Social Work Development in Africa: Encouraging Best Practice

Dr Namso Umoren
Faculty of Social And Management Science
Akwa Ibom State University
Obio Akpa Campus

Abstract: Since Social work practice has a professional approach to ameliorating social problems its compelling responsibility centres on supporting the vulnerable in our society on a daily basis. It is a general understanding however that social work profession utilizes professionally qualified personnel who use its knowledge base to help people tackle their social problems. Nevertheless, in developing countries, social work is a relatively young profession that was influenced by colonialism in its formation, and therefore mirrors to a large extent, similar social work practices that is operational in countries like Britain, France and Portugal among others. Indicating the continent of Africa as a case study, this article argues that social work practice in Africa tends to be curative or remedial in nature thereby failing in adequacy and proficiency in terms of addressing people's problems. This paper therefore proposes a paradigm shift from remedial to a social development paradigm that must, in the 21st century create positive impact.

Keywords: Social work; social development; best practice, Africa

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INTRODUCTION

Social work as a profession with cardinal responsibility of supporting and empowering vulnerable groups and individuals in the society such as women, persons with disabilities, children and the elderly as well as people living with HIV/AIDS has been identified, explained and defined differently by various scholars. In the year 2000, two professional representative bodies, the International Federation of Social Workers and the International Association of Schools of Social Work adopted the following definitions of social work:

That social work is a profession that promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Theories of human behaviour and social systems have been utilized to intervene at various points of peoples' interaction with their environments, indicating human rights and social justice principles as fundamental to social work (International Federation of Social Workers, 2000, para. 1). These definitions will be adopted for purposes of this article. Seeking to discuss social work practice in Africa, the basic argument advanced by the article centres on the curative or remedial approach which is currently used in many African countries, which however does not adequately address the needs of the numerous populations residing largely in rural areas of the continent. It therefore advocates for the adoption of the 'social development paradigm'. Highlights of the genesis of the profession of social work in Africa will come first. The article will then go on to mentioning some of the problems faced by the African continent. Social work in Africa and the social development paradigm will be discussed, and conclusion drawn suggesting the way forward.

GENESIS OF THE SOCIAL WORK PROFESSION IN AFRICA

The past few years have seen social work expanding virtually to every corner of the world (Darkwa, 2007). Factors such as the fall of communism in the Soviet Union (Hokenstad & Kendall, 1995), would have necessarily prompted emergence of democratic institutions in Africa, and the impact of the technological revolution have all contributed to the globalization of social work. Africa is characterised by a number of factors that play substantial influential role in facilitating the emergence of social work. The missionaries, other African mutual aid organisations, in partnership with Europe and other parts of the world came up with various activities that led to the colonization of the continent by external powers there by contributing to social work development on the continent.

Notably, the missionaries did precede the colonizers. Although their primary role focused on addressing religious and spiritual needs of Africans, by establishing schools, vocational training, and engaging in almsgiving and community work, the missionaries also projected, to a substantial level, an informal display of official responsibility in areas of service delivery and social work interventions - thus functioning as informal social workers (Darkwa, 2007). Nonetheless, there has been a long history of tribal and mutual aid society's existence in Africa. Family members accessed services from various mutual aid societies prior to the development of statutory welfare system. Example of such were family or kin-based (obviously the largest category); others were cultural- and/or religious-based (such as rotating credit societies, and informal service societies) (Midgley, 1997). The African extended family is a clear example of such societies that has always operated as a social welfare system (Apte & Grieco, 1994), and they upheld continuity in an attempt to address appalling social problems/welfare needs faced by a larger number of Africans there by ensuring social protection.

On a more professional basis however, social work in Africa is a relatively young having been introduced in the 1960s. Although the first school of social work—the Cairo School of Social Work in Egypt—was established way back in 1937 (Yiman, 1990), the profession did not take root until the 1960s. Most African countries were once colonized and they attained independence in rapid succession in the 1960s. Asamoah (1995) notes that although there are many regional differences with regards to social problems, economic growth, social development and political arrangements, newly independent countries south of the Sahara had inadequate political and social infrastructures to support rapid social change and industrial development. In a general note, social work in Africa was influenced and moulded after activities in the colonizing powers, including Britain, France and Portugal, among others (Mupedziswa, 2005). Today, it is somewhat conclusive that social work now exists as a profession in most African countries with some countries like Zimbabwe, South Africa, Zambia, Ethiopia, Swaziland, Nigeria, Uganda, Ghana, Kenya, Tanzania, Rwanda and Egypt training their own social workers. The training normally takes place in Universities. As a matter of fact, however, social work practice introduced and enforced in many African countries remains curative or remedial in approach. This approach is accused of being generally, reactive and dealing with the symptoms of problems as opposed to causes of problems. This will be further highlighted in details as we proceed.

PROBLEMS FACED BY THE AFRICAN CONTINENT

Africa as a continent, has more than 50 nations, and often dismissed as a continent of vast natural resources and primitive societies, governed by military dictators who change regularly. In fact searching through the sensationalist headlines, one finds democratic governments struggling to get a foothold on a continent called Africa as well as many nations in Africa have severe social problems which threaten the moral fibre of societies. Unfortunately, these social problems have lingered for several years without professional social work intervention. Research has shown that one of the main triggers of social problems in Africa is the scourge of poverty (Muzaale, 1987). Despite the fact that Africa is potentially the richest continent on the planet, it is actually the poorest. For instance, studying poverty figures in Africa produces a daunting picture. 315 million people: one in two people in Sub Saharan Africa survive on less than one dollar per day. 184 million people: 33% of the African population suffers from malnutrition (United Nations Development Programme, 2007). With regard to poverty of income, it is estimated that "just under three million households in South Africa live on less than R1000 a month, approximately 105 Euro" (Monama, 2006, p. 3). Poverty, manifesting itself in the form of the majority spending less than a dollar a day on their livelihood, degraded environment, and homelessness, is increasing at an alarming rate in Africa and is mainly caused by corrupt regimes that do not care for the welfare of their citizens. A report has lately exposed the late Presidents Sani Abacha of Nigeria and Mobutu Sese Seko of the former Zaire to have looted their countries' resources running off-shore accounts. Similar situations are peculiar to some current African leaders who involve themselves in the habit of plundering their countries' resources leading to the majority of their citizens wallowing in poverty.

Vulnerable groups in the society particularly, are faced with incessant and extreme poverty which represents a critical underlying factor brought forth by food insecurity. It remains unimaginable as it

appears that many African countries experience continued starvation on a yearly basis despite the rich and unexploited potential for increased food production. Unreliable weather conditions, poor food security policies, high costs of fertilizers and other farm inputs, prohibitive transportation costs, lack of credit facilities for farmers and competition for markets created by global forces are contributory factors to food insecurity in Africa, leaving social work, an intervention-driven/helping profession, in a state of crisis. Simultaneously this crisis revolves around Issues and social problems pertaining to the meaning, character and the role social work plays in Society. This paper in addition to other contributions would shade some light on the assumptions, Characteristics and functions of social work. Based on documentary analysis and the authors' experiential knowledge, it explores the significant theoretical and Practical aspects of social work in Africa. While the first part which provides a conceptual, Methodological and contextual overview of social work, presents an in-depth exposé of these subject matter. The second part examines the major issues and problems facing a young profession that is striving to root itself in a developing region. The conclusion underlines the radical ideas that sparks up debate with which the cardinal discourse concentrate it focus on the paper.

Amongst other serious problem facing most African countries is that of rampant unemployment. South Africa for instance, has current unemployment rates range around 40% of the economically active population. The correlation between unemployment and poverty is significant in that 55% of people from poor households are unemployed, compared with 14% of those from non-poor households (May, 1998). The situation has recently worsened leaving a huge number of people unemployed including university graduates. The rate of unemployment is likely to increase in the next few years considering the current global economic crisis. It can be argued that the problem of unemployment has led to other social ills such as prostitution, human trafficking, teenage pregnancies and high crime rates in Africa.

Civil wars which seem unending and conflicts are continually faced among and within African countries. Conflicts in Darfur-Sudan, Uganda and Chad are some of the long-running ones on the continent and they have caused untold suffering among the ordinary people. This has led to a high number of people becoming refugees. Refugees greatly strain the host countries' resources and violent confrontations often occur between the refugees and the local population, like what happened in May, 2008 in South Africa when South African citizens attacked people from other African countries. These conflicts and civil wars also lead to the abuse of women and children. Child soldiers are now a rampant phenomenon in most conflict zones in Africa. For instance, Ariyo (2005) notes that out of ADVANCES IN SOCIAL WORK, Fall 2009, 10(2) 147 300,000 child soldiers around the world, it is estimated that 120,000 of these are African children forced and recruited to take part in wars and fighting in some African countries. The Lord's Resistance Army, a rebel group in Uganda, is known to have a lot of child soldiers among its ranks. Girl children are also being used as sex slaves by the rebels. So, in a nutshell, wars and conflicts in Africa violate basic human rights, destabilize families and communities, and impact negatively on food production. Africa has been affected most severely by the HIV/AIDS pandemic on the planet. The sub-Saharan Africa region has the highest infection rates in the world. The pandemic escalated in the region mainly due to the denial of the existence of the disease by most African leaders. By the time they acknowledged its existence, many people had been infected. An estimated 22 million adults and children were living with HIV in sub-Saharan Africa at the end of 2007. During that year, an estimated 1.5 million Africans died from AIDS. The epidemic has left behind some 11.6 million orphaned African children (Avert, 2009). The estimated number of adults and children living with HIV/AIDS, the number of deaths from AIDS, and the number of living orphans in individual countries in sub-Saharan Africa at the end of 2007 are shown below.

Country	People living with HIV/AIDS	Adult (15-49) rate %	Women with HIV/AIDS	Children with HIV/AIDS	AIDS deaths	Orphans due to AIDS
Angola	190,000	2.1	110,000	17,000	11,000	50,000

Benin	64,000	1.2	37,000	5,400	3,300	29,000
Botswana	300,000	23.9	170,000	15,000	11,000	95,000
Burkina Faso	130,000	1.6	61,000	10,000	9,200	100,000
Burundi	110,000	2.0	53,000	15,000	11,000	120,000
Cameroon	540,000	5.1	300,000	45,000	39,000	300,000
Central African Republic	160,000	6.3	91,000	14,000	11,000	72,000
Chad	200,000	3.5	110,000	19,000	14,000	85,000
Comoros	<200	<0.1	<100	<100	<100	<100
Congo	120,000	3.5	43,000	6,600	6,400	69,000
Côte d'Ivoire	480,000	3.9	250,000	52,000	38,000	420,000
Dem. Republic of Congo	400,000-500,000	1.2-1.5	210,000-270,000	37,000-52,000	24,000-34,000	270,000-380,000
Djibouti	16,000	3.1	8,700	1,100	1,100	5,200
Equatorial Guinea	11,000	3.4	5,900	<1,000	<1,000	4,800
Eritrea	38,000	1.3	21,000	3,100	2,600	18,000
Ethiopia	980,000	2.1	530,000	92,000	67,000	650,000
Gabon	49,000	5.9	27,000	2,300	2,300	18,000
Gambia	8,200	0.9	4,500	<1,000	<1,000	2,700
Ghana	260,000	1.9	150,000	17,000	21,000	160,000
Guinea	87,000	1.6	48,000	6,300	4,500	25,000
Guinea-Bissau	16,000	1.8	8,700	1,500	1,100	6,200
Kenya	1,500,000-2,000,000	7.1-8.5	800,000-1,100,000	130,000-180,000	85,000-130,000	990,000-1,400,000
Lesotho	270,000	23.2	150,000	12,000	18,000	110,000
Liberia	35,000	1.7	19,000	3,100	2,300	15,000
Madagascar	14,000	0.1	3,400	<500	<1,000	3,400
Malawi	930,000	11.9	490,000	91,000	68,000	560,000
Mali	100,000	1.5	56,000	9,400	5,800	44,000
Mauritania	14,000	0.8	3,900	<500	<1,000	3,000
Mauritius	13,000	1.7	3,800	<100	<1,000	<500
Mozambique	1,500,000	12.5	810,000	100,000	81,000	400,000
Namibia	200,000	15.3	110,000	14,000	5,100	66,000
Niger	60,000	0.8	17,000	3,200	4,000	25,000

Nigeria	2,600,000	3.1	1,400,000	220,000	170,000	1,200,000
Rwanda	150,000	2.8	78,000	19,000	7,800	220,000
Senegal	67,000	1.0	38,000	3,100	1,800	8,400
Sierra Leone	55,000	1.7	30,000	4,000	3,300	16,000
Somalia	24,000	0.5	6,700	<1,000	1,600	8,800
South Africa	5,700,000	18.1	3,200,000	280,000	350,000	1,400,000
Swaziland	190,000	26.1	100,000	15,000	10,000	56,000
Togo	130,000	3.3	69,000	10,000	9,100	68,000
Uganda	1,000,000	6.7	520,000	110,000	91,000	1,000,000
United Rep. Of Tanzania	940,000	5.4	480,000	130,000	77,000	1,200,000
Zambia	1,100,000	15.2	560,000	95,000	56,000	600,000
Zimbabwe	1,300,000	15.3	680,000	120,000	140,000	1,000,000
Total sub-Saharan Africa	22,000,000	5.0	12,000,000	1,800,000	1,500,000	11,600,000

SOURCE: UNAIDS/WHO (2008.).

The above statistics unravels a grim picture for Africa's long-term development. HIV and AIDS having smeared it negative impact in all spheres of life, Avert (2009) observes that looking after such patient is not only an emotional strain for household members, but also a strain on household resources. The level of poverty in this circumstance becomes outrageously deepened, since factors as loss of income, additional care-related expenses, the reduced ability of care-givers to work, and mounting medical fees would most certainly affect the victim's household. The financial burden of death can also be considerable, with some families in South Africa easily spending seven times their total (ADVANCES IN SOCIAL WORK, Fall 2009, 10(2) 149) household monthly income on a funeral.

Food insecurity is experienced in a higher dimension as the AIDS epidemic over the years, and in many areas, has caused agricultural work to be neglected or abandoned due to household illness. In Malawi, where food shortages have had a devastating effect, it has been recognized that by 2020, Malawi's agricultural workforce will be 14% smaller than it would have been without HIV and AIDS. In other countries, such as Mozambique, Botswana, Namibia and Zimbabwe, the reduction is likely to be over 20% (Avert, 2009). Children have also been greatly affected by the pandemic. The epidemic not only causes children to lose their parents or guardians, but sometimes their childhood as well. As parents and family members become ill, children take on more responsibility to earn income, produce food and care for family members – hence, increasing the rate of child labour. It is therefore difficult these children to access adequate nutrition, basic health care, housing and clothing. Many children are now raised by their grandparents or left on their own in child-headed households (Avert, 2009). Child abuse in this regard captures a federal picture of neglect especially when in context has to do with a developing continent.

Finally, most African countries face the problem of homelessness especially in urban areas. The majority of the people lack shelter and they stay in squatter camps and slums. For instance, Kenya is home to one of the world's largest squatter settlement known as Kibera which is located in the capital city of Nairobi. Similar situation is factual in Lagos State of Nigeria that has been

overpopulated. Other countries like South Africa also have large informal settlements where poor people stay in shacks without access to basic social welfare services. According to Chitereka (2005) the "ABC" (abstinence, be faithful and condomise) model for managing HIV/AIDS is hampered in the slums and other informal settlements since overcrowded. There is an absolute lack of essential facilities and poor communication among other factors. The level of barriers experienced in the slums and the serious implications for the prevention, treatment and care strategies for HIV/AIDS remains outrageous. Improper housing to a greater extent contributes to the spread of HIV/AIDS among the vulnerable women and categories such as widows and women with disabilities, domestic workers, girls and elderly women. Young girls are often exposed to early sexual intercourse, higher frequencies of unwanted pregnancies and exposure to rape (Chitereka, 2005).

Problems faced by Africa is duly noticed and reacted upon by the International Community. The world therefore indicates genuine interest and would occasionally interven. The UN and other non-governmental organizations have strived in various capacities to encourage collaborative support for Africa in this regard. It is a continent in great need and social workers, being helping professionals who seek to liberate and empower people, should be in the forefront of finding solutions to these problems. The next section highlights the need for the adoption of the social development paradigm by social workers in Africa to tackle the above-named problems.

SOCIAL WORK IN AFRICA AND THE SOCIAL DEVELOPMENT PARADIGM

Most African countries embraced the curative or remedial approach to solving social problems during its inception. For instance, Kaseke (1991) notes that the development of social work in Zimbabwe is closely tied to the country's colonial history, its orientation reflecting a wholesale transfer from the British experience. He goes on to say that social work in Zimbabwe also developed as a response to urban social ills such as crime, prostitution and destitution. The philosophy of the colonial policy makers was that such ills, if unattended, would undermine order and stability. Social work was, therefore, seen primarily as an instrument of social control, and never seriously addressed itself to the root of social problems. Even after independence (SOCIAL WORK IN A DEVELOPING CONTINENT 150)

In practice all over the world, social workers concern about poverty has increased because of their long history in working with the marginalized, or excluded, those lacking resources, scenarios which push them to poverty situations. This is peculiar in various nations within African continent. At the micro level of daily practice, social workers are used to dealing with poverty and also with the risk assessment, working creatively and innovatively to help people (individuals and communities) to understand their situation and to change their behaviour and their environment, where possible. One role that derives increased attention is community development, which requires skills in community analysis, social planning, community organizing and social action. Community development requires the ability to foster economic opportunities for area residents through work on industrial retention, local business development, job training, and placement.

Another role which is community practice calls for social workers to support the vulnerable to discover their own resources and their own ability to create influence and positive change. The importance of this has been underscored by realizing that poverty involves a complex set of interactions between personal characteristics and a community's resources and opportunities. At times the role of social workers involves making tough judgements about risk to individuals and at times they have to use their ability and influence to protect the victims of poverty from themselves or from others. Examples include situations of domestic violence, child abuse or mental health problems. Social workers' long history of working with people in poverty situations and witnessing their changing behaviour illustrates the importance of integrating theory about professional values that respect people, their choices and decisions. In this Every society at every stage of development has devised ways and means of providing services for those in need: the orphans; the handicapped; the sick; the aged and others. The propensity of humans to help one another has been a common feature of all societies. This to some extent, encapsulate ideologies and principles of

professionalism, even though a substantial level of informality is required by social workers to strike a balance on cosy relationship a with service users.   In all societies every person owes certain duties to the family, community and the nation state. Every person has rights, benefits and responsibilities which derive from membership of these social groupings.

Social needs and social problems were generally handled by immediate and extended families in ancient traditional African societies. Employment of varieties of specialty in diverse social work cadre, to handle such problems as poverty, disease or death did not exist. Families, linage and clan got involve dealing with such problems. Help were sought through the extended family and intervention by neighbours was also paramount. Clearly, the family laid the foundation for modem social welfare. It can be noted that nonexistence of professional standards in terms of boundaries may have been compromised in the process.

Notwithstanding the foregoing, religious organisations have made important contributions to the development of social welfare. For several decades, church-related voluntary organisations have endeavoured to meet various social needs. However, over time, the nation state has gradually assumed a greater role as the principal source of social provision. Although the family and the church are still important actors in the welfare field, they are no longer considered adequate to meet social problems which have emerged as a result of rapid social and technological change. Modem society has become so complex that state intervention in social welfare has become a universal phenomenon. Numerous social welfare services and institutions have sprung up to replace earlier sources of social provision. Virtually every country now has a ministry or department of social welfare. At the govemmental level, there has been a proliferation of policies, plans and programmes aimed at improving and expanding social welfare. However, due to the limited resources, governments have continued to support voluntary social welfare organisations. Despite increasing govern *Social* roach, community practice combines work with individuals and families with community work. However, these are general approaches to tackling social problems in the society and would, on various accessions project professional service delivery notwithstanding the circumstance.

Welfare, the largest employer of social workers, continues to be curative in orientation. Nyanguru (2003) also notes that that in Lesotho, social work practice was introduced during the colonial era by the British. It was mainly introduced to deal with social problems in the country. Social welfare services were offered in such specialized areas as psychiatry and health sectors. They were basically remedial in nature and did not really address the causes of the problems. Darkwa (2007) gives the example of Ghana which was strongly influenced by the British welfare system during the 108 years of British colonization. He observes that the evolution of social work education and practice in Ghana was based on British principles and values. The British were mainly interested in supporting the welfare of those who were of crucial importance to the goals of furthering the colonization of the country, i.e. the civil service. As a result, social work education and practice was oriented towards addressing the needs of those working in the formal sector and it was curative in orientation.

To date, the colonial influence still shapes social work training and practice in Ghana. However, lately, the country is experiencing a trend toward the localization of social work education and more specifically, the programs are evolving to become more relevant to the needs of the Ghanaian people (Darkwa, 2007). Francophone African countries such as Senegal and Ivory Coast also inherited the French social welfare system which was largely remedial in nature and did not serve the needs of the vast majority of the people in these countries. Services were mostly concentrated in urban areas where a few people stayed at the expense of rural areas where the majority of the people stayed. This situation continues to this day.

The development of social welfare systems, social work practice and social work education must be understood within the historical context of each country's pre-colonial and post-colonial experience. The basic institutions (political, legal, social, economic and educational) of all African

countries both influenced and were influenced by the formal response to the meeting of human need (Asamoah, 1995). Britain exported a remedial model which was based on the principles underlying remedial services in the United Kingdom. Therefore, services in former British colonies focused on rehabilitation and, not surprisingly, selected as the unit of attention vulnerable individuals including women, migrants, homeless children, the disabled, juvenile delinquents, the unemployed, and the physically and mentally ill (Asamoah, 1995) social policies and systems in former French colonies and territories reflected the more comprehensive approach embodied in the French Overseas Labor Code. Neither the British nor the French approach placed much emphasis on prevention. Prevailing social problems were targeted for cure, and a developmental focus was virtually non-existent. Asamoah (1995) also argues that, perhaps even more important, many of the approaches and practices labeled social work were not compatible with the cultural traditions of the countries in which they were carried out but they continued for many years.

It is clear that even after attaining their independence most African countries are still using the remedial or curative approach in dealing with social problems in their countries. The majority of social workers are employed in departments of social welfare whilst ADVANCES IN SOCIAL WORK, Fall 2009, 10(2) 151

Others are employed in correctional services and hospitals, police and defence forces and industries where the remedial approach is usually used. A few are employed by Non-Governmental Organizations (NGOs).The social workers employed by NGOs normally use the community work method and they are contributing a lot to most African countries' development. For instance Fikre Mariam Worku the founder of the NGO Misericordia Ethiopia in an interview by Alain Leterrier (2000) says that if there is no development, social work is not important. If you have to solve the problems of people, you have to work for development as well as for social work. She goes on to say, "What I mean is that social work to be effective has to be sustainable. People have to be self-autonomous, they have to help themselves, and that is development. So for me, social work is another side of development" (Worku quoted in an interview by Leterrier 2000, p. 1). Midgley (1981) coined the term "professional imperialism" to highlight the continued use by developing countries of western oriented social work practice. He also laments the use of remedial social work especially in African countries where problems are vast. The casework method which is normally utilized by social workers in the departments of social welfare in most African countries is clearly inadequate to meet the challenges and immense problems faced by the continent. Mupedziswa (2005) also argues that this strategy takes insufficient cognizance of the social and economic reality of the situation in Africa, for instance, the culture, poverty levels and squalid conditions. The remedial approach has been accused of lacking in terms of sensitivity to the demands of African culture. It tends to ignore traditional, informal forms of welfare and the role of the extended family network in particular, in social welfare provision. Public assistance, which thrived on the granting of means-tested hand outs, for instance, has routinely not taken cognizance of the reciprocity that is synonymous with traditional African communities, rendering its interventions and programs virtually ineffective.

Mupedziswa (2005) further notes that a major concern has also been that the remedial approach in social work in Africa has tended to ignore concerns of a more developmental nature, such as unemployment, inadequate shelter, homelessness, illiteracy, disease and ignorance, while concentrating on individual pathologies. As a result of this, many critics (Gray, Coates & Bird 2008; Ose-Hwedie & Rankhopo, 2008) argue that social work practice in its present form is virtually ineffective. Worku in the interview by Leterrier (2000) says that she perceives that social work in Africa is different from social work in Europe. In Europe she argues, you might have to work with people with psychological problems but in Africa social work has to focus on the poverty, the problem of people. If you work on poverty, you work for development so there is a strong link. There is, therefore, need for a paradigm shift if social work in Africa is to make a difference in the lives of the majority of the population in the 21st century. For social work to be effective in the African context, the author proposes the adoption of the social development paradigm by social workers.

A global acceptance and recognition has been accorded social development paradigm and it is proven to be the most appropriate and necessary for the African context, projecting its significant influence on social work development theory, policy and practice on a highly commendable level. (Cox & Pawal, 2005; Gray & Fook, 2004, Patel, 2005). More so, this approach does not only work toward the liberation and empowerment of people, but also ensure independence of these people who would have unavoidably relied on the State for assistance. There are so many problems surrounding social work in a developing continent like Africa. these problems accumulates from children services to the adult services.

This can be ameliorated by the social development approach. Healy (2008) notes that among the many development concepts, social development is particularly important to social work. Social development acknowledges the importance of social factors in ensuring that development improves human well-being, arguing that development should be a holistic process. It aims to integrate social with economic factors. As Midgley (1995) explains: social development "is a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development" (p.25). This therefore, interfaces with elements of practical and proactive social work partnership.

Social development approach emphasises on outcomes of improving well-being of the poor and processes that empathy participation. Paiva's (1977) early definition of social development is a very vital one: "The goal and substance of social development is the welfare of the people, as determined by the people themselves, and the consequent creation or alteration of institutions so as to create a capacity for meeting human needs at all levels (especially those at the lower levels) and for improving the quality of human relationships and relationships between people and social institutions" (p. 329).

Concluding, the ideas of participation, institution building, and distributive justice, are key concepts in social development. Omer (1979) defined social development as "a goal and a process that aims to achieve an integrated, balanced and unified (social and economic) development of society" (p. 15). Healy (2008) observes that these elements of early social work definitions of social development are repeated in more current United Nations definitions. The International Forum for Social Development, an initiative of the UN Secretariat, characterizes social development as a set of objectives, a process, and a perspective. Advances in social development mean advances in the well-being of the person and the harmonious functioning of society. It includes improvements in individual and family well-being through the enjoyment of human rights, the provision of economic opportunities, the reduction of poverty, and access to social security, social protection and social services. It includes also the building or maintenance of social relations, structures and institutions through which individuals and groups constitute a viable society (United Nations, 2002).

Healy (2008) notes that in some parts of the world, social work redefined itself as social development to align the profession more closely with national objectives. This was particularly true in parts of Asia. Midgley (1999) also recommends human capital development, social capital development, and productive employment projects as social development intervention strategies relevant for social work. The contributing effort of the above concepts when contextually applied, signals indubitable prospects for further social work expansion and growth.

However, and as a matter of necessity, African countries should embrace the social development paradigm because, unlike curative or remedial social work, it helps people to be self-reliant. Many people in these countries usually depend on their governments especially during crises. Should social development paradigm be adopted by social workers in African countries, a lot more people will be self-conscious and aware of their rights. Issues of corruption and poor governance will be kept in a minimal as the majority of the people will participate in issues affecting their welfare. A strong correlation exists between good governance and positive social development outcomes. Although good governance on its own does not necessarily lead to improved quality of life, it is perhaps the single most important determinant factor ADVANCES IN SOCIAL WORK, Fall 2009, 10(2) 153

In eradicating poverty, reducing development disparities, and minimizing the occurrence of several

other human-generated tensions, conflicts and social problems in Africa, and often calls for social workers' interventions. Corruption, unethical practices and all other associated vices are principal manifestations of poor governance.

CONCLUSION AND THE WAY FORWARD

Social work is relatively young profession in Africa, but over the years has developed into a viable profession. Mostly integrated into government departments of social welfare, hospitals, correctional services/probation services, police and defence forces where the casework method is mainly dominant, social work have vehemently widens its positive influence in the society, in promoting dignity for the vulnerable support them to attain full potentials. Social workers employed in NGOs can be commended because they utilize the community work method of social work in the course of their work, which is consistent with the social development paradigm. The profession of social work in Africa nevertheless faces a number of problems which need to be addressed urgently if it is to effectively deliver social services to the majority of people who are mainly poverty stricken. Some of the problems include lack of resources- both material and financial, low wages and salaries for social work professionals coupled with poor conditions of service as well as lack of proper professional recognition of social workers in Africa. These will be briefly explained below.

Firstly, most social workers in Africa lack both material and financial resources to carry out their duties. This is as a result of insufficient allocations of budget funds for the social services department. There has been a general decline in social welfare budgets throughout Africa in the last few years, yet there are more social problems which need to be tackled. The welfare department in Nigeria for instance, suffers continuous corrupt practices from heads of service – there by leaving service users facing neglect, even against their right. Social workers often lack basic items like offices, telephones and computers as well as transport to carry out home visits. This completely compromises their effectiveness to deliver services.

Secondly, there remains a considerable lag in wages and salaries between social workers and those employed in other sectors in Africa. Furthermore, their working conditions are not very attractive. They work long hours and carry heavy caseloads. Because of these reasons, highly qualified social workers in Africa have left the profession altogether whilst some have left the continent to work in countries like Britain, USA, New Zealand, Canada and Australia where salaries and conditions are comparatively better.

Finally, there is a general lack of professional recognition of social workers in Africa. This is due to the fact that most people do not understand what social work is, even among some government officials. That is the reason why in countries like Lesotho and Zimbabwe people with no training sociologists and political scientists are employed as "social workers".

Social workers in Africa have to raise awareness on the HIV/AIDS pandemic which is threatening to decimate the people on the African continent. They must keep reminding governments to provide anti-retroviral drugs to HIV positive people. Social workers should also help in the de-stigmatization of the disease so that more people get tested and get treatment early.

More so, if social work is to be taken seriously as a profession in Africa, social workers should form strong professional associations in their respective countries which in turn lobby for their rights with governments. These professional associations will also highlight the need for increased budget allocations for the social welfare sectors by governments as well as improve wages, salaries and conditions of service for social workers.

Consultations and involvement of individuals, families and population groups in social situations are key elements to building best practice. Planning and execution of measures and projects aimed at lifting social standards and assisting individuals to gain self-confidence are popular approaches that social workers have used in the past that can be repeated.

The role of governments and that of international cooperation are vital in boosting awareness.

Collaborating with other actors such as civil society, including community organizations and self-help groups, and the private sector among others, governments can lead the way by developing policies and initiation of sustainable actions to put an end or at least reduce significantly the incidence of ignorance towards social work role, rather than only the provision of direct material support. Participation, self-reliance, sustainability, and empowerment are the key principles often applied by social workers in the design for holistic service delivery strategies and in fostering social integration.

In conclusion, Africa is a continent with great developmental potential but it is still mired by a myriad of social problems which require social work intervention. Social workers in Africa need to be proactive rather than reactive when dealing with these problems. Although the curative or remedial approach which hitherto has been the major form of intervention is still needed, social workers need to adopt the social development paradigm if they are to effectively confront the various problems currently facing the continent. Social development leads to an improvement to people's quality of life. Once people see real changes in their lives because of social work intervention, they will ultimately respect the profession and value social work services.

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