Social Work Practice
SOW101
**Vice-Chancellor’s Message**

The Distance Learning Centre is building on a solid tradition of over two decades of service in the provision of External Studies Programme and now Distance Learning Education in Nigeria and beyond. The Distance Learning mode to which we are committed is providing access to many deserving Nigerians in having access to higher education especially those who by the nature of their engagement do not have the luxury of full time education. Recently, it is contributing in no small measure to providing places for teeming Nigerian youths who for one reason or the other could not get admission into the conventional universities.

These course materials have been written by writers specially trained in ODL course delivery. The writers have made great efforts to provide up to date information, knowledge and skills in the different disciplines and ensure that the materials are user-friendly.

In addition to provision of course materials in print and e-format, a lot of Information Technology input has also gone into the deployment of course materials. Most of them can be downloaded from the DLC website and are available in audio format which you can also download into your mobile phones, IPod, MP3 among other devices to allow you listen to the audio study sessions. Some of the study session materials have been scripted and are being broadcast on the university’s Diamond Radio FM 101.1, while others have been delivered and captured in audio-visual format in a classroom environment for use by our students. Detailed information on availability and access is available on the website. We will continue in our efforts to provide and review course materials for our courses.

However, for you to take advantage of these formats, you will need to improve on your I.T. skills and develop requisite distance learning Culture. It is well known that, for efficient and effective provision of Distance learning education, availability of appropriate and relevant course materials is a *sine qua non*. So also, is the availability of multiple platform for the convenience of our students. It is in fulfilment of this, that series of course materials are being written to enable our students study at their own pace and convenience.

It is our hope that you will put these course materials to the best use.

Prof. Abel Idowu Olayinka  
Vice-Chancellor
Foreword

As part of its vision of providing education for “Liberty and Development” for Nigerians and the International Community, the University of Ibadan, Distance Learning Centre has recently embarked on a vigorous repositioning agenda which aimed at embracing a holistic and all encompassing approach to the delivery of its Open Distance Learning (ODL) programmes. Thus we are committed to global best practices in distance learning provision. Apart from providing an efficient administrative and academic support for our students, we are committed to providing educational resource materials for the use of our students. We are convinced that, without an up-to-date, learner-friendly and distance learning compliant course materials, there cannot be any basis to lay claim to being a provider of distance learning education. Indeed, availability of appropriate course materials in multiple formats is the hub of any distance learning provision worldwide.

In view of the above, we are vigorously pursuing as a matter of priority, the provision of credible, learner-friendly and interactive course materials for all our courses. We commissioned the authoring of, and review of course materials to teams of experts and their outputs were subjected to rigorous peer review to ensure standard. The approach not only emphasizes cognitive knowledge, but also skills and humane values which are at the core of education, even in an ICT age.

The development of the materials which is on-going also had input from experienced editors and illustrators who have ensured that they are accurate, current and learner-friendly. They are specially written with distance learners in mind. This is very important because, distance learning involves non-residential students who can often feel isolated from the community of learners.

It is important to note that, for a distance learner to excel there is the need to source and read relevant materials apart from this course material. Therefore, adequate supplementary reading materials as well as other information sources are suggested in the course materials.

Apart from the responsibility for you to read this course material with others, you are also advised to seek assistance from your course facilitators especially academic advisors during your study even before the interactive session which is by design for revision. Your academic advisors will assist you using convenient technology including Google Hang Out, You Tube, Talk Fusion, etc. but you have to take advantage of these. It is also going to be of immense advantage if you complete assignments as at when due so as to have necessary feedbacks as a guide.

The implication of the above is that, a distance learner has a responsibility to develop requisite distance learning culture which includes diligent and disciplined self-study, seeking available administrative and academic support and acquisition of basic information technology skills. This is why you are encouraged to develop your computer skills by availing yourself the opportunity of training that the Centre’s provide and put these into use.
In conclusion, it is envisaged that the course materials would also be useful for the regular students of tertiary institutions in Nigeria who are faced with a dearth of high quality textbooks. We are therefore, delighted to present these titles to both our distance learning students and the university’s regular students. We are confident that the materials will be an invaluable resource to all.

We would like to thank all our authors, reviewers and production staff for the high quality of work.

Best wishes.

Professor Bayo Okunade
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About this course manual

Social Work Practice SOW101 has been produced by University of Ibadan Distance Learning Centre. All course manuals produced by University of Ibadan Distance Learning Centre are structured in the same way, as outlined below.

How this course manual is structured

The course overview

The course overview gives you a general introduction to the course. Information contained in the course overview will help you determine:

- If the course is suitable for you.
- What you will already need to know.
- What you can expect from the course.
- How much time you will need to invest to complete the course.

The overview also provides guidance on:

- Study skills.
- Where to get help.
- Course activities and assessments.
- Margin icons.
- Study Sessions.

We strongly recommend that you read the overview carefully before starting your study.

The course content

The course is broken down into Study Sessions. Each Study Session comprises:

- An introduction to the Study Session content.
- Study Session outcomes.
Core content of the Study Session with a variety of learning activities.

A Study Session summary.

Activities and/or assessments, as applicable.

Bibliography

Your comments

After completing Social Work Practice we would appreciate it if you would take a few moments to give us your feedback on any aspect of this course. Your feedback might include comments on:

- Course content and structure.
- Course reading materials and resources.
- Course assignments.
- Course assessments.
- Course duration.

Course support (assigned tutors, technical help, etc.)

Your constructive feedback will help us to improve and enhance this course.
Welcome to Social Work PracticeSOW101

This course is designed to introduce students to social work practice through an exploration of the history, philosophical foundation, and theoretical perspectives of the profession of social work. This exploration includes an overview of the roles in which social workers become involved, for example, as advocates, policy analysts, administrators, activists, educators, counsellors, facilitators, mediators, organizers and researchers. Social workers are committed to working for social justice; therefore the course examines the social structures that influence people's lives.

This course will provide you with the history and an overview of the areas of social services in Nigeria. Social service providers help people obtain services, assist people in understanding the social contexts within which they live, and work for social change. This course explores the knowledge, skills, values, and ethics of social service provision. This includes working with individuals, groups, communities and families.

Course outcomes

Upon completion of Social Work PracticeSOW101, you will be able to:

- develop awareness of the underpinning knowledge relating to the key roles of social work.
- implement social work principles.
- illustrate the application of knowledge, skills, values and processes through case study examples.
- demonstrate awareness of the skills required to build relationships with service users, colleagues and others through effective communication.
Timeframe

This is a 15 weeks course. It requires a formal study time of 45 hours. The formal study times are scheduled around online discussions / chats with your course facilitator / academic advisor to facilitate your learning. Kindly see course calendar on your course website for scheduled dates. You will still require independent/personal study time particularly in studying your course materials.

How to be successful in this course

As an open and distance learner your approach to learning will be different to that from your school days, where you had onsite education. You will now choose what you want to study, you will have professional and/or personal motivation for doing so and you will most likely be fitting your study activities around other professional or domestic responsibilities.

Essentially you will be taking control of your learning environment. As a consequence, you will need to consider performance issues related to time management, goal setting, stress management, etc. Perhaps you will also need to reacquaint yourself in areas such as essay planning, coping with exams and using the web as a learning resource.

We recommend that you take time now—before starting your self-study—to familiarize yourself with these issues. There are a number of excellent resources on the web. A few suggested links are:

- [http://www.dlc.ui.edu.ng/resources/studyskill.pdf](http://www.dlc.ui.edu.ng/resources/studyskill.pdf)

  This is a resource of the UIDLC pilot course module. You will find sections on building study skills, time scheduling, basic concentration techniques, control of the study environment, note taking, how to read essays for analysis and memory skills (“remembering”).
Course Overview

  This site provides how to master self-studying, with bias to emerging technologies.

The above links are our suggestions to start you on your way. At the time of writing these web links were active. If you want to look for more, go to [www.google.com](http://www.google.com) and type “self-study skills” or similar phrases.

### Need help?

As earlier noted, this course manual complements and supplements SOW101 at UI Mobile Class as an online course.

You may contact any of the following units for information, learning resources and library services.

**Distance Learning Centre (DLC)**
University of Ibadan, Nigeria
Tel: (+234) 08077593551 – 55
(Student Support Officers)
Email: ssu@dlc.ui.edu.ng

**Head Office**
Morohundiya Complex,
Ibadan-Ilorin Expressway,
Idi-Ose, Ibadan.

**Information Centre**
20 Awolowo Road, Bodija,
Ibadan.

For technical issues (computer problems, web access, and etcetera), please send mail to [webmaster@dlc.ui.edu.ng](mailto:webmaster@dlc.ui.edu.ng).

### Academic Support

A course facilitator is commissioned for this course. You have also been assigned an academic advisor to provide learning support. The contacts of your course facilitator and academic advisor for this course are available at [onlineacademicsupport@dlc.ui.edu.ng](mailto:onlineacademicsupport@dlc.ui.edu.ng).
Activities

This manual features “Activities,” which may present material that is NOT extensively covered in the Study Sessions. When completing these activities, you will demonstrate your understanding of basic material (by answering questions) before you learn more advanced concepts. You will be provided with answers to every activity question. Therefore, your emphasis when working the activities should be on understanding your answers. It is more important that you understand why every answer is correct.

Assessments

There are three basic forms of assessment in this course: in-text questions (ITQs), self assessment questions (SAQs), and tutor marked assessment (TMAs). This manual is essentially filled with ITQs and SAQs. Feedbacks to the ITQs are placed immediately after the questions, while the feedbacks to SAQs are at the back of manual. You will receive your TMAs as part of online class activities. Feedbacks to TMAs will be provided by your tutor in not more than 2 weeks expected duration. Schedule dates for submitting assignments and engaging in course activities is available on the course website. Kindly visit your course website often for updates.

Bibliography

For those interested in learning more on this subject, we provide you with a list of additional resources at the end of each study session; these may be books, articles or web sites.
Getting around this course manual

Margin icons

While working through this course manual you will notice the frequent use of margin icons. These icons serve to “signpost” a particular piece of text, a new task or change in activity; they have been included to help you to find your way around this course manual.

A complete icon set is shown below. We suggest that you familiarize yourself with the icons and their meaning before starting your study.

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Study Session 1

Social Work Practice

Introduction

An individual or a family seeks help whenever it is in need. This individual or family may go to an office to meet with a ‘social worker’. This ‘social worker’ may visit the individual’s or family home as the case may be, or may work with individuals in groups or in community work. In this Study Session, you will explore the organizational context of social work agencies.

Learning Outcomes

After you have studied this Study Session, you should be able to:

1.1 define social work.
1.2 discuss functions of social work.
1.3 present at least six assumptions of social work.
1.4 highlight the rationale for the studying of social work.

1.1 The Concept of Social Work

Social work is the purposeful and ethical application of personal skills in interpersonal relationships directed towards enhancing the personal and social functioning of an individual, family, group or community. It ministers to families in economic or emotional difficulty. It helps communities to bring their welfare and related services into good balance.

It seeks to correct the causes underlying delinquency and adult criminality. Social work seeks to enhance the social functioning of individuals, families, groups and communities through activities focused upon their social relationships that constitute the interaction between man and his environment.

Whereas social welfare is the organized system of social services and institutions, social work is designed to aid individuals and groups to attain satisfying standards of life and health, and personal
Social work practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services; counselling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in legislative processes. The practice of social work requires knowledge of human development and behaviour; of social and economic, and cultural institutions; and of the interaction of all these factors.

### 1.2 Functions of Social Work

Social work functions can be grouped into three:

1. restoration of impaired capacity;
2. provision of individual and social resources, and
3. prevention of social dysfunction.

#### 1.2.1 Restoration of Impaired Capacity

Restoration of impaired social functioning may be subdivided into curative and rehabilitative aspects. Its curative aspects are to eliminate factors that have caused breakdown of functioning, and its rehabilitative aspects are to re-organize and rebuild international patterns. Example of this is obtaining a hearing aid for a partially deaf child.

#### 1.2.2 Provision of Individual and Social Resources

Provision of Resources – social and individual – may be subdivided into developmental and educational aspects.

The developmental aspects are designed to further the effectiveness of existing social resources. Example of this is the services provided by Social Welfare Office to help a couple (Mr. & Mrs. X) to
understand each other better and to open the channels of meaningful communication between them through individual and conjoint interviews.

The *educational aspects* are designed to acquaint the public with specific conditions and needs for new or changing social resources. Example of this is counselling services availed to the public as a resource in alleviating marriage and family problems.

### 1.2.3 Prevention of Social Dysfunction

The third function, prevention of social dysfunction, involves early discovery, control and elimination of conditions and situations that could hamper effective social functioning potentially.

These are preventive of problems in the area of interaction between individuals and groups, and the prevention of social ills. Example of this is pre-marital counseling to prevent individual and social problems in relation to social functioning. It is hoped that through this process, couples will be able to anticipate possible difficulties in marital interaction and, through adequate consideration and understanding, avoid the problems that might ensue.

### 1.3 Assumptions of Social Work

Like other professions and disciplines, social work has some underlying assumptions, which give it a focus. These assumptions are the following:

1. Social work like, all other professions, has problem-solving functions.
2. Social work practice is an art with a scientific and value foundation.
3. Social work as a profession came into being and continues to develop because it meets human needs and aspirations, which are recognized by society.
4. Social work practice takes its values from those held by the society of which it is a part. However, its values are not necessarily or altogether those universally or predominantly held or practiced in society.
5. The scientific base of social work is knowledge based.
6. The knowledge needed for social work practice is determined by its goals and functions, and the problems it seeks to solve.
7. The internalization of professional knowledge and values is a vital characteristic of the professional social worker, since he is himself the instrument of professional help.
8. Professional skill is expressed in the activities of the social worker.

Certainly the main focus of the social worker is upon helping people to improve their social functioning, their ability to interact and relate to others. Therefore, social work helps an individual to solve personal and family problems. In this regard, the social worker works with clients (individuals, families or groups) on a conscious level, helping them to face realities and solve problems.

1.4 Why We Study Social Work

We study social work because of some peculiar characteristics social work has. These characteristics are the following:

1. Focus is on the wholeness and totality of the person – encompassing the person, environmental factors, and behaviour. Social work stresses the total person in total environment.

2. Emphasis is on the importance of the family in molding and influencing behaviour. The family is often regarded as the ‘case’ in social work. The family remains the basic institution in society and, as such, it is a factor in social work.

3. Utilization of community resources in helping people to solve problems is an important factor in social work practice. Community resources are tapped by social workers to meet the needs of their clients.

4. Use of the supervisory process provides for guidance and direction of inexperienced workers and for continuing growth of the experienced. This process is particularly important because social workers themselves are the tools in helping troubled persons, and they need to grow professionally, keeping abreast of new knowledge and skills.

5. Social work has a unique educational programme involving class work and practical field work experience, which go hand-in-hand.

6. Traditional social work emphasizes three basic processes: casework, group work, and community organization. Casework involves a close, face-to-face relationship; for example, an individual-to-individual basis in working with people and their problems.

7. Social work has distinctive professional bodies, that is, Nigeria Association of Social Workers (NASOW), and National Association of Social Workers (NASW) in USA. These organizations are doing much to raise the standards of social
work practice, to recruit qualified persons for professional training, and to interpret practice and values of social work to the public.

8. The relationship is the key in the social work process. The social worker prepares the client to face and solve his or her problems by sharing, with him/her knowledge and helping him/her with understanding and acceptance in an emotionally supportive relationship.

9. Social work has an orientation in psychiatric concepts and places considerable stress upon understanding people. The social worker is particularly interested in how clients feel about themselves and their relationships with others.

10. The ‘social,’ in social work, emphasizes social interaction and resultant social functioning and malfunctioning.

11. The basic aim of social work is to help clients to help themselves or to help a community to help itself. The social worker operates under the premise that most people have the ego strength to solve their own problems when they really bring them out into the open and understand what they are.

12. A social worker is particularly effective in developing and using the team approach and in bringing about coordination of services and activities. The social worker often acts as coordinator and integrator for the team effort (Skidmore, Thackeray and Farley, 1997).

Study Session Summary

In this Study Session, we discussed social work practice. In the process, we defined social work as an act, a science, or a profession that helps people to solve personal, group (especially family) and community problems and to attain satisfying, personal, group, and community relationships through cooperative efforts. We noted that contemporary social work practice is often generic and involves activities with individuals, groups, communities, administration training and research to solve personal, family and community problems.
Assessment

1. What do you understand by “social work”? 
2. Why is social work important to individuals, groups and communities?

Bibliography

Textbooks


Web resources


Study Session 2

Historical Background of Social Work Practice

Introduction

This Study Session will expose you to the historical background of social work practice and its evolution over time.

Learning Outcomes

After you have studied this Study Session, you should be able to:

2.1 outline the development of social work practice.
2.2 describe social work practice evolution in Nigeria.

2.1 Early History of Social Work Practice

All societies must develop ways to meet their needs. These needs are multifarious – the need to care for the orphaned, the blind, the physically challenged, the mentally disabled, the poor, the sick, the unemployed, etc. Before the Industrial Revolution, this responsibility was largely met by the family, the church and, perhaps by some good-natured neighbours.

The roots of social work can be traced to the latter part of the 1800s when England was undergoing the so-called Industrial Revolution. The Industrial Revolution paved the way and created pressure for improvements in other areas, as one invention led to another invention and innovation. Furthermore, there was increased production, which created greater demand for raw materials, such as coal, cotton, etc. Moreover, the markets for agricultural products were extended. Improvements in these areas also created pressure for improvements in transportation. More roads and canals were constructed and the iron horse replaced the horse-drawn cart. These changes were accompanied by a tremendous population growth. From 1815-1914, the population of England more than doubled. This was due to improvements in medicine, sanitation, absence of
major wars, which provided the necessary labour force that the consumers needed for an industrial economy.

Unfortunately, the economic gains of this period were not enjoyed by the majority of the population. It initially benefited only the middle-class farmers, bankers, tradesman, while the proletariat lived and worked under inhuman conditions. Inadequate housing facilities meant that several adults were forced to live in one room, which lacked proper sanitation facilities and ventilation. Communities degenerated into slums that bred diseases, promiscuity and crime.

Working hours were very long, as a labourer worked from 6am to 8pm – 14 hours a day. There was no insurance against accidents, no protection against sickness or old age. The continual invention of labour-saving machines and the abundance of labour, caused by the growth in population, led to low wages and frequent unemployment without compensation. Consequently, women and children were forced to work to supplement the family’s income.

Unfortunately, those who were in a position to alleviate the suffering of the people were largely indifferent because they did not know the extent of the poverty and suffering. Many felt that poverty affected only a minority. They believed poverty was a self-inflicted malady caused by indolence, a failure to be thrifty, a deficient character.

The first social welfare agencies began to be developed in the early 1800s in an attempt to meet the needs of people living in urban areas. These agencies or services were private agencies developed primarily at the invitation of the clergy and religious groups. These services continued until early 1900s as provided by members of the clergy and the wealthy “do-gooders” who had no formal training and little understanding of human behaviour. The focus was on meeting the physical needs as food and shelter; and to “cure” emotional and personal difficulties with religious admonitions.

Attempts were made to solve these social problems through the passages of several Poor Laws in England between the mid-1300s and the mid-1800s. However, the most significant of these Poor Laws was the Elizabethan Poor Law of 1601, which was enacted during the reign of Queen Elizabeth I.

The fundamental provisions of this Poor Law of 1601 were incorporated into the Laws of the American colonies and other colonies administered by England, and have had an important influence on our current approaches to public assistance and other social legislation.
The social problem that these poor laws were designed to alleviate was conceptualized not as poverty but, rather, as the ruling class’s annoyance with begging.

The Elizabethan Poor Law of 1601 established three categories of relief recipients:

1. **The able-bodied poor** - These were people with under-employment or low-grade employment. This group was expected not to be given financial help. They were regarded as being lazy and should be forced to work or be put in jail.

2. **The impotent poor** - These were people who were unable to work – the elderly, the blind, the deaf, mothers with young children and those with a physical or mental disability. All the people in this group were usually placed together in an almshouse (institution). They were also permitted to live outside the institution if there was evidence that it would be cheaper to allow them to do so. This was called an “outdoor relief” usually “in kind” (food, clothing and fuel).

3. **Dependent children** - These were children whose parents or grandparents were unable to support them. These children were apprenticed out to other citizens. Boys learnt the trade of their masters and would serve their masters until their 24th birthday. Girls were brought up as domestic servants and would remain so till they were 21 years or married.

Despite the classification of needs stipulated by the Elizabethan Poor Law of 1601, the law did not nevertheless permit the registration of a person as being in need of charity if his or her parents, spouse, children, or other relatives were able to provide support for his well being.

The Elizabethan Poor Law of 1601 prevailed in Great Britain for over 300 years and is still effective today; though, with some amendments to accommodate contemporary developments.

One major shortcoming of the law was that the almshouses did not only house the unemployed, the orphaned, the sick etc., it also but packed with them, the emotionally disturbed, the blind, the alcoholic and dependent children. Another shortcoming was that the facilities at the almshouses were in deplorable conditions.

One of the very first social welfare organizations was the Society for the Prevention of Pauperism, which was founded by John Griscom in 1920. The goals of the society were to investigate the habits and circumstances of the poor, to suggest plans by which the poor could help themselves, and to encourage the poor to save and
economize. The society conducted a house-to-house visitation of the poor – a very elementary type of social work.

**Charity Organization Society (COS)** was formed in Britain in the last half of 1800s, and this innovation caught the interest of a number of American cities. COS was also started in Buffalo, NY, in 1877. The goals of these Charity Organization Societies were:

1. to provide direct services to individuals and families (They were forerunners of social casework and of family counselling approaches); and
2. to plan and coordinate the efforts of private agencies to meet the pressing social problems of cities (They were precursors of community organization and social planning approaches).

The first paid social workers were executive secretaries of COS in the late 1800s that were hired to train and organize the “friendly visitors” and to establish book keeping procedures to show accountability for funds received.

COS operated upon the assumptions that:

1. true charity involved restoring the recipient to a level of independence;
2. all coercive measures should be used to force the individual to
3. become self-dependent again;
4. the family should be considered as a whole;
5. the family should bear the responsibility of caring for its young,
6. its aged and its sick;
7. thorough knowledge was required so that need could be
8. assessed and eligibility determined; and,
9. relief should be adequate in kind and quantity.

COS then set the following qualifications for recipients:

1. The applicant must show that he has been doing all that is necessary to help himself.
2. He must be willing to report accurate information.
3. He must be capable of repaying loan.
4. If unemployed, the applicant must not have been responsible for his unemployment.
5. The applicant must not be guilty of drunkenness or immoral behaviour.
All these were not without criticisms. Some of the shortcomings identified in COS services were:

1. much emphasis was placed on thriftiness;
2. COS was preoccupied with detecting fraud than helping;
3. tough means of obtaining funds;
4. COS treated recipients “in a lump”; In other words, treatment
5. was not individualized.
6. children of the poor were made to remain with parents receiving
7. little or no support thereby making the children to suffer untold
8. hardship.

However, in spite of these shortcomings, COS laid the foundation for the development of social casework in social work practice.

2.2 Social Work Practice in Nigeria

Social work is not in essence, a new phenomenon in Nigeria. The traditional settings provided social welfare services through the elders, title holders, traditional rulers, family heads, age grades and traditional religious leaders (Social Development Policy for Nigeria, 1989; Munro, 1998). These institutions were responsible for the maintenance of discipline and settlement of disputes, including marital issues in the community. The communities were highly structured to handle cases of deviance. Rural Nigeria Society was more cohesive than Urban Nigeria Society. However, the government has become increasingly involved in welfare issues over the past two centuries.

2.2.2 Social Welfare Practice in Pre-Colonial Nigeria

Nigerians had various ways of dealing with issues of old age, unemployment and marital problems. It was the duty of relatives and children in the pre-colonial days to care for their aged. The society also provided hospital – care for the sick, psychiatric care (traditional and orthodox) for the insane and after-illness care for the sick and the insane (Faniran-Odekunle, 1978). However, this approach was successful because the pre-colonial communities were small and relatively homogeneous with a subsistent economy.
2.2.3 Social Welfare Practice during Colonial Rule

Colonial rule brought more pressures to bear on social welfare practice structures from the late nineteenth century to mid-twentieth century. These pressures came from activities of the missionaries, the colonial experience and the process of industrialization and urbanization. The effects of these on the society and social structure were the change in people’s religious beliefs, creation of leadership alternatives and wage employment in urban centres (U.N., 1955).

Consequently, the nation’s social welfare planning in the colonial era fell squarely on the British colonial government and missionaries. The colonial government was more concerned about issues of security and territory with military implications, while the missionaries were more concerned about the health of the people especially maternal and child welfare (Schram, 1971).

Faniran-Odekunle (1978) observed that missionary activities survived colonial era and continued during post-colonial era because of their impact on the people. Colonial government gave financial assistance to the missionaries to support their social welfare activities.

The activities of missionaries and colonial government eventually led to the establishment of regional social welfare departments in 1958.

Ojesina (1992) opined that the colonial government had earlier established colonial welfare services in Lagos, in 1941, to cater for the soldiers returning from World War II, and had problems with their marriages, which were fast breaking down.

The women, now in urban areas, had refused to go back to villages with their returnee husbands

2.2.4 Social Welfare Practice in Post-Colonial Nigeria

In post-colonial Nigeria, only health and education were on social welfare priority. Other aspects of social welfare practice were crisis-oriented and tertiary in nature. Such aspects were issues of disruption of family system.

However, social welfare practice in Nigeria is no longer made up of traditional societies; it is not any longer a sole responsibility of a family or community. Rather, social welfare is now a fundamental factor in political policy.
Study Session Summary

Summary

In this Study Session, we noted that social work practice had its roots in England in the 1800s during industrial revolution, which put pressures on the existing social welfare structures. There was an unprecedented increase in population; innovation and inventions – new machines replaced labour force. This development led to unemployment with its resultant consequences, such as illnesses, promiscuity, and other delinquent behaviours associated with living in slums.

Assessment

1. How did social work practice start?
2. Describe social work practice in Nigeria.

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Theories of Social Practice

Introduction

Theory in social work practice is not easily defined. This is so because social work practice, though fairly old as a profession, is still evolving. This Study Session will therefore explore the constant development in practice that has affected the evolving theories in social work practice.

Learning Outcomes

After you have studied this Study Session, you should be able to:
3.1 define theory in social work practice.
3.2 highlight the uses of theory in practice.
state the harm theory can do to practice

3.1 What is a Theory?

To define a theory in social work practice, four associated terms are considered essential. These are: concepts, facts, hypotheses, and principles.

Concepts are abstractions representing logical work, developed to describe the phenomena with which they are dealing. Concepts are, therefore, the labels by which we communicate with others within a discipline, and increasingly in today’s practice, in other disciplines. Concepts are precise to ensure clear and effective communication among disciplinary colleagues.

Facts are concepts that can be empirically verified, that is, they are testable observations related to the concepts with which we deal. Relationships between facts are described in statements called hypotheses, which are tested for accuracy.

Principles are statements about fundamental laws or rules that emerge from tested hypotheses. They become the bases on which theory-based action is taken.

Therefore, theory emerges from the process of ordering facts in a meaningful way. That is, a certain relationship between facts is
posited through observation or through deduction, induction, speculation, inspiration, or experience and then subjected to testing. The development of any theory, especially in all of the helping professions, is an ongoing process. We can never say when a theory is fully developed in social work practice (Turner, 1996).

3.2 Uses of a Theory in Social Work Practice

The point of this work is that responsible, ethical practice needs to be built on a strong theory. But what are the functions of a theory for the practitioners? Why is it so important?

1. Clearly, the most essential function of a theory is its ability to explain and thus predict phenomena. In consciously formulating a treatment plan based on assessment and diagnosis, a practitioner is involved in either a theory-building or a theory-testing activity. A treatment plan presumes sufficient understanding of a situation that actions can be taken with predictable outcomes. Without such an understanding, practice remains in the realm of guesswork and impressionistic response.

2. A theory helps to recognize patterns, relationships, and significant variables that assist in bringing order to the complexities of contemporary practice. It helps us to compare, evaluate and relate data.

3. A theory pushes social work practice away from being grouped among those professions in the realm of guesswork and impressionistic response.

4. A theory aids the practitioner in anticipating outcomes and speculating about unanticipated relationships between variables. That is, a theory should help us to recognize, understand, and explain new situations.

5. A theory helps carry knowledge from one situation to the next, by helping us recognize what is similar or different in our ongoing experiences. This can help us to see the uniqueness of every individual.

6. A theory helps to explain our activity to others, to transfer our knowledge and skills in a testable and demonstrable way, and to have our activities scrutinized and evaluated by others.
3.3 The Problems of Over-Emphasis on Theorizing in Social Work Practice

1. Too much stress on formulating a theory could contradict social worker’s commitment to the humanistic basis of his practice that is, it may make social work too hard.

2. Theory building, when over-emphasized, might tend to make a social worker to be mechanistic such that he would de-emphasise or even forget the individuality of client. This may lead to an unnecessary classification of clients and generalization of issues.

3. A theory can sometimes become antithetical and counter-productive.

4. A theory may be taken as an end and not as means to achieving a result.

5. A theory that is dogmatic is not a living theory.
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<tr>
<th>Distinguishing Area of Focus</th>
<th>Relevant Theories</th>
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<tr>
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<td>Person as a biological being</td>
<td>Neurolinguistic programming</td>
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<td>Person as a psychological being</td>
<td>Functional, Psychoanalytic</td>
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<td>Person as a learner</td>
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The social work theories address the entire spectrum of a person’s bio-psycho-social reality (Turner, 1996).
Study Session Summary

In this Study Session, we have examined the process of theory-building within social work practice. Specifically, we clarified what a theory is, by exposing the inter-relationship of concepts, facts, hypothesis and principles. We also discussed the functions of the theory-building as well as the problems involved in it as far as social work practice is concerned. Finally, we also schematized some theories of social work practice.

Assessment

1. What do you understand by the concept ‘theory’?
2. How important is a theory to social work practice?

Bibliography

Psychoanalytic Theory

Introduction

In this Study Session, you will explore Freudian psychoanalytic theory. This theory focuses on the structure of personality and its dynamics.

Learning Outcomes

After you have studied this Study Session, you should be able to:
4.1 explain the psychoanalytic theory.
4.2 discuss the contribution of the theory to social work practice.

4.1 Psychoanalytic Theory

The psychoanalytic theory was discovered almost by accident by Sigmund Freud when a patient of Joseph Brenner asked him simply to let her talk or to recover. When Sigmund Freud heard of this, a new form of treatment began. Free association or “saying whatever comes to mind” became the basic tool of psychoanalysis. But Brenner soon lost interest in the study when sexuality emerged as central to Freud’s view of neurosis.

Freud devoted himself to the new science and discarded authorities and cumbersome hypnosis and also enlisted his patients’ cooperation in free association. This enabled him to notice the unconsciously motivated resistance of a patient to revealing repressed thoughts and memories, especially, sexual ideas.

Psychoanalytic theory has three parts or components:

1. A Theory of structure of personality in which the ego, the id and the super-ego are the subjects.
2. A Theory of personality dynamics in which conscious and unconscious motivations and ego-defense play a major role.
3. A Theory of psycho-sexual development in which different motives and body regions influence the child at different
stages of growth with effects persisting in the form of adult personality traits.

4.2 The Dynamics in Personality and Levels of Consciousness

Freud distinguished the id, ego and the super-ego as components of personality and he also stated that there is an interplay among them. For instance, the ego mediates between the satisfaction of the demands of both the id and the super-ego. The ego tends to the desire of the id. For something that is morally forbidden, the super-ego may punish the ego with feelings of guilt. This brings us to the three levels of consciousness or awareness:

1. the conscious level;
2. the pre-conscious level; and
3. the unconscious level.

At the conscious level, we are aware of certain things or thoughts around us.

At the pre-conscious level, in a moment of reflection, memories or thoughts are easily made available to us.

And, at the unconscious level, memories, thoughts, desires and motives are not easily called up.

However, this unconscious level influences us – our thinking and behaviour are aimed at protecting us. This psycho-dynamic theory of personality holds the view that personality is the reflection of conflicts between the id, with its primitive impulses, and the superego, with its conscience and ideals.

To handle these conflicts, the ego builds defense mechanisms, thereby defending itself against the feeling of anxiety and guilt about unacceptable urges. Anna Freud, daughter of Sigmund Freud, worked on the phenomenon of defense mechanism in furtherance of her father’s work.

Defense mechanisms help us to cope with stressful situations. Some of these defense mechanisms are:

1. **Repression** – A crucial mechanism, repression involves keeping unwanted thoughts and feelings out of awareness or consciousness.

2. **Reaction formation** – Like repression, it involves keeping certain impulses out of awareness by replacing the unwanted impulse with its opposite.
3. **Projection** – When the individual attributes to others unacceptable thoughts and feelings of his or her own that are not conscious, he or she is using projection.

4. **Regression** – This involves a return to an earlier developmental phase, level of functioning, or type of behaviour, in order to avoid the anxieties of the present.

5. **Displacement** – This involves shifting feelings or conflicts about one person or situation, unto another.

6. **Denial** – This entails the negation or unacceptance of important aspects of reality or of one’s own experience; even though, they may actually be perceived.

7. **Compensation** – A person using compensation as a defense mechanism tries to make up for what he or she perceives as deficits or deficiencies.

8. **Isolation** – Sometimes, the mechanism of isolation is referred to as isolation of affect, for there is a repression of feelings associated with particular item, or of ideas connected with certain affects. Often this is accompanied by the experience of the feelings in the context of a different situation.

Other defense mechanisms, in addition to the foregoing, are undoing, introjections, reversal, sublimation, intellectualization, somatization, idealization, asceticism, altruism and splitting.

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**Tip**

Social work practice believes that defense mechanism is used to reduce tension and make us feel more comfortable. But, defense mechanism does not solve most problems; they only relieve anxiety about the problems. Therefore, we should not depend so much on defense mechanisms because of harm they can bring to us.

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### 4.3 Psycho-Sexual Development in Psychoanalytic Theory

Freud’s idea was that from birth, we have an innate tendency to seek pleasure, especially, through the physical stimulation of parts of the body that are sensitive to touch such as:

1. The mouth;
2. the anus; and
3. the genitals.

These parts were referred to by Freud as erogenous zones. For babies, the most sensitive erogenous zone is the mouth. Freud
described the baby’s sucking as a sensual activity that leads to something very much like an organism.

As the baby advances in age, other body zones also become sensitive to stimulation. Furthermore, just as it is with the dynamic and constant shift in development of the baby, so also does the development of the dominant psychological issues forced by the person. Freud termed this process as psycho-sexual stages.

4.3.1 Fixation

The term, ‘fixation,’ is used to describe certain individuals who have never matured beyond a certain point of psycho-social development and are unable, in many ways to go further. Individuals may be fixated at any level of development: oral, anal, phallic-oedipal, etc. As part of the diagnostic assessment, the therapist has to determine where the client is fixated. Has she ever learned to trust? Or, has she ever established sufficient autonomy?

Oral stage: (Birth – 18 months)

The infant obtains sensual pleasure first by sucking and later by biting. The mouth is the focus of pleasure. A baby deprived of sucking or allowed too much of sucking may acquire an oral fixation, which may spell excessive oral behaviour in adulthood, such as thumb sucking, biting, chewing gum, or obsessive eating.

Anal stage: (Age 1½ years – 3 years)

The child turns her interests to elimination functions. This is when toilet training for the child is most appropriate. The anal region is sensitive at this stage to negative or positive impulses, that is, holding on or letting go of faeces. Therefore, the id must be brought under control. The psychoanalytic theory holds that the first early stage involves pleasure from defecation, while the later early stage involves pleasure from retention of faeces. Fixation at the first early stage results in messiness and disorder, while fixation at the later early stage results in excessive compulsiveness and over-conformity.

Phallic Stage: (3 – 6 years)

At this stage, the child forms the rudiments of sexual identity as he/she develops sensual feelings towards the parent of the opposite sex. In boys, the thought and feelings are called Oedipus complex after the mythical story of Oedipus, who unknowingly killed his father and married his mother. In girls, Freud called these thought and feelings Electra complex after Agamemnon’s daughter who arranged for her mother to be murdered.
The boy’s desire for the stimulation of his penis is associated with his attachment to his mother and wants her in a sexual way. He takes his father as his rival over his mother and fears he may castrate him. The boy now adopts a defense mechanism of taking his father as a role model through identification and behaving like him (father).

In girls, the sequence begins with an erotic focus on the father. Then, there is “penis envy.” She eventually identifies with her mother with the main aim of sharing in her mother’s “romantic” relationship with her father.

**Latency: (7 – 11 years)**

At this stage, erotic and libidinal interests are quiescent. The child learns about the world, sexual urge is largely repressed, and the ego expands. Social contact by the family thus expands (school-age).

**Genital stage: (Puberty/adolescence)**

There is a recrudescence of the biological drives, particularly of the oedipal interests, that emerged during the phallic phase. Ambivalence towards parents and other authority figures is also characteristic of puberty and adolescence. There is mature heterosexual interest.

### Study Session Summary

In this Study Session, our focus has been the psychoanalytic theory. We noted that this theory is very important in social work practice. It forms the basis for proper diagnostic process in social work. There are three distinct parts in psychoanalytic theory. They are:

1. A theory of structure of personality in which the ego, the id and the superego are the subjects.
2. A theory of personality dynamics in which conscious and unconscious motivations and ego – defense play a major rule.
3. A theory of psycho-sexual development in which different motives and body regions influence the child at different stages of growth with effects persisting in the form of adult personality traits.
Assessment

1. What is psychoanalytic theory?
2. State the major contribution of the theory to social work practice.

Bibliography

Textbooks


Study Session 5

Functional Theory

Introduction

This Study Session will expose you to functional theory. In the process, you will examine the concept of functional theory and the relevance of the theory to social work practice.

Learning Outcomes

After you have studied this Study Session, you should be able to:

5.1 define functional theory in social work practice.
5.2 highlight the relevance of functional theory to social work practice.

5.1 The Concept of Functional Theory

The principles of functional theory were first developed by Otto Rank, a German psychoanalyst and erstwhile student of Sigmund Freud. Functional theory was subsequently adapted for social work practice by Jessie Taft and the Faculty of the School of Social Work at the University of Pennsylvania.

Functional social work is a therapeutic approach derived from psychoanalytic theory. Three characteristics differentiate functional social work from the Freudian or diagnostic school (psychoanalytic) the only other clearly formulated approach extort in the early 1920s, when functionalism was developed (Smallery, 1971).

- First, the functional theory is predicated on a psychology of growth that replaces the concept of treatment with that of helping.
- Second, the functional theory assumes that the structure of the agency defines the focus, direction, content, and duration of service.
- Third, the functional theory stresses the concept of process.
5.2 Historical Antecedents

Functionalism was incorporated into social work practice in the United States during the turbulent 1920s and 1930s, but its roots must be traced to three antecedents.

1. the emergence of the field of psychiatry during the first decades of 20th century;
2. concomitant changes in scientific thought; and
3. the influence of Otto Rank, who worked with Freud in Germany before World War I.

Freud was surrounded by an inquisitive, dedicated circle of disciples who worked with him to elaborate and refine the psycho-analytic theory. One of the most brilliant and dedicated members of this circle was Otto Rank. It was Rank who devised the concepts that led to functional social work. Rank presented life as a series of separations, beginning with painful birth, unfocused on the importance of living fully with joy, creativity and humour in the limited time available between beginnings and endings.

Important points to note in the psychoanalytic theory (Freudian thinking) and the functional theory (Rankian thinking) are the following:

**Freudian thinking**
- unconscious mind as a determinant of behaviour;
- ambivalence in feeling and attitude;
- past experience as a determinant of present behaviour;
- transference as essential to therapy; and
- Resistance as a factor to be dealt with in all helping.

**Rankian thinking**
- The will as an organizing force in personality;
- The counter-will as a manifestation of the need of the individual to differentiate himself;
- Present experience as a source of therapeutic development;
- The significance of separation; and
- The inherent creativity of man.
Study Session Summary

Summary

In this Study Session, we have examined the functional theory. The theory sees the push towards life, health, and fulfilment as primary in human beings, and the human as capable throughout his life of modifying both himself and his environment, in accordance with his own changing purposes with the limitations and opportunities of his own capacity and his own environment. The functional theory sees people as not only responsible for their own future evolution but capable of it.

Assessment

1. How will you define psychoanalytic and functional theories in social work practice?
2. State the differences between the psychoanalytic theory and the functional theory.

Bibliography

Textbooks


Web resources

Psycho-social and Client-Centred Theories

Introduction

In this Study Session, you will examine psychosocial and client-centred theories. We will also discuss the importance of each theory to social work.

6.1 Psychosocial Theory

All social work practice relies on psycho-social concepts in many respects, currently and historically. The psychosocial theory has remained useful in the practice whether the focus of attention is on the individual and family, large communities and organizations treating various kinds of social dysfunction, or on the theories about social change. Social work is and has always been dedicated to the alleviation of suffering and to the enhancement of human life.

Psycho-social approach to social work grew out of efforts (especially, but not exclusively, by caseworkers) to support the well-being of individuals and families and to respond to people’s need to restore social functioning and to better their interpersonal relationships in life situations.

The psychosocial theory has consistently recognized the influences of biological factors, internal psychological and emotional processes, external social and physical conditions, and the interplay among these.

As new information and ideas emerge from social work experience and from related fields, additional light is shed on our understanding of personality and social forces and the interplay between them. The
psycho-social approach is an open, flexible system of thought that draws on many sources.

Psycho-social caseworkers (now sometimes referred to as clinical social workers) seek to help clients – individuals, families, and larger groups – to reduce problems arising from some kind of disequilibrium between them and their environments.

The context of the client is inevitably made up of many interacting systems, several of which may need to be studied in order for the social worker and client to decide how to proceed. Psycho-social treatment is intervention tailored to address those aspects that are most accessible and most capable of change. Treatment strategies, therefore, depend on a very careful analysis of the relevant forces or systems to determine which are actually amenable to modification. Sometimes, a small shift in the balance of forces can create a remarkable difference that is; a symptomatic child may enjoy rapid relief when his/her parents’ marital problem is solved.

The objectives of psychosocial approach, working collaboratively with clients, are:

1. to recover;
2. to reinforce;
3. to mobilize strengths;
4. to cope (coping abilities);
5. to locate resources; and
6. to find optimal “fits” between the clients and their social or physical surroundings.

In the psycho-social approach, the social worker demonstrates non-possessive warmth and concern, non-judgmental acceptance, genuineness, accurate empathy, a profound respect for the importance of self-direction, and realistic optimism about change.
The psychosocial approach is applied on economic and political injustices, poverty, discrimination, deprivation, inequity, hatred or alienation on the basis of race or ethnicity, class, gender, sexual orientation, age or disability, which are unacceptable to the advocates of the psycho-social approach.

6.2 Importance of Psychosocial Theory in Social Work Practice

One important role of the psychosocial theory is its recognition of the interplay of psychological systems with biological and social systems. For instance, the process of aging or changes in health affects the personality; stability or instability of the personality influences the health or the course that the aging process takes. When people are disabled by diseases, stress is placed, in turn, on their family members and others who support and sustain them. Those in attendance can feel they are doing a thankless job, and often require attention and support to recognize the value of the efforts. Psycho-social workers, therefore, address all relevant systems – biological, social, and psychological that influence a person’s situation.

6.2.1 Client – Centred Theory

The term “client – centred” has been primarily replaced with “person – centred”. These terms are interchangeable (Rogers, 1986). The term ‘client’ as opposed to ‘patient’ was in popular use by social workers long before the field of psychology embraced client-centred theories.

Carl Rogers developed many of the original principles of client-centred theory via the influence and observation of social work practitioners (Rogers, 1980).

The Client-centred theory was easily integrated into social work because of its derivations from the functional theory. Many of the values expressed in the client-centred theory are fundamental to social work practice.

6.2.2 Basic Concepts of Client – Centred Theory

1. All individuals exist in a continually changing world of experience of which they are the centre. Only the individual can completely and genuinely perceive his experience of the world.
2. Individuals will react to reality as they perceive it, rather than as it may be perceived by others.

3. There is no absolute reality that takes precedence over an individual’s perceptions.

4. The best vantage point for understanding behaviour is from the internal frame of reference of the individual.

5. Most ways of behaving adopted by the individual are consistent with the individual’s concept of self.

6. When the individual feels he is loved or not loved by significant others, he develops either positive or negative self regard.

7. The fully functioning individual is open to all experiences, exhibiting no defensiveness.

The major values in the client-centred theory are:

1. a belief in the fundamental dignity and worth of an individual; and

2. the commitment of social work’s to self determination.

Study Session Summary

In this Study Session, we examined the psycho-social theory and the Client-Centred theory. We noted that the psycho-social theory takes the psychological and the social influence into consideration in the treatment of patients. Furthermore, we also explained that the Client-Centred theory recommends treatment with the active involvement of the patient.

Assessment

1. Explain the psycho-social theory.
2. Explain the client-centred theory.
3. State the major contributions of each theory to social work practice.
Bibliography

Textbooks


Web resources


Empowerment Approach

Introduction

This Study Session will expose you to empowerment approach in social work practice. This is a relatively new concept. It establishes a linkage between social and economic justice and individual pain and suffering. The empowerment theory and its relationship with social work practice will be the focus of this Study Session.

7.1 The Concept of Empowerment Approach

Simon (1990) defines the term, ‘empowerment’ as a reflective activity, a process capable of being initiated and sustained only by those who seek power of self-determination. Others can only aid and abet in this empowerment process.

The empowerment process resides in the person, not the helper. There are three interlocking dimensions of empowerment:

1. the development of a more positive and potent sense of self;
2. the construction of knowledge and capacity for more critical comprehension of social and political realities of one’s environment; and
3. the cultivation of resources and strategies or more functional competence, for attainment of personal and collective social goals, or liberation.

As we practicalize or operationalize the concept of empowerment, it can be the keystone to social work.

Critical consciousness and knowledge of oppression is power. Power also comes from healthy personality development in the face
of oppression, which fuels the ability to influence others. This includes self-esteem/identity, self-direction, and competence and relatedness (Germain, 1991).

7.1.1 Social Work and Empowerment:

The relationship between social work and the empowerment theory can be explained thus: The professional purpose of social work in empowerment is to ensure a simultaneous concern for people and environment to assist people who experience poverty and oppression.

7.1.2 Value base

The empowerment approach in social work practice gives preference for working with the poor, the oppressed, and the stigmatized to strengthen them individually. It also gives preference to social policies and programmes that create a just society with equal opportunity and access to resources for the socially excluded.

7.1.3 Knowledge base and theoretical foundations

Social work provides the practical dimension to the theory of empowerment by creating for the oppressed individuals:

i. unique personhood;
ii. ego functioning; and
iii. the capacity for cognitive behavioural learning.

Generally, the empowerment approach rests on empowerment values, and purposes and the principles of social work practice.

7.1.4 Assessment for Empowerment

Some basic steps must be taken in assessing for empowerment. These are:

1. basic information;
2. life transitions;
3. health and mental health;
4. interpersonal development;
5. physical and socioeconomic environment;
6. manifestations of oppression;
7. areas of powerlessness or power shortages;
8. specific strengths in the person and in the environment;
9. weighing and making a statement of assessment; and
10. stating the initial working agreement and next steps in intervention.
Social work practice sees the empowerment approach as an important component in achieving positive results for the clients.

**Study Session Summary**

In this Study Session, we have examined the empowerment approach. We noted that the approach to social work practice enables practitioners to investigate reality with the socially disadvantaged and to help them confront the obstacles imposed by class, race and other forms of social difference.

**Assessment**

1. What is empowerment approach in social work practice?
2. What connection does the empowerment theory have with social work practice?

**Bibliography**


Study Session 8

Crisis Theory

Introduction

In this Study Session, you will examine crisis theory as an important theory in social work practice. This theory was developed during World War II and it was based on two main streams: the psychological – emphasizing the role of ego in personality formation and the sociological – emphasizing family stress situation and reaction to community disasters. Details will be discussed in this Study Session.

Learning Outcomes

After you have studied this Study Session, you should be able to:

8.1 identify key factors in the crisis theory
8.2 relate the crisis theory with social work practice.

8.1 What is a Crisis?

A crisis, in social work practice, is defined as an acute emotional upset in an individual’s usual steady state, accompanied by a perceived breakdown in his or her usual coping abilities. (Parad and Parad, 1990).

The acute upset is manifested by physical, psychological, cognitive, and relational distress and symptoms. A crisis can be experienced by an individual independent of others or by groups of individuals within families, organizations, and communities. Reuben Hill worked on crisis theory and based it on a contemporary issue which was World War II.

Apart from the crisis theory’s base in psychology and sociology, it also has its focus on social work practice approach. These are:

1. The diagnostic approach that emphasizes a careful, all encompassing evaluation of the person-in-his-social situation; and
2. The functionalist outlook which emphasizes the special needs of client under pressure and the importance of time as a factor in the casework relationship.

8.1.1 The Crisis Theory

Stressful life events can precipitate a state of crisis, wherein people experience temporary feelings of severe acute distress and of being overwhelmed or unable to cope in ways that reduce the discomfort or the hazardous circumstances.

For some people, particularly when the event is traumatic or catastrophic and outside of their expected life experiences, the resulting crisis may become a significant risk factor for subsequent dysfunctional behaviour, impaired physical and social functioning, and acute and prolonged mental disorder.

The best way to prevent negative outcomes following exposure to hazardous events is to provide people with immediate emotional, informational, and environmental aid. These are of great concern to social work.

Exposure to stressful events is a normal phenomenon in human experience. Therefore, different professionals are involved in crisis intervention, such as social workers, physicians, psychologists, clergymen, police, soldiers, lawyers, nurses, teachers and other emergency and disaster workers.

8.1.2 Crises-Causing Events

The following are some of the events causing crises:

1. Psycho-social events:
   a. Family violence and abuse;
   b. Crime in the community, schools and workplace; and
   c. Wars: Loss of beloved ones may lead to depression and mental illness and displacement fallouts.

2. Natural disasters:
   a. earthquakes;
   b. tremors;
   c. flood; and
   d. draught - famine

3. Biological events:
   a. Epidemics i.e. cholera, diarrhea.
   b. Poison i.e. bird flu, rinderpest.
   c. Cancer.
d. HIV/AIDS

e. TB/Leprosy.

### 8.1.3 Crisis Theory and Social Work Practice

Social work practice is characterized by frequent encounters with people who have been exposed to potentially hazardous life events or who are in crisis. Indeed, providing crisis intervention services is an everyday experience for most social workers as people in crisis make up much of their social work practice. Some of the ways in which social work relates with the crisis theory are the following:

1. Social workers formulate and refine the elements of crisis intervention services in the community.
2. Social workers positively intervene in the crisis-management system of a community, such as its mental health programmes, suicide prevention centres, family service agencies and medical care system.
3. Social workers respond to crisis in child welfare system, schools, rape, and empowerment matters etc.

From the above, we can see that social workers act to ameliorate human suffering and, if possible, to prevent it. The crisis theory provides social work practitioners with a set of basic assumptions to guide decisions about whether to intervene, for whom, and in what ways.

### 8.1.4 Crisis Intervention and Social Workers: Applying the Crisis Theory

1. Social workers should look for opportunity to reduce the exposure to risk event through crisis intervention (Armstrong et al, 1995).
2. Prevention is the major goal of crisis intervention in social work. There are three kinds of prevention programmes:
   a. **Primary prevention** – decrease in the number of people who experience a state of crisis.
   b. **Secondary prevention** – intervention to minimize the severity of crisis state and to reduce the number of people for whom the crisis results in prolonged functional impairment and psychological disorder.
   c. **Tertiary prevention** – maintenance of the degree of impairment or disability and preventing it from worsening and, wherever possible, introduce rehabilitative activities.
Other Social Work practice theories that you may explore:

A. Ego psychology.
B. Systems theory.
C. Role-playing theory.
D. Problem-solving theory.
E. Gestalt theory.
F. Existential theory.
G. Cognitive theory.
H. Communication theory; and
I. Task-oriented theory.

Study Session Summary

In this Study Session, we examined the crisis theory, which deals with stressful life events precipitated by a state of crisis that is an acute emotional upset in an individual’s usual steady state. This state is accompanied by a perceived breakdown in his or her usual coping abilities. The crisis theory has both psychological and sociological bases. The psychological base is the role of ego in personality formation while the sociological base is the family stress situation; and, reaction to community disasters. We also noted that social work intervention in crises stipulates that social workers look for opportunity to reduce the risks of event exposure, showing that prevention is the major goal of crisis intervention.

Assessment

1. Explain the crisis theory.
2. Why is the crisis theory important to social work practice?
3. When do we apply the crisis theory in social work practice?
Bibliography

**Textbooks**


**Web resources**

Introduction

There are basic principles in every recognized profession, which also serve as guidelines for its practitioners. The ethics of such profession are direct products of its principles. The principles of social work practice apply to social workers all over the world, especially in the developed world. The developing countries have embraced three principles.

9.1 Principles of Social Work

Hancock (1997) gave the principles of social work practice, which have been in practice since the 1800s as:

1. individualization;
2. purposeful expression of feelings;
3. controlled emotional involvement (Empathy);
4. acceptance;
5. non-judgmental attitude;
6. self–determination; and
7. confidentiality.

These seven basic principles are discussed as follows:

9.1.1 Individualization

This principle is one of the most direct expressions in practical terms of the ethical principle of respect for the innate worth and dignity of each human being. It is based upon the right of human beings to be individuals and to be treated not just as a human being...
but as this human being. In other words, no two persons are the same; they are individually unique and must be likewise respected.

9.1.2 Purposeful Expression of Feelings

The principle recognizes the client’s right to freely express his positive and negative feelings about issues.

The social worker must listen purposefully, neither discouraging nor condemning the expression of feelings from their clients. The social worker must actively stimulate and encourage free self disclosure from their clients as part of the helping process.

9.1.3 Acceptance

Acceptance of persons as they are, however they present themselves to us and for whatever reasons, is a critical element in the helping relationship. Indeed, without it, social workers cannot help their clients. Social workers must accept their clients as they are to establish a positive relationship with them.

9.1.4 Non-judgmental Attitude

Social workers need to adopt the non-judgmental attitude as a value principle so that its practice becomes part of the self – as instrument. This principle is a quality of the helping relationship that is based on the conviction that the function of social work is not judging or assigning guilt or blame to persons. Rather, it is all about understanding and evaluating the clients’ difficulties with the objective of helping them out of those difficulties.

9.1.5 Self – determination

This principle is central to social work practice. It gives the clients a natural right to make their choices and decisions. This principle must be fully recognized by the social workers.

9.1.6 Confidentiality

This is a very important principle in social work practice. Confidentiality serves as a pivot to social work profession. Therefore, Albers and Morris (1990) deemed it equal in importance to, if not more important than other principles of social practice.

Levy (1976) also said that it is the prerequisite of clients entering into a helping relationship, and without it no effective service can be offered or received. Confidentiality is the preservation of secret
information concerning the client, which is disclosed in the course of the professional relationship.

Social workers must imbibe the culture of confidentiality in dealing with their clients on such issues as marital instability, truancy, delinquencies, prostitution, and poverty of all kinds. These and others are social problems requiring the helping profession’s intervention, that is, social work profession. Establishing and sustaining relationship in social work practice is premised on the principle of confidentiality.

On the part of social worker, some steps are needed to be taken to uphold these principles. These are:

1. freedom from bias and prejudice;
2. knowledge of human behaviour and knowledge of the various ethnic and religious cultures in the community where the social workers operate;
3. ability to listen and observe;
4. ability to move at the client’s pace;
5. developing empathy for their clients;
6. Ability to relate client’s relationship with social environment; and
7. Flexibility – ability to change objectives and/or methods of intervention in keeping with the client’s developing needs.

Study Session Summary

In this Study Session, we examined the basic principles guiding social work practice such as individualization, purposeful expression of feelings, empathy for the plight of the Client, acceptance, no judgmental attitude, self-determination, and confidentiality. We also noted the stages the social worker must take to uphold the principles.

Assessment

1. What are the principles of social work practice?
2. Explain each principle and its relevance to social work practice.
### Bibliography

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Study Session 10

Social Work Administration

Introduction

In any profession, administration is central because it serves as the oil lubricating the system of the problem to function well. In other words, the day-to-day management in any profession is carried out through administration. Our focus in this Study Session is on social work administration, its functions and the skill expected of a competent social work administrator. We also examine planning as an essential component of social work practice.

10.1 Concept of Social Administration

Social administration is a dynamic and on-going process that results in transforming social policy into social services. Policies are a statement of guidelines, usually on paper, while services are the transformation of this guideline into action.

Social administration involves a partnership between management and staff to coordinate their resources and optimize the yield from these resources in preparing casework (individuals and families), group work and community service programmes.

10.2 Functions of Social Administration in Social Work

1. It is responsible for the determination and classification of social policy. This has to do with the formulation of a social policy and the intention of such a policy.

Learning Outcomes

After you have studied this Study Session, you should be able to:

10.1 explain what social administration entails.
10.2 examine the various ways in which social administration is important to social work practice.
10.3 highlight the process of planning in social work.
2. It is responsible for programme development, standardization and evaluation of the programmes and management of the programmes, in this case, social work programmes.

3. It has the authority to designate, supervise and coordinate various tasks. All these ensure good services. Every social worker has adequate authority commensurate with his/her position and assures the clients of orderliness in social work practice.

4. It is responsible for the mobilization and maintenance of resources to carry out effective social work services.

5. It shows accountability by processing and reporting every detail of the services rendered by the agency: social administration keeps records of practice.

6. It facilitates community and public relations: social administration ensures adequate community and public relations that are functional.

Therefore, we need social services for catering for the problems that exist in the society, and, setting standards and meeting needs.

Social work administrator must possess the following skills:

1. Basic administration and management skills. These are: human relations skills, personnel management skills, service management skills, budgeting and auditing skills.

2. Human behaviour: This is of primal importance in social work practice and this entails observing all principles of social work practice.

3. He must ensure resources availability in community, both human and material.

2. He must have sound knowledge of government policies and legal limitations. Social work profession has guidelines as well as sanctions for practice.

3. Public opinion and attitudes: Public evaluation of social work practice and social workers should concern the social work administration. Social administrator should monitor the position of the public about social work services.

4. Problems and needs: Social administrator should identify problems and needs in the society. Policies are then formulated to address these problems and needs so identified which are ever dynamic. Social work practice is about solving the problems and meeting the needs of the society.

5. Social administrator must have sound knowledge of social work theories and concepts, social work ethics, values and principles.
The main goals of social work practice is solving problems and meeting needs

6. Social administrator should be tactful, cautious, accessible and self-confident.

7. Social administrator should be a good listener, consistent, decisive and disciplined.

8. Social administrator should possess adequate oral and written communications skills.

10.3 Planning in Social Work

Planning is the first step in any intervention process of social work practice. It involves making arrangements for the action to be taken in respect of a problem and the future of such an action. It deals with how to use time, personnel and other material resources to solve the problem identified. Planning is a search for the best method of achieving the set goals. Planning is spelling out steps to be taken in social work activities.

In any modern state, social services take a great share of the government spending. This therefore, calls for adequate planning. There are steps to take in planning for social work intervention.

10.3.1 Problem Identification

As a social worker, you must first identify what the social problem is. Is it a case of truancy? Is it juvenile delinquency? Is it marital problem? The problem must be first identified to be able to properly plan for its intervention. The process of identifying the problem is called problem identification. Furthermore, information is important in planning, in fact, it is key to good planning. You must gather enough data and then do a thorough analysis of the causes of the problem. The next stage in this problem identification is to prioritize the causes of the problem for effective intervention.

10.3.2 Formulation of Alternative Corrective Actions

Only the priority problem and its causes have been identified by the first step, the ways and means of overcoming the problem or at reducing it also have to be considered. In other words, it is also important to consider several alternative, particularly innovative corrective actions to address the problem identified.
10.3.3 Selection of Feasible Corrective Action

At this level, we will determine the feasibility of each alternative corrective action and select the most feasible action.

We may ask the following questions to arrive at a most feasible action:

a. Is the action in question acceptable to the clients and the profession?
b. Is the alternative supported by other social workers and the agency where you work?
c. How complex is the action? How easy is it to implement?
d. What are the constraints likely to arise during intervention?
e. What are the chances of successful intervention?
f. How much time will it take for the intervention?
g. What is the cost?
h. To what extent can one use resources which are already available?

10.3.4 Implementation Planning

Once the most feasible corrective action has been selected, more detailed planning – implementation planning – has to be carried out. This involves the following:

a. scheduling
b. identification of ‘actors’; and
c. resource identification

There is a need to identify activities to be carried out and determine their sequence and their timing (start, duration and completion of each activity). This is scheduling.

Identification of ‘actors’ is a crucial sub-step. We must identify ‘who’ does ‘what’ in the intervention process. Resource identification means those resources needed for the intervention, the use of existing resources which are underutilized, or can be reallocated from areas of lower priority.

10.3.5 Decision – making

The decision-making authority is usually vested in the client, who is central to the problem, by the agency and social workers.

10.3.6 Communicating the Decision

It is important that we communicate the decision face-to-face to all ‘actors’ and those will be affected by the decision. All the parties
concerned may want to know the reasons for the decision: they will act and react better if they know why the decision was made. They should also know the benefits to the clients and the possible disadvantages the decision is likely to bring.

10.3.7 Follow – up

This is an important step in social work practice. The ending of any intervention is as important as the beginning of it. To this extent, the social worker must conduct some post-intervention investigation to evaluate the success or otherwise of the whole intervention process. If it is a success story, he tries to see the factors that led to it. So as to employ the knowledge in future. If the desired result has been realized, then he tries to find out the reason for the failure.

10.3.8 Intuition

Problem – preventing/solving does not only require a rational approach. Intuitive thinking and acting on hunches is an essential feature of successful problem – preventing/solving in social work practice. All social workers must imbibe and act it appropriately. Intuition is knowing without getting there in the linear, step-by-step, logical way. In social work practice, the intuitive which may come in a flash while we are tackling the problem, or later when the problem is put aside. The often-used expression ‘sleep on it’ means allowing the intuitive process to aid problem-solving.

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**Study Session Summary**

In this Study Session, we discussed the concept of social work administration, its basic functions and the skills expected of a competent social worker administrator in meeting with the challenges of his profession.

Also, we examined the process of planning in social work. We stated that planning is the first step in any intervention process. Planning is making arrangements for action to be taken to intervene on a problem. It deals with time management, and management of other resources: personnel and materials. Planning is a search for the best method of achieving the set goals. Some steps are fundamental to planning: definition/identification of the problem; formulation of alternative corrective actions; selection of feasible corrective action; implementation planning; decision-making; communicating the decision; follow-up and intuition. Planning in social work practice affects all aspects of practice:
training of social workers, fieldwork and internship, practice and administration. Planning is therefore, central to social work practice.

### Assessment

1. What is social administration in social work practice?
2. How is social administration important to social work practice?

### Bibliography

#### Textbooks


Study Session 11

Social Policy in Social Work Practice

Introduction

Social policy gives direction to social work practice. It gives every agency of social work its own identity. Every action taken in social work practice is a product of planning. In view of the foregoing, the Study Session discusses social policy in social work practice.

Learning Outcomes

After you have studied this Study Session, you should be able to:

1. explain social policy in relation to social work practice; and
2. state the importance of social policy to social workers.

11.1 Social Policy and in Social Work

Social policy can be defined as a set of principles and procedures that guide any course of action related to human relationships in society. In social work practice, we have social policies such as marriage policy, adoption policy etc. These policies are guidelines and sometimes function as Acts, which control social services and institutions.

Social policy acts as a set of dynamic forces that work towards the developments of the society. In other words, social policy deals with social mandate. Social mandate does not mean that it always gets the support of the grassroots. It is necessary to add that most of what we have now are not necessarily social mandate but political mandate that is, a government with political power may enforce a policy inspite of its lack of popularity. The society outside the government may not accept such policy that does not evolve from social mandate.

11.1.1 Concept of Social Policy:

The concept of social policy is representative of the governmental power to regulate economic, social and cultural relationships in any
given society. It represents the distribution and the redistribution of social resources, roles and objectives of the society.

11.2 Types of Social Policy

Social work practice is a complex and humane profession. In this wise, all types of social policy impact on social work practice. The types of social policy that may affect the practice of social work are the following:

11.2.1 Residual model

There are policies that tend to take care of the socially disadvantaged, those who cannot take care of themselves – the very poor, destitute, the very old, etc. and also focus on charity, gift benefits etc. meant for the socially disadvantaged.

11.2.2 Industrial achievement

These are policies that take care of retired civil servants, service achievement such as pension. This is based on merits, earned privilege for working for thirty years.

11.2.3 Institutional Redistributive model or Universal model

This is a policy that makes government provide social services at affordable costs to the public. These may be in form of basic education such as the Universal Basic Education (UBE), or health, such as Immunization Programme.

11.3 Determinants of Social Policy

There are three major determinants of social policy in social work practice. These are:

1. political;
2. economic; and
3. cultural background.

11.3.1 Political Development

This process involves the choice of goals, needs and problems. The problem so identified must be that which requires government intervention such as International Youth Development Programme (I.Y.D.P.). Since it has international involvement, the government must come in. Social policies cannot and are not static because they must respond to changes in human and social needs and be
influenced by ideologies of political and other pressure groups in democratic societies.

11.3.2 Economic Determinant

There should be some knowledge of the economic resources available before any policy could be arrived at. Sometimes, rural-urban movement dictates the socio-economic welfare policy to be implemented. This may affect issues of housing, prostitution, child abandonment and unemployment.

11.3.3 Cultural background

Culture is the aggregate of beliefs, values, relationships, and social behaviour of the members of the society.

There should be a conscious modification of cultural beliefs and pattern of behaviour in social work. The social workers must be aware of what the public thinks of them in relation to the traditional beliefs. Social policy must take cognizance of the cultural beliefs on adoption, abortion, extended family system. Some cultural values influence policies on religious matters, such as holiday time, educational opportunities, family law, Government aid to persons on holy pilgrimage, etc.

11.4 Sources of Social Policy

The following are some of the sources of social policy:

1. **Laws** – These are the laws of the land.

2. **National Development Plan** – This is a national developmental plan, which embraces social welfare services. It may be a long-term plan.

3. **Court decisions** – Court judgments are instrumentalities of social policy.

4. **Administrative decrees/rulings** – These may also be social policies, such as those made by the ministry and corporations.

5. **Constitution** – This is a solid source of social policy. The constitution may however be vague or ambiguous on some issues of policies.

6. **Governmental decrees/rulings/Acts** – These are social policies that have gone through established, constitutionally recognized processes.
Study Session Summary

In this Study Session, we discussed the issue of social policy in social work practice. In the process, we conceptualized social policy, talked about types of social policy, determinants of social policy, as well as sources of social policy.

Assessment

1. What is social policy in social work practice?
2. List the functions of social policy.
3. State the steps involved in social policy formulation in social work practice.

Bibliography

Textbooks


Social Work Process

Introduction

Social work process involves two major divisions which are primary and secondary. Each of these divisions has its peculiar nature and services to the society. In view of the above, it is important to discuss the relevance of these two divisions of social work process in this Study Session, since they point out the direction services to be provided.

12.1 Divisions of Social Work Process

There are two major divisions in social work process; namely:
1. Primary social work process, and
2. Secondary social work process.

12.1.1 Primary Social Work Process

This is a division of social work that deals directly with the clientele. It is the operation section and has a face-to-face contact with the clients.

Primary social work process has three areas of functions:
1. casework;
2. group work; and
3. community work.

Casework

Casework is a method by which one individual offers help to another. It is a helping process, which entails counselling an individual to effect better social relationships and social adjustment.
that makes it possible for him/her to live a satisfying and useful life. The key issue of casework is that it deals with individual clients.

It is unquestionably true that common problem has been found among larger number of people. In a population as large as that of Nigeria, there will always be a sizeable number of children, who are deprived of adequate personal care. It is also time that common solution can be devised to solve this problem. All children can be given care in institutions or foster homes. It’s also true that people react to certain problems in different ways. This means that it is not always true that general solutions could be given to everybody all the time. Therefore, it follows that individual solutions must have to be given to people according to their individual needs.

Casework may be offered in agencies operating primarily to make such service available, such as the family service agency or in the social service division which is but a small part of a larger organization, such as a hospital, a ministry etc. The agency may also be housed in an ordinary apartment or office building, or in an old residence that has been converted to office space.

**Elements in Casework Process**

There are three basic elements of social casework:

1. the client;
2. the agency; and
3. the caseworker

The client stands at the centre of casework process. You need the full cooperation of the client in the spirit of the principle of self-determination. Clients have different personalities; some can be changed easily while some are difficult to change, and others cannot be changed at all, no matter what you do.

Occasionally, the caseworker may work with more than one person at a time. He/she may have to work with a couple, child and parents, brothers and sisters. This is not strictly accurate to say that casework is always a process of working with an individual. However, the focus of attention will always be on the individual.

The agency provides the framework within which the casework process takes place. We have agencies like courts, prisons, hospitals, institutions, such as children’s homes, home for the aged and the handicap.

The caseworker is the professionally trained, engaged to perform a casework process. He/she brings his/her own unique personality to the process. The caseworker operates within the agency’s professional ethics and thus has full knowledge of different values.
attached to different cultures. This will guide the caseworker against to being judgmental in his dealings with clients.

**Group Work**

*Group work* is a method of social work designed to help a particular group of people to solve the problems, which they have in common. For example, you can conduct group work for adopting parents, adolescents, mothers attending immunization clinic, people living with HIV/AIDS, etc.

Group work can help any individual to gain confidence, hold aggressive individuals in check and provide opportunity to test out leadership, capacity and ability to follow.

The group worker must approach the group involved with full maturity. He must know the status of the group – homogeneous or heterogeneous. Issues of age, socio-economic background, mental ability, social maturity, previous group experience, interest and ability to make adults of the group must be primal in group work.

**Community Work**

Community work, in its simplest sense, is concerned with meeting the needs of individuals and groups that comprise a community. It is an organized attempt on the part of the community to identify and define the social, biological and psychological needs of the individual members or the needs of the community as a whole. Therefore, community organization is the attempt to bring community resources to solve the problem in the community to keep pace with current needs and to develop new resources when necessary.

**The Role of Community Worker**

1. The community worker, who is a social worker must help the representative groups by whatever names they are called such as council, delegate, body, assembly, association, club, etc. to determine and create suitable organizational structure and operating practices to achieve set the social goals as may be expected.

2. The community worker must have responsibility and capability to assist the participants to function as adequately as possible in two major roles:

   (a.) as a group member; and

   (b.) as a representative.

3. The community worker must have knowledge of how the representative is selected, be it by personal vote, honour, general approval or by appointment, or as a spokesman for an individual
or clique or because no one else was interested or as a reward for service rendered rather than any particular ability to do this particular job. The social worker must unite the efforts of the people with those of governmental authority to improve the economic, social, cultural and political development of the community involved.

12.1.2 Secondary Social Work Process

Secondary social work process consists of supervision, training, administration and research. Secondary social work process deals with clientele INDIRECTLY. It is secondary because it operates by proxy.

Supervision

This is an act of overseeing other’s work. In social work, we talk about supervision that has a direct service with the client as a primary social service. Supervision in social work is for effective and efficient services to be provided to clients by correcting the social worker where required and introducing new methods of providing better services. The supervisor also detects the shortcomings of the agency too for rectification.

Training

Training in social work is for methods and practice, practical experience, practicum, staff development and research. This is where courses in social work are taught to enable the trainee to be a qualified social worker.

Administration

Administration in social work coordinates the activities of the social worker and the management. It ensures efficiency and disseminates information as appropriate. Administration ensures adherence to goals and objectives, professional values and staff development through training, re-training, workshops and seminars. Administration is a process of organizing and directing social agencies.

Research

Research expands the boundary of knowledge for discovery of new methods of practice. Research is all about the collection and analysis of the date form social work practice, from both primary and secondary sources for the furtherance of services to the clients and to improve the clients social functioning.
Study Session Summary

In this Study Session, we discussed social work process. We stated that social work process has two divisions; namely, the primary and the secondary. Primary social work process deals directly with the clients. It has three areas of functions which are casework, group work and community work.

Whereas the secondary social work process deals with the clients indirectly. Furthermore, the process consists of supervision, training, administration and research. The general goal of social work process is the well-being of individuals, families and communities; adequate response to people’s need; restoration of social functioning and improvement of interpersonal relationship and life situations especially in the face of social deprivation of all kinds and catastrophe.

Assessment

1. What is social work process?
2. What planning in social work practice?
3. What are the components of planning?
4. Show the importance of planning in social work practice?

Bibliography


Study Session 13

Social Work Practice in Nigeria

Introduction

In this Study Session, we will examine how social work practice in Nigeria has evolved into an establishment of industry, the growth of towns, concentration of population, new trades, new customs, changes in the land tenure system, improved education, railways, better roads, improved communications and thereby, of course, to a rising tide of social change far beyond local traditional approaches.

We will also explore how social work practice is practiced, using Nigeria as a case study. The practice has evolved so rapidly over time that generic approach to social work practice is fast being pushed into the background while specialization in social work practice is taking the foreground.

13.1 History of Social Work Practice in Nigeria

The Colony Welfare Service was started in 1945 during the closing stages of World War II. In common with many other countries affected by the war, many social problems were created, of which the most serious was the increase in the number of children absconding from their homes in Lagos and the interior of Nigeria, and were living on the streets and developing delinquent habits.

In the attempt to find a solution to this problem, a group of young Nigerians opened the Green Triangle Club. The objective was to arrest the increasing number of delinquent boys on the streets. These children came to the club to engage in different activities and, whilst

Learning Outcomes

After you have studied this Study Session, you should be able to:

13.1 describe social work practice in Nigeria.

13.2 highlight casework services in the early development of social work practice in Nigeria.

13.3 point out the types of social work services that is
there, they made friends with the adult helpers who tried to influence them to return to their homes and settle down. Many members of the public made financial contributions to help. Some of the children who had no homes in Lagos, or whose parents did not want them to return home because of their delinquent ways, began living at the club.

Mr. D. Farlkner who was working at the Enugu Boys’ Approved School was in Lagos on his way to England on vacation, together with the Green Triangle Club helpers carried out a survey of juvenile delinquency, and submitted the report to the Government. The high incidence of juvenile delinquency and the inadequacy of the methods available for dealing with it were such that the report submitted to the Government strongly recommended the setting up of a Colony Welfare Services, designed primarily to help delinquent boys. The Colony Welfare Service was eventually organized in 1942 and concentrated especially on the setting up of Boys’ Club, which would help in preventing delinquency.

Boys’ Remand Home was opened at Military Street, Lagos. It housed delinquent boys. Three men and three women were given scholarships for training in social science and administration in 1943 to work in the Colony Welfare Service on their return from overseas.

At this time, the Salvation Army was responsible for running a Boy’s Reformatory at Yaba, but Juvenile delinquency was still on the increase. The Reformatory was largely being financed by the Government. The Government, therefore, decided to close this down and to open a Boys’ Approved School at Isheri, as part of the Colony Welfare Service.

In March, 1945, a group of boys moved to Isheri. Within a few years, over 100 boys in the institution, now having permanent buildings, become good members of society. These boys were taught different trades.

Salvation Army vacated their Yaba premises and Government used this as Home for delinquent girls and small boys. Such children included those who had got lost in Lagos or had been sent to work as house-servants and having been ill-treated, had run away.

Moreover, as a result of the war, again there was a marked increase in child-prostitution, and women social welfare officers were appointed to rescue young girls from brothels. The girls thus rescued remained at the Girls’ Home until they could be taken back to their homes.
Furthermore, the number of the run-away delinquent girls was increased by the girls who objected to their being married to soldiers who are back from the World War II. The social welfare officers also took care of them.

As the services developed, more delinquent girls became known to the social welfare officers, and those who were uncontrollable were put in boarding schools, which were run by missionary bodies. In 1956, an Approved School was opened for delinquent girls.

The services also began foster-homes for boys and girls whose delinquency resulted from lack of parental care. Many foster-parents rendered invaluable assistance in the training of children. For many years, the service worked under the Native Children (Custody and Reformation) Ordinance, which provided for the cases of children brought before the court for criminal charges. However, the services made no provision for children in need of care and protection or those that were beyond their parental control.

In 1948, the Juvenile Court was established. It was then discovered that many boys started stealing and absconding from home at a very early age. Junior Boys’ Approved School called Birrell House was opened to provide training for such boys from the age of 8 to 11 years.

There was no Native Authority Court in Lagos where matrimonial cases of marriages under the Native Law and Custom could be heard, and therefore, social welfare officers were set aside to deal with these matters. In many cases, married couples came to refund dowries. However, in some cases, couples who were desirous of reconciliation were reconciled by the Social Welfare Officers.

From such a beginning, a Family Welfare Service was started. As implied above, it was designed primarily to effect reconciliation between husbands and wives and became very popular in Lagos. Many couples did not like to take their matrimonial troubles to the elders of their various families for fear of being biased. They, therefore, embraced Family Welfare Service.

Also, Family Welfare Service cared for the children of the broken marriage. Social Welfare Officers discussed that it was customary for men to try to punish their wives when the marriage collapsed. They did this by taking away the children or failing to help in the maintenance of the children. Fathers who behaved thus and who would not maintain their children were voluntarily brought before the Juvenile Court, and the presiding Magistrate would make orders for the fathers to contribute monthly sum towards the maintenance of their children, while still in the care of the mothers. Social
Welfare Officers enforced this order by making sure that the fathers paid and mothers cared for the children. Over the years, the scope of Family Welfare Service has widened and it now deals with varied family matters, including paternity disputes. Apart from the Boys’ Clubs and the Girls’ Clubs founded, Women’s Clubs, Sports, Community Centres were also built and urban development was undertaken.

13.2 Casework Services in Nigeria

The units under Social Welfare Division, since 1968, consist of the following:

1. Juvenile Welfare Unit, Yaba;
2. Juvenile Court;
3. Aftercare Services, Lagos;
4. Family Welfare Unit, Lagos;
5. Children’s Unit, Lagos;
6. Adult Probation;
7. Adoption Unit;
8. Juvenile Welfare Unit, Ikeja;
9. Family Welfare Unit, Ikeja;
10. Aftercare Services, Ikeja; and

There are also Social Welfare Institutions such as:

1. Mapara Senior Boys’ Approved School, Isheri;
2. Isheri Intermediate Boys’ Approved School, Isheri;
3. Birrell House Junior Boys’ Approved School, Yaba;
4. Girls’ Approved School, Idi-Araba;
5. Boys’ Remand Home, Yaba;
6. Girls’ Remand Home, Idi-Araba; and

Mr. D. Faulkner was the first head of Social Welfare Department. Miss Alison Izzett took over from him when he retired; then, Mrs. W. A. McEwen who took over as head in 1960.
13.3 Types of Social Work Services and Entry Guidelines for Social Workers

Social workers play different roles in various agencies where they are engaged. In other words, the agency determines its own functions. Social workers employed to work in these agencies must comply with or the functions of the agency. However, such social workers must be trained in line with the need of the agency. Agency functions and the social worker’s area of training must correlate.

Some of the services in social work practice in Nigeria are discussed below:

13.3.1 Probation Service

This is a modern approach to the treatment of young offenders. It aims not just to punish the offender but to correct, to reform, to re-orientate and to rehabilitate and restore him to the status of a respectful and conforming citizen.

This is a great shift from emphasis on making the punishment fit the offence. Social workers in Probation Service are called Probation Officers. They work among men, women and children who have legal cases in courts. They serve as social welfare officers to them and liaise between the court and the offenders. The Juvenile Court uses non-institutional treatment, which includes probation, repatriation, fines, committal to fit person, birching and binding over.

Probation is keeping the offender though at liberty, under the close watch of a social welfare officer for a period of time to effect a positive change in the life of the offender.

13.3.2 The Juvenile Court

The Juvenile Court’s Law was first enacted in Lagos in 1943 to cope with the welfare of the children and Young offenders. Juvenile court was officially established in Lagos in 1948 when trained Nigerian Probation Officers returned from Overseas to serve the court.

Juvenile court is not open. It is restricted only to those members of the public who are directly concerned with the cases before the court.

Only cases involving juveniles, who are below the age of 17 are brought to the court. A ‘child’ under the Children and Young Persons Act of 1963 (Revised 1978) Lagos State, is a person under
the age of fourteen years and a ‘Young person’ means a person who has attained the age of 14 years and is under the age of 17 years.

A wide variety of offences involving juveniles are brought before the Juvenile court. These include cases of stealing, and attempted stealing, assault, fighting and hawking. Children and Young Persons beyond parental control or in need of care and protection also appear before the court. Also, cases of abandoned children, of children deprived of adequate care by their parents or guardians, and of those exposed to moral danger because of company they keep or their environment.

The sole pre-occupation of the Juvenile Court is the protection of the welfare of these young ones. Recommendation made by the Probation Officer to the court is usually taken by the magistrate.

**13.3.3 The Remand Home**

The Remand Homes serve as places of detention for juvenile offenders while awaiting trial and as places of shelter for juveniles in need of care and protection. It is also a centre for skilled observation of the juvenile. Social workers in Remand Homes are called institutional workers, and they try to find out useful facts about the children.

The children are interviewed by the social workers. They are observed at work, and at play to ascertain their personality make-ups. Facts about the child’s social background, family situation of the offender, his relationship to his family, his health and school report are investigated and recorded. All the filed reports are presented at the Juvenile Court to assist in its decision on the expedient type of treatment for each of the juveniles.

The time spent in Remand Home varies from one child to another; it depends on how long it takes the social worker (case worker) to obtain all the necessary lists of information.

**13.3.4 The Approved School**

In spite of the fact that there is a gradual shift of emphasis from institutional to non-institutional care of delinquents, approved school training for young offenders is still an integral part of our penal policy. It provides above all the corrective training essential to making a reality of the goal to reform the young offenders. The Juvenile offenders deserve a special treatment because the younger an offender is, the more hope there is for his reformation and better prospect for the future. He, unlike the adult offender, easily feels sorrowful for his offences. He may be a creature of his
surroundings, which may be difficult, unhappy home or bad company. The goal of the Approved Institutions, therefore, is to reform the offender and make him a useful and contended member of the society. There are different levels of Approved Schools for juveniles under the age of 17: Junior Approved School is 8-12 years; Intermediate is 12-15 years; and Senior is 15-17 years.

13.3.5 Aftercare Service

The service provided by the Aftercare Section of the Social Welfare Division is an essential ingredient for an effective rehabilitation and reintegration of young offenders, who are committed to approved institutions in the society. Aftercare Officers (social workers) are not officers of the court but have duties to perform for the court by making sure that parents who have children in Approved Schools remit money regularly.

Aftercare service is available for two main categories of juveniles:

a. Offenders released on license before the expiration of the corrective orders. Aftercare worker will supervise the juvenile until his corrective order has expired.

b. Ex – Approved School boys and girls were released after the expiration of the corrective orders. The service given them is voluntary; it usually lasts for a year from the date of their discharge.

1. Medical/Psychiatric Social Workers

These social workers function in health/hospital setting and are concerned with psycho-social aspect of the patients’ illness.

2. Family Case workers

a. They work with the families for the total well-being of the families.

b. They are found in Social Welfare Offices.

3. Childcare Officers

a. They work with children deprived of a normal home-life for whatever reason.

b. They enforce legislation for the protection of children; and

c. They work with adoptions and other children in need of care, protection and control.

Entry in Social Work Practice

In building up a relationship with the client, some steps must be followed. These steps are: using the ‘GATHER’ approach

G = Greet the client politely and warmly.
**Study Session Summary**

In this Study Session, we examined the historical background of social work practice in Hygiene. Specifically, we mentioned the closing stages of World War II as the period, when the practice started gaining ground in Nigeria. We also gave the list of some casework services, which have developed under social welfare Division, since 1968.

We also noted that social work practice has developed into a full profession with many areas of specialization. However, it is the function of social work practice to ensure the following:

- to find homes for parentless children;
- to treat those with emotional difficulties;
- to make life more meaningful for the elderly;
- to provide vocational and rehabilitation services to persons with physical and mental disability;
- to meet financial needs of the poor;
- to rehabilitate juveniles and adults who have committed criminal offences;
- to provide child-care services for parents who work outside the home;
- to counteract violence in families, including child abuse and spouse abuse;
- to fulfill the health and legal exigencies of those in financial need; and
- to counsel individuals and groups experiencing a wide variety of personal and social difficulties.
Assessment

1. How was social work practice started in Nigeria?
2. Explain casework services available in Nigeria, in the early years of social work practice.

Bibliography


References


