



“Implication of social work research on working with elderly with Diabetes”

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Abstract:

Aim: The purpose of this article is to tell readers that the social work profession's responsibility is to maintain the well-being of the elderly by directly responding to their psychosocial needs. High-quality gerontological research is vital for a variety of reasons.

The future of gerontological social work is bright, not only because of the growing demand for properly educated practitioners, but also because of the variety of settings in which social workers can work. In addition to traditional settings like hospitals and nursing homes, social workers can be found in a range of settings, including community settings, legislative offices, and legal settings. In these circumstances, a high level of skill in certain practice approaches, as well as a desire to participate in the self-awareness required for professional engagement with older people, will be required. Specialist social work knowledge can help older persons and their family caregivers improve their health and social well-being. Promoting human rights and fighting social injustice are two of the most important aspects of social work. In today's economic and political context, social work is becoming increasingly important in detecting the negative effects of public sector cuts on the well-being and care of older service users, as well as devising innovative methods to mitigate their impact.

Conclusion: Social workers can reach out to some of the most vulnerable seniors, whose needs are often ignored, because of their talents and experience dealing with marginalized and disadvantaged older individuals.

Keywords: social work, elderly, diabetes, medical, social, economic, psychosocial, care.

1.Introduction

In comparison to other health and human service providers, social workers may be particularly positioned to enable intervention services in the care of clients with diabetes and to completely address their medical and psychological needs (Fabre et al., 2011). In the middle of the turmoil and uncertainty that comes with a chronic illness diagnosis, such as diabetes, social workers may be able to provide information and experience that connects clients and their immediate family members with vital resources. Furthermore, social workers are taught how to do full biopsychosocial evaluations on patients with chronic diseases, which are subsequently included into their treatment programs (National Association of Social Workers). According to the NASW (2016) Standards for Social Work Practice in Health Care Settings, which calls for social workers to help clients recognize their needs and skills while allocating resources, “early identification of psychosocial difficulties can aid health care social work staff in successfully prioritizing circumstances that may jeopardize client safety or indicate a high demand for social work services,” (Section 25) Social workers listen to clients' issues and provide emotional and psychological assistance (Fabre et al., 2011). Siporin (2012) investigated the function of social workers in preventing Type 2 diabetes and discovered that social workers help clients make needed lifestyle changes and enhance their overall wellbeing by facilitating relevant medical, educational, and psychosocial interventions. (Rosovsky et al., 2012) looked at the content and outcomes of social workers who worked with diabetic clients, their findings revealed that social workers were most frequently used to help diabetic individuals obtain prescriptions or health insurance. Regardless of these findings, diabetes patients continue to have poor outcomes, which are connected to a lack of early intervention programs (Due-Christensen). If people with diabetes have access to these services and support, they may be better able to adjust to the disease's unique effects on their health and circumstances. The literature has recognized the importance of social workers in diabetes treatment.

2.Problem statement

366 million people already have diabetes, with another 280 million at a high risk of developing the disease. If nothing is done, the number of people with diabetes is anticipated to climb to 552 million by 2030, with another 398 million at high risk. Low- and middle-income nations now account for three out of every four diabetics. Africa, the Middle East, and Southeast Asia will have the most growth in diabetes prevalence during the next 20 years. Disadvantaged populations, such as indigenous peoples and ethnic minorities, recent migrants, and slum dwellers, have higher prevalence of diabetes and related complications, even in developed countries. The disease affects all countries, rich and poor. Diabetes has been regarded as a major public-health problem. Prediabetes has been diagnosed in over 86 million persons in the United States (Towne et al., 2017). Previous studies have found that even while receiving skilled medical care, some clients are likely to move from a prediabetic to a difficult Type 2 diabetes state (Danish & West, 2005; Due-Christensen et al., 2017). The lack of important early intervention programs that target self-management, linkage with community groups or

resources, and issues with emotional and social support have all been linked to low or unfavorable treatment outcomes (Due-Christensen et al., 2017). Early intervention services for children, young adults, and families are well known among social professionals (Devine, 2000). Because social workers are not completely engaged as members of an interdisciplinary treatment team, diabetes clients' psychosocial needs are frequently not adequately addressed (Barber, Coelurids Kogan, Riffenburgh, & Anguiano's, 2015). There is a paucity of knowledge about the role of social workers as part of treatment teams entrusted with implementing early treatments when working with people with Parkinson's disease. The study looked at social workers' experiences in diabetes treatment centers and hospital settings to learn more about the role, attitudes, and training needed to facilitate early interventions. It also looked at how social workers can be more effectively involved in medical social work practice with diabetic clients. There is no fresh research that have been published that deal with the role of, on the other hand, used a retrospective design to evaluate the electronic medical records of 977 patients to investigate the content and results 8 of social work consultation for patients with diabetes in primary care (Rosovsky et al., 2017). The findings of their research found that, in terms of a social worker's role in addressing the needs of diabetic patients, most social workers are ineffective. Services that address health-related concerns, economic and social inequities (e.g., racial, gender, and age discrimination), and access to resources and assistance are among them (Rosovsky et al., 2017). The information gap has been addressed by looking into the role of social workers in facilitating early interventions that target self-management, linkage with community groups or resources, and problems with emotional and social support for children.

3.Social Determinants of Health

The conditions in which people are born, grow, live, work, and age are known as social determinants of health. These conditions are shaped by families and communities, as well as the distribution of money, power, and resources at global, national, and local levels, and are influenced by policy decisions made at each of these levels (WHO, 2008).

Social stratification — status differences between individuals within a social system — is one of the social determinants of health. The fundamental characteristics of the nation-state that generate social stratification, such as national wealth, economic inequality, educational status, sexual or gender norms, or ethnic group, are referred to as structural determinants. (Lancet 2012, Viner) Social determinants include cultural, religious, economic, and political institutions. Workplaces, towns, cities, and physical environments make up the Surroundings, which are referred to as neighborhoods. Position in the social hierarchy, treatment of social groups, and social networks are all examples of social relationships.

4.Elderly persons with Diabetes: Prevention and Complications

Diabetes mellitus (DM) is becoming more common over the world because of increased life expectancy and lifestyle changes. DM is becoming an alarming public health problem in old age (60–65 years old) in

industrialized and emerging nations, according to some authors, one out of every two elderly people is diabetic or prediabetic, and one out of every ten old people has some deglycation. The most common are cardiovascular problems caused by advanced age and premature atherosclerosis, which is distinctive to DM, and the most distressing are visual and cognitive impairments, including Alzheimer disease and other forms of dementia. Alzheimer's disease appears to be linked to the same risk factors as diabetes mellitus, which include insulin resistance caused by a lack of physical exercise and eating problems. Barriers to care for DM therapy include visual and physical impairments, despair, and memory issues. As a result, old diabetics are now divided into two groups: fit and independent old people who can take any available medication, just like their young or middle-aged counterparts, and fragile or frail people who should be encouraged to engage in physical activity, eat a healthy diet, and seek medical help.

5.Diabetes Burden in India: Medical, Social and Economic

In India's adult population, diabetes is expected to affect 72.96 million people. The incidence in urban regions varies from 10.9 % to 14.2 %, whereas the prevalence in rural India was 3.0-7.8% among those aged 20 and above, with a significantly greater prevalence among those aged over 50 years (INDIAB Study, 2019). According to the International Diabetes Federation, the number will rise to 134 million by 2045. One in six people (17%) in the world with diabetes is from India. According to the International Diabetes Federation (IDF), 463 million people worldwide have diabetes in 2020, including 88 million in Southeast Asia. India accounts for 77 million of the 88 million people. According to the IDF, the prevalence of diabetes in the population is 8.9%. According to the International Diabetes Federation (IDF), India has the second largest number of children with type 1 diabetes behind the United States.

It is also known that nearly half of diabetics go undiagnosed, and as a result, some may have micro- and macrovascular issues when they are diagnosed. Even though there has been infrequent research on the prevalence of diabetes for sporadic studies. A research undertaken by the Indian Council of Medical Research (ICMR) in the 1970s found a prevalence of 2.3 % in metropolitan areas, which has since climbed to 12 % to 19 % in the 2000s. As a result, prevalence rates in rural regions have risen from roughly 1% to 4%, 10%, and even 13.2 %, according to one study. Diabetes has spread rapidly in India because of a combination of genetic predisposition, lifestyle changes, urbanization, and globalization. The influence of BMI on age-adjusted type 2 diabetes (T2D) prevalence rates among Indians, for example, has lower thresholds. Several writers have published data on diabetes complications, but until recently, they were all based on hospital or clinic experiences, making them susceptible to referral bias. The CURES (Chennai Urban Rural Epidemiology Study) and CUPS (Chennai Urban Population Study) studies give India's first population-based data on practically all diabetic complications. CURES was a population-based research project. Based on 4-field stereo color retinal imaging, the total prevalence of diabetic retinopathy was 17.6%. Retinopathy was found to be prevalent in Indians with diabetes in various investigations, ranging from 7.3 % to 34.1 %. 13-16 Over the

nephropathy was found in 2.2 % of the population, while microalbuminuria was found in 26.9% and proteinuria in 19.7%. Biothesiometry technique revealed that 26.1 % of the patients had peripheral neuropathy. In the CUPS trial, 21.4 % of diabetic patients, 14.9 % of patients with impaired glucose tolerance, and 9.1 % of individuals with normal glucose tolerance had coronary artery disease (CAD). Furthermore, 6.3 % of diabetic patients had peripheral vascular disease (PVD), compared to 2.7 % of non-diabetics. When compared to individuals without diabetes, patients with diabetes showed more subclinical atherosclerosis as determined by intimal medial thickness at all ages. In one study, the prevalence of hypertension among Indians with diabetes was found to be 38%. According to a survey of 40 million diabetics in India, at least 7 million have retinopathy, 0.8 million have nephropathy, because of the vast number of people with diabetes in India, the burden of diabetic complications is extremely significant. These figures are likely conservative, and it's possible that the prevalence of complications in rural areas is significantly higher due to poorer diabetes control and a lack of health-care access. The National Urban Diabetes Survey (NURS) and another population-based study According to the findings, the age-standardized prevalence of T2D was 12.1 %. Hyderabad (16.6 %) had the highest prevalence, followed by Chennai (13.5 %), Bengaluru (12.4 %), Kolkata (11.7 %), New Delhi (11.6 %), and Mumbai (9.3 %). Rural areas were not included in this study. PODIS (Prevalence of Diabetes in India Study) was conducted in 49 urban and 59 rural centers across India to determine the prevalence of diabetes. Diabetes was found to be 4.7 % in urban areas and 1.9 % in rural areas when using American Diabetes Association standards,²³ but it was 5.9 % in urban areas and 2.7 % in rural regions when using World Health Organization standards.

India's economy is experiencing a severe downturn. This will result in job losses and factory closures over the following few months. The government has taken several initiatives to halt the downturn and boost demand, resulting in greater GDP growth. So far, the outcomes have been mixed in terms of job creation and bolstering sagging demand, and unemployment remains high. There will be serious ramifications on society unless something severe and swift is done about the economy, and everyone will suffer, directly or indirectly. Children and the elderly in India and other nations are supported by the working population. If they lose their employment, they will be stressed at home, and their dependents, particularly the elderly, may suffer as a result. When financial sources dry up, media occasionally report on elderly parents being abused by their children since taking after dependent parents is a lower priority than educating youngsters. On the other side, there are instances where children have left their professions to care for elderly parents who are suffering from terrible illnesses. Government intervention is required in both instances. Care for the elderly is severely lacking in India, which has one of the poorest social security systems in the world. Only around 70% of the population has access to some sort of social assistance. The primary measure of an elderly person's well-being is their economic independence. Only 26.3 % are financially self-sufficient, while 20.3% are somewhat reliant on others, but 53.4 %, or 53.4 %, are financially dependent on others. Another issue is a lack of inexpensive old age homes where individuals can live independently. The most opulent ones are beyond of reach for the

ordinary Indian middle-class individual. Senior folks can benefit from income tax exemptions and greater savings interest rates. Other programs that assist the elderly in travelling by train or plane are vital in keeping their life exciting and diverse. Social workers are needed to visit lonely and depressed people and assist them with everyday activities such as bathing, exercising, and cooking.

6.The Role of Social work in national development of India

Describe the tasks and functions of social workers when defining social work. Despite several attempts to define social work, there have been some discrepancies. As a result, it's impossible to define the tasks and tasks of social work without a consensus on what comprises it. The seeming inability to agree on what social work is partly explains the disparity between what social workers say they want to do and what they can accomplish (<http://www.scotland.gov.uk>). It is nearly impossible, according to Cree (2003:3), to come up with a concise definition of social work that everyone will agree on. According to Farley and Smith (2006:7), social work is an art, a science, and a profession that uses social work practice to assist individuals in resolving personal, group (especially family), and community problems, as well as achieving rewarding personal, group, and community connections. Social work intervenes at the places where people interact with their surroundings, drawing on ideas of human behavior and social systems. Fundamental to social work are human rights and social justice principles" (International Association of Schools of Social Work: 2001). This is merely the first step in turning Social Work into a full-fledged profession. The success of this effort will be determined in large part by how positive forces are established to channel the energy of practicing social workers towards the crystallization.

7.Family and social supports to Elderly diabetics

Recent and previous studies on family and social support in senior diabetic patients have discovered a variety of benefits related to the variety of health-related variables that affect this population. Family and social support, on the other hand, can help the elderly cope with the psychosocial impact of a variety of stressors. Diabetes is one of the most common diseases afflicting people all over the world, especially the elderly. It's especially difficult for the elderly, given the pathophysiology that comes with ageing and the limited financial resources available. There are correlations between family and social support and health that grow stronger as people become older, and the elderly tend to require greater help from family and friends with daily activities such as washing or bathing, eating, and remembering to take medication at the correct dose. Diabetes is said to be a family affair because when one family member is diagnosed with the condition, the other family members must work together to ensure that the individual's health is preserved. Family ties, marriage connections, and support networks have all been contextualized in the perspective of family support. Multiple losses, such as the death of a spouse, other family members, and friends, changes in function and roles (e.g., retirement), and anxieties about mortality, are all common experiences for the elderly. Diabetes and its consequences can make each of these transitions more challenging, leading to feelings of isolation and despair.

Family support has been shown to be associated with improved patient o Family support has been shown to be associated with improved patient o It has long been recognized that family support is a critical component of self-care for people with diabetes, both in daily management of the disease and in times of crisis.

Social support has an impact on behavior, particularly when dealing with a sickness that necessitates lifelong medication, dietary, and lifestyle modifications. Support is a diverse experience that entails voluntarily forming official and informal relationships with people such as family, friends, groups, or professionals. It is a monetary value placed on one's self-worth, self-esteem, and self-concept. Humans are social creatures who require a sense of belonging; without it, they are more likely to become melancholy, anxious, and hopeless, all of which have negative consequences for their physical health. Furthermore, for people dealing with stress, social support is often a valuable resource. Relationships with spouses or family members, as well as relationships with strangers, can provide social support.

8.The hidden impact of Diabetes in social care: A Rising challenge

Diabetes and psychosocial problems are linked by a variety of factors. Glycemic control, self-care behavior, and quality of life can all be affected by their cohabitation. When personal attempts to meet these difficulties fail, the emotional and psychological requirements of diabetic patients are frequently jeopardized, increasing the risk of diabetes-related problems. Complications like this result in a worse quality of life, higher mortality, higher health-care expenditures, and lost productivity. By addressing the patient's psychosocial requirements, the psychological barrier to adherence and self-care can be addressed, with long-term advantages in terms of improved health outcomes and glycemic control. As a result, physicians would be better able to design strategies aimed at improving diabetes outcomes and reducing disease burden if they had a better knowledge of the psychological elements of patients with diabetes.

Diabetes is becoming a bigger problem for health-care system. Diabetes is more common as people get older. As our society ages, there is a growing need to comprehend the effects of diabetes on both older persons with diabetes and the resources in place to provide care. There's no denying that figuring out how to effectively assist and care for an increasing number of diabetics who seek social services may be difficult and burdensome. Numbers are increasing, prices are increasing, and commissioner budgets are becoming increasingly strained. This research proposes a new way to addressing the diabetes crisis in social care, based on more integrated, person-centered care in which patients receive individualized attention.

9.Psychosocial approaches to Elderly Diabetics

Diabetes typically necessitates the patient's active self-management for the rest of his or her life. Self-care behavior is influenced by psychological elements as well as the patient's health views. Although education has a minor impact on improving self-care, psychological therapies are more beneficial. Some terms, such as cognitive behavioral therapy and family therapy, refer to a variety of methodologies. Improvements in

psychological well-being have been seen in randomized studies, although better glycemic control has remained elusive. It is possible to have a significant impact on behavior. Not all patients are willing to participate in and accept these types of therapies. We're still a long way from bringing psychological management into the diabetes clinic from the experimental setting. Living with diabetes, both type 1 and type 2, and obtaining adequate medical results and psychological well-being are influenced by complex environmental, social, behavioral, and emotional aspects known as psychosocial variables. As a result, when it comes to integrating diabetes treatment into daily living, people with diabetes and their families encounter difficult, diverse difficulties. Patient-centered care, described as "offering treatment that is respectful of and attentive to individual patient preferences, needs, and values, and ensuring that patient values influence all clinical choices," is critical for achieving optimal medical results and psychological well-being.

10. Diabetes and Role of Health care social work

Diabetes is no longer only a disease of the wealthy; its prevalence is rapidly rising throughout the world, most notably in the globe's middle-income nations. Unfortunately, in many contexts, a lack of effective policies to establish supportive environments for healthy lifestyles, as well as a lack of access to excellent health care, means that diabetes prevention and treatment, particularly for those with little financial resources, are not pursued. Uncontrolled diabetes has serious health and well-being repercussions. Diabetes and its consequences also have a negative influence on people's and families' finances, as well as national economies. Since early this decade, international leaders have pledged to reduce the burden of diarrhea to address this rising health problem. Adults with diabetes face a wide range of obstacles because of the condition and its management. Given the nature of diabetes, its rising prevalence, and patient-dependent treatment regimens, social workers have enormous potential to improve the lives of people living with the disease through well-established roles as educators, advocates, counsellors, therapists, community developers, and racial and ethnic minorities. Although social professionals in conventional health care settings such as acute and rehabilitation hospitals, clinics, dialysis units, home health, or hospice agencies must raise their diabetes understanding and engagement, the same is true for social workers in other fields like adult protection, mental health, substance abuse, and public health. Researchers in social work should be more involved by creating and testing treatments, looking into compliance and outcome predictors, and expanding empirical understanding of the psychosocial experiences of individuals coping with diabetes mellitus.

11. Social work research and care for elderly

“The social work profession supports social change, issue solving in human interactions, and people's empowerment and emancipation to increase well-being,” according to the International Federation of Social Workers, to which the Irish Association of Social Workers (IASW) is associated. Social work intervenes at places where individuals interact with their settings, based on ideas of human behavior and social systems.

Human rights and social justice principles are crucial to social work.” (IFSW Codes of Ethics, 2000; IASW Codes of Ethics, 2006).

Individuals with pre-diabetes can minimize or even stop the progression to complete diabetes by following a healthy lifestyle and taking the right medication, according to the Diabetes Prevention Program, ensuring that all patients have access to treatment, incorporating guideline-based care into clinical practice, encouraging patients to begin and maintain the necessary healthy-living lifestyle adjustments that diabetes necessitates, and assisting patients in coping with diabetes-related discomfort and unhappiness. It is the most often asked question by practicing physicians across the diabetes-related health professions in clinical practice, national gatherings, and the literature. Despite the widespread belief that weight management, a well-balanced diet, regular physical exercise, self-monitoring of blood glucose, and medication management are all beneficial, increased morbidity and death, high health-care expenditures, and high levels of dissatisfaction among patients and practitioners are all consequences of these issues. Despite huge advancements in complex medicines and diabetes-related gadgets based on recent discoveries in genetics, biotechnology, and bioengineering, we are still faced with the fundamental, ongoing challenge of human behavior. These editorial addresses some of the most pressing concerns about fully integrating behavioral and social science concepts into clinical practice and diabetes-related social policies so that they might be more successfully embraced as important components of comprehensive diabetes treatment. It is critical to incorporate advancements in behavioral and social sciences into all areas of diabetic clinical care in the age of clinical and translational science institutes and general translation research.

12. The Needs and Rights of Older People

Older individuals have the same rights as everyone else. However, when physical or mental frailty or infirmity puts constraints on certain elderly persons, there is a growing danger that these rights may not be realized. The care and services that these older persons require are designed to mitigate the impacts of their impairments. Ageism is a form of discrimination that occurs when people are judged solely based on age. Human rights are inextricably linked to "quality of life" or "life happiness." Similarly, the lack of appropriate support services to mitigate the impact of physical or mental incapacity is a danger to older people's rights. **Physical Well-Being** involves a fair standard of living (including long-term accommodations), acceptable possessions, and enough money to maintain a fair level of comfort. To achieve this goal, the government must provide enough housing and a reasonable income assistance system. **Emotional Well-Being** is the second factor to consider. Depression is caused by a lack of function. Bereavement, solitude, and a lack of reliable transportation are all dangers. These hazards can be mitigated by public policies relating to mobility, transportation (especially for the disabled), day care, and counselling. **Inclusion in society**, this domain entails being recognized as a member of the community and being able to

contribute to it in some way. Many situations of handicap, notably lack of movement, need the assistance of both public and private entities.

Physical Well-Being is a difficult topic for elderly persons to master. Physical and occupational therapy, as well as proper medical treatment, can help to mitigate many of the negative impacts of disease or disability.

Interpersonal Relationships between people it has a decent quality of life requires regular and constant interaction with family and friends. Mobility and transportation services are vital in this regard, but in many circumstances, employees from statutory and volunteer agencies are also required to assist in the promotion of these interactions.

Self-sufficiency is the domain that has dependence on others, particularly in the case of older persons in institutions, can severely limit one's ability to express self-determination. The improvement of these crucial factors.

13. Elderly in India: Social work intervention

Seneca once said, "Old age is an incurable sickness." However, Sir James Sterling Ross recently stated, "You don't repair old age; you safeguard, encourage, and prolong it." A man's life is often classified into five stages: childhood, adolescence, maturity, and old age. Each of these stages requires an individual to confront new challenges and situations. Physical strength deteriorates as people age, mental stability deteriorates, and financial power dwindles because of newer generations' indifference. It is a compilation of data from a variety of sources that has been determined to be relevant to the current situation. Elders are recognized for their life experiences and morals, and they serve as role models for society. In India, adults above the age of 60 are considered elderly. Though the elderly is pleased by society's advancements, they are also disheartened by the value system's impacts of industrialization, migration, urbanization, and westernization. Their values, healthy practices, and strong beliefs. Because of many factors, including greater life expectancy, India's population is greying at a faster rate than before. In India, 5% of the population is between the ages of 65 and 70 (Kumar et al., 2008). One of the most pressing issues confronting civilizations in the twenty-first century is the issue of old age. Older people are being added to the world's population because of demographic change and rising life expectancy. Geriatric social workers are a helpful resource for families who are caring for a loved one. Social workers also provide direct aid to families, such as offering family-support services, recommending relevant technology, and assisting with medical care coordination. (Adelaide Journal of Social Work, 3:1) Elderly in India (2016). Many geriatric social workers also provide counselling services, which frequently address end-of-life difficulties, grief, and other difficulties that affect elderly persons. They may support families in navigating the move from home to long-term care, submitting required paperwork, and gaining access to end-of-life care planning. The current state of the elderly, as well as the difficulties they confront, must be addressed swiftly and solutions provided. Social workers who specialize in geriatric social work can serve as

a bridge between the elderly, their families, and health-care providers, ensuring that the elderly age in a healthy manner.

14.Social work Research and Recent Practice

First, since focusing on "major social work failures" diverts attention away from the goal of improving ordinary service evaluation. Second, it promotes the 'bloody foo' mentality, only by identifying and removing the responsible employees, revising procedure manuals, tightening management control, and addressing training will we be able to achieve the elusive goal of risk-free, non-liberty-endangering social services (or not, as the case may be). Third, top-level investigations' findings are pressed on top-level managers, who, while they have considerable control over the structure and even the language of their, have less influence than they think over the content of what passes between social workers and their clients, and how influential it is structural reorganization should actually go hand-in-hand with changes in the quality of practice when it can be proven to be facilitative, but there is currently no countervailing concern about which techniques of assisting are more likely to be effective than others in certain situations. Because we have, and have had for some time, a body of respectable scientific research into the effectiveness of social work that is at least as hard-nosed and dispassionate as any of the uncommercial homilies found in management textbooks, such a debate does not need to take the form of an ideological joust - efficiency and accountability versus good practice.

15.Conclusion

The huge growth in the number of people over 65 in the twenty-first century poses one of the greatest challenges to society and the profession of social work. Quality health care, a busy postretirement lifestyle, and appropriate financial resources offer problems to today's baby boomers, even though they will no doubt find new methods to satisfy the needs of this developmental stage. The severe impacts of a lifetime of poverty and bad health care will follow certain older women and older people of color into old age. These are the most vulnerable senior citizens. The future of gerontological social work is bright, not only because of the increasing need for properly educated practitioners, but also because of the wide range of contexts in which social workers may operate. Social workers can be found in a variety of contexts, including community settings, legislative offices, and legal settings, in addition to conventional settings like hospitals and nursing homes. These environments will necessitate a high degree of proficiency in certain practice approaches as well as a desire to participate in the self-awareness required for professional engagement with older persons. Working with senior citizens might elicit strong emotions. Specialist social work knowledge can help older individuals with support requirements and their family care givers improve their health and social well-being. It's also important to note that the senior population is becoming more varied and diversified. Disadvantages throughout life, persistent physical illness, and social work intervention can all have an influence on one's health and well-being. Promoting human rights and combating social injustice are two of the most important aspects of social work. In the present economic and political climate, social work is becoming increasingly important in highlighting

the negative effects of public sector cuts on elder service users' wellbeing and care, as well as finding innovative ways to mitigate their impact. Social workers' unique abilities and experience dealing with marginalized and disadvantaged older persons provide possibilities to engage some of the most vulnerable older persons whose needs are frequently overlooked. Because of its roots in social justice ideas, social work is ideally positioned to oppose age discrimination in the allocation and distribution of resources.

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