі Сполучених Штатів Америки К.Б. Жермен і А. Гіттерман у 1980-х роках розробили “Life Model of Social Work Practice”, як практичний інструмент для застосування в соціальній роботі. Однією зі сфер діяльності фахівців із

соціальної роботи може бути паліативна та хоспісна допомога – комплексна підтримка тяжкохворих і членів їхніх родин. Досліджено можливості використання “Life Model of Social Work Practice” у соціальній роботі у сфері паліативної та хоспісної допомоги в Україні. Встановлено, що поточна нормативно-правова база в Україні загалом відповідає соціально-екологічному підходу, зокрема принципам “Life Model”. Етапи соціальної роботи, відповідно до “Life Model”, здебільшого відповідають процедурам, передбаченим чинною нормативно-правовою базою в Україні. У зв’язку з високою соціальною актуальністю паліативної та хоспісної допомоги важливо вивчати сучасні теорії та підходи, які прямо впливають на розвиток допомоги цій групі клієнтів.

Ключові слова: соціальна робота, паліативна та хоспісна допомога, права пацієнта, права людини, демократія, соціальна політика, соціальний захист і підтримка.