

# 1

## **History of Social Work in the Americas**

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### **Introduction**

Increasingly, we live in a “global village”. In this context, international social welfare cuts across national and regional boundaries, with an ongoing emphasis on developing the social resources and mechanisms that are necessary to deal with the human consequences of interrelated social, political, and economic circumstances (Watts, 1995). International social work, then, focuses on the organized practice of the profession in different parts of the world, including the different problems and challenges they face, and the different roles they assume and methods they use to address them. Even within one country, social workers can take on so many different roles that it is hard to define exactly what they do, and what the profession is.

As we will see, historical influences in different parts of the world have shaped the specific nature of social welfare and social work. The notions of universal influences (those shaping issues across cultural and national boundaries) and culturally specific ones (characterized by the particular circumstances in any given society) must both be considered in building an understanding of our modern day profession. In this unit, we will overview factors shaping the evolution of

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social welfare and social work in selected cities in North and South America. In the process, we will have the opportunity to examine differences that emerge in so-called developed and developing countries, and to look for common ground amongst them. The developmental perspective, as expressed in a 1986 United Nations document on social welfare, is

“predicated on the maximization of human potential and based on the mobilization of all segments of the population for the resolution of social problems and the attainment of social progress. This new vision of social welfare contrasts sharply with earlier formulations, which focused on enabling certain population groups to overcome what were primarily perceived as individual or group shortcomings” (1995: 4).

Following its 2005 World Summit, the Director of the Division for Social Policy and Development at the UN reaffirmed, quoting from its outcome document that “people have the right to live in freedom and dignity, free from poverty and despair. And that all individuals, in particular vulnerable people, are entitled to freedom from fear and .... want, with an equal opportunity to enjoy all their rights and fully develop their human potential” (Schölvinck, 2005).

It has not always been so, and even today, considerable differences exist across cultures regarding how problems in social welfare should be defined, and how, through social work, they should be addressed. An overview of historical influences within and across cultures may help us understand why.

### **Historical Milestones in the Development of Social Work and Social Welfare**

Social work and social welfare in specific societies have developed in the context of broader, global

historical influences. Many of these originated in ancient societies of Europe and Asia, and can be traced in time to the period *Before the Common Era* (BCE). Robert L. Barker (1999), participating in a project sponsored by the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE) celebrating the first 100 years of professional social work in the United States, provided an overview of these influences. Significant dates and events, intended to provide “the broadest possible chronology of social work history” (1999: iii) and preceding major developments in the Americas include:

- B.C.E. 2500: *The Books of the Dead*, Egyptian papyrus scrolls, were placed in many pyramids spelling out a king’s duties, including care for the sick, hungry, and homeless.
- B.C.E. 1750: King Hammurabi, in Babylonia, issued a code of justice requiring that people help each other in times of need.
- B.C.E. 1200: In Israel, Jewish people are told that their faith requires them to help the poor, elderly, disadvantaged, widows, and orphans.
- B.C.E. 530: The Buddha, Siddhartha Gautama, teaches that love and charity for others leads to enlightenment.
- B.C.E. 500: Philanthropy, or “acts of love for humanity”, is introduced in Greece, where citizens are encouraged to donate money for the public good.
- B.C.E. 300: In China, Confucius declares that humans are bound to each other by *Jen*, expressed through the social act of helping others in need.

- B.C.E. 300: Prince Asoka of India endows hospitals and shelters for both people and animals (Van Wormer, 2003).
- B.C.E. 100: The Roman tradition wherein the wealthy provide free or low-cost grain to all citizens is well established.
- C.E. 30: Christian teachings emphasize the importance of giving to those who are less fortunate.
- 400: In India, hospitals, or facilities providing shelter for the poor and disabled, are established.
- 542: Hospitals similar to those in India are established throughout China and the Middle east, and spread to Europe.
- 650: Muslims are told that paying zakat (a “purification tax”) to care for the poor is one of the Five Pillars (duties) of Islam.
- 1100: The Roman Church declares that rich people have a moral and legal obligation to support the poor.
- 1215: The Magna Carta, in England, establishes human rights, but only for the nobility (privileged class).
- 1348: Partly because of the bubonic plague, which killed nearly one-third of the population, European feudalism begins to break down, leaving the poor even more economically vulnerable.
- 1531: England’s first legislation providing relief to the poor is issued, licensing older and disabled people to beg in their own neighborhoods.

- 1601: The Elizabethan Poor Law is established. Lasting for nearly 200 years, and providing a model on which colonial American laws were based, they taxed people to support basic needs of dependent people in their communities, and harshly punished the “able-bodied” poor.

Across time and cultures, it is apparent that societies have struggled with the recognition that not all members have equal access to resources, or even to the basic necessities of survival. Religious and spiritual influences have provided guidance for responding to these needs, drawing on common principles recognizing the importance of compassion for the disadvantaged. Interpretations of the reasons some find themselves in need have varied greatly, with most early interpretations assuming either that certain degrees of poverty were inevitable, or that those who found themselves lacking the basics of survival were of poor character and in need of motivation to improve.

Still, through donations, taxation, or legislation, many cultures have developed values and methods addressing the inequities in social orders. Ideas and strategies emerging over time from Asia and Europe shaped the development of social welfare and social work in the New World, where colonial influences competed with indigenous peoples to shape emerging social orders.

### **Development of Social Work and Social Welfare in North America**

In North America, the social welfare policies and practices in the United States and Canada have been shaped by many common influences. Chief among these have been the social, political, and economic practices derived from Europe, and the United Kingdom in

particular. In Canada, French influences also were significant, and led to the development of diverse practices within a common national context.

### **United States of America**

Social work education in the United States was formalized a little more than one century ago, when the first lectures to persons working with the poor were offered at the School of Social Economics, in Chicago, Illinois. Still, as L. Diane Bernard, former Dean of the College of Social Work at Florida State University wrote, “the sick, indigent, orphaned, elderly and destitute have been with us from the start, ...(and the) treatment of those in need ranged from cruel to humane depending on the qualities and capacities of those responsible” for addressing their needs (1995: 7).

As the American colonies became established and began to prosper, the social contexts and problems faced by their citizens also became more complex. Bernard provides an excellent summary of both the context of and response to these problems in the early history of the U.S.

Because the population was small and the resources were plentiful in the beginning years, poverty and dependency were viewed as both unusual and temporary. Almshouses and workhouses became the warehouses for all those who either could not or would not be productive. Before long it became apparent that this was neither an effective nor a profitable solution. Voluntary societies emerging primarily from religious groups were developed for the relief of various categories of the poor and unproductive. With very limited public provision, the number and variety of these voluntary organizations became extensive (1995: 7).

Barker's (1999) Milestones highlight some of the key steps in the evolution of social welfare and social work in what would become the United States of America.

- 1624: Virginia Colony institutes laws providing for the needs of disabled soldiers and sailors.
- 1642: Plymouth Colony, based on the Elizabethan Poor Law, enacts the first such legislation in the "New World".
- 1650: The "Protestant Work Ethic", emphasizing self-discipline, frugality, and hard work becomes prominent, justifying those who adopted its view to look down upon people who are unemployed or dependent on others.
- 1692: Massachusetts introduces indentured servitude, providing that homeless children could be placed with other families who could require them to work for a period of time to pay for their care.
- 1776: The U.S. Declaration of Independence is signed, promoting freedom for everyone but the slaves.
- 1787: The U.S. Constitution is adopted to "promote the general welfare", moving social welfare into American political discourse.
- 1813: Child labor laws are passed in Connecticut, requiring that factory owners teach reading, writing, and arithmetic to children working for them.
- 1830: The National Negro Conventions meet to begin discussions about civil rights, health, and welfare for people of color and women.

- 1843: The New York Association for Improving the Condition of the Poor is established, and thereafter imitated in its emphases on abstaining from alcohol, becoming self-disciplined, and developing a work ethic as ways to end poverty.
- 1848: Feminists meet to begin establishment of women's rights to vote and receive equal opportunities for education and employment.
- 1870: Social Darwinism gains influence, supporting the view that poverty was a natural part of the human condition, and that helping the poor made them lazy.
- 1874: The first Charity Organization Society is established, at first giving only advice, and not direct financial aid to the needy.

Charity Organization Societies (COS) were originally developed to bring order and organization to the extensive private and religious responses to the disadvantaged (Bernard, 1995). The philosophy was to give everyone a chance to be able to stand on their own, with those requesting aid being classified by the volunteers as either deserving or undeserving, based on whether they were judged as being willing to help themselves. As has proven true over time in efforts to mount social work responses, it was often been the "economically fortunate who volunteered to 'rehabilitate' the poor through the power of personal influence" (1995: 8).

- 1886: The first US settlement house, modeled on earlier efforts in the UK, is established with a goal of eliminating the distance between socioeconomic classes by locating housing for the poor in working-class neighborhoods

Settlement houses initially provided day nurseries for working mothers, health clinics, and classes in dance, drama, art, and sewing (Van Wormer, 2003). Eventually, they became more politicized and, rather than looking down on the poor or assuming that by setting a superior example the problems of the poor would be resolved, they began to focus on the needs and desires of those with whom they were working through advocacy and social change.

“We found ourselves spending many hours in efforts to secure support for deserted women, insurance for bewildered widows, damages for injured (machinery) operators, furniture from the clutches of the installment store. The settlement... constantly acts between the various institutions of the city and the people for whose benefit these institutions were erected” (Jane Addams, 1910, in Van Wormer, 2003: 165).

- 1895: Chicago’s School of Social Economics, often recognized as the founding center for modern social work, begins offering lectures to persons working with the poor.
- 1900: The term “social workers” is coined by Simon Patten, who disputes with Mary Richmond whether their major role should be social advocacy or the delivery of individual services.

Van Wormer (2003: 162), drawing on Specht and Courtney’s 1994, *Unfaithful Angels: How Social Work Has Abandoned Its Mission*, acknowledged that arrangements for dealing with the poor that emerged after the feudal but before the modern era could be classified as “the four Ps”. These were patronage, piety, poor laws, and philanthropy. Patronage involved boosting one segment of society, often a minority group, into prominence and in so doing, into enhanced political and economic power

and self-sufficiency. Piety was the religious aspect of serving the needy, often as an expression of moral duty. The Poor Laws, reflecting the imposition of middle class values and standards of character on the needy were, according to Specht and Courtney, both “mean spirited and means tested”, and often clouded with undesirable or stigmatizing associations. Private philanthropy involved voluntary financial donations as a preferred alternative to mandatory public relief. All predated the emergence of formal public welfare in the United States.

- 1915: Abraham Flexner issues his report declaring that social work is not yet a profession because it lacks a written body of knowledge and educationally communicable techniques.
- 1917: Mary Richmond publishes *Social Diagnosis*, influenced by the work of Sigmund Freud, and emphasising an approach to client problems based on understanding their inner lives and familial environments.
- 1933: U.S. President Franklin D. Roosevelt proclaims a “New Deal” for Americans, establishing major social welfare programs responding to poverty and unemployment.
- 1950: The Social Security Act of 1935 is amended to include children and relatives with whom needy children are living, and to aid permanently and totally disabled people.
- 1955: Rosa Parks, a black woman, refuses to move to the back of a bus in Montgomery, Alabama, sparking the modern civil rights movement.
- 1960: The NASW adopts its first code of ethics.

- 1964: U.S. President Lyndon B. Johnson establishes the “Great Society” programs, and the Civil Rights Act makes racial discrimination in public places illegal.
- 1965: More “Great Society” programs, providing for medical care, the needs of older Americans, and children’s education, are established.
- 1990: The Americans with Disabilities Act makes it illegal to discriminate against disabled people in any business employing more than 15 persons.
- 1990: The Ryan White Comprehensive AIDS Resources Emergency Act provides funding for prevention, intervention, treatment, and community planning in relation the HIV/AIDS.
- 1996: President Clinton signs into law the Personal Responsibility and Work Opportunity Reconciliation Act, restricting or eliminating many entitlement programs for poor people, and replacing them with more temporary aid designed to promote independence.

A simplified understanding of 20<sup>th</sup> century social welfare in the U.S. can be summarized as the continuation of debate regarding whether the poor are caught in a trap of their own making, from which they should be required to “work their way out”, or are casualties of a society where income and opportunities to obtain it are unequally distributed. As Barker’s milestones have illustrated, the trend over time has been to provide more forms of social welfare to the disadvantaged, while continuing to struggle with the involuntary distribution of financial resources through taxation. Social workers remain advocates for social change addressing their clients’ needs while providing “band-aid” solutions to immediate problems and concerns.

**Canada**

Canada shares many historical influences with the United States, and its development has in many ways mirrored major events in its neighbor to the south. As Lightman and Riches wrote (2000: 179), “to the outside observer, or even the casual visitor, Canada looks remarkably similar to the United States – modern high-rise buildings standing on wide streets, big expensive cars and refrigerators, and lots of wide open countryside.” These similarities, however, are deceptive, as their respective social welfare systems differ substantially. The dynamic tension between these two states aids us in considering whether and how social welfare policies can in fact be indigenised “in a world of multinational corporations, mobile capital, and seemingly irreversible globalization” (2000: 180).

For Allen, Canadian welfare can be defined most simply as “payments to the poor, given as a last resort because they are poor” (1993: s202). Canada has a long history of public welfare programs, jointly funded through public and private sources (Hopmeyer, Kimberly, & Hawkins, 1995). These include programs in health, personal, and social service delivered through federal and provincial governments. Before its establishment as a nation in 1867, social care in English Canada had two major thrusts. One of these (in the Maritime Provinces) was modeled on the English Poor Laws, and the other (in the Upper Canada, now Ontario) placed responsibility for charity on individuals, families, and private charities. Colonial influences played a part in shaping the social welfare context early in the 19<sup>th</sup> Century [bullets here and throughout adapted from Barker (1999), and Lightman and Riches (2000)].

- 1840: Britain abolishes slavery in all its colonies in the Western Hemisphere.

- 1864: French sociologist P.G.F. Le Play completes the first scientific study on poverty – its extent, causes, consequences, and possible solutions.

While the initial development of Canada's social welfare state can be traced to the thirty years following its Confederation as a nation in 1867, "the idea that the primary function of government is to make a good life possible is ...as old as Aristotle" (Wallace, 1950: 383). In Canada, as elsewhere, the Industrial Revolution forced changes in assumptions about self-reliance and independence, as the economy shifted from rural and agricultural to urban and industrial. While Frontier conditions emphasized the value of self-reliance, looking down on those who could not provide for themselves as lazy or weak, relatives, friends, or private organizations would at least keep them from starvation. The notion that "the Lord helps those who help themselves was considered appropriate from both a religious and economic point of view" (1950: 386), even as it became apparent in the explosion of the urban population that work was not available to everyone who wanted it.

"As early as 1881 the idea that no one in Canada who was willing to work need want for bread was characterized as an illusion of the past, and support began to develop for the view that government ought to make some provisions for the relief of the poor. The proposal encountered criticism that this would remove opportunity for the exercise of moral virtues such as parental devotion, filial piety, and Christian benevolence, and might also have the unfortunate result of discouraging private alms-giving" (1950: 387).

Churches openly rejected the idea that the state could provide better than they, falling back on the Biblical injunction that 'the poor we have with us always', and,

regarding views on the causes of poverty, seeming more interested in the sins of individuals than those of society (1950).

Considerations regarding whether social welfare could be addressed exclusively through family and community, as compared to the larger state, first took form in the debate over mandatory, publicly funded schools. Some argued that “it kills the sense of duty in the parent, who is naturally bound to educate, as well as to feed and clothe the children whom he brings into the world, while experience seems to teach that what is gratuitous is less valued, and that attendance is better with a moderate fee” (1950: 385). Over time, responsive in part to European advances in social welfare, attitudes began to change. “It was fitting, people (came) to believe, that government should intervene to prevent men and women from dying of hunger in the street, whether or not their destitution were their own fault” (1950: 391). The demand for radical reform gathered momentum by 1900, calling for state action to combat problems in old age, unemployment, poverty, and labor relations, and setting the stage for the emergence of professional social work. Here again, the Canadian experience was influenced by developments in the U.S.

- 1919: The 17 schools of social work in Canada and the US form the first organization promoting uniform standard for education and training (eventually named the Council on Social Work Education in 1952).
- 1926: The Canadian Association of Social Workers (CASW) is founded.

The period of compensatory liberalism (Eden & Molot, 1993), from 1941-1981, saw the construction of Canada’s domestic social welfare net. During this time, Canada

differed from the U.S. in paying more attention to social welfare and issues related to distribution of income. It co-occurred with a global economic expansion following World War II (lasting from 1950-1974), and was largely a period of national growth. At the same time, an indirect consequence of the industrial base for the economy was the displacement of those left behind in the workforce. Ultimately, concern for their needs must be confronted.

- 1935: The Canadian welfare state begins, in the height of the Great Depression, with passage of the first unemployment insurance legislation (becoming, in 1940, The Unemployment Insurance Act).
- 1943: The Marsh Report formalizes guidelines for the Canadian post-war welfare system.
- 1944: The National Housing Act is established.
- 1945: Family Allowances, a system of universal, non-taxable child benefits payable to the mother, is passed.
- 1952: Old Age Security (OAS) is introduced, providing universal, non-taxable benefits to every senior over age 65 who meets residency requirements.

Among these programs, children's benefits were paid at modest levels, never intended to be sufficient to raise a child, while payments to seniors were more substantial and, when combined with related benefits, were designed to keep Canadians whose own resources were inadequate out of serious poverty (Lightman & Riches, 2000). The 1950's saw modest progress, mainly through provision of health care through hospitals. Services of the welfare state peaked in the 1960's with the provision of three key programs.

- 1965-66: Three key programs, the Canada Pension Plan (CPP), the Canada Assistance Plan (CAP), and Medicare set the “high water mark” for social welfare provision.

The CPP was publicly funded, drew on funds contributed by the future beneficiaries, and was based on work history, with benefits based on the average industrial wage. The CAP was Canada’s basic public assistance programme. Eligibility was formally determined on the basis of need alone, meaning that benefits were an absolute right, rather than a conditional entitlement. Workfare, requiring demonstration of effort in return for benefits, was prohibited (Lightman & Riches, 2000). Medicare offered universal coverage of all services deemed medically necessary to all Canadian residents without user fees. Consumers have complete freedom to choose their own doctors, and to change them at will.

The issue of food poverty (people being unable to acquire enough food to meet their basic nutritional needs) returned to Canada in the 1980’s with the rise of food banks (Lightman & Riches, 2000). These were “non-profit agencies which collect, store, and distribute surplus food either directly to hungry people or to emergency relief programmes” (2000: 184). As of 2000, there were 698 food banks in Canada, providing not only emergency service, but standing as an institutionalized back-up meeting social needs. Hunger has been documented among women living in families, schoolchildren, and the aged.

- 1985: The Canadian Health Act provides for universal comprehensive health care.

Since 1990, governmental policies have reflected a general retreat from the prior concepts of the welfare

state. Lightman and Riches assert that “people’s entitlement to benefits is directly related to their capacity to sell their labour power in the market place (2000: 180). Quoting Esping-Anderson, they observe that “entitlement rules ...are strict and often associated with stigma, and ...benefits are typically modest and means tested. The consequence is that people’s right to survive outside the market is at stake.” In the next section, we will examine how these conclusions apply to the history and current state of social welfare in South America.

### **Development of Social Work and Social Welfare in South America**

In our brief examination of South American social welfare and social work, it is important to begin by acknowledging that the primary European influences derived not from the United Kingdom, France, or Germany, but primarily from the Hispanic Iberian Peninsula, specifically, Spain and Portugal. Because the cultural and political structures of these two states, at the height of their powers in the 16<sup>th</sup> century, were largely transplanted to their colonies in Latin America, we will examine their impact on the societies they fostered in the New World. They were, substantially, authoritarian bureaucracies, whose power elite (landowners, industrialists, clerics, and military officers) were “not very eager to change a social system which (had) been and (was) working directly for their benefit” (Resnick, 1995: 66).

- 1494: Monarchs of Spain & Portugal accept the Pope’s territorial division of the New World.

The goals of Portuguese settlement were twofold: To create a colony that would enrich the Crown by its exports, and to spread the Christian faith (Skidmore,

2004). During the time of Brazilian settlement, Portuguese society was strictly hierarchical, led by an aristocracy exercising its power under a hereditary monarch. The most important social unit was the family, followed by one's network of friends. On this basis, the society valued family and personal friendships over merit, making it nearly impossible to "work one's way up" from the bottom. This culture was transferred substantially to Brazil. Slavery, which lasted until its abolition in 1888, was more massive than anywhere else in the Americas, and essential to propping up the inequities of the resulting economy. Because it was used to justify negligence of public education, the peoples and economies of the region were delayed in the social and political developments that fostered change in neighboring societies.

In Argentina, a country of diverse native groups and immigrants, a rich culture developed based on God, family, homeland, and freedom. Spanish and Italian influences merged to create a concept of freedom based on "the spirit of the gaucho, the cowboy of the pampas, who struggled to maintain his cultural identity and his spiritual connection to nature and who was nearly exterminated while trying to resist foreign domination of those living in the cities" (Queiro-Tajalli, 1995: 90).

The influence of the colonial era lasted late in Brazil, largely because the democratic transitions taking place in North America in the 1700s were not replicated in the South. Compounded by the racist legacy of slavery, institutions did not begin to modernize until the 20<sup>th</sup> century (Skidmore, 2004). From the 1880s through the 1920s, a positivist view of social science was fashionable in Brazil, contributing to a medicalized form of social thought that diagnosed *degeneration* as the primary social illness (Borges, 1993). This was a sense that

“the past was better, that the present was declining or falling away from a more perfect type, (resulting in) a loss of status, of place, or of distinct energies”(1993: 236). Specifically, it represented “the inevitable historical process in which pure conquering races, through mixture with inferior races, lose their special qualities and energy” (1993: 236). On a micro level, families were thought to be subject to hereditary psychiatric decline in which, over as few as four generations, they would go from alcoholism to imbecility and sterility.

Like countries in Asia and Africa, Latin America was long considered part of the developing world (Resnick, 1995). However, there were two distinguishing factors to the region’s development: its dependency on the U.S., and the rise of military dictatorships with the resulting sense of living through a period of social, political, and economic decline. “While other Third World peoples express optimism as to their future self-determination, Latin Americans, particularly the younger generation, are rebellious, and, above all, skeptical of developmental promises” (1995: 68). As a result, many believe that abolishing mass poverty and achieving social justice cannot be attained without liberation from foreign control. These influences have led social workers to realize that transformation, rather than development, is the necessary route to meaningful improvement in social problems. This, in turn, led to a reconceptualization of social work.

- 1925: The first South American school of social work is created in Santiago de Chile.
- 1930: The Argentine Social Museum approved a proposal creating the School of Social Service, offering the first professional social work curriculum.

- 1945: The First Pan-American Congress of Social Service was held in Chile, where curriculum standards were framed.

Initially modeled on U.S. educational and professional practices, emphasizing casework, group work, and community organization, Latin American social work over time moved away from these and towards conceptualizations better matched to indigenous social realities. Following the Cuban revolution in 1953, and the emergence of the Allende regime in Chile in 1970, social workers were unable to decide whether the social change they thought essential should be achieved through reform or revolution. A 1971 statement from the United Nations on training for social welfare captured the tension between struggling within existing systems and working to change them:

Social work, and consequently social welfare, must be freed from dependence on imported conceptions and techniques; it must further revolutionary change in social structures and power relationships, rather than limit itself to helping its clientele to function better with a non-viable social environment (in Resnick, 1995: 72).

Between the mid-1960s and the mid-1970s, acknowledged in social work education as the 'reconceptualization' period, Latin America stopped searching for answers from Europe and the U.S. and engaged in the discovery of its own authentic potential to become a free continent (Queiro-Tajalli, 1995). From this perspective, two basic schools of thought emerged: the functionalist, and the historical-materialist (Resnick, 1995). Functionalists argued that the social workers should contribute to the development of their countries and the achievement of social equilibrium by attempting to eliminate social problems and

dysfunctions. Historical-materialists argued that the role of social workers is to help the poor overcome their oppression and marginalization, partly through Brazilian educator Paulo Friere's notion of conscientization, an "awakening of consciousness". Essentially, this implies gaining a realistic awareness of one's place in nature and society, developing a sense of one's own dignity, and using critical assessment and logical action to achieve transformation.

- 1976: Military rule ensues in Argentina, leading to the abduction, torture, and killing of more than 12,000 citizens.

The report from the National Commission on the Disappeared indicates that many of those who were taken were blue-collar workers (32%), white-collar workers (17.9%), professionals (10.7%) and teachers (5.7%). "As expected, there was no tolerance for the previous conceptualization of social work within the new social order. Many social work educators, as well as practitioners, were dismissed from their educational positions, persecuted, jailed, or killed, while others moved to other parts of the world" (Queiro-Tajalli, 1995: 98-99).

- 1978: The Argentine Council on Social Service education is created.

Since 1983, after many years of military repression and governmental control, social work has been in a period of professional and educational reorganization. The quadruple-digit inflation and negative economic growth rates in Argentina, coupled with massive foreign debt, have led some social work educators to question the whole concept of freedom within the economic restrictions imposed by foreign lenders. In 1985, four out of 10 Latin Americans live below the poverty line.

Still, in 1992, Maria Lorena Molina, president of the Latin American Association of Schools of Social Work, proposed that professors “speak up against economic, political, and social injustice, both within and outside the classroom; (and) create appropriate conditions for students to get adequate knowledge and values in order to commit themselves to the search for human dignity and equality, without discrimination regarding diversity” (Resnick, 1995: 79).

Social work and social welfare continue to be at the core of tensions in creation and maintenance of just societies, and in the equitable distribution of resources to meet basic human needs.

## **Conclusion**

The history of social work and social welfare in North and South America share common histories in that both were largely shaped by European influences. These, in turn, arose in part in ancient Asian and Middle-Eastern traditions. On both continents of the “New World”, colonial influences helped define the nature of well-being, and proscribed responses for inequities that emerged in the distribution of social resources. Differences between the “haves” and “have-nots” often involved judgments about the moral character or social status of persons in need, and led to variations in remedies for their circumstances.

Often, persons in need were judged to be morally or racially inferior, and were “helped” by attempts to improve their character and motivate them to help themselves. As societies matured, and in particular, as their economies became less rural and agricultural, and more urban and industrial, efforts limited to character building and charity proved inadequate. Social welfare and social work became increasingly engaged

in appeals to the generosity of the advantaged while advocating for change in social structures perceived as perpetuating, rather than relieving human distress.

The history of social work education continues to evolve as a response to these varied social and cultural perspectives on common problems in human development. Social workers have taken up the challenge of not only addressing the immediate suffering of those whom they serve, but also critiquing and working to improve economic, political, and social circumstances defining both individual and collective well-being.

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## 2

# History of Social Work in Europe

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### Introduction

In Chapter 1, we examined the history of social work and social welfare in the Americas, including an exposition of influences arising *Before the Common Era* (BCE). Here, we build on that foundation, considering policies and philosophies originating in ancient Greece and Rome for their impact on European practices before and during the emergence of *Christian charity* (i.e. out-directed benevolence). Next, we consider the dominant influence of Elizabethan Poor Laws on social welfare in the European context, and trace the subsequent impacts of industrialization and globalization on modern and postmodern societies.

Across all of these considerations, themes of the so-called deserving and undeserving poor will emerge again and again as issues defining the struggles of whether, when, and how to provide resources and support to those in need. Differing views on how and why they came to be in need will be shown to shape decisions about appropriate responses. Over time, European societies have wrestled with considerations regarding the moral character and work ethic of their citizens, and the extent to which their suffering should be embraced as an inevitable part of a complex society, or hidden from view in almshouses and prisons.

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For better or worse, European perspectives have been dominant in much of the modern history of social work and social welfare. In the present, basic principles continue to be debated and revisited as the emerging European Union reshapes the Post World War II environment and struggles with the complexities of international immigration. We may learn as much from the manner in which the postmodern debate is conducted as from the specific policies and practices it engenders.

### **Social Welfare Before the Elizabethan Poor Laws: The Early Christian Tradition**

Vincent E. Faherty encourages readers interested in the history of social welfare to consider that it may actually have begun “with the dawn of the human race”, and defines the effort as “those organized structures and processes of caring for vulnerable members that were advanced by every clan and tribe on earth, no matter how primitive these social groups might appear to modern view” (2006: 108). Its formal history in Western cultures can be traced to a period he describes as *Christian Social Welfare* (C.E. 33 to 313), with influences drawn from Greek, Roman, and Jewish societies.

The practice of philanthropy “(literally translated as the love expressed by the Greek divinities for humankind)”(2006: 110), emerged in the fifth century B.C.E. in the Greek city states, and was directed towards communities or classes within society, rather than individuals. Underlying this practice was a belief that the rich and the poor were inseparably intertwined, with the rich providing money to the poor, and the poor making salvation possible for the rich by being the recipients of their good works before God.

In Roman society, especially in the later Roman Empire, there was a genuine concern for the poor that was responded to with a highly organized system for collecting and distributing aid. This emphasis on order and structure characterized Roman society, but a voluntary social service system existed along side it, sometimes dedicated exclusively to meeting the needs of members of specific ethnic groups.

Starting in the fourteenth century B.C.E., Jewish communities demonstrated a different kind of concern for the poor. Because their God was held to be both righteous and compassionate, followers were commanded to love their neighbors as they loved themselves (Faherty, 2006). By law, practitioners were required to set aside part of each harvest for widows, orphans, and strangers.

Within the Christian church, by the third century, there were six specific roles that could be classified as social welfare-related (Faherty, 2006):

- Deacons – men who daily collected food, clothing, and money brought as regular offerings to religious services. These were distributed later to the elderly or to those too sick to attend church. The Deacons cared for orphans, and helped travelers and strangers, and distributed money to the poor.
- Deaconesses – elderly widows charged with helping the deacons, concentrating particularly on the needs of women and children.
- Subdeacons – younger men who assisted the deacons as their responsibilities grew.
- Exorcists – originally understood as persons charged with “a frightening religious rite during which evil spirits are driven out of unfortunate victims of

diabolical possession”(2006: 115). They have been considered the forerunners of mental health counseling who, despite their religious identification actually served as general healers for persons with mental disorders.

- Fossors – gravediggers. They prepared graves, dug catacombs and decorated them with paintings and inscriptions, and generally maintained cemeteries.
- Parabalani – additional helpers who cared for the visibly sick (rather than the orphaned or poor), and ultimately became known as hospital attendants in later centuries.

In this period, a great many goods and services were provided that could be thought of in the modern sense as both cash and in-kind (Faherty, 2006: 116-117). These were explicitly provided under the direction of the local bishop, funded exclusively by the church, and included:

- burial of those who died, whether Christian or not,
- care for the widowed and elderly,
- appointment of trustees to look after widows,
- care for orphans (children who had lost both parents),
- rescue and adoption of abandoned infants,
- ransom for those kidnapped by raiders,
- support for people imprisoned due to religious beliefs or debt,
- room and board for pilgrims, travelers, and refugees,
- care of those who were physically sick, regardless of faith,

- support for the unemployed,
- maintenance of anyone who *appeared* poor (italics added),
- establishment of Christian banks to support the needy, and
- famine and other natural calamity relief for Christian communities.

Faherty (2006: 117) concludes that “the early Christian welfare system contained the basic elements of a functional system of benevolence, including a physical organization as the site of its ...operations (i.e. house churches); reliable sources of communal funding; defined roles and responsibilities ....; and, finally, a significant array of...goods and in-kind services distributed to identified vulnerable groups, whether Christian or not.” These were not without their shortcomings, however. As with seemingly every human endeavor, corruption played a part, with some Christians abusing their positions or seeking to personally profit. Similarly, the community continued to practice slavery, often seemed subservient to the political powers-that-be, and denied the equality of women. Still, the early Christian tradition set a standard that remains influential in the provision of modern European social welfare services.

### **Pre-industrial, Modern, and Postmodern Social Welfare in the United Kingdom**

While there are many ways of punctuating historical progress in any society, Vivienne E. Cree (2002) provides a table, adapted here, conceptualizing three major eras: pre-industrial, modern, and postmodern.

**Table : Conceptualizations of Society**

<b><i>Pre-industrial</i></b>	<b><i>Modern</i></b>	<b><i>Postmodern</i></b>
Feudalism	Capitalism	Global capitalism
Agrarian	Industrial	The information society
Rural	Urban	Decentralized
Simple	Complex	Fragmented
Religious	Secular	Pluralist
Faith	Science	Scepticism/relativity
Superstition	Reason	Diverse beliefs/ ambivalence
Tradition	Universal Truths	Contingencies/ contradictions

**Social work and pre-industrial society**

Thirteen centuries transpired between the beginnings of the early Christian tradition and the emergence of the Elizabethan Poor Laws in 1601. Barker (1999: 2) notes several important markers occurring late in this period:

- 1215 King John of England signs the Magna Carta, which establishes some human rights (for the nobility). It is considered a forerunner of modern civil rights law.
- 1348 The social system of feudalism begins to break down, partly because of bubonic plague, which kills nearly one-third of the population of Europe. Without the protection of the barons and lords, the serfs and peasants we are at the mercy of economic and military threats.
- 1531 England's first statute dealing with poor relief is issued. The statute empowers local justices to

license certain people (older and disabled people) to beg in their own neighborhoods and to give harsh punishment to any unlicensed beggars. To implement this law, the justices developed certain criteria and procedures for deciding which persons to license. Thus, each applicant was evaluated by representatives of the justices.

Prior to the 1530's, churches and monasteries provided hospitals, infirmaries, and almshouses for the old and the sick in the United Kingdom (Cree, 2002). By the mid-1530's, monasteries were largely closed, and feudal landowners, who had previously provided their tenants with access to farmland, ceased this process, leading to widespread migration away from rural regions. The resulting fears of social disorder led to the passing of the Elizabethan Poor Law Act in 1601. The Act authorized the raising of taxes to pay for services to those who were poor, needy, and had no family support, assigning them to assistance as follows:

- the 'impotent poor' (the aged, chronic sick, blind, and mentally ill who needed residential care) were to be accommodated in voluntary almshouses;
- the 'able-bodied' poor were to be set to work in a workhouse (they were felt to be able to work but were lazy);
- the 'able-bodied poor' who ran away or 'persistent idlers' who refused to work were to be punished in a 'house of correction' (Fraser, 1984, in Cree, 2002: 277).

The operating assumptions were that the risk of social disorder due to desperation and need were so great as to warrant action by the state. Such action, however,

was to be based on judgments of who was and was not “worthy”, with services rendered accordingly. This early formalization of “means-testing”, wherein the needy are only assisted after meeting some criteria of poverty, disability, or illness, set the precedent for practices existing world-wide through the present day.

### **Social Work and Modern Society**

The beginnings of modern social work can be traced to social transformations occurring in Western Europe and North America in the eighteenth and nineteenth centuries, known as the ‘industrial revolution’. “Social problems that had been dispersed and largely invisible in the countryside (poverty and overcrowding, poor housing, ill-health and disease, alcohol and drug abuse, prostitution, unsupervised children) were commonplace in new towns and cities”(Cree, 2002: 278). In response to the needs of what came to be viewed as the ‘dangerous classes’, many new social welfare initiatives and social work agencies were launched. As we will see, some argue that these events have modern day counterparts throughout the world as a byproduct of contemporary globalization.

In the nineteenth century, many new services were introduced in the United Kingdom, among them programs for public sanitation, education, policing, prisons, juvenile correction, public workhouses and mental asylums, along with laws addressing the working conditions and the treatment of children (Cree, 2002). The Poor Law Amendment Act of 1834 divided the poor in England and Wales into two groups:

- the ‘deserving poor’ (e.g. elderly, sick or disabled people, orphans and widows), who were to receive financial and practical support (often home-based) from charitable or voluntary organizations;

- the 'undeserving poor' (e.g. able-bodied unemployed men, single mothers, prostitutes) who were forced to turn to the state, and thus to the work-house, since there was to be no poor relief outside the institution (Mooney, 1998, in Cree, 2002: 278-279).

The Act confirmed the separation of the needy into these categories, and furthered "the idea that it was the state's job to exclude and discipline the 'residue' (the 'underclass' in today's language) (who) were to be removed from society" (2002: 279). This and other initiatives of the nineteenth century introduced another role of the state: setting social conditions for all members of society, not just those who had broken the rules. Such programs included: free education (for children through age 10), public sanitation, laws addressing the working conditions maintained by factory and mine owners, and family law. The Prevention of Cruelty and Protection of Children Act of 1889 included provisions for removing children from the home if their safety was in question.

Not all U.K. states went along with every policy. Scotland, for instance, permitted the raising of taxes to help the poor, but did little to enforce the legislation governing it, and limited most relief to those who literally could not work, discouraging support for others.

In addition to efforts mounted by the state, hundreds of new voluntary agencies emerged in the U.K. in the 1800's. These included: "police, court, missionaries, rescue societies for 'fallen women', housing associations, university settlements, children's charities, hospital workers, caseworkers from the Charity Organization Society (COS)" and church visitors (2002: 279). Many citizens were involved in philanthropy and charity, and others in large-scale campaigning and advocacy. Viewing her mission as social change,

Helen Bosanquet, district secretary for the Charity Organization Society, wrote:

“What we aim at in all social work...is that both the whole community and every member in it shall be progressive, on the rising scale. We shall not be satisfied if the community as a whole can show a momentary increase in wealth, or learning, or culture, unless all classes within it are partaking intelligently in the social life, sharing in its progress, a source of strength and not weakness” (Bosanquet, 1902, in Cree, 2002: 280).

Middle class women were the most prominently involved in social service provision and activism. They were seen to be experts in family matters, and undertook principal responsibility for managing poorhouses and workhouses, school boards, prisons, and the daily lives of poor families. The irony was that as these women were educating the poor in home life, they were freeing themselves of the same existence and making inroads into professional employment. This theme remains a confounding principle in modern day feminism and women’s political activism.

### **European Social Work in the Twentieth Century and Beyond**

In the 1900’s, European social work services became increasingly the province of the state, with government agencies bound by law to either provide the services directly, or to oversee provision by the voluntary sector through controlling funding and inspecting for compliance with legal rules and regulations (Cree, 2002). The role of the British state was fundamentally redefined during this period.

The ‘modern’ era was, like all punctuations of historical time, to some extent an artificial construct. In broad

terms, it was a shifting away from agrarian and rural, and towards industrial and urban life, characterized by “progress, scientific reasoning, and enlightened thinking” (2002: 276). There were also losses to be considered, including traditional values and longstanding social networks. Capitalism and socialism were both explored as political and economic mechanisms for resolving ongoing social problems of ignorance, poverty, insecurity, and violence. During the ‘postmodern’ period, which continues to this day, successes and failures of these competing systems have been increasingly interpreted as evidence that we live in a ‘runaway world’ (Giddens, 1999, in Cree, 2002: 276) full of contradictions and risks associated with globalization. We’ll return briefly to that theme below.

In the UK, Elliot & Walton (1995: 123) identified several related phases of development in social work education and practice. Truncating much of the history presented here so far, and concentrating primarily on the postmodern era, their phases were:

- the beginnings till 1945
- the development and consolidation of the welfare state (1945-1971)
- a radical change in the organization of service delivery in the post Seebom period (1971-1979), and
- the period of radical change in the structure of social work education (1980-present).

Overviewing these changes, Cree (2002) observed that the period during and after World War II was characterized by massive social legislation programmes designed to tackle the five giant problems of want,

disease, ignorance, squalor, and idleness. Programs were developed to include social security and pensions, the National Health Service, education, family allowances, housing and planning, child care and national assistance. "The aim was to end social inequality; the task of social work would be to pick up the small number of people who fell through the welfare net and...rehabilitate them as citizens" (Hughes, 1998 in Cree, 2002: 281). Voluntary agencies remained involved, but chiefly as aides of the state, or in some instances (i.e. children's protective services) still relatively autonomous.

Critics during this period argued that the emerging profession of social work was increasingly self-serving and less interested in bringing about social change. They were accused of abandoning their commitment to the poor, and of diminishing the authority of women's voices within the profession (Cree, 2002). As the state became ever more powerful, the welfare state in general, and social work in particular came under increasing attack from all sides.

In 1979, a conservative government was elected in the UK, and the decade that followed was heavily marked by the influence of Prime Minister Margaret Thatcher's conservative social and economic ideologies (Elliott & Walton, 1995). The welfare consensus that had held sway for over thirty years was replaced by a new view that individual citizens were responsible for their own welfare. In response to the widespread poverty and social malaise that accompanied the deep recession and unemployment occurring in 1980-81, Thatcher continued economic and welfare policies that would disguise the worst suffering of the era. Challenges for social workers in the UK during this period included:

- declining economic competitiveness, targeting the welfare state for radical change,
- Black and anti-racist groups drawing increasing attention to deep-seated racism in the conceptualization and practice of social work,
- child abuse tragedies, underscoring the limits of the profession to prevent the worst forms of suffering,
- feminists claiming that state services reinforced gender stereotypes and confirmed women's oppression,
- disabled people campaigning for increased control over which services were provided for them, and how they were delivered,
- radical social workers pointing to structural causes of social problems, and forming alliances with labor unions, and
- a New Right political agenda promoting replacement of the welfare "nanny state" with increased dependence on the family and volunteer services (Cree, 2002: 283).

"There was an inherent problem in conservative ideology whose policies promoted poverty and social distress. No conflict was seen in implementing new legislation which increased the responsibilities of social services departments while restricting the financial resources to make the services effective. Each person's or family's problem was seen as an individual phenomenon unrelated to the structural features of unemployment, homelessness and poverty" (Elliott & Walton, 1995: 132).

Over a time, these policies co-occurring social conditions were associated with more restrictive social security and frozen child welfare benefits, reduced service eligibility for late adolescents, and reduced grants providing supplementary assistance benefits. Many became disillusioned with the welfare state at the same time the state was hardening its position against broad-scale service provision. “The idea that the state could not – and should not – provide all social welfare began to gain ascendancy” (Cree, 2002: 283).

Schools of social work and social welfare agencies were encouraged to emphasize efficiency and standards in an environment of “hard-nosed concerns about cost” (Elliott & Walton, 1995: 132). The influential Barclay Report, in 1982, illustrated the emerging tensions about what social workers should do, and how they should be trained.

“The majority report crudely categorized social work roles into counseling and care coordination/management, but most interesting element was the two minority reports, one advocating a broad community work approach and the other a full blooded, highly professionalized casework approach. This conflict epitomized the debates of the 1960s and 1970s between the traditionalists and the radicals”(Elliott & Walton, 1995: 133).

### **Social Work in a ‘Postmodern’ Society**

As we move beyond the disillusionment and debates characterizing the end of the ‘modern’ era, a period of even greater uncertainty has ensued. Globalization has contributed to an ever more clear understanding that no country can act in isolation, and that the structure of social welfare and social services must be developed accordingly. “For many countries outside Europe and North America, globalization has been

experienced as a kind of colonization of local cultures and customs, a 'Westernization' or even 'Americanization'" (Giddens, 1999: 15, in Cree, 2002: 284).

For Pugh & Gould (2000), the problems are undeniable, but the root causes are not always clear. The extent to which societies are converging or becoming more alike is central to the debate. Globalization is defined as an increase in relations across social, political, cultural and economic borders such that geography and even national identification become less significant in determining how a given society operates. There are positive and negative aspects to this homogenization. Some object, for instance, to "the 'McDonaldization' or 'Coca-Colonization' of consumption" (Ritzer, 1993 in Pugh & Gould, 2000: 124) while others welcome growing audiences for international sports and world music, and wider appreciations of foods or habits of dress in a new world order where human rights are increasingly viewed as universal.

Among those taking the more cautious and negative view of the impact of globalization on the organization, funding, and legitimization of welfare services, Pugh & Gould (2000: 125) note several predominant themes, including the:

- omnipotence of global forces
- historical uniqueness of globalization
- erosion of the power of nation-states
- fragmentation of old arrangements
- damaging effects upon the general living standards and economic security, and

- pressure to reduce expenditure upon welfare in order to be competitive.

Kim (2007), drawing on a broader period in the European development of social welfare, finds that policies and services are driven not only by socioeconomic factors, but also the political environments in which they occur. Democratic, rather than authoritarian regimes are most strongly associated with sustained social insurance programs, based on the 'voice thesis'. This proposition holds that once a democracy has been established, leaders find it is in their best interest to respond, at least partially, to perceived needs of the electorate.

Bismarck's Germany, a dictatorship that institutionalized social welfare, is noted as an exception, where social insurance was used to counter labor militancy and control the labor movement. There, Bismarck held a series of secret meetings with an emerging labor leader resulting in compromises on universal male suffrage and social insurance programs. Kim maintains that "without a high level of threat from society, the ruling elites have no compelling reason to transform their political institutions (2007: 498), and that Bismarck recognized that compromising with radical leaders resulted in quieting their objections and ultimately weakening their political capacity.

Taking a similar set of factors into account, Pugh and Gould caution against an oversimplified view of globalization as a primarily economic model that is "antagonistic to social responsibility because it always leads to increased social costs (and) seeks out low cost areas of production" (Trevillion, 1997: 3, in Pugh & Gould, 2000: 133). They conclude:

“Our point is that it is mistaken to assume that what is happening in “Anglo-Saxon’ countries like Canada, New Zealand, the USA and the United Kingdom is representative of what is happening elsewhere. It remains the case that a significant proportion of the world’s population lives either beyond the immediate reach of international capitalism, or else lives in countries where late-modern capitalism barely exists of is by no means the dominant economic system, as in China and much of the rest of Asia and Africa” (2000: 135)

Regarding social work and social work education, Cree writes that we currently live in societies confronting numerous risks, where globalization and the information explosion are not the only factors driving change. “Our lives are affected by global risks beyond our control;” she writes, “the speed at which change is taking place makes us feel insecure and vulnerable. Social work in the UK has sought to cope with (and manage) the idea of risk and uncertainty by introducing new systems for organizing professional practice and new mechanisms for predicting future risks and their potential negative outcomes” (2002: 285). In many ways, the postmodern experience can seem like a replay of changes “forced” by earlier historical upheavals. As always, caring for the most vulnerable among us remains the primary social welfare concern.

## **Conclusion**

Social work and social welfare in Europe can be traced to beginnings in ancient Greek and Roman societies, and even to the dawn of humankind. Drawing on principles of philanthropy and *Christian charity*, urge to care for the most vulnerable members of society seems rooted in our earliest efforts at communal living. Over

time, these impulses have matured into increasingly complex configurations of formal state and volunteer services, and have been applied in the contexts of recurring judgments about who is deserving and who is not.

From pre-industrial feudalism to postmodern global capitalism, the social and economic forces have been counterbalanced with political considerations in shaping the form and delivery of European social services. In the UK, the Elizabethan Poor Laws acknowledged the need for caring for the vulnerable and indigent, and legalized a framework for governmental service delivery. With the advent of the industrial era, modern societies coped with the further migration away from agrarian and rural life towards urban factories. The associated breakdown of traditional family and communal mechanisms for addressing social needs forced the emergence of the modern welfare state, which has taken numerous forms across European societies.

Today, globalization epitomizes the extent to which individual societies can no longer determine their own fates, or those of their citizens, without consideration of and cooperation with larger forces. The extent to which this is desirable or undesirable continues to be examined in the postmodern era, where an increasingly complex set of relations between so-called developed and developing nations reveals the underlying tensions of differing values and needs. From ancient times to the present, the issue is not whether there will be vulnerable people whose needs must be addressed, but how voluntary and governmental agencies will balance responses to those needs, and how social workers will continue to define their roles as care providers and advocates for social change.

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## History of Social Work in Asia Pacific-I

*\* Ashok Sarkar*

### **Introduction**

The discipline of social work has been transformed from charity-based tradition to the autonomous profession today. The concern for professionalizing and academising social work on the globe became significant issue in the beginning of the twentieth century and now it is intimately related to the challenges of social development, answers to some of the social problems to serve citizens in the civil society and professional identity or professional self-consciousness. The real beginning of the social work education or drive towards shaping social work as a profession is found for first time in the Europe. A few important landmarks, in this regard, are Octavia Hill's training of volunteers in 'housing management' and 'friendly visiting' during 1870s in Netherlands, training activities undertaken at the Women's University Settlement established in 1887 in London, one year training course in social work for young women initiated by Alice Salomon in 1899 in Germany, etc. The Amsterdam Institute of Social Work Training at Netherlands started the first two-year full time course on social work in the Europe during 1899. In USA, the avant-garde effort of Mary Richmond, to systemize accumulated knowledge as well as expertise of the social workers, helped to usher in the commencement of social work education. The course 'Summer School of Philanthropy' with six weeks

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duration under the sponsorship of the New York Charity Organization Society received inspiration from Mary Richmond and was the first programme, started in 1898, in the USA for professional education in social work. Before 1910, the professional schools for training in social work were established in five cities of USA such as Boston, Chicago, Missouri, New York and Philadelphia. From the countries of Europe i.e. UK, Netherlands as well as Germany and from the USA, social work as a professional discipline has spread over the globe. Apart from the above-cited pioneering countries, many countries of the Europe, South America, Australia, Asia and Africa have now been able to recognize social work as an autonomous profession to bring positive changes in the society. The present unit will focus on the emergence and growth of social work practice in different countries of Asia and Pacific region.

### **Emergence and Growth of Social Work Discipline in Asia**

The Asian continent has been divided into four parts such as South Asia, South East Asia, East Asia and Central Asia for better understanding of the theme. The same division has also been followed in the subsequent Unit with the same purpose.

**South Asia:** Countries of South Asia or SAARC countries include India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan and Maldives. Social work as a profession is very negligible discipline in Nepal, Bhutan, Maldives and Pakistan. In South Asia, it has emerged and developed significantly in Bangladesh, Sri Lanka and India.

In *Bangladesh*, social work as a new discipline came into existence in the Pakistan regime. The proactive concern for 'Development' in the beginning of 1950s

had brought numerous psychosocial and economic problems in the then social structure. The problems, hatched by rapid industrialization, urbanization, mushrooming slum area, landlessness and speedy growth of population, were more complex i.e. interwoven, intermingled and multidimensional in nature. The idea of sporadic charity, where initiative for helping others would come from philanthropic bend of mind of the good hearted people or joint family system or caste based organization or religion, that controlled social problems previously, was in crisis and there was a need of scientific techniques of helping people or 'enabling people to help themselves'. The two important aspects, those made a definite move towards professional education in social work in Bangladesh, are (a) need for scientific direction for solution of acute and multifarious social problems and (b) need of professional leaders to guide programme in the right direction within the existing structure of social welfare services (Moore, 1958).

The first initiative for scientific social work education was the introductory course in social work of three months duration in East Pakistan (now Bangladesh) in 1953. During 1955-56, professional education in social work was introduced as a nine-month job-training course in community development and medical social work under an Urban Community Development Project at Dhaka. In 1957, on completion of this nine-month course, there was a proposal to start a school of social work at Dhaka University and Dr. J.J.O Moore, a UN expert who dealt with different social welfare issues and advocated for professional social work in Bangladesh, was appointed to investigate the need and feasibility of institution for social work study. The feasibility report submitted by Dr Moore recommended to advice the appropriate ministry and government to

establish a school of social work for conducting training programme in social welfare. In the course of time, the central as well as provincial government and Dhaka University agreed in principle to establish a school but disagreed to give much importance on social welfare. In the financial year 1957-58, the ministry allocated a grant to Dhaka University to set up the school, but the amount was misdirected due to communication gap and scanty interest of the authorities. Such kind of dismal conditions posed threat to the proposed school and confused the issue of professional education in the minds of responsible persons (Moore, 1958; Sarkar & Ahmadullah, 1995). However, within this gloomy phase, the College of Social Welfare and Research Centre at Dhaka the first of its kind in East Pakistan was founded in 1958 as a constituent college under the University of Dhaka. On February 9, 1973 the College was merged with the mainstream of academic programs of University of Dhaka and renamed as Institute of Social Welfare and Research (ISWR). The Director of the Institute is responsible for the overall management and supervision of activities. Academically and Administratively the Institute follows rules as envisaged in the statute of the University of Dhaka ([www.univdhaka.edu/department](http://www.univdhaka.edu/department)). There are now three programmes for professional social work training in Bangladesh. The Institute of Social Welfare and Research at Dhaka University runs a three-year BA Hon's degree in Social Work and a two-year MA degree in Social Welfare. The College of Social Work under Rajshahi University also runs a three-year Hon's degree in Social Work (Hussain, 1999).

*Sri Lanka*, formerly known as Ceylon, like many other Asian countries was a British colony and regained its political independence in 1948. It is a plural society with cultural and religious diversity. Sinhalese (74%),

Sri Lankan Tamil (13%) and South Indian Tamil (6%) are the dominant groups and the total population of the country is 1,87,32,000 (Census and Statistics Department- Sri Lanka, 2001). Several indicators, such as crude birth rate (18.9:2001), infant mortality under 1 (12: 2005), crude death rate (5.9:2001), life expectancy at birth (74: 2005), immunization coverage (99%: 2005), adult literacy rate (91:2004) and percentage of people using adequate sanitation facilities (91%: 2004) [[www.statistics.gov.lk](http://www.statistics.gov.lk); [www.unicef.org/infobycountry/sri-lanka](http://www.unicef.org/infobycountry/sri-lanka)], prove Sri Lanka has made considerable social development which is almost at par with economically developed countries. But the country has low per capita income, though free market economy was introduced in 1978.

The growth of professional social work in Sri Lanka has been very slow due to three main reasons. The first reason, having political root, is state ideology. Sri Lanka was declared as a welfare state after political independence. It, then, emphasised on the programmes to achieve economic equality as well as social justice and thereby started providing universal welfare services. In order to reinforce this activity again, the Marxist leaders contributed through Trade Union Movement. Though the country adopted the policy of market economy in 1978, it did not reduce education and health care expenditure under universal welfare service. Thus, the strong base of state led social welfare programmes did not allow to think new policy and negated growth of professional social work. The second reason, which has religious root, delineates that there are three major religious groups such as Buddhists (most of the Sinhalese), Hindus (most of the Tamils) and Muslims in Sri Lanka who have their own tradition, culture and belief. Giving alms or helping the poor or service to mankind is considered as a good deed in all

these religions. This activity is encouraged and a part of day-to-day life. Therefore, people did not pay much attention to develop social work as a separate profession in the society. The third reason, having social root, is traditional family system which used to provide care and support to the women and children, destitute, disabled, aged, poor, etc. As a result of strong bond or caring attitude of the family members, state was very slow in developing separate social service programmes for the needy (Ranaweera, 2005).

In the wake of independence of Sri Lanka, three major departments such as Social Service Department, Rural Development Department, Probation Department and a few Voluntary Organizations (VOs) were responsible for meeting the social welfare needs of the people. In order to provide training to the social welfare workers of these Government Departments and VOs, 'Ceylon Institute of Social Work' was established in 1952. This was the first initiative towards professional social work education in Sri Lanka. In the year 1964, due to financial crunch, the institute was taken over by the Ministry of Social Services for providing training and was renamed as the 'Ceylon School of Social Work'. The school started two-year full time Diploma in Social Work in the year 1978. Finally, the school has been upgraded as 'National Institute of Social Development' by an act of Parliament (Act no.41 of 1992). Now the Institute offers Graduate Degree in Social Work (started in 2004 and recognized by the UGC), Diploma Course in Professional Social Work, Diploma Course in Counseling, Certificate Course in Social Work and (<http://www.treasury.gov.lk/FPPFM/ped/pdfdoc/nationalinstituteofsocialdevelopment/nisdar2002>) Supplementary Professional Course.

In *India*, professional social work came from the West i.e. from UK and mainly from USA. In the West, though

social work emerged as a response to the needs of that culture, the same social work approach was welcome in India without considering western bias (Srivastava, 1999). During first quarter of the twentieth century, a few organizations in India started social work training in order to study social problems and to seek scientific solutions for the same; for instance, Servants of India Society, Social Service League in Bombay, etc. The University Grants Commission claims, Social Service League of Bombay should be given the credit for starting a short term training course, first of its kind, in the year 1920, for voluntary workers engaged in social welfare activity. The first professional school of social work, Sir Dorabji Tata Graduate School of Social Work (presently known as Tata Institute of Social Sciences) was set up in Bombay in 1936. The institute, till 1942, admitted mainly graduate students in every alternate year in order to offer two year Diploma in Social Service Administration. In 1964, Tata Institute of Social Sciences (TISS) became a Deemed University under Section 3 of UGC Act (Uma, 2004).

After independence, several Departments or Schools of Social Work came into existence, such as, Department of Social Work, M.G. Kashi Vidyapeeth, Varanasi, in 1947; College of Social Service, Gujarat Vidyapeeth, Ahmedabad, in 1947; Delhi School of Social Work (DSSW) under the auspices of North YWCA of India in 1948; Boroda School of Social Work, University of Boroda, in 1949; Department of Social Work, Lucknow University, Lucknow, in 1949; Madras School of Social Work, University of Madras, in 1952; etc. In the year 1978, there were total 35 schools of social work in India (Prasad, 1987). This number increased to 177 in the year 2005 ([swepc@tiss.edu](mailto:swepc@tiss.edu)). But these schools are unevenly distributed across the country. With the increasing demands of professional social workers and

to fulfill the socio-cultural needs of the area, many universities are opening social work department, where there is no department. For instance, Assam University, Mizoram University, University of Kashmir and University of Simla have started department very recently. All these schools of social work are contributing actively to shape a better social work profession for tomorrow.

In order to enrich social work curriculum, First Review Committee of Social Work Education (1965), Second Review Committee of Social Work Education (1980) and Third Review Committee of Social Work Education (1999) were set up by the UGC in India and these committees published their respective reports on time. In order to improve social work literature and knowledge, India has published more than 75 books on social work profession and two editions of the Encyclopedia of Social Work in India. Apart from these, there are four journals such as the Indian Journal of Social Work (1940), Contemporary Social Work (1962), Perspectives in Social Work (1984), and National Journal of Professional Social Work (2000) published regularly.

**South East Asia:** This zone includes Cambodia, Indonesia, Laos, Myanmar, Malaysia, Philippines, Singapore, Thailand, Vietnam and so on. The countries, only where social work as a discipline has emerged and grown with an importance, are discussed here briefly:

*Indonesia:* It has the world's fourth largest population after China, India and the United States with an estimation of 23,84,52,952 individuals in July 2004. Indonesia regained political independence on 17 August 1945. It is a culturally very diverse nation and thus has about 350 recognized ethno linguistic groups. There are 88 per cent Muslims, 5 percent Protestant, 3 per

cent Roman Catholic, 2 per cent Hindu, 1 per cent Buddhist and 1 per cent others in Indonesia. In 2002, GDP for the country was US\$ 172.9 billion. Several social indicators estimated in 2004 show, Indonesia has adult literacy rate ranges between 88.5 to 90.2 per cent, a birth rate of 21.1 per 1000 live births, 6.26 death rate, 46 infant mortality rate (in 1999), 59.99 under five mortality rate (in 1999), 68.8 years and 71.8 years of life expectancy rate for men and women respectively (<http://www.lcweb2.loc.gov/>).

Like many other Asian countries, in Indonesia, social work sprang from the need to respond to an increasing number of people who experienced social problems. After independence, several non-profit organizations [eg. Yayasan Pembinaan Anak-Anak Cacat ( YPAC), YAKKUM, etc] and Ministry of Social Affairs (MOSA) have initiated programmes to mitigate these social problems. Now there are three types of social workers in Indonesia such as (a) *voluntary social workers* who have no educational background in social work but work in NGOs; (b) *functional social workers* i.e. civil servants appointed as social work practitioners in different settings of social service agencies under the auspices of MOSA or Ministry of Health or in other government departments; and (c) *professional social workers* i.e. who fulfill membership requirements of the Indonesian Association of Professional Social Workers ( Suharto, 2006).

Social work as an occupation was recognized for first time when training programme in this field was initiated in Bandung in 1957. Two vocational training programmes such as 'Preliminary Course for Social Personnel Level A' and 'Higher Course for Skilled Social Workers' were designed to train employees of the Ministry of Social Affairs for one and two years respectively (Suharto,

2006). In 1964, School of Social Welfare was established in Bandung to provide undergraduate and graduate programmes in social work. Now, in Indonesia, there are about 33 public and private universities offering undergraduate programmes in social work or social welfare and four public universities (University of Indonesia, Bandung School of Social Welfare, Bogor Institute of Agriculture, and State Islamic University of Sunan Kalijaga Yogyakarta) which run master programmes in social work (Suharto, 2006).

*Malaysia:* The estimated population of Malaysia during 2002 was 24.5 million which constituted of 51.1% Malays, 24.1% Chinese, 7% Indians and 18.1% non-Malaysian citizens. The country became independent from the British rule in 1957. Till 1940, in Malaysia, the welfare services were provided by various ethnic, religious and charitable organizations. Social work, as a separate discipline or profession with special knowledge, was felt necessary in the country only in the late 1940s which was influenced by the crisis of World War II and the adoption of the concept of welfare state in the Europe. In 1946, the colonial administration developed a separate wing as 'Department of Social Welfare' to serve the people of Malaysia (Yoke Wah, 2005).

The idea of social work education originated from the training need of the social welfare officers worked in the colonial British administration. Initially social welfare officers were British people and they would go to London School of Economics (LSE) to study two-year programme on colonial social service. The programme would insist social needs of the people instead of the social work knowledge. In 1949, two local graduates for first time were trained in LSE and subsequently two were trained in the University of Swansea. The

University of Malaya in Singapore started certificate course in social work as per LSE model under the Department of Economics and the same course was upgraded as two- year Diploma in Social Studies in 1952. The Department of Social Welfare of the colonial British administration started sending staff for training to this University since 1952. The Economics Department of the University of Malaya subsequently started one-year postgraduate Diploma in Medical Social Work and Undergraduate Degree Course respectively in 1957 and 1968. In Malaysia, some other university such as National Science University, considering the social needs, also started an undergraduate course on 'Social Development and Administration' in 1976 in order to reinforce this field (Yoke Wah, 2005).

*Philippines:* The Philippines comprised of 7107 islands has 84.6 millions of people who belong to 111 cultural and linguistic groups ([www.vancouverpeg.net](http://www.vancouverpeg.net)). 92% of the Filipinos are Christian, 5% are Muslims and the remaining are others. The Philippines has 96% literacy rate, 36.8% poor people, 25 (per 1000 live birth) infant mortality rate and 69.3 years of life expectancy rate ([www.care.org/careswork/countryprofile/90.asp](http://www.care.org/careswork/countryprofile/90.asp)). Chinese, Spanish and American have influenced the people of Philippines. Though national language is Filipino, English is widely spoken. It is the world's third largest English- speaking country after USA and UK (Quieta, 2005).

Helping people is an inherent trait of the Filipino. Because there exist, since time immemorial, two specific social values such as *bayanihan* (co-operation) and *damayan* (sharing). *Bayanihan* is a collaborative approach to address a community problem and *Damayan* is more of an individualized approach to help a person

who requires support. The colonizers encouraged and reinforced these good practices (Quieta, 2005).

With regard to welfare, Spaniards taught, through Christianity, helping others is a way for salvation. Americans brought the concept of public welfare as a government responsibility. Anyway, in 1940s, emphasis for social welfare was on relief for prisoners of war; in 1950s, social welfare targeted agrarian unrest; in 1960s, government established Department of Social Welfare to strengthen this field; the 1970s insisted the integration of more specific social welfare programmes. From 1980s, social welfare is an important indicator for development in the community (Quieta, 2005).

In social work education, 'College of Social Work and Community Development' (CSWCD) of 'University of the Philippines' is playing important role. It was started as a social welfare section within the 'Department of Sociology and Social Welfare' in 1950 in the then College of Liberal Arts of this University. CSWCD became a separate Department of Social Work in 1961. Now CSWCD offers B.S. in Community Development, Diploma in Community Development, Masters in Community Development; B.S. in Social Work (four-year undergraduate course), Diploma in Social Work (two-year course), Master in Social Work (two-year course); Diploma in Women and Development, and Master of Arts in Women and Development ([www.upd.edu.ph/cswcd/](http://www.upd.edu.ph/cswcd/) ).

*Singapore:* It is South-East Asia's hi-tech, wealthy city-state located between Malaysia and Indonesia. It became independent from the Britain in August 31, 1963 and from the Federation of Malaysia in August 9, 1965. In July 2005, as per Government report, Singapore had 43,51,400 population, 10 birth rate, 4.3 death rate,

2.1 infant mortality rate, 79.7 years of life expectancy rate and 95% literacy rate. People of Singapore speak four languages such as Malay, Chinese, Tamil and English. Malay is the national language and 76% people speak in Chinese. Regarding religion, Buddhists and Daoists constitute 51% of the people. Singapore has second highest per capita GDP in Asia, after Japan ([www.lcweb2.loc.gov/frd/cs/profiles/singapore.pdf](http://www.lcweb2.loc.gov/frd/cs/profiles/singapore.pdf)).

Singapore government is very committed to social development and the same is evidenced by the fairly long history of welfare activities of Singapore. Before World War II, charitable and philanthropic groups would bear the responsibility for social welfare. Soon after the war, in order to facilitate welfare programmes, the then colonial administration set up the 'Department of Social Welfare' in 1946 (Tiong, 2005). The history of the organized social work movement in Singapore goes back to April of 1953 when a group of Almoners first brought up the subject of a formal organization to maintain standards of their profession, through a systematic and unified approach. With this in mind, the Malaysian Association of Almoners(MAA) was registered in November 1954. After independence of Singapore in August 1965, the Singapore group of the MAA became separate and after making many landmarks during the next five years a decision for forming the Singapore Association of Social Workers (SASW) emerged and thereafter the same was formed. Since then (1970s), SASW has been working towards the professional standards and application of social work principles, knowledge, ethics as well as skills to maximize people's ability to cope in the Singapore environment.

In Singapore, there are three Universities such as National University of Singapore (1905), Nanyang

Technological University (1955) and Singapore Management University (2000). Social Work is taught only in National University of Singapore (NUS). In that university, social work as a subject was started for first time in 1952 through two-year 'Diploma in Social Studies' ([www.fas.nus.edu.sg/swk/about.htm](http://www.fas.nus.edu.sg/swk/about.htm)). Now NUS offers Bachelor of Social Services (Honours) in Social Work, Graduate Diploma in Social Work, Master of Social Services in Social Work and PhD in Social Work. Apart from the university degree, there are several institutes who provide training and contribute in the field of social work. For instance, Family Resource and Training Center (1991), Singapore Social Service Training Institute, Academy of Human Development, etc. Several books on social work in Singapore have also been published such as *Social Work in Context, Extending Frontiers: Social Issues and Social Work in Singapore*, etc. (Tiong, 2005).

*Thailand:* It was formed in 1238. Thailand was never colonized unlike other nations of South- East Asia. In 2005, it was estimated that Thailand had 6,54,44,371 population, 15.7 birth rate, 7.0 death rate, 20.5 (per 1000 live births) infant mortality rate, 92.6% literacy rate and 71.6 years of life expectancy rate. The country is comprised of 80% Thai people, 10% Chinese, 3% Malay and 7% others and 90% of the total people follow Theravada Buddhism ([www.loc.web2.loc.gov/frd/cs/profiles/thailand.pdf](http://www.loc.web2.loc.gov/frd/cs/profiles/thailand.pdf)).

Social work has been neglected in Thailand for long time. Thai government put social welfare at a lower priority, which led to a smaller budgets for many decades. It was very hard for social work professionals to offer high quality of service due to limited resources. Again, there was lack of differentiation between charity and professional social work. The public did not see a

value of social work formal education and training, which led to low rate of social work student enrollment. The constitution of 1997 and thereafter several laws such as the Local Decentralization Act of 1999, the Elderly Protection Act of 2003, and the Social Welfare Organization Act of 2003 have now made conducive environment for social work in Thailand (Wongchai, 2005). Today a few colleges and universities run bachelor and master programmes in social work with high importance. For instance, Faculty of Social Administration of Thammasat University has Master programme on Social Work Policy and Administration; Department of Sociology and Anthropology, Faculty of Social Science, Chiang Mai University offers Bachelor degree in Social Work ([www.soc.cmu.ac.th](http://www.soc.cmu.ac.th)); and so on.

*Vietnam:* It is a war ravaged country faced famine in the middle of 1980s. The government launched renovation process (Doi Moi) in 1986 and now it has made a good progress. In 2005, there were 83.12 millions of population, 70.6 years of life expectancy rate, 16 (per 1000 live birth) infant mortality rate, 80 (per 100000) maternal mortality rate and 20% poverty incidence in Vietnam ([www.worldbank.org](http://www.worldbank.org)).

The history of Vietnam may be categorized into several phases such as the pre-French colonial period (before 1862), *the French colonial time* (1862- 1945), *the post-French colonial period in South Vietnam* (1945-1954), *the American neo-colonial period* (1954-1975) and *the socialist period* (1975 and after). Charity work, as mutual help and voluntary service, is an inherent character of the Vietnamese people since thousand of years. But professional social work is a later phenomenon, which has emerged and strongly influenced by foreign models during the French colonial, post- French colonial and American neo-colonial

periods. Though several initiatives were started during the French colonial time, remarkable incidents took place in the post- French colonial period. For instance, Government introduced Directorate of Social Welfare and also the first School of Social Work came into existence. The first school, named Caritas School of Social Work, was organized by French Red Cross in 1947 and handed over to the Daughters of Charity. The school operated almost next twenty-eight years closely following the French model (Oanh, 2002).

There are also several other landmarks in the field of social work in Vietnam. In order to help the French citizens who became victims of the revolution, 'Bureau Social' was started by the French Bishop, Jean Cassaigne. The same Bureau became Social Work Office of the French Consulate in 1957. 'The Vietnam Army School of Social Work' was created in 1957 under the leadership of a Caritas graduate, which offered two-year training programmes and short-term courses. In 1968, the Vietnamese Ministry of Social Affairs, with the co-operation of UNDP, UNICEF and other UN agencies, created the 'National School of Social Work', which continued to provide one-year as well as two-year programme in social work. After a small gap, in 1970, 'The Vietnamese Association of Social Workers' (VNASW) officially came into existence and it joined the International Federation of Social Workers (IFSW) in the same year. Social work was already introduced as university discipline at Da Lat University and was ready to start at Van Hanh University in Saigon. But all professional practice and training activities stopped in April 1975 with the start of the Revolution (Oanh, 2002).

From 1975 to 1986, there was no training in social work or professional practice. As a result of need for social work training, in 1989, 'Centre for Social Work

Training and Research' was established. In 1992, the Faculty of Women Studies at HoChiMinh City Open University put social work (theory and practicum) into BA Sociology curriculum. Now the Faculty of Women Studies is renamed as Faculty of Sociology, which offers B.A. degree in Social Work. In spite of availability of several training courses on social work, social work as a profession was not recognized in Vietnam since there was no code of ethics for training in school or no code of ethics for profession (Le Chi An, 2005).

**East Asia:** This zone includes China, Japan and Korea. Social work has emerged and developed with an importance in all these three countries. Brief account of these countries is given below:

*China:* The Qing Dynasty collapsed and the Government of the Republic of China was formed on February 12, 1912. On 1 October 1949, the People's Republic of China (PRC) was officially established replacing the Republic of China government on the mainland. Since then, it has undergone massive socio-demographic changes. For instance, China (excluding Hong Kong, Taiwan, Macau) has now (estimated in July 2006) 1,31,39,73,713 population, 13.3 birth rate, 6.9 death rate, 72.6 years of life expectancy rate, 23.1 infant mortality rate and 90.9% literacy rate.

Regarding social work in China, in 1921, for first time a Social Service Department was established with the leadership of American social worker Ida Pruitt in a hospital in Beijing in order to provide in-service training, social case work, adoption and rehabilitation services. In 1922, with the help of Professors from Princeton University, USA, Sociology Department in Yanjing University (now Beijing University) was established which was renamed as the Department of Sociology and Social Services in 1925. This Department paid

attention for in-service training of the staff of voluntary welfare organizations. Social work programmes were established in twelve universities by the end of 1930s (Leung, 1995).

The communist government was established in China in 1949. Like Soviet Union, China treated social science subjects as pseudo sciences and bourgeois disciplines. Hence, in 1952, all social science subjects including social work were stopped in Universities. Though social work training was abandoned, social welfare activities such as relief during natural disasters, financial assistance to the poor and rehabilitation to the disadvantaged sections were continued. Because, welfare activities were influenced by the political orientation in China. Thus, China did not have any contact with western social work almost for thirty years (Leung, 1995).

In the last part of 1970s, along with economic reforms, government started reconsidering social science subjects in University curricula and by 1982, Sociology Department existed in twelve universities. The subject of sociology focused on the study of social problems. The first sociology book was published in 1984, which incorporated a chapter on 'Social Work as Applied Sociology' (Leung, 1995). In 1986, the State Education Commission of the People's Republic of China decided to add a new subject titled 'Social Work and Management' in its higher education system. One year later, Jilin University, Peking University, Renmin University and Xiamen University were granted to start social work programme at undergraduate level. From this period, voluntary practical social work had also started growing rapidly in China along with the emergence and development of civilian organizations.

The China Association of Social Work Education (CASWE), a nation-wide academic organization, dedicated to promote professional education in the field of social work all over China was founded in 1994. In fact, the last two decades (i.e. from 1986 to 2006) have witnessed a dramatic growth of social work education programmes in China. In August 2002, there were over 90 universities and colleges who started social work training programmes ([www.ia.ssw-aiets.org](http://www.ia.ssw-aiets.org)). In future, many more institutes are interested to start social work education due to demand of trained social work personnel in China.

*Japan:* Japan consists of a chain of islands; the main ones are Kyushu, Shikoku, Honshu and Hokkaido. The land is mountainous as well as volcanic and only 17% of the total area is cultivable. But it has the world's second-biggest economy and in 2006, Japan's GDP per head was US\$ 34,188 which was highest in the Asia ([www.fco.gov.uk](http://www.fco.gov.uk)). In true sense, Japan was an isolated nation till the middle of the nineteenth century. In 1868, under the Meiji emperor, the modern Japan began. Now, the demographic features of the country is appreciable, for instance, total population of the country is 127.4 million, life expectancy rate is 82.02 years, literacy rate is 99%, birth rate 8.1 (per 1000 population), infant mortality rate 2.8 (per 1000 live births) and death rate per 1000 population is 8.98 ([www.cia.gov/library/publications/the-world-factbook/geos/ja.html](http://www.cia.gov/library/publications/the-world-factbook/geos/ja.html)). Shintoism and Buddhism is the dominating religions, but it is a matter of fact that 80% of the Japanese adhere to more than one religion.

The origin of the charitable work in Japan lies in the religious activities. The Shinto religion focused on worship of nature, fertility, and reverence for ancestral deities, without any attention on charity. It is only

Buddhist religion, which came from India through China in the sixth century, played significant role in this regard. Either faithful Buddhists or Buddhists temples would provide care to the needy people. Though modernization of government policies opened up new chapter for social service sector, the Japanese societies being advanced realized the need for professionally trained social workers. Hence, 'Central Social Work Association' was established in 1928 and the same may be regarded as Japan's first graduate school of social work. We know that Japanese are hardworking and always ready to face challenge. It is heard, during this period (1928) when First International Conference of Social Work took place in Paris, sixteen Japanese after traveling a few weeks by boat participated that conference (Maeda, 1995), which proves Japanese had the tenacity to explore and join the trend of professional social work of the rest of the world.

Japan faced the consequences of Great Depression that emerged in USA and initiated public assistance programme in 1932. In 1933, it withdrew from the League of Nations and moved for nationalism. In 1943, World War-II started and hence the 'Central Social Work Association' was closed. Though the war was over in August 1945, the Allied Forces occupied the country. The Supreme Commander for the Allied Powers (SCAP) and Japanese government took initiatives for several social welfare policies in post war Japan. Very soon the staff of SCAP felt the need for establishment of training school to train public assistance workers. In 1946, the training school was started and the same later became the 'Japan College of Social Work' in Tokyo. Social Work Departments in colleges and universities, those were closed down for war, gradually started to reestablish themselves. In 1950, Doshisha University initiated first master programme in social

work. In 1951, Japan became an independent nation again after signing US Japan Peace Treaty (Maeda, 1995).

The Japanese Association of Schools of Social Work (JASSW) came into existence in 1955. Twelve schools (including three schools joined after few days) were members of this professional body in the initial period. A debate regarding what social work professionals should be called whether 'professionals' or 'specialists' emerged in the second half of the 1950s. In 1960, social welfare services expanded in Japan along with economic improvement. A new trend was found in social work education in 1970s. It emerged as a result of cold war, which was taking place at the international level between the western countries and the socialist countries. Student leaders went on movement and demanded revision of social work curriculum since it was 'too Western'. During this period, the term 'Social Welfare Laborer' got wide popularity instead of 'Social Worker'. In the last part of the 1970s, understanding the need of more qualified social workers and to regulate them, the Ministry of Health and Welfare was in favor of a new law but the proposal could not be implemented due to negative view of a good number of social work organizations (Maeda, 1995). Though many initiatives by JASSW were taking place gradually, in order to regulate the social workers, in 1987, the new law i.e. 'Certified Social Workers and Care Workers Act' came into existence (Ito, 1995).

In 1994-95, Japan had 514 universities out of which 39 universities as well as colleges and 11 junior colleges were members of JASSW. Now Japan has 548 universities where there are about 100 four-year universities with Department of Social Welfare or Social Work. The number of Graduate Schools of Social Welfare

or Social Work is very less. It is about 40 as a Master course and 23 as a Doctor course (Kitajima and Fujibayashi, 2002). There are also the Junior colleges and the Training schools. JASSW till today could not make any unified curriculum policy for graduate education.

*South Korea:* In July 2004, the Republic of Korea had estimated 4,85,98,175 populations. It had 12.3 birthrate, 6.1 death rate, 7.2 infant mortality rate and 75.6 years of overall life expectancy rate. Social work, in the form of charity, emerged in Korea as early as the 1<sup>st</sup> century when the main focus was on relief activities for victims of natural disasters such as floods and famines. In addition, ruling regimes often provided tax credits for victims of natural disasters by giving grace periods to pay back governmental loans. Obviously, the unable bodies received a minimal level of assistance and care from the government. By the 10<sup>th</sup> Century, ruling regimes, *The Koryo Dynasty (918–1392)*, established more official institutions by expanding emergency medical and health services as well as in-kind services for the poor and the unablebodies. *The Choson Dynasty (1392–1910)*, which lasted for long time in Korea, brought many new initiatives such as land reforms, state ownership of property, new tax base and so on. In the field of social work, local offices were established more in order to deliver relief aids to the poor in remote areas. Non-governmental or voluntary services in local areas were also in use, as rural residents needed mutual aids (i.e Pumasi and Gye) in the farming season. Adoption rules for families without children and rules on care services for orphans and abandoned children were made in this regime.

*The Colonization of Japan (1910-1945)* had put Koreans' life conditions in peril, since the basic needs of the Koreans were not met due to imperialistic wars. It was however a time when a modern social work practice was introduced in Korea. Taewha-Kwan, established in 1923, was the first modern social work institution implementing community work programs. In the first half of the 1940s, medical and psychiatric social workers were also hired at large hospitals. Ewha Womans University opened the Department of Social Work in 1947 for the first time in a higher educational institution. However, Korean War (1950-1953) afflicted more than 10 million people leaving many children without parents. Foreign aid played a crucial role in relief activities, and many orphans were sent to foreign countries as adoptee (Nho, 2007).

The economic prosperity started coming in Korea since 1970s and in 1980s the life conditions of people improved. In 1987, Korea turned from a recipient of foreign aid or official development assistance (ODA) to a provider. Further, the Korean government began to hire civil social service workers. Nowadays, there are approximately 7,800 civil workers in government offices. Social work education has been booming for the last decade and there are more than 200 associate, bachelor, masters, and doctoral programs in Korea. Currently, approximately 20,000 students are enrolled in these programs. Distance learning has also been expanded. Each year, more than 12,000 people take national exam on the 1st class social worker license, and the passing rate is between 30 to 40 percent. More than 70,000 social workers currently work in various social service agencies in Korea (Nho, 2007).

**Central Asia:** This zone includes Russia, Mongolia, Kazakhstan, Uzbekistan, Turkmenistan, Afghanistan

and so on. Among these countries, social work has grown a importance in Russia. Of course, Russia falls under Europe as well as Asia.

*Russia:* Social work, as known in the west, never existed in the Soviet Union. There were no social workers attached to hospitals, schools, prisons and no one to act as intermediary between the individual and the structure or institution of the state. Only party and union officials provided some limited social welfare support in the old Soviet Union (Dashkina, 2005). Russia became independent from the Soviet Union on June 12, 1991. Since then, it has been trying to reform and modernize the old Soviet social structures and to make the post-communist Russia more responsive. In August 2006, Russia had 142.4 millions of population, 9.9 birth rate, 14.7 death rate, and 15.1 infant mortality rate. There is also a wide gap between men and women for life expectancy rate in Russia. Life span for man is 60.5 years and a woman is 74.1 years. 99.5% of the people who are above 10 years of age are literate.

Social work was introduced in Russia in 1991 as a profession and educational programme. It appeared along with significant political reforms during long standing economic crisis and increasing social differentiation. This profession became important with other professions in the post communist Russia to make the people understand that common good was not neglected. In that decade (1990s), the Ministry of Labour and Social Development, the Ministry of Education and Health Care, etc introduced a variety of social services and social workers (Iarskaia et al, 2004).

Regarding social work education, four types of programmes are available in Russia, such as, five-year 'Speciality' programme as per Russian traditional educational system, four-year Bachelor programme at

some universities, two-year Master programme at three universities, and one year International Master programme at private school (eg. Moscow School of Social and Economic Sciences). There is no Ph.D programme in social work. But possibilities are found to defend Ph.D programme on social work issues in sociology and related disciplines. Education and professional training of social workers have now been established in more than 120 higher education institutes all over Russia. It is very important to note that social work professionals are paid very low in Russia. For instance, a specialist in social work gets salary about US \$540 per year (as per June 2003), which is equivalent to a nurse's salary or 2/3 of a schoolteacher's salary. A social worker's salary is about US \$360 per year [Iarskaia et al, 2004].

### **Emergence and Growth of Social Work Discipline in Pacific Region**

The various countries in the Pacific region are Australia, New Zealand, Papua New Guinea, Brunei, Fiji, Cook Islands, Kiribati, Marshall Island, Nauru, Niue, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Somoa and so on. Australia, New Zealand and Fiji are some of the countries where social services or welfare programmes are organized under a particular Department and not fragmented between the several ministries like the remaining Pacific nations. The present section will make effort to describe how social work as a discipline has emerged in these three countries and grown significantly.

*Australia:* Australia is located in Oceania, between the Indian Ocean and the South Pacific Ocean. It is the sixth largest country in the world and is the smallest continental land mass. It is an old country for indigenous

Australians with a history of some seventy thousand years. The formal beginning of this state was in the late eighteenth century as a British penal colony. Australia, a federal parliamentary democracy, is an independent self-governing state and a member of the Commonwealth nations. The constitution of Australia, which became effective in 1901, is based on British parliamentary traditions, and includes elements of the United States system. It has 7,686,850 square kilometers of area (of which 68,920 square kilometers are water) with 20 millions of population (2005 estimate). It's population density is very low i.e. 2.6 persons per sq km as compared to South Korea's at 480 persons per sq km or Japan's at 336 persons per sq km or UK's at 244 persons per sq km. Australia has six states—New South Wales, Queensland, South Australia, Tasmania, Victoria, and Western Australia—and two territories—the Australian Capital Territory and the Northern Territory. It is one of the most urbanized countries in the world; less than 15 percent of the population lives in rural areas. According to 2005 estimates, the number of births per 1,000 is 12.3 and the number of deaths 7.4 per 1,000; the infant mortality rate per 1,000 live births is nearly 4.7; life expectancy at birth is estimated at 80.4 years (77.5 years for men, 83.4 years for women); and literacy rate is 100 percent. It is a multicultural society, with a strong historical reliance on immigration. In 1990s, in Australia, fifty percent of the population had at least one parent born overseas. English is the official language of this country, but the other commonly used languages are Italian, Greek, Cantonese, Arabic (including Lebanese), Mandarin, and Spanish. In addition, more than 50,000 people speak an indigenous language. The major religious groups are comprised of 27 percent Roman Catholics, 21 per cent Anglicans, 20 per cent other Christian denominations, and the 32 per cent are remaining.

There is debate about the beginning of social work in Australia. Marchant (1985) writes Australian social work historians such as Lawrence (1965), Martin (1983), and Dickey (1980) have concentrated on professional associations, ignoring social activists, particularly women, who pre-date professional social work. Hughes (1998), too, notes the lack of denominational institutions in social welfare histories. The general history of Catholic welfare endeavors has been neglected more than it should. According to Kennedy (1985), *Charity Warfare* during 1887 to 1898 is an important landmark in the beginning of social work in Australia. In fact, the real starting period was 1830s to early 20th centuries, when Catholics developed denominational services for the care of children, education, services for women, services for the sick and destitute, family welfare services, social justice and advocacy issues.

In 1929, during the Great Depression, when Australia too experienced high levels of unemployment, poverty, associated ill health and misery like many other European countries, the formal social work emerged. The institutes such as the New South Wales Board of Social Study & Training and in Melbourne, the Victorian Institute of Almoners were established for first time for social work education. By 1939, there were total five institutions in this regard: three general schools and two training hospital almoners, in only three of the six States (Napier and George, 2001). The Second World War created a demand for social workers to deal with some of the consequences of war. Social work at this time was seen as an important occupation and demand exceeded supply. By the end of 1950s, social work education was well established in the University sector (Camilleri, 2005). There were professional social work education in the University of Sydney, University of

Melbourne, University of Adelaide, University of Western Australia and University of Queensland.

The period between 1960s and 1980s is remarkable for several incidents. For instance, it was noticed in the late 1960s that there was an increase in the social protests and a growth of liberation or rights movements of groups such as women immigrants, aboriginal and Torres Strait Islanders, lesbians and gay men to bring a macro level or structural change in the society. With the power of Labor government in the early 1970s and influence of Marxism, paradigm shift took place to radical or critical or structural social work where focus was given more on social justice. The demise of the Labor government in the mid 1970s again reduced the opportunities for social work at the macro level (Phillips and Irwin, 2005). In the mid 1970s, another important issue occurred for diverse social work courses in the Universities and applications for professional membership from the immigrant social workers. There was a need of standard setting for qualification of professional membership and accreditation of social work programmes. Hence, in 1974, the document Minimum Educational Requirements was made for the establishment of 'National Council of Social Welfare' (Napier and George, 2001). By 1975, there were 11 schools of social work covering all States, with total enrolments of 2363 students (Napier and George, 2001). In the mid 1980s, Australian social work started getting influence of the economic rationalism, managerialism and privatization.

From the beginning of 1990s, in Australia, the privatization of human services industries continued to increase more and more and posed particular challenges for social work due to diversification and on going deprofessionalization of the labor force in human

services. The focus on privatization of education and the overall reduction in public funding for Universities also affected the schools of social work. In 2004 the number of Schools of Social Work increased to twenty-two. It is estimated that there are 1000 students are graduated per year, yet social workers make up only a small fraction of the human service workforce in Australia (Camilleri, 2005). In the field of literature, Australian publishing textbooks and monographs in social work and social policy are sufficient now. Several journals such as *Australian Social Work*, *Contemporary Social Work Education*, *Advances in Social Work and Welfare Education*, and *Women in Welfare Education* are published regularly (Napier and George, 2001). Though social work profession has grown much in Australia, still it is a disparate occupation.

*New Zealand:* New Zealand (in Maori, Aotearoa, “Land of the Long White Cloud”), an independent island country in the South Pacific Ocean, is situated about 1,600 km (1,000 mi) southeast of Australia. It is comprised of two large islands—the North and South islands—separated by the narrow Cook Strait and numerous smaller islands. The first settlers in New Zealand were Maori, Polynesian people who arrived about 1,000 years ago. European settlement did not begin until the 1820s. British sovereignty was established under the 1840 Treaty of Waitangi - a pact between Maori chiefs and the British government over land rights. Today approximately 72 per cent of New Zealanders are of European (specifically British) descent, over 15 per cent are Maori and 13 per cent are others. New Zealand is a parliamentary democracy within the Commonwealth of Nations. The head of state is the British monarch. In 2001 the population of the country was 3,864,129, with an overall density of about 14 people per sq km (37 per sq mi). Half of these

people lived in the four largest cities and 87 per cent were urbanized. English and Maori are the major languages spoken in New Zealand. Christianity dominates irrespective among the European and indigenous people. Life expectancy rate is very high i.e. for men 77 years and for women 81 years. New Zealand's economy is heavily dependent on the agricultural sector (Encarta Encyclopedia, 2002).

There was no provision for professional social work education until 1949 in New Zealand. The Senate of the University of New Zealand, which exists no more after 1961, approved plans to start a School of social work in 1947. The then Labor Minister for Education, Peter Fraser, was unsympathetic to these idea and the name of this school had to be changed as 'School of Social Science'. The school finally gained acceptance in 1949 and the British academics, practitioners and New Zealanders who had studied social work in Britain guided the same (Nash and Munford, 2001).

The graduates of the School of Social Science took leadership role in forming the New Zealand Association of Social Workers (NZASW), after 14 years, in 1964. In 1972, NZASW pressurized the government and supported new social service delivery arrangements i.e. amalgamation of the Child Welfare Division and the Income Support Service and to establish the 'Department of Social Welfare' (DSW) under the Ministry. The DSW was meant for the development and administration of effective social welfare polices and social welfare services. In 1973, the DSW established the 'New Zealand Social Work Training Council' (NZSWTC) ton get advice on matters of social work education and training ([www.anzasw.org.nz](http://www.anzasw.org.nz)). The council fought to have professionally standard social work qualification but had to work under intense argument and debate.

In the mid 1970s, a conflict between the professionals and ministers emerged for social work course teaching. The former wanted to see courses in technical institutes (now polytechnics) as well as in the Universities in order to have more access of education, but the latter preferred teachers colleges partly for financial reasons. The NZSWTC supported the ministerial view (Nash and Munford, 2001). Under this dismal situation, in 1975, a social work unit was established in the Department of Sociology at Massey University, which designed an innovative undergraduate programme (Bachelor of Social Work) with options for part time study, for first time, at a distance. Before 1986, Auckland Teachers College also started a professional social work course. Like many other developed countries, in the history of social work in New Zealand, there were found many struggles such as professionalism versus elitism, standards and accreditation versus exclusivity and indigenous versus overseas curricula, etc (Nash and Munford, 2001).

Till 31 December 2005, there were total 21 recognized institutes in New Zealand, which offered social work degrees such as Bachelor of Applied Social Sciences (Social Work major), Bachelor of Social Practice (Social Work major), Bachelor of Social Work with Honours (four year degree), Bachelor of Social Work (three year degree), Diploma in Social Work, Diploma in Social Sciences, Master in Social Work Applied, National Diploma in Social Services (Social Work) and National Diploma in Social Work. The twenty-one social work institutes include Anamata, Auckland College of Education, Bay of Plenty Polytechnic, Christchurch Polytechnic Institute of Technology, Eastern Institute of Technology, Manukau Institute of Technology, Massey University, Nelson Marlborough Institute of Technology, Northland Polytechnic, Target Education, Tairāwhiti

Polytechnic, Te Kaiawhina Ahumahi, Te Runanga O Nga Maata Wake Enterprise, Te Wananga O Aotearoa, Unitech New Zealand, University of Canterbury, University of Otago, Waiariki Polytechnic, Western Institute of Technology, Whitireia Polytechnic, and Wintec (Social Workers Registration Board, 2004).

*Fiji:* This country is, a member of the Commonwealth of Nations and part of Melanesia, located 1800 km north of New Zealand in the South Pacific Ocean. It has 8,44,330 population (2001) with the density of 46 persons per sq km. In 1996, Fiji was comprised of 51 percent Fijians, 44 per cent Indians and 5 per cent others. Hence, the major languages spoken in the country are Fijian, Hindi and English. Christianity is the dominating religion along with 38 per cent Hindus, 8 per cent Muslims and 1 percent remaining groups. Average life span of the people is 66 years for men and 71 years for women. There is 99 percent adult literacy. Though the country's economy is primarily agrarian, there is industrial sector that is based on agriculture, forestry, marine products and tourism (Encarta Encyclopedia, 2002).

Though formal social work started very late, Fiji had welfare provision for particular category of people. For instance, Destitute Allowance Scheme was established by colonial administration in 1920s to assist the retired Indian laborers (Prasad, 1997). Later on, the same scheme included all ethnic groups. In 1974, the scheme was reorganized and implementation responsibility shifted from the district officers to the Department of Social Welfare. The Department of Social Welfare was newly created in 1968 to execute social services schemes pertaining to child protection, poverty alleviation and other welfare issues. Due to nature of job and new responsibility, welfare officers under the

Department of Social Welfare were in need of professional training in social work in the mid 1970s. The need was fulfilled with the introduction of 'Social Service Diploma' in the University of the South Pacific in 1978. Having graduated two batches of students, the course was abandoned in 1979 and a new course 'Diploma in Community Development' was replaced which had no core social work course and professional orientation (Mills, 2002). Thus, the situation again persisted in Fiji with the lack of professionally trained social workers who could lead in social policy debates.

Why things went wrong? In response to this question, researchers state, Fiji did not like western model of social work due to traditional strengths of extended family, kinship and community who could care and share problems or crisis of the people. In 1995, the Pro-Vice Chancellor of the University of the South Pacific wrote 'there was considerable interest in developing a programme of studies in social work' (Naidu, 1995). Thus, the University reintroduced social service education in 1997. The Sociology faculty of the University launched a Post-graduate Diploma in Social Policy and Administration and left no doubt about its long-term intentions (Mills, 2002). In the last part of 1990s, along with this formal social work studies, many NGOs and community associations such as Fiji Council of Social Services (FCOSS), The Salvation Army, Save the Children Fund, the Bayley Trust, the Red Cross, the Catholic Church, Women's Crisis Centre, Aids Task Force and so on sprang up to address welfare issues.

## **Conclusion**

The development of social work in Asia and Pacific region is basically a phenomenon of postcolonial transmission from the Global North (north America

and eastern Europe) to the Global South (British colonies such as Hong Kong, India, Malaysia, Singapore, New Zealand, Fiji, etc.) to address the problems of less developed countries and to provide support to the victims of World War II. Hence, 'Localization' or 'Indigenization' of social work, which means 'culturally constructed knowledge for identification and addressing social problems' or 'process of making something relevant to the social realities of local context', has become a debate for last three decades in Asia and Pacific region. Any way, it is found, by and large that formal social work in many countries of these regions started from the training needs of voluntary workers and employees of government as well as non-government organizations engaged in social welfare activities. Thereafter, professional social work has grown slowly and the unprecedented growth of this field has been observed in the Asian and Pacific countries during the 1990s and present decade with the rise of globalization.

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## **History of Social Work in Asia Pacific-II**

*\* Ashok Sarkar*

### **Introduction**

There is debate throughout the world regarding provisioning (state led or private sector led) of social services or social welfare services under the broad area of social development. Many theorists and economists advocate the elimination of welfare state by the argument that social welfare harms the poor by creating dependencies (Ginsberg, 1998). On the other hand, Shiratori (1986) argues, production oriented development through private enterprises contributes to social welfare instead of making the people dependent on social welfare programmes of the Government. Thus, there is shift from social welfare programmes to economic progress in social development. Hoefler and Midgley (2006) analyze it as state's change of focus from 'entitlements to welfare to work programmes'. Apart from it, there is also found debate for change in the working approach adopted by the service providers (state or non-profit or profit making sector) i.e. from Charity-based approach to Welfare approach to Rights-based approach. Bringing to the fore these theoretical complexities that are very much relevant today in the Asia- Pacific region, the present unit will not state the evolution of paradigms of social development or comparative social welfare systems or approaches in providing welfare services in the Asia-Pacific

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countries. It will focus on only social work fields or activities which are initiated by the state or non-profit organizations or corporate bodies as welfare programmes or economic activities.

In fact, social situation, culture, ideological orientation of the people and existing social policies of a country lead to follow a particular social work activity in minimizing a specific social problem. We are experienced in the previous Chapter that there is plurality among the various Asia-Pacific countries in terms of race, culture, language, climate, geographical location, social problems, economic background, health status, governance, etc and thus it is obvious that there will be variations with regard to areas of social work interventions in these countries. The present Unit has also provided space to initiate discussion on Professional Association of Social Workers in the Asia-pacific countries.

### **Major Issues of Social Work Intervention in Asia**

**South Asia:** In the previous Chapter, we have seen that social work discipline in South Asia has emerged significantly in Bangladesh, Sri Lanka and India. Hence, we shall focus here on the major issues of social work intervention only in these three countries.

Bangladesh, after partition of India in 1947, came under Pakistan and suffered from problem of refugees. Of about one million of refugees, approximately 2,50,000 were without security and political status (Carlson, 1958). In December 1971, Bangladesh became independent from the colonialism of Pakistan and thereafter it faced severe poverty and even now the great challenge of this country is to eradicate poverty. About 45% of people live below poverty line in

Bangladesh. The hardcore poverty affects about 25% of population. Apart from the refugees and poverty, many other burning social problems, those are issues of social work intervention include unemployment, illiteracy, mal-nutrition, disabled children, infant and maternal morbidity and mortality, violence, gender disparity, crime, trafficking against women and children, prostitution, street children, drug addiction, over population, poor housing and sanitation and so on. Bangladesh also suffers from the problems of natural disasters such as floods, droughts, cyclones, storms and riverbank erosion (Sarkar, 2005).

In *Sri Lanka*, the major social issues that have been the target of social work intervention are poverty, aging, neglected or abandoned or poor children and disabled persons. The introduction of new economic, political and social policies has exaggerated these problems in Sri Lanka (Ranaweera, 2005).

In *India*, the major issues of social work intervention are plural in nature such as human rights violation, gender discrimination, persons living with HIV/AIDS, environmental destruction, crisis of governance, effects of globalization, etc. Many a time, these issues are inter-linked. The many more issues those also social workers come across are poverty, problems of industrial workers, migration, poor health services, malnutrition and so on (Sarkar, 2005).

**South East Asia:** The major issues, those the social work profession addresses in the countries of this zone, are discussed briefly below.

In *Indonesia*, the main social welfare problems are poverty and disasters. Along with these, there are also many more problems such as juvenile delinquency, substance abuse, conflict, broken home, street children,

child abuse, neglected children, neglected elderly, handicapped, slum areas, etc. Due to limited budget in social welfare, the Ministry of Social Affairs has given priority on five major issues like (a) Poverty, especially the poorest of the poor, (b) Neglected children and elderly, (c) Disabilities, (d) Persons not complying with social norms, and (e) The victims of disasters (the victims of the riots). Government always invites non-government organizations and other resources in helping people in need or crisis (Marjuki & Aritonang, 2005).

In Malaysia, major focus is given on the children. The idea is based on the belief that the advancement of the present generation will usher in a future generation that is confident, responsible and caring. A few intervention programmes in this direction include: Suspected Child Abuse and Neglect or SCAN teams at district and state hospitals and the institutions of a 24-hour toll-free hotline for child abuse cases; rehabilitation services for the children in conflict with law and children in need of care and protection; and special schools for the blind, deaf as well as children with learning difficulties under the Ministry of Education. Apart from the issues of children, sex education for the adolescents in schools is also an area of intervention. Due to a number of unmarried teen pregnancies, baby dumping and increasing number of those infected with sexually transmitted infections including HIV, the Ministry of Education, Ministry of Health, and Ministry of Women and Family Development in partnership with Civil Societies are focusing on sex education in schools. Up to September 2004, in Malaysia, 61,486 HIV infections had been reported including 8955 AIDS cases and 7083 deaths. Therefore, a needle exchange and condom distribution activities are too important area for social work intervention (Yoke Wah, 2005).

In *Philippines*, the major issues which need to be focused or intervened include families in distress, abandoned children, battered women, needy adult, out of school youth, persons with disabilities and elderly among others. There are already several intervention programmes existing in the country such as Community Based Integrated Programmes that have a national coverage (like the Comprehensive and Integrated Delivery of Social Services, Self- Employment Assistance Kaunlaran Integrated Programme and Lingap Sa Mahirap), Protective Services for Vulnerable and Disadvantaged Groups (like neglected and abused children, youth offenders, poor women, persons with disabilities, dysfunctional couples and families, individuals with special needs, etc), Disaster Management, and a few Piolet Projects ( such as national family violence prevention programme, empowerment of paternal abilities, community based strategies for drug abuse and HIV/AIDS, etc) [Quieta, 2005].

*Singapore* is one of the developed countries in Asia. Despite many adversities, social work profession has provided many interventions and succeeded in the areas of housing, health care, education, and family as well as community life. It is expected that, for better quality of life, the major focus of the social workers would be in the family, schools, workplace, community as well as health, industrial and rehabilitation fields. For instance, in family setting, Preventive Family Life Education is an important programme where focus is given to inculcate family values, healthy life styles, other positive social values in children and young people, prevent delinquency, provide skills training to low income families, etc. In order to develop social work as a premier profession, Singapore Association of Social Workers' (SASW) professional development framework

emphasizes on evaluation of service effectiveness, evidence based practice, empirical basis of research and documentation, etc [Tiong, 2005].

*Thailand* has shown imbalanced development during last few decades. The main issues, which are the targets of social work intervention, are poverty and corruption in public life. The other areas of intervention include natural resources and environmental deterioration, deteriorated moral values, high divorce rate, social violence, human trafficking in children and women, increased crime rate, suicide rate, HIV/AIDS rate, prostitution and more number of homeless children. In order to combat the above-mentioned challenges, Government has made four pronged strategies, which encompasses social protection, competitiveness, environmental protection, and good governance (Wongchai, 2005).

*Vietnam* is a socialist country. Social work as a profession is being introduced today into a number of former and current socialist countries. But, being an American approach, integrating social work into new social context of these socialist countries is not so easy. Vietnam is not exception is that. In Vietnam, many a times, the social problems such as juvenile delinquency, prostitution, drug abuse and even HIV/AIDS are called 'Social Evils' and are tackled by moral exhortations and public demonstrations rather than by a scientific problem solving approach. But, being in the new profession, social workers in Vietnam try to intervene in the areas of rural and urban poverty; rural-urban migration leading to problems of street children, migrants workers and slums; prostitution - women trafficking inside and outside the country; drugs; HIV/AIDS; family break down, child neglect and abuse; and so on (Oanh,2002).

**East Asia:** In China, development of social work can be categorized into three phases (Xia and Guo, 2002) such as (a) social work's introduction (1921-1952), (b) the thirty years period during which social work was abolished (1952-1982), and (c) social work's reinstatement and growth (after 1982). During the first phase, social workers used to be engaged as administrators and practitioners. In that period, the major issues were the targets of social work intervention included general relief, child welfare, illness or diseased persons, psychiatric patients, unemployment, rehabilitation of handicapped persons, problems of laborers, social insurance, social settlement and institutional care for special groups. After the reinstatement of social work in China, this profession along with the above-mentioned areas, is focusing on the issues of unemployment caused by globalization, aging and social security systems. Under the social security, various schemes are: social insurance for business and enterprise employees, pension insurance system for the staff in the state sectors and non-profit organizations, pension insurance in the countryside, and supplementary pension insurance of the business enterprises. Social workers, presently in China, also address the problems of youth, environmental destruction and community disorganization.

The basic framework of the existing social welfare system of Japan was created in 1940s as emergency measures to cope with the various problems caused by the World War II. The war wounded, orphans, unemployed, malnourished, diseased persons and poverty were the target of social work intervention in the post world war (II) periods (i.e. in the last part of 1940s and 1950s) in Japan. In those days, the public assistance system, which emerged with lot of

importance, focused on three principles such as national responsibility, non-discrimination and equality, and ensuring of a minimum standard of living. Now, social welfare systems in Japan address the problems of illness, injuries, disabilities, unemployment, basic needs & care, and aging. Rapid aging in the society and the downscaling of the family size has made people worry about the long term care of the elderly.

South Korea now faces various social issues including a low birth rate, youth problems, and an increasing number of the elderly. Social service programs have been extended to meet the needs of various disadvantaged groups including children, women, and the elderly. As of 2006, about 400 one-stop community social welfare centers for the poor and needy families, 130 centers for person with disability, 183 centers for the elderly have been established throughout the country (Nho, 2007). Social insurance programs such as National Health Plan, National Pension Plan, Unemployment Benefits, and Workers' Compensation Benefits are in operation. Social allowance is not fully adopted, but limited allowances are provided for the 3rd child and the elderly. Further, the public asks for a more sophisticated welfare system to guarantee healthy life in the future and to get rid of social discrimination. It is anticipated that social expenditures for social welfare would be continuously expanding as the needs of the public have been more sophisticated and widened.

**Central Asia:** Among the countries of central Asia, Russia has the better history of social welfare service delivery. Though social work in Russia has come into existence only a few years ago (in 1991), this profession has made good progress within this short span of time. It is focusing on the long standing socially excluded

areas or people. The Ministry of Education and Health Care has introduced social pedagogues and social workers into regular and special education, hospitals and mental health centers. In the human service organizations for practice and academic institutions for education as well as research, the social work issues which are targeted include social inequalities, exclusionary practices, poverty, deviance, youth cultures and subcultures, the effectiveness of social policies, issues of unemployment, aging, disability, gender relations and cultural representations.

### **Major Issues of Social Work Intervention in Pacific Region**

In the Pacific region, many countries have less propitious environment for providing social welfare services. For instance, Samoa and Solomons have only fledgling social welfare departments; in Vanuatu and Tonga, it is unclear who is ultimately responsible for social welfare; in Kiribati, a few personnel with a social work function are attached to the court (Mills, 2002). It is found, only a few countries of this region such as Australia, New Zealand, Fiji and so on have organized systems of social welfare services. The focus in this section will be on major issues of social work intervention of some of these few countries.

*Australia:* In the 19th and early 20th centuries, major denominational activities as informal social work intervention, under the leadership of Catholics, were services for the care of children, education, services for women, services for the sick and destitute, family welfare services, social justice and advocacy issues (McMahon). The early days of formal social work in Australia, i.e. during great depression, focused on case

work especially in the hospital setting and relief for families experiencing distress in the community setting. Social work intervention in Australia was influenced primarily by the USA model till the mid 1960s and thereafter British models became influential (Phillips and Irwin, 2005).

The major areas for social work intervention today include ageing, refugees, child protection and domestic violence. A steady increase in longevity has increased significantly the number of old people in Australia. Currently 13 per cent of the population is over 65 years of age and 4.1 per cent are over 85 years. There are found many government and non-government initiatives for the care and support of aged. Regarding refugees, in the decade of 1992-2002, Australia took in some 100 thousand refugees and other humanitarian cases. In that decade, 70 per cent of Australia's refugee and humanitarian intake were from the former Yugoslavia and the Middle East. The majority of the Middle Eastern group was mostly from Iraq, fleeing Saddam Hussein and the Gulf War. Professional social work plays important role in dealing with the refugee problems such as torture trauma, war trauma, cultural alienation, the impact of detention, etc. With regard to child protection, there were 40416 substantial cases of child abuse and neglect across Australia in 2002-2003. Although individual state governments have responsibility for child protection, non-government and charity based organizations are also involved in it. The key national issues for child protection are reporting, data collection, rise of child pornography on the internet and criminal matters. Domestic violence in Australia also remains an issue of gendered power relationship. In 2002-2003 (estimated), there were 408 thousand victims of domestic violence. Despite of numerous public

education campaigns, the culture of violence of men against women has not abated. Since 1970s, the women's movement has played a key role in supporting women who experience violence. Most of the services for women suffering domestic violence are provided by community or non-government organizations, networks and the voluntary work of women. These services include women's refuges, information, resource and referral services, outreach services, domestic violence workers, and specialist support services.

*New Zealand:* In this country, social work addresses the barriers, inequities and injustices that exist in society. Deciding the specific tasks of social workers in Aotearoa New Zealand is basically difficult due to different viewpoints of different people such as politicians, managers, administrators, clients, Maori, Pakeha, etc. Each viewpoint indicates a particular ideology regarding why a society has social workers. Any why, social workers work in private, non-government and government sectors. The major areas of social work intervention include youth justice, child protection, health, mental health, addictions, disability, families, research, policy, training and education ([www.anzasw.org.nz](http://www.anzasw.org.nz)).

*Fiji:* In the last part of 1990s, Fiji had 25 percent of the population below poverty line and the further 25 percent were just on or above this line. No hospital had social workers to address patients' welfare, rights, discharge and after-care issues. Now, social work intervention along with these areas also includes community development, probation and corrections, childcare and protection, youth work, residential care, rural extensions, women's issues, family planning, marriage guidance, etc.

## **Professional Association of Social Workers in Asia**

**South Asia:** *Bangladesh* has the 'Association of Social Workers (ASW) Bangladesh' and the same body is member of 'International Federation of Social Workers' (IFSW). In *Sri Lanka*, there is also 'Sri Lanka Association of Professional Social Workers', which is member of IFSW. Though *India* has fairly a long history of social work as compared to Bangladesh and Sri Lanka, it is sad that this country does not have any permanent affiliation or membership to IFSW. India had several professional associations in the past such as Labor Welfare Officers' Association, Probation Officers' Association, Association of Schools of Social Work in India, Indian Association of Trained Social Workers (IATSW) formerly known as Association of Alumni of Schools of Social Work in India, Indian Society of Psychiatric Social Work, etc. Now, only two national level professional associations of social work function i.e. 'Indian Society of Professional Social Work' (ISPSW) and 'National Association of Professional Social Workers in India' (NAPSWI). The ISPSW, formally known as Indian Society of Psychiatric Social Work, was established in the year 1970. The present name of the Society was considered in the year 1988, because of an increased representation of the trainers, practitioners and researchers of all specializations of social work ([www.ispsw.net](http://www.ispsw.net)). Till today (2007), with the 38 years of existence, ISPSW has organized 25 annual conferences. The other association i.e. NAPSWI, although started functioning from September 2004, was officially registered on 9<sup>th</sup> September 2005 to advance excellence in education, training and practice of professional social work through Education, Research, Training, Networking, Advocacy and Resource

Development ([www.napswi.org](http://www.napswi.org)). So far (till 2007) NAPSWI has organized four annual national seminars. In spite of having vibrant existence, neither ISPSW nor NAPSWI has affiliation to IFSW. It is found, in India, a National Coordinating Committee of Professional Social Workers (NCCPSW) located at Bangalore has provisional membership of IFSW since 1<sup>st</sup> July 2003. It is ironic to mention that most of the Indian social workers are not aware of NCCPSW.

**South East Asia:** In *Indonesia*, there are three important professional associations of social work such as 'Indonesian Association of Schools of Social Work' (Ikatan Pendidikan Pekerjaan Sosial Indonesia /IPPSI), 'Indonesian National Council on Social Welfare' (Dewan Nasional Indonesia untuk Kesejahteraan Sosial / DNIKS), and 'Indonesian Association of Professional Social Workers' (Ikatan Pekerja Sosial Profesional Indonesia /IPSPI). IPSPI is affiliated to IFSW. So far social work in Indonesia has not been identified as a full-fledged profession as there is no certification or accreditation for licensed social work practitioners (Suharto, 2006). In *Malaysia*, professional association named 'Malaysian Association of Social Workers' (MASW) came into existence in March 1973. It is affiliated to the Malaysian Professional Center and the International Federation of Social Workers. The MASW can be contacted at the address: [myswan@tm.net.my](mailto:myswan@tm.net.my) and be known in details on the web page: [www.masw.net](http://www.masw.net). Now the association is making effort, which was initiated in August 2004 through a workshop under the leadership of Dr Pauline Meemeduma from Edith Cowan University of Western Australia, to have National Standards and Competencies for Social Work Practice and Education in the country. Apart from MASW, there is also another association i.e. Malaysian Association of Medical Social Workers (Yoke Wah, 2005). In *Philippines*, the 'Philippine

Association of Social Workers, Inc.’ (PASWI) was established on 12<sup>th</sup> November 1947 with the zeal of upholding the highest standards of social work. On 19<sup>th</sup> June 1965, PASWI acted in passing the Republic Act No. 4373, which was responsible for regulating practice of social work and operation of social work agencies in the Philippines. In the same year (1965), with the efforts of PASWI, the ‘School of Social Work Association of the Philippines’ also came into existence. The PASWI advocated for the creation of the ‘Department of Social Welfare’ under the Government in 1968 as well. PASWI became the 22<sup>nd</sup> Professional Regulation Commission (PRC) accredited professional organization on November 3, 1976. The ‘Philippine Association of Social Workers, Inc.’ is now member of IFSW and organizes seminars, workshops and conferences and undertakes strong social action as well as advocacy related activities. Currently, it has 1,093 members and 76 local chapters ([www.prc.gov.ph](http://www.prc.gov.ph)). In *Singapore*, the history of professional associations is a bit complicated. We know that Singapore was under Malaysia before its independence. In Malaysia, the ‘Malaysian Association of Almoners’ (MAA) was registered as a professional body of social work in November 1954, which focused more on medical social work. Hence, with the help of Alumni of Social Studies Department of the then University of Malaya, the ‘School of Social Studies Association’ was formed in January 1956. In August 1960, the ‘School of Social Studies Association’ was renamed as the ‘Association of Professional Social Workers’ (APSW). After independence, the Singapore group of the MAA registered itself as the ‘Singapore Association of Medical Social Workers’ (SAMSW) in 1967. In December 1970, a combined extraordinary General Meeting of the APSW & SAMSW was held and the members of both the associations resolved to merge APSW & SAMSW under one national banner and thus,

in February 1971, the Singapore Association of Social Workers (SASW) came into existence. Now, SASW is a member of the International Federation of Social Workers and has a membership of more than 500 social workers ([www.sasw.org.sg](http://www.sasw.org.sg)). In *Thailand*, 'The Social Worker's Association of Thailand' (SWAT) emerged quite a few years ago. But, SWAT did not have much control over social workers. This professional association is member of IFSW and has become active as well as important since 2003, when the Social Welfare Organization Act was passed, which forced social workers to be licensed. Now, SWAT issues licenses to the social work professionals (Wongchai, 2005). In Vietnam, the 'Vietnamese Association of Social Workers' (VNASW) was officially established in 1970 and the same association thereafter joined the 'International Federation of Social Workers'. VNASW, soon after its formation, became member of the 'Vietnamese Council of Social Welfare' and 'National Socio-Economic Council' to show the status that professional social work existed at that time (Oanh, 2002).

**East Asia:** In *China*, 'China Association of Social Workers' (CASW) was formed in July 1991 under the patronage of the Ministry of Civil Affairs to promote the establishment of norms of behavior for social workers and to ensure quality of social work education. The minister of civil affairs was the chairman of the association. Now CASW is member of IFSW. In *Japan*, there are found four professional associations, such as, 'Japanese Association of Certified Social Workers' (JACSW), 'Japanese Association of Psychiatric Social Workers' (JAPSW), 'Japan Association of Social Workers in Health Services' (JASWHS), and 'Japanese Association of Social Workers' (JASW). In this country, social workers are not unified under the same name of social work association, such as the NASW in the USA.

Specialization among the social workers matters a lot (Kitajima and Fujibayashi, 2002). All these four associations cited above are member of IFSW. *Korea* has 'Korea Association of Social Workers' (KASW). This association is very active and also member of IFSW. It has completed its forty years of existence. On 21 April 07, it celebrated Social Worker's Day for first time in Korea.

**Central Asia:** In *Russia*, in the decade of 1990, four professional associations such as 'The Russian Union of Social Pedagogues and Social Workers' (RUSPSW), 'Association of Social Workers', 'Association of Social Services Employees', and 'Association of Schools of Social Work' came into existence (Iarskaia et al, 2004). Among the above-mentioned associations, RUSPSW is very vibrant body of social work professionals and the same is affiliated to IFSW.

### **Professional Association of Social Workers in Pacific Region**

*Australia:* There are found two professional associations in Australia i.e. 'Australian Association for Social Work & Welfare Education' (AASWWE) and 'Australian Association of Social Workers' (AASW). The AASWWE was initially formed in 1978 and reconstituted in 1989. The executive committee of this association is comprised of social work and welfare educators from across Australia. It conducts annual conferences, produces newsletters, the journal ADVANCES and works in conjunction with various government groups to formulate principles designed to improve the structure and processes of social welfare education in the tertiary sector (Camilleri, 2005). The AASW was formed in 1946 with aims to establish, monitor and improve practice standards and contribute to the development of social work knowledge and research. The association

also advocates on behalf of clients and actively supports social structures and policies that help to promote social justice (Napier and George, 2001). The AASW is affiliated to the IFSW. There is no legal registration for social workers in any State or Territory of Australia. However, the AASW is the standard-setting body for social work in Australia and many jobs require eligibility for membership of the AASW.

*New Zealand:* Formal social work education was started in New Zealand in 1949 and in the same year, the Child Welfare Officers' Association (CWOA) was formed. The CWOA wanted to begin a movement that could offer the practitioners a public forum. From 1957, a few regional groups of social workers started emerging such as the Otago Branch came up in 1957-58, the Central District began a group in 1961 and so on. The Otago Social Workers' Association hosted a conference at Dunedin in 1962 where many important people like Reverends, Religious Sisters, Members of the Salvation Army, Methodists, Presbyterians and Catholics were present and they expressed to have a definite framework in which social workers could operate as a profession. Thus, the *New Zealand Association of Social Workers* (NZASW) was established in 1964 as an independent non-profit organization. NZASW joined International Federation of Social Workers in the same year. The primary aim of NZASW was to see education and training made widely available to practitioners. The association followed an egalitarian and inclusive approach that considered membership for both the people (i) who had professional qualifications and (ii) unqualified but had experience of working in agency. This was quite different from the Australian system in which a professional qualification was must for including the name as a member in the association ([www.anzasw.org.nz](http://www.anzasw.org.nz)). Since 1965, NZASW has been

publishing a quarterly journal and changes have taken place several times in the name of this journal i.e. The New Zealand Social Worker (1965-75), New Zealand Social Work (1977-81), New Zealand Social Work Journal (1981-88), and Social Work Review (1988).

In December 1976, members of NZASW discussed on the issue of registration of social workers and came up with many advantages and disadvantages. The advantages included protection for clients and employers, professional development, training, skills development and protection for social workers while disadvantages warned that there were so few professionally qualified social workers eligible for registration that the scheme might undermine the unqualified in a situation where they were the backbone of the services ([www.anzasw.org.nz](http://www.anzasw.org.nz)). In 2003, the Social Workers Registration Act was enacted with the purpose of increasing the accountability for the profession, enhancing the professionalism of social workers and protecting members of the public. In the November of the same year, the Social Workers Registration Board (SWRB) was constituted as a crown entity, which was responsible for establishing the criteria for registration of New Zealand and overseas social workers ([www.swrb.org.nz](http://www.swrb.org.nz)). The Board is in full-fledged operation since the last part of 2004.

*Fiji:* The concern of social services employees and volunteers to have a collective voice in social policy debates, to initiate own training programme and to establish a means of professional accreditation led the formation of professional association in Fiji in the pattern of Australia, New Zealand and United Kingdom. In 1996, Fiji Association of Social Workers (FASW) was formed with the strict membership criteria, a code of ethics and rigorous accreditation procedures. Now it is member of IFSW. Apart from accreditation work, FASW

produces a newsletter, organizes annual seminar and attracts overseas funds for conducting training programmes (Mills, 2002).

## **Conclusion**

The major issues for social work intervention in Asia and Pacific countries are poverty, natural disaster, children in difficult situations, crime involving women, human trafficking, disability, health and health care problems and aging. It is noticed, majority of the social work practicing countries have professional association of social workers that are affiliated to IFSW. But, only few countries may be economically advanced ones, have been able to maintain standard of social work profession and regulate licensed social work practice with the help of these professional associations. Now, in order to have professional excellence in social work education, practice and research, the need of the hour in Asia-Pacific region is to review social work ideology and modify the same as per cultural context of the country, to develop national policy in every country for regulating social work practice by the professionals and agencies, to establish strategy for enriching knowledge of social work professionals through training, to improve service and service delivery system by social work research, and to encourage public to participate in the social welfare activity.

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## **Hisotry of Social Work in Africa and Middle East**

*\* Ashok Sarkar*

### **Introduction**

Social work education has a crucial role to play in imparting knowledge to the students and in preparing them for the realities of practice in the conflict-ridden society. The knowledge and information on history of social work practice and education in different countries, in particular, is very important to understand respective country's history of charity or philanthropy work, evolution of social welfare system, existing social problems with the enduring socio-cultural situation and recent social work approaches to comply with the same problems, for creating programme of action to ameliorate social conditions of a country. This chapter would examine the history of social work practice and education in different countries of Africa and Middle East.

Africa mainly suffers from poverty, corruption and interethnic conflicts. Poverty is pervasive and is largely a rural phenomenon. For example, 70 per cent of South Africa's poor live in rural areas (Noyoo, 2004). Regarding corruption, it continues in various sectors including the government. Inadequate provision or general lack of services is partly due to the rampant corrupt practices perpetuated by those who are entrusted with public office to serve the people (Kaya,

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2003; Mwansa, 1999). The interethnic conflicts, typically embedded in historical developments and tribal cultures, stem from a need to acquire and control resources. This phenomenon of interethnic conflict parallels racial tensions in Western nations (Laird, 2004). Any way, African social work is concerned with these above cited sufferings.

Middle East countries, dominated by Muslims, encounter social problems like poverty, discrimination against women, consequences of man-made disaster and so on. In spite of having huge quantity of oil reserved, poverty also persists in this part of the world. According to information provided by the Turk-Is, in Turkey, more than 10 million people live in hunger and 48 per cent people have very low income (Ikinci, 2003). In Israel, 20 per cent people live in poverty (Shaoul, 2001). As per the UNDP report, in 1998, Iraq was ranked 42<sup>nd</sup> out of the 77 poorest countries in the world. In this zone, women continue to suffer from severe discrimination in the work place, home and court and from restrictions on their freedom of movement and their choice of partners. In Saudi Arabia, the religious police enforce strict gender segregation and a women's public dress code of head-to-toe covering. Women are also excluded from the weekly majlis (council) [<http://hrw.org/englishwr2k7/docs/2007/01/11/saudia14717.htm>]. The man-made disaster i.e. war is also very important issue in the Middle East. The US-led war in Iraq has made several consequences and therefore child deaths are rising, the health care system is broken, economic reconstruction remains untenable in many regions, and high levels of political instability and violence exist (Harding, 2007). In order to address all these problems, now there is proliferation of social work as a profession in the Middle East countries. The present unit will first discuss the development of social work practice in

Africa and thereafter it will concentrate for the same in the Middle East countries.

### **Development of Social Work Practice in Africa**

Modern social work practice in Africa has been influenced by the activities of early missionaries; voluntary organizations; tribal societies; traditional customs and practices; pre and post colonial economic, political and social realities; and specific social welfare policies implemented during the colonial period. Studies conclude, today in African countries, the remedial casework method of social work, based on Eurocentric and Anglo-American social work knowledge and values, fails to adequately address the needs of oppressed African population by excluding African values and traditions (Laird, 2004; Tshabalala, 1992). The present social work practice needs to assume an orientation to social development, rather than individual development, and to commence this focus at the educational level. The social work education which can mould the practice dimension again varies in Africa, both within and across countries. Some countries do not offer any formal education and training in the discipline, several countries offer social work programmes at the diploma and certificate levels, while some have moved toward the provision of a four-year Bachelor degree in social work (Sewpaul and Lombard, 2004). Africa currently with 53 countries has some sort of social work education programme in 23 countries (IASSW Directory, 2003). We intend to highlight a few countries where social work discipline has grown significantly.

**South Africa:** This country is located on the southern tip of African continent. Approximately 75 per cent of the population is black African, 13 per cent is white, 9

per cent is colored (mixed ethnic background), and 3 per cent is Asian. Whites in South Africa have ruled over the Blacks for long time. Though during the late 1980s and early 1990s the government was forced to dismantle the legal basis of apartheid, inequality remains as a fact of life in South Africa. Hence, as per the estimation made in 2001, life expectancy rate is 73 years for whites and 57 years for blacks; infant mortality rate is 13 deaths per 1,000 live births for whites as compared to 57 per 1,000 for blacks; the white literacy rate is virtually 100 per cent, while the black literacy rate is less than 50 per cent (Microsoft Encarta Encyclopedia, 2001).

The social welfare policy, which has been evolved today and addresses the interests of all in South Africa, actually began from informal welfare work with discriminatory attitude in the middle of the Seventeenth century. In 1657, the Dutch Reformed Church (DRC) and the Dutch East India Company (DEIC) came ahead to distribute poor relief to indigent white farmers (Boers) whose crops failed. DRC and DEIC were reluctant, due to indifferent racial mind-set, to provide services to indigenous Africans. In the same way, social welfare services for whites progressed under the authority of Dutch Reformed Church and institutional welfare resources for children as well as persons with disabilities were firmly established, but the indigenous Africans continued to experience social and economic difficulties (Brown and Neku, 2005). Again, with the discovery of minerals in 1860, the mineral mining industry employed blacks as migrant laborers in the urban areas, but prohibited to bring their families. The families of black migrant laborers were forced to stay away and gradually became impoverished. In order to reduce the risk of this kind of destitution, Blacks particularly women residing in urban areas created

their own self-help and voluntary associations. The most well known self-help organization was the *stokfel* that consisted of approximately five to seven women, each of whom contributed to a common fund. The women used the funds during their economic crises. There were also many other burial societies, church groups, sports clubs and professional teachers associations that served the social welfare needs of blacks in the last part of the Nineteenth century (Brown and Neku, 2005).

The formal social welfare system was introduced in South Africa in the 1930s as a response to poverty. The 'Carnegie Commission of Enquiry into the Poor White Problem' led to the creation of the first national government Department of Social Welfare in 1938. By 1948 the practices of inequality and unfairness in the treatment of blacks were grounded in the social welfare system under the rule of the National Party with its apartheid regime (1948-1994) [Brown and Neku, 2005]. In April 1994, the discriminatory welfare system came to an end when the first multiracial election took place in the South Africa's history and the new Government was formed. The South African society was transformed from an unjust apartheid system to a constitutional democracy. The 'Reconstruction and Development Programme' (RDP) in 1994 under the first Government of National Unity provided the blueprint for social development. The RDP did not continue for long time and was replaced in the mid-1996 by the more traditional, liberal economic policy of 'Growth, Employment and Redistribution' (GEAR) which brought the new vision of welfare embodied in the 'White Paper for Social Welfare' (1997) (Gray and Mazibuko, 2002). The new social welfare policy now addresses most of the recent social problems and considers the interest of all irrespective of the racial backgrounds.

The 'White Paper for Social Welfare' (1997) brought direction for social work practice in South Africa. It wanted the profession to redefine and locate social work within a context of micro and macro issues. The ultimate message was to make a strong and united professional association to encounter the challenges of social work profession. Now social work practice in South Africa addresses the problems of poverty, unemployment, aging, human rights, children's rights immigration, refugees, HIV/AIDS, illiteracy, trauma resulting from violent crime especially rape, murder, child abuse, sexual assault and so on. The various means such as advocacy, community development, empowerment, consultation, networking, action research and policy analysis are used to work with these diverse problems.

Like social welfare system, social work education too evolved initially as a response to colonial interests and the 'poor white problems'. The first social work diploma course was offered in South Africa in 1924. It emerged out of the child guidance clinic at the Transvaal University College, which was funded by the South African Women's Federation and led ultimately to the establishment of the first Department of Sociology and Applied Sociology at the University of Pretoria in 1931 (McKendrick, 1990). In fact, Transvaal University College was renamed as University of Pretoria in 1930 as per the Private Act No. 13. Subsequently, the University of Stellenbosch and the University of Cape Town initiated social work programme respectively in 1931 and 1933. By 1938, social work was recognized as a major subject in its own right and in 1939, seven universities had established undergraduate social work courses of between three or four years' duration (Hare and Mckendrick, 1975). Social work education in South Africa today is based in twenty universities and one

college, and comprises a four-year professional degree (Gray and Mazibuko, 2002).

The social work education in South Africa was influenced by the National Welfare Act in 1965. The act wanted to have registered social worker and the registration was contingent upon completion of approved educational courses. This situation made the need to create a statutory social work council. In 1978, the 'Social and Associated Workers Act' was introduced that made provision for a statutory council. The 'South African Council for Social and Associated Workers' thus came into existence in 1980. It is today known as 'South African Council for Social Service Professions' (SACSSP). The SACSSP is a statutory body which regulates social work education, training and practice. One can not be designated a 'social worker' without the required four-year qualification, and without registration with the SACSSP. Social work students also have to be registered with the SACSSP. Together with the SACSSP, Association of South African Social Work Educators' Institutions (ASASWEI) deals with policy issues in connection with social work education and training. After the formation of new government in 1994, the South African Qualifications Authority (SAQA) Act has been passed in 1995. The statutory council like SACSSP comes under the SAQA. The Bachelor of Social Work (BSW) and Further Education and Training (FET) Certificate in Social Auxiliary Work qualifications have been approved by SAQA for registration as social worker (Sewpaul and Lombard, 2004).

South Africa, in spite of its rich history of social work in the entire African continent, does not have any Professional Association of Social Workers which is affiliated to the International Federation of Social Workers (IFSW). In order to form a unified professional

association, a conference was held on 13<sup>th</sup> and 14<sup>th</sup> September, 2007 at Johannesburg. Social workers from across the public and private sectors participated and Dr Jean Swanson-Jacobs, the Deputy Minister for Social Development joined to make the conference a grand success.

**Zimbabwe:** Zimbabwe is a landlocked country, at the base of the African continent. 97 per cent of the population is African, 2 per cent is Asian and of mixed race, and 1 per cent is white. It is a country with various ethnic groups such as Mashona, Matabele, Tonga, Sena, Venda, and Sotho. In April 1980, following multi-party elections, the British colony Rhodesia became formally independent as the Republic of Zimbabwe. In the country, the civil unrest took place at Matabeleland in 1982 and lasted same till the end of 1987. As a result of this state-sponsored violence, thousands of people died and were displaced. The emigration of whites in fact increased (in the early 1990s there were 100,000 whites as compared to 223,000 in 1980). The constitution of Zimbabwe was amended in November 1987 and the two leading political parties i.e. Zimbabwe African National Union-Patriotic Front (ZANU-PF) and the Patriotic Front-Zimbabwe African People's Union (PF-ZAPU), after long and at times violent confrontation, were united as ZANU-PF in December 1987 and turned Zimbabwe into a de facto one-party state in 1988.

The independent Zimbabwe government emphasized socialist state planning of growth with equity. It subsidized education, health care, transportation, energy, staple foods, housing, water and sewer treatment facilities and so on (Moldovan and Moyo, 2007). The social security system was also introduced in 1993 that made provisions for old age, disability,

and survivor's pensions; free health care for low-income families (about 75% of the population); maternity benefits i.e. 70% of regular earnings for 90 days; and the like. In the middle of 1990s, Zimbabwe experienced economic problems which, in the eyes of foreign donors, had resemblance with the fallout of the socialistic practices. In 1996, the ZANU-PF, the united form of two political parties, formally abandoned its adherence to Marxism-Leninism. The country decided to follow new economic policy since 1997 which focused on role back of the state and free-market structural adjustments. Once the old welfare structures created in the early 1990s by the nationalist government were reduced in size and effectiveness by the new economic policy, social problems like poverty, unemployment, political and economic insecurity, hunger, lack of health care, substandard housing, poor sanitation and so on grew invariably (Moldovan and Moyo, 2007). Realizing these grim conditions, NGOs affiliated with various Christian denominations shared many responsibilities of the state to protect well-being of the citizens.

The above discussion has portrayed the history of social welfare in the independent Zimbabwe. During the colonial and apartheid periods, the social welfare needs of the indigenous African population were expected to be met by local communities (Moyo, 2007). Christian charities were also active in providing rudimentary educational and health services along with missionary activities designed to civilize the natives (Moldovan and Moyo, 2007).

Social work profession in Zimbabwe began in 1936 to deal with the problems of juvenile delinquency and truancy among the non- African community (Gargett, 1977). A probation and school attendance officer who was trained in social work practice was appointed to

comply with these problems. He was brought from the Britain due to lack of trained personnel in Zimbabwe and worked under the provisions of the Children Protection and Adoption Act of 1936. These efforts led the establishment of the Department of Social Welfare (DSW) in 1948. The newly formed DSW reinforced to initiate probation and school attendance programme for the African people as well. Since there was no social work training course in the country, DSW had to rely heavily on the black social workers trained in other countries like South Africa and Zambia to serve the indigenous African population (Kaseke, 2001).

Understanding the need of social work education in Zimbabwe due to the above cited as well as many other reasons, the Jesuit Fathers of the Roman Catholic Church established the School of Social Services in 1964, which offered 1-year Certificate in Group Work. This course was primarily based on the idea that poverty was pushing many people from the rural areas into the urban areas and the urban areas were not ready to receive such an influx. Consequently, there were numerous social ills in urban areas which included unemployment, overcrowding, destitution, juvenile delinquency, prostitution and family break down (Kaseke, 2001). In order to deal with those urban social ills, there were needs of trained social workers.

In 1966, the School of Social Services introduced a 3-year Diploma in Social Work which was considered as the basic professional social work qualification acceptable to the government. The School of Social Services changed its name as the School of Social Work in 1969 when it became the first associate college of the then University of Rhodesia ( now University of Zimbabwe). The Diploma course was extended to a 4-

year Bachelor of Social Work (BSW) degree in 1975. The students of Diploma course required to do an additional year of study that focused on specialization in any of the areas such as residential social work, industrial social work, one of the social work methods and so on in order to get BSW degree. In the subsequent years, the School of Social Work initiated many more new programmes such as the Certificate in Youth introduced in 1980, the Bachelor of Social Work honours degree in Clinical Social Work in 1982, the Master of Social Work degree in 1983 and the Bachelor of Social Work degree in Social Rehabilitation in 1985. These programmes were later rationalized and now there are only Bachelor of Social Work honours degree and Master of Social Work degree programmes exist. (Kaseke, 2001).

The School of Social Work under the University of Zimbabwe today remains the only institution offering social work education although there are six universities in the country. The challenge facing social work education in Zimbabwe is to make it relevant and appropriate, particularly in terms of preparing social workers to address structural problems in society. The professional association of Zimbabwe named 'National Association of Social Workers' is affiliated to IFSW and also makes effort to pay attention for the serious challenges of the profession.

**Botswana:** It is a landlocked country, bounded by South Africa, Namibia, Zambia and Zimbabwe. Botswana achieved independence in 1966. About half the people of Botswana are Christians; the remaining follows traditional religions. In 2001, Botswana's adult literacy rate was 88.6 per cent. Available data indicate that its economy has grown significantly because of the increase in output from the mining sector. Botswana as a society recognizes and advocates for multiculturalism, and

therefore racial discrimination has never been a national issue as in South Africa and Zimbabwe.

The British had discouraged European settlement in the Botswana and viewed the area as devoid of resources and not worth developing. Therefore, during the colonial era, there was a lack of commitment to social development in Botswana (Wass, 1969). Social services such as education and health, which existed at that time, were rudimentary and were provided by tribal organizations, under their respective chiefs. Community based organizations such as Mephato (age regiments or cohorts), were the basis of this service (Osei-Hwedie et al, 2006).

The first widespread initiative for social service provisions at government level took place only after independence (1966), especially during the first decade, when community development was considered as a national strategy for social development. Community development included basic infrastructure development such as roads, schools, clinics, dams and drought relief programmes. During this period, social work emerged for training of community development workers. Formal training began in 1972 at the Botswana College of Agriculture. In 1974, a few social work courses were included in this training programme and was popularized as Certificate in Social and Community Development (Osei-Hwedie, 1997).

Social work education began formally in Botswana at the Department of Social Work, University of Botswana during 1985. It was developed as a community-based practice grounded on social justice and to work with vulnerable people. The Department had a tripartite programme namely Certificate in Social Work, two-year Diploma in Social Work and four-year Bachelor's

Degree in Social Work (BSW). In the mid 1990s, the profession of social work in Botswana, like other developing countries, required social workers with higher qualifications to guide its growth, future enhancement, and contextualization. Hence, the Department of Social Work, in its submission to the Botswana Government's National Development Plan 8 in 1997, included a proposal for the establishment of a MSW programme at the University of Botswana. Subsequently, the programme was approved. In the process of designing course curriculum for MSW, the Department of Social Work consulted with a number of government ministries and departments as well as NGOs, who were the major employers of social work graduates. The course now covers a wide range of topics such as policy and administration, clinical practice, youth and community development and research (Osei-Hwedie et al, 2006). Social work practice is done today in Botswana with much efficiency than the earlier days and it addresses the problems of poverty, unemployment, crime, domestic violence, HIV/AIDS, gender inequality, child abuse, high rates of suicide and so on.

**Egypt:** Egypt, officially *Arab Republic of Egypt* (which was *United Arab Republic* during 1958 to 1971), is located in the north-eastern Africa. It is the offspring of the River Nile, whose waters and rich silts provided the basis for the development of one of the world's first great civilizations, that of ancient Egypt, with a recorded history dating back to about 3200 B.C. Egypt is governed by a constitution promulgated on September 11, 1971 that provides for an Arab socialist state with Islam as the official religion. Ninety eight per cent of its people live within the Nile Valley that constitutes less than 4 per cent of the total area of Egypt. In the country, during 2001, average life expectancy at birth was 61.6

years for men and 65.8 years for women and the infant mortality rate stood at 60 deaths per 1,000 live births. About 70.7 per cent of the adult population was literate in 2001 (Microsoft Encarta Encyclopedia, 1993-2001).

Egypt although is a middle income country and central government income exceeded 35 per cent of total GDP throughout the 1990s, poverty rates are comparatively high there. In 1997, at least 25 per cent of the population had expenditures below the absolute poverty line (Datt, Jollife & Sharma, 1998). In fact, the distribution of land, productive assets, and stocks are very uneven. In agriculture, for example, 70 per cent of the exploitable land was concentrated in the hands of 20 per cent of all farmers in the mid-1990s. In health sector, problems persist due to fragmentation into five different health-care systems that are badly coordinated, inefficiency and social imbalances. In true sense, Egypt's social protection systems are not equitable (Loewe, 2004).

Regarding public welfare, there are three major programmes. The largest programme is being run by the Ministry of Insurance and Social Affairs (MISA). Widows, orphans, divorced women, invalids and elderly people may apply for social assistance from the MISA, but unemployed and under-employed are not eligible. The second programme consists of the activities of the Ministry of *Awqaf* (religious affairs). The third one is entrusted on the Nasser Social Bank (NSB) which is primarily financed by the Zakat of public enterprises. The local *Zakat* committees collect *Zakat* from local donors and send the funds to the NSB. NSB, on request, returns the same funds to the local *Zakat* committees to grant stipends, support poor elderly or unemployed persons or to assist divorced women or things like that (Loewe, 2004).

Considering the need of welfare programmes for poor as well as vulnerable citizens and welfare workers to the same programmes, social work discipline received significance in Egypt. Like Western industrialized countries, this discipline did not emerge spontaneously within the Egyptian dominant cultural values and sentiments. The country had to emulate foreign-grown social work models. Egypt, a trend setter among the countries speaking in Arabic tongue, thus initiated social work education in 1935 as a genuine response to the societal need. The American model was successfully transplanted there with the help of a few individuals who had social work education and practice exposure in UK and USA.

There are 13 Universities in Egypt. Social work courses are offered with significance in the School of Social Work, Helwan University; School of Social Work, Cairo University; graduate level Institute of Social Sciences, Alexandria University; and Department of Social Work, Al-Azhar University. The first social work programme was started in Helwan University for which the process began in 1935 and the same programme started excelling in research and services since 1936. Although the Ministry of Education issued a resolution in 1946 to establish a Higher Institute for Social Work (for female students), the same programme went through different phases and finally became a Faculty of Social Work (for male and female students) in 1975. Now, the Faculty of Social Work of Helwan University is comprised of five departments such as Department of Case Work, Department of Group Work, Department of Community Organization, Department of Social Planning, and Department of Fields of Social Work. The faculty offers higher diploma, Master degree in Social Work and Ph. D degree in Social Work.

Cairo University's Faculty of Social Work at Fayoum follows European academic traditions. It is comprised of the methods, the fields, the community development, and the social and behavioral sciences departments. The faculty offers four-year undergraduate programme (two years for core courses and two years of specialization in any of the above departments) and a higher diploma, MSW and Ph.D degrees. The University of Alexandria's Institute of Social Studies offers M.A. and Ph.D degrees in Social Work (Ragab, 1995). Al-Azhar University at Cairo, founded in 970 A.D. as a school of Islamic studies, is the oldest continually existing institution of higher learning in the world. The newly established Departments of Social Work of this University emphasize to integrate Islamic concepts with modern scholarship in the field of social work (Ragab, 1995).

The backbone of professional social work practice in Egypt is the baccalaureate level workers (who have completed undergraduate course or undergraduate with diploma degree). These workers are basically recruited by NGOs, corporate bodies and government ministries such as Ministry of Social Affairs, Ministry of Education and Ministry of Health. The concerned employers make arrangement of training for newly appointed social workers to upgrade their skills. Egypt is one of the dominant players in diffusing the western model of social work education in the north African and middle east countries i.e. mainly in the Arab world.

Apart from the South Africa, Zimbabwe, Botswana and Egypt, there are also many more countries in Africa who run social work programmes. For instance, **Libya** has seven intermediate institutes of social work that admit secondary level students and provide four-year intermediate diploma. It has also BSW level programme

under the School of Applied Social Sciences in Alfatih University. In **Sudan**, University of Khartoum's Centre of Social Work offers in-service training to government employees; Department of Sociology and Social Work of a Girls College under Omdurman Islamic University offers BSW, MSW and Ph. D degrees; Cairo University's Khartoum branch through its Department of Sociology offers a course on social work; and Department of Family Studies of Al-Ahfad Community College for Girls also carry on a course pertaining to social work practice (Ragab, 1995).

### **Development of Social Work Practice in Middle East Countries**

The Middle East is located where Africa, Asia and Europe meet. The countries of the Middle East are all part of Asia. The proliferation of social work as a profession in this region was juxtaposed with the struggle for independence and end of colonialism. The influence of Northern social work model was too found in the Middle East countries through two roots i.e. (a) incorporation of Northern texts, theories and methods in the social work training and (b) influence of the professionals who studied in the North and returned to work as educators and practitioners. During last few decades, there have been debates on 'indigenization of social work' and 'Islamic reorientation of social work' in these countries and several efforts have also taken place to make those debates reality. The ultimatum is to localize social work within Muslim communities, Islamic theology and integrate the worldviews pertaining to tested knowledge of social work. Anyway, now we shall focus on the development of social work discipline in some of the countries of Middle East to understand this profession's growth and will experience the real picture.

*Turkey:* The modern Republic of Turkey was came into existence on October 29, 1923 from a portion of the Ottoman Empire, following the empire's collapse as a result of World War I. It became a secular state in 1928; women gained the right to vote in 1934; and a multi-party system was established in 1946. Turkey's population was estimated at 66,493,970 in 2001, out of which 99 per cent represented Muslim—primarily Sunni. Christians account for less than 0.1 per cent of the total population. The official language of Turkey is Turkish. By 2001, 96.7 per cent of the adult population was literate. The infant mortality rate is 47 deaths per 1,000 live births. Life expectancy at birth in 2001 was 68.9 years for men and 73.7 years for women (Microsoft Encarta Encyclopedia, 1993-2001).

Turkey has a longstanding history of social services. The Ottomans religious foundations and some professional organizations performed active role in this field. Since independence in 1923, the public institutions have taken over the social services issues. The General Directorate of Social Services and Child protection Agency is now the largest social assistance organization of Turkey, with its provisional directorates in 80 provinces. It provides support to children, adolescents, aged and disabled persons and families through different categories of homes, day care centers, adoption hubs and so on (Bulut, 2003).

The aftermath of the World War II made the United Nations effective in increasing social services in the developing countries. Hence, United Nations Social Welfare Consultants came to Turkey and conducted a meeting with the representatives of relevant ministries, public, private and voluntary organizations in 1957. The meeting expressed the need to educate social workers to carry on abundance of social welfare

activities and thus “Social Service Academy” was established in 1961 to give four years training at the undergraduate level. Members of the “Dutch Technical Aid Commission” and “Fulbright Commission” came in the academy as advisors and teachers. The first batch of students completed the course in 1965. The “Social Service Academy” was joined to the Hacettepe University in 1983 and acquired the name “School of Social Work”. The students then were able to do master and doctorate studies on social work for first time in Turkey. The four-year undergraduate course became five-year with the addition of one year of English training since 2001. A private university i.e. the Baskent University in Ankara initiated a Department of Social Work under the Faculty of Health Sciences in 2002. It continued a five-year course. There are still many more colleges and universities need to start Department of Social Work to fulfill the requirement of social workers in the country (Bulut, 2003).

It is debated that there is no need for the social work profession to be specialized in Turkey. Generalist approach is the best suited model for the country. It looks at human as well as society problems holistically and systematically and in practice focuses on to the problem areas. Social work education in both Hacettepe University and Baskent University is based on the generalist approach only. The students who complete their social work education from these two universities are absorbed by the Prime Ministry, Ministry of Health, Ministry of Education, Ministry of Justice, The Social Service and Child Protection Agency, Universities, Ministry of Labour and Social Security, Crises Units, NGOs and so on (Bulut, 2003).

**Saudi Arabia:** Saudi Arabia, monarchy of the Middle East, is known as the birthplace of Islam. Its government

is based on the sacred Shari'ah law of Islam, which is interpreted according to the strict Hanbali rite by the learned religious elders, or ulama. The country has a population (2001) of 22,757,092. All Saudis are Muslims and the national language is Arabic. In Saudi Arabia, during 2001, the adult literacy rate was 94 per cent; life expectancy at birth was 66 years for men and 70 years for women; and the infant mortality rate was 51 deaths per 1,000 live births. Saudi Arabia has the highest reserves of petroleum (26 per cent) in the world. It ranks as the largest exporter of petroleum and keeps a strong voice in Organization of Petroleum Exporting Countries (OPEC), which has much influence over international oil pricing (Microsoft Encarta Encyclopedia, 1993-2001).

The cultural environment in Saudi Arabia is highly conservative. Men and women are not permitted to attend public events together and are segregated in the work place. Many foreign workers, especially women, face exploitative working conditions. The stereotype of Muslim women in Saudi Arabia today, as uneducated, with no rights and no opportunities is a caricature born of ignorance or malevolence. Saudi law does not protect many basic human rights and the government places strict limits on freedom of association, assembly, and expression. Arbitrary detention, mistreatment and torture of detainees, restrictions on freedom of movement, and lack of official accountability remain serious concerns.

In the context of Social Welfare in Saudi Arabia, "Zakat" is an important concept. It means almsgiving or 'a voluntary wealth tax which Muslims pay in recognition of their social responsibilities'. It is an obligatory tax in Saudi Arabia. Zakat is paid annually by Saudi individuals and companies within the

provisions of Islamic law as laid down by Royal Decree No. 17/2/28/8634 dated 29/6/1370 H. (1950). It is given in an annual flat rate of 2.5 percent of the assessable amount. The amount collected as Zakat is spent for welfare activities. The Fourth Five Year Development Plan (1986-1990) of Saudi Arabia came out clearly with the philosophy and details of social welfare programmes. The country is now in the middle of Eighth Development Plan (2006-2010) and has a number of social rehabilitation, care and remedial services, designed to assist the physically or mentally disadvantaged, to protect vulnerable members of society, and to deal with such problems as juvenile delinquency. Special attention is given to raising the living standards of the poorest sections of the community, particularly in the villages and the less developed districts of the towns and cities.

Social work education in Saudi Arabia, like other countries of the Middle East, has also been emulated from the West. The baccalaureate is the basic training level in the kingdom. This degree is offered through departments of 'social work' or 'sociology and social work' in the Universities in stead of in professional institutes (Ragab, 1995). For instance, Department of Social Work, Imam University, Riyadh offers BSW with forty intake capacity; Department of Social Studies, King Saud University, Riyadh produces 170 undergraduate students annually; Department of Social Work, Om-Alqura University, Mecca runs undergraduate programme with a few students; and Faculty of Social Work for Girls in Riyadh under the National Governmental Body for Girls' Education also generates one hundred BSWs a year. Higher education in social work is now available in Saudi Arabia. People do not need to go to American or European countries. For instance, Faculty of Social Work for Girls in Riyadh

and King Saud University respectively run MSW as well as Doctoral programmes. But the need and scope for higher education are not compatible.

**Israel:** An estimated 6 million Jews (more than one third of the world's Jewish population) in central and eastern Europe were killed by German Nazis during World War-II. Realizing the massacre of Jews by Nazi, the Jewish demand for self-government greatly intensified in Palestine. As a result of seven years of war, faced with numerous terrorist attacks by Jews on British, the British government in 1947 decided to leave Palestine keeping the issue of partition of Palestine into Jewish and Arab states. Since Arab protested against the partition plans, civil war i.e. war of independence started. The Arabs failed to prevent the establishment of the Jewish state and thus Israel became independent in 1948. Hebrew and Arabic are the official languages now in the country. About 81 per cent are Jewish and the remaining 19 per cent represent Arab. In 2001, in the country, literacy rate was very high i.e. 100 per cent, the crude birth rate per 1,000 people was 19, the infant mortality rate was very low i.e. 8 deaths per 1,000 live births, and life expectancy was 77 years for men as well as 81 years for women (Microsoft Encarta Encyclopedia, 1993-2001).

Israel, before it emerged as a state, developed formal social welfare services during the first half of the twentieth century. Due to Great Depression, the Jewish population in Palestine suffered from unexpected poverty, unemployment, lack of adequate shelter and so on. The Jewish community decided to invite Henrietta Szold, a well known American social worker, in 1931, for the establishment of a Department of Social Welfare under the provisional government. She introduced modern American and British welfare concepts in the

area. She also insisted the Department of Welfare to have trained personnel. Therefore, first one year training course in social work was started in 1934 under her leadership to support basically the area of public welfare and immigrant absorption work. The teachers for training were from the USA and Germany (Guttman and Cohen, 1995).

In 1948, during the war of independence, great waves of refugees from the Holocaust and Arab countries flooded the gates of Israel. The young state was fighting for survival and was unable to manage the show with the limited trained social workers. Although the country had a social work training course, the thrust to have more social workers pushed people to go for social work training in France and USA. Ten years after statehood, in 1958, the Hebrew University in Jerusalem opened the first university-based school of social work in Israel. It launched BSW programme with twenty intake capacity under the leadership of Eileen Blackey with a team of instructors who had advanced social work degrees from USA. The MSW programme has been started subsequently in this university. There gradually started four more university-based Schools of Social Work in Israel such as School of Social Work, Bar Ilan University; School of Social Work, University of Haifa; School of Social Work, Tel-Aviv University; and Department of Social Work, Ben Gurion University. All these schools carry on BSW as well as MA or MSW programmes.

In the initial days of formal social work education programmes, the Israeli social workers or educators who held doctoral degrees obtained those from the abroad. In the recent years, the numbers of doctoral degrees obtained from Israel are increasing. The Bar Ilan University and Tel-Aviv University have Ph.D

programmes based on American model and the Hebrew University offers doctoral studies based on European model. A special problem which affects all the schools of social work today is shortage of senior faculty members. The first generation social work educators are now at the verge of the retirement. But the more number of 'homegrown' Ph.Ds have reduced this problem (Guttmann and Cohen, 1995).

Social work discipline has become quite advanced in Israel as a result of professional association, council, registration system, and so on. The 'Israel Association of Social Workers' functions as both trade union and professional association and actively involved in the innovation and improvement of the profession. The 'Council of Social Work Education' came into being in the decade of 1980. Five heads of the schools mentioned above, a representative of the American Joint Distribution Committee, a secretary and a treasurer were the members. The 'Ministry of Labor and Social Affairs' maintains a registry of social workers, with registration on the basis of degree received from one of the above mentioned five schools or recognized institution in abroad. This registration is required for the employment in public sector in Israel (Guttmann and Cohen, 1995).

Apart from, Turkey, Saudi Arabia and Israel, social work education and practice have also been found in other Middle East countries. In **Lebanon**, social work degree is provided at the BA level in and outside the university system. For instance, Department of Social Sciences, Beirut University College offers a degree; Ecole Sociale offers social work training in French language; and the Lebanese University has also undergraduate programme. In **Jordan**, the Social Work Community College in Amman, renamed as Princess

Rahmah College of Social Work is the only place for social work education (Ragab, 1995). In **Iraq**, 'War' has led to human-made disaster. Apart from that, kidnappings, bombings, suicide attacks, robberies, looting and street fights are part of daily life. Several social workers work in the agency setting to minimize sufferings of the destitute, malnourished, drug addicts, traumatized children, mentally disordered, etc. But, today there is no social work education programme in Iraq (Lind, 2007). People who have Bachelor or Master degrees in psychology or sociology work in this field.

### **Conclusion**

Social work discipline more or less emerged in the African and Middle East countries between 1920 to 1950. In particular, the gloomy social situation and sufferings of the people after World War I, during Great Depression, and after World War II have paved way for this discipline to appear. In Africa, the main issue was poor white problems. Black although suffered much, there was reluctance on the part of the service providers to extend help. In Middle East, religion played gigantic role along with the misery of the people. Hence, 'Islamic reorientation of social work' is an important issue there. Anyway, personnel trained from the America and Europe led and carried on the professional activities during the early days of social work education and practice in both the regions. In the beginning, baccalaureate level training was the backbone of social welfare in most of the countries. Since higher education now-a-days gets policy level importance and priority, designing and implementing Masters and Doctoral programmes in more number of institutes and universities are the recent phenomena in both these regions. MA or MSW and Ph.D programmes although started emerging in the last quarter of the twentieth

century, presently the programmes are a good size in number as compared to the past. Now people do not need to go abroad for higher studies in social work. In the field of practice, as a result of privatization, liberalization and globalization, the scope of social workers in NGOs and corporate sector in these regions have widened.

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