Professional Social Work in Zimbabwe

Past, present and the future

Edited by

Vincent Mabvurira

Adi Fahrudin

Edmos Mtetwa

"......this is the right path towards decolonisation, localisation, indigenisation and Africanisation of the social work profession. We can't complain of western hegemony and remain stuck in western teaching materials. This book which provides local examples to learners help them in critical thinking and development of relevant approaches to solving local problems "

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NATIONAL ASSOCIATION OF SOCIAL WORKERS OF
ZIMBABWE

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We present this book as a heartfelt gift to all social work students in Zimbabwe

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Preface

Copious manuscripts attest to the incompatibility of certain western social work approaches within certain African contexts. For over two decades, several scholars have been actively advocating for the indigenisation of social work in Africa (Osei-Hwedie, 1993; Walton & Abo, 1988). Nonetheless, proponents of indigenisation are often criticised for castigating western social work methods without offering any realistic remedies. Social work in many African countries has its genesis in the colonial period. In most cases, the colonial administrators deployed social work methods that were used in their parent countries. The same applied to social work teaching methods and materials where the early educators transplanted literature from the developed countries and used it for teaching in developing countries. This trend continues to this day. Notwithstanding the political independence of many African nations, the literature used in social work training remains overly Eurocentric. The situation is prevalent in countries like Zimbabwe where western hegemony is very much alive in social work literature, four decades after the country gained its independence from Britain.

Consequently knowledge hegemony/imperialism remains the order in most social work training institutions in the country. Though there is acknowledgement of literature generated by Zimbabwean academics and researchers, justice has not been done around basic social work textbooks for use by learners at undergraduate levels. African renaissance hinges on the need to emancipate social work education from western imperialism through social work indigenisation. The indigenisation process should begin in the lecture room where students are taught using locally generated materials. It is high time social work researchers and academics in Zimbabwe move out of the hives and generate local knowledge for use in local social work teaching and training. African thought and world views have for long been neglected in social work training and practice in Zimbabwe. This book therefore provides a platform for social work researchers and academics to develop a locally produced textbook that introduces students to the social work profession. There is overwhelming consensus that social work in Africa is slightly different from social work

in non-African contexts. The context of the family, for example, is both vertical and horizontal in an African context while it is generally horizontal in Western societies. Confidentiality in Africa may slightly mean something different from confidentiality in Europe. The word relative in the traditional African context may confuse a western trained social worker as distant relatives from the extended family matter compared to some non-African contexts where only immediate family members do matter. This book, authored by academics of Zimbabwean ancestry, introduces students to several key issues in the study of social work.

Chapter 1 traces the historical development of social work. Though it is generally agreed that social work training in Zimbabwe was introduced by Catholic Jesuit fathers during the colonial period, the historiography of the profession takes a new twist in this chapter as the authors argue that social work existed in pre-colonial Zimbabwe. There were welfare mechanisms in place that were meant for disadvantaged members of society. Probably what was introduced by the whites is the term social work, formal training and western helping approaches. The chapter also profiles key personalities (philanthropists) and qualified social workers who shaped the evolution of the profession.

Chapter 2 covers regulation of the social work profession. As a human service profession, social work practice ought to be guided by some laws and ethical standards. This chapter introduces the legal and ethical provisions guiding the profession with the Social Workers' Act [Chapter 27:21] being the main piece of legislation. Though the authors applaud the passing into law of the Social Workers Act, they propose improvements to circumvent its loopholes.

Social workers in Zimbabwe just like the world over participate in multidisciplinary teams as well as working in secondary settings. **Chapter 3** focuses on medical social work practice. It covers theories and techniques that may be adopted by medical social workers. Though Zimbabwe is a refugee producing country, she is host to thousands of refugees mainly from Democratic, Republic of Congo, Rwanda, Burundi, Somalia, Sudan and Ethiopia (Chikanda & Crush, 2014).

Chapter 4 introduces readers to social work practice with refugees. It conceptualises the term refugee, covers international and local laws around refugees as well as pull and pull factors for refugees. Equally important, the chapter covers services available for refugees in Zimbabwe.

In recent years, trafficking in persons has taken a toll with mainly children and women falling victims. Victims are lured through job promises and any other goodies. The victims of trafficking in persons are usually used for forced labour, prostitution or have their organs mutilated for various ritual purposes. **Chapter 5** focuses on human trafficking. It covers international and regional laws that Zimbabwe has ratified and acceded to. Zimbabwe has responded to trafficking by passing the Trafficking in Persons Act [Chapter 9:25] into law. Social workers have a paramount role to play in curbing human trafficking and assisting trafficking victims.

Social research is one of the secondary methods of social work together with social administration. Research plays an important part of the jigsaw fit as it informs practice. Social work interventions should be evidence based implying that they should be informed by empirical research. **Chapter 6** focuses on social research and its importance in social work. It covers basic concepts in research such as research approaches, designs and sampling.

Chapter 7 introduces readers to social security in Zimbabwe. Both formal and non-formal social security are covered. It includes statutory and non-statutory social security services in Zimbabwe. Given that most people in Zimbabwe are in non-formal employment, social work researchers must continue to explore inclusive social security programmes that will cover the general populace who require them.

Chapter 8 interfaces social work indigenisation and the concept of social development. The main proposition in this chapter is that social work indigenisation may help in the social development agenda.

Social workers play an integral role in child welfare in Zimbabwe and **Chapter 9** presents juvenile justice. Models of juvenile justice and the role of social workers are well spelt out. Lately, social workers are recognising the central role that religion and spirituality play in human lives and in social service provision. To that end, **Chapter 11** focuses on the interface among religion, spirituality and social work.

Chapters **10 and 13** revolve around environmental issues in social work. Social workers have realised that the physical environment, just like the social environment, is a crucial subsystem of human ecology. Lastly, **Chapter 12** looks at disability issues. Readers are introduced to models of disability, classification of disabilities and the role of social work. We hope this this book will be an asset for undergraduate social work students in Zimbabwe.

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CHAPTER 1

HISTORY AND DEVELOPMENT OF SOCIAL WORK IN ZIMBABWE

Jacob Rugare Mugumbate
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Introduction

From time immemorial, social problems for Africans were handled using local indigenous methods. Like many other Africans, *Madzimbabwe* (people of Zimbabwe) have several ways of preventing social ills and ensuring the social functionality of their families, villages and societies at large. Before colonisation, systems that grew naturally were in place to provide welfare to the vulnerable populations. Some of these systems were merged with or submerged in foreign welfare systems upon the coming of missionaries, traders and colonialists. Colonisation in the 1890s brought with it numerous upheavals, including colonial wars against imperialists. Other challenges created include dispossession and the emergency of urban centres with problems such as unemployment, prostitution, homelessness and overcrowding for black people. For the white population, problems of vagrancy, delinquency and destitution started amongst their children and youths. In response, the white settlers introduced a model of social welfare based on western values. To support this model, they hired probation officers from Britain and started the training of social welfare staff based on western curricular. Initially, the social services were directed at white settlers but later included blacks as urban social challenges multiplied. The increasing urban plight resulted in the emergence of social reformers, philanthropists and do-gooders. The most prominent of these being *Mai* Musodzi Chibhaga Ayema (1885-1952) and Jairos Jiri (1921-1982).

This chapter defines social work and selected concepts before discussing five phases in the development of the profession in Zimbabwe. Readers will also find information about social work training institutions, professional associations, social work journals and the future of Zimbabwean social work. Towards the end, a list of 16 prominent personalities who played a part in the development of social work and social services in Zimbabwe is provided. In writing this chapter, we revalued and devalued histories and identities, including but not limited to acknowledging the role of indigenous methods of promoting social functioning, definitions, contributors and languages. We believe this is important to make social work more relevant to our context.

From Helping to Social Work: Evolving Definitions of Social Work

Social work is hard to define because, in its present state, it has relied a lot on concepts that are foreign to Zimbabwe. This alone makes it difficult for ordinary people and new social work students to say what it is. Often, people rely on foreign definitions, including the international definition that will be shared in this section, but these are not adequate. Another complication comes from the fact that the kind of 'social work' that existed in Zimbabwe before western social work is usually not acknowledged. In this section, we will define social work in indigenous Zimbabwean society, the current definition of social work provided by the Government of Zimbabwe, the contemporary definition of the African Journal of Social Work (AJSW) and the international definition.

Before western social welfare and social services (and later social work) were introduced in Zimbabwe, the phenomenon could have been defined as services that are provided to the needy through the nuclear family, extended family, community and nation at large to prevent, reduce or eradicate social challenges and bring about social functioning and well-being.

In the indigenous Zimbabwean context described in the above definition, key providers of social services comprised the immediate family (parents and siblings), near-immediate family (*vatete* - father's sister*, sekuru -* mother's brother)*,* extended family or clan structures such as *sahwira - a*

very close family friend*,* community leaders and well-wishers. Missionaries did not promote these providers but replaced them with western-styled practitioners who included counsellors, social welfare officers, ministers of religion, teachers and later social workers. This western-styled model introduced churches, community centres and welfare institutions (homes for the disabled, orphanages for children, old people's homes, asylums centres, psychiatric centres, special schools, prisons, sheltered workshops, hospitals and psychiatric units) and schools as settings for social service provision.

By the year 1900, globally there was no social work but just like in Africa, there were several methods of promoting social functioning such as charity and philanthropy. Training for social services started in the 1920s and this is seen as the beginning of professional helping globally. When this 'helping' grew, with several certificate programmes being offered, it started to develop into a profession that began to spread globally. The colonial government in Zimbabwe later imported this helping in the 1930s when it hired probation officers from Britain. The probation officers dealt with issues of vagrancy, delinquency and destitution among white children and youths. With more training of black social welfare workers, the services were extended to black urban communities to deal with issues of homelessness and unemployment. There was no proper definition of social work at this time because it was not officially recognised as a profession in Zimbabwe. However, social welfare officers of this time provided a foundation for social work profession in contemporary Zimbabwe. At this point, indigenous social services were neglected but, in the background, they remained as pillars in promoting social functioning among most Zimbabweans.

In the 1940s, black Zimbabweans expanded western methods of social services in urban areas. Others like Mai Musodzi introduced community organisation, which was popular globally at that time. Baba Jiri established institutions for people with disabilities, another western concept that was famous at the time. These two, and many others were charity givers. They provided their services for free, motivated by the plight of black people as well as their backgrounds. For example, Baba Jairos Jiri was a Rozvi royalty and grew up with a compassionate mother.

There was no definition of the kind of social services provided this time, but there is no doubt that they contributed significantly to modern Zimbabwean social work.

In 2001, the Government of Zimbabwe adopted a contextual definition of social work in its first legislation regulating the phenomenon, the Social Workers Act 27:21, First Schedule (Section 4(2). The Act defines social work as a profession that promotes the welfare of human beings and the betterment of human society through the development and systematic application of scientific knowledge of human and societal activities and social services. Professional social workers aim to satisfy the needs and aspirations of individuals and groups at national and international level, while constantly bearing in mind the need for promoting social policy. Their techniques include psychotherapeutic case-work, social-dynamic group-work and planned community intervention.

The Act provides for the establishment of a Council of Social Workers (CSW) and regulates that all practicing social workers must register with the Council of Social Workers. For such practitioners to qualify for registration, they must possess a minimum of a Diploma or a Bachelor's Degree from any recognised university. The Act goes further to say:

> a person who as his or her profession, assesses, diagnoses, treats and evaluates individual, interpersonal or societal problems through the use of social work knowledge, skills, psychotherapeutic case work, socio-dynamic group work, planned community interventions and strategies to assist individuals, families, groups of persons, organisations and communities to achieve optimum psychosocial and social functioning may be registered as a social worker.

The above definition can be described as an indigenous definition of social work because it includes key aspects of Zimbabwean indigenous society: family and community. However, it neglects others like spirituality and ecology. Having been in operation for close to 20 years, the Government of Zimbabwe's definition needs to be revised. This definition was influenced by the old global definition of social work that was in use at that time. The

global definition has since been revised and the new one adopted which says social work is:

> a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing (International Federation of Social Workers [IFSW] and International Association of Schools of Social Work [IASSW], 2014).

This definition was provided as a guide by the IFSW and IASSW. This means that those who want to use this definition at the local level can improve it to suit their context. This is its major advantage. However, it limits social work to a professional level and has shortcomings in terms of enunciating the role of economic factors which are relevant in the Zimbabwean context. The other advantage is that it highlights the importance of indigenous knowledge. A more recent definition by African Journal of Social Work (2020:1) says:

> Social work is an academic discipline and profession that embraces and enhances long-held methods of addressing life challenges in order to achieve social functioning, development, cohesion and liberation using diverse African indigenous knowledge and values enshrined in the family, community, society, environment and spirituality.

While this definition still favours professional social work at the expense of the traditional one, it is strong in that it recognises the importance of long-held methods of addressing life challenges. It also acknowledges five important elements of Zimbabwean society: family, community, society, environment and spirituality.

A key component lacking in these definitions is the meaning of social work in local languages. Zimbabwe has more than 13 languages but Shona and Ndebele are widely used. In 2014, the National Association of Social Workers of Zimbabwe (NASW-Z) asked members to define social work in local languages through their newsletter. One definition was received in Shona which says social work means *Rubatsiridzo rwezvemagariro,* and a social worker is *Mubatsiridzi wezvemagariro*. A client is *Mubatsiridzwi wezvemagariro. Batsira*, the root of the word *rubatsiro*, means help while *magariro* comes from *gara*, which means in this context means living. So, social workers help people with issues of living. This means that social workers do not do things for people but they help them improve their living conditions.

Historical Development of Social Work in Zimbabwe
Social work has long existed in Zimbabwe, but professional social workers came later on as already shown. The development of social work in Zimbabwe has taken different phases. These include the customary indigenous phase, missionary phase, colonial-missionary phase, African philanthropists' phase, independence phase and indigenised-modern phase. These phases are discussed in turn.

Customary indigenous phase (from time immemorial)
This phase is considered to be customary because social services were provided according to custom and they were indigenous because they did not have foreign influence. This phase was made up of customary, traditional or indigenous social support systems. Social problems were considered to be a result of individual shortcomings, evil spells or family failure. *Ubuntu* was the guiding principle. *Ubuntu* values the family and community, and theorises that a person becomes human only through working with and contributing to their family and community. Other *ubuntu* values include hospitality, care for others' being and willingness to go the extra mile for the sake of another (Samkange & Samkange, 1980).

During this phase, the Shona name used to describe "social workers" was *vabatsiri (helpers).* The 'social worker' of the day immersed themselves in the presenting problem. They worked largely as community workers and lived with the people and understood problems better. Social services were

provided by *sahwira* (family friend), *tete* (aunts), *sekuru* (grandfather or maternal uncle), parents, siblings and religious leaders such as spirit mediums. Helping was also provided by traditional leaders such as chiefs through a programme known as *zunde ramambo* (the chief's granary or reserve) and community members.

Theories that best describe the application of 'social work' during this phase include *Unhu/Ubuntu*, communal theory, family theory, traditional systems theory, system theory, African religion theory and charity theory (Mugumbate & Nyanguru, 2013; Mugumbate & Chereni, 2019). Using these theories, the target populations for 'social work' included the poor, the distressed, family members, the sick, orphans and others. During this phase, social work roles were diffused in the community. No individual had the ultimate responsibility, but the community was the centre for problem solving. The kind of social services forming this phase have not ended, and are still widely practiced in Zimbabwe today.

Missionary phase (from 1500 to 1890)
This phase is called missionary because religious preachers arrived from western and eastern countries to spread their beliefs and values. These Christian and Islamic religious missionaries started arriving in the country at around 1500. Their teachings were resisted because they despised local forms of worship and beliefs, and made their religious books, institutions, histories and figures superior. They competed amongst themselves, and worked with colonialists to conquer locals. Besides teaching submissiveness using their holy books, they also enticed people using charitable gifts and services. They started new institutions to advance their goals. These institutions included mission centres that had clinics and schools. The cadre at these institutions was the church leader, mainly a European missionary. The London Missionary Society was one such institution which promoted health care and education. This phase did not end, but got integrated in some way in the colonial phase.

Colonial-missionary phase (1890-1980)
This phase is called colonial because it started with occupation of Zimbabwe by foreign powers. During this period, national and urban social services became more centralised by the colonists with the help of

missionaries who had already planted western religious values in most communities. They introduced the Department of Native Affairs to deal with black people and helped to move colonised communities from their productive areas into overcrowded unproductive reserves (Fisher, 2010). In the new towns, the administrators were assisted by the church and volunteers to address emerging social challenges.

This period, saw the arrival of probation workers from United Kingdom in 1936, one of them being Fred Carey who contributed to 'anglicising' the social welfare system. The main role of these probation workers was to deal with juvenile delinquency, mainly for children of white settlers. Social problems were largely seen as a result of urbanisation and industrialisation and professional services were provided to Europeans who were living in emerging urban areas. Later, these services expanded to African townships.

It should be recalled that Zimbabwe started to have urban settlements during this period. The first urban settlement could be traced to the Pioneer Column of Colonialists who left Macloutsie in present day Botswana (then Buchuanaland) on 28 June 1890 and arrived in present day Harare on 12 September 1890 (this day became known as Occupation Day and later Pioneers Day public holiday from 1920 to 1979) (Fisher, 2010). The column comprised an initial group of of 180 colonialists led by Cecil John Rhodes of the British South African Company, 200 volunteers and 62 wagons. They were later joined by another group with 110 men, 16 wagons, 130 horses and 250 cattle. The first urban settlements were Forts like Victoria (Masvingo) and Fort Salisbury, which became present-day Harare (Fisher, 2010).

During this phase, Ted Rogers, a white Jesuit priest of the Roman Catholic founded social welfare education in Zimbabwe in the early 1960s. Rogers himself was not a trained social worker or social welfare officer although he later trained in social administration. During this phase, professional social work came into existence in Zimbabwe first with the certificate in group work and later the diploma in social work in 1966. Training of professionals began at Morgan High School, then Westwood,

Kambuzuma in Harare and later moved to the current School of Social Work, Chinhoyi Street, Harare.

During this period, social services were funded by the colonial government, municipalities, corporates and donors. Methods used were mainly curative, characterised by casework and social welfare. In most if not all rural communities, professional social work did not reach-out but needy people continued to get help from indigenous systems.

This phase relied on theories of colonialism, apartheid and residualism. Using these theories, the target populations for social work not only included delinquent white children and youths but also black workers and so-called African vagrants. Practice settings were composed of the Department of Social Welfare, municipalities and industries. Methods of social work that was applicable at this stage included casework and community work. Social work during this phase was marked by segregatory practice, in which delivery of service was on black and white separatist basis, starting at first with no services for blacks. This is because they were expected to reside in the rural areas with only a few employed males being allowed into the urban areas without their families. Urban areas became dormitory corridors for men who came to work for the white populace and retired in their rural areas, without any employment based social security.

The separation of families for employment purposes in the urban dormitory corridors created many social problems such as breakdown of marriages, juvenile delinquencies and prostitution among the urban employees who were often scrabbling for the few women who were in employment as domestic workers. In colonial Zimbabwe, indigenous populations relied on their nuclear families, extended families, clans and communities for support since statutory social welfare provisions were discriminatory in nature (Moyo, 2007).

African philanthropists and social workers during the colonial phase

During the colonial period, the first black do-gooders and philanthropists emerged. Key figures during this phase included individuals like Mai

Musodzi and Jairos Jiri. In Mbare, Mai Musodzi opened up a centre for feeding stranded African men who found themselves unable to cope with urban life in the then Rhodesia. Jairos Jiri formed the first known black philanthropic association in the early 1940s in Bulawayo which provided skills training to persons with disabilities. The first black social worker, Mqabuko Joshua Nkomo was trained in South Africa, qualifying with a degree in social science in 1952.

Independence phase (from 1980 to 2002)
This is the independence phase because it started at the end of colonial rule in 1980. This phase is made up of social work from independence to when the Social Workers Act was put in place in 2002. Key figures of this phase include the late Professor Edwin Kaseke who was the first black principal of the School of Social Work, Professor Rodrick Mupedziswa, the late Professor Andrew Nyanguru (1945-2014) who was head of the School between 2010 and January 2012. These three social workers were trained at the School of Social Work. Kaseke and Mupedziswa later studied at the London School of Economics (LSE) for their postgraduate degrees. Other critical figures at this phase were Josphat Mathe, Nigel Hall, Trish Swift, Helen Tapfumaneyi and Stella Makanya who championed the formation of the National Association of Social Workers Zimbabwe (NASWZ) between 1985 and 1988. Other key events were the publication of the Journal of Social Development in Africa (JSDA) and the African Journal of Social Work (AJSW).

In 2001, the Social Workers Act (Chapter 27:21) was passed into law. The Act's main function was to establish the Council of Social Workers whose mandate is to register and license all practicing social workers. The CSW was established in 2002 with three committees: Finance & Programme Development Committee; Membership and Registration; Practice, Regulation and Ethics and Education and Curriculum Development. One of the achievements of the CSW was to start a register of social workers and putting in place important statutory instruments (SI) (bye-laws) like Social Workers (Code of ethics), By-laws (SI. 146 of 2012) and Non-Public Service – (Children) Probation Officers (SI. 125 of 2013) (CSW, 2011a, 2014a).

Towards the end of this phase, the School of Social Work became a department of the University of Zimbabwe. It increased its enrolment from the traditional 45 students per year to the current 100 plus student intakes.

Indigenous-developmental phase (from 2002 to the present day)
This phase has two outstanding but interdependent approaches, the developmental and indigenous social work. It also increased social work training and internationalisation. During this phase, there has been a louder call for decolonisation of social work to come up with indigenised and authentic methods (Kaseke, 1991, 2001; Mupedziswa & Sinkamba, 2014; Hall 1990; Mabvurira, 2018). Developmental social work is seen as the most appropriate method for Zimbabwe's situation because it builds individual income through improving skills, production, infrastructure, markets, savings, insurance and ecology. This is because imported social work failed to expand to all communities due to factors including western values and a lack of fiscal resources. The problems that colonial social work had come to address had multiplied several times, and populations in need of social work services expanded rapidly especially soon after independence (Osei-Hwedie, 1993). Poverty became clearer in both rural and urban areas, with more people moving to urban areas to escape rural poverty. Social workers then proposed developmental social work that seeks to build individual income through improving skills, production, infrastructure, markets, savings, insurance and ecology.

More social work training institutions emerged among them Bindura University of Science Education, Women's University in Africa, Africa University, Midlands State University, Zimbabwe Ezekiel Guti University and Reformed Church University.

Professional Social Work Organisations in Zimbabwe

There are two main professional bodies in Zimbabwe, the National Association of Social Workers and the Council of Social Workers.

National Association of Social Workers of Zimbabwe

Is a registered voluntary membership-based, non-partisan, non-tribal, non-racial, non-discriminatory and not-for-profit organisation established in 1988. The Association is an umbrella professional body for social workers, giving them a platform to network and share experience to improve their competences to deliver services. It promotes the interest of social workers to better serve communities. The objectives of NASW-Z are:

- To provide the opportunity for communication and exchange of ideas among social workers throughout Zimbabwe.
- To ensure the participation of social workers in social planning and the formulation of social policy nationally and internationally.
- To establish the status of the profession through the maintenance of a high standard in social work.
- To encourage the study of professional social work.
- To provide and uphold the association's code of ethics.
- To stimulate public awareness of social work.
- To publish the professional journal quarterly.
- To adhere to the objectives of the International Federation of Social Workers.

The NASW-Z publishes the AJSW, commemorates World Social Work Day through media publicity, street marches and an Annual Social Work Conference.

Council of Social Workers

The CSW is a product of the Social Workers Act, 2001. Its mandate is to register, regulate and enforce ethical practice among all social work professionals in Zimbabwe (CSW, 2011, 2014). Specific roles include:

- Register and License all practicing social workers.
- Conduct examinations to qualify persons for registration as Professional Social Workers.

- Define and enforce ethical practice and discipline among registered persons.
- Take such steps as the Council considers necessary or desirable to enhance the status and effectiveness of the profession of social work and to promote the interests of social workers.

Important Personalities in the Development of Social Work in Zimbabwe

This section provides brief biographies and describes the contribution of 16 people in the development of social work in Zimbabwe. We are mindful that this list will be contested by others, and the significance we will give or not give to each of the people mentioned here may be viewed differently, but we have worked hard to create a list that traces the history of social work development in Zimbabwe covering the phases that were alluded to earlier. What is important is not the ranking necessarily but the roles played by these people and what they keep doing today.

Chibhanga Ayema (Mai Musodzi)

Mai Musodzi may be regarded as the 'mother of Zimbabwean social services', pioneer of women's rights and one of Zimbabwe's 100 most influential women of all time.

Figure 1.1: Mai Musodzi Chibhaga Ayema (1885-1952)

Figure 1.2: Mai Musodzi Hall in Mbare, Harare

She was the mother and one of the founders of Zimbabwean social services although she did not have a social work qualification. Like Octavia Hill (1838 – 1912) and Mary Richmond (1861-1928), the founders of social work in Britain and Jane Adams (1860 –1935), the founder of social work in the USA, Mai Musodzi did not have a social work qualification but did great social work and inspired generations. Her family became orphans after Chimurenga 1 of 1896, a war to repel colonialists led by the British South Africa (BSA) Company, the same war that resulted in Mbuya Nehanda (her aunt), Sekuru Kaguvi and other leaders being hanged by the white colonialists. She founded the Harare African Women's Club in 1938. She served in the Native Advisory Board and the National Welfare Society's African committee where she advocated for the rights of black people. Mbare, Zimbabwe's oldest suburb for Black people, has a Recreation Hall renamed Mai Musodzi Hall in her honour. In 2008, a book titled 'Elizabeth Musodzi and the Birth of African Feminism in Early Colonial Africa' was published by historian Tsuneo Yoshikuni. Like Jairos Jiri, she became a social reformer, do-gooder and philanthropist of good standing of her era. There is also Ayema Avenue in Harare, a road which was named after Mai Musodzi's famous Ayema family.

Joshua Mqabuko Nyongolo Nkomo
The first trained black social worker is known more for liberation and nationalism than social work. Joshua Nkomo was born in Bukalanga or Bulilima, now referred to as Semokwe Reserve, Matabeleland South and

was one of eight children. After primary school, he did a carpentry course at the Tsholotsho Government Industrial School and then attended Adams College and the Jan H. Hofmeyr School of Social Work in South Africa where he met Nelson Mandela and other future nationalist leaders. It was at the Jan Hofmeyr School of Social Work that he was awarded a B. A. Degree in Social Science in 1952

Figure 1.3: Joshua Mqabuko Nyongolo Nkomo (19 June 1917 - 1 July 1999

He became a highly influential Zimbabwean, a revolutionary leader who led landmark trade unionism and the first political movement against the oppressive minority government of Southern Rhodesia. He was jailed for ten years by Rhodesia's white minority government. He joined the trade union movement for black railway workers and rose to the leadership of the Railway Workers Union and then to the leadership of the Southern Rhodesian chapter of the African National Congress in 1952 (later the Southern Rhodesia African National Congress). He served as the president of the National Democratic Party (NDP), Zimbabwe African Peoples Union (ZAPU) and various government portfolios including Vice President of Zimbabwe and ZANU-PF under Unity Accord with Robert Mugabe from 1987 until he died in 1999.

Jairos Jiri
Born in 1921, Baba Jairos Jiri was not a trained social worker but is one of the early (do-gooders), people who provided social services at a national scale using the values of *Ubuntu* that forms the bedrock of Zimbabwean

traditional social functioning (Mugumbate, 2020). The legend learned about traditional forms of social assistance from his parents and community.

Figure 1.4: Jairos Jiri (1921-1982)

He perfected these values with work that he did as a general hand at a rehabilitation facility in Bulawayo. The facility catered for world war veterans, most of the whites. He founded the Jairos Jiri Association for Disabled People in 1940 initially using his labour and resources. In 1982 when he died, he was honoured with National Hero of Zimbabwe status but his family opted for him to be buried in his rural home village of Bikita instead of at the National Heroes Acre in Harare. Later, the government of Zimbabwe honoured him by awarding him the Jairos Jiri Humanitarian Award given to people who contribute significantly to helping others. He received numerous other awards nationally, regionally and internationally.

Ted Rogers

A Jesuit Priest, Father Rogers arrived in Zimbabwe in 1960 and worked as a teacher at Musami Mission. Shortly he started the St Peter's Community Secondary School in 1963 in Mbare, then Salisbury Township.
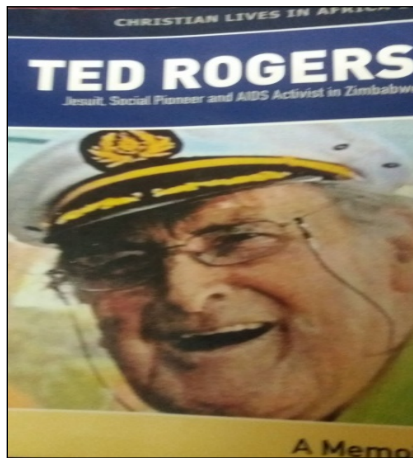
Figure 1.5: Ted Rogers (1924-2017)

Like Mai Musodzi and Jairos Jiri before him, he had no social work qualification. In 1964, he founded the School of Social Work with the support of many friends, donors and officials in both municipal and the colonial government. The School operated first from Morgan High School and later in Kambuzuma before establishing a campus near Harare town centre. He became the first Principal in 1964 until 1985 when he was succeeded by Father Joe Hampson in 1986.

Josphat Mathe

Josphat Mathe championed the formation of professional bodies; the National Association of Social Workers and the Council of Social Workers.

Figure 1.6: Josphat Mathe (1947-2013)

He was an illustrious professional, practitioner, and teacher at the School of Social Work (February 1986 to June 1988) before moving to do community work with children focused NGO-Redd Barna in Zimbabwe and Norway. He co-founded the NASW-Z in its second resurrection by a group of social work lecturers in 1986, with Matemavi as President. Josphat Mathe took over the Presidency of NASW-Z in 1990 there-on and fundraised for the revitalisation of NASW-Z. He helped to set up its first ever secretariat. He gave up the Presidency to Helen Tapfumaneyi in 1995 to focus on the negotiations with the government and the work that needed to be done to complete the social work law that recognised the social work profession. The pinnacle of Josphat's service has been in his unrelenting commitment to the development and promotion of social work institutions and bodies and the promulgation of the Social Workers Act. He used to organise weekend social dialogue fora in Bulawayo under the auspices of the social worker's association – whereby professionals, including lawyers, doctors, nurses, teachers and city leaders would come together to debate on topical social issues. Josphat was always a stalwart member of the National Association of Social Workers (Zimbabwe) and had been involved for many years in building up the association and providing leadership and direction.

Edwell Kaseke

Often referred to as the face of social work in Zimbabwe, the late Edwell Kaseke generated publications that have benefited the profession immensely. He graduated with a Diploma in Social Work in 1979 and a Bachelor of Social Work degree from the School of Social Work and was offered a scholarship to attend the London School of Economics to complete the Master's Degree in Social Planning. He returned to the School of Social Work to teach in 1985 and later attained a PhD from the University of Zimbabwe.

Figure 1.7: Edwell Kaseke (1954 to 2017)

Kaseke rose to become the first non-Jesuit and first black Director of the School of Social Work. In 2009, Kaseke went to Witwatersrand University in South Africa as the Head of Social Work Department. He taught, contributed to social development literature, presented at conferences, nurtured the Council of Social Workers as a Board member and represented the profession in a variety of ways through membership to a variety of Boards nationally, regionally and internationally.

Rodreck Mupedziswa

Rodreck Mupedziswa is one of the only three luminary professors of social work to have emerged as a direct crop from the School of Social Work. Together with other lecturers from the School of Social Work, he was influential in the formation of the interim NASW-Z in 1988

He taught at the School of Social Work from January 1983 until February 2007 when he left to head the Department of Social Work at the University of Botswana. This period was only briefly interrupted when he spent a 2-year sabbatical stint as Director of the Forced Migration Studies Programme at the University of Witwatersrand in Johannesburg (January 2002 to March 2004). While teaching at the School of Social Work, he was awarded a scholarship (on merit) by the City of Harare Scholarship Fund (1981) to study for the Bachelor of Social Work (BSW) degree at the University of Zimbabwe and later, again on merit, a British Foreign and Commonwealth (Chevening) Scholarship (1984 – 1985) to read for a Master of Science degree (Social Planning) at the London School of Economics (LSE), University of London. He later (2000) completed his Doctor of Philosophy (DPhil) with the University of Zimbabwe. He attained his Professorship in 2000. Between 1989 and 2001, and again 2005 to early 2007 when he left, he served as Deputy Director of the School of Social Work. For 10 years he served as Editor-in-Chief of the Journal of Social Development in Africa, which was hosted by the School of Social Work.

Nigel Hall

Figure 1.9: Nigel Hall

Nigel Hall is a founding executive member and Secretary of NASW-Z since its inception in 1988. He worked as a Senior Lecturer at the School of Social Work in Harare from the early 1980s. Nigel rose to become a President of the International Federation of Social Work (IFSW for the Africa Region) and later became IFSW Human Rights Commissioner and IFSW Publications Officer. Nigel played other significant roles as

editor of the Journal of Social Development in Africa and founding editor of the African Journal of Social Work. He is now based in the United Kingdom and retired from active practice, although is currently working part-time for the Open University and is a trustee with the charity Supporting Social Work in Malawi (SSWIM).

Phillip Bohwasi

He is one of the senior social workers with an executive post in NASW-Z. He was a Vice President of NASW-Z (1995-2000).

Figure 1.10: Phillip Bohwasi

Phillip Bohwasi is qualified with a Diploma in Social Work (1987), a Bachelor of Social Work Degree (1990) and a Masters of Policy Studies (2000). He has taken several positions in the process of strengthening social work institutions and when the Social Workers Act, was promulgated in 2001, he became the second chairperson of the regulatory authority and served for 10 years. A total of six by-laws and statutory instruments (SIs) were promulgated during his tenure at CSW. He is currently a social work lecturer at Africa University. He is the Founding Executive Director of Zimbabwe Opportunities Industrialisation Centres (ZOIC) a going concern and a community social work and entrepreneurship development agency he founded in 1998. Phillip Bohwasi is a former Vice Chairman and founding Board Member of the Zimbabwe Micro Finance Institutions (ZAMFI), another going concern. He has built a career based on economic and social justice for small business development and the informal sector, he is a community worker turned academic, an entrepreneur, a senior social worker and a political worker.

Phillip has held prominent positions as a Founding Board member to several civil society organisations and social welfare agencies.

Brigid Willmore

Brigid is one of the founding NASW-Z executive members and a treasurer of NASW-Z at inception in 1988. She is one of the critical social work elders to actively organise to speak about NASW-Z and professional grievances. She had an illustrious life as a member of so many social welfare agencies representing social work. These included as a founder of AIDS Counselling Trust (ACT), Women AIDS Service Network (WASN), advisory services to Zimbabwe Association of Church related Hospitals (ZACH), Women Action Group (WAG) including the Jesuits refugee organisation IMBISA. She was the first editorial assistant and then full editor of the Journal of Social Development in Africa in 1988.

Andrew Nyanguru (1953 – 2014)

Professor Andrew Nyanguru attained a Bachelor of Social Work General Degree in 1980 and a Master of Social Work Degree in 1985, both from the University of Zimbabwe's School of Social Work. He earned a Professorship from the National University of Lesotho in 2006. At the time of his death, he had 27 publications. Upon completion of his first degree, he joined the then Department of Social Services (DSS) in 1981 as a District Social Welfare Officer at the Highfields office and rose through the ranks to become Drought Relief Provincial Head for the Mashonaland Region from 1983-85. Nyanguru left the public service to join the School of Social Work, then an Associate College of the University of Zimbabwe as a lecturer. He taught on different programmes, that is the Certificate and Diploma courses and the Bachelor's and Master's degree programmes. He was also Director of Fieldwork in the 1990s. Nyanguru later joined the National University of Lesotho where he was one of the people who introduced social work training and education in the country. On his return from Lesotho in 2010, he briefly taught at the Bindura University of Science Education where a social work programme had just been introduced. He re-joined the University of Zimbabwe. He was

subsequently appointed Director of the School until December 2011 when he was re-assigned to full time lecturing and research.

Stella Tandai Makanya
She was part of a very strong team of lecturers put together by Father Ted Rogers between 1985 and 2000 comprising Kaseke, Mupedziswa, Nigel Hall, Trish Swift, Bridget Wilmore, Joe Mathe, Helen Jackson, Veronica Brand Sr, Andrew Nyanguru, and Fr Joe Hampson. She took active part in the advocacy and political discussions around the state of the social work profession until the formation of NASW-Z in 1988 together with other participating lecturers.

Edwin Mapamba
Edwin is a founding member of the first ever NASW-Z executive of 1988. Edwin was prominent as Head of the Post and Tele-Communication (PTC) Personnel and Social Welfare Division. Edwin was at one time IFSW Human Rights Commissioner and continued to take posts in the subsequent executives up to 2000.

Helen Tapfumaneyi
Helen was part of the illustrious NASW-Z founding team of 1988, then working as a Director of Zimbabwe National Army Social Welfare Services and leading a strong Social Service. Colonel Helen rose to become President of NASW-Z (1990-1995). Helen is now practicing social work in the United Kingdom.

Ancelm Mukwewa

Ancelm Mukwewa was Deputy Director of Social Welfare (1980-1991) and concurrently the Commissioner for Refugees (1983-1991) until his appointment as Acting Director of Social Welfare (1992-1994). He played a significant role as the Commissioner for Refugees during a time when Zimbabwe was a host to refugees from neighbouring countries, mainly Mozambique. Other refugees were largely from the apartheid war that was taking place in South Africa. Zimbabwe was host to South African urban refugees. Namibia was also going through some transition and urban refugees were recorded. The largest number of refugees both urban and largely rural was from Mozambique. Commissioner Mukwewa was responsible for the support and protection of more than 150 000 refugees at one time. He handled the refugee influx professionally with the support of UNHCR raising the social work brand.

Samuel Mhiribidi

Samuel Mhiribidi is a former senior civil servant and a current senior social worker. He graduated with a Masters degree in Social Work and joined the civil service and rose to the ranks of Deputy Director of Social Welfare responsible for Child Welfare and Deputy Director responsible for Rehabilitation and Drought Relief. He was appointed a Commissioner for Refugees (1991-1995). He was appointed Director of Social Welfare (1995–2001). Mr Mhiribidi joined University of Zimbabwe (UZ) School of Social Work as a lecturer (2003-2012).

The Future of Zimbabwean Social Work

Earlier sections dealt with the past and present of Zimbabwean social work. This brief section deals with the future. In the future, we must structure Continuous Professional Development (CPD) for qualified social workers to ensure that they update their skills and knowledge and contribute to the production and dissemination of literature. It would also be important to have at least 75% local content in terms of literature used by students, lecturers, practitioners, clients and researchers. This could be achieved if we develop our capacity to research, write and publish our own work in Zimbabwe. On the other side, we need stronger and sustainable institutions, including professional associations, schools and regulating

bodies. Being one of the countries that started social work in Africa, it is also time Zimbabwe leads in the expansion and strengthening of social work in Africa. The just ended International Federation of Social Workers (IFSW) conference noted, "social work is one of the fastest growing professions in the world today as more governments and employers recognise the powerful impact that social workers have in communities" (IFSW2020). The future of social work in Zimbabwe should aim to improve service, hence assist African governments to lower crime rates, end corruption, better health outcomes, with more people accessing work and education as outcomes of social work professionals and supporting people to take charge of their future and realise their aspirations.

Conclusion

In this chapter, the authors covered the history of social work in Zimbabwe. First, an analysis of definitions of social work as it evolved in Zimbabwe was provided. Five phases in the development of social work in Zimbabwe were discussed. Towards the end, a list of 16 prominent personalities who played a part in the development of social services and social work in Zimbabwe is shared.

In the beginning, social services were governed by indigenous customs and they were offered in the community. This ensured that everyone had access to forms of helping. This changed with the coming of missionaries and colonialists, who brought western systems. At independence, the focus was placed on reorienting social work and by 2001, a law was already agreed to regulate social work according to what is applicable in the Zimbabwean context. There was a move towards expanding social work and making it more developmental and relevant. Today, Zimbabwean social work is concerned with making indigenous methods work, and using developmental approaches to address mass poverty.

As already shown the process leading to Zimbabwean social work is made complex by colonialism and still suffers from foreign ideas that dominate the literature, teaching content, research methods, theories and methods. However, all is not lost, we have now moved into the phase of true African social work, by essence authentic Zimbabwean social work characterised

by the use of indigenous social work wisdom, philosophy, theories and interventions but there are still numerous challenges.

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CHAPTER 2

SOCIAL WORK REGULATION IN ZIMBABWE

Weston Chidyausiku
Phillip Bohwasi

Introduction

Social work regulation is gaining popularity the world over. There is a strong conviction that regulation of the social work profession will go a long way in popularising the profession as well as improving its status alongside other careers like medicine and law. The main aim of this chapter is to discuss social work regulation in Zimbabwe. Reference will be given to other countries that have been regulating the social work profession such as the United Kingdom, South Africa and Namibia. This chapter will discuss the importance of regulating social work and the process undertaken by Zimbabwe towards governing its practice up to the enactment of the Social Workers Act Chapter 27:21. The enactment of the Social Workers Act enabled the Council of Social Workers to come up with the following statutory instruments which smoothened the regulation process: Social Workers (Registration) By-law, Statutory instrument 179 of 2005; Social Workers (Code of Ethics) By-laws, Statutory instrument 146 of 2012; Council of Social Workers (Board Election) By-law, Statutory instrument 141 of 2014 and Zimbabwe National Minimum Standards for Social Work Training of 2014. More specifically, the following aspects will be explored; the functions of the Council of Social workers, the Code of ethics, registration of social workers, achievements made by Council of Social Workers, hindrances to successful licensing of all practicing social workers as well as suggestions for improving licensing.

Overview of Social Work Regulation

Social work is gradually moving towards greater regulation across the globe. Green (2006) suggests that there is frequently a propensity to depict social work as a simple, practical activity rather than an expert occupation, requiring investigative aptitudes with a value base, to manage what are unpredictable, unstable and multifaceted social circumstances. Lawyers, doctors and nurses, for example, are widely recognised and have stringent entry requirements for their respective professions. It is therefore against this background that advocates of social work practice contend that regulation of social work is the only mechanism that can build its credibility alongside other similar professions (Beddoe & Duke, 2009). Considerably, countries and states including Canada, England, France, Northern Ireland, Scotland, South Africa, the United States, Hong Kong, Romania and others have national regulation arrangements in place (Hunt, 2017; Beddoe & Duke, 2009). In as much as regulation has numerous components in common, however, social work status, autonomy, public recognition and the processes for regulation vary substantially in various nations (Weiss-Gal & Welbourne, 2008). There is a consensus among scholars, associations of social workers and ministries responsible for social welfare and development in various countries that international trends towards greater regulation of social work would result in a broad range of benefits. These benefits include the increased safety and protection for all stakeholders (including clients/public and social workers), the provision of a formal mechanism for accountability, setting and maintenance of high levels of professionalism and minimum standards of practice, improvement of professional development and mobility opportunities for workers and raising the professional standing of social work (Ministry of Social Policy, 2001; Orme & Rennie, 2006; Beddoe & Duke, 2009; Australian Association of Social Workers, 2016).

Although social work is being regulated in many countries and states across the world, it is worthwhile to learn that a considerable number of countries do not have social work regulatory systems in place. Several countries in Africa including Zambia, Malawi, Tanzania and Uganda are in the process of coming up with social work regulatory arrangements. It

has been observed that this process is long, cumbersome, complex, mind boggling and demanding (Cumming, 2008).

The Australian Association of Social Workers (2016) argues that in cases where social work is not regulated, sub-standard, unethical or unqualified practices may occur and result in extensive maltreatment of clients, for example, abuse or even death. It has been noted that within the purview of their work, social workers frequently give their services in the absence of people not directly concerned (confidentially), and are progressively offering services as a sole proprietor or small practice (Australian Association of Social Workers, 2014). The above-mentioned scenarios can increase the risk for professional boundary violations and harm being inflicted on service users. The association added that in most instances, social workers work with vulnerable populations, of which such clients are often ill-equipped to appropriately judge the quality of services rendered to them by the professionals. As a result, it increases their vulnerability to acts of high misconduct (Australian Association of Social Workers, 2016).

The Importance of Regulating the Social Work Profession

Several scholars agree on the notion that national regulation of social work could result in a wide array of benefits, including improved public safety, higher standards of conduct and accountability, and improved professional development as well as mobility opportunities for workers (Ministry of Social Policy, 2001; Orme & Rennie, 2006; Beddoe & Duke, 2009; Australian Association of Social Workers, 2016). Social workers operate in a wide range of settings such as child protection agencies, refugee centres and hospitals where they offer services that are not limited to psycho-social support and assessments to clients. In particular, the nature of social work practice requires the establishment of long-term relationships based on trust, and the human costs of unsafe or unethical practice can be high. This implies that high standards of professionalism, safety, and accountability must be guaranteed to ensure that members of the public are protected and uphold the integrity of the social work profession. Beddoe and Duke (2009) posit that the dangers of malpractices in social work practice can be alleviated through institutionalising regulatory systems which benchmark and uphold standards of professionalism, and introducing formal mechanisms for oversight and

accountability. The following can be considered as key advantages for regulation:

Improved Public Safety and Confidence in the Profession

Regulatory bodies the world over focus on quality and service delivery. The primary aim of professional regulation in Zimbabwe was to bring to the surface a profession that was sunken into oblivion. To this date, the practice of social work is marked with obscurity. Regulation ensures that service users are protected from socially intolerable or detrimental practices and that the historical practice of the practitioners is traceable (Kirwan & Melaugh, 2015). The Social Workers Act (Chapter 27:21) safeguards the title *"social worker",* therefore it is illegal for any other unregistered person to abuse (Council of Social Workers, 2017). Social workers normally offer services without supervision, and in the absence of another person besides the client. Such settings can increase the danger of severe professional violations and escalate occurrences of unlawful or unethical conduct. Moreover, the absence of a legally enforceable code of conduct and complaints handling mechanism means that misconduct can continue for some time before action is taken. The Zimbabwean Social Workers (Code of Ethics), Statutory Instrument 146 of 2012 provides for an enforced code of ethics that every registered social worker abides by. Social work regulation can protect members of the public by prescribing competency requirements for social workers and regulating accountability measures (Orme & Rennie, 2006). Beddoe and Duke (2009) argue that the introduction of minimum professional standards ensures that social workers are well-educated and better equipped to meet the diverse needs of service users, including children and other vulnerable people.

Higher Standards of Conduct and Accountability

In 2004, both New Zealand and the United Kingdom (UK) introduced procedures for the registration of the social work practitioners. To become a registered social worker in the United Kingdom, one needs to demonstrate the achievement of relevant qualifications, mental and physical fitness and evidence of good moral character (Orme & Rennie, 2006). In New Zealand, where there is voluntary registration, registered social workers are required to show academic evidence of a minimum of

three years of study, satisfy that they have undertaken supervised practice, and that they are professionally and culturally competent. They should demonstrate and that they are 'fit and proper' to perform the job (Orme & Rennie, 2006). Additionally, social workers are required to undergo police checks for criminal records before registration. In the UK, since 2012, the Health and Care Professions Council has reported annual rises in Fitness-to-Practice cases that correlated with increases in the number of registrants, although this still represents only a very small proportion of those on the register (Furness, 2015). This has demonstrated that formal registration of social workers can result in higher levels of accountability by providing accessible mechanisms for complaints and review.

Gilray (2013) observes that 46 complaints were recorded in New Zealand between 2011 and 2012 concerning registered social workers, mainly linked with poor social work practice. In addition, Gilray (2013) notes that in 2013, 35 social workers had compliance conditions attached to their annual practicing certification and a number have had their registration suspended as a result of not maintaining recertification requirements. The restriction or removal of these individuals from social work practice may have averted incidents of professional misconduct, leading to improved public wellbeing in the community. Zimbabwe as a country has followed suit. Statutory instrument 179 of 2005 of the Social Workers Act (Chapter 27:21) and the Social Workers (Registration) by-laws were enacted to guarantee the protection of service users and the smooth registration of social workers. The register for social workers was created and is under the custodianship of the Registrar.

Continuous Professional Development (CPD) Opportunities
In the United Kingdom, New Zealand and South Africa, the upkeep of registration status is dependent upon demonstration of continued professional development. In the UK, re-registration is required every three years with a minimum of 15 days of continuing professional development (CPD) achieved at that time. In New Zealand, social workers must demonstrate that they have undertaken 150 hours of CPD in three years (Orme & Rennie, 2006).

Regulating the Social Work Profession in Zimbabwe

Zimbabwe is one of the few countries in the Southern African Development Community, (SADC) region that is formally regulating social work practice. It is the third country after South Africa and Namibia. Zimbabwe went through a process of social worker education programme financed by the Danish Association of Social Workers which supported the establishment of a secretariat and social workers training programme under the National Association of Social Workers - Zimbabwe (NASW-Z) between 1985 and 2001 (National Association of Social Workers – Zimbabwe, 2012). The Council of Social Workers (2017) notes that the years of lobby and advocacy by the professional association led to the drafting of a Social Workers' Bill, which was then debated in parliament and enacted into a law called the Social Workers Act (Chapter 27:21).

The Process of Creating a Regulatory Framework

A few committed social workers gathered for occasional lunch time meetings and lecture series to discuss social work issues. These meetings resulted in the formation of the first ever National Association of Social Workers- Zimbabwe (NASW-Z) in 1988. Key players to the development of National Association of Social Workers - Zimbabwe were the late Professor Edwin Kaseke, Professor Rodrick Mupedziswa and the late Professor Nyanguru who were all lecturers at the School of Social Work. These lecturers played key roles in research and presentation of papers during the lunch time lecture series. On the front-line were Josphat Mathe (President 1988-95) and later on Helen Tapfumaneyi (President 1995-2000), Nigel Hall (Secretary 1988-2000), Edwin Mapamba (Treasurer 1988-2000), who succeeded the late Bridget Wilmore, Phillip Bohwasi (Vice President 1995-2000).

Numerous funding proposals were produced during the years 1988 to 2000 which culminated in the winning of a bid which was brokered by the International Federation of Social Workers (IFSW) to the Danish Association of Social Workers. One of the activity reports from the National Association of Social Workers –Zimbabwe indicates that the funding was meant to support the establishment of the National

Association of Social Workers- Zimbabwe and most importantly setting up of the secretariat that was responsible for implementing awareness programmes for social work throughout the 1990s to 2000.

Engaging and Lobbying the Government for Legislation

The National Executive Committee of the National Association of Social Workers- Zimbabwe (1988-2000) worked closely with a legal practitioner and senior social workers in government to draft the principles of the social work bill. This bill became the basis for lobbying the government. The National Association of Social Workers- Zimbabwe approached a senior public service social worker who assisted them in the handling of protocols to get the document discussed at the highest level in government and parent Ministry's Department of Social Services. The Department of Social Services submitted the proposed draft to the Attorney General's Office which is responsible for legal drafting of all legislation in Zimbabwe.

It has been observed that the first Social Workers Bill was a compromise between other professionals who felt the definition of social work should be left loosely to accommodate them. The proposed bill threatened to leave-out all the volunteers who had spent years working as untrained volunteer social workers. These volunteers felt uncomfortable to practice as para-social workers and most of them were arguing like Jairos Jiri (1940) or Mai Musodzi (the 1950s) that they pioneered social work practice in Zimbabwe. Hence, to this day, the Social Workers Act (Chapter 27:21) allows the registration of a non-qualified person as a social worker, because clause three (3) empowers the council to register, such people who, in their opinion, have the necessary experience. With such a scenario, psychologists and sociologists who have acquired sufficient experience are therefore eligible to register if they have worked in the social work sector. In line with best international standards, the Social Workers Act (Chapter 27:21) is set to be revised to accommodate other levels of social welfare workforce including Community Case Care Workers.

Creating Strategic Pillars for Legislation - the Council of Social Workers
The Social Workers Act (Chapter 27:21) of 2001 is the basic legal framework that regularises the social work profession in Zimbabwe. Like the way Elizabethan Poor laws of 1601 in the United Kingdom controlled and regularised charity, the Social Workers Act regulates and standardises the social work practice. It is a departure from volunteerism to professional social work. Section 3, of the Social Workers Act, outlines the process for the establishment of the Council of Social Workers whose key functions are outlined in Section 4 (1) (a) – (e) as follows;

(a) to register all social workers in Zimbabwe

(b) to conduct examinations to qualify persons for registration as social workers

(c) to define and enforce ethical practice and discipline among registered persons

(d) to take such steps as the council considers necessary or desirable to enhance the status and effectiveness of the profession of social work and to promote the interests of social workers

The Council of Social Workers is one of the strategic bodies established by the Social Workers Act. It emerged from founding deliberation the second the National Association of Social Workers (NASW- Z). Strengthening these social work bodies including the national associations of social work is recommended as one of the critical strategies for growing a strong social work profession in Zimbabwe (Hall, 1990).

Strengthening Leadership Capacity of the CSW Board
The first Board was constituted in 2002 as prescribed by the Social Workers Act Chapter 27:21 of 2001 through Section 5, item (1) –(a) to (d) as follows; "five members in the first case elected by Social workers registered by National Association Social Workers - Zimbabwe, four members [were] appointed by the Minister and the composition of whom [were]; the Director of the Social Services, Director of School of Social work, a legal representative registered by the Law Society and a senior social worker…The board was gazetted by the Minister of Social Services in 2002 and served for two terms of two years each up to 2006. The second and third sets of Councillors were inaugurated on the 15th of May 2006

and on the 17th of August 2010, respectively. Council of Social Workers drafted an election by-law called the CSW Board Election by-laws Statutory Instrument 141 of 2014 which specifies who can be elected and the tenure of office. Several other board governance manuals and policies were developed and most importantly is the Board Charter, a manual that guides board members with operating parameters within the limits of the law.

Registering or Licensing of Social Workers
The registration of social workers by the regulatory body is the first step towards the regulatory and compliance process. The Registration by-law called the Social Workers (Registration) by-laws, Statutory Instrument 179 of 2005 is the first instrument used by the CSW to begin controlling and regulating social workers in Zimbabwe. Registration and licensing encompass maintaining a register of social workers and issuing them with membership practicing certificates annually. The Council of Social Workers has the mandate to admit workers for registration through assessing their qualifications and vetting for criminal records. This process is also termed licensing and all registered social workers must remain fit-to-practice by obtaining a practicing license annually. This function is not peculiar to Zimbabwe alone, but all nations that have adopted the regulatory framework emphasize the same practice standards. The Social Workers Registration Act (2003) of New Zealand stipulates that social workers have to show; academic evidence that they have a minimum of three years of study, that they undertake supervised practice, that they are professionally competent (including cultural competency), and that they are 'fit and proper' to perform the job (Orme & Rennie, 2006). This same act compels all social workers to undergo police checks as a requirement before registration (SWRA, 2003).

Minimum Standards for Social Work Training and Education
In 2014, the Council of Social Workers adopted the Zimbabwe National Minimum Standards for Social Work Training. In summation, the following standards are provided; (a) standards regarding the school's purpose or mission statement (b) standards regarding the programme curricula including field education (c) standards with regards to core curricula (d) standards concerning professional staff (e) standards with

regard to social work students (f) standards with regard to structure, administration, governance and resources (g) standards about cultural and ethnic diversity, differential ability and gender inclusiveness (h) standards with regard to values and ethical codes of conduct of the social work profession.

In an endeavour to maintaining training standards, the Council works closely with Zimbabwe Council for Higher Education (ZIMCHE) to assess all new programmes for social work training. The application is a full proposal by the academic institution of how it proposes to offer the new social work programme. ZIMCHE assigns CSW to assess the curriculum, the professional qualifications of proposed lecturers, and the facilities to be used such as libraries, counselling and practice rooms. The maintenance of social work training standards is a critical role played by social work regulatory bodies the world over. New Zealand has the same practice as noted by Beddoe and Duke (2009) who argue that introducing minimum professional standards ensures that the social welfare workforce is well-educated in a standard fashion globally and better equipped to meet the diverse needs of its service users, including children and other vulnerable people.

Enforcing Compliance for Ethical Behaviour
CSW together with stakeholders have developed several instruments to regulate the professional behaviour of social workers as bylaws:

(a) Statutory instrument 179 of 2005 of the Social Workers Act (Chapter 27:21) called the Social workers (Registration) By-laws, stipulates who is eligible for registration and it sets penalties for defaulters among other standards.

(b) the Social Workers (Code of Ethics) By-laws, Statutory Instrument 146 of 2012, the instrument governs the social workers' professional behaviour guided by the core values such as service above self; social justice; *unhu/ubuntu*; professional integrity, among other values, as pronounced in section 4 (2) (a) –(e) of the Code of Ethics.

(c) The Board Charter which governs the professional behaviour of board members of CSW, sets the appointment mechanisms, the conditions of service and the duration of the term of office. The Board Charter is not

a by-law but a capacity enhancement instrument for Board members to perform within the limits of the law.

(d) The Election By-Law is Statutory Instrument 141 of 2014 and is one of the legal instruments aligned to the Social Workers Act (Chapter 27:21) It stipulates the electoral process and a legal framework for the election process of councillors who form the CSW governance board, their minimum requirements for selection including tenure of office.

All these tools carry with them stipulated penalties for offenders, which range from payment of stipulated fine, suspension from the register to de-registration leading to dismissal by employers. The current compliance mechanism of CSW remains weak and largely ineffective in dealing with all compliance-related cases. There still exist many unregistered social workers within NGOs and the government who have not reached within the arms-length of the CSW legal instruments. The government is the main culprit as it appears to be taking the lead in openly employing unregistered social workers and scores of sociologists and psychologists to perform the roles of social workers. There is a lack of political will from the government in supporting the Social Workers Act (Chapter 27:21) and its implementation. South Africa has a different set up as the South African Council for Social Service Professions (SACSSP) practically enforces professional conduct and ethical behaviour and fosters compliance with professional standards among social workers (SACSSP, 2017). SACSSP makes sure that no one can practice as a social worker without being registered. The advantage of SACSSP is that it has the full support of its stakeholders and government. It draws its professionals from a large pool of social welfare workforce as it has since opened up registration and control of other social welfare professionals. Further SACSSP draws from 21 social work and related professional training institutions and that makes them financially sustainable (SACSSP, 2017) and able to meet their compliance obligations.

Maintaining Professional Integrity
Social work regulation raises social work standards thereby up-holding the core value of professional integrity. Professional integrity is one of the many core values espoused in section 4, (2) (d) of the Code of Ethics by-

law; 146 of 2012. In a Social work relationship, clients put a lot of trust in the individual professional and most instances, social workers offer their services to already vulnerable people. Regulation of professionals ensures that social work clients are safeguarded from malpractices, hence upholding professional integrity. The current massive un-restrained infiltration within social work domains by un-regulated individuals, coupled with poor compliance measures has compromised professional standards. Any complaints raised by clients relating to abuse of professional standards need to be attended to without delay. This view has been supported by several scholars (Kirwan & Melaugh, 2015; Beddoe & Duke, 2009; Orme & Rennie, 2006), who commend legislation of social work as a guide to standards and professionalism. They argue it affords service users prescribed channels of complaints and reviews. In summary, therefore, social work regulation should result in higher levels of accountability, improved social justice with accessible mechanisms for complaints and reviews.

A Binding Professional Code of Ethics
The Ministry of Labour and Social Services has, in terms of section 43(3) of the Social Workers Act (Chapter 27:21), approved the promulgation of the by-laws made by the Council of Social Workers officially cited as the Social Workers (Code of Ethics) By-laws, 2012. The by-law becomes a binding set of guidelines designed to pronounce acceptable behaviour for members of the social work profession, (Social Workers (Code of Ethics) By-laws, (2012). The Code of ethics constitutes a collection of rules, expectations and standards that are passed by a legitimate authority and accepted by the social work fraternity as binding upon them.

Council of Social Workers Legal Framework
A sound legal framework paves way for good governance and leadership. The ability to constitute well elected boards and subcommittees to run the affairs of any regulatory body is of paramount importance. As such, the level and quality of decision making is enhanced by the structure and composition of the board and its sub-committees. For both private and statutory boards, the levels of decision making differ with statutory bodies reliant on parliament to enact Acts and by-laws for implementation.

Private organisations rely on policy guidelines and manuals for their day-to-day decision making superintended by a Board of Directors. The CSW Board set itself the task to put in place a statutory legal framework that would guide its decision-making process from time to time as follows:

(a) Statutory instrument 179 of 2005 of the Social Workers Act (Chapter 27:21) called the Social Workers (Registration) By-laws was enacted to facilitate smooth registration of social workers. The register for social workers was created and is under the custodianship of the Registrar.

(b) A Statutory Instrument 146 of 2012 of the Social Workers Act [Chapter 27:21], called Social Workers (Code of Ethics) By-laws, the code of ethics is a law that binds social workers to a stipulated professional behaviour with sanctions for offending. This law was drafted in full participation and consultation of social workers.

(c) The Minimum standards for social work training and education adopted from the global body, the International Association of Schools of Social Work (IASSW) - Zimbabwe was able to coordinate all the schools of social work to develop and approve minimum standards acceptable for social work training. The Council takes responsibility to monitor the compliance with the standards as a measure for maintaining professional social work standard practice globally.

Challenges in Regulation and Enforcement

Regulation of the social work profession still faces numerous challenges in Africa. According to IFSW (2020) website, only 29 countries in Africa have or attempted to establish an association of social workers. Only 3 countries of the SADC region are regulated. Zambia, Malawi, Uganda and Liberia have all taken turns to consult and with some coming for the look and learn missions to Zimbabwe. There are numerous challenges to social work regulation globally and Zimbabwe faces its challenges as discussed below:

Brain drain

The profession of social work is suffering a serious institutional incapacity due to the massive exodus following political and economic instability in the country. This can be exemplified by a scenario that happened between 2000 and 2008 when the entire executive of NASW-Z and a lot more senior

social workers left for greener pastures. By then, around 2001, NASW-Z had just completed its lobbying process and the Social Work Bill was just about to be transformed into an Act of Parliament. Currently, the profession is witnessing an exodus and relocation of most experienced senior social workers from both the public and private sectors. Such cases are affecting all social work boards.

Lack of a critical mass

Between 1964 and 2010 University of Zimbabwe, School of Social Work has been operating a single and sole School of Social Work, sponsored by the Jesuits Priests of the Catholic Church through the founder Fr. Edward Rogers. It has been graduating less than 50 social workers per year since 1964. To that effect, an estimated average of about 100 social workers per year during the 46 years to 2010 is a mere 4600 graduated professional workers. A greater number of that has retired or died from natural attrition and the majority have emigrated to the diaspora. The number of social workers within the country is estimated to have increased now after 2014 when new Schools of Social Work started enrolling students. To date, there are 7 registered schools of Social Work enrolling massive numbers. The figures are estimated to be around 500 to 800 postgraduate social workers in the country and the majority of them are unemployed (CSW, 2017). This has heavily impacted revenue flows to sustain the CSW operations, hence leaving them dependent on donor funds.

Apathy

There has been considerable apathy within the National Association of Social Workers-Zimbabwe. Apathy was often identified as the reason why the NASW-Z has been experiencing difficulties in organising itself and building a vibrant association. Hall et al (1997) noted that it was not only apathy that distracted the NASW-Z from growing, but shifted the blame from member apathy to a fractured leadership that was not innovative enough to attract membership. Hall et al (1997) recommended that the NASW-Z should restructure itself from a simple association to adopt a trade union approach, hence protecting its members and representing them on salary negotiations with the government, the major employer. Zimbabwe Teachers' Association (ZIMTA) and Progressive Teachers'

Union of Zimbabwe (PTUZ) are two key examples of teacher's representative trade union bodies and the results are very well recorded. Teachers' unions can offer members legal protection, offer loans and other insurance schemes which become major attractions for membership. That must be the thrust. The NASW-Z leadership has a record of vanishing into thin air, the first being a defunct NASW-Z of 1968. It was successfully resuscitated in 1988 and successfully negotiated for the enactment of the Social Workers Act (Chapter 27:21). The National Executive Committee of 2000 vanished again, this time into the diaspora. The NASW-Z was revived again in 2010 and to date is weak and financially incapacitated in the same way as CSW. Professional Associations of Social Work like NASW-Z, are a key strategy for professional growth. There are obvious challenges as in the case of NASW-Z, but the approach to engaging stakeholders needs to be well designed, hence improving the networking options regionally and internationally. NASW-Z must re-connect to its international linkages and increase the benefits to its membership.

Financial constraints
Regulation of the social work profession requires a robust sustainability strategy and financial muscle to which the Council of Social Workers is found lacking. All regulatory programmes require strategy and financial injection. Without meaningful funding and strategy, there is no proper regulation. The Council and the Association are facing strategic and financial difficulties. The CSW has moved from their Rhodesville office to Midlands State University, School of Social work (formerly known as the University of Zimbabwe, School of Social Work), and cannot retain all their staff. Social workers now pay 150-250 Zimbabwean Dollars equivalent of between US$2-US$3 per year as a renewal fee. Comparing with other regulated professionals such as law, medicine, nurses and pharmacists, the social work profession is paying a pittance. There were more than 2000 medical doctors on the register in 2015, and each was contributing then equivalent of $400 (US dollars) per year and already that speaks of US$800 000 for running the affairs of the Medical Council. Further the Registrar and Chairman at the medical council are offered government support to attend international symposiums and conferences through a cabinet authority. The situation at CSW is exacerbated by massive non-compliance from the already diminished numbers of (less

than 500 in the country and the meagre contribution of about $3US per year) social workers, hence leaving Council financially constrained to implement meaningful programmes such as compliance visits and conducting sensitisation workshops.

Leadership crisis

The Council of Social Workers has been largely characterised by a leadership crisis which further eroded efforts of enforcing social work regulation. The absence of an election law then to demarcate the areas and strategy of entry was a major drawback. The 2015 election marked by political fights can be cited in this instance as a fitting example of poor leadership if compared to the 2019 election that ran smoothly and professionally. The results of the 2015 election were significantly very bad and resulted in some donors and social investors shunning CSW programmes. Further, the approach to engaging stakeholders has to be strategic in terms of both members of the profession and the all-time social investors' line UNICEF, the Ministry of Public Service, Labour and Social Welfare who have the potential to contribute to sustainability of CSW selected statutory programmes.

Several scholars (Fisher, 2009; McGregor, 2011) concur that leadership in social work practice is fundamental and the key to the success of the profession. The same authors observed that social workers are found in various prominent leading roles which include coordination, advocacy, organisation and implementation of diverse programmes. In this case, possession of leadership skills such as motivation, communication and assessment are elemental for social work practice. Fisher (2009) further reiterates that leadership and social work practice should not be ignored in professional training. While management may differ from leadership, Smith (2015) argues that leadership enables social workers to be managers in their diverse settings. Hassan and Hassan (2017) implicitly argue that leadership is important in stabilising an organisation which is in crisis. As substantiated above, equipping the Council of Social Workers and NASW-Z with robust leadership and strategy can set a panorama for the success of regulatory procedures in Zimbabwe.

Donor dependency

The Council of Social Workers has been largely dependent on donor funding. Ordinarily, CSW is regulated based on an Act of parliament, Chapter 27:21. It should therefore receive a government budget to at least enforce its duties under the Social Workers Act (Chapter 27:21). The CSW has failed to attract favours from the parent Ministry of Public Service, Labour and Social Welfare to receive an operational budget. Their first budget to generate visibility was a small grant of 20 000 Sterling Pounds from the British Embassy in 2010, which was used to set up the structures of CSW. The second was a multi grand from UNICEF Child Protection Fund (CPF) from 2012 to 2016. It is worth mentioning that the CPF grant was negotiated through government, from the parent Ministry but dispensed from UNICEF. The point is that CSW must generate its sustainability strategies to keep the organisation's business flow in operation. Social investors usually want to put their resources into strong and sustainable institutions. Donor dependency is detrimental to the growth of social work bodies in Zimbabwe. Conferences and other awareness related programmes that were implemented by CSW as ways of educating stakeholders about regulation had insignias and innuendos of dependency. Donor aid is marred by a lack of sustainability and accountability. The Council of Social Workers needs to institute home grown social work regulatory enforcement mechanisms.

Lack of political will

There is no political will towards implementing the Social Workers Act by the parent Ministry of Public Service, Labour and Social Welfare. The Ministry has not effected its commitment to effectively administering the Social Workers Act (Chapter 27:21). Considering the prevailing position in other professions like medicine and law, the Minister of Health is a medical professional, the permanent secretary is a medical professional, and most of the Directors of Divisions are medical professionals. The social work profession suffers from the mismatch. The majority of Zimbabwean trained social workers are practising in the United Kingdom for the same reasons. Lawyers, doctors and nurses are well regulated because their statutes are well supported by the entire system. Other ministries like Health and Justice make grant contributions to raise the status of their

professions. The Ministry of Health is a case in point. Social Workers have not taken up leadership in key and strategic locations in government, hence the diminishing political-will. Given such limitations, it is difficult for social work boards (NASW-Z and CSW) to get support from their parent ministry.

Exclusion of other social services/welfare workforce

Licensing of social workers in Zimbabwe remains an unfinished business. This may be attributed to various factors such as the exclusion by the Social Workers Act (Chapter 27:21) of other social welfare workforce professionals. Many social workers and related workforce remain outside the register for simple reasons of exclusion, reach and inadequate information. The exclusion of other social welfare workforce plays a bigger part in the low financial status of CSW. Therefore, the law governing social work must open up for other social welfare workforce members to register and be licensed to practice by the CSW.

Suggestions for Improving Social Work Regulation in Zimbabwe

Professional regulation requires that the profession receives the support from its stakeholders. Greater support comes with generating the necessary legal framework that allows the practice of social work unhindered.

Promoting Home Grown Social Work Philosophy

Nigel Hall (1997), one of the founding members of the NASW-Z in one of his four-point plan for sustaining indigenous social work in Zimbabwe pointed out the need for indigenisation of social work practice among other areas. Often the literature that is used in Africa is foreign and focused on the historical evolution of social work in the United Kingdom and the USA. Little is talked or documented about the works of Jairos Jiri (the 1940s) and Mai Musodzi (1950s) for the charity and philanthropic works they did during their era, which culminated in the growth of social work in Zimbabwe. There are no documented theories of indigenous and home-grown social work that students and teachers can give as local examples. This can only be achieved when all other faculties of social work development have been addressed as stipulated in the second recommendations above.

Enlarging the Pool of Social Work Stakeholders

Social work is an eclectic discipline and profession. As a discipline, it borrows heavily from psychology, sociology and political science. As a profession, social work must open its statutes to a larger pool of stakeholders, organisations and like-minded institutions that employ other social welfare workforce professionals (social scientists, psychologists, sociologists). The current Social Workers Act Chapter (27:21) is in the process of being reviewed to address some of its limitations, which include the registration of another social welfare workforce. This has the benefits of enlarging the pool of social work stakeholders contributing to the revenue base. Maintaining links with international and local stakeholders like the IFSW, the Danish Association of Social Workers, Zimbabwe Congress of Trade Unions

(ZCTU) was a strategy employed by NASW-Z to sustain itself through-out the growth phases. Such networks must be resuscitated, not for funding purposes, but for networking, sharing and multiplication of ideas to grow a future brand of social work leadership and practice. This has the potential to increase revenue strands for both CSW and NASW-Z.

Building Strong Social Work Institutions/ Bodies
The fall and rise of NASW-Z depicted in the study is a clear sign that the association can be nurtured and mentored to become a sustainable social work body with capacity. NASW-Z negotiated for the effective enactment of the Social Workers Act: 27-21, which subsequently gave birth to CSW. This process is currently building up in Zimbabwe, though thinly on the ground. The 1964-single school of social work by the Catholic Jesuits group has suddenly been multiplied by six more schools of social work. This is buttressed by the current efforts to build a new social work body, the Zimbabwe Association of Schools of Social Work (ZASSW) as one of the subject associations of purpose. The three social work bodies can uphold and increase the visibility of social work activities. The CSW maintains its regulatory functions while NASW-Z and the ZASSW remain as advocacy and lobbying instruments of the profession. They will all need mentoring and leadership strengthening to create a pool of social work think-tanks, through which social workers can make their contribution. This is the strategy the world over, of creating strong democratic institutions sustained with good leadership.

Culturing Good Leadership and Democratic Principles
NASW-Z, CSW and ZASSW are relatively new institutions whose history does not go beyond 2001. Hence as fragile institutions, they must be mentored to culture democracy as a process of good leadership. This is so because, for organisations, communities, and even nations like Zimbabwe to succeed today and survive tomorrow, they must be deeply democratic – that means that, everyone and every feeling must be represented within these larger social work bodies. They must culture good leadership to be able to organise and mirror the profession's intentions, its interactions with the wider networks of stakeholders and still reflect on the well-being of our participating practice communities. The leadership must know that

the world over, strong and democratic led institutions have survived the test of time.

Improving the Practice of Social Work
CSW is mandated by the Social Workers Act (Chapter 27:21) to oversee the quality and development of social work practice focused on the support of the service user. This effort can only be fulfilled if CSW has strong, effective and efficient leadership with sound democratic thoughts and practices. ZASSW is still fragile and overburdened with imparting social work practice and theoretical framework in all the schools. Teachers must be fully empowered and equipped with the necessary relevant qualifications (MScs and PhDs) to teach and supervise students, as schools of social work become the hallmark for effective future social work practice.

Conclusion
It has been noted that Zimbabwe went through a rigorous process for it to successfully regulate social work. It became the third country in the region to regulate social work behind South Africa and Namibia. Some positives can be realised if social work is extensively regulated. They include the protection of the members of the public and greater accountability on the part of the practitioner social workers. The advocacy role played by the National Association of Social Workers Zimbabwe (NASW-Z) was pivotal in the regulation process of the profession. Key functions of the Council of Social Workers (CSW) include registration and licensing of social workers and maintenance of training standards. The enactment of the Social Workers Act (Chapter 27:21) paved way for the development of sound by-laws such as the Code of ethics, registration by-law and many others put in place. The profession and its associations (CSW, NASW-Z) are back-trodden by brain drain, financial constraints, leadership crisis, donor dependency and lack of political will.

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CHAPTER 3

MEDICAL SOCIAL WORK PRACTICE

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Introduction

This chapter provides basic knowledge on medical social work in Zimbabwe and gives a brief history of its practice, explaining what the profession entails and the role of social workers as well as theories which underpin practice, intervention techniques, and fields of practice, opportunities and challenges.

Definition of Medical Social Work

According to Thackeray, Farley and Skidmore (1994), medical social work refers to the application of social work knowledge, skills, attitudes and values to the field of health and medicine. Medical social work is a sub-discipline of social work that is aligned to public health. It involves assessment, diagnosis and provision of social work interventions to improve the psychosocial functioning of patients and their families (Harris, 2006). Medical social work helps patients overcome the burden of treatment for both acute and chronic ailments.

History of Medical Social Work in Zimbabwe

Zimbabwe is a former colony of Britain and its welfare system resembles that of the historical coloniser. Medical social work practice in Zimbabwe is rooted in the history of social work and welfare of the United Kingdom and can be traced back to 1909 (Curtis and Christian, 2012). Harris (2006) observed that medical social work in Britain was championed by Mary Stewart in 1895 and Anne was also developed by Cummings in

1909. These pioneers were known as hospital almoners. In 1964 the profession was renamed medical social work and was incorporated into the public health system. In Britain, the Institute of Almoners was formed in 1945, and renamed the Institute of Medical Social Workers nine years later 1964. This institute was one of the founder organisations of the British Association of Social Workers which was formed in 1970 (Harris, 2006). In Britain, medical social workers were transferred from the National Health Service (NHS) into local authority Social Services Departments in 1974, and generally became known as hospital social workers (Curtis & Christian, 2012).

According to Chitereka (2012), medical social work in Zimbabwe was concurrently introduced with generic social work around 1964. It was a complete regurgitation of the British social work and social welfare system. Medical social work was introduced as a response to public health issues of disease prevention and control (Chitereka, 2012). Medical social workers were deployed mainly in Harare on a racial basis to cater for the health welfare needs of the minority white settler regime as demanded by the policies of the day. Given the segregatory health policies in colonial Zimbabwe, it can be inferred that blacks were excluded from medical welfare services. The white government was convinced that black people could depend on traditional and indigenous medicine and that they had poor health-seeking behaviours.

Purpose of Medical Social Work

Medical social work practice in Zimbabwe is Eurocentric and serves to improve the psychosocial functioning of individuals and families suffering from distress resulting from illness. It involves the application of social work knowledge, skills, attitudes and values to the field of health and medicine (Thackeray et al, 1994). The objectives of medical social work include; but are not limited to helping patients develop problem solving and coping abilities, facilitating interaction between individuals and others in their environment, helping patients obtain resources, making organisations responsive to patients, promoting interactions between organisations and institutions as well as influencing social environment policy (Minahan, 1981).

Minahan (1981) further points that medical social work has several purposes. They include helping people facing illness, trauma-related crises, or disability to understand and manage the psychosocial impact of health conditions in their lives. The practice helps patients and their caregivers to manage significant relationships and to make decisions and plan for the future. It assists in facilitating adaptive coping patterns and making an adjustment to chronic illness or disability as well as assisting with reintegration or adaptation to new environments. Medical social work also promotes participation in multidisciplinary teams and gives insight and understanding of the psychosocial dimensions of the medical circumstances affecting particular patients and families. Medical social workers help to identify and arrange community support, co-ordinating the provision of practical resources to facilitate discharge from a hospital or transfer to alternative care facilities. They assess the needs of selected patient populations, plan and implement appropriate programmes, organise networking with community organisations, and develop services to meet these needs, including support and psycho educational groups, educational forums, socialisation, and reintegration activities. Other medical social work purposes include identifying potential neglect, abuse, and exploitation in vulnerable populations and involving authorised agencies, supporting institutional goals and purposes and encouraging institutional responsiveness to patient needs. Medical social workers assist with anticipatory grief and mourning, counsel people facing death, and provide other bereavement-related services to members of the family, including making practical arrangements (Minahan, 1981).

Basic Theories for Medical Social Work Practice

Medical social work in Zimbabwe is informed by five major social theories that include psychodynamic, interactionist, learning, conflict and systems theories. The utility of these theories in medical social work practice will be sequentially explained below.

(a) The Psychodynamic theory - Psychodynamic theory provides medical social workers with a possibility of understanding personality development and the difficulties that may appear within it (Hutchinson, 2014). It further provides terms to understand human relationships to others and the demands from the surroundings. The theory also provides

medical social workers with an understanding of what could be done to overcome problems. Hutchinson (2014) states that the incorporation of psychodynamic theory in the treatment of mental illness is based on the institutional framework and the nature of problems addressed by the social work profession.

(b) Interactionist theory - Interactionism is a collective term used to describe situations where the interaction of people is central. People`s interpretation and understanding of the situation are in focus (Berger and Hutchinson, 1966). In interpersonal contact, it becomes interesting how one subjectively forms opinions of the situation which again influences the action one performs. Focusing on interaction and symbols can be less emotionally demanding for the patient, medical social worker and the close traditional relationship. This perspective takes the normality and competency of the clients as the starting point rather than focusing on the lack of adjustment and control over their own lives (Payne, 1991). Thus, medical social workers should tap into the patients` strengths and abilities to change their life situations. They should also be aware of the subjective meaning patients attach to their illness, including the causes. Within the scope of interactionist theory, medical social workers should be guided by their broad knowledge of human behaviour for them to appropriately help patients to find lasting solutions to their problems.

(c) Health Behaviour Theory - Bandura (1979) states that the main focus of learning theories in medical social work is on behaviour and that all change is based on either learning or unlearning new behaviours. A person is seen as one in a reciprocal influential relationship with their environment whereby the individual is influential whilst at the same time being influenced. Medical social workers should work with patients to allow them to adjust and learn new methods of personal living in cases where they need to cope with their new conditions such as loss of limbs and other conditions that disrupt one's biography. This theory is also useful in situations where patients are asked to change their cognition and perception of the world around them for them to cope with real-life demands.

(d) Conflict theory - Conflict theory focuses on society by emphasising that contradictions of interests exist and that humans are in conflict with each other concerning resources, prestige and power. In medical social work, conflicts are seen as contrary to consensus theories (Addam, 1991). Consensus theories presuppose that people in a society have common interests and that differences, interests, prestige and power are necessary for the whole society as an organism to be able to act in harmony. Consensus theories are distinguished by seeing society as a phenomenon that is stable and harmonious. Conflicts in this perspective, are solved through interaction between various groups aiming for what is best for the whole. Medical social workers apply conflict theory to enable them to fully operate in multidisciplinary settings while also working with diverse populations. This theory enables social workers to apply the values of social justice and recognition of the worth and dignity of all humans

(e) Systems Theory - Bronfenbrenner (1979) advanced the systems theory which is globally used in medical social practice. The theory gives insight by viewing the patient as an interplay of individual, family and community interactions (Meyer, 1983). That is, a patient's recovery is highly dependent on the proper functioning and contribution from various interconnected systems that are always in interaction with each other. For example, a patient's treatment cannot neglect the role his or her family, friends and significant others play in his or her life. The theory also takes into consideration the role of external agencies such as government programmes and other opportunities barriers. As such, in patient case management, the medical social worker considers and ropes in all the necessary systems that have a bearing on the patient's recovery. This is only possible through a thorough and concise analysis of the patient's psycho-social needs assessment as well as environmental scanning by the practitioner. This is often made possible using case management methods that are widely adopted in Zimbabwe's various social work practice fields.

Fields of Medical Social Work Practice

The fields of practice for medical social workers in Zimbabwe include disciplines such as psychiatry, nephrology, geriatrics and oncology amongst others in both in-patient and out-patient departments. Psychiatric social workers are employed in hospitals such as Annexe Ward

X1 at Parirenyatwa Hospital in Harare, Harare Central Hospital, Ingutsheni Central Hospital in Bulawayo and Ngomahuru hospital in Masvingo. The roles of psychiatric social workers include assessment and psychosocial support counselling of patients in conjunction with their relatives and/ caregivers. They also include dealing with maladaptive behaviour, adherence counselling, hospital discharge planning and follow-up of patients. In oncological settings, social workers attend to patients who will be towards the end of their lives. In these palliative care settings, they work with patients to accept their conditions and deal with the realities of their lives. Furthermore, they offer supportive therapy in attending to the holistic needs of dying patients. In these settings, social workers work with professionals such as nurses, doctors, chaplains and pharmacists among other related disciplines. In Zimbabwe, oncological services are provided by private organisations such as HOSPAZ. The need to integrate palliative care services within government systems in this country is of paramount importance as oncological services are still in their infant stage. Medical social workers are also employed in government hospitals and local authority hospitals such as Harare and Bulawayo Central Hospitals, Wilkins and Beatrice Infectious Diseases hospitals. At these health institutions, medical social workers provide psychosocial support services to patients and focus on the underprivileged members of society to allow them access to medical services. They work collaboratively with the Department of Social Welfare Services. Medical social workers in hospitals also facilitate state-assisted burials for the destitute. They administer the home-based care programme, provide adherence counselling to patients and attend to all forms of related challenges. The specialised field includes trauma work, community network and advocacy, case management, group work, research and teaching, marital counselling, individual psychotherapy, family mediation and therapy, domiciliary care, palliative care, bereavement and grief counselling. These fields often call for specific theoretical models or a combination of different models to effect the desired change or improvement in the care and treatment outcomes of each patient. In Zimbabwe, medical ocial workers can therefore be found in hospices, central and provincial government hospitals, and very few are in private medical service providers. Others are employed in life assurance or

funeral service care providing agencies, working alongside medical personnel to provide bereavement and grief counselling services.

Medical social work services were introduced at Parirenyatwa Central hospital around the 1970s and were to benefit the white settler minority group. Wilkins hospital was the first local authority hospital to offer medical social work services to whites while Nazareth, now known as Beatrice Road hospital, offered the same services to blacks during the same period.

Figure 3.1: Pictorial view of entrance to the medical social work office at Parirenyatwa Central Hospital, Harare

Whilst there is lack of understanding of the role played by social workers as well as the poor and unattractive salaries they are offered in public practice, they remain an important aspect of the public health delivery system. The field of Medical Social Work provides a fulfilling and indispensable community health service. Lobbying for better remuneration should not only be done by the social work practitioner, but also the responsible professional licensing body (Council of Social work and Allied Health Practitioners Council) to look into the needs and challenges faced by medical social workers and strive towards improving their working conditions. This development will have a cascading effect on the quality of services rendered to medical patients by medical social workers as well as improve the attractiveness of the field to prospective practitioners. Measures undertaken to improve professional rewards would take the much-needed steps towards arresting the migration of practising and or potential medical social workers from Zimbabwe to well-developed countries in search of better working conditions. Medical social workers can improve their visibility through advocacy on the rights of patients and by engaging in evidence-based research and publicity.

Intervention Process and Techniques

Medical social work intervention techniques include; but are not limited to relationship building, use of imagery, advice-giving and education, use of metaphors, anecdotes and fables, self-disclosure, processing, interpretation, contracting, role-playing, clarification, modelling, supportive therapy, emotional release and bibliotherapy (Dorfman, 1996). These intervention techniques will be briefly explained below.

Relationship building

According to Dorfman (1996) relationship building is where consistent care and understanding are in themselves therapeutic and set the helping process for change.

It is also regarded as the dynamic interaction of attitudes and emotions between the caseworker and the client, to help the client achieve a better adjustment between himself and his environment. Relationship building is the basic unit of analysis, assessment, description and intervention to get the best outcome or solution to a client's problem. Two major purposes of

relationship building are to help the client with his or her psychosocial needs and problems and also creating an atmosphere in which the client feels free to engage effectively in the study, diagnosis and treatment.

Imagery
Imagery entails the use of images or imagination in therapy to guide clients to normal functioning. It is based on the premise that one cannot be anxious and relaxed at the same time. Thus, physical relaxation must lead to a state of psychological relaxation. As such, clients undergo relaxation training whereby the therapist guides the client through a fantasy world that contains elements that are relaxing for most people, for example, a pleasant walk in a favourite place. Relaxation training refers to a non-chemical biological technique commonly used to treat generalised anxiety disorder. It is used to mentally prepare clients for anticipated difficult situations. In medical social work, the use of imagery is important either before or in the middle of therapy session, especially when the client is unable to say or narrate his or her problem. This kind of technique enhances the active participation of the client. Thus, the therapeutic process may be enhanced through the use of images.

Advice giving and education
It is important to note that some clients need to be given advice, especially those who are under crisis or show requirements for skills training and self-help projects. According to Dorfman (1996), advice giving is done by a medical social worker who is an expert in a certain area of concern. In terms of creating awareness, clients need to be educated on issues that matter in their lives and which help try to solve their problems. This may be done through the use of suggestions to a certain course of action the client has to take, urging or insisting where there is a need for force to be given by the therapist.

Metaphors, anecdotes and fables
Metaphors appeal to the sub-consciousness and being applied to situations whereby the medical social worker selects a word or phrase or a common word that is familiar to the client to convey meaning. This word, phrase or sentence states a phenomenon as if it is another to enhance better understating through comparison. The medical social worker uses the

word to communicate the obvious as well as the covert therapeutic massage. Metaphors are used as a shorthand method to emphasise points or as a special code between therapist and client. Anecdotes are short biographical or autobiographical experiences articulated verbally, and are usually expressed in a way in which the client can outline a sequence of events which give rise to the challenge. They are sometimes used by the therapist to provide relatable experiences for the client. Fables are narratives that can be used to impart skills or knowledge about situations in life, for example, a story of a mother who was rejected but ended up staying alone and managing to raise her child until he became a doctor. These are used to motivate clients to see problems from a different angle and help to compare and learn from similar situations in life. They are also used to provide mirror patterns of behaviour in singular individuals or multiple types of client groups like the family such as this one which was rejecting the daughter-in-law.

Self-disclosure

Self-disclosure or therapist transparency is whereby the therapist reveals his or her personal information, values and behaviours to the client. Self-disclosure must or should only be done if it serves as a therapeutic purpose or is designed to help achieve the client's goal. It is valuable when the problem faced by the client is similar to that of the therapist. Clinicians can disclose some vital information about other clients without mentioning specific names if it is helpful to the therapy session.

Processing

Processing is whereby the therapist helps the client by bringing maladaptive behaviours into awareness and creating a situation in which change can occur. This is the tactic of the therapist to bring undesirable behaviour into awareness, simultaneously creating the conducive environment for change to can take place.

Interpretation

Interpretation is an intervention in which the medical social worker decides to forgo spontaneous insight by offering explanations considered to be more appropriate for the clients. The client's understanding of his or her current circumstance or behaviour and what exacerbates the situation

is often accompanied by emotion, distorted cognitions about reality and also lack of information. Patients are often so immersed in their difficulties that they cannot see them. It, therefore, leaves the therapist to provide a specialist interpretation of the problem at hand.

Contracting

Contracting refers to a mutual agreement between two or more parties to create something which is binding to all participants involved. It is the natural culmination of the first major phase and the introduction of the change-oriented (goal attainment) phase, hence it is the heart of the helping process. Contracting is the first thing to be done between the client and the medical social worker. The patient needs to know the dos and don'ts, so that the contract becomes therapeutic on its own. Contracting is active, flexible and motivate stakeholders to work on their problems. Contractual agreement enhances self-esteem since well-defined tasks must be accomplished and termination would be easy between the two since they follow stipulated conditions. In contracts, goals are valued much more than anything else. They specify what the clients wish to accomplish, and their desired changes in life situations. This corresponds to wants and needs which were identified when problems were explored and assessed.

Role-playing

Role-playing is used to gain an understanding of other people's experiences, developing new skills and creating self-awareness. The role-play technique can raise clients' self-esteem, nurture stress release and allow insight into things going on in their lives. It also offers them the opportunity to work through feelings that they do not have the words for. Role-playing is a pivotal instrument or vehicle being used to solve challenges faced by clients and is based on the fact that play is the natural medium of self-expression. Role-play is a type of technique where therapists allow clients to play during sessions, rather than simply sitting with and asking them questions about their problems. Role-play is extremely useful for adults as it is a holistic experience in that it invites clients' total being into the process.

Clarification

Clarification is also a therapeutic technique in that the therapist will be assisting the client to examine his or her personal beliefs and ideals and the relationship of those values to his or her behaviour. This is referred to as value clarification. The clarification technique is used to help the client to be more concrete and specific. For example, a therapist may ask, "So you mean you are unable to consider the lady as your daughter-in-law because of the totem issue?" Medical social workers use clarification as a better way to gain useful information and to get a clear understanding of the client's situation. Clarification involves non-judgmental questioning, summarising and seeking feedback and its accuracy.

Modelling

Modelling; as associated with behaviour therapy, is learning through imitation and observation of others. This technique emphasises vicarious learning and is the gist of behaviour therapy of learning by doing and seeing. The pros of this technique are that if the therapist is liked by clients, they are more likely to copy desirable behaviour from the clinician. Modelling is coping with what someone does. This can both reinforce existing responses and create the opportunity for developing new responses, through observing what others do.

Supportive therapy

Supportive therapy consists of emotional support which is given by the therapist to the client more than the usual act of comforting and reassuring emotionally overwhelmed and stressed clients. During supportive treatment, the medical social worker must accept the client's painful feelings unconditionally and with understanding. The medical social worker must support and motivate the client to have the strength to cope with the situation and develop a mindset to achieve therapeutic goals. Supportive therapy can be in the form of advice-giving, guidance, feedback material aid and services.

Emotional release

Emotional release is also known as ventilation or catharsis. During therapy, clients are encouraged to, if necessary, air out or empty their feelings and emotions as it is part of the therapeutic healing process. It is

safe and healthier to be done at a private and secure place. A good process ought to be done by the therapist such that the target person airs out his or her emotions. Therapists encourage clients to release their emotions to build trust, reduce anxiety, and initiate exploration of the problem. Ventilation has the effects of reducing anxiety and tension. The release of feeling involved can make the client aware of feelings which he or she was not previously conscious of. The purpose of emotional release is to help the client to talk about things on which he or she has strong feelings which are bottled up inside him or her, and bring out his or her emotions.

Bibliotherapy

Bibliotherapy is a technique used to assist individuals to overcome negative emotions related to a real-life problem by guided reading about the dilemmas of a third person, followed by individual or group discussion in a non-threatening environment. It is sometimes referred to as, biblioguidance, bibliocounselling, literatherapy, book matching or reading therapy. This technique is centred on self-help books which are used as therapy to clients through reading. Such books are written by authors who have experienced and overcame similar problems such as drug addiction, incest, depression, major illnesses, or other challenges. The therapist might find a story or book that involves a similar problem and that provides a solution. While reading the story with the client, the medical social worker might ask questions, relating the story to the client's life. He or she can ask questions such as, 'Have you ever felt this way?' to gain mutual insight as a way of unpacking and solving problems. One example of such books is *The Power of Praise*, in which the author narrates how she overcame most of her challenges. Bibliotherapy has the potential to assists clients by underscoring the helping process.

Roles of Medical Social Worker

According to Kerson and McCoyd (2010), medical social workers play many roles in helping patients and families in need. Medical social workers assess the psychosocial functioning of patients and families and intervene as necessary. They work in a multidisciplinary setting with other assisting professional disciplines such as medicine and nursing as well as physical, occupational, speech and recreational therapy. During the helping process, social workers endeavour to address questions on who

should intervene and when to do so. These interventions involve the following:

- Linking patients and families to necessary resources and support in the community such as preventive care, providing psychotherapy, supportive counselling, or grief counselling; or;
- Helping a patient to expand and strengthen their network of social supports (Gehlert and Browne, 2012).
- Restoring balance in an individual's personal, family and social life, to help that person maintain or recover his/her health and strengthen his/her ability to adapt and reintegrate into society (Kerson and McCoyd, 2010).
- Assisting patients to decide about appropriate health-care and other health services, initiating support group discussions, providing support to patients with severe or protracted illnesses and giving individual counselling (Chitereka, 2012).
- Coordinating discharge planning of patients from the hospital.
- Facilitating arrangements for in-home medical equipment for patients and their families, accessing in-home health-care services, coordinating follow-up treatments, providing transportation and referring patients to social service agencies working in the community (Chitereka, 2012).
- Referring to patients who fail to meet treatment costs and transport fares to the Assisted Medical Treatment Orders and travel warrants issued by the government, respectively.
- Conducting psycho-social, physical and spiritual assessment for determining the resilience and strength of the patients, their families and community support systems within the society.
- Educating the patient's family on bio-psycho-social requirements of the patients and how they can acquire resources; and mediating familial skirmishes.
- Helping patients and their families understand a particular illness, work through the emotions of a diagnosis, and provide counselling about the decisions that need to be made (Parmer, 2014).

Challenges for Medical Social Work Practice in Zimbabwe

Although Zimbabwe adopted the medical social work approach from Britain, it has failed to meet the health needs of its citizens. Currently,

the country is going through socioeconomic difficulties which are grossly affecting the provision of medical services as there are shortages of medical staff and much-needed resources across public health facilities. Medical Social Workers, therefore, have the burden of linking service users to access available alternative care. In most countries like Zimbabwe, there is a dire need to increase awareness regarding Medical Social Services Projects (MSSPs) to the general public and, concomitantly, demands for improving the infrastructure and financial needs of these MSSPs. The rural population has much lower health facilities since the majority of hospitals and doctors are located in big cities. The same situation is true for Zimbabwe where Medical Social Workers are mostly found in Central and or Provincial hospitals which are all located in big cities. Even at these big hospitals, there is often only one Medical Social Worker aided by interns attending to all the patients served by the hospital. Coupled with very low and unattractive salaries, this field is seldom chosen by prospective practitioners. Moreover, Chitereka (2012) argues that brain drain has largely contributed to the shortages of social workers in general and extends to those who worked in the medical services as they migrated in search of greener pastures.

Conclusion

This chapter has laboured to provide insights regarding medical social work practice in Zimbabwe. The practice in Zimbabwe is not new but remains an unknown profession. This is largely because most medical social workers work in secondary settings such as hospitals where the medical profession dominates. The visibility and effectiveness of medical social workers can be enhanced by employing them from the district to central level.

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CHAPTER 4

SOCIAL WORK PRACTICE WITH REFUGEES: CHALLENGES AND PROSPECTS

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Introduction

Social work with refugees is increasingly becoming an important domain of practice in Zimbabwe and beyond. This is because refugees are often associated with a range of psychosocial and economic problems for which social workers have requisite competencies to handle. This chapter defines the notion of refugees, demonstrates its historical antecedence and discusses the legislative foundation of refugee protection in Zimbabwe, including the country's committal to different international conventions and protocols. Furthermore, the chapter outlines some of the key factors responsible for attracting refugees into the country. The discussion then moves to elaborate on the general scope of social work services available to refugees before delving into a poignant discussion of the specific services offered to refugees in Zimbabwe. It then closes off with an analysis of the challenges associated with hosting refugees in Zimbabwe.

What is a Refugee?

A refugee is any person who flees his/her country because of well-founded fear of persecution based on his/her race, religion, nationality, membership in a particular social group or political opinion and is unable and or unwilling to seek protection in his/her country of origin (Douglas, Cetron & Spiegel, 2019). The concept incorporates those people who voluntarily or involuntarily move from their natural homes to other countries or regions due to an assortment of factors including the need for

safety and protection or in search of better socio-economic opportunities (Rutinwa, 2017). There are different ways through which refugees are classified. Thakur (2016) identifies six different kinds of people who flee their natural abodes in search of protection elsewhere including refugees; asylum seekers; Internally Displaced Persons (IDPs); stateless persons and returnees. The scholar describes asylum seekers as those claiming refugee status but has not been evaluated in the host country whilst Internally Displaces Persons (IDPs) have not crossed international borders, but have moved to different regions in their home country. Thakur (2016) sees stateless persons as those without a recognised nationality; who cannot access basic services in any country whereas returned are persons returning from exile into their country.

Development of Refugee Protection Services in Zimbabwe

Soon after independence in 1980, the post-liberation war government of Zimbabwe was confronted with an ever-growing burden of refugees coming mainly from warring Mozambique and the highly polarised South African which was still under the apartheid government. The newly established government of Zimbabwe felt morally compelled to welcome and provide protection to refugees from the region and beyond as a means of returning the favour granted to thousands of liberation war fighters and the general citizenry of the country that had been accommodated in neighbouring countries during the protracted struggle for freedom. The then flourishing economy of the country which was described by Julius Nyerere of Tanzania as the "Jewel of Africa" also acted as an attraction to hordes of refugees seeking to cash in on it.

Formal refugee protection services in Zimbabwe commenced three years after independence when the country moved to develop a requisite legislative framework. Chikanda and Crush (2016) note that before 1983 when the Refugee Act was enacted, refugees who came into the country were self-settling in local communities; with many of them taking up menial jobs as domestic workers, farm and mine labourers while others acquired portions of land and started practicing agriculture in communal areas. The introduction of the Refugee Act signalled the onset of formal regulation of refugee issues in Zimbabwe. Along with the other provisions, the Refugee Act enabled for the designation of a special office of the

Commissioner for Refugees which; among other things, is responsible for conferring refugee status and performing an oversight role in the establishment, maintenance, supervision of refugee protection services and infrastructures in the country. Additionally, the Act impugned self-settlements by refugees and entrenched the encampment model of refugee protection which underscored the establishment of rural refugee camps. The Tongogara, Mazowe River Bridge, Nyamatikiti, Nyangombe and Chambuta refugee camps are some of the early outcomes of Refugee Act. The country also moved to establish a referral refugee facility in Waterfalls, Harare known as the Waterfalls Transit Centre (WTC) which is responsible for accommodating newly arrived refugees who are either on their way to other destinations or to Tongogara Refugee Camp which is now the main centre in the country. Alongside the establishment of refugee camps, the Zimbabwean government also rolled out an extensive repatriation programme which assisted those who were willing to go back to their home countries at the cost of the state.

As the refugee protection system in Zimbabwe evolved, the country diversified from a strictly rural encampment model to include urban settlements. The urban settlement model entailed that refugees who could provide satisfactory reasons as to why they need to stay in urban areas are allowed to do so. Among some of the reasons considered compelling enough for urban settlement include the need for medical attention, employment or pursuance of an academic programme. Under the urban settlement option, refugees are given identity documents by the government and are released from assistance programmes.

The improved political climate in the SADC region, particularly in Mozambique which used to generate a lot of refugees who sought protection in Zimbabwe, has seen the number of refugees significantly going down from a peak of 175 000 in 1989 to 19 911 in 2019 (Chikanda, 2019). The declining number of refugees in the country has been attributed to the deteriorating social and economic situation which saw many refugees relocating to other countries such as South Africa and Botswana that have better performing economies. With dwindling economic fundamentals and significant reductions in the number of

refugees, Zimbabwe closed some of its refugee camps except for Tongogara Refugee Camp and the Waterfalls Transit Camp.

Whereas in the past, refugees who sought protection in Zimbabwe mainly came from Mozambique and later on South Africa, recent statistics are showing that the country is increasingly attracting expatriates from further afield including from countries such as Democratic Republic of Congo, Rwanda, Ethiopia and Somalia, among others. Currently, Zimbabwe is transitioning from the rural encampment and the urban settlement policies towards adopting the Graduation Approach which underscore the importance promoting sustainable livelihoods among refugees. Under the provisions of this approach, refugees are given the right to participate in economic activities and have greater freedom to move around in the country.

The Legislative Framework Guiding the Protection of Refugees in Zimbabwe

Indubitably, ensuring the welfare and protection of refugees is increasingly becoming an important function of social workers and a fiduciary responsibility of the Zimbabwean government and its allied development partners. This is because the country is a signatory to various regional and international protocols and conventions which provide for the protection of foreign nationals who flee from an assortment of dangers. Primarily, the protection of refugees in Zimbabwe is a given right which is provided in a number of international, regional and local conventions, legislations and policies to which the country has acceded. Key among the refugee protection legal instruments in the country is the 1951 United Nations Convention Relating to the Status of Refugees and its subsequent protocol which was ratified in 1967. This is in addition to the Organisation of African Union (now African Union) Convention Governing the Specific Aspects of Refugee Problems in Africa which was established in 1969 and came into effect in 1974.

Despite having acceded to the 1951 and 1967 conventions, Zimbabwe registered reservations regarding several Articles of these conventions including *Article 17* on wage earning employment for refugees; *Article 23* on state sponsored public relief for refugees; *Article 24* on social security

for refugees and *Article 26* which provides refugees with freedom of movement (Govere, 2017). While international and regional instruments provide a framework of refugee protection, the day-to-day management of their issues in Zimbabwe is guided by the1983 Refugees Act [Chapter 4:03] which infuses the provisions of the 1951 and 1967 conventions into one domestic instrument. Additionally, refugee protection services are also premised on the dictates of the Immigration Act [Chapter 4:02] which; among other things, establishes grounds for the awarding of refugee statuses. Zimbabwe's refugee protection system is secondarily premised on the following legal conventions, statutes and instruments:

- The United Nations Convention on the Rights of the Child
- The 1948 United Nations Universal Declaration of Human Rights
- The African Charter on the Welfare and Rights of Children
- The Convention Relating to the Status of Stateless Persons 1954
- The Zimbabwean Immigration Act
- The Zimbabwean Children's Act
- Constitution of Zimbabwe [Amendment No 20 Act of 2013]

Key Principles of International Refugee Protection

Fundamental to the process of international protection of refugees are the key principles of protection which include the right to admission for all asylum and refugee seekers which is underscored in Article 31 of the 1951 Convention (Govere, 2017). The principle bequeaths an express right to all persons to cross boarders in search of asylum. Additionally, Article 33 of the 1951 Convention underscores the principle of No-refoulement (non-return policy) which prohibits the expulsion of refugees back to countries from where they flee violence, persecution or disasters. International law also provides for the protection of refugees from arrest and detention unless such act is manifestly supported by law. There also continue to be diplomatic engagements on the need to ratify the principle of shared responsibility (Bauböck, 2018). Among other things, the Shared Responsibility principle entails the need for equitable sharing of the burden of hosting and supporting the world's refugees, while taking account of existing contributions and differing capacities and resources among states (Bauböck, 2018).

Non-State Stakeholders in Zimbabwean Refugee Protection System

Refugee protection work in Zimbabwe is not solely a state responsibility as there are other key stakeholders; including global governance organisations and non-governmental organisations which play pivotal roles in financing and facilitating refugee protection work. Table below presents some of the non-state actors who contribute to refugee protection in Zimbabwe.

ORGANISATION	SERVICES OFFERED
GOAL Zimbabwe	Water, sanitation and livelihood activities
Terre-des Homes	Health and Educational programmes
World Food Programme	Food security
Jesuit Relief Services	Pastoral and livelihood activities
Jesuit Refugee Services	Pastoral and skills training programmes
Christian Care	Relief and development programmes
International Committee of the Red Cross	Social Welfare, Health care, Family reunification programmes
Child-line Zimbabwe	Child protection services
United Nations High Commission for Refugees (UNHCR)	Refugee protection activities Health care services Education Food security and nutrition programmes Water and sanitation Shelter Energy supply services Community empowerment and self-reliance programmes

Table 4.1: Some of the stakeholders in refugee welfare in Zimbabwe

Pull Factors for Refugees in Zimbabwe

Ironically, amid many internal social and economic challenges, Zimbabwe has continued to be a lucrative destination for refugees. Statistics provided by Chikanda (2019) shows that as of January 2019, there were 19 911 persons of concern in Zimbabwe of which 13 367 were formally registered as refugees, asylum seekers and other persons of concern. With reference to Ravenstein's (1889) "law of migration" which stipulates that migrants often move from places of lesser opportunities to those with higher levels of opportunities and economic circumstances, Ehrkamp (2017) writes that the preponderance of refugees in a particular country is always linked to some pull factors in such jurisdiction. Defined as the factors which attract people into a particular country or region; pull factors are premised on the perceived and actual benefits of being in a particular area or country (Morgan, Crooks, Sampson & Snyder, 2017). Pull factors are always juxtaposed with push factors which are construed as those undesirable factors which drive people away from their natural homes or present locations. Explained in terms of the push and pull factors, migration is understood to be premised on four fundamental factors including those relating to geographical origin, geographical destination, intervening obstacles and personal factors. In this section we explore factors responsible for making Zimbabwe a lucrative refugee destination.

Humanitarian Protection

According to Lischer (2017) approximately, 5 to 10 percent migrants every year are persons seeking humanitarian protection owing to a multiplicity of factors. In this sense, any country, with a good record of graciously receiving and protecting refugees becomes lucrative to those in search of protection. In essence, a country's stance as regards to the protection of refugees is demonstrated by its membership to international conventions and other treaties on humanitarian protection of refugees. This is further consolidated by a country's commitment to crafting and enacting of domestic legislations which give legal effect to the protection of refugees (Long, 2013). Generally, Zimbabwe has a long running history of protecting refugees. The UNHCR (2013) writes that the asylum climate in Zimbabwe is positive with all those requiring protection being afforded

access and relevant procedures being followed. This accounts for the preponderance of asylum seekers in the country.

Religious Pluralism and Tolerance

One of the major push factors forcing people to move from their home countries or regions is religious persecution and oppression (Turkoglu & Chadefaux, 2019). Hatch (2016) writes that historical migrations such as that of Pilgrims and Puritans who settled in Massachusetts, Roman Catholics in Maryland, Huguenots in the Hudson River Valley and South Carolina as well and Quakers in Pennsylvania were all propelled by the desire for religious freedom. In addition to a political and legislative climate that support humanitarian protection to those fleeing persecution and other forms of dangers which threaten their lives, Zimbabwe offers a lucrative religious environment underlain by the acceptance of religious pluralism and tolerance. This makes the country attractive to those fleeing from religious oppression.

Relative Peace and Security

Regional leaders in Africa have continued to reiterate the need to silence the gun in many parts of the continent, particularly in the horn of Africa where political, religious and ideological differences have been responsible for raging civil wars that have caused tremendous suffering for local populations (Bariagaber, 2016). This has caused the traction of many people, particularly women and children in search of protection elsewhere. Among the major conflicts that have generated many refugees in Africa are political clashes in Sudan, the Democratic Republic of Congo and Mozambique (Bariagaber, 2016). Zimbabwe has been enjoying relatively stable peace and security and this has continued to be attractive to populations domiciled in conflict ravaged territories and regions. Adding to this positive and attractive outlook, Zimbabwe has a receptive and tolerant population and institutions which are friendly to expatriates (Johanne & Alex, 2017). While these factors are attracting refugees from around the world to Zimbabwe, the country's strategic location which makes it a corridor through which inland populations from war torn territories access Southern Africa is also responsible for the high refugee activity in the country (Mhlanga & Zengeya, 2016). Additionally, the

proximity of the country to conflict afflicted Mozambique means that many refugees from that country flock to the nearby Tongogara Refugee Camp on humanitarian grounds.

Better Standard of Living

In recent years, migration patterns have largely been underlain by the need for better economic conditions and opportunities (Ehrkamp, 2017). On realising the deficit of opportunities in their own societies, people who are domiciled in poor regions and territories skip their borders to become economic refugees elsewhere (Bauböck, 2018). The economic situation in Zimbabwe has not been very much inspiring to be able to attract economic refugees. Instead, the country has been generating and dispensing economic refugees into neighbouring countries and theworld at large (Chikanda, 2019). However, Govere (2017) notes that despite the current economic quagmire in Zimbabwe and the concomitant reservations to various articles of the 1951 convention on the protection of refugees, particularly the clauses which deal with employment and restrictions to freedom of movement, the country has continued to be lenient to asylum seekers. According to the UNHCR (2013) skilled asylum seekers continue to be given work permits and are allowed to move out of Tongogara Refugee Camp to settle in towns and other areas where they engage in various economic activities. This freedom provides an incentive for migrants to consider Zimbabwe as a preferential host country.

Nature of Services Available for Refugees in Zimbabwe

In Zimbabwe, the refugee protection sector provides a number of services which are designed to offer the best possible protection safeguarding the welfare and well-being of expatriates. The ensuing section provides an in-depth discussion of the key services provided by the Zimbabwe refugee protection system.

Shelter

As already indicated elsewhere in this chapter, Zimbabwe's refugee protection system is largely informed by the encampment policy which entails that refugees are statutorily required to stay within a designated

facility. This requirement means that the Zimbabwean government and allied development partners are responsible for building and maintaining accommodation for refugees. However, evidence shows that accommodation is scarce at Tongogara Refugee Camp, with reports indicating that some refugees have been living in tents for unbelievably long periods while others have constructed their own makeshift mud houses.

Education

In sync with the country's main ideology of empowerment through education, the Zimbabwean refugee protection system offers educational programmes designed tobenefit refugee children. The government of Zimbabwe built and is responsible for funding the operations of Tongogara Primary School and St. Michaels Secondary School at Tongogara Refugee Camp. The schools provide free educational services to refugees and their children. Additionally, refugees reportedly have access to tertiary education opportunities at Chipinge College of Horticulture which is located adjacent to Tongogara Refugee Camp. More so, indications are that Tongogara Refugee Camp also offers vocational training courses in upholstery, carpentry and cosmetology. According to Chikanda and Crush (2016), there are opportunities for individuals and families with free funds to enrol for university programmes outside the refugee facility. However, according to UNHCR (2013) despite the many educational opportunities available to refugees in Zimbabwe, there is a worrying trend of high school drop-outs due to circumstances of early marriages and teenage pregnancies.

Health

Zimbabwe also offers primary health care services to refugees. A clinic was constructed at Tongogara Refugee Camp where all refugees have free and easy access to good quality primary health care services. In line with the country's medical referral system, complicated medical problems which cannot be handled by the clinic are referred to Chipinge and Mutare hospitals. However, there are reports that the health care services are affected by *inter-alia* shortage of medical supplies and lack of ambulances to ferry patients to referral hospitals.

Child protection

Refugee protection in Zimbabwe also includes the provision of child protection services. These services include identification of unaccompanied minors and separated children as well as facilitating their placement in alternative care and supervising these placements towards ensuring good quality care for refugee children. Child protection services in Zimbabwean refugee facilities also include availing of educational opportunities and the provision of supplementary nutrition. Mhlanga and Zengeya (2016) note that child protection services in Zimbabe also include tracking of the families of separated children and facilitating reunifications. Additionally, in the country's refugee facilities, child protection services encompassing helping refugee children in acquiring requisite documentations such as birth certificates. However, there are some significant gaps in the nature and quality of child protection services offered to refugee children. According to the UNHCR (2013), authorities mainly focus on structural child protection issues and thereby overlook some pertinent indicators such as high rates of school dropouts, child marriages, unplanned pregnancies among girls of school going ages, complaints about the quality of care in foster care, transactional sex involving children as well as child labour which points to challenges in care offerings in refugee facilities.

Psychosocial support

Refugee protection work in Zimbabwe also includes the provision of professional psychosocial support to help expatriates to cope with their changing life circumstances. Professionals such as social workers and psychologists are employed by the government and allied refugee protection development partners to provide counselling and other expert services to assist refugees with navigating their difficult situations. However, indications are that there is serious shortage of psychosocial professionals to sustainably assist all refugees.

The Scope of Social Work Services in Refugee Settings

Social work with refugees is a relatively unfamiliar, but rapidly growing phenomenon around the world. Indications are that its emergence and growth were largely inspired by the need to respond to the psychosocial

problems of refugees and asylum seekers. With the growth of the profession in the refugee sector, social workers are now providing a range of professional and well recognised services. Some of the prominent roles played by social workers are summarised as follows:

- Among the key functions of social workers in the refugee camps is receiving and registering new refugees, assessing their needs and providing appropriate interventions (Shaw & Funk, 2019). In these functions, social workers use their expert psychosocial knowledge and skills to evaluate the clients' needs; including the level of social functioning of each refugee towards designing appropriate interventions. Evidence abounds showing that during their transit, refuges encounter an assortment of traumatic experiences which lead to the development of vicarious psychosocial problems. To this end, social workers intervene to provide a range of services including psychosocial counselling, making professional referrals to specialist services (Vickers, 2016) and working as case managers responsible for helping clients in dealing with their physical and mental health conditions towards mitigating both short- and long-term outcomes of these conditions (Vickers, 2016; Govere, 2017).

- Social workers in refugee settings also provide specialist services such as facilitating community development initiatives targeted at strengthening the capacities of refugees in the face of changed social, economic, cultural, political, familial and religious situations (Al-Qdah, & Lacroix, 2017). Social workers utilise their community development and mobilisation skills to assist refugees in settling into their new environments where they face a plurality of challenges including poverty, discrimination, exclusion and uncertainty.

- Furthermore, social workers also engage in advocacy work for and on behalf of refugees. Notably, refugees face several daunting social, economic and legal circumstances which they cannot navigate on their own (Robinson & Masocha, 2017). Social workers in refugee practice therefore intervene by advocating for social justice both for individual refugees and for the refugee population in general. Additionally, social work with refugees also involves embarking in policy advocacy, specifically campaigning for the development and implementation of legislations and policies for the improvement of the livelihoods and the overall refugee protection system and its outcomes. To this end, social

workers undertake empirical research and make publications which expose policy and practice gaps and at the same time lobby for the rights and improvement of the welfare of refugees and asylum seekers.

- Social workers in refugee practice are also involved in conceptualising and coordinating fund raising activities towards supporting refugee protection work. According to Ostrander, Melville and Berthold (2017) in many developing countries, refugee work is seldom funded and this prompts social workers to write proposals to seek funding to bank roll interventions and other requisite operation. Additionally, they undertake various administrative tasks in the day-to-day management of refugee facilities.

- Social workers also play pivotal roles in assisting refugees with the process of integrating into their new communities. Upon entering a refugee centre, refugees often face hostile, repulsive and unfamiliar environments and the process of finding their feet in this socio-economic jungle is cumbersome and overwhelming. Social workers, therefore, intervene to assist newcomers with undertaking requisite formalities as well as for settling in.

- The practitioners also play pivotal roles in helping their clients to accept and adjust to their changed social and economic realities and facilitating their integration into local communities and cultures. To this end, social workers are involved in designing and implementing culturally inclusive programmes which encourage the expatriates to blend in and also mobilise local communities to accept and support refugees.

- Social workers also help in expediting the processes of tracing the families and other support structures of separated refugees, particularly unaccompanied minors and children.

- They are involved in the task of receiving unaccompanied minors and separated children and facilitating processes of reuniting them with their families. According to Mitschke et al. (2017) the process of reuniting separated refugees involves tracing and verifying contacts and managing travel logistics for and on behalf of the refugees.

- Social workers also play pivotal roles in placing separated and unaccompanied minors in places of safety where they receive requisite care and support (Robinson & Masocha, 2017).

- Lastly, social work practitioners in refugee practice undertake supervisory roles over the care and protection of refugee children in alternative care placements and offer expert support to alternative caregivers.

The Downside of Hosting Refugees

Without lasting solutions to the foundational factors forcing people to seek asylum in other countries, many refugee host countries are increasingly becoming impatient and hostile towards refugees. This is partly due to the perceived peace and security threats associated with an influx of refugees in host countries. More so, due to the volatility in the economic fundamentals of many countries lately, refugees are increasingly being perceived as unwanted baggage and a strain on local resources such as schools, hospitals and employment opportunities. Johanne and Alex (2017) note that the disdain for refugees by communities of host countries has also been attributed to the growing threat of terrorism that has; in some incidents, been found to be perpetrated by them.

There has been growing interests by researchers from across disciplines and geopolitical locations to identify and explain the intersection between peace, security and the exponentially growing phenomenon of refugees. There are thriving myths and perceptions that an influx of refugees in receiving nations has a negative effect on internal peace and security of those countries. This has seen increasingly many societies considering refuges to be synonymous with terrorism and threats to local social, cultural, political and economic stability. A typical example is the United State of America under the current Trump administration which openly pronounced its disdain for asylum seekers from countries that experienced Islamic-extremist violence such as Syria and Iraq (Brakel, Kester & Potter, 2017). However, available research evidence has been noted to indicate that there is no co-relationship between refugees and terrorism.

Additionally, hosting refugees has been noted to be associated with threats of social, economic and political instability. Hordes of unexpected newcomers who are often unbudgeted for impose serious pressure for resources on their hosts. Chikanda and Crush (2016) write that given the volatility in African politics and governance systems, it has remained very

difficult for countries which host refugees to predict, let alone plan and control refugees. Unanticipated shocks often happen, much to the disruption of set plans and budgets. This results in governments being blamed for poor service delivery. In South Africa, refugees remain a thorny issue for the government as citizens continue to blame poor service delivery on the influx of refugees. This often results in service delivery protests. Perceptions that refugees are responsible for social and economic woes in host nations have also been found to instigate incidents of xenophobia by local communities (Leonard & Kaunert, 2016). Worsening the situation is the observation that after the push factors in the home countries of refugees are resolved and normalcy is restored, many expatriates seldom want to go back, especially if their host nations have better economic opportunities (Curry et al., 2019). This leaves the hosts frustrated and, in some instances, provokes incidents of xenophobia.

Additionally, in this age of global pandemics, there are fears that refugees act as conduits through which diseases are diffused into other countries (Jones, Haeghebaert, Merlin, Antona, Simon, Elmouden & Chaud, 2016). This is because, in some instances, refugees enter into their host countries through undesignated entry points. This means they can easily escape proper screening for diseases, thus exposing their host countries to sickness.

Many host nations have entered reservations to article 17 on wage earning employment for refugees. This means that refugees cannot legally work in their host nations (Curry et al., 2019). It forces them to look for alternative means of earning livelihoods in addition to the often-insufficient humanitarian provisions by their hosts and other international humanitarian organisations (Ramachandran, Crush & Tawodzera, 2017). One of the alternative means adopted by refugees is resorting to crime; including theft, robberies, working as runners for drug lords and being drug dealers themselves. This places the host nations at risk of developing negative cultures and wide spread social ills associated with drugs

Conclusion

Social workers occupy an important niche in the grand scheme of refugee protection. Social workers operating in refugee settings undertake various important interventions which fulfil the requirements of humanitarian protection as described in various international and regional conventions. Zimbabwe still has a long way to go in terms of capacitating social workers to deliver high quality refugee services. Conditions in refugee camps are still deplorable and social workers could provide the much-needed respite if they are adequately capacitated. More research into how social work could help in refugee settings ought to be undertaken. It is not acceptable for social workers operating in Zimbabwean refugee settings to be excessively informed by extraterritorial methods. There is a need to ensure that the operations of social workers in the sector are grounded in knowledge and methods which have resonance with local realities and subjectivities. Academics ought to develop special educational programmes to equip social workers to be able to deliver high quality interventions.

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CHAPTER 5

HUMAN TRAFFICKING

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Introduction

Human trafficking is a global phenomenon, where victims can be moved illegally within a country and beyond its borders. It is an unethical, immoral and criminal activity which undermines the dignity, free-will as well as liberty of its victims. Globally, it has affected millions of people, turning into a multibillion-dollar industry where a few individuals are benefiting from violating vulnerable groups. The crime of trafficking in persons can occur within the country or transnationally. Men, women and children are consigned into unpaid labour, sexual slavery, and forced military conscription at astounding numbers every year. The victims can be exposed to organ removal, begging, forced marriage and forced criminality (Burke & Brujin 2017). This differentiates trafficking from smuggling, because individuals may follow legally provided transit or movement while retaining their freedom. Coercion, deception or fraud may not always be the case with some victims knowingly and voluntarily being trafficked as a result of poverty or other difficult socio-economic circumstances. Trafficking is further associated with remuneration or benefit tied to perpetrators' eventual direct or indirect control over the victim. Gesinde and Elegbeleye (2011) equate it to modern day slavery with Barner, Okech and Camp, (2014:151) defining slavery as the "permanent, violent domination as well as discrimination of persons." This chapter, therefore, provides a social work perspective on human trafficking to highlight areas for practice and intervention. It is proposed that human trafficking be viewed as a system, with social work intervention being informed by all parts or aspects of this system.

What is Human Trafficking?

Human trafficking is clearly defined by the Palermo Protocol (2000:) as, the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of fraud, of deception, of the abuse of power or a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. In this regard, it is the illegal movement of persons from one area to another with the main outcome being abuse, exploitation or any other inhuman and degrading act orchestrated by perpetrators.

There are varied definitions of human trafficking, characterised by three main commonalities. These are; the intent or purpose to exploit, the illegal activities conducted and the method by which it is undertaken. The intent to exploit suggests that human trafficking is planned rather than incidental and is not meant to be mutually beneficial. The notion of criminality or illegal activities conducted points to the subversion of the victims' rights and violation of national as well as international rights protection instruments. The method used by perpetrators is a key part as it underpins how victims are integrated into the system of trafficking. The intent can be viewed as the output, while the illegal activities refer to the process involved and the methods focus on how victims are turned into inputs within the system of trafficking.

The Protocol to Prevent, Suppress and Punish Trafficking in Persons (referred to as the Parlemo Protocol) adopted by the United Nations General Assembly in 2000, is one of the key international instruments that identify, delimit and address human trafficking (Banner et al., 2014). Article 3; Paragraph (a) of the Protocol includes elements pointing to an intent, method and the activities conducted to lure or coerce victims into trafficking. A fundamental aspect of the definition provided is the exploitation of the victim's vulnerability. The delimitations presented by the Protocol are necessary towards determining what constitutes human trafficking or trafficking in persons as well as the constituent aspects or

elements of the offence. The definition is critical as domestic legislation and the grounds with which to prosecute offenders may be informed by the protocol at the country level.

Understanding what constitutes human trafficking is essential for social work praxis, which; owing to its eclectic nature, would focus on the prevention of trafficking in persons, the protection as well as rehabilitation of victims. It is important to further note that in the context or milieu of movement of persons there are some crucial distinctions to be made in regards to terminology used, circumstances presented and treatment given. As rightly conveyed by Kleemans and Smit, (2014:381) 'countries have different responsibilities as well as responses towards, refugees, migrants and persons that have been trafficked'. This insinuates context-specific interventions, particularly within the premise of social work practice which is characterised by remedial as well as pro-active approaches in addressing societal challenges or problems.

Types of Human Trafficking

Following the definitions provided by international legislation, different types of human trafficking occur within and across countries. These categorisations, are premised on purpose or reasons for trafficking in persons and can be stated as sexual slavery or trade, forced labour and domestic servitude. As a signatory to international legislation on trafficking in persons, Zimbabwe must enforce measures at local level to prevent these crimes from occurring, prosecute perpetrators and rehabilitate victims.

An Office to Monitor and Combat Trafficking in Persons, was established within the United Nations Department of State (USDOS) and serves to report on the global compliance of countries to the convention and its protocols (Banner et al., 2014). The Trafficking in Persons (TIP) report classifies countries under tiers, according to all efforts made to combat all forms of trafficking within their borders.

The first tier is comprised of countries that are compliant with international trafficking laws and work to eliminate TIP to the minimum standards of the Trafficking Victim Protection Act (TVPA). Tier two

consists of countries that are not wholly compliant but have made significant progress in addressing human trafficking. A watch list exists for countries within tier two to prevent them from entering into Tier three. The third tier is characterised by governments that do not meet the minimum standards presented and are not making any significant effort towards addressing TIP.

Conceptual Framework: Human Trafficking as a System

Lutya and Lanier (2012) posit that theory integration is necessary towards understanding human trafficking. To this end, they merge concepts and the best elements of victimology, constitutive criminology, rational choice, demand and other economic theories to best explain the phenomenon of human trafficking. It is perceived that human trafficking consists of a network of variables necessitating the use of multiple theories to explicate its occurrence, and the overall manner in which it transpires or operates.

Teya and Kurebwa (2019:42) view human trafficking as "having multiple players from differing and diverse backgrounds", resulting in the need to also consider several frameworks to scrutinise or elaborate on the processes of human trafficking. They also make use of and give reference to economic theory as well as victimology within their explanation of human trafficking. In cognition of the notable integration of theories, this chapter advances the contention that human trafficking could be analysed and treated as a system.

As a conceptual framework, we contend that a system comprises inputs, outputs and transformation processes; with victims of trafficking being regarded as merchandise. Human trafficking is a product-driven phenomenon that thrives on the availability of trafficking victims and demand by consumers. The notion of a system engenders a global overview that ties in elements of rational choice demand and economic theories as well as criminology. Essentially, perpetrators commit human trafficking, as the utility, and benefits of the crime may substantially exceed legal work. There may further be a constant demand for supply, which acts as an incentive for the acquisition of more victims into the system. Witt and Witt (2002) in Teya and Kurebwa (2019) note that

another component of the theory is the aspect of minimal punishment for the crimes committed. This can be seen as another driver for human trafficking by creating a conducive environment, within which the system may easily take root and flourish.

When used to analyse human trafficking, victimisation and criminology assist in examining the minds of victims as well as protagonists within the system. Victims may be captured or enter into the system voluntarily or involuntarily but ultimately end up at the mercy of protagonists of human trafficking. Victims who go through the system may face irreparable psychological and emotional harm. Any intervention or response must be cognisant of the processes within the system, including the unique experiences of trafficking victims. To this end, Ross-Sheriff and Orme (2015) assert that social workers must adopt a multi-dimensional as well as a systematic approach towards human trafficking, through efforts aimed at prevention, education, intervention, advocacy and capacity building. By also taking into consideration the full components, operations and processes of human trafficking as a holistic system, social workers may become more effective in their professional engagement with victims as well as other related participants at macro and mezzo levels.

With its fair share of victims that have been caught up in human trafficking networks and exhibiting its typical components, Zimbabwe has become a corridor in this global system.

Trends in human trafficking

The United Nations Office for Drugs and Crime (2016)'s Global Report on Trafficking in Persons highlights that 51% of identified victims of trafficking are women, 28% children and 21% men. Statistics provided further by the report indicate that 72% of persons trafficked for sexual purposes or the sex industry are primarily women. The report also reveals that 63% of traffickers are men, with a portion of about 37% of women taking part and actively contributing to criminal activities towards trafficking in persons. An estimated 43% of victims are trafficked intra-nationally, which is within domestic borders.

Dodo and Dodo (2012: 146) observe that "most victims of trafficking, have been trafficked from countries such as Somalia, Burundi, Mozambique, Malawi, Democratic Republic of Congo (DRC) and Zimbabwe to the United Kingdom (UK), South Africa (SA), China, Australia, Canada, New Zealand, Botswana and Dubai mainly for labour exploitation with regards to men and sexual exploitation with regards to women and girls." Only a minute portion is being trafficked for use in rituals. It can therefore be argued that economic considerations are key in human trafficking. This is aptly put forward by Lutya and Lanier (2012) who argue that human trafficking is based on an active cost-benefit analysis by perpetrators who take into account push factors that outweigh the possibilities of being prosecuted when considering the economic or material gains to be made.

Push and pull factors

There is a plethora of factors that precipitate people's vulnerability to human trafficking in Zimbabwe and beyond its borders. These factors propel or entice individuals /victims to succumb to human trafficking, not by design but by default. These factors include poverty, unemployment and lack of income generating opportunities, poor health opportunities, the HIV and AIDS pandemic (which has seriously eroded the social fabric of society leaving orphaned children to exploitation), natural and man-made disasters, political instability, absence of deterrent legislations and poor institutional systems.

In Africa, the above factors are exacerbated by the porosity of borders between states, demand for human organs for transplants as well as need of docile and cheap labour that can easily be manipulated. In a review of existing migration, Alicja Jac-Kucharski (2012) hypothesises that economies, levels of democracy within countries and existing legislative frameworks are the primary causes of trafficking within and around countries.

At the individual level, factors such as vulnerability, desperation for livelihood and ignorance about what may happen (Dodo & Dodo, 2012) may lead to the integration of persons into trafficking. Gacinya (2019) highlights that traffickers often take advantage of the situation by making victims believe that they offer viable solutions out of poverty. Gesinde, and

Elegbeleye (2011) posit that human trafficking in Africa comes as a result of promise of better living circumstances, leading to many individuals being trapped and exploited as cheap labour in more affluent countries. The authors also point to the difficult circumstances created by war and political instability, resulting in the capture of children as child soldiers.

Process of Human Trafficking

Human trafficking is characterised by a number of distinct phases. To conceptualise these phases, the following classifications are proposed in relation to victims' perspectives. The first phase is entrapment or capture, followed by transit and eventually exploitation. Entrapment refers to how women, children and men enter into the system of human trafficking through either coercion, deception or violence. Within the system, they enter into the next phase, which is transit. This encompasses their movement to or near a holding facility or their final destination. It is normally during or near the end of the transit phase that victims discover the truth of the intent of the perpetrators and the outcome of their journey. Following this phase to ensure the victims do not escape or serve their purpose well, the victims are met with torture violence and re-conditioning or grooming. Communication with the outside world is cut off or severely restricted. Personal belongings; in particular identification documents such as passports, are often taken and destroyed, further eliminating the ability of the victims to return home or find alternative employment.

At some point the exploitation phase begins and it varies in nature, duration and cruelty. It is also the phase where the proponents of human trafficking make their most earnings and achieve their goals. The process in regards to the perpetration of human trafficking is largely shaped or structured in a manner which is similar to a business. Being a form of organised crime, there are codes of conduct, specialisations and areas which they concentrate or work in affiliate organisations, operational tactics as well as niches. The system of human trafficking is characterised by chains or networks, where victims are dehumanised, viewed as merchandise and moved from one point to the other.

Human Trafficking Laws

Zimbabwe is a member of a community of nations bound together by the desire to enhance cooperation, development and elimination of crimes of any nature. Being a member of the international community, the country is a signatory to a plethora of legal instruments in the form of conventions and protocols that are meant to enhance cooperation, bring development as well as uphold human rights. It, therefore, suffices to highlight that in the fight against human trafficking, Zimbabwe acceded to the international treaties. In turn, the country also domesticated the fundamental provisions of the international treaties through acts of parliament. The following legal regimes have been adopted to prevent, suppress, punish and codify human trafficking as a crime:

- United Nations Convention against Transnational Organised Crime (UNCTO). The Convention is buttressed by two protocols namely: The United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children (mentioned earlier in the text) and the United Nations Protocol against the Smuggling of Migrants by Land, Sea, and Air.The Convention and the two protocols work to define human trafficking and provide grounds of prosecution for perpetrators. The instruments also focus on the treatment of victims of trafficking by countries to safeguard their rights.
- Trafficking in Persons Act (Chapter 9: 25 of 2014). The Act provides for the prohibition, prevention and prosecution of the crime of trafficking in persons in Zimbabwe and calls for the protection of victims of trafficking. It institutes an Anti-Trafficking Inter-Ministerial Committee and establishes centres for victims of trafficking. The TIP Act of Zimbabwe collaborates with the Criminal Law Codification and Reform Act and the Money Laundering and Proceeds of Crime Act [Chapter 9:24] (No.4 of 2013); providing for matters connected with or incidental to the foregoing.
- Money Laundering and Proceeds of Crime Act Chapter 9:24. The Act provides for the definition of organised crime and criminalises activities associated with human trafficking.
- Criminal Law (Codification and Reform) Act Chapter 9:23 of 2004. The Act makes provisions for liability of criminal conduct and provides grounds for prosecution. The act has sections that specifically focus on

crimes involving infringement of liberty, dignity and crimes against morality.

- Labour Relations Act Chapter 28:01. Criminalises unfair labour practices which are a common feature, characterising the maltreatment of trafficking victims.

Chaung (2008) notes that domestic legislations vary across countries. Nevertheless, the primary components of local legislation incorporate provisions or regulations on prevention of trafficking; investigation and prosecution, repatriation and reintegration of victims in communities and any documentation to support a policy supported by national action plan that addresses human trafficking.

The Role of Social Workers

Dodo and Dodo (2012) highlight that in a bid to help curb human trafficking in the country, the Zimbabwean government; in partnership with the International Organisation for Migration (IOM), launched a programme on "Building the National Response Capacity to Combat Human Trafficking in Zimbabwe' (BNRCCHTZ). The primary goals of the programme were to combat trafficking, minimise its effects and facilitate provisions of care for persons that have been trafficked, including their dependents. The programme also played a crucial role in sensitisation and raising awareness of trafficking. A critical analysis of the crucial interventions within this programme reveals that they are compatible with social work contributions.

Social work is a multi-faceted profession whose aim and objective are to enhance the social functioning of persons in need of assistance. Ross-Sheriff and Orme (2015) highlight that social workers may play varying roles at different levels, micro, macro and mezzo, in relation to human trafficking. The scholars, identify the roles of social work in specific efforts such as prevention of trafficking in persons, protection and rehabilitation, advocating for tough legislation and the creation of networks and linkages. Churakova and van der Westhuizen (2020:), suggest that counter-trafficking strategies should incorporate the four main basic components namely –"prevention, prosecution, protection, and partnership". The four Ps taxonomy fits like a jig-saw in the realm of social work practice.

According to the International Association of Schools of Social Work (2001), the social work profession promotes social change, problem solving in human relationships and empowerment as well as the liberation of people to enhance well-being. It can therefore be argued that social work is about assisting, supporting and enabling certain sections of the community who; in unplanned and uncontrolled situations, may face the very worst.

Buoyed by the above observations, the role of social workers in the fight against human trafficking is mainly anchored on the following functions:

a) Prevention of trafficking in persons
While efforts made by Zimbabwe at the local level through the 'BNRCCHTZ' are quite commendable and reflect progress, the country continues to be a tier three country through failure to meet the minimum standards of the TVP and inability to fully invest in prevention of TIP. Tangible prevention programming is essential in order to stop the processes of trafficking from actually occurring.

At the macro level, the role of social workers is to advocate for legislative reforms that halt the absorption of persons into organised crime or systems of trafficking. Social workers could influence the discourse of human trafficking so that duty bearers and policymakers may consider or make choices to invest in programmes on prevention. When lobbying for issues such as social justice, social workers can request that decision-makers consider channelling resources to individuals or populations considered to be most vulnerable to victimisation such as unprotected children, disenfranchised persons, immigrants as well as refugees amongst others. At the mezzo level, they can inform and increase knowledge levels of communities so that people can recognise victimising behaviours, enabling them to contribute towards combatting trafficking. At the micro or individual level clients, can be taught about the warning signs of possible exploitation and entrapment. Clinical support can also be provided to potential protagonists who are at risk of colluding with human traffickers if possibly identified at the community level.

b) Provision of counselling services to victims

Social workers play a key and fundamental role in providing counselling services to victims of trafficking. Trafficking victims are exposed to abuse and some extend egregious treatment. Some are exposed to sexual violence which calls for social workers to counsel the victims and provide alternatives for them to be able to receive appropriate support.

c) Rehabilitation services

At the micro-level, through the use of clinical theories and psycho-education, social workers would also play a crucial role in the rehabilitation of clients. By understating the system and the unique experiences of clients, social workers may develop meaningful plans to help clients recover from the psychological and emotional trauma of the ordeal. Rehabilitation is critical for victims of trafficking to cope with their situation.

d) Risk assessment for victims of trafficking

Social workers also undertake to assess the risks to the safety of the victim as well as his or her immediate and long-term sustainable needs. This enhances planning on the part of service providers and partners who will be assisting the victims. For most non-governmental organisations complementing government efforts, there is a high regard for a proper needs' assessment for resource mobilisation. It is therefore critical that social workers undertake a proper needs assessment of victims so that services are provided in a coordinated manner.

e) Respect the best interests of the child in rendering assistance

Informed by the view that service provision to victims of trafficking requires the whole government and partnership approach, it is fundamental for social workers to appreciate that the best interests of the child are respected. It can be argued that social work is based on respect for the inherent worth and dignity of all people and the rights that follow them. It, therefore, follows that social workers should uphold and defend

each child's best interests provided the interests do not threaten the rights and legitimate interests of others.

f) Advocacy

Human trafficking is an egregious violation of human rights. UNDOC (2016) notes that while there has been much global progress on legislation, convictions for trafficking crimes remain minimal. Ross- sheriff and Orme (2015) further note that the practical implementation of the UNTCO and its accompanying protocols   remains problematic as comparatively few traffickers are prosecuted. It, therefore, follows that armed with their code of ethics, social workers should be more proactive in the fight against human trafficking. Social workers must not be more inclined to the provision of relief services to the victims of human trafficking. They should adopt pragmatic and proactive ways of confronting the problem. One way of doing so is to lobby authorities to dedicate resources to the fight against the scourge instead of having a kneejerk reaction.

Ross- sheriff and Orme (2015) further indicate that social workers can take up a very vocal and active role to advocate for legislation that provides stiffer penalties to traffickers. With stricter penalties and heavy sentencing, it would be very much possible to reduce the rates and incidents of trafficking. The consequences of committing the crime or act of trafficking would far outweigh the benefits of deterring traffickers.

g) Provision of education and skills development for victims

Social work is an empowering profession. It is therefore important for social workers to ensure that children have access to and enjoy their right to education. This can be achieved through close collaboration and liaison with the Ministry of Primary and Secondary Education to ensure that children have educational opportunities. In the same vein, social workers should work with skills development units within government departments to ensure that victims are provided with skills development to empower them.

h) Integration of victims into the community

Reception and care of victims of trafficking form the bedrock of building their resilience. Once victims receive relief services, then they should be prepared for integration into their families and community. It is important to prepare the victims to face the reality once they are integrated into the community. It is possible that they can be discriminated against by fellow community members. They may be labelled as victims but what is fundamental is for them to be strong and assert their presence. It is also important for them to take the initiative to conscientise the community on the dangers of trafficking and what it takes for one to be saved from trafficking.

i) Partnerships and co-ordination

Social workers can play a very important role in building bridges and promoting multi-sectoral approaches towards combating human trafficking. Synergies can be built across various teams and lines of response to improve interventions designed to meet the needs of victims. Co-ordination is necessary to ensure that uniformity exists across all lines of action to combat trafficking. As alluded to earlier, trafficking is a system characterised by multiple players and processes. Partnerships and co-ordination are key towards ensuring outcomes of preventive programmes, along with efforts to protect victims and strengthen legislation to prosecute traffickers. Social workers have often navigated and worked well in multi-disciplinary teams and can assume the lead or provide technical support for multi-sectoral teams.

j) Research and awareness raising

Research and raising awareness are essential in the fight against human trafficking. Research is indispensable towards all efforts made as it fosters ground-work for evidence-based responses as well as interventions in regards to trafficking. The information availed by researches on the issue are also key to breaking down the statistical invisibility of victims as well as work to highlight victim experiences, which are key to the development of well-informed and wholesome interventions. Research undertaken by socio-economic, clinical and human rights-based perspectives then

promoted by social work can only generate meaningful awareness to combat human trafficking.

Conclusion

The praxis of social work, particularly within the realms of human trafficking presents a unique model of intervention which takes into account all aspects of the phenomenon and how it affects victims as well as the nation at large. A systems approach is suggested as a key to dissecting human trafficking. Social workers can work diligently, to tackle multiple social and human rights issues presented by human trafficking. Their role is undeniable in promoting multi-dimensional interventions to the prevention of trafficking in persons, protection and rehabilitation of victims as well as prosecution of trafficking offenders.

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CHAPTER 6

SOCIAL WORK RESEARCH: IMPLICATIONS FOR GROWTH AND DEVELOPMENT OF THE PROFESSION

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Introduction

Research is vital for the growth, development and transformation of the academia and service sectors in all well-meaning economies (Geiger, 2017). In its basic form, research guides action, critiques knowledge forms and theories and contributes to the development of knowledge requisite for training, stimulating high and sustainable productivity as well as guiding policy formulation and refinement. In social work, research is an important cog in the grant scheme of the helping profession. Social work research has multiple functions including providing a means to assess needs and available resources, determining the level of service effectiveness and utility, promoting social work education and determining the impact of legislation and policies on different client categories and communities. The rise in the importance of social work research has largely been propelled by well-founded criticisms that the profession borrowed doctrines, theories and methods excessively from other disciplines, thereby obscuring its unique identity and autonomy (Wolf & Goldkind, 2016). Critics argued that the field is an appendage of multifarious areas of specialisation from which it borrows methods and theories. This necessitated an appreciation of social work research as an integral and practice-enhancing enterprise whose contribution to settling the questions regarding the purpose, philosophical scope, praxis and methods of the discipline cannot be overemphasised. Inopportunely, and with the admission of the highest social work administration bodies including the International Federation of Social Workers (IFSW) and the

International Association of Schools of Social Work (IASSW), there has been slow growth of social work research capacities and infrastructures across the world (Gould & Taylor, 2017). In this chapter, through a review of scholarly works within the qualitative paradigm, we reflect on the evolution, growth and development of social work research as an essential method and a critical domain of social work practice in Zimbabwe. The chapter traces, positions and evaluates the emergence, development, challenges and prospects embedded within social work research in Zimbabwe.

The Dilemma in Defining Social Work Research

Defining social work research as an autonomous discipline presents an adversarial task. Those who undertake this task often find themselves encumbered by two equally compelling but divergent factors which cannot be captured within a singular definition of the practice. Early debates which bore research as a method of social work emphasised that social work inquiry should be concerned about edifying practice (O'Hare, 2020; Grinnell & Unrau, 2005). This conceptualisation primarily focuses on the utility of research in improving interventions and practice standards (Padgett, 2016; Royse, 2007). In this sense, research is carried out to inform and guide front line social workers in handling different aspects of their client's problems. However, if fully conceptualised as a practice enhancing process, the design, methods and processes may fail to meet minimum publication standards. This means that social work researchers may not get the rightful recognition for their efforts in terms of citations and general readership of their work (Alston & Bowles, 2019). With the bulk of social work researchers being employed in academic institutions in which they are required as part of their tenure and promotion conditions to undertake high impact research (measured by various metrics such as Hirsch's h-index), it becomes difficult to decide if one should pay homage to the conceptualisation of social work research as being focused on practice enhancement or that they should focus on producing research output which appeals to metric quantifications which are rewarded with career growth and development in academic environments.

What Social Work Research?

Despite the foregoing dilemma in the conceptualisation of social work research, there are some profound definitions of the practice worth mentioning. Alston and Bowles (2019:09) define social work research as:

> the study of the relationship of social workers with their clients, such as individuals, groups or communities on various levels of interaction or thereby as well as their natural relationships and functioning within the organizational structure of social agencies.

Friedlander (1958:293) adds that "social work research is the systematic investigation into the problems in the field of social work and of extending and generalizing social work knowledge and concepts". Within a similar scope, McRoy, Flanzer and Zlotnik (2012:1) poses that the most basic and popular conceptualisation of social work research entails that it is an inquiry which involves the study of preventive interventions, treatment of acute psychosocial problems, care andrehabilitation of individuals with severe, chronic difficulties, community development interventions, organizational administration, and the effects of social policy actions on the practice of social work.

These definitions emphasise that social work research should primarily be preoccupied with improving practice.

The second crop of definitions have no direct and instructive focus on what constitutes social work research, but rather provide a generic overview which resonate with the conception that it should be universal and conform to international review, publication and dissemination standards measurable by various metrics. A typical conceptualisation to this end is the definition by the Social Policy Institute (2010) cited by Teater (2017:7) which underscores that

> …social work research informs professional practice through achieving one or more of the following objectives: (a) assessing the needs and resources of people in their environments; (b) demonstrating relative costs and benefits of social work

services; (c) advancing professional education in light of changing contexts for practice; and (d) understanding the impact of legislation and social policy on the clients and communities served.

Correspondingly, Gould and Taylor (2017:1) posit that "social work research is concerned about the replication of social investigations towards refining the knowledge base of the profession including concepts and theories".

In light of the above definitions of social work research, we view that the definition of social work research should encompass and reflect the pragmatic, utilitarian and philosophical basis of the profession. It is foolhardy to try and extricate social work research from its dual responsibilities of feeding into practice while also building some knowledge stocks requisite for the growth and development of the profession. In this regard, we view that social work research is an inquiry concerned about exposing practice and policy gaps, developing models or concepts for understanding the efficacy of interventions and linking practice to theory in ways that both enhance practice and build knowledge stocks for the growth and development of the profession. Social work research should have a moralistic, philosophical and pragmatic cohesion whose outcome should include advancing the frontiers of social justice, proffering person(s) in the environment and developmental as well as empowering interventions which add to the knowledge base of the profession as well as improving the efficiency of interventions.

The Historical Evolution of Social Work Research

The urgency for social work research was brought about by the hard-hitting presentation by Dr. Abraham Flexner at the National Conference of Charities and Corrections in 1915 (Wolf & Goldkind, 2016). In his presentation, Dr. Flexner critiqued the purpose and relevance of social work and ended with the conclusion that the discipline could not be a true profession due to its lack of specificity, specialised skills and a knowledge base to inform its conduct. This momentous presentation stimulated debates and research interests on, around and about the guiding

principles, ethics and values of the profession and also signalled the onset of a new culture of scientific inquiry in social work.

The wave of social work research in the western world also grew in response to the expanding need for social protection programming to cushion people against the adverse socio-economic effects of the industrial revolution, rapid urbanisation and modernisation as well as World Wars which characterised the 18th and 19th century (Kirk & Reid, 2002).The fundamental belief during the post-industrial period was that undertaking research and disclosing facts about the social and economic conditions of the poor would trigger authorities to take action and remedy the plight of the poor (Parton & Kirk, 2009). Accordingly, social work research at this time was conceptualised and used as an advocacy strategy and tool for reformation.

Furthermore, by the early 1970s, there was growing public criticisms of social work in Europe and the United States of America (Parton & Kirk, 2009). Critics argued that social work was lacking efficiency, accountability and had no visible mechanisms guiding and monitoring its spheres of discretionary decision making. In Europe for example, criticisms were that social workers who were undertaking child welfare responsibilities had no standard operating procedures and used multifarious decision-making criteria. These criticisms exposed the deficiency of research which can inform and guide interventions in the profession. This prompted the establishment of a Task-Force on Social Work Research (TFSWR) which; among its responsibilities, was to evaluate the state of social work research and research training (Teater, 2017). Findings of the commission established that there was a crisis in social work research; characterised by low capacities, resulting in available resources being outstripped by the growth dynamics of the profession. The TFSWR report became the basis of modern social work research which is being driven by both the desire to inform practice and generate credible and sustainable knowledge base for the profession. The Institute for the Advancement of Social Work Research (IASWR) (2009) writes that since the TFSWR, there has been significant improvement at a global level in terms of social work research. Teater, (2017) adds that one of the positive outcomes of the TFSWR report was the formation of the

Institute for Advancement of Social Work Research (IASWR) which was founded in 1993. The 2009 IASWR report refers to qualitative and quantitative advancements in respect to social work research outputs and subsequent research grants received by global social work researchers from major research funders (IASWR, 2009). Additionally, many social work researchers are publishing in high impact, peer-reviewed academic journals and attracting high readership and citation indexes.

Evolution of Social Work Research in Zimbabwe

In Zimbabwe, social work research became significantly visible after independence in 1980. The post-independence government placed high expectations on the School of Social Work to help in rebuilding, reuniting and suggesting models for lateral socio-economic development and transformation of the country which was emerging from the clutches of decades long armed struggle (Brand, 1986; Mupedziswa, 1988). In his maiden graduation speech at the University of Zimbabwe in 1981, the then Prime Minister of Zimbabwe, the late President Robert Mugabe specifically singled out and challenged social workers to be change catalysts in the many fields of the country's development efforts (Brand, 1986). This ignited the desire for embracing social work research as a torch to illuminate gaps and suggest solutions to the country's social and developmental problems.

Adding to this, Brand (1986) and Mupedziswa (1988) underscore that the need for social work research in Zimbabwe grew out of the desire to close the philosophical and policy gaps created by the transition from the colonial administration whose governance was largely mounted on racial discrimination and capitalism. The new political order required fresh social and developmental policies as well as trajectories which could fit the socialist narrative and orientation adopted by the post-independence government (Moldovan & Moyo, 2008). Social workers had huge roles to play in the transformation, management and implementation of new social welfare programmes and systems.

Fearing retribution, many white social workers who were employed in the Department of Social Welfare left soon after independence, thus creating massive knowledge and skills gaps (Brand, 1986). These new and complex

responsibilities exerted pressure on the School of Social Work to expand its research component towards enabling the generation of adequate knowledge requisite for fine-tuning intervention models to reflect local cultures, aspirations and realities, feed into policy formulation and refinement as well as develop human resources capable of occupying various social work vacancies in government departments and the rapidly growing nongovernmental and private sectors which were responding to the belligerent social and economic problems in the new and fledgling democracy.

Away from the academic fraternity, social workers were involved as researchers in different practice settings and other professional spheres. Brand (1986) writes that many social workers were recruited into various post-independence government commissions including the Riddell Commission, the Agricultural Commission and the Commission on Taxes which specialised in gathering information needed for aiding policy formulation and refinement. Additionally, the post-independence period was characterised by the establishment of various research units, including the one within the Department of Social Welfare, City of Harare Research and Planning Unit and City of Harare Health Department in which many social workers were employed as researchers or at least part of their job descriptions included conducting research (Brand, 1986). Mupedziswa (1988) and Brand, (1986) add that social workers were part of the teams that played important roles in conceptualising and executing important national information gathering exercises such as the National Population Censuses, the Manpower, Disability, Housing Demand, Informal Sector, National Household Capability Programme, Situation of Rural Women, Urban Transport and the Co-operatives surveys which took place in the 1980s. These significantly impacted on the growth and development of social work research.

Over the years, social work; including its research component, has grown to become one of the most sought-after qualifications in the country. Currently, there is a huge demand for postgraduate social work qualifications which; among other competencies, instil research skills into students. The growth of postgraduate studies provides a cardinal indicator that the country is moving in the direction of empiricism and professional

specialisation which can transform the profession into becoming a sustainable and efficient entity.

Designing Social Work Research

There are several types of research approaches, methodologies or epistemologies used in social work research including the qualitative, quantitative, mixed methods, feministic and Afrocentric inquiries (Mabvurira & Makhubele 2018). These approaches give a solid grounding for dissecting and analysing social work research in the varied practice settings in which the profession is carried out. Notwithstanding the plurality of research approaches applicable in social work research; in this chapter, we only deliberate on three main approaches which are qualitative, quantitative and mixed methods.

Qualitative Research Approach

The most profound research approach used in social work research is the qualitative approach. The qualitative approach underscores the importance of exploring and understanding the meaning of individuals or groups ascribe to their experienced situation or problem (Alston & Bowles, 2019; Leedy, 1993). The approach is naturalistic, which means that it focuses on studying the phenomenon in its natural context. According to Royse (2007), qualitative researchers view that the process of social interaction and the structural characteristics of social phenomena play pivotal roles in generating and giving significance to social reality. The approach is less concerned about achieving total fidelity to objective inquiry (Parton & Kirk, 2009); rather it emphasises that social reality is fluid and context-dependent hence there can be multiple reality both within and across contexts (Creswell, 2014). The qualitative research paradigm is underwritten by the interpretivist worldview or ontology which emphasises the importance of understanding and describing the life-worlds and subjective experiences of those who engage in social action (Creswell, 2014). The approach upholds that due to the non-abstract nature of social phenomenon and constructs, the best way of knowing about them is through understanding the meaning which people attach to their experiences as opposed to objective instrumentation and measurement (Padgett, 2016; Bhattacherjee, 2012). According to Royse

(2007) qualitative research is generally informative and detailed. It is characterised by thick descriptions, including generic social constructions. Qualitative researchers endorse the view that social research should always be value-laden; giving importance to what people consider important and not being pre-occupied by the need to establish novel discoveries (Bhattacherjee, 2012; Creswell, 2014; Parton & Kirk, 2009). To this end, qualitative researchers are called to be empathetic to their research participants and not only be focused on measuring them but to seek a deeper understanding of their social worlds.

In the main, qualitative research is driven by the researcher; hence it underscores the importance of reflexivity (researcher's awareness and control of personal prejudices and value judgments which he/she may import into a study) as pre-conditional to good practice (Padgett, 2016; Denzin & Lincoln, 2011). Additionally, the approach promotes the view that researchers should enter into a study field without any preconceived ideas or pre-structured models and patterns of what research findings should or should not constitute. Hence findings should naturally emerge from the analysis of the collected data (Denzin & Lincoln, 2011). In this regard, qualitative research proponents stress that research designs, methods and processes should be flexible enough to allow change which accommodates circumstances on the ground (Creswell, 2014; Bhattacherjee, 2012). Additionally, qualitatively conceptualised studies accentuate the notion of holism which advocates that research should look at the whole study object, including its context. The view is that extricating some aspects of social phenomenon and only focusing on selected aspects obscures the bigger picture and results in loss of meaning and significance (Alston & Bowles 2019; Creswell, 2014). In this sense, qualitative researchers prefer inductive methods which proceed from specific data to general categories and theories (Creswell, 2014). Instead of enlisting a large number of study participants, qualitative research proponents pursue small scale studies using small samples which can be holistically explored (Alston & Bowles, 2019).

Many social workers ascribe to the qualitative research paradigm for several reasons including that its approaches and methods provide a perfect analytical framework for exploring the person in an environment

which is at the core of the profession. Parton and Kirk, (2009) add that as opposed to positivists who advance the view that society shapes the individual and thus focus on structural factors which affect society, interpretivists hold the ontological view that the individual impacts and shapes the society, hence they emphasise that research should be focused on how a person in a specific environment and with specific experiences ascribe meaning and significance to his/her experiences and circumstances. As already alluded, social work is a helping profession whose scope of interventions involves partnering with individuals, families and communities in addressing problems. The qualitative research approach is therefore important because it provides a participatory framework which allows participants to define their problems and generate solutions which are consistent with their individual and collective beliefs. These virtues are also consistent with the core values and principles of social work which emphasise self-determination, participation, non-judgmental attitude, and trustworthiness. They also reverberate with the values of respecting peoples' worthy, human rights and dignity.

Quantitative Research Approach

The second research methodology used in social work is the quantitative approach. Defined as a means for testing objective theories by examining the relationship among variables, the quantitative research approach holds that the primary focus of research is on testing theories deductively, protecting findings against bias, controlling for alternative explanations and being able to generalise and replicate the findings (Zvoch, 2014; Garbarino & Holland, 2009; Rubin, Babbie & Lee, 2008). The paradigm views that true knowledge is objectively generated through the use of objective methods, techniques and measurements which provide evidence of statistical significance of a particular phenomenon. Quantitative research devotees maintain maximum fidelity to a predetermined research design and methods of data collection (Creswell, 2014). The approach is anchored on positivism (belief that the only authentic knowledge is scientific knowledge which is generated through positive affirmation of theories after following objective empirical methods) (Creswell, 2014; Holland, 2009). The application of the quantitative research approach

entails the use of deductive reasoning which moves from the general to the specific (Zvoch, 2014). As opposed to the qualitative designs which permit concurrent data collection and analysis, in quantitative research, data is analysed at the end, after all data collection processes are completed (Edmonds & Kennedy, 2010). While the quantitative research approach is increasingly gaining prominence in social work research, much still needs to be done in terms of capacitating social workers with statistical competencies which can assist them in undertaking quantitative studies. It is encouraging to note that social work curricular in local social work training institutions in Zimbabwe have infused statistics as a core module from undergraduate level upwards. This carries the potential of growing quantitative social work research in the country.

Mixed Methods Research Approach
The third major research methodology used in social work research is the mixed methods approach. The approach integrates the methods, philosophies and assumptions of both qualitative and quantitative approaches in a single study (Creswell, 2014: Denzin & Lincoln, 2011). The mixed methods approach lies at the intersection of the qualitative and quantitative approaches (Creswell, 2014; Edmonds & Kennedy, 2010). A mixed methods approach is premised on the ontological view that social reality is both socially and objectively constructed (Denzin & Lincoln, 2011). According to Creswell (2014), the fundamental assumption in the mixed methods approach is that the combination of qualitative and quantitative approaches provides a more complete understanding of a research problem than either approaches when used alone. In this sense, mixing methods is more than just collecting and analysing qualitative and quantitative data in a single study. Rather, it involves use of both approaches together in a way that allows the strength of one approach to cover for the weaknesses of the other (Creswell, 2014). Increasingly, many social work training institutions are making it compulsory that their students should demonstrate pliancy with both qualitative and qualitative approaches and thus they mandate the use of mixed methods in writing research thesis and dissertations.

Research Designs Used in Social Work Research

Research design can be thought of as the logic or master plan upon which critical decisions pertaining to the manner in which a study is to be conducted is premised (Creswell, 2014). Alternatively, a research design can be construed as a strategic framework for action which provides direction to the arrangement of conditions for the collection and analysis of data (Denzin & Lincoln, 2011). It outlines the main components of the research processes; including sample selection, treatments to be administered, measuring instruments to be used, and measurements to be done among other factors arranged in a way that work towards answering the central research questions (Cobb, Jackson & Dunlap, 2016). As indicated earlier, social work research is malleable with all the main research approaches (including quantitative, qualitative and mixed methods). This implies that research in the profession can take on a multiplicity of designs. Table 6.1 below summarises the different research designs applicable under the three main research approaches as discussed above.

Quantitative	Qualitative	Mixed Methods
Experimental	Narrative	Convergent Parallel Mixed Methods
Survey	Phenomenology	Explanatory Sequential Mixed Methods
	Ethnographies	Exploratory Sequential Mixed Methods
	Grounded theory	
	Case studies	
	Action research	

Table 6.1: Research Designs Applicable to the Main Research Approaches

In an attempt to maintain the scope of this chapter, we have deliberately chosen not to provide an in-depth discussion of all the designs outlined in Table 6.1 above. Greater detail pertaining to these designs can be found in

(Creswell, 2014; Rubin, Babbie, & Lee, 2008) who write extensively about research designs.

Intervention Focused Social Work Research Design

From the onset, it is crucial to establish that while social work research and general social research share a number of commonalities, they are not entirely the same (Teater, 2017). In addition to basic conventional research processes and methods, social work research has some additional steps designed to ensure that research outcomes and processes remain relevant to the core essence and objectives of the profession (Teater, 2017; Parton & Kirk, 2009). Being concerned about human behaviour and ways to enhance human experiences, social work researchers have a huge responsibility of ensuring that their methods and processes are elaborately designed such that users of research findings can be in a position to know precisely what intervention was applied and how much effect was produced (O'Hare, 2020). Padgett (2016) mentions that the social work research process should be easy to follow and replicate. This is crucial in ensuring that when research findings are used by frontline social workers to inform interventions, there cannot be any harm that may befall clients as a result of either over or under application of interventions.

Teater (2017) poses that the social work research process is multi-staged, starting with the observation of a social problem and the subsequent development of an inquisitive interest in the subject matter. The observation of a problem ought to be substantiated through a needs assessment which involves questioning those affected by the observed problem. This is crucial in determining an appropriate design for the study (Fraser & Galinsky, 2010). Once the actual problem has been conceptualised, the researcher then moves on to setting and defining the goals of the research project. The goals of a research project should be clear, unambiguous, measurable and realistic (Hurworth, 2008). The third phase of social work research design entails that the researcher undertakes a pre-test evaluation so as to measure the level of functionality prior to the introduction of an intervention (Fraser & Galinsky, 2010). Pre-test results become the comparison value against which post-intervention outcomes will be benchmarked in order to determine improvement or

regression (Fraser & Galinsky, 2010). This is then followed up by the application of interventions. Finally, the impact of the intervention is measured by comparing the pre-test and post test scores.

Scope of Social Work Research

As a profession which concerns itself with promoting social change and development, social cohesion, empowerment and liberation of people, social work is multi-focal, thus demanding that its practitioners demonstrate competency in different aspects of psychosocial and economic interventions (Loakimidis, 2013). This means that social work research generally has a wide scope to ensure generation of a sufficient knowledge base to support intervention in the many fields of the profession's focus.

In Zimbabwe, the frontiers of social work practice have continued to extend beyond the initial focal areas of the profession. This growth has led to an expansion of knowledge and competence requirements for social workers and thus also expanding the scope of research within the profession (Dziro, 2013; Brand, 1986). A perusal of social work research publications in Zimbabwe on the internet reveals that among the main issues of research are topics about social policy; child and youth care and protection; social and community development, community health, women emancipation and empowerment, social work education, social work in disaster management, social work with elderly populations, spirituality in social work, and social work with refugees. This can be compared to the scope of social work research in the 1980s when the profession was still in its infancy and its main focus areas revolved around community development and child welfare; particularly the operations of residential childcare institutions (Brand, 1986). The great difference between these scopes demonstrates that social work research in Zimbabwe has exponentially grown over the years.

Challenges Associated with Social Work Research in Zimbabwe

While social work research in Zimbabwe has continued to grow; one of its restrictive factors has been the existence of a huge gap between research and actual practice. There is no collaboration between researchers and practitioners and this extricates empiricism from practice. Worsening the

situation is the fact that there have not been adequate platforms for disseminating research findings. The only significant local social work research dissemination and capacity building platform in the country is the annual symposiums done under the auspices of the National Association of Social Workers Zimbabwe (NASW-Z) and the Councils of Social Workers (CSW) during which academics and practitioners come together and share their research findings and practice experiences. Inopportunely, the symposiums have been erratic (for example there was no symposium in 2019). More so, the attendance of the symposia has shown significant bias in terms of a huge turn up of academics as opposed to practitioners. This gives an impression that the symposium is more of an academic gathering than it could ever be a researcher-practitioner interface. This anomaly implies that the disjuncture between research and practice in Zimbabwe as it is in many other parts of the world has continued to worsen.

More so, for the many emerging social work researchers, the challenge has been finding appropriate and reputable publishing houses which are willing and able to publish and market their work effectively (Beall, 2018). Apart from a few institutional journals housed within local universities, the African Journal of Social Work is the only local journal with a significant impact factor and readership available to both local and international researchers. This leaves many emerging and even some established researchers vulnerable to the possibility of publishing their work in predatory journals which charge them ridiculous amounts to have their work published (Beall, 2018). The major perfidy of publishing in predatory journals is that it causes the published work to be trivialised regardless of its true value and quality.

Additionally, the current state of underfunding and hyper-inflation in Zimbabwe's economy is causing a serious brain drain in the country. This has seen an exodus of well capacitated and internationally and regionally renowned social work researchers drifting to overseas and other regional destinations where they are conducting high impact researches and publications. It has left the local social work research sector in a precarious state of underdevelopment. It would seem that local social work training institutions are capacitating researchers so that they may seek

opportunities elsewhere. This gives the impression that the local social work research sector is not growing, whereas the problem is that the system is producing researchers for regional and international destinations.

Adding to the drawbacks impacting on social work research in Zimbabwe has been the issue of lack of funding for research (Dziro, 2013). The bulk of available research resources are being channelled towards research in STEM and other science sectors (Makuyana & Mbulayi, 2019). The belief is that investing in science, technology, engineering and mathematics presents greater opportunities for escaping from the current states of poverty and deprivation. While STEM has proved to be effective in aiding livelihoods, analysts have noted that it is crucial to entrench technological innovations within a rich context of social research which helps to humanise technology towards serving the needs of people as opposed to having people and livelihoods being sacrificed on technological platforms. This, therefore, means that there is a need to inoculate technological inventions with humanistic principles which are largely advocated for in social work research.

Importance of Social Work Research

Social work research has a primary responsibility of growing the profession in the direction of a science-informed profession (O'Hare, 2020; Martinez-Brawley & Zorita, 2016). The core essence of research in this regard is to develop an adequate and competent knowledge base that can effectively inform interventions and extend the theoretical basis of the profession. It does this through instituting empirical processes of identifying and conceptualising social problems (Martinez-Brawley & Zorita, 2016), measuring its intensity and extent (Geiger, 2017); determining its causal factors (McRoy, Flanzer & Zlotnik, 2012); outcomes and impact on livelihoods (Gould & Taylor, 2017). In this sense, social work research provides an opportunity for exploring the aetiology of social problems and designing appropriate and impactful interventions from a more informed and systematic perspective as opposed to using intuition to guide interventions. This is important because social workers deal with some delicate social issues which can be fatal if mishandled and this necessitates a systematic and accountable intervention decision making

system. In Zimbabwe, embracing social work research can help to make the parent professional practice more accountable to service consumers. Unfortunately, despite the several decades of social work practice, there seems to be still some mistrust and scepticism among service users regarding the efficacy and relevance of clinical intervention by social workers. Masuka (2015) writes about a huge disparity between the demand for counselling services and other methods of social work practice. Precisely, the uptake of counselling and other clinical interventions is very low in Zimbabwe (Masuka, 2015). Through research, causative factors behind this phenomenon can be uncovered in efforts towards inspiring some confidence into the practice of the profession in all its varied methods.

Research is also important to Zimbabwe during this period when calls for indigenising social work are increasingly taking centre stage as social workers are being called to embrace methods, theories and perspectives which resonate with local geopolitical, social, economic, religious and cultural terrains. Mabvurira and Makhubele (2018) aptly write that, for so long, African social work has been permeated with Western ideologies much to the obscurity of the profession's relevance to its African locale and creating needless ethical conflicts between and among local socio-cultural values and Western Judeo-Christian norms on which social work was originally founded. Through research, the rift between Western conceptualised social work models and the realities and needs of African; more precisely Zimbabwean consumers can be effectively bridged. Research can aid the process of recalibrating and re-theorising social problems from a local perspective and proffering alternative intervention strategies and philosophies which have good resonance with local realities and subjectivities. This can help to grow the social capital of the profession (Parton & Kirk, 2009). If local people start to identify with the methods of the profession, it becomes easier for practitioners to gain support and establish social and professional links which are critical for edifying their work experiences and intervention outcomes (Geiger, 2017).

Research is also crucial in ensuring that interventions by social workers are not directed by intuition, but that they are informed by the best available empirical evidence (O'Hare, 2020). Gambrill, (1999) underscores

that the notion of Evidence Based Practice (EBP) (applying the best available research evidence in the provision of health, behaviour, and education services to enhance outcomes) is now the cornerstone of social work practice. Gambrill, (1999) writes that EBP provides an alternative to authority-based practice in which practitioners' act authoritatively and prescribe solutions to client problems. In EBP, social workers solicit and use the most recent and most relevant research findings to inform important practice decisions. Modern interventions give primacy to non-maleficent, beneficent and effective services which observe and respect client autonomy. These triple ethical principles demand that frontline social workers use empirically validated evidence to inform their intervention decisions as opposed to simply relying on professional authority or following blind and intuitive consensus with clients as a rationale for designing intervention plans (O'Hare, 2020; Gambrill, 1999).

Dziro, (2013) writes that in Zimbabwe, social work practice is rapidly growing and, in the process, spreading to relatively unfamiliar practice settings where there is little theoretical and philosophical support. Typical examples of relatively novel social work practice domains include refugee centres, prisons and research sectors. At present, social work practice in these new domains is being sustained by literature and theoretical models borrowed from regional and international studies. While the knowledge from both regional and international studies is quite insightful, there is always no perfect fit between foreign evidence and its solution to local problems. This is because of the differences in affluence, resource availability, technological capacity, and socio-cultural dynamics which make the transferability of externally developed intervention models and strategies difficult and in some instances, impractical. (Martinez-Brawley & Zorita, 2016; McRoy, Flanzer & Zlotnik, 2012). Reliance on borrowed knowledge stocks serves to embolden the dependence syndrome which tends to disempower local communities and also render interventions ineffective. In this regard, research can be the much needed stimulus for developing local knowledge stocks that can sustain local interventions.

The importance of social work research in Zimbabwe is also underwritten by the dearth of critical information requisite for effective advocacy for the formulation and transformation of social policies and programmes.

Without concrete information pertaining to the subject matter of their advocacy, social workers cannot be taken serious by policy makers and the general public on whose behalf they advocate. In Zimbabwe, lack of research evidence has been pinpointed as one of the reasons behind huge investments in redundant projects as well as poorly planned and executed policies and programmes. Unlike generic social research, social work inquiry is highly value-committed and can go a long way in helping to humanise and improve service delivery in Zimbabwe's social service sectors. The focus of social work on the person in the environment means that social work research is critical in assessing and defining community needs and informing communal decision making (Lyons, 2017). This may include social workers undertaking community needs assessment, project and programme monitoring and evaluation (Grinnell & Unrau, 2005).

Opportunities for the Growth and Development of Social Work Research in Zimbabwe

Despite its current state of disorientation, Zimbabwean social work research is showing huge prospects of growth and development. This is due to a vast number of structural, operational and systemic factors (both positive and negative) which are working in favour of the escalation of social work research in the country. Firstly, Zimbabwe is currently going through one of the worst social and economic phases in its history. More than ever before, social workers have the opportunity to engage in meaningful, novel and impactful research that can potentially help put both the researchers and the profession high on a professional pedestal. This requires that social workers take the prevailing socio-economic challenges in the country as research opportunities awaiting their exploration. It is encouraging that despite being financially hamstrung, the government has made a significant committal that 1% of the national GDP should be reserved for research and innovation purposes (Chadenga, 2018). It is possible that social work as one of the key stakeholders in social and economic issues affecting the country could have a significant portion of this funding.

Additionally, Zimbabwe has in recent years seen many international non-governmental organisations, consortiums and individual researchers flocking into the country to conduct research. This stands as an important

opportunity for social workers to collaborate with these well capacitated institutions and individuals so as to develop local research capacities. It is reassuring to note that many social workers are being employed in these research organisations in various capacities. It suffices to note that when employed in research organisations, most social workers are not directly collaborating but they are rather engaged as employees. This means that they do not get to be cited as co-authors in publications. However, the research experiences they acquire through these often-short term careers constitute a great opportunity for social work research. While working in well-established research organisations, social workers can master skills requisite for sourcing research grants and even technically managing complex research projects.

Brain drain remains one of the major challenges confronting and undermining the growth and development of social work research in Zimbabwe. Increasingly, many well capacitated academics and internationally renowned social work researchers have drifted to other countries where they have attained high ranks in world class research and social work training institutions. While this would seem like a loss to Zimbabwean social work research, the silver lining in this problem is that local social work education institutions and researchers can use their social and professional proximity to these foreign based researchers to facilitate the establishment of professional and organisational links for research collaboration. Local social and economic conditions in Zimbabwe permit easier, affordable and more reliable data collection opportunities as compared to other countries. This could be used as a bargaining chip when negotiating for collaborations.

Conclusion
Regardless of many challenges, social work research in Zimbabwe presents a golden opportunity for transforming and growing the profession through generating knowledge stocks which have greater resonance with the local social, economic and cultural terrain and therefore leads to the development of more incisive interventions. In this chapter, social work research was defined, its historical development traced, its importance

expedited, approaches and designs elaborated and its challenges and opportunities explored and discussed.

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CHAPTER 7

SOCIAL SECURITY

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Introduction

Social security was established as a basic human right in the International Labour Organisation's (ILO) Declaration of Philadelphia (1944) through its Income Security Recommendation No 67 of 1944. It is also upheld in the Universal Declaration of Human Rights of 1948, and the International Covenant on Economic, Social and Cultural Rights of 1966. ILO (2014) recounts that only 20 percent of the world's population has adequate social security coverage, while more than half lacks any kind of social security protection at all. This was largely attributed to resource shortages, unequal distribution of the already slender resources and poor management of the available resource-base. Ditch (2005) indicated that those without coverage tend to be working as part of the informal economy where they are not legally protected in old age by social security, and they cannot afford to pay their health care bills. This chapter focuses on the conceptualisation of social security with diligent attention given to various forms of social security prevalent in the Zimbabwean society. International, regional and national statutes that govern the legislation and policy environment of social security provisioning in Zimbabwe are discussed with reference made to the International Labour Organisation, United Nations conventions, African Charter as well as national statutes and policy frameworks. The chapter also discusses the human rights trajectory of social security, arguing that every person on this planet should enjoy a basic minimum of welfare funded by the government in relation to the available resources. Traditional, informal and formal forms of security are discussed with a call for their blend in order to improve targeting and coverage of social security programmes.

Ditch (2005) points out that the increasing number of workers in less secure employment has exposed others to risk, especially women who work in casual labour, home-based industries and other self-employment that lacks social security coverage. This reveals that inaccessibility of formal employment within a country has devastating effects to citizens who will live a destitute life after they reach retirement age. This has a stronger force on persons with disabilities and old people who cannot count on family support and who have not been able to make provisions for their own pensions.

Social security provides active workers and their families with access to health care and protection against loss of income, whether it is for short periods of unemployment, sickness or maternity, invalidity or employment injury. It also provides older people with income security in their retirement years while children also benefit from social security programmes designed to help their families in the event of death of breadwinners. For employers and enterprises, social security helps maintain stable labour relations and a productive workforce. Sevilla (2017) argues that social security contributes to social cohesion and to a country's overall growth and development. It bolsters living standards as well as cushions people from the effects of structural and technological change, thereby providing the basis for a more positive approach towards globalisation.

Conceptualisation of Social Security

International Labour Organisation (2014) defines social security as the protection that society furnishes to its individuals and households to ensure access to health care and to guarantee income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or death or loss of the bread winner. The International Labour Organisation convention of 1944 and United Nations instruments set out social security as a basic human right that each and every one on the planet should actually enjoy. According to Devereaux and Sabates-Wheeler (2004), social security is a basic human right that people should enjoy; particularly during their worst transitions in life. It is basically designed to cushion individuals so that they do not fall below the poverty datum line. Walker (2005) notes that income maintenance services do not

only generate issues concerned with policy and management, but also of principle and quality of life in the face of many life contingencies that threaten one's social security. Social security forms a major area of government policy and social expenditure. According to Ditch (2005), people are affected by social security; whether by funding it through taxation, or using it at some point in their lives when claiming unemployment or other benefits. Social security prevents individuals in vulnerable situations to fall along the poverty drainage, thereby assisting them in enjoying the minimum standard of human welfare. As such, social security can be defined as a resource pooling-based health service, pension and unemployment protection especially in developed world, along with tax-financed social benefits. In the developing world; due to high rates of unemployment and the thriving of the informal sector, social security has become a universal challenge in a globalising world.

Social security can assume either of the two major types: contributory or non-contributory. In the United States of America and a host of other continental Europe countries, literature has traditionally used the term social security to denote social insurance or contribution-based cash benefit systems that are state run to assist needy people based upon their contribution record (Walker, 2005). Zimbabwe's usage of this terminology is much broader, continuing from our colonial legacy to encompass social insurance, non- contributory benefits and means tested social assistance. Contributory schemes, typically referred to as 'social insurance', entail social security that is financed by contributions and based on the social insurance principle: that is, individuals or households protect themselves against risk by combining resources with a larger number of similarly exposed individuals or households (Chikova, 2013). These are characteristically income maintenance minded. Governments usually intervene in the insurance market to ensure that groups of people, particularly those who work, are protected against financial problems in the event of life contingencies such as injury or death. These contributory schemes can be privately run, as in the case of Old Mutual life assurance policies or public social security such as National Social Security Authority schemes. It is noteworthy that publicly run schemes are succinctly what social security concerns itself with as per ILO convention of 1944. In more informal settings as shall be discussed below, individuals

out of their volition can choose to create their own contributory groups by pooling resources together in occasions such as funerals through burial societies.

Non-contributory schemes, on the other hand, are usually state-run; tax-based initiatives that provide access to basic services to the most vulnerable members of society based upon a contingency such as a disability (Walker, 2005). These do not require contribution and are usually provided irrespective of the level of resources a recipient has. Means-tested benefits are also non-contributory but are provided upon the basis of one's income and other resources falling short of prescribed standards. These social assistance initiatives are based on the moral and social contract between government and citizens towards alleviating poverty or its impacts on citizens who generally do not have access to gainful employment (Townsend, 2009). At the centre of these initiatives, which include cash and in-kind; conditional or unconditional transfers as well as public work programmes, are ethical aspects of utility and achieving common good for the citizenry. The delineating factor between means tested and other non-contributory forms of social security is that the former are usually targeted at populations falling below a certain income level whilst the latter does not discriminate on income obtained.

Aims of Social Security

Social security has a number of objectives which are central to how one ought to understand it. Following the arguments above, one can already pick familiar concerns of social security such as alleviating poverty. Ditch (2005) notes that the state has to relieve poverty among its citizens. The National Social Protection Policy Framework for Zimbabwe (2016) recognises poverty alleviation as a major objective that its social assistance programmes seek to achieve and enable poor households to meet their basic needs. Modern social assistance systems have established *de facto* poverty lines or minimum standards of living and have worked to provide mechanisms through which individuals and their families can enjoy access to such a standard based upon citizenship or residence. This aim of poverty relief, as opposed to its prevention, has links to the objectives of residual social assistance models of social policy that Zimbabwe has a heritage of (Kaseke et al., 1998).

Another major aim of social security is income maintenance and replacement and this entails maintaining or replacing an income in the face of a prescribed contingency as per benefit requirements (Walker, 2005). This aim is more aligned to social insurance or contributory social security as a disturbance to one's earnings due to factors like sickness, disability or loss of employment is substituted by social security benefits funded by one's contributions. This helps maintain one's lifestyle as levels of payments are fixed proportions of one's former earnings. As such, this objective is in tandem with other goals of social insurance such as the promotion of social inclusion and sharing of risks. This is so as having an income after a contingency is both a symbol of gains of risk pooling and is a means to maintain a lifestyle and hence social inclusion.

Promoting social cohesion is a crucial historical aim of social security and it entails how social security schemes promote a fabric of integration and mutual solidarity within the workplace and across industries. This can be demonstrated in how the *Soldaten der Arbeit'* a social security package Otto Von Bismarck introduced for the industrialising Germany of the late 19th boosted national mood and unity (Walker, 2005). The packages against risks such as invalidity, sickness, old age and accidents launched between 1880 and 1890 created a fabric of integration and mutual solidarity within the workplace and across industries *(ibid).* Similarly, as shall be demonstrated later, traditional forms of African social security are based upon the bedrock of cultural expressions of *ubuntu* or *harambee* and mutual cooperation. Benefits that replace or maintain incomes, rather than simply protecting individuals against poverty in the event of job loss or ill health, also help to create common interests across different income groups and classes. This especially appeals to universal schemes such as pension funds as changes in policy direction or *modus operandi* unequivocally cause mutual concern.

One of the more profound interests of social security is protection against risk. Whilst it is clearly stated in the above definition of what social security is in relation to risks it concerns itself with, it is noteworthy that we recognise that risks are multi-dimensional and affect different classes differently. Having noted that, a closer look at the programmatic elements

below, will show that this aim can be expressed in two veins; compensation and meeting needs. Sainsbury in Ditch (2005) notes that compensation entails such benefit that people get as a result of being injured whilst at work and payments being made on the basis of an assessment of the degree of disablement suffered by claimants. However, these benefits are not related to the relief of poverty or to the claimants' need. Conversely, meeting needs; a hotly contested aim of social security, "implies a commitment to defining and measuring need and devising social security benefits paid at sufficient amounts to meet that need" (Ditch, 2005: 35).

According to Ditch (2005), social security policies have both the aim and effect of redistribution of financial resources amongst groups of the population. Revenues collected from the national tax base as well as the public insurance schemes are then redistributed; either vertically or horizontally, as per national regulations. Vertical redistribution occurs between income groups, that is, from the rich to the poor or from those who work to the unemployed. According to Walker (2005), horizontal redistribution is the transfer of resources to people who have high demands on their budgets; irrespective of their incomes. Horizontal redistribution typically includes those schemes that redistribute resources between people of the same income class such as redistributing resources from people of working age to the retired or even from the healthy to the sick. This aim also has the life course redistribution by facilitating the transfer of parts of one's income during working years that will help in the less economically years of one's old age or unemployment. Walker (2005) dubs this the "Joseph principle" of saving for the seven thin years. An increasingly important and widely advocated for the aim of social security is changing behaviour. Governments have utilised social security to stimulate, control and catalyse behaviours ranging from saving, increasing birth rates, job seeking and work ethics. This is done through setting conditions for one to access a social security benefit or deliberate avoidance of additional costs associated with a programme by the government. Examples of such include Brasil's Bolsa Familia, a social assistance package that provides financial aid to poor families on the condition that their children go to school and are vaccinated (Wayback Machine, 2012). Similarly, the 'family cap' provisions that are utilised by

certain US states intend to discourage out of wedlock births by not meeting the additional costs of any children conceived when in receipt of Temporary Assistance for Needy Families (TANF) (Walker, 2005).

These aims feed into the functions of social security which can be expressed in four dimensions; preventive, protective, promotive and transformative interventions (Kaseke, 2013). The protective function helps by providing means with which to manage risks associated with the different life contingencies such as death, sickness and disabilities. Chikova (2013) explains that a programme is preventive if it seeks to avert deprivation or to mitigate the impact of an adverse shock. Therefore, the preventive function relates more to how social security provides a safety net for people to not fall into poverty. The promotive element relates to income building in how social security schemes can enhance assets, human capital and income earning capacity among the poor (Deveraux & Sabates-Wheeler, 2004). A rights-based approach, combined with the philosophy of social development, has given rise to the transformative function in which social security programmes attack the multidimensional nature of poverty and make beneficiaries self-reliant. Key principles adopted by the ILO in relation to these aims and functions included recognising social security as a universal right; endorsing its value for social equity, social stability, economic development and change as well as its capacity to provide universal benefits (ILO, 2001).

Forms of Social Security in Zimbabwe

There are two major forms of social security in Zimbabwe as put forward by Kaseke (2003) namely social insurance and social assistance. In addition to these two, there are also informal social security systems which are largely bound on trust, stewardship and community solidarity. These include round clubs, Internal Savings and Lending Schemes (ISALs). These are not formally regulated by law but are built on mutual understanding between and among members of the group.

Social insurance schemes

Social insurance is a financial scheme designed to guarantee the wage earner and his dependents, a minimum income during periods when

through forces largely beyond his or her control; his or her earnings are impaired or cut off (ILO, 2011). Social insurance is contributory in nature and covers such risks as unemployment, sickness, invalidity and old age. Social insurance therefore seeks to provide social protection to the wage earner and his dependents against economic shocks. These programmes are managed by the Ministry of Public Service, Labour, and Social Welfare which provides for general supervision of the programmes together with the National Social Security Authority (NSSA). Types of social insurance schemes in Zimbabwe are discussed below:

National pension scheme
There are regulatory frameworks of social insurance schemes in Zimbabwe which include the 1989 National Social Security Act (Chapter 17:04) and the Pensions Act Statutory Instrument 179 of 1993. These statutes were established to govern the social insurance scheme of Zimbabwe. The National Social Security Act (Chapter 17:04) caters for the establishment of social security schemes for the provision of benefits for employees. The Act also stipulates the establishment of National Social Security Authority (NSSA), a corporate board mandated by the government to administer social security schemes. Social insurance was designed to cover the formally employed with no focus given to self-employed persons, those in the informal-sector and household workers. This created a gap between the formally and informally employed. National insurance scheme is financed by both the employer and the employee. Funds are gathered from the insured person who pays 3.5% of his or her monthly covered earnings and the employer also contributes 3.5% of monthly payroll. In order to qualify for the benefits, the applicant should be 60 years of age and above with at least 10 years of contributions. To those who work in arduous employment; that is work that requires hard labour, the age limit is 55 years and should be in work for seven out of the 10 years from age 45 to 55 (Dhemba et al 2002)

Disability benefits fund
The government elaborates that disability pension recipients must be younger than the normal retirement age, be assessed with a permanent incapacity for work, and have at least one year of contributions. It is a requirement for a medical doctor to assess the disability and summon the

applicant to receive a pension. On the other hand, a survivor grant or benefit covers the family of the deceased who was entitled to receive an old-age or disability pension. In this case, eligible survivors in their order of priority include a widow(er), children younger than age 18 (age 25 if a student, no limit if permanently disabled), parents and other dependents. If there is no widow(er), dependent children are paid through a legal guardian. Another form of assistance designed for persons with disabilities includes the Permanent Disability Benefits also known as Disability pension. This involves benefits given to disabled people with one to 10 years of contributions. The pension is 1% of the insured's average monthly covered earnings during the last 12 months before the disability began multiplied by the number of years of contributions. To an applicant with 10 or more years of contributions, the pension is 1.33% of the insured's monthly covered earnings in the month before the disability began multiplied by the number of years of contributions up to 30 years plus 1% of the monthly covered earnings multiplied by the number of years of contributions exceeding 30 years. In addition, there is support to Persons with Disabilities which involves payment of grants to institutions housing persons with disabilities. This helps to make provision for their welfare and rehabilitation and they receive cash to start up business so that they become self-reliant.

Sickness and maternity benefits
Social insurance schemes extend to target employees affected by sickness or maternity. Sickness and maternity benefits are enshrined in the 1986 Labour Act which specifies the required benefits to be enjoyed by workers on sickness and maternity vacation. The programme is a type of employer liability where the employer pays for the whole needs of an employee on leave due to sickness or maternity. The programme covers formally employed persons and was designed as a response to the need to empower women in work places. The employer incurs all the total cost of the programme because the worker is incapacitated to fend for him or herself due to sickness or maternity demands. Cash sickness and maternity benefits require applicants to produce a medical certificate from a registered medical practitioner which proves that the employee had an ailment or is still sick and cannot be able to work. It can be noted that one is eligible for maternity benefits up to three times with the same employer

and only once during 24 months calculated from the day the previous maternity leave was approved. During sickness leave, 100% of the employee's earnings are paid for up to 90 days and may be extended for up to another 90 days at 50% of the employee's earnings while for maternity leave 100% of the employee's earnings is paid for up to 98 days. However, if the employee has less than one year of continuous service, up to 98 days of unpaid maternity leave is provided.

Workers' compensation benefits
There is also an injury on duty benefits for employees who get injured while performing work duties. This programme is enshrined in the Accident Prevention and Worker's Compensation Act of 1990. The facility covers the private-sector employees and persons employed by local authorities, quasi-governmental and nongovernmental organisations. The employer pays the total cost of the programme and workers are paid based on insurance premiums of the employee's monthly earnings and a sector-specific risk factor.

Social Assistance Programmes
Social assistance provides financial benefits to persons of small earnings, granted as a right in amounts sufficient to meet a minimum standard of need (ILO, 2011). It is non-contributory in nature and is financed through government's general taxation systems. There are usually means test procedures associated with benefits of social assistance and the beneficiaries are required to meet basic conditions that may be political, economic and moral. Social assistance programmes are regulated by the 1988 Social Welfare Assistance Act which bestows the Department of Social Development rights and authority to provide limited public assistance to needy persons aged 60 or older, persons incapable of work, vulnerable households and the dependents of needy persons. Some of the social assistance programmes available in Zimbabwe are discussed below.

Public assistance
Public assistance involves all cash and in-kind benefits given to people of low incomes or the unemployed, the old age and child-headed families (Kaseke, 2003). This programme is given to protect people from falling

below the poverty datum line and to cushion them from abject poverty. Section 6(1) of the Social Welfare Assistance Act spells out the eligibility criteria for social welfare assistance beneficiaries. It states that the Director of Social Welfare, or any person acting on his behalf, may grant public assistance to a destitute or indigent person where he or she is satisfied that such person is over sixty years of age, is handicapped physically or mentally, suffers continuous ill-health or is a dependent of a person who is destitute or indigent or incapable of looking after himself or herself or otherwise requires social welfare assistance. This shows that some means testing procedures take place in order for one to receive social assistance in Zimbabwe. There is also support for older persons above the age of 65 who are unable to fend for themselves. This is a public non-contributory scheme funded by the government which caters to older persons above the age of 65 years who are in institutions. The programme provides for the well-being of the older persons within institutions granted through individual per capita grants. Currently, the facility is not operational as a result of lack of funding but remains a programmatic element under the Family and Social Protection section of the Department of Social Development's portfolio.

Harmonised social cash transfers
The Harmonised Social Cash Transfer (HSCT) programme is another means-tested public assistance (non-contributory) scheme whose main source of financing is donor funding. The major technical partner is UNICEF. The programme involves direct cash transfer to ultra-poor and labour constrained households. About 14,000 households were assisted through the programme in 2011. The facility targets Orphans and Vulnerable Children (OVCs) and labour constrained households (Chikova 2013) intending to take them out of the poverty drainage. It covers 21 districts in Zimbabwe and aims to extend the coverage to other districts in order to provide a universal outreach. The HSCTs are usually affected by inflation and the value of the money received is usually eroded. Therefore, there is a need for the government to consider the principle of indexation where all paid amounts should be measured against the rate of inflation.

Basic Education Assistance Module

The Basic Education Assistance Module (BEAM) is a non-contributory, means-tested public scheme aimed at enabling children from poor and vulnerable households to gain access to education. According to Chikova (2013), the main source of funding for the BEAM facility which was formed in 2000 is the Government of Zimbabwe with support from technical partners such as UNICEF and DFID. The programme pays school fees for orphans and vulnerable children. In 2011 it had national coverage of 407,241 primary and 119,316 secondary school children who were assisted. The primary objective of BEAM is to reduce the number of children dropping out of school and to rope in children whose access to schooling is threatened by the lack of economic support. It targets children of school-going age (ages 6 to 19) and the Ministry of Public Service, Labour and Social Welfare in conjunction with the Ministry of Primary and Secondary Education implements the programme. One of the major problems facing the BEAM is low coverage of the population at risk and late disbursement of the funds, resulting in children being sent away from school (Masuka, 2014).

Food deficit mitigation strategy

This is a means-tested public non-contributory scheme financed by the government with the World Food Programme (WFP) as the technical partner (Chikova, 2013). The national coverage stands at around 150 000 food insecure households as per parliamentary records as well as the Zimbabwe Vulnerability Assessment Committee Food and Nutrition and Security Update Report of 2020. The programme is characteristically an in-kind benefit scheme as there is the disbursement of primary maize by the government and in other cases pulses by cooperating partners. This is probably the most operationally programmatic element within the Department of Social Development due to the heightened food insecurity in the nation with at least 5.5 million rural people being projected to be food insecure between January and March 2020 (ZimVac, 2020). This precarious position has since seen the programme extending its services to metropolitan provinces of Harare and Bulawayo, whereas it had traditionally catered for the rural populace only.

Assisted Medical Treatment Order

The Assisted Medical Treatment Order (AMTO) is a non-contributory means tested programme financed by the Government of Zimbabwe through the Ministry of Health and Child Care. This programme pays for health bills of indigent persons with social welfare officers being responsible for assessing and processing the orders for such persons. The target population is the vulnerable in society.

Informal Social Security Programmes

The area of informal social security is fraught with significant variations and debates on the nature and form of its existence as well as its constituent elements. In terms of definition, informal social security has been generally construed to refer to both "traditional" and "indigenous" systems of social protection which are legitimated by custom and cultural tradition, (Midgley & Hosaka, 2011). Informal social security systems are largely bound on trust, stewardship and community solidarity. It encompasses those arrangements and actions taken by an individual or by a group of individuals which are not guided by formal legal regulations, but which are not necessarily contravening these laws and regulations, (Oduro, 2010). Hall and Midgely (2004) highlight that non-formal social security institutions typically include the family, kinship and community support, and various institutional forms of mutual aid. Suruma (2000) notes that self-help and mutual aid mechanisms including various forms of cooperatives, market associations, savings and credit clubs, and burial societies are part of the informal social security system common in Zimbabwe. Non-formal social security appears to be the current dominant form of social security in the developing world as they continue to play an active role as a major source of assistance especially for the poor who are often excluded from formal social security systems.

According to Walker (2005), the conceptualisation of social security is informed by the prevailing wisdom concerning welfare regimes. Welfare regimes are characterised by normatively prescribed set of values, aims, institutions and policies that are combined in integrative and distinctive ways that shape political responses to change (Walker, 2005). The Afrocentric approach is based on the African values of *Ubuntu* connoting a spirit of togetherness as a form of social security fundamentally ingrained

in the fabric of societal life. The most important social security agency from the African perspective is the family and the broader community. Responsibility is bound upon the principles of solidarity (pooling resources together), redistribution and reciprocity (risk sharing) (Kasente, 2003). The core tenets of the Afrocentric approach are thus considered of high worth value in the pursuit of social security for all people in the developing world. Non-formal social security is conceptualised as that form of social security with minimum state intervention and statutory regulations. Informal social security programmes employ traditional institutions of support such as the family, kin, community networks and the charitable activities of the church and other similar institutions as the main agency of social security. Kaseke, (2003) concurs with Suruma (2000) that there are two major types of informal social security in Zimbabwe. These are the traditional or family support systems and self-organised mutual aid arrangements safety nets.

Traditional forms of Social Security and Mutual Aid Arrangements

The extended family has traditionally been regarded as a social security institution, providing support to its members in the event of exposure to contingencies such as sickness, invalidity, old age, death or drought. Kasente (2003:12) observes that "the collective solidarity through mutual assistance within the family, clan and the tribe, as well as the care by the extended family for one another in times of crisis or old age, constituted the measures of traditional social security systems." Traditional social security systems refer to those forms of social security which have a close link to social tradition, and which are frequently very binding for members of the community on the basis of common law or custom.

Principles of Traditional Social Security

Traditional social security systems are kinship-based and follow the principles of solidarity and reciprocity. In concurrence, Kaseke (2003) highlights that in the Zimbabwean context, social security and protection for the informal sector workers and informal community depend on a specific relationship or kinship, which places a societal or moral obligation on a person to provide social security support in certain circumstances.

The kind of social security support can be in the form of money, in-kind transfers or service that is rendered or support given to those in need. This would, for example, occur in cases where families are looking after the elderly, orphaned children, family members with physical challenges and various ailments and support them as members of the family through their means of subsistence. This form of support is highly effective in rural parts of Zimbabwe where collective action is more pronounced as compared to urban areas.

The traditional support systems are kinship-based and see the extended family as an important social security institution which provides support to its members in the event of exposure to risks (Kaseke et al., 1998). This support is an expression of the principle of solidarity whereby the risks are shared within the extended family system. In addition, traditional social support systems are informed by the principle of reciprocity which assumes the existence of a system of exchange between members of the extended family system. Thus, traditional forms of social security play an important role in social capital building through integration and solidarity. The other core values of informal social security include self-help, cultural expression as well as contribution and entitlement to benefit (Devereux et al., 2004). Self-help entails the sense of individual responsibility as well as ownership of a scheme and these are the bedrock of successful informal arrangements. The cultural expression relates to how some of these schemes are part of historical mechanisms that were used to protect people from falling through social nets. As such, the provisioning of security in this fashion is based upon how these mechanisms are engrained in our culture and ought to be perpetuated. The relationship between obligations to contribute and securing an entitlement has remained at the backbone of many informal arrangements. This does not only secure rights to some protection from risks but also promotes self-help.

Contrary to the wide belief that traditional social security systems play a largely welfare and residual function of protection, evidence shows that they have also some developmental orientation. ILO (2014) points out that traditional social security not only focuses on meeting immediate needs but also builds the capacity of individuals, households and communities to

become self-supporting and to be able to manage future risks. An impressive case instance is a scenario where the extended family takes care of orphaned children, offering them access to health and education. This action reflects a form of human capital investment for both the individual children and the broader society. An argument can thus be sustained that even traditional forms of social protection meet the conceptualisation of social protection by Devereux et al., (2004) which contends that social protection contains four dimensions including preventive, protection, promotive and transformative measures. The major examples of traditional forms of social security include internal savings and lending schemes, benefit associations, burial societies, *Zunde raMambo/ Isiphala seNkosi* among others.

Internal Savings and Lending Schemes

These are institutionalised non-formal social security mechanisms made up of mutual aid associations which are generally small and based on the joint practice of pooling resources together. Unlike formal social security schemes bounded by specific statutory instruments and regulations, mutual aid arrangements generally do not have rigorous rules and are considered spontaneous and flexible with activities based on mutual trust and social obligations, (Dhemba et al., 2002). Self-organised mutual aid arrangements can also be referred to as self-help schemes and are community or neighbourhood based support systems. The affected persons voluntarily form a group or an association or a cooperative to address some unmet needs from existing social protection schemes. Mutual aid associations are fluid, complex and not amenable to simple definitions and categorisation because they are built on trust rather than legal laws and national statutes as in social insurance schemes. These include burial societies, benefit associations, rotating and savings associations and accumulating savings and credit associations also known as Internal Savings and Lending Schemes.

Burial societies

Burial Societies are the most ubiquitous form of mutual aid arrangements in some rural parts of Zimbabwe. They involve pooling resources together to provide financial assistance to members in the event of death or illness.

They are generally seen to offer a measure of financial security in the event of bereavement and also cater to some of the other social needs of members. Burial societies express the need as well as the cultural expectation that a person's status in the community and the esteem of their family is reflected in an appropriate burial with commensurate commemoration and ceremony. Members of the burial society offer financial and material benefits to the bereaved family. They also offer psychosocial support and counselling to family members of the deceased, which enhances their coping mechanisms in the face of adversities and mourning.

Benefit associations
Benefit associations are closely related to burial societies and are often designed by people who work or stay in the same environments and come up with facilities where; through member contributions, protection is given by access to loans or grants to cover such problems as funeral, illness, eventualities or even starting up a small project or business. Members have access to funds through agreed upon binding rules. Rotating and savings associations, accumulating savings and credit as well as cooperative associations are part of the mutual aid arrangements gamut. These types of mutual aid arrangements are very common in Zimbabwe and the developing world, especially among informal sector employees including vendors, taxi drivers, flea market operators and many other individuals operating in the informal economy. Households in rural areas of Zimbabwe also engage in various forms of income savings and lending schemes as part of livelihood enhancing and social protection measures through capital and assets accumulation.

Zunde raMambo/ Isiphala seNkosi
In Zimbabwe, the traditional social security system extends to include a wide range of community social networks in the broader community such as *Zunde RaMambo Isiphala seNkosi* practice. Ruparanganda, Ruparanganda and Mabvurira (2018) state that this practice is still evident in the Buhera district and is based upon the spirit of collectivism. It promotes food security through community solidarity and resource pooling against the occurrence of drought and other food deficit risk

factors with orphans, widows and the aged as the targeted beneficiaries. Dhemba et al. (2002) describe this community based and traditional form of security as based on community contribution of grain to the chief who would store it in a trust to be distributed to the needy people in his jurisdiction in the event of drought or famine. In some instances, the concept involves community members working collectively in a field under the leadership of the chief and the village head for the benefit of indigent persons, specifically orphans and the elderly.

The Interface between Social Protection and Social Security

Social security and social protection remain topical concerns globally even more so in developing countries given the high levels of poverty, unemployment and social exclusion. According to the International Labour and Employment Relations Association [ILERA] (2015), the terms are generally used interchangeably. However, in recent times, it has been increasingly recognised that the latter is broader than the former. Social protection entails a set of interventions whose objective is to reduce social and economic risk and vulnerability and to alleviate extreme poverty and deprivation (Food and Agriculture Organisation, 2020). Social protection can assist members of society to address the risks they encounter, such as poverty, social exclusion, inequality and food insecurity, and protect the most vulnerable from shocks and stresses throughout their lives. In Zimbabwe, these social protection agendas are achieved through the mediums of social insurance, social assistance, sustainable livelihood initiatives, public works and labour market interventions (NSPPF-Z, 2016). Social protection typically focuses on reducing vulnerability and poverty through safety nets. The World Bank (2018) states that social safety nets (SSN) consist of non-contributory assistance existing to improve the lives of vulnerable families and individuals experiencing poverty and destitution. Examples of safety nets include non-contributory social pensions, in-kind and food transfers, conditional and unconditional cash transfers, fee waivers, public works, and school feeding programmes. Social protection has traditionally been aligned to emerging economies and developing countries' social programming even though it is broader than that. Developed countries' challenges include addressing the impact of demographic changes and financial crises on the provisioning of income security. The problem of low coverage of formal social security and lack of

comprehensive social protection systems has traditionally bedevilled developing countries like Zimbabwe. ILERA (2020) posits that for many years, social insurance was seen as the preferred form of social security and social protection. However, acknowledgement of the problems alluded to above has since resulted in the call to help citizens access social security and duty bearers to create comprehensive programmes that are accessible to citizens. This is underpinned by the human rights discourse that recognises socio-economic rights as fundamental basic rights (ibid.). Governments have since realised that in order to promote access to the right to social security for all members of their citizenry, they need to introduce or expand non-contributory forms of social security. Pursuant to these realisations, there has been introduction of, among others, comprehensive non-contributory schemes in many Latin American and some African and Asian emerging economies as per ILO recommendation 202 on Social Protection Floors. Such countries include Lesotho with their Old Age Pension scheme which covers all persons above 70, Bolivia with the Renta Dignidad social pension which covers up 100% of persons above the age of 60 and Brazil's Fome Zero package of federal assistance programmes (ILO, 2016; FIAP, 2018; World Bank, 2010). The Social Protection Floor (SPF) is therefore the first level of social protection in a national social protection system. This is illustrated in Figure 7.1 below.
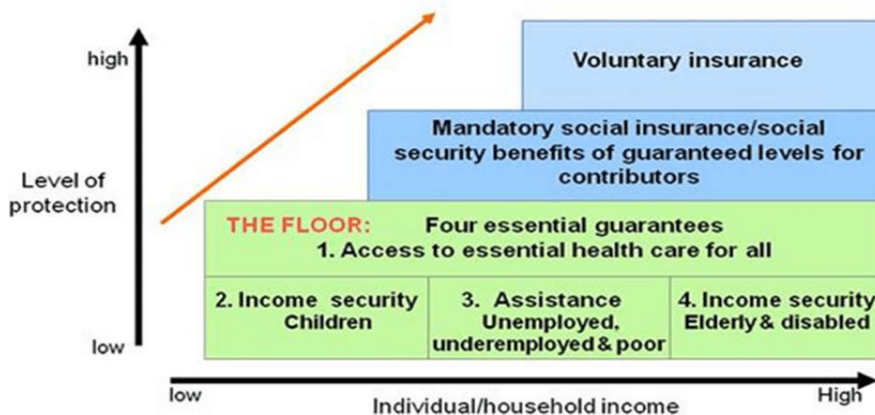

Figure 7.1: *Social Protection Floors (Adapted from ILO, 2012)*

The Role of the Social Worker in Social Security Systems in Zimbabwe

Social workers believe that social protection and social security programmes should be transformational and developmental in nature. This trajectory has been dubbed as developmental social work and it entails a type of social work which diverges from the residual, service-oriented approach directed at special categories of people in need for strengths-based and people-centred approaches (Gray, 2002). Embedded in the social work profession's theoretical and practice understandings is that individuals cannot live sustainable, fulfilled lives unless they are interdependently connected in a social framework. Social workers believe that an individual cannot survive in a vacuum; rather people live in families and their communities for wholeness. The essential aim of the profession is to enhance social security systems so that people can interact with their social environments confidently, securely, with dignity and with the full realisation of their rights. The profession actively supports the development of social security systems and programmes that seek to reduce poverty and alleviate suffering. Social workers strive to build families and communities that are resilient to life shocks through the provision of transformational and developmental social security programmes. This helps to strengthen societal capital, enhance solidarity between people and ensure community capacity building for sustainable development.

Central to these initiatives is the ability of social workers to advocate for policies that promote fair allocation of resources to the neediest. This strengthens the motto of 'putting the last first' by advocating for social security schemes that preserve and enhance social relationships, promote social integration and make relationships between people as harmonious as possible. From this perspective, social security should be designed to promote the sustainability and wellbeing of the population as a whole, unlike remedial provisions that address the immediate needs of people. In this case, social workers advocate and influence policy through lobbying so that social security systems become agencies for social transformation, prompting self-determination through encouraging democratic participation and strengthening voices in the wider society.

Lessons Learnt and Way Forward

Kaseke (2003) predicts that the twin process of urbanisation and industrialisation will characterise the development of Zimbabwe. Whilst urbanisation is abundantly evident, the nation has witnessed marked deindustrialisation as a result of worsening economic woes, with inflation soaring upwards the 730% mark (Townsend, 2009). Nonetheless, the prediction of dependence on a wage economy has taken form as a result of rapid urbanisation, leading to less reliance on subsistence farming or extended family by the populace. De-industrialisation has prompted more informal economic practices which leave the majority of the populace with meagre and inconsistent earnings. These developments only escalate the need for comprehensive social security schemes as they have created new risks, engendered feelings of uncertainty and insecurity. The current formal social security schemes exclude people who are in the informal sector and hence these leaves a big proportion of the population not covered. In fact, only 20% of the population is covered by social insurance according to Chikova (2013) and National Social Protection Policy Framework of Zimbabwe (2016). This figure is set to fall even lower as it is threatened by a number of new factors. The novel coronavirus (Covid-19) pandemic and the global recession it has since caused are set to produce a set of new social security risks within the foreseeable future. For example, global trends and forecasts by the World Bank (2020) show that the rate of unemployment is set to increase.

At present, Zimbabwe's social security schemes do not offer comprehensive social insurance schemes, with the majority who work in the informal sector being left out (NSPPFZ, 2016). As such, measures should be mooted to extend coverage to the informal sector. Allowing those in the informal sector to voluntarily contribute towards an insurance package may help to extend coverage. There are elements of voluntary contribution in Mozambique and Mauritius; and these can be used as guides for the creation and modification of a comprehensive system that is informal sector inclusive. Chikova (2013) states that after allowing for such systems, the voluntary contributors can then be integrated into the social security system at a future stage when the value of the benefits has been demonstrated and when it is economically sustainable to do so. More so, the potential of micro-insurance should also be meticulously explored as

an alternative to meet urgent social security needs. Given the risks informal work is associated with, catalysed by factors such as poor protective clothing and unsafe working conditions, micro-insurance can be a stopgap measure and potentially provide safety nets. In recent times, insurers such as Doves and First Mutual have proved responsive to informal sector needs by creating relatively cheaper packages. However, micro-insurance cannot be the basis of a comprehensive social security system and as such, policies and initiatives on the extension of coverage should be formulated and adopted within the context of an integrated national social security strategy (Chikova, 2013).

In its current format, Zimbabwe's social assistance is largely informed by the remedial approach and this is reflected by the coverage of its schemes. Whilst more countries in the SADC block have since expanded their non-contributory social security systems in order to extend coverage, Zimbabwe has remained by and large limited in coverage. According to Kaseke (2013), these countries have realised that relying on social insurance will not ensure access to social security for all. Botswana, Lesotho and Swaziland have since introduced universal pension schemes to offer protection against old age risks. Whilst these do not offer immediate protection as social insurance, informal sector workers will be able to fall on these schemes. This is especially important as their trades are normally hand to mouth affairs and their old age livelihoods may rely on subsistence farming or remittances whose gains may not be consistent. Following the argument of social security as a human right discourse, it is becoming apparent that expanding non-contributory social assistance may be the route towards universal coverage (Kaseke, 2013). The International Labour Organisation (2017) recommends that governments should begin to consider a life-cycle approach to social security provisioning as opposed to poor relief; with schemes crafted to respond universally to problems that affect a constituency of society at a particular stage of the life course. Whilst budgetary concerns can impinge on the adoption of such a policy direction, governments could potentially make fiscal choices that have significant impacts on the rates of exclusion. These include, for example, beginning a universal pension scheme by targeting a subset of the population above sixty (60) then progressively include other subsets until everyone is covered. This has been done in Lesotho and has today created

one of the most vibrant social security measures in the region. It is also suggested that the recommendation of ILO Convention 102 be adopted to provide universal coverage of all the citizenry at the various stages of their lives.

Traditional forms of social security, which are currently more accessible to the majority of the population, are also threatened by a number of factors. Ruparanganda et al. (2018) note that some of the factors include globalisation, epidemics, climate change, natural disasters industrialisation, westernisation, economic instability and poverty. These threats can be mitigated by either modernising or hybridising these traditional schemes to buffer them from such forces. Most mutual aid arrangements such as burial societies have traditionally been backed upon small amounts of money with minimal banking. However, noting the progressive growth of mobile money platforms such as ECOCASH and TELECASH in Zimbabwe, it should be encouraged that such arrangements use these platforms to improve the accountability and safety of funds. These platforms can also facilitate the real-time transfer of remittances to families and kinship members, thereby improving access to resources. Given, those persons in mutual aid arrangements usually have limited access to loans or life insurance; such platforms also offer a gateway to these formal services. ECOCASH's nano-loans, branded as Kashagi, are examples of schemes that mutual aid arrangements can potentially benefit from. ISALs can also take advantage of such services as they provide transaction records, are secure and can help reduce geographical inconveniences when transacting. The impact of co-opting this technology into the above-mentioned schemes would be to improve accountability, reducing chances of embezzlement, linking traditional schemes to mainstream insurance and encouraging a consistency in contribution.

Another way traditional forms of social security can improve is through hybridisation of traditional schemes with modern schemes. Whilst the *Zunde ramambo* scheme can be an effective social assistance method, it can be susceptible to high costs of farming inputs, drought, climate change and natural disasters. For example, in recent times inflation has driven up the prices of seeds and fertilizers beyond the reach of many people,

including commercial farmers. An example of such hybridisation would see the government capacitating communities through the Presidential Input Schemes with farming inputs and other support services with a stipulated quota of harvests being put into the Chief's Granary. Alternatively, government or development partners such as the World Food Programme or Welterhunger can feed into the Chief's Granary strategy to keep such a scheme viable. The Heifer-Pass On scheme was rolled out in Manicaland and Masvingo in light of the January disease scourge that ravaged those areas during early 2020 (Ministry of Lands, Agriculture and Rural Resettlement, 2020). Burial societies can be linked to funeral insurance companies which can extend their policies to individual members of the society (Kaseke, 2013). Burial societies have traditionally maintained funeral parlour insurance policies on behalf of their members. ECOSURE has sometimes had promotions targeted at burial societies with awards such as utensils like pots and price money being given away. Such corporate promotions open the arrangements to out-of-group funds or in-kind benefits. Such hybridised activities built on the foundations of these traditional schemes could help to provide not only technical advice but also mainstream disaster risk management strategies to these grassroot schemes.

Incorporating informal social security arrangements in the formal system has been touted as one way to improve their viability and functionality (Kaseke, 2013). In the SADC region, Botswana and South Africa are examples of countries where burial societies have obligatory linkages with social insurance (Olivier, Kaseke & Mpedziswa, 2008). Ngwenya (2002) postulates that in Botswana, burial societies are required to register with the Registrar of Societies under the Ministry of Labour and Home Affairs. In South Africa, such societies are registered according to the Friendly Societies Act of 1956. Whilst the reality is that some societies may operate without registration, such linkages can help promote connections with mainstream insurers through underwriting. Basing on mutual benefits, it can be lobbied for financial institutions to tailor-make their products so that they yield more profits and meet the needs of informally secured persons (Kasente, 2003). The government should therefore promote the involvement of these informal schemes in social security provisioning with stepped regulation being a way to formalise them. Other government

initiatives that can be of use to further strengthen informal social security include:

a) Training mutual aid groups in social security so that they are better exposed to management, investment and insurance best practices

b) Providing subsidies to such arrangements as a measure to broaden their financial base, especially those focused on the most vulnerable.

c) Render technical assistance services to help informal social security measures better cope with underfunding and/ or over exposure (*ibid.*)

Conclusion

The paper discussed social security systems in Zimbabwe. Different forms of social security were discussed with major focus given to social insurance, social assistance and traditional forms of social security. With the changing trend of human life, lessons learnt were discussed to place social security initiatives at the centre of the changing and dynamic world. The chapter also discussed the role of social workers in social security systems.

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CHAPTER 8

INDIGENISING SOCIAL WORK FOR SOCIAL DEVELOPMENT: IMPEDIMENTS AND MITIGATIONS

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Wilson Zvomuya

Introduction

The socio-economic challenges faced by developing countries are forcing them to embrace social development as an alternative approach to achieving development. The classical theories of development like the Linear Stages Theory, Structural Changes Model, the International Dependence Models and the Neo-Classical Counter-revolution approaches among others have been seriously affected by a number of impediments that are economic, political, social and even technological in nature, making it difficult for them to realise set targets and goals. It is in this context that social workers are obliged to come up with developmental approaches towards assisting individuals, groups and communities to solve their own problems, capacitating them to enhance their social functioning and to cope more effectively with their problems (Pamar, 2014). However, in reality, this appears not to be the case due to remedial approaches in social welfare services provision and the so-called development activities being implemented among the vulnerable populations in Zimbabwe. Social work education and practice in the country is still dominated by western hegemony and far much detached from the realities of the African people. The western hegemony of social work practice pre-occupies social workers with providing piece-meal services due to the dire need for survival and severe poverty issues.

It is critical to advocate for a paradigm shift towards a developmental approach to social work by indigenising it to suit the needs of the local

people and address the impediments that hinder the transitioning process. This chapter focuses on the exploration of impediments that militate against the indigenisation of social work in Zimbabwe and possible mitigation measures. Areas covered in this section include definitions for social development, developmental social work and social work indigenisation, barriers to social work indigenisation and possible mitigations as well as proposed models to inform the indigenisation process. The authors believe that indigenisation of social work using a developmental approach is critical in the attainment of social development in the country.

Historical Overview of Social Work Education and Practice in Zimbabwe

Zimbabwe gained independence from Britain in 1980, after being colonised from around the 1890s. The colonial period witnessed a massive impartation of the colonial hegemonic tendencies and beliefs in many frontiers. The general nature of doing business was Eurocentric, with little or no reflection of the African contextual imperatives. Colonial masters dictated the order of the day in virtually every aspect of human existence. The contributions of the indigenous people to philosophy, practice and the production of knowledge were denied an opportunity for recognition. The education of the day was purely 'foreign', aimed at making the indigenous people governable and subservient to their colonial masters and largely lacked significance to their existential and contextual situation (Austin, 1975; Mlambo, 1998).

In the same vein, the practice and training of social work in Zimbabwe is a product of colonialism which necessitated a direct transfer of Western methods of social work practice to Zimbabwe and Africa at large. The attainment of independence in 1980 did not usher in a reprieve from the tradition; instead, it brought in the perpetuation of the colonial hegemonic tendencies in social work training and practice. The social work curriculum in postcolonial Zimbabwe is an embodiment of the colonial legacy in social work education and practice. The nature of practice is mainly rehabilitative and curative. Kreitzer (2012:) poses a question, "Why is it that 90 percent of books in the social work library in Africa are western?" This question speaks volumes of concurrence with Midgley's

(1981) book titled "Professional Imperialism: Social Work in the Third World". Kreitzer further alludes that western social work literature forces students to adapt western knowledge to their own situations when they should be having their own. In Zimbabwe, Eurocentric knowledge on social work theories, methods and values continue to be the epicentre of social work education, while indigenous methods and approaches remain on the periphery of formal education and practice.

On another note, the issue of the internationalisation of social work comes at the fore. Concerning this issue, Midgley (2001) alludes that, social workers are divided on the question of the universality of social work values and whether internationalism is a desirable normative position for the profession to adopt or not, as it seeks to respond to the forces of globalisation. It is of importance to note that, this does not only affect Zimbabwe, as Hogarth (2019) refers to the Canadian conundrum of balancing decolonisation of social work and also meeting international expectations. It is therefore imperative to take note of the need to strike a balance between the contextualisation of social work and the need to meet the global demands. The Zimbabwean context of social work practice presents itself with a lot of opportunities and challenges for indigenisation and at the same time meeting the internationalisation of the profession.

Social Work Indigenisation as a Conceptual Framework

One of the defenders of social work indigenisation, Osei-Hwedie (1993), argues that indigenisation is based upon the realisation that social work in Africa has failed to respond appropriately to the major problems confronting the region. According to Osei-Hwedie (2001), indigenisation refers to postulations which state that the theories, values and philosophies of social work practice must be influenced by local factors such as culture, beliefs, cosmology and social milieu. In addition to this view, Gray et al. (2013) opine that indigenisation holds that social work knowledge should arise from within the culture, reflect local behaviours and practices, be interpreted within a local frame of reference, and thus be so locally relevant, that is, it should address culturally relevant and context-specific problems.

The genesis of the indigenisation of social work agenda can be traced from the efforts of the Association for Social Work Education in Africa (ASWEA), a non-profit association that was formed in 1971 in the wake of a growing number of African nations gaining independence from their former colonial powers (Grey et al., 2014). The association was guided by a decolonising agenda, as African social work education was seeking alternatives to dominant, rehabilitative and curative Western approaches to service delivery and social work training. From this view, the quest to ensure that social work education in Africa should consider local and regional issues and make the profession relevant to African settings has never ceased. According to Ugiagbe (2015:792), "Practices of social work vary in different times in history and various regions, localities and communities since the form and shape that social work takes are shaped by the social cultural contexts of a particular region or locality". Social work practice and principles should, therefore, fit local contexts. On another note, it is imperative to note that there have been a lot of barriers militating again the realisation of indigenous social work in Africa. As shall be dealt with in this chapter, these factors range from the socio-political context, poor social work regulatory frameworks, poverty, economic decay and the associated effects of brain drain.

The metamorphosis and formalisation of the social work profession from the former colonial powers is a fact. According to Carbone and Kazepov (2007), the first social interventions go back to the Victorian Age and many systems of social organisations which were developed in Europe to respond to problems were created by industrialisation. This, therefore, implies that, despite the need to indigenise, one cannot wish away the need and relevance of social work as an international profession with its origins from the western world.

The inherent nature of social work has given room to the relevance of international social work associations championing the regulation of social work training and practice internationally. In July 2014, the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) came up with a new global definition of social work and then published the updated Global Social Work Statement of Ethical Principles in 2019 and the Global Standards for Social Work

Education and Training document in 2020 in a bid to reflect on recent developments in global social work. It is prudent to note that, in their quest to promote social work globally, the IFSW and IASSW are cognisant of historical diversity, socio-cultural, economic and political contexts in which social work is practiced, both within countries and across the globe (IFSW & IASSW, 2020).

Social work is a profession practiced across many nations. Dominelli (2012), points to the increasing number of social workers who are training in one country and working in another, raising various questions about the transferability of social work training, its relevance as it crosses borders, and contexts to be applied in very different cultural milieus. This, therefore, calls for a well-balanced approach to the indigenisation agenda. It is inarguable that the Westernisation of social policies and social work methods of practice is a reinforcement of the hierarchical power relations and the imbalanced forms of collaboration among different countries and groups (Gray & Fook, 2004). Furthermore, this will marginalise and undermine the relevancy of a localised interpretation of world view, culture and belief systems. In support of the balanced approach, Gray and Fook (2004) argue that recognising the challenge to draw the best from international influences while developing local models of social work education and practice have led to suggest social development as an alternative, as the case of South Africa shows.

The Social Development Approach

The concept of "social development" has been faced with many contestations as far as its definition is concerned. Professionals and academics from various fields have applied and defined the concept in different ways. Midgley (2014) concurs with this view by admitting that, even though the term social development has been in regular use for more than half a century, it is still poorly defined and is being used to mean different things in different circumstances. According to Nahar (2014), these definitions are evolving and ever changing and they tend to be time, culture, and place specific.

In a bid to present a comprehensive definition of what social development is, Pawar (2014) categorised many definitions of social development into

three categories based on their approach. These include definitions that focus on systematic planning, thinking and economic development; definitions that focus on structural change; and definitions that focus on realising the human potential, needs, and quality of life. Midgley's (1995) definition of social development as a process of planned social change which was designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development falls under the category of definitions that view social development as a systematic planning, thinking and economic development. Pathak's (1987) definition of social development as a comprehensive concept which implies major structural political, economic, and cultural changes which are introduced as part of deliberate action to transform society, falls under the category of definitions that focus on structural change. Lastly, definitions that focus on realising the human potential, needs, and quality of life are in line with Pandey's (1981) view that social development includes improvement in the quality of life of people; equitable distribution of resource; broad-based participation in the process of decision marking and special measures that will enable marginal groups and communities to move into the mainstream

As alluded to earlier, the genesis of the term social development can be traced from the dissatisfaction with the development models that put more emphasis on economic growth, neglecting social factors. In tandem with this view, Gore (1973) characterises the concept of social development as being inclusive of economic development but differs in the sense that he emphasises societal development at all levels of economic, political, social, and cultural aspects. In a bid to present a comprehensive picture of what social development entails, the theory of social development is a product of a mixture of interrelated and independent theories. According to Midgley and Pawar (2017), there are several discipline-based theories, which may be considered broadly as development theories, and that apply to understanding some aspects of social development progress, or lack of it, and/or distorted development in different countries and regions.

The specific goals of social development are quite diverse. As observed from a practical and theoretical perspective, the goals of social development have been observed to include the eradication of poverty and

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hunger, improvement of education and literacy, reduction in infant and maternal mortality, ending of gender discrimination and oppression, enhanced participation in the political process, increased access to improved sanitation, and many more (Midgley, 2014).

In terms of the approach's natural characteristics, social development entails a variety of characteristics as viewed by many scholars. However, Midgley (1995 and 2014), presents eight characteristic features of social development. These entail that;

a) Social development is a process. The process is defined as having three aspects: first, a pre-existing social condition that social development seeks to change; second, the process of change itself; and finally, the end state in which social development goals are accomplished.
b) The process of change in social development is progressive in nature.
c) The social development process forms part of a larger multifaceted process comprised of economic, social, political, environmental, gender, and other dimensions which are integrated and harmonised.
d) The social development process is interventionist in that it requires human agency in the form of projects, programmes, policies, and plans that achieve social development goals.
e) The social development process is productivist in that practice interventions function as investments that contribute positively to economic development.
f) Social development is universalistic in scope; it is concerned with the population as a whole rather than with impoverished, vulnerable, and needy groups of people. It encourages a wider universalistic context of interventions that promote the welfare of all.
g) Social development adheres to the principle of universalism is another characteristic feature of social development. The principle requires that the barriers that prevent social inclusion be addressed and that egalitarian and redistributive policy be adopted.
h) Social development is aimed at promoting social welfare. It is committed to the goal of promoting people's social well-being.

According to Midgley and Pawar (2017), since the term 'social development' emerged for the first time in the 1950s, poverty and

deprivation have not been met but the needs of the hundreds of millions of families have been satisfied. The failure by traditional approaches to development to embrace the need for social improvement, which would translate to economic growth, was an opportunity for the popularity of the social development approach. Economists believe that economic improvements will trickle down to promote social development. However, the realities in most developing countries are proving the opposite. Most of them have been associated with rampant corruption, whereas the minority exploit national resources to their advantage. Social development, therefore, comes in as an alternative approach.

What is Developmental Social Work?

Developmental social work is one of the end results that indigenised social work systems. According to Midgley and Conley (2010), developmental social work is the application of the theory, principles and values of social development to social work and is an approach to social work that is informed by social development. This is all aimed at enhancing the well-being of individuals, families, groups and communities in their social context (Patel, 2005). It entails a commitment to "social investment" and "economic development". Developmental social work is different from generic social work in that it focuses much on the macro-policy framework interventions unlike the micro and meso interventions which place emphasis on the individuals and families. It is achieved when social workers tailor-make social development skills and knowledge in solving problems presented by their clients. Zimbabwe as a developing country with a high level of poverty and deprivation will need different approaches to intervention. Midgley (2001) notes that the question of social work's proper role in the developing countries of the global South remains pertinent. This is mainly centred on whether the profession should be primarily committed to remedial, activist or developmental forms of practice.

Social workers need to understand that their clients already have their own inherent capacity, resources and solutions to their problems. The role of social workers is then to capacitate, empower and strengthen their potential to use available systems and resources in solving presented problems. They also need to bear in mind that the moment clients

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approach social workers, other avenues for assistance would have been exhausted. In that scenario, the process also entails making correct connections or referrals that steer the discovery of innovative skills and sources of assistance that promote self-sufficiency.

Principles of Developmental Social Work

The contextualisation and localisation of developmental social work in Zimbabwe should be guided by principles and values that speak to the African context. The roots of such principles are embedded in the spirit of collectivism, conservatism, humaneness and non-paternalism. It is imperative to state that some of the following principles are tailor-made from the South African principles for developmental service delivery, the *Batho Pele* with others being rooted in the *Ubuntu/ Unhu* philosophy from a Zimbabwean perspective. As such, the following principles may suit the local Zimbabwean context:

a) **Respect for Ubuntu**: A philosophy of oneness; an understanding of the connectedness of all humans.
b) **Empowerment**: People should achieve greater control and influence over the resources that have a bearing on their quality of life.
c) **Equity**: Distribution of resources should be based upon the need and also in consideration of the traditional past imbalances.
d) **Universal access**: Development should be available to all that are in need and not be a preserve for the strategically positioned few.
e) **Climate Change Awareness:** People should have an understanding of climate change related trends for easy adaptation.
f) **Sustainability:** Constant and long-term maintenance of people's goals should be realised.
g) **Participation:** People should be fully engaged in the process of development and be allowed to progress at their own pace.
h) **Social integration**: Policies and programmes should be harmonised in order to promote social justice.
i) **Dependency-free**: People should be self-sustainable or independent at personal, family, societal and national levels.
j) **Efficiency and effectiveness:** Development should be achieved in the most cost- effective manner.

The Nexus Between Social Work Indigenisation and Developmental Social Work

Calls for indigenisation of social work are increasing and closely tied with the desire by developing nations to realise developmental approaches towards the amelioration of the rampant socio-economic challenges. A symbiotic relationship between social work indigenisation and developmental social work is clear for everyone to see. There are already existing traditional and cultural structures and systems in place through which Africans realise social development. These structures and systems can be exploited to attain developmental social work in Zimbabwe. This is in line with Gray's (2010) view that social work places a great deal of emphasis on responsiveness to local contexts and problems. The indigeneity of social work is premised on the adoption of context specific and culturally sensitive approaches in dealing with social problems. In this respect, social development views the centrality of cultural and contextual appropriateness in any social work intervention as sacrosanct. There is a close link that exists between indigenisation of social work in Zimbabwe and the attainment of developmental social work. The use of locally available systems and traditional mitigation measures on poverty alleviation among communities' anchor's efforts to address their social and economic challenges. Therefore, social workers in training and practice need to acknowledge a niche that exists for them to indigenise social work for the attainment of social development.

Barriers to Social Work Indigenisation

The indigenisation of social work in Zimbabwe is a good idea that needs proper care in its implementation. As noted earlier, the practice and training of social work in Zimbabwe purely rests within a colonial frame. Hogarth (2019) argues that, if issues to do with decoloniality are not well attended to, social work as a profession will continue to play a pivotal role in enacting and re-enacting colonialism. In a bid to foster a disentanglement strategy, the writers explore the possible structural barriers that are likely to scatter the prospects of successful indigenisation. There are a number of structural factors that could impede the implementation of this necessary process. This section gives focus to the potential barriers and later on proffers possible mitigations to these challenges.

Socio-political history of Zimbabwe

There is an indivisible link between the development of social work in Zimbabwe and the country's colonial past. Kaseke (1991) asserts that the development of social work is closely tied to the country's colonial history; its orientation reflects a wholesale transfer from the British experience. The wholesale transfer of social work practice from Britain into a context with totally different socio-economic imperatives has seriously compromised the relevancy and effectiveness of a social intervention.

The nature of social work training and practice was designed to respond to urban social ills such as crime, prostitution and destitution in order to promote order and stability. With this approach to social work, the profession was therefore seen primarily as an instrument of social control, and never seriously addressing the root causes of social problems and was curative in orientation. The tendency to maintain the old and same methods of social work practice among social work practitioners is likely to compromise or derail the indigenisation agenda. There are therefore calls for a clear road map of planned activities and targets at a macro level.

Bad policy formulation and implementation

Zimbabwe's reputation for policy consistency and adherence has always been a matter of concern. It is worth mentioning that the poor culture of policy formulation and implementation will always lead to poor outcomes. Zimbabwe has suffered a lot from populist policies that were seemingly crafted for political and social expediency rather than responding to the unfavourable circumstances on the ground. The land redistribution exercise is popularly known as the "Fast Track Land Reform" has faced a lot of criticism from many quarters. The observed limitations were not on the exercise *per se*, but its timing, execution and the targeted beneficiaries. According to the Zimbabwe Human Rights Forum (2010), land reform policies are generally implemented as an effort to address food insecurity, promote wider equity and efficiency gains from land redistribution, create political stability and an acceptable property rights regime for the benefit of the majority. The majority of black Zimbabweans did not have access to land. That in itself was a denial of social justice, as

the land issue was the rallying point for the war of liberation. It is therefore worth acknowledging that, land distribution was a noble exercise that was aimed at redressing the traditional past imbalances. Of great concern to Zimbabwe is how the programme was hurriedly done clandestinely, despite its legal provisions as enshrined in Zimbabwe's Land Acquisition Act of 1992.

Operation *Murambatsvina*/ Remove the rubbish' also known as "Operation restore order" of 2005, is one of the tainted policies that have been implemented in post-independent Zimbabwe. It was a clean-up campaign that led to the destruction of many houses that were not built according to municipal regulations. In principle, this exercise can be justified as adherence to the spirit and ethos of the constitution yet its effects were devastating, a flagrant violation of human rights, worth and dignity of persons. According to the UN-Habitat (2005:), the Zimbabwean government argued that it was 'arresting disorderly or chaotic urbanisation including its health consequences; stopping illegal, parallel market transactions, especially foreign currency dealing and hoarding of consumer commodities in short supply; and reversing damages caused by inappropriate urban agricultural practices'. The justification might sound correct, but the impact of such had long lasting negative consequences.

Policy development is not an event, but a process that needs proper considerations. The indigenisation of social work in Zimbabwe needs a clear strategy of implementation. The profession cannot afford a still birth exercise, the consequences thereof will be long lasting and detrimental to the profession. The social work indigenisation agenda may suffer from the same approach if proper measures are not put in place.

Regulatory framework
Social work as a profession demands a strong institutional capacity to enforce the regulation. Zimbabwe has the Council of Social Workers which is a statutory board mandated to regulate the training and practice of social work. Challenges still prevail regarding the standardisation and supervision of training institutions in order to ensure that quality social workers are produced for practice. A lot of effort has been invested in

regulating practice without regard to the role of the social work curriculum to practice outcomes. Social work training should inform practice and *vice versa*. There is therefore a need for a robust regulatory framework that is aimed at directing social work training on the path to indigenisation. The current state of affairs is likely to scuttle the initial zeal and determination towards the indigenisation and localisation of social work practice in Zimbabwe.

Poverty, economic decay and brain drain
Zimbabwe has faced some serious economic challenges. Ever since turning into the new millennium, inflation has reached alarming levels of up to 231 million by 2008 (McGreal, 2008). Poverty levels were so high with social service provision becoming a preserve for the few. This ultimately led to the mass exodus of skilled professionals from different fields, with social workers included. As a result, by 2016 Zimbabwe had the highest number of social work registrants with the Health and Care Profession Council (HCPC) of the United Kingdom. Such a massive loss of highly skilled professional social workers has drastically affected the drive towards the indigenisation and localisation of social work. The indigenisation process requires skilled social workers for training and practice. The dearth of skilled practitioners is likely to render the agenda into a mission too difficult to accomplish.

Possible Mitigation Measures
Given the above stated shortcomings, there are possible options for consideration in the quest to indigenise and localise the training and practice of social work in Zimbabwe. Among these, is strengthening the capacity of institutions that regulate the training and practise of social work. The Council of Social Workers in Zimbabwe (CSW-Z) needs technical and financial support from public and private entities to oversee the exercise. In addition to that, the overseeing institutions should have a clearly defined transformation agenda. Furthermore, there is a need to have a well-defined transformation agenda with clearly stated aims, objectives and standards for the education and training of social workers in Zimbabwe.

Also, the mass mobilisation of social workers towards involvement and participation in the indigenisation and localisation process is a critical mitigation measure to consider. Mobilisation emphasises the involvement of the people themselves in determining and achieving their own objectives. Social workers are key in the implementation of this approach and therefore their views and contributions are central to the transformative process.

Over and above these measures lie the need for the Council of Social workers to lead the process of securing government buy in on the indigenisation and localisation of social work. Gaining government support is most likely to result in increased fiscal support for social work education and training. It is the authors' view that Zimbabwe should take a leaf from other countries in the region. South Africa places the responsibility for setting standards and guidelines for social work practice and training to the South African Council for Social Service Professions (SACSSP). The council provides strategic guidance on the development of policies regarding the education, training and development of all social service professionals and to ensure the development, promotion and quality assurance of the education, training and development of professionals registered with the SACSSP.

The Place of *Ubuntu* in the Indigenisation Agenda

The Africanisation of social development in social work is a turnaround towards finding relevant, contextual and sustainable theories, models, frameworks that are well positioned to meet the needs of the African people (Zvomuya, 2019). Zimbabwe is one of the developing countries in Sub-Saharan Africa with a well-oiled cultural background which became the reference point in planning, designing, implementation and evaluation of programmes as well as the enactment of policies. For developmental social work in Zimbabwe to become a dream coming true, it is critical to adoption stages in the Ubuntu cycle as presented in Figure 8.1.
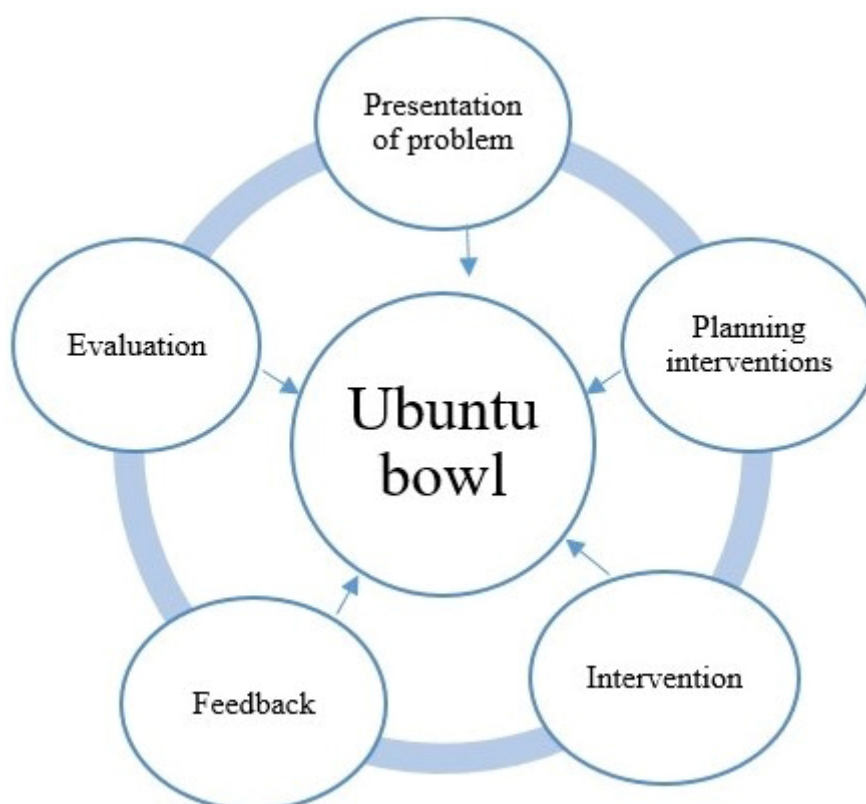
Figure 8.1: The Ubuntu Cycle (Adapted from Zvomuya, 2019:64)

As indicated in Figure 8.1, the proposed cycle is a continuous process in social work practice whereby problems are identified and tackled in a comprehensive and Afrocentric manner. The gist behind the approach is to promote sustainability among social work clients so that they preserve the economic and social benefits that would have been made possible through the problem-solving process. It is critical to note that, at every stage of the social work process, the *Ubuntu* bowl plays a crucial role as a reference point. The bowl is a microcosm of an African tradition bestowed in the belief that there is a universal bond of sharing that connects all humanity on planet earth. It contains respect for cultural diversity, reciprocity, spirituality and interconnectedness of all beings, beliefs, humanity and collectivism. The operationalisation of the *Ubuntu* cycles takes effect from the presentation of problems, drawing of social work case plans, the centrality of the Ubuntu bowl, social work intervention, feedback and the evaluation and review of the process. Various stages of the cycle are explained below;

a) **Presentation of problems**

      The *Ubuntu* cycle commences with the identification of diversified and sometimes complex problems by clients. It is imperative to note that these presenting problems may assume a social, economic, spiritual or psychological nature.

b) **Social work case care plans**

      The social work practitioner must come up with plans to tackle the identified problems. These plans are developed and analysed in a manner fitting the dictates of a sound and proper case management system and they should be specific, measurable, attainable, realistic and time-bound.

c) **Consulting the *Ubuntu* bowl**

      The centrality of the Ubuntu bowl for consultation throughout the process is critical at this stage. It takes into consideration all facets of the *Ubuntu* bowl and tailor-makes them into developed case care plans for effective solutions to presenting problems.

d) **Social work intervention**

      The social work intervention stage entails verification of all the interventions in the plan against cultural values. These may not only be limited to African culture but are context specific.

e) **Feedback**

      The feedback stage is of uttermost importance in addressing identified problems. It involves the responses or reactions from the intervention strategies.

f) **Evaluation and Review**

      Process evaluation is key and central to any intervention. The stage assesses the effectiveness of the *Ubuntu* interventions to give room for continuity or redrafting and/or sharpening of the used strategy for better results.

Conclusion

Social work indigenisation in Zimbabwe calls for a strong determination and a selfless commitment to the total transformation of social work academic curriculum and practice. Efforts made towards indigenisation of social work are being tailor-made to embrace a developmental approach to helping clients in tackling their socio-economic problems. This pragmatic

approach should be guided by locally contemporary principles and values. It is also imperative for the social work practitioners and students to embrace the need to revisit theoretical orientations for developmental social work, observe the efficacy of spirituality, the essence of climate change, entrepreneurship, and respect for human rights as well as the promotion of equity across the economic and social divide. This sets a high tone for the adoption of the *Ubuntu* cycle in all the social work processes for effective amelioration of presenting problems. In conclusion, it is of great importance to note that, social work indigenisation will not be an overnight event; it is a process that calls for dedication and cadreship in implementation or else it will remain a dream in the air. It is also needful to hasten its implementation. The indigenisation quest could be treated as a matter of urgency in order to keep the profession abreast of current trends and developments in the twenty first century.

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CHAPTER 9

JUVENILE JUSTICE AND SOCIAL WORK

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Chipo Chitereka

Introduction

Juvenile justice systems have developed in order to protect the rights of children in conflict with the law. In the past, children were not seen as people who needed protection and guidance, but instead, were seen as miniature adults. Juvenile justice focuses on criminal law applicable to young persons who are not old enough to be held responsible for criminal acts. It is administered through juvenile courts. However, these courts do not have jurisdiction in cases in which minors are charged as adults. Thus, children under the age of 18years who are accused of committing a delinquent or unlawful act are normally processed through the juvenile justice system. This chapter explores the juvenile justice system in Zimbabwe and the role of social work. The concept and models of juvenile justice will be examined first. International, regional and domestic laws governing juvenile justice and the services that are available for children in conflict with the law will also be examined. However, although Zimbabwe has developed a juvenile justice system that is child centred, the rights of children in contact with the law continue to be violated although the country adopted a rights-based approach to juvenile justice that is in alignment with international and regional child rights laws.

Definition of Juvenile Justice

Juvenile justice refers to legislative, institutional, and procedural mechanisms that specifically deal with juvenile offenders or children in conflict with the law (Njungwe, 2008). It is also defined as a system of laws, policies, guidelines, customary norms, systems, professionals, institutions and treatment specifically applicable to children in conflict

with the law (Kaseke, 1993; United Nations Office on Drug and Crime, 2007). From these definitions, it can be understood that juvenile justice profoundly focuses on utilising laws or regulations to deal with the circumstances of young offenders, with the best interest of these offenders as a priority. It involves regulating the processing and treatment of non-adult offenders for violating the law and providing legal remedies that protect their interest in situations of conflict or neglect. In Zimbabwe, juvenile justice focuses on rehabilitating young offenders through established channels that seek to continue the provision of justice to all people, putting more emphasis on human protection. Consequently, juvenile justice takes into consideration the rights and welfare of the young offenders because of their vulnerability and at the same time protecting the broader society from the threat they may pose. Zimbabwe has in place policies and laws that govern juvenile justice, seeking to improve the lives of children in conflict with the law. As a country, Zimbabwe has also embedded juvenile justice in its general correctional services, intended to build and strengthen juveniles in conflict with the law in an attempt to empower them in taking responsibility for their actions.

Conceptual Models of Juvenile Justice

The conception of juvenile justice in Zimbabwe, like in other African countries, is linked to the country's colonial history and as a result; models of justice used in most African countries are products of western philosophical, social and criminological research (Vengesai, 2014). Models of juvenile justice provide a normative guide regarding the values that should influence juvenile justice. Zimbabwe embraced the widely accepted '*doliincapax'* principle of criminal law that states that under a certain age, young people are incapable of coming up to commit a crime and should not be held fully responsible for their actions (Vengesai, 2014). According to this principle, persons under the age of 14 years are assumed not to have the adequate criminal capacity to commit a crime. In Zimbabwe, a child under the age of 7 years is not subject to legal processes. However, children between 7 and 18 years are subject to legal process but with the subdivision that from 7 to 14 years a child offender has situational factors taken into consideration while the emphasis between 14 and 18 is on punishment (Ministry of Justice, Legal and Parliamentary Affairs, 2013).

The models of dealing with young offenders which are used in the justice system have evolved and are determined by how society views them and their criminal behaviour as well as the criminal offenses of that particular time (Lynch, 2010). These models are developed and re-modelled to new approaches to suit the perceptions of society. Over the years, there has been a transition worldwide from punitive approaches where young offenders were being treated as objects with no rights at all to more child centred ones where the voice of young offenders and their families are supreme to correcting the offending behaviour. Although the punitive approaches to criminal justice have been dominant in the past, child rights-based approaches to juvenile justice which also encompass restorative justice principles are more acceptable in the contemporary world. There are three models of juvenile justice, which are the criminal justice model, the social welfare model and the restorative justice model.

Criminal justice model

The criminal justice model does not take into account the '*doliincapax'* rule as it emphasises the protection of society or the maintenance of stability rather than the protection of the individual rights in the society, let alone the rights of young people (Roach, 1999; Vengesai, 2014). Under this model, young people are considered to be mature, therefore they are expected to rationalise what they do as they are made accountable for what they have done. The principal goal of this model is to punish an individual for the crime(s) which he or she has committed. The model is retributive, reparative and concerned with the punishment of the offender than reformative and rehabilitative. Hence young offenders are treated as adult offenders, tried in adult courts, convicted and punished. The age of young people is not considered at all as there would be no offer of exoneration. According to Vengesai (2014), in practice, this model prevails in the Zimbabwean juvenile justice. For instance, children continue to be detained for a lengthy period before trial and are also kept in remand prisons while awaiting repatriation to probation hostels and training institutions, although detention is to be used as a last resort, and for the shortest time. There is also continuous use of moderate corporal punishment since several legislative instruments such as The Criminal

Procedure and Evidence Act (Chapter 9:07) and The Children's Act (Chapter 5: 06) allow it.

The criminal justice model is sub-divided into two, the conflict model and the consensus model. The conflict model puts more emphasis on offending not the offender, equality of sanctions rather than individual treatment and rehabilitation. The major setback of this model is its failure to look at the underlying causes of criminal behaviour (MacVie, 2011). This model does not deliver justice to the young offenders of Zimbabwe since its focus is on establishing blame and guilt which is accompanied by punishment. The consensus model assumes that members of society also take an active part in controlling crime. The public and other agencies work together to come up with interventions that are well thought through and agreed upon by everyone (MacVie, 2011). This model takes a systems approach to juvenile justice. All components work together in a harmonious way to come up with fair sentencing of individual crimes.

Social welfare model
This model was developed after society realised that young people are the product of their environment. The criminal behaviour of young people might be a result of undesirable upbringing and the environment. Research has shown extensively that exposure to violence and crime at a young age within the home, school and community environments, including acts of personal victimisation, is likely to significantly impact the individual's likelihood of engaging in anti-social or criminal behaviour at a later stage in life (Harvagovan, 2013). The social welfare model has its foundations on the philosophy of *"parents patriae",* an English Law doctrine that puts the responsibility of protecting the young offenders in courts to the state (Vengesai, 2014). The assumption is that children in general and particularly those in conflict with the law, are vulnerable. Therefore, they need special protection which can be guaranteed by the state by way of establishing a separate criminal justice system for them, which offers a different treatment from the one accorded to adults (Roach, 1999; Vengesai, 2014). Such protection among other things include; probation, supervision and institutionalisation in children's and foster homes. The court has to protect the vulnerable children, thereby shifting

the focus of the courts from accountability and punishment to care and protection of the young offenders.

The welfare model led to the establishment of the juvenile courts in Zimbabwe, which is an attempt towards the realisation of juvenile justice (Kaseke, 1993). Unlike the justice model that attributes criminal behaviour to the individual, the welfare model takes into cognisance the many factors that influence juvenile criminal behaviour. Therefore, in order to deal with juvenile offending behaviour in a just manner, it is imperative to consider the causes of that behaviour. Factors such as the socio-economic situation, parenting skills, societal norms and values are likely to contribute to young people's engagement in criminal behaviour. The welfare model emphasises more on care and protection rather than accountability and punishment and their needs rather than their deeds. The concept of the 'best interest of the child' as a primary consideration of decision-making involving children forms the basis of the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC as well as all other relevant international statutes that serve to promote the rights of children

Restorative justice model
Restorative justice is a theoretical framework that views crime as a violation of people and relationships which in turn creates an obligation to make things right (Wilson, Olghere & Kimbrell, 2017). Central to restorative justice is the emphasis on repairing the harm caused by criminal behaviour which is best accomplished when the parties involved meet cooperatively on how to do this, leading to the transformation of people, relationships and communities. Ultimately, the goals of restorative justice programmes are to repair the harm caused by the offense, decrease the offender's risk of committing future offences, improving victims' willingness to forgive their offenders, and increase both victims' and offenders' satisfaction with, and perceived fairness of the justice system (Wong, Bouchard, Gravel, Bouchard & Morselli, 2016; Wilson, Olaghere & Kimbell, 2017). The focus is on healing as opposed to punishment. Hence, restorative justice is an approach for correcting the wrong doing that brings together those most affected by the wrong, the offender and the

victim in a face-to-face well managed and facilitated the meeting. The purpose of the meeting is for the offender to acknowledge the harm that was done and consider redressing the damage in the best possible way, putting strategies in place to avoid the same mistake happening again.

In many countries including Zimbabwe, restorative justice may be perceived as a new and unfamiliar concept. However, in a number of traditional societies, restorative values such as healing, reconciliation and mutual respect have long served to resolve conflicts and strengthen community bonds (United Nations, 2016). Zimbabwe's customary and traditional way of dealing with offenders, youths or adults, resembles the principles of restorative justice (Vengesai, 2014). This was seen in community courts where village chiefs or headmen apply different procedures in dealing with offenders (for example, Victim-Offender Mediation, Family Group Conferencing and sentencing circles: peace-making circles, restorative circles) (Wilson et al., 2016; United Nations, 2016). For instance, if a person commits a crime and is reported to the chief, the chief sends out a word to the headmen of the offender and the offended, to bring them to a community meeting (*dare/enkundleni*) on a stipulated date and time. The headman of the offender brings a goat or sheep to be slaughtered and some traditional beer for a shared meal after the meeting. The headmen do not only come with the offender and the offended but also with parents and other representatives of that village. This shows that crime is not only committed against an individual but the whole community. The meeting facilitates the mediation between the two affected communities and coming up with ways of restoring what was lost is taken into consideration, taking into account the time frame to pay for reparations, determined and agreed upon by both communities. After the mediation, both parties shake hands and share a meal as a sign to show that the grudge that would have been created has been amicably resolved and the offender will pay the reparations to the offended. In order to ensure that the reparations are paid, it was done through the chief. If there would be any delays, the chief would be informed in time so that he or she in turn informs the headman of the victim's family. If the agreement is breached, the case will be reported to the police and criminal justice takes place. Our indigenous restorative justice can be said to be an old practice that is now being advocated by modern theorists to be adapted

to the criminal justice law that is recognised by the state, a process resulting in a paradigm shift from retributive models of justice.

Restorative justice for juveniles promotes their rehabilitation and reintegration. In the context of the criminal justice system, juvenile-sensitivity can be introduced at any stage of the process, from the moment of the child's time of arrest or apprehension to reintegration and follow up (United Nations, 2016). Juvenile restorative justice programmes target a variety of young offenders, including low-risk youths, youths who were diverted from the formal system processing, and youths who have committed first offenses. The programmes can take place within or outside the juvenile justice system. Normally, restorative justice programmes include the offender and the victim. Nonetheless, it is significant to note that the community can also be considered as the 'victim' of the offense. The police and the juvenile justice court personnel can use restorative justice practices as a diversion strategy or as alternative sentencing and in doing so they keep youths out of the system, but still hold them accountable for the harm they caused and give the victims a voice in the process (Wilson et al., 2017).

International Juvenile Justice Laws

Globally international laws on juvenile justice contributed considerably in providing justice towards children in contact and conflict with the law. Without the international laws on juvenile justice, children would have continued to be treated unfairly. According to Hoghuhi (1983) and Odhiambo (2005) before the advent of juvenile justice systems in the late 19th century, young people in conflict with the law were generally viewed in a narrow perspective, that is, law breakers and a threat to the public. Naffine (1993) in Vengesai (2014) puts forward that the criminal justice institution, designed to mete out appropriate sanctions to those found in conflict with penal law is as old as the dawn of civilisation, but the idea of a separate justice system designed to deal specifically with young people in conflict with the law in a manner that takes into consideration their age and their vulnerability is a recent invention that was a product of the general development of criminal justice systems in the Western world. Hence international laws are fundamental in influencing a better juvenile justice system that brings social justice to young offenders.

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of Children (UNCRC) was established by the General Assembly Resolution 44/25 of the United Nations on 20 November 1989. It is an indispensable convention that has provisions for the welfare of children, the first legally binding document for children's rights and one of the most universally accepted treaties. Its aim is the recognition of a child's rights for protection from violence, abuse, neglect and exploitation, to access justice and quality care. According to the UNCRC, a child is every human being below the age of 18 years. The convention articulates that, state parties have the primary obligation to ensure that all children are protected and cared for and to meet this obligation, state parties are obliged to establish strong child protection systems to prevent and respond to all child protection risks and concerns. Moreover, the UNCRC leaves discretion for state parties to lower the bar and let the legal age of majority to be attained earlier. Articles 37 and 40 specifically address the issue of children in conflict with the law. Article 37 of the UNCRC guarantees juvenile offenders the right to be protected against torture, inhuman or degrading treatment, capital punishment and life imprisonment. It bars unlawful arrest, arbitrary deprivation of liberty, and that the imprisonment of young offenders should only be used as a matter of last resort and for the shortest period possible. It also stipulates conditions of arrest, detention and imprisonment of young offenders such as respect for the child's inherent dignity, separation from adult offenders while in custody, maintaining contact with family, access to legal assistance, access to court and quick trial. Article 40 is very protective of young offenders, taking into consideration the treatment of juveniles from the time of allegations through investigation, arrest, charge, trial and sentencing. The article articulates that state parties should set a minimum age of criminal responsibility and provide alternative measures for dealing with children who infringe the penal laws without necessarily resorting to judicial proceedings. Besides, state parties are required to establish and promote distinctive juvenile justice mechanisms for children with specific emphasis on positive rather than punitive aims, such as institutional care for rehabilitation.

The United Nations Minimum Rules for the Administration of Juvenile Justice (Beijing Rules)

The Beijing Rules were established by the United Nations as minimum rules for the administration of juveniles in conflict with the law in November 1985. The main aim of these rules is to assist all member states to conform to their respective general interests, to further the well-being of the juvenile and his or her family. The rules encourage all the member states to develop a juvenile justice system that enhances the juvenile to have a better life, during that period in life when he/she is most susceptible to deviant behaviour, fostering a process of personal development and education that is as free from crime and delinquency as possible. Accordingly, member states are supposed to take into consideration the following issues: age of the child, rights of children, protection of privacy, aims of juvenile justice, an extension of rules, saving clause, initial contact, diversion, specialisation within the police, detention pending trial, legal counsel and parents and guardians to mention a few. The Beijing Rules entail that each country has to establish its own juvenile justice system that is more favourable to its children's needs and also taking into account their culture.

The African Charter on the Rights and Welfare of the Child

The ACRWC of 1990 spells out that all member states of the Organisation of African Unity (now African Union), should recognise the rights, freedoms and duties enshrined in this charter and shall undertake the necessary steps, following their constitutional processes and with the provisions of the present charter, to adopt such legislative or other measures as may be necessary to give effect to the provisions of the charter. This means that all member states should uphold all the rights of children in the charter, including non-discrimination; best interest of the child; protection of the child; education; health; child labour; protection against child abuse and torture; and administration of juvenile justice. Article 17 of the ACRWC stipulates that every child accused or found guilty of having infringed penal law shall have the right to special treatment in a manner consistent with the child's sense of dignity and

worthy and which reinforces the child's respect for human rights and fundamental freedoms of other. More so, state parties shall in particular: (a) ensure that no child who is detained or imprisoned or otherwise deprived of his/her liberty is subjected to torture, inhuman or degrading treatment or punishment; (b) ensure that children are separated from adults in their place of detention or punishment.

Domestic Juvenile Justice Laws
The Constitution of Zimbabwe Amendment (No. 20) Act of 2013 provides for the rights of persons that have committed crime including juveniles. Section 81 (a) articulates that every child under the age of 18 years has the right to equal treatment before the law, including the right to be heard. As well Section 81 (i) specifies that

> children should not be detained except as a measure of last resort and if detained; *i* to be detained for the shortest appropriate period, *ii* to be separately detained from persons over the age of 18 years, and *iii* to be treated in a manner and kept in conditions, that take into account the child's age.

Two main legal instruments deal with young offenders in Zimbabwe, the Children's Act, (Chapter 5:06) and the Criminal Procedure and Evidence Act (Chapter 9: 07). Accordingly, there are two primary legal mechanisms designed for dealing with juvenile offenders namely the juvenile courts and the magistrate courts which administer both the Children's Act and the Criminal Procedure and Evidence Act. According to the Criminal Procedure and Evidence Act, where a minor is accused of an offense, the magistrate or the presiding officer may, instead of admitting him to bail, release the accused to a person who has custody of the minor or place the accused in a place of safety in terms of the Children's Act. The Act provides for the establishment of a juvenile court to be an impartial authority. Court proceedings are not public and the Criminal Procedure and Evidence Act (Chapter 59) prohibits the publication of the identity of a minor involved in any court proceedings and sets special provisions relating to punishment.

When a juvenile is alleged to have committed an offense, the law requires that the matter be referred to a probation officer who is responsible for compiling a social inquiry report (Kaseke, 1993; Myers, 2011). The report contains information on the young offender's socio-economic circumstances, supposed to be weighed as part of the disposal process in the effort of improving juvenile justice (Myers, 2011). These special circumstances are supposed to be taken into consideration during the disposal process to achieve juvenile justice.

Services Available for Children in Contact and Conflict with the Law in Zimbabwe

Zimbabwe has realised the need to come up with different services that support and empower children that are in contact with the law. These services include legal aid, NGO Services, victim friendly service, child welfare and probation services, prison and correctional services and lastly pre-trial diversion programme. The services provide diverse functions and purposes, seeking to serve the best interests of children in conflict and contact with the law. More so, the services are meant to enhance the social functioning of young offenders.

Legal aid

Legal aid means legal advice, assistance and /or representation at little or no cost to the person designated (United Nations, 2013). The Universal Declaration of Human Rights also expounds that the right to a fair hearing is universally recognised and documented in national constitutions and regional and international rights instruments. Legal aid, therefore, is the basis for the protection of individuals' freedom. Worldwide governments offer significant resources to establish functional criminal justice systems to try suspects of a crime. UNICEF provides cross cutting guidelines on child friendly legal aid which include competence when providing legal aid to children, acting in a child's best interest, effective participation, building a relationship, child sensitive communication, providing reliable and relevant information and effective participation in formal proceedings among other things. According to section 31 of the Constitution of Zimbabwe (2013), the state is required to take all practical measures, within the limits of its available resources, to

provide legal representation in civil and criminal cases for people who need it and cannot afford to engage their own legal practitioners. In addition, sections 50 and 70 of the Constitution of Zimbabwe accords both general rights of accused, arrested and detained persons and specials privileges that apply to any person in conflict with the law including children. Thus, whenever children find themselves in conflict with the law, they are therefore entitled to legal aid under this provision.

The objectives of the Legal Aid Act (Chapter 7:16) are to ensure that all deserving persons can obtain legal assistance without having to pay the fees through an entity known as the Legal Aid Directorate (LAD) (Zimbabwe Human Rights Forum, 2019). Even though children can apply for legal aid in terms of The Legal Aid Act, the act does not make it mandatory for legal assistance to be provided to them. As a result, children in conflict with the law face several challenges concerning legal aid, for instance, lawyers being denied access to detainees, over-detention of children, children not having a right to free legal representation at all times, children being tried jointly with adults as lawyers are opposed by courts and some children are not legally represented hence are prosecuted. These underlying challenges should be given attention to effectively assist young offenders with a fair trial.

NGO Services

In Zimbabwe, several NGOs are providing numerous services to children in conflict with the law. These organizations include CATCH, Zimbabwe Human Rights NGO Forum, Justice for Children Trust, Zimbabwe Association for Crime Prevention and Rehabilitation of Offenders, Save the Children, SOS villages to mention but a few. These NGOs save the best interest of children by providing services such as free or less cost legal aid to minors in conflict with the law, lobby and advocacy for legal and policy reform on matters affecting children, conducting research and educating society on children's laws, offering socio-legal support, case management, as well as reintegrating young offenders to skills development in order to address issues relating to statuses that are push factors into crime. These services help the young offenders to have a fair trial considering that they are still children who need protection and

deserve another chance. In addition, most organisations empower young offenders to take action for the harm they would have caused to others and society so that they can improve for the better.

Victim Friendly Services

The victim friendly services are among some of the best services provided in the country to young offenders. SOS Children's Village Zimbabwe (2014) noted that the government of Zimbabwe developed the victim friendly system to enable the ease of access to justice for children who would have suffered sexual violence. The system introduced a portfolio within the police department where an officer at every station would be assigned responsibilities of dealing with children in a child-friendly way. Evidence holds that 230 police stations have victim friendly units staffed with 483 trained police officers (SOS Children's Village Zimbabwe, 2014). In addition, the government established victim friendly courts at 14 regional courts. Consequently, the purpose of these courts is to create a private and conducive criminal justice system where children could freely express themselves without having to be in direct contact with perpetrators. These courts are equipped with cameras and close circuit televisions which are designed to allow child survivors to talk freely and comfortably without having to face perpetrators who can cause substantial emotional stress and fear to the former. Furthermore, the Criminal Law (Codification and Reform) Act (Chapter 9:23) was amended to allow for the use of anatomically correct dolls for younger children to utilise while explaining their trauma. Child abuse cases used to be delayed due to the legal requirement for the examination of the child to be conducted by a medical doctor only. Qualified nurses now qualify to examine the abused children, making the process quicker and easier. Even though the system is a novel idea, it has been riddled with challenges.

One of the major challenges has been funding. There is also a need for the system to be decentralised to all the areas of the country. All the police, as the first point of contact with children, need to be conversant with children's rights and dealing with children, instead of providing a single officer at a police station as is the norm. The coordination of this system has been a challenge due to the various ministries and departments that

deal with children. These include the Ministry of Public Service, Labour and Social Welfare, Zimbabwe Republic Police, National Prosecuting Authority and the Judicial Service Commission. Powell, Morreire, Rudd and Ngonyama (2004) noted that once a child is placed in residential institutions, no further assessments and statutory care reviews take place and the probation officer only deals with the case when requested to do so by the institution as government funding to the institutions is dependent on the duration of the court order for each particular child. The government and other stakeholders need to come into play and assist with resources and funds to all the departments that work with children and youths.

Child Welfare and Probation Services

The Department of Social Development under the Ministry of Public Service, Labour and Social Welfare has the lead statutory responsibility for the protection and safeguarding of children in terms of the Children's Act (Chapter 5:06). This department provides a variety of services to all the children in the country which include serving as the government arm with the overall statutory mandate for child protection and safeguarding; providing standards and guidelines on the appropriate and mandatory response to allegations of abuse and other child protection concerns; investigating and intervening in cases of alleged abuse; assisting the courts through the provision of case reports in responding to child protection issues (Ministry of Justice, Legal and Parliamentary Affairs, 2019). Probation officers in this department have the duty to accompany a police officer when a child is in contact or conflict with the law, support the child offender by writing reports for the criminal courts in respect of juveniles brought before them accused of criminal acts and provide recommendations, investigate the socio-economic circumstances of the child offender, conduct case assessments, and ensure that the best interest of the child is protected.

Moreover, the department works hand in hand with many institutions and NGOs to help improve the lives of juveniles in the country. It runs several correctional facilities for children in conflict with the law, among them; Northcot Training Institute, Kadoma Probation Home, Blue Hills

Probation Home, Mutare Probation Home, Luveve Training School for Girls, Percy Ibbotson and Mutare Remand Home. These homes have contributed to a greater extent in enhancing and empowering children in conflict with the law. However, there are also challenges faced by the department as they try to help children in conflict with the law and these include lack of transport, financial problems and high caseloads with few probation officers to mention but a few which can affect the delivery of services of the programmes of young offenders. Therefore, there is a need for the government and its partners to mobilise resources and also decentralise the rehabilitation programmes to districts so that all juveniles in both urban and rural areas can benefit, given the chance to do so.

Prisons and Correctional Services
Juveniles are sometimes generally sent to prison instead of reformatory homes, as stipulated in the Children's Act (SAFAIDS & AIDS Accountability International, 2015). There is only one young offenders' prison in Zimbabwe, Hwahwa Prison and not all young offenders can be accommodated. Therefore, some of them have to be imprisoned with adults, which increases the risk of them experiencing both physical and sexual abuse (Zimbabwe Lawyers for Human Rights, 2014). Hwahwa Prison is situated in Midlands province just a few kilometres away from Gweru town. The prison has educational facilities providing for both primary and secondary education for inmates only. In addition, there is a provision of vocational education and counselling services. Prisons and correctional services are mainly provided to juvenile offenders who committed more serious offences including but not limited to murder, possession of drugs and rape. Services offered assist young offenders to change their behaviour as well as educating them to have better survival skills when released from prison. Concerning inmates' disciplinary measures, the officials utilise remission of sentence to award good behaviour and remove the privilege in case of indiscipline.

A sizeable number of children may be placed in adult prisons across the country for various reasons which include pending transit to Hwahwa Prison. Although prisons provide services that are beneficial to juvenile

offenders, these children encounter a plethora of problems. Juveniles are particularly vulnerable to abuse by prison officials and other prisoners. For instance, during the imprisonment children are susceptible to abuse since they are housed in the same remand institutions with core criminal adults due to a lack of facilities and resources. Additionally, Hwahwa prison is infested with challenges that impede the effective provision of services. Zimbabwe Human Rights Commission (2016) noted that the major challenges faced by the institution are lack of examination fees due to resource constraints; inadequate primary and secondary text books as well as set books; limited computers; poorly ventilated classrooms that accommodate two or so different grade/forms; unavailability of funds to advance to tertiary level; inadequate furniture among others. The other challenges the institution is facing are associated with inadequate provision of basic services such that there is poor access to water and sanitation facilities as well as poor nutrition. Furthermore, the psychosocial needs of the young offenders were reportedly not being fully met, the legal system usually fails to provide free legal services to juveniles whose parents or guardians could not afford a lawyer, putting them at a severe disadvantage (Zimbabwe Lawyers for Human Rights, 2014). Given that the provision of services to children in conflict with the law by prisons is characterised by challenges, there is therefore a need for the government and other stakeholders to increase institutions and/or prisons in each province particularly for juveniles' confinement. There is also a need to provide adequate resources in prisons in order to meet the needs of children in conflict with the law for effective and efficient rehabilitation to take place.

Pre-Trial Diversion

The Pre-Trial Diversion (PTD) stemmed from the understanding that the disposition of cases involving young offenders was not good enough, with a number of juveniles being without cause prosecuted and incarcerated. The PTD is provided for in Articles 37 and 40 of the UNCRC which reflect that children who have conflicted with the law should not be treated cruelly and should be provided with legal assistance. Pre-trial diversion programmes comprise part of a restorative justice framework. PTD in Zimbabwe was introduced in 2009 when UNICEF and Save the Children instituted a pilot project which was then formally adopted by the

government in 2016 through the Ministry of Justice, Legal and Parliamentary Affairs. In May 2013 the government, through the support of partners such as Save the Children and UNICEF among others launched the PTD programme aimed at finding better ways of dealing with cases of juvenile delinquency for crimes not considered serious outside the formal justice system (Zimbabwe Lawyers for Human Rights & Law Society of Zimbabwe, 2013). It is a national programme that ensures all children who commit offenses in both rural and urban areas have equal access to justice. Since 2016, a considerable number of children in conflict with the law have been diverted from the formal criminal justice system and are supported in their rehabilitation (UNICEF, 2019).

The programme is intended to hold children accountable and responsible for their actions and provide them with an opportunity to re-think their lives without getting a criminal record or going through stigmatisation and the intimidating criminal justice system. It seeks to channel cases involving children from the formal criminal justice system to extra-judicial programmes premised on the consensus that child offenders were generally victims of harsh socio-economic circumstances (UNICEF, 2019). The programme targets young offenders under the age of 21 who have been arrested for offenses not considered to be serious, which would ordinarily attract a sentence of 12 months or less within the formal justice system. Thus, young persons who would have committed serious offenses such as murder, rape and robbery will not be eligible, as well as repeat and serious offenders. The young offenders should also be persons, without coercion, who accept responsibility for their offense and are willing to take part in a programme or activities identified by the diversion officer. Diversion can be done before arrest, or before a matter goes to court, or is set down for trial, all in a bid to find a non-court route of supporting a juvenile and helping them take responsibility for their actions through dissuading them from anti-social behaviour and addressing their social, family and community factors that contributed to their behaviour.

The programme enables juvenile offenders to receive rehabilitative, educative and restorative support through training, to reintegrate them into society without stigma or criminal record (Zimbabwe Lawyers for

Human Rights & Law Society of Zimbabwe, 2013). It is guided by the following principles:

- The best interests of the young persons are to be the paramount consideration;
- Detention is to be used as a last resort, and for the shortest time;
- To the greatest extent possible, a young person's contact with the formal justice system is to be minimised;
- The young person's right to protection from abuse, exploitation and violence is to be respected at all times, including protection from unlawful corporal punishment as a response to alleged criminal behaviour;
- All children are to be separated from alleged and convicted adult offenders throughout their contact with the justice system;
- A young person's right to due process is to be respected at all times;
- No young person is to be penalised for capacity constraints that exist in the system, which are beyond his/her control;
- Boys and girls are to be treated differently where necessary, to ensure maximum benefit from their participation in the diversion process (e.g., alleged girl offenders should be addressed by female police officers and other justice professionals where possible, and must only be placed in detention if their separation from boys and man is secured) (Ministry of Justice, Legal & Parliamentary Affairs, 2013).

In its structure, the pre-trial diversion programme has a committee that is responsible for planning, coordination and policy setting. The committee promotes the pre-adjudication diversion programmes as well as formal policies designed to hold non-violent juvenile offenders accountable without proceeding to adjudication of delinquency or conviction of an offense. The committee helps the juvenile justice professionals such as probation and diversion officers with alternative ways to address crimino-genic needs of non-violent offenders while ensuring that community safety is not compromised.

The probation officer performs intake screening to determine whether the case will be handled formerly or informally by the juvenile justice system. Probation officers make decisions through collecting information that will enable the court to decide whether the case is appropriate for formal

juvenile disposition or not. As such, they make recommendations to the court on whether to move ahead with court proceedings or to release the juvenile to the parent or guardian with a warning or reprimand. The diversion officer work alongside attorneys to oversee the PTD programme and provide a higher level of accountability for programme participants. The officer assists in determining the eligibility of potential candidates and monitor and supervise all participants during the duration of any respective programming. The officer makes quarterly reports to the supervising prosecutor regarding the status of all PTD programme participants.

PTD programmes include cognitive behavioural programmes such as life skill training, problem solving, conflict resolution, critical thinking and reasoning skills. In the case of substance abuse, substance abuse screening and treatment services are provided. At times there is a need for a family intervention in which family therapy including family as well as individual counselling sessions are given. In addition, restorative justice programmes such as reparation of harm done directly to the victim and pre-trial community service which allows juvenile offenders to perform community service at a non-profit organisation *in lieu* of prosecution aimed to instil in the offender a sense of responsibility and accountability are imperative in PTD. More so, mediation to bring victims and offenders together in and attempt to reach an agreement that addresses the needs of both parties resulting in a mutually acceptable agreement is of paramount importance.

Roles of Social Workers in Juvenile Justice

There are numerous roles played by social workers in the juvenile justice system. Social workers are some of the most important role players when it comes to children in conflict with law. They are the fore frontiers in mediating, advocating, lobbying, counselling, linking and referring children to the best institutions and organisations that further assist them. According to the International Federation of Social Workers (2018), there are three key action areas in the social work profession characterised as follows: promoting social change, problem-solving in human relationships and empowering people to enhance their own well-being. The IFSW also stresses that the profession draws on theories of

human development, social theory and social systems to facilitate individual, organisational, social and cultural aspects of life. Social workers are involved in three spheres in the juvenile justice system that is, primary, secondary and tertiary levels (UNICEF, 2013). The first sphere is primary prevention, concerned with strategies that address the root cause of juvenile crime thereby creating a protective environment for all children (UNICEF, 2013). Social workers interplay in the primary sphere by assisting families and children to tackle the root cause of the crime. The secondary level emphasises on the strategies that target children considered to be at high risk of getting in conflict with the law, in order to remove the propensity for committing offences (UNICEF, 2013). Social workers address risk factors that make children susceptible to crime such as dysfunctional home environments and inconsistent parenting, abuse and neglect, and community and societal problems. The last sphere in which social workers are involved is the tertiary sphere. Tertiary prevention aims at preventing re-offending by children already in conflict with the law and involves programmes that offer rehabilitation of child offenders like diversion services.

According to UNICEF (2013), there are seven key actions to be carried out by social workers in the justice system. The first role is to assist the child from the moment of arrest. This implies that a social worker has to be present during police questioning if the parents cannot be, providing emotional and possibly paralegal and any other support to the child. More so, social workers prepare social enquiry reports on the child's circumstances and characteristics. UNICEF (2013) notes that these reports are usually drawn up to provide the court with background information on the child's and family background highlighting any special problems or strengths to help determine the most appropriate course of action regarding that particular child in response to the offense. When a child comes to the attention of the Department of Social Development for any of the prescribed reasons, the probation officer is required by law to undertake a risk assessment on the child's circumstances and to present a report to the juvenile court proving that the child needs care and recommending some form of social work intervention (Chinyangara et al 1997). Social workers act as rehabilitation officers in juvenile incarceration institutions such as young offender's prisons, probation

hostels and training institutions (Ruparanganda & Ruparanganda, 2016). Thus, probation officers are social workers who specifically work under the juvenile justice system to provide services to children in contact with the law.

Secondly, the probation officer duly completes an initial case record called the Record of Information Form (Chinyangara et al., 1997). This is an investigative enquiry whereby the social worker interviews the child in conflict with the law and the family to find the background information of their life that will assist in finding the solution to the problem. The probation officers also provide an assessment of the situation of the case at hand as well as explaining the root cause of the child's delinquent behaviour and reports to the courts for further interventions. Also, the social worker conducts an evaluation of the case to the courts. He or she provides recommendations that serve the best interest of the child. If pre-trial diversion is ordered, the social worker can take responsibility for selecting the most appropriate programme or setting, and assisting the child to complete the diversionary measure successfully. Although social workers provide such service to young offenders, they face challenges of both the parents and family not cooperating in trying to solve the issues.

The other role of a social worker is of supervising young offenders in the community. This implies that social workers do follow up visits in the community to oversee the progress of the young offender. This involves working with the juvenile and family of the juvenile offender and making sure that the child completes the diversion programmes such as community service. In their study of the operations of the Department of Social Welfare, Wyatt, Mupedziswa and Rayment (2010) found out that the critical lack of material resources, such as vehicles, made it virtually impossible for social workers to make regular home visits to their clients. This posed so many challenges to the social workers as they try to monitor the progress of the young offenders without enough resources. It also affects the progress and success of the pre-trial diversion services provided to the young offenders in reducing re-offending.

Furthermore, social workers play the duty of placing child offenders in places of safety temporarily. According to Kaseke (1991), the probation

officers intervene and place such children in conflict with the law in a place of safety, but on condition that the child is brought before the children's court within seven days. However social workers face problems of not getting a place of safety for children as most children's homes may be full or reluctant to admit a child offender.

As well, social workers in Zimbabwe link young offenders to other resources and make sure that they are well rehabilitated. This entails that, after linking the child with resources, the social worker is expected to do a follow up on the progress of the child.

Social workers are also there to support young offenders during custodial sentences. The availability of a social worker for children deprived of their liberty can be an important factor for their well-being and thus for the prognosis on completion of sentences. This denotes that the social worker makes sure that the child gets further education and other needs while incarcerated. The social worker also provides counselling services to young offenders. The young offenders receive counselling sessions for educating or empowering them to take action of the harm they would have caused to other people. However, social workers sometimes encounter threats from parents or even children in conflict with the law and this affects the progress and efficacy of the services provided.

Social workers additionally engage children with delinquent behaviour in psychosocial support and support groups where they discuss issues on educating them about the consequences of indulging in committing crimes at an early age. The psychosocial support groups have proved to be beneficial to young offenders in the country who receive such support but the lack of resources like transport affects the continuous support of the children so that they can improve for the better. This also causes a drawback in terms of reducing the number of children that come into conflict with the law. UNICEF (2013) argues that although the police should have the first contact with young offenders, social workers must determine the course of action. In Zimbabwe, social workers are limited in terms of facilitating or providing social services to children in conflict with the law as they are seen as social control agents of situations and most decisions are then made by the courts.

Lastly, social workers provide support counselling to prepare young offenders upon release and to give them support after release. They encourage, educate and empower the young offenders to take action for the harm they would have caused to others. According to Wyatt et al. (2010), a care plan is developed in consultation with the child, the social worker, care staff from the residential institution and where appropriate, his or her family. Ideally, the development of care plans is meant to provide children in care of an opportunity for them to participate in their care planning. This implies that the social worker facilitates the reunification of the child with the family after release from prison or a care facility and assist the child to re-adjust to the home environment.

Conclusion

The chapter explored the juvenile justice system in Zimbabwe and the role of social work. The models of juvenile justice were expounded and among the three of them, the restorative justice model is more human rights based and the most appropriate one to be used when dealing with juvenile offenders since it enables them to be accountable and responsible for their actions and become law abiding members of the society. The chapter also examined the services available for children in conflict law and highlighted numerous challenges associated with their delivery. Ultimately the chapter touched on the critical roles of social workers in the juvenile justice system and the problems they encounter in the course of assisting children. Though Zimbabwe has a well-developed juvenile justice system, the delivery of services is fraught by challenges, thus, there is need for the government and other stakeholders to channel resources towards the improvement of the provision of services for the benefit of young offenders. Also to curtail the violation of the rights of children in conflict with the law, social workers should continuously advocate and fight for children's rights and facilitate maximum use of the pre-trial diversion programmes to provide juvenile offenders an opportunity to re-think their lives without getting a criminal record or going through stigmatisation and the intimidating criminal justice system. Continuous research in the area of juvenile justice is also of paramount importance since it informs practice.

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CHAPTER 10

ENVIRONMENTAL SUSTAINABILITY AND VULNERABILITY IN ZIMBABWE: CALL FOR CHANGE IN SOCIAL WORK PRACTICE

Taruvinga Muzingili

Introduction

One of the supremely sought visions in the sustainable development agenda is environmental sustainability as demonstrated in the framing of Sustainable Development Goals (SDGs) in 2015. The designing of these goals signifies a turning point in the realisation of the relationship between human and physical space. This notion is inevitably tied to the current environmental crisis haunting the global village. The evidence of environmental crisis affecting humanity is also shown by current calls for documentation of its effects in political, social and economic development (United Nations, 2007). Against this background, it is understandable that the concept of sustainability has gained considerable attention in diverse areas of development. While this is the case, several scholarly views point out that the reaction of the social work profession in Zimbabwe regarding environmental issues is still poor (see for example; Mhlanga, Muzingili & Mpambela, 2019; Muzingili, 2016; Zvomuya, 2017). It has been observed, in literature, that the environmental crisis largely affects the poor people who lack enough resources to protect themselves against its consequences (Dominelli, 2013; Gray & Coates, 2015). Despite the unprecedented impact caused by an environmental crisis on poor people, social work continues to be reactive to these challenges. In this chapter, the author laments the slowness of the profession in joining others to avert the impact of the environmental crisis on vulnerable people in society.

In Zimbabwe, the social work legacy is dominated by social issues at the expense of the current environmental crisis affecting the most vulnerable

people in society. This, however, does not entail that the rich are not affected but it is the poor and marginalised people who bear the costs of natural disasters (Dominelli, 2012, Muzingili, 2016). With the current environmental challenges such as floods, droughts, siltation of dams (water scarcity), poaching and others; this chapter argues that social work's primary mission of achieving social justice cannot be realised without environmental sustainability agenda. Therefore, the author challenges the current position of social work practice in Zimbabwe by arguing that the profession should also respond quickly to the current environmental crisis in the country. The current focus of the social work profession should also appreciate the symbiotic connection which exists between social justice and environmental sustainability.

The Concept of Environmental Sustainability

Social work clients come from diverse social, economic and geographical backgrounds. On one account, sustainability concerns the specification of a set of actions to be taken by present persons that will not diminish the prospects of future persons to enjoy appropriate levels of consumption, wealth, utility, or welfare comparable to those enjoyed by present persons (The World Conservation Union, 2016). In this regard, environmental sustainability is defined as both accountable and responsible interaction with the environment to avoid depletion or degradation of natural resources and allow for long-term environmental quality (Sarah, 2014). Since humans depend on countless ways on the physical environment, both natural and human constructed (Sutton, 2004); sustaining desired environmental conditions directly contributes to the sustaining of people's well-being. The United States Environmental Protection Agency has echoed that:

> "Everything that we need for our survival and well-being depends, either directly or indirectly, on our natural environment. Agriculture contributes directly to sustainable stewardship of the land, air and water. Sustainability creates and maintains the conditions under which humans and nature can exist in productive harmony that permits fulfilling the social, economic and other requirements of present and future generations." (https://www.epa.gov/agriculture/agriculture-and-sustainability)

From above, one can see that environmental sustainability interfaces with economics through the social and economic activities and their consequences. Thus, the primary focus of environmental sustainability is on how natural systems function, remain diverse and produce everything it needs for the ecology to remain in balance. The Brundtland Commission described it as development that meets the needs of the present without compromising the ability of future generations to meet their own needs (Adams & Jeanrenaud, 2008). The concept of sustainability is based on the premise that people and their communities are made up of social, economic and environmental systems that are in constant interaction. To ensure the improved welfare of current and future generations, these components must be kept in deep synchronisation if the community is to continuously function for the benefit of its inhabitants. Based on the definition of a sustainable environment; meeting basic human needs, in particular, those of the people in need, protecting natural resources has become the prominent kind of ethical yardstick which social workers cannot disregard.

The Implication of Current Social Work Practice on Vulnerable People

There are few reservations that social work visibility in Zimbabwe is gaining great momentum. For the past few years, enrolment of social work students in tertiary institutions has increased together with the employment of social workers in various public and private organisations. In those various social work settings, the most common role is that of enabler or facilitator, enabling individuals and groups to achieve and sustain adequate social functioning and realise their potential. However, in Zimbabwe, social workers have played a low-key role in environmental issues that increasingly impact people's well-being. Today, social workers are more synonymous with child protection officers in the country; where most of them are providing child protection services at various social welfare organisations. While some social workers are practicing in several developmental NGOs, environmental social work still lies in obscurity. Muzingili (2016) cites the following major reasons for this; poor visibility of the social work profession in the policy framework, non-incorporation of

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environmental issues in social work curricula and lean theoretical base towards environmental social work. As a result, the current social work approach is customarily based on providing residual/remedial social welfare services in child protection services, juvenile delinquency, public assistance, counselling, refugee camps, disability services, hospital social work and other developmental programmes. Resultantly, too much focus on residual welfare has made the profession not to appreciate the impact of an environmental crisis on the well-being of people.

There is a limited appreciation among social workers that environmental crisis practically violates the social work's principle of social justice which is one of the key tenets on which the profession is premised (Mathende & Ndapi, 2016). However, it should be noted that there is no sharp distinction among physical, environmental and other domains such as social and economic spheres. As being observed across the globe, the consequences of environmental crises such as poverty, famine, diseases, displacements and others have implications on both economic and social justices. The content of each domain overlaps other domains massively. Considering the bias towards the residual welfarist approach in Zimbabwe, it becomes an esoteric question to call for social work intervention in environmental issues. However, the dynamic part of the society makes the issue more complicated as environmental disasters such as floods, drought and diseases are dictating the nature of social welfare provision in the country. In such a case, the impact of recent cyclones such as Cyclone Dineo in Tsholotsho and Cyclone Idai in Chimanimani cannot be re-emphasised. Therefore, the need to understand the relationship between social services and environmental issues is imperative. This further demands for the social work profession to articulate its current practice.

Like elsewhere across the globe, social workers in Zimbabwe are dictated by their code of ethics to safeguard people against any form of social injustice (Council of Social Workers Zimbabwe, 2015). In order to safeguard people against the consequences of environmental disasters, the Zimbabwean government created enabling conditions for environmental protection through Environmental Management Act Chapter (20:27), which is enforced by the country's statutory arm Environmental

Management Agency (EMA). In 2013, the Ministry of Environment, Water and Climate's slogan 'The environment is everybody's responsibility' was formed, inviting everyone to be part of the green movement. One of the principles of the Environmental Management Act is that development must be socially, environmentally and economically sustainable. Despite this on-going collective responsibility, the social work profession in Zimbabwe remains out of a fold in the management of the physical environment as indicated by limited reference to such matters in their curricula and practice. More so, Harare City Council is also moving with a vision to make Harare a 'sunshine city' by 2025 through developing it into a corporate hospitable town. Social work has a long-standing tradition of emphasising the interaction of people and their environment, although this systems perspective has focused almost exclusively on the importance of social relationships (Hawkins, 2010). Therefore, calling for social work interventions in environmentally sustainable agenda is based on the reality that the profession understands human beings better and it is a naturally helping profession. This new reality, from which there is no escape, must be recognised and managed in the current professional practice.

While social work is doing an incredible job in meeting people's social needs, the move towards green sustainability is also imperative. Dominelli (2012:) notes that, the concept of 'green social work' is important in addressing environmental crisis challenges such as poverty and other forms of structural inequalities. Ideally, Zimbabwe is endowed with many natural resources (soils, vegetation, animals, mountains, rivers and minerals) that require equal distribution among its citizens. Perhaps, social work participation in environmental protection can enable more equitable allocations of limited natural resources and tackle socio-political forces that have a damaging effect on the lives of the poor and marginalised populations in the society. For example, climate change aggravates existing threats to children's health, food security, livelihoods, protection and education, and will lead to the degradation of natural resources (Save the Children, 2015). It has been noted by Zimbabwe Forestry Commission that the country is losing massive resources such as soils, trees, and water; a situation intensifying the occurrence of droughts and food scarcity.

In Zimbabwe, the move towards eco-solution is also legalised by the constitution of the country, with Chapter 4 (Section 73) stating that "every person has the right to an environment that is not harmful to their health or well-being…'. It might appear too unfamiliar for social workers to be environmentalists but the launch of the theme 'inclusion of children in disaster risk reduction management' on 7 February 2017 is ample evidence that shows how the environmental crisis affects the vulnerable people in Zimbabwe. Therefore, this chapter calls for the re-organisation of social work in its current orientation and commitment by understanding the necessity of environmental sustainability in the realisation of social justice. However, it is worth emphasising that, dismantling current social work lenses does not entail the wholesome abandonment of current practice; rather it reminds social workers to re-think their contemporary practice. This can enable the profession to come to terms with new responsibilities, extend its work into unfamiliar areas and recreate a new sense of belonging in a dynamic society such as Zimbabwe.

Locating Social Work in Environmental Sustainability

The viability of the economy depends on environmental resources and service flows, meaning that economic sustainability depends on environmental sustainability (Hawkins, 2000). Sustainability is an idea towards which to strive and against which to weigh proposed actions, plans, expenditures, and decisions. A sustainable environment comprises at least the economic, social and environmental pillars. Social workers must be attentive to these pillars because if one pillar is weak then the whole system becomes unstable. The classification of sustainability issues into separate domains does not mean the sustainability issues are unrelated, but it is just for reasons of convenience in analysing economic, social and environmental issues in the country. This is the same reason why the Zimbabwean government considered robust social, economic and environmental policies and sound governance as key fundamentals in achieving accelerated socio-economic growth through Zimbabwe Agenda for Socio-economic Transformation (ZIM-ASSET) (Government of Zimbabwe, 2010). This blue print provided some critical guidelines of how social, economic and environmental sustainability can be handled. This demonstrates synergies that exist among different pillars. These are

fundamental in social work practice, though some of them are not given enough attention to the current professional practice in Zimbabwe. Environmental sustainability in Zimbabwe can be realised through sound economic, social and environmental practices.

Economic sustainability pillar

The link between social work and economic development is not well articulated and seems to be an eccentric idea. However, social work has an important role in economic development since it involves resource distribution. Meaningful development is ethical and social work is founded on ethical grounds. For example, Doane and McGillivray (2001) define economic sustainability as strategies that promote the utilisation of socio-economic resources to their best advantage. Therefore, sustainable economic models propose an equitable distribution and efficient allocation of natural and human resources. Pincus and Minaham (1973) consider social work as the best profession in understanding the ethical distribution of resources both at micro and macro levels. A meaningful economic development is about giving people what they want without compromising the quality of life and imposing a burden on environmental stability. The rationale behind this is that businesses must use resources efficiently and responsibly that provides long term benefits to both human beings and the natural environment.

While the social work profession in Zimbabwe is usually considered a new entrant to the world economic development, Krakers (2015) believes that social work is gaining recognition in entrepreneurship and this is part of professional dynamism. For example, Zimbabwe Forestry Commission is encouraging all farms to go green so that economic activities cannot undermine environmental stability (*Bulawayo24*, *2017*). Casimir and Samuel (2015) are optimistic that social work in Africa can use business methods to solve both social and environmental problems. At the macro level, social workers in Zimbabwe should embrace issues related to investment which play a necessary role in the economy-environment relationship. This can also ensure that environmental technologies are applied to hold a clean, unpolluted environment for the wellbeing of people. In discourse about sustainable development, social work

practitioners should understand that the economy-environment relationship is not quantity, but quality and they should seek to improve environmental standards. This involves removing waste, stopping the unwanted impact of human activities on the environment, achieving productivity, reducing emissions of particulate matter and greenhouse gas emissions, reforestation, and facilitating a transition to sustainable agriculture (Markku, 2004).

Social sustainability pillar
The role of social work in social development in Zimbabwe is not largely contested as evidenced by many social workers steering social welfare and developmental programmes in the country. However, linking social development with environmental sustainability remains a big challenge for social workers in the country (Mhlanga et al., 2019). The social aspect of sustainability thrusts its attention to balancing the needs of an individual with the needs of the group. This pillar is much committed to addressing the community impacts arising as a result of their operations including water and food scarcity, health and wellness of communities around their locality and land management that honours the usage rights of local people (Sarah, 2014). It is, therefore, important for social workers to raise awareness and help in enforcing legislation protecting the health of people from pollution and other harmful activities of a business and other organisations. In Zimbabwe, there are some checks and programmes of legislation in place to ensure that people's health and wellness are strongly protected. The biggest contemporary topic for many people is sustainable housing and how Zimbabwe can better build homes using sustainable material and land (Kanyenze, Chitambara, Martens & Kondo, 2011). The final element for social workers is to join others in promoting environmental education; encouraging people to participate in environmental sustainability and teaching them about the effects of environmental protection as well as warning them of the dangers of Zimbabwe is to achieve her goals. Social disruptions like crime and corruption divert resources from areas of greatest human need, damage the capacity of societies to plan for the future, and generally threaten human well-being and the environment (Dominelli, 2013). Social work may promote broad-based strategies for more sustainable social systems

including improved education and political empowerment of women in order to realise the equitable allocation of resources. Thus, a sustainable environment ensures that people live in a health and clean environment. This can be only achieved if people's behaviour in natural environment is fitting and constructive. Social work, armed with system-based models, understand better about human behaviour in their diverse communities.

Environmental protection pillar

As deliberated earlier, the discourse of environmental sustainability is hinged upon three major pillars; social, economic and environmental development. The call for social work in environmental sustainability is based on the fact that; failure to manage an environmental crisis is part of injustice on vulnerable people. Scholars like Muzingili (2016) and Chauhan (2011) believe that the major consequences of the environmental crises are social and economic in nature. Mathende and Ndapi (2016) note that, in Zimbabwe, many platforms are available for social workers to be part of environmental management movements such as National Tree Planting day and parliamentary debates on sustainable development. Utilising their versatile knowledge base, social workers can ensure the use of innovative solutions towards environmental sustainability involving; pollution and waste management, renewable resources, energy consumption, factory products and operations. It is now a known fact that everyone needs to protect the environment, whether through recycling or reducing power consumption by switching electronic devices through behaviour modification programmes (Zvomuya, 2017). Thus, more efficient and eco-friendly solutions are encouraged. From an economic perspective, businesses should be regulated to prevent pollution and to keep their own carbon emissions low. Environmental protection ensures the realisation of both social and economic justice (Dominelli, 2012; Muzingili, 2016). Hence, social workers in Zimbabwe can also appreciate how technology will drive our greener future by ensuring that people adhere to existing environmental legislation.

Acknowledging the prominence of the environmental pillar in social work does not signify the rejection of other pillars or make them less important. Contrarily, the much sought premise is a reinforcement of social work

practice by adopting an integrated approach in environmental sustainability. As argued earlier, social workers are gallant agents in the pursuant of social and human rights discourses, yet climate change, dwindling non-renewable resources, shrinking natural habitats, diminishing biodiversity, ocean acidification and burgeoning population pressure have economic, social and cultural implications. Conversely, human social and economic activities have the same implications on the physical environment. It is now evident that disasters hit epicentres of poverty the hardest, as the poorest people often live-in unsafe settlements in sub-standard housing and dangerous areas: in earthquake zones; on floodplains; on steep slopes at risk of erosion; or other areas which are prone to disasters (United Nations, 2015). Social workers can, therefore, help key agencies and residents to raise awareness about social needs and to engage both citizens and community partners to plan and act responsibly towards the natural environment. In this category, the environment can be made safe by ensuring that, local citizens' security and well-being with full access to effective health care, housing, food, and education services are provided. These are essential prerequisites to full participation in cultural, environmental and economic activities. This means that community social workers should influence policy makers to understand how social and physical environmental forces affect people's welfare.

Why Environmental Sustainability Matters in Social Work Practice?

Environmental sustainability implies the deep ecology of the earth as a total and self-regulating system (Lovelock, 2000). For social workers in Zimbabwe, there is a need to appreciate that a thing is right when it tends to preserve the integrity, stability, and beauty of the biotic community. Social work needs to recognise that a sustainable environment is one that maintains biodiversity without compromising the welfare of other people. Nevertheless, the presence of socio-economic influences is explicitly acknowledged within environmental sustainability approaches and so is the case in social work. Perhaps this bias towards the integrity of social welfare issues had made Zimbabwean social workers remain inactive towards environmental crisis. Reciprocal influences among multiple levels of social, economic, and environmental factors exist and these should be

considered when infusing sustainability. For example, in Zimbabwe, communities sometimes resort to unsustainable methods of survival which are not fit for environmental sustainability. Hence, awareness of the importance of multilevel influences on client systems is entrenched in social work methods. Thus, individual behaviour within a group and community work may be affected by the composition of the group concerning a given characteristic, as well as its effect on an individual's levels of behaviour. In particular, social workers who work with diverse groups are often well-versed in manipulating the micro and macro environments of the group to maximise an individual's behaviour towards environmental issues. Environmental sustainability advocates and agents may gain immensely from collaborations with social workers. In Zimbabwe, social work practice, however, has been rarely linked to the bio-physical context or the growing number of social organisations focusing on environmental considerations and environmental sustainability.

An extension of current social work's focus on social justice to environmental inequities and inequalities will release enormous opportunities for social workers to participate in the sustainability movement (Hoff & Pollack, 1993). Globally, the International Federation of Social Workers (IFS) also calls for the role of social work in sustaining environmental issues as cited below:

> IFSW calls on social workers and their representative bodies to recognise the importance of the natural and built environment to the social environment, to develop environmental responsibility and care for the environment in social work practice and management today and for future generations, to work with other professionals to increase our knowledge and with community groups to develop advocacy skills and strategies to work towards a healthier environment and to ensure that environmental issues gain increased presence in social work education (Dominelli, 2013:)

In developing countries, Zimbabwe included, poor people, have pushed aside to physical spaces with the poorest environmental quality relative to residential spaces of the rich. This situation has serious ramifications on

the health of the current as well as future generations of the poor. The plight of the poor in developing countries has been recognised in the recently elapsed Millennium Development Goals (MDGs). Goal 7 calls for concrete steps to achieve environmental sustainability through four explicit targets: integration of the principles of sustainable development into governmental policies and programmes, reduction of biodiversity loss, halving the proportion of the population without access to safe drinking water and basic sanitation, and achieving a significant improvement in the lives of at least 100 million slum dwellers (United Nations, 2008). Sustainable Social Development Goals (SDGs) also recognise the sustainability of the environment; as indicated in goals, 13, 14 and 15; all calling for sustainable use of natural resources. Zimbabwe is showing relentless efforts towards environmental protection which social work can embrace such as the setting environmental standards for mining companies, penalising people burning forests, and introducing of green mechanisation programmes for farmers. Despite the absence of bio-space in current social work practice, the environmental model of sustainable development coheres with social work's ecosystems approach. For Zimbabwean social workers, current idiomatic expressions in professional practice must be expanded towards the incorporation of environmental issues. Unfortunately, social work cannot achieve social justice without environmental justice.

Various scholars (Gray & Coates, 2015; Dominelli, 2013; Muzingili, 2016) caution that social workers often fail to see how human rights are closely linked to environmental justice. Other allied professions such as law have moved ahead to promote environmental justice by forming the Zimbabwe Environmental Lawyers Association (ZELA). Calling for social work interventions in environmental sustainability is part of guaranteeing the provision of human rights. For example, a sustainable environment implies better well-being for all citizens. For social workers, participation in environmental sustainability brings many benefits which include; challenging oppression, promoting empowerment, instilling ethnic-sensitive practice and assurance of professional competence. In general, social work offers skill sets and tools necessary to address issues of intergenerational equity characteristic of environmental approaches to sustainability.

Environmental Sustainability Agenda: Today and Tomorrow

Many environmental changes are accompanied by life-threatening hazards and it will be folly for the social work profession not to protect its clientele system. Social work students and practitioners are called to address environmental justice as a critical component of social and economic justice. In Zimbabwe, social work has the opportunity to be part of the solution rather than adopting the role of an uninvolved bystander to the emerging environmental predicaments since its primary clients (the poor) are the ones paying a high price for the environmental crisis. While other professions are making a clear record of being actively advocating for environmental sustainability, social work education in Zimbabwe has failed to incorporate this perspective into the curriculum. Enriching the social work curriculum with environmental issues can ensure that social work students get prepared for environmental issues when they graduate. Since the theoretical base for environmental social work is still lean (Muzingili, 2016), the profession can borrow its content from social ecology and climate change courses, environmental sociology and environmental management programmes. The new discourse on environmental sustainability should represent an extension of the current and future social work practice in the country.

In this era, social work practitioners, including students, must be assisted to engage in an informed discussion on environmental sustainability and its benefits in social work practice. It is time for the profession to gain awareness of the pressing problems of inequality around environmental injustice and to identify sustainable solutions to the very real environmental crisis facing humanity today in the country. The concept of sustainability should be familiar to many workers engaged in social and community development programmes. Acquiring a knowledge base that links social work practice with environmental justice, and sustainable development will help the profession to envision the world as a more just and humane place.

Conclusion

This chapter highlighted the synergistic relationship between environmental sustainability and socio-economic issues. The current social work focus in Zimbabwe was challenged and it was argued that the relevance of the profession will only be fully noticed when it can respond timeously to dynamic societal challenges. As deliberated in this chapter, the time has come for social work in Zimbabwe to bridge this epistemological divide and transform professional education and practice from being 'anthropocentric' to 'eco-centric.' This green sustainability discourse calls for economic, social and environmental policies that meet the needs of all people in the society. It was also noted that environmental sustainability is also rooted in the human rights movement; and confronts social, economic and environmental inequities in society. There is therefore a call for a shift in the current social work focus in Zimbabwe by integrating the forgotten but important environmental sustainability agenda in education, practice and research.

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CHAPTER 11

INTERFACING RELIGION, SPIRITUALITY AND SOCIAL WORK

Richard Mafuriranwa

Introduction

Interest in spirituality and social work has continued to experience growth both in training and practice over the last couple of years. Spirituality is a critical component of social work. Although the two have been detached from each other for the greater part of the twentieth century, they continue to find each other (Healy, 2014; Holloway & Moss, 2010). A plethora of literature suggests that there is an increasing relationship between spirituality and social work practice (Crisp, 2017; Garcia-Irons, 2018; Mabvurira & Nyanguru, 2013). In this chapter, the author reviews the interface between religion and spirituality in social work practice in the Zimbabwean context. The author posits that spirituality is an indispensable aspect of social work and the two are inextricably connected. He argues that the prominence of religion and spirituality in social work is an area that is under-researched and should be incorporated in the social work curriculum, education and training in Zimbabwe. This chapter advances the argument that most Zimbabweans rely on their religion and spirituality for support, and given the latter's significance in people's lives, social work practitioners need to be spiritually sensitive in their practice to fully meet the needs of their clients. Similarly, social work academics are encouraged to include topics on religion and spirituality in the social work curriculum, education and training.

Relationship Between Religion and Spirituality

Defining religion and spirituality is complex, making it problematic to integrate them both into social work (Wilkinson, 2012). Scholars are not in

agreement as to the exact definitions of religion and spirituality, with some saying religion is the same as spirituality, while others see them as separate entities (Allick, 2012; Crisp, 2016; Mabvurira, 2016). For this chapter, the author agrees with (Koenig, 2008) who defines religion as:

> beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the sacred, the divine, God . . . or ultimate truth, reality, or nirvana.

This definition assumes that religions are varied and can be defined by social construct and practice in a religious organisation or place of worship (Cascio, 1998; Gilbert, 2000). For some cultures, religion relates to the relationship between human beings and one or more gods. Some examples of religions which belief in a god are Christianity, Islam and Judaism, while others such as Buddhism and Jainism, do not ascribe to the worship of a god (Wilkinson, 2008). While religion is conceptualised by social construct and practice, spirituality can be understood as being more personalised and internalised (Carroll, 1998). Spirituality is specific to how individuals interact and experience their ultimate reality or god (Eckersley, 2007). Spirituality is a term that is difficult to define. In simple terms, it is human existence and a sense of connection to something bigger and higher than oneself, usually to one or more god/s (Spencer, 2012). Some people may find that their spiritual life is connected to their relationship with a God, a church, synagogue, temple or in a mosque. Perhaps the best way to understand the relationship between religion and spirituality is to think of two overlapping circles as depicted in Figure 11.1 below:

Figure 11.1: Relationship between religion and spirituality (University of Minnesota, 2016)

As far as spirituality is concerned, the question often asked is: where do I find meaning, connection, and value? On the other hand, in religion, the question that is often asked is: what is true and right? The zone where the circles' overlap depicts the individual experience, which affects the way one thinks, feels and behaves.

Religious Roots of Social Work

In African countries such as Zimbabwe, the historical relationship between spirituality and social work has been conceptualised in three broad phases: first its sectarian origins (the colonial period through the early 20th century); second, a period of professionalisation and secularisation (1920s through 1970s); and third the current resurgence in the interest in spirituality - 1980's through to the present (Canda & Furman; Kvarfordt et al., 2007). Studies indicate that renewed interest in spirituality is evidenced by the increase of scholarly publications on the topic; the development of spiritually-oriented organisations within the social work profession; the emergence of symposiums on spirituality and the inclusion of specialised courses on spirituality which are offered by social work programmes in some countries, particularly the United States of America (Mabvurira, 2016; Mabvurira & Nyanguru, 2013).

The social work profession had its genesis on the bedrock of religion and spirituality (Chenoweth & McAuliffe, 2017; Lindsay, 2002; Mabvurira, 2016)). The interface between social work and religion dates back to the 15th and 16th century when religion took leadership in alms giving, charity work and philanthropy (Chenoweth & McAuliffe, 2017; Lindsay, 2002; Rapp, 2010). This resulted in the introduction of the Elizabethan Poor Laws 1598, which were revised in 1601 and were further revised in 1874. Henceforth governments took over the control of social welfare to the present day through the introduction of a series of laws. At the end of the 19th century, social work became a profession and was now a recognised occupation. Studies confirm that at this time, there was a move away from a religious disposition to a modernist approach that is supported by scientific research and evidence- based social work (Dwyer, 2010).

Secularisation of Social Work Practice in a Secular Age and Beyond

In tandem with other professions, social work saw a gradual transformation from its religious roots through the process of secularisation. It was argued that religion and spirituality are not compatible with social work and therefore must be treated as completely separate domains (Larsen, 2011). Notwithstanding the historically influenced nature of the disconnection of social work from its spiritual foundations, in recent decades more and more scholars around the world have observed a renewed interest in the relevance of religion and spirituality in social work practice (Crisp, 2017; Garcia-Irons, 2018; Oxhandler & Parrish, 2018). One proof of the rise of the relevance of religion and spirituality in social work practice is the upsurge of studies dealing with the interface between religion and spirituality in social work practice (Crisp, 2016; Garcia-Irons, 2018; Oxhandler & Pargament, 2014).

More significantly, some scholars have argued for the inclusion of topics in religion and spirituality in the social work curriculum (Mabvurira & Makhubele, 2014; Mabvurira & Nyanguru, 2013). According to Mabvurira & Nyanguru (2013), a more important point to note is that social work practitioners in certain countries have also formed societies for

spirituality, examples being the "Canadian Society for Spirituality, Social Work and the North American Convention on Christians in Social Work, Society for Spirituality and Social Work (USA) and Southern California Society for Spirituality and Social Work".

Religion and Spirituality in Social Work Practice in Zimbabwe

Just like the majority of African countries, religion and spirituality constitute a central part of Zimbabwean society (Agbiji & Swart, 2015; Mabvurira, 2016; Mabvurira & Nyanguru, 2013). This view is supported by Mbiti (1969) who argues that Africans are notoriously religious. This helps one in understanding the deeply religious nature of Africans. It is estimated that the 84% Christian population in Zimbabwe is comprised of the following groupings: 33% Apostolic, 17% Pentecostal, 16% Protestant, 10% Catholic and 8% other Christians. About 1% of Zimbabweans are estimated to be Islamic, 4% practice African traditional religions while 12% are non-religious (Kazembe, 2009; Mabvurira & Nyanguru, 2013).

The nexus between social work and religion in Zimbabwe goes a long way as evidenced by the fact that social work education commenced with the establishment of the School of Social Services in 1964 by the Jesuit Fathers of the Roman Catholic Church (Chogugudza, 2009). Africa University's department of social work was established by the United Methodist Church while Ezekiel Guti University (run by the ZAOGA Forward in Faith Church) has since introduced a Bachelor of Arts Honours Degree in Social Work which is a much-enrolled programme. Though elsewhere in the world spirituality courses are included in the education and training of social work students, this is still lacking in Zimbabwe and most of Africa

Although spirituality and religion are important topics in social work in the African context, they are relatively under-researched, and this has inspired scholars to inquire about these topics (Mabvurira, 2016). Studies confirm that the topics on religion and spirituality are well-researched and documented in the United States (McClain et al., 2003; Sheridan, 2008), New Zealand (Beatch & Stewart, 2002; Phillips, 2010; Potahu, 2003) and in Canada (Coates et al., 2007; Mabvurira, 2016). Mabvurira (2016)

asserts that while there is a plethora of social work literature on social security, social development and social work education, very little has been written about the interface between religion and spirituality in social work practice in Zimbabwe.

Why is it Important for Social Workers in Zimbabwe to be Spiritually Sensitive?

A social worker is a practitioner who propagates social change, problem solving, the well-being of human beings and the enhancement of human society through the use of scientific theories and techniques such as psychotherapeutic case management, group-work and community intervention (Australian Association of Social Workers, 2010; Council of Social Workers, 2012). Social workers advocate for social justice, self-determination and the enjoyment of human rights in various settings; including academia, healthcare and child protection institutions, elderly facilities, faith communities, justice systems and environments of family violence (Mugumbate et al., 2014). Chenoweth & McAuliffe (2017) note that a social practitioner is a social broker, teacher, advocate, mediator and facilitator. These roles are well summarised in Figure 11:2 below.
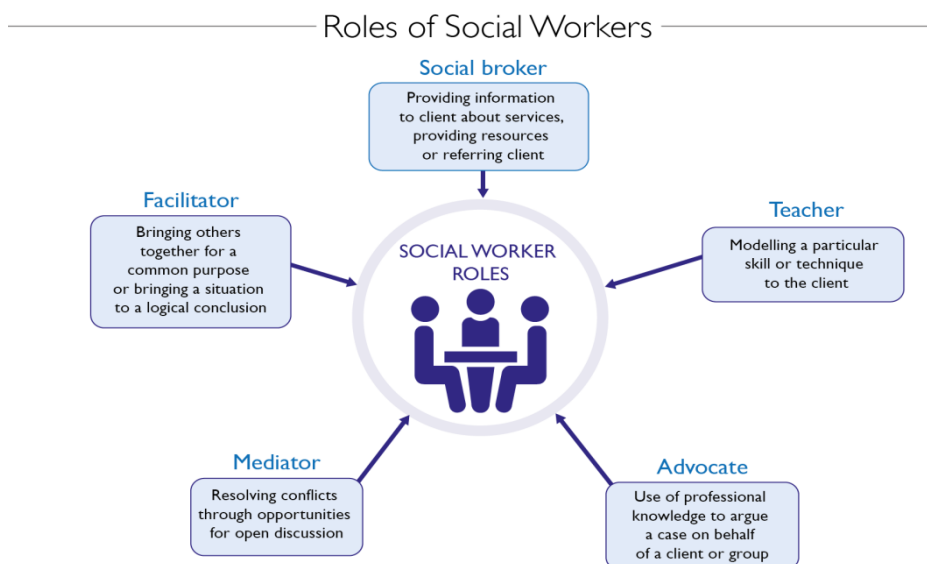

Figure 11.2: Roles of social workers

In carrying out the above-mentioned roles, as asserted in the Australian Association of Social Workers (2010:):

> Social workers [should] recognise, acknowledge and remain sensitive to and respectful of the religious and spiritual world views of individuals, groups, communities and social networks, and the operations and missions of faith and spiritually based organisations.

Given the importance of religion and spirituality in particular to Zimbabwean society, social workers must deliver services to their clients in a spiritually sensitive manner (Mabvurira & Makhubele, 2014; Mabvurira & Nyanguru, 2013). Research indicates that there are health benefits when people rely on their spirituality for support (Koenig, 2008; Leavey, 2010). This evidence has challenged the historic view of clients' spirituality and religious practices as having a pathological basis (Koenig, 2008; Leavey, 2010). Clients' spirituality and religious beliefs are the avenues through which human beings make sense of what happens in life, as they believe in a being greater than themselves (Bibby, 2002). Clients tap into their spirituality during times of crisis and besetting life's challenges. Scholars have observed that social workers need to respond to the spiritual dimension of service users if they are to fully respond to their needs (Mabvurira & Nyanguru, 2013). Practitioners who do not take cognisance of the spiritual needs of their clients fail to fully respond to the diversity of their needs which may be physical, psychological, cultural, emotional or spiritual.

In their professional practice, social workers will therefore encounter clients who rely on their religion and spirituality for strength and resilience. The author contends that social workers in Zimbabwe should appreciate the spirituality of their clients, including indigenous African religions (Mabvurira, 2016; Mabvurira & Nyanguru, 2013). Failure to appreciate their clients' spirituality may fail to respond to the diversity of their needs which could be physical, psychological, cultural, emotional or spiritual (Baskin, 2002; Mabvurira & Nyanguru, 2013). Social workers who work with aboriginal communities in Africa which are adherents of

ATR should observe the fact that their clients are respectful to their ancestors and that necessary rituals to appease them may be done (Mabvurira, 2016)

To deliver social work services that are spiritually sensitive, social workers should have received the necessary training that equips them on how to navigate around clients' spirituality without infringing on their rights. The content of the social work curriculum should incorporate topics on religion and spirituality; including theories that help students to appreciate indigenous religions and spirituality such as Afrocentrism, resilience theory and the strengths perspective (Mabvurira, 2016; Mabvurira & Nyanguru, 2013). This view is supported by Section 4.1.1 of the Global Standards for the Education and Training of the Social Work profession, adopted by the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) (2004), that asserts that social work training should produce a practitioner who is competent enough to deal with the complexities and multi- dimensional aspects of social work. As Mabvurira (2016) observes, client spirituality, therefore, should be given due attention by the social work practitioner, lecturers and policy makers.

Spiritually sensitive practice should be incorporated into the Social Work Act in Zimbabwe. As it is now, the act does not direct social practitioners to consider the spiritual needs of their clients

Social workers whose practice framework is influenced by their faith, should, however, be admonished to deliver their interventions in a professional, competent and accountable manner without imposing their religious views on their clients, as doing so would be violating the latter's right of choice and freedom (Australian Association of Social Workers, 2010; Chenoweth & McAuliffe, 2017). It must be pointed that whilst taking cognisance of the relevance of spirituality in social work practice, social workers should be mindful of their own spirituality so as not to jeopardise the helping process. This is very critical, especially within the Zimbabwean context, where most people claim to be Christians notwithstanding wide-ranging variations in their religious beliefs (Mabvurira & Makhubele, 2014). Ben Asher (2001) and (Carlisle, 2016)

observe that the biggest concern about incorporating religion and spirituality in social work is the possibility that some social workers may impose their religious views on clients and colleagues. When engaged in social work interventions that are influenced by their spirituality, social workers should ensure that they do so in a spiritually sensitive, competent and accountable manner (Australian Association of Social Workers, 2010). They should therefore be guided by the profession's code of ethics in a clarification of any grey areas and any possible sources of conflict.

Conclusion

Given the relevance and centrality of spirituality in people's lives, social work practitioners in Zimbabwe and the world over should use this vital resource to effectively help their clients. Although the prominence of spirituality in social work has been substantiated; social work practitioners, researchers and academics have trivialised the area. Social practitioners in Zimbabwe are, therefore, encouraged to continue researching the interface between religion and spirituality in social work practice. Similarly, educational institutions and academics are urged to include topics on religion and spirituality in the social work curriculum. Social work bodies and associations are also encouraged to include clauses that guide social workers in their social work practice.

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CHAPTER 12

SOCIAL WORK AND DISABILITY

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Peter Chinamora

Introduction

This chapter scrutinises the relationship between disability and social work in Zimbabwe. Social work in Zimbabwe mainly deals with marginalised and disadvantaged groups where people with disabilities are part. The chapter defines disability in the local context by adopting both international and locally provided definitions disaggregated by disability type and severity. The aetiology of disability and its implications for social work practice are discussed. One perspective on disability suggests that it is an impairment, that is; one with the disability is regarded as having a problem or a disease which needs to be cured, (medical model), another perspective looks at the society and the environment like the one disabling the individual (social model). There are many other models of disability which include the charity model, religious model and economic model. The chapter looks at different contexts in which disability social work is practised, for example, the disability services under the National Case Management Systems, group and community work.

Defining Disability

Defining disability has been critical to different scholars in different fields for years. Nagi (1965:) defines disability as "the expression of a physical or a mental limitation in a social context". He further goes on to explain that disability is about individual capabilities that meet with demands created by the physical and social environments. A few years later, Oliver (1990) conceptualises disability in terms of the limitations caused by society to people with impairments. He defines it as social oppression against disabled people by society. In his definition, he suggests that disabilities

are not a problem with the individual but rather are created by the society due to expectations and lack of adaptations to cater for different types of impairments. Defining disability remains a contentious issue partly because on one hand it refers to many different conditions (Wasserman, Asch, Blustein, & Putnam, 2016), whilst on the other, it may have different meanings in different times, places and cultures.

The World Health Organisation (WHO) (2020) defines disability as any restriction or lack of ability to perform an activity as a result of an impairment(s) and environmental issues like society. This definition has been widely accepted by social scientists as it caters to different forms of disabilities. However, it may be too general to understand disability or to differentiate it from diseases. United Nations Conventions on the Rights of Person with Disabilities (UNCRPD) (2006:3) defines people with disabilities as, "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

The convergence areas for the above discussed definitions of disability are activity limitations and the role of community in either creating or strengthening the disability. These definitions are critical in shaping up social work interventions that focus on the integration of people with disabilities in their communities where they can fully participate and get equal opportunities with their counterparts without disabilities. Traditionally, disabilities were defined in terms of the medical aspects (medical model) which saw something wrong with the person with a disability (Mosteri, 2016). Disabilities are a combined result of the medical aspects or impairments together with societal limitations (Choruma, 2006). This chapter adopts this view for two reasons. Firstly, it acknowledges that the medical aspects of disability are the starting point for accessing medical related services like physiotherapy, occupational therapy and medication. Secondly, acknowledging the role of the community in disability assists in raising awareness in challenging harmful practices, knowledge and attitudes against people with disabilities. Accessing medical related services and being in a supportive and enabling community will see people with disabilities meaningfully

participating and being included in social events as other members of the society.

Defining Disability in the Zimbabwean context

The legal definition of disability is drawn from the Disabled Persons Act (DPA) of 1992 (Chapter 17:01) which defines a person with a disability as one, 'with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities. Section 22 of the Constitution of Zimbabwe (2013) recognises mental and physical disabilities which are the two broad classes of all disabilities.

The Disability Process

The disability process describes the stages one must go through to be considered disabled, even though in some cases the stages all happen at once. The disability determination process includes key words/stages, that is, impairment, handicap and disability. There is a huge contention in terms of the order of the disability process. The disability process follows impairment, handicap and disability, in that order, (Mugumbate & Nyoni, 2013). This suggests that the process starts with an impairment followed by handicap and lastly disability. However, other schools of thought have defined handicap as a disadvantage for a given individual, as a result of a disability or impairment. The disadvantage restricts one to function at a level considered normal in different contexts. This definition suggests that handicap is the last part of the disability process. It is important to note that at each stage; if adaptations are made, progressing to the next level may be prevented depending on the severity of the impairment.

The general agreement is that impairment is the starting point. However as suggested by Choruma (2006), it is not only impairments that cause disabilities but also the environment in which one lives. So, it can be argued that the disability process starts with impairment, followed by the environment where one with the impairment is living. If both are not attended to, the disability occurs. Again, at the disability level, if the environment is not conducive or disability friendly, it will progress to

handicap where one fails to perform their roles. The stages of the disability process are further explained in detail below.

Impairment

The World Health Organization (2001) defines impairment as any loss or abnormality of a psychological, physiological or anatomical structure or function of a body. This implies that impairment is the abnormality in one`s body parts or a condition that prevents normal functioning. Different forms of impairments are then associated with different types of disabilities. For example, visual impairment is associated with blindness and physical impairment with a physical disability. It is important to know that unlike disability, impairments are factual, that is, when one has a body part or limp that is not functioning well, it is a fact despite different causal factors. The medical model of disability mentioned earlier focuses on the impairment one has.

Disability

WHO (2001), defines disability as any restriction or lack of ability to perform an activity in a manner or within a range considered normal for a human being. Thus, disability is the lack of ability to perform tasks considered normal as a result of an impairment. This means that when one has an impairment, but adaptations have been made to allow them to perform activities within the range considered normal; then the person in question will not be considered to have a disability. This is the main argument presented by advocates of the social and human rights models of disability, that despite one having an impairment, to have a disability is a combination of one`s malfunctioning body parts plus how the environment reacts to that malfunctioning. If the environment is supportive of accessible buildings, the information in rights formats and deliberate adaptations made for people with impairments, participation will not be restricted.

Handicap

A handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role

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that is normal depending on many factors and contexts such as age, sex, and social and cultural factors (WHO, 2001). This suggests that an impairment may cause disability if not adequately attended to and a disability may cause a handicap where one fails to perform their roles like feeding and providing for the family or excelling in school. Whilst this is the most traditional view, contemporary scholars like Choruma (2006) argue that while impairments cause disability, the environment also causes disability. This suggests that rehabilitative efforts should focus on both the impairment and the environment in which one lives in preventing people with disabilities to reach the handicap level. Handicap is more defined in economic and social terms. That is, the economic model of disability explains the best handicap. The economic model of disability speaks of economic integration, competitive advantage as well as the inclusion of people with disabilities in social and economic activities.

Types of Disabilities

Social workers need to understand that different types of disabilities present unique challenges, hence unique services are needed. Whilst people with the same disability type usually face similar challenges, it is important for social workers not to treat them as a homogenous group. This is because disability is not a sole result of impairment, but also the environment and the differences in the environments should be a basis for practitioners to use the case-by-case approach. It is also important to note that whilst there are many forms of disabilities, in some cases, one may have multiple disabilities (Horn & Kang, 2014). Wasserman et al. (2016), highlights that several conditions can be referred to as disability. Visible disabilities are those that one can see and identify, but there are also invisible disabilities that cannot be easily identified. According to the DPA of 1992, types of disabilities include physical, mental, visual, hearing or speech disabilities. As contentious as it is to define disability, it is also in agreement to the types of disabilities. The common disagreements in disability types are whether to include albinism and epilepsy as forms of disabilities. Mswela, (2017) correctly points out that including albinism as a disability may be a legal issue and does not always have a straightforward answer. The same goes for epilepsy. Broadly there are two categories of disabilities, those that affect physical well-being and those that affect psychological wellness. For non-disability specialist service

providers, however, the physical disability category can further be broken down into more specifics like hearing and speech impairments as well as visual impairments. When all has been said, it is wrong to classify people with disabilities as the same as they require different needs and they also have different vulnerabilities.

Physical disabilities

There are many forms of physical disabilities which are complex to understand. A physical disability is a condition that significantly restricts one or more basic physical activities of an individual. These activities may range from walking, climbing stairs, reaching, carrying, or lifting. These limitations hinder the person from performing tasks of daily living. There are different types of disabilities, but the majority are caused by conditions such as arthritis, multiple sclerosis and *spina bifida* among others. Physical disability usually manifests with challenges as being bedridden, mobility problems and failing to perform activities of daily living (ADL). It affects physical abilities, posture, and movement.

Visual, Speech and Hearing Impairments (Deaf)

This section expounds on visual, speech and hearing impairments as possible causes of disability and ultimately handicaps. These will be explored as follows:

Hearing impairment

Martel (2016) defines hearing impairment as a condition when one fails to receive sounds via the ears. The condition can either be permanent or temporal. Loss of hearing ability however varies in severity from hard of hearing to complete deafness (Martel, 2016). There are different causes of deafness, but the most common causes are malformation of the ear, ear infection, allergies, tumours, impacted earwax, otosclerosis, exposure to loud noise and head trauma.

Speech impairment

Martel (2016) defines speech impairment as a condition where one faces difficulties in forming sounds using the mouth. Speech impairments vary, from occasionally not being able to produce sounds, to not being able to

produce sound at all. Common signs of the condition are stammering and distorted sounds. In some cases, using signs to communicate indicates one`s inability to speak.

Visual impairment
Visual impairments are problems to one`s sight to a level where simple solutions like spectacles can solve (Disability South Africa, 2016). However, like other disability types, visual impairments vary from mild to profound or severe. Profound visual impairment is total blindness while mild impairment is the one which can be corrected by spectacles.

Psychological Disabilities
Psychological disabilities mainly come in two ways, mental illness/ mental health challenges and learning impairments. Whilst some suggest that the differences between mental illness and learning impairment is a wording or semantics matter, the real issue is on the severity of the disability. In most cases, people with learning impairments cannot cognitively perform at the level considered normal for their age and context while those with mental illness have severe mental health problems that need access to medication. Often, children with learning impairments can be accommodated at ordinary schools. Sometimes, they are enrolled in special classes while those with mental illness may need specialised schools or institutionalisation.

Aetiology of Disabilities
Causes of disabilities are difficult to summarise as they are determined by their different forms. To better summarise causes of disabilities, classes or categories are used. These categories are pre-natal, peri-natal, post-natal (Huang, Zhu, Qu and Mu, 2016) and genetics. They will be discussed in the following sections.

Pre-natal causes of disability
Different things that may affect the unborn baby when the mother is pregnant are what are referred to as pre-natal causes of disability. These are mainly related to the personal care of the pregnant mother and may

include such things as, drug and alcohol abuse (Huang, et al, 2016), exposure to sexually transmitted diseases, stress and psychological trauma, lack of nutritious food, sexual and gender-based violence, accidents and use of indigenous traditional medicines which are supposedly taken in the preparation of the delivery. Whilst most of these are preventable, other pre-natal causes are difficult to avoid. They include some that are purely genetical and or others that are difficult to explain; which, in African Traditional Religion, are believed to be associated with spirituality, for example, witchcraft.

Peri-natal causes of disability
Children may develop disabilities at birth. The circumstances at birth which may cause disabilities to children are what is referred to as peri-natal causes of disability. Common causes of disabilities at birth range from mothers physically injuring the child, delayed births or delayed operations, poor maternal care given to the mother, transmission of STIs from the mother to the child, lack of adequate oxygen and aided births (use of forceps or vacuum births or bare hands for home deliveries). The majority of peri-natal causes of disability are associated with home deliveries. Whilst home delivery itself is not a cause of disability it poses a lot of risk to both the child and the mother due to issues like lack of protective equipment, lack of expertise and equipment to deal with complications and use of unapproved methods and traditional medicines.

Post-natal causes of disability
Children that are born healthy and considered not to be at risk of disabilities can still develop disabilities due to several factors. These factors are what are referred to as post-natal causes of disability. These range from lack of immunisation, accidents and injuries, prol.onged illnesses, malnutrition, drug and alcohol abuse, stress and psychological traumas.

Models of Disability
It is difficult for one to claim to be a disability specialist. This is because needs for people with disabilities are diverse; ranging from

impairment/disability specific needs to educational related, health, protection among many. On the other hand, disability can be interpreted or understood from different perspectives. These perspectives that try to explain disability in different ways have become known as models of disability. There are various schools of thought or models of disability which try to explain disability and the most common ones are the medical models, the social model, and the charity model.

The charity model

The charity model has premised on the paradigm that people with disabilities deserve pity, help and charity (Oliver, 1996). The model views people with disabilities as victims of the conditions they have. As they suffer from those conditions, their able-bodied counterparts must assist them, whichever way possible. The model argues for human treatment of people with disabilities; where able-bodied counterparts give hand-outs to people with disabilities (Henderson & Bryan, 2011). This model has been used by churches, government and non-governmental organisations in assisting people with disabilities. Whilst it addresses immediate problems, it does not provide long term solutions. Thus, social work interventions should not be inspired by the charity model as it does not proffer sustainable solutions for people with disabilities. Rather, it reduces them to charity cases who cannot stand for themselves and the hand-outs given are short term. This contrasts with the empowerment perspective which argues that social work interventions should focus on long term solutions that leave clients in a better position to help themselves (Gwenzi, 2016).

The social model

The social model argues that disability is a result of how society treats people with impairments. It asserts that disability is a product of society and not a problem of an individual with a disability (Mtetwa, 2011). The social model explains disability as a social construct achieved through discrimination and oppression. It stresses that disability is a result of society, not the individual with impairment (Degener, 2014). In other words, a disability would not be a disability if the barriers within society are removed. The model differentiates between impairment and disability where impairment has to do with malfunctioning of one's body parts while

disability has to do with an individual failing to participate or perform at a level considered normal as a result of how the society reacts to the impairment one has (Degener, 2014). Thus, in simpler terms, the social model recognises both the presence of a purely medical condition (impairment) and the role played by the environment which ends up resulting in disability (Choruma, 2006). Therefore, society has a responsibility to prevent, rehabilitate and accommodate its members who are differently abled (Jairos Jiri Association, 2013). This can be done by equity; where deliberate provisions are made for people with disabilities to enjoy the same rights and opportunities being enjoyed by their counterparts without disabilities.

In 1981, Mike Oliver; one of the forefathers of the social model of disability, argued that disability is mostly about the restrictions people with impairments face. These restrictions come at many levels; ranging from family, community, and institutional, preventing people from participating at the same level as their counterparts without disabilities. Restrictions may come in the form of inaccessible public spaces, unusable public transport, lack of sign language skills and other communication skills at public institutions amongst many that make people with disabilities fail to access some services and opportunities as their counterparts without disabilities. This suggests that no matter what impairment one has if they are living in a supportive and considerate environment, the impairment can be managed not to proceed to disability. The view proffers that most disabilities have to do with the attitudes of society. Institutions and facilities that are not disability friendly or inclusive miss opportunities for the inclusion of people with disabilities.

The social model of disability is widely considered to be the best amongst development workers. This is because it paves way for efforts to be directed towards medical related services for the impairment yet at the same time emphasising how important the environments largely contribute to the resultant disability (Choruma, 2006). Social workers are therefore able to develop and implement intervention strategies that promote both medical rehabilitation and a shift in community attitudes, knowledge and practices that discriminate against people with disabilities. Focusing on what society can do to prevent the disabling

situation for people with disabilities encourages a lot of support for people with disabilities when it is coming from their communities.

The human rights model

The human rights or political model stresses participation in decision making and respect for human rights. It is premised on the fact that neither charity nor re-socialisation is adequate to address issues affecting people with disabilities (Mtetwa, 2012). Many social workers consider human rights and the social model as the same but Degener (2017) highlights key differences. Mainly the human rights model places importance on the dignity of people with disabilities (Degener, 2017). Apart from arguing for people with disabilities to enjoy both first- and second-generation rights, the human rights model advocates for identity-based politics where it takes into consideration different challenges peculiar to people with disabilities (Degener, 2017). It argues for political emancipation, contending that without power; people with disabilities will remain an appendage of those in control. As such, people with disabilities should find meaningful participation in decision making organs of society and country. Thus, the political model seeks to empower and involve people with disabilities in the formulation and implementation of social and economic development policies

The medical model

Degener (2014) argues that the medical model regards disability as a sickness that must be cured or corrected. Disability is regarded as pathological (Olkin,1999). Disability is sometimes referred to as a personal tragedy where the individual with the disability is considered to be the problem (Thomas & Woods, 2003). This then suggests that people with disabilities are sick people who need to be treated like patients to "heal" the disability (Carlson, 2010:). Kasser and Lytle (2005) argue that the medical model treats people with disability as the problem, not considering other important factors like the environment in which they live.

The medical view of disability therefore opens avenues for people with disabilities to be discriminated against as it treats them as the problem.

Medical practitioners who strongly subscribe to the model will end up viewing people with disabilities as failures and sometimes even embarrassing as they will fail to heal them in most cases (Pfeiffer 2003). This means that all interventions inspired by this model focus on the individual with the disability, which mainly has to do with them accessing medical services. To social workers, the medical model is short-changing as it does not recognise the role played by one`s environment which largely contributes to challenges people with disabilities face.

Poverty-Disability Discourse

The biggest cause of different disabilities which seems to cut across classes is poverty. There is a strong causal relationship between poverty and disability (Tessema, 2014; Mosteri, 2016). Researchers suggest that poverty can cause disability while some also suggest disability can cause poverty. Poverty can cause disability by affecting issues like inadequate maternal care for expecting mothers, as well as malnutrition, exposure to health hazards especially in working and living conditions, stress, and drug and alcohol abuse. In some cases, poor mothers' resort to home deliveries as a result of out of reach service and access costs. Whilst poverty has a contribution to degeneration into disability, the disability itself can cause poverty. When a family has a member with a disability, it quickly becomes an economic condition too as the family wants to provide for the special needs related to the disability. These include funds for rehabilitation services which may be monthly hospital visits or even more frequent, assistive devices like wheel chairs, hearing aids and spectacles. Some disabilities are severe that caregivers spend most of their time providing care to the one with the disability when they should be engaged in economic activities, thus losing income (Tessema, 2014; Mosteri, 2016).

Disability and the Law in Zimbabwe

In 2013, Zimbabwe ratified the United Nations Convention on the Rights or People with Disabilities (UNCRPD) (Mandipa & Manyatera, 2014). By ratifying international protocols on disability, Zimbabwe demonstrated its commitment to saving people with disabilities. The convention states that state parties to the convention are required to promote, protect, and ensure the full enjoyment of human rights for people with disabilities and ensure that they enjoy full equality before the law. Apart from upholding

the rights of people with disabilities, the convention also stresses the importance of accessible information and communication for people with disabilities. This includes information in braille, large print amongst others that targets people with disabilities. It approaches information and communication from a rights-based perspective where people with disabilities have a right to access information the same way their counterparts without disabilities do.

The Constitution of Zimbabwe Amendment (No. 20) Act, 2013
Zimbabwe has from the 1979 Lancaster House Constitution taken a stance against discrimination of people with disabilities. However, in 2013, when it amended the constitution, it moved from only recognising physical disabilities to other forms of disabilities. However, the 2013 constitution recognises physical and mental disabilities while leaving out other forms of disabilities such as sensory disabilities (Dziva, Shoko & Zvobgo, 2018). Whilst the government has followed the provisions of the UNCRPD in developing and improving legislation to do with the rights of people with disabilities, much still needs to be done especially in recognising all forms of disabilities.

Mandipa (2013) comments on the involvement of respect and dignity of people with disabilities as one of the key achievements and provisions of the 2013 constitution. He goes on to argue that society looks down upon people with disabilities as inferior and less important and having the constitution have provisions of respect and dignity for people with disabilities is a step in the right direction. Apart from this, section 22(4) speaks of the accessibility of buildings, transport systems and the environment by people with disabilities. According to Dziva et al. (2018) this fulfills articles 9 and 19 of UNCRPD that speak for the promotion of meaningful participation of people with disabilities. This directly tries to solve the problem noted by Mandipa (2013) that most private and public spaces are not accessible by people with disabilities in Zimbabwe.

Sections 22 (3) and 62 of the constitution encourages accessible information for people with disabilities in the form of communication models suitable for different types of disabilities (Dziva et al, 2018).

Section 16 of the constitution has also recognised sign language as one of the official languages in the country. This demonstrates how serious the government is taking disability issues. However, Mtetwa (2012) argues that section 62 is silent on how people with visual and hearing impairments can exercise their right to access information. This affirms earlier findings by Dziva et al (2018) that in as much as the government has demonstrated commitment towards the disabled constituency, a lot still needs to be done especially in the area of recognising all forms of disabilities and practical implementation strategies. Whilst these are more general observations of the constitution, section 83 is more specific and covers issues such as ensuring that people with disability are enabled to be self-reliant, they live with their families and participate in social and recreational activities, receive the same medical and psychological services just like everyone else and access provision of educational facilities suitable for one`s disability. To aid the constitution, other acts of parliament directly deal with disability issues. These include the Disabled Persons Act (Chapter 17:01).

The Disabled Persons Act (Chapter 17:01)
The Disabled Persons Act is a disability specific law in Zimbabwe. The Act of Parliament provides for a legal definition of disability in Zimbabwe which states that "a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society". The definition tries to include different types of disabilities. The act also provides for the formulation of a disability board and most importantly article 9 of the act speaks against discrimination of people on grounds of disability.

Role of Social Work in Disability Issues in Zimbabwe
Boyle (2006), defines social work as an art, a science, and a profession that helps people to solve personal, group (especially family), and community problems and to attain satisfying personal, group, and community relationships through social work practice. According to Compton and

Galaway (1984), the purpose of social work is to resolve problems emanating from a lack of harmony between individuals and their environment. The purpose of social work is to activate and consolidating the problem solving and coping capacities of individuals. This suggests that social work is about capacitating individuals to develop problems-solving skills so that they solve their own problems. It is also about making sure the individuals develop to reach their maximum potential.

According to Thompson and Thompson (2008), people with disabilities have long been regarded as tragic and were not given the same space in social and economic activities as people without disabilities. As already highlighted, during the 1990s; people regarded disability to be a result of one`s impairment and that such people needed medical procedures to correct it (Campbell & Oliver, 1995). However, with the disability movement, a common understanding is that disability is caused by both one`s impairment and the environment in which one lives (Choruma, 2006). Thus, the role of social workers to provide intra and external services to people with disabilities. That is, they focus on the impairment and any medical rehabilitation that may be required and at the same time address community knowledge, attitudes and practices that disable people with impairments.

Physical disabilities are what people think of when they think of disabilities (Hales, 1996). This has led to some level of adaptations targeted at people with disabilities like wheelchairs, ramps and large doors. However, many people, including service providers do not understand the complex nature of the disability and its different forms. As a result, a large group of people with disabilities are not considered in many interventions. The role of social work is to make sure that all people with disabilities are given some attention and reasonable adjustments for them to fully participate in community programmes.

Social workers assume many different roles in disability work. These include being counsellors, educators, brokers, rehabilitative team members, case coordinators/ managers and advocates (Ashman, 2010).

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Social Case Work (Case Management system)

Social case work as proposed by Richmond (1992) is about helping the individual to solve problems they would not have solved on their own. It is a method used by social workers to effectively deal with individual issues in a case-by-case scenario. Social case work is by far the most suitable social work methods for dealing with disability cases. This is because despite people with disabilities having many common circumstances, they are not a homogenous group and their needs vary from individual to individual. As a result, to effectively deal with individual cases, one needs to treat each case as it comes. In Zimbabwe, case work for all children is guided by a framework named, National Case Management System (Ministry of Public Service, Labour and Social Welfare, 2017). The ministry goes on to define case management as "a way of organising and carrying out work so that children's cases are handled in an appropriate, systematic and timely manner". Thus, case management for people with disabilities follows provisions provided in the guidelines for case management systems, that is; intake or identification of the case, assessment, planning and implementation, reviewing and case resolution (Ministry of Public Service, Labour and Social Welfare, 2017). What is critical is to make sure that all the services provided are provided in a disability friendly and inclusive manner. This includes issues like communication and adapting certain facilities to consider special needs for people with disabilities to meaningfully benefit from the provided service.

As a rule, it is critical to have a database of people with disabilities and closely monitor their situation to prevent abuse and monitor even the slightest signs of violation of their rights as different researches have suggested that they are more at risk (Brown, 2000). This is due to the usual underreporting of abuse cases against people with disabilities. The stages of the case management system are explained below.

Identification of Persons with Disabilities
The first step in making sure that the individual receives the necessary support to reach their full and maximum potential is knowing where they are and what type of disability they have. In most cases where there is a disability, there are different forms of vulnerabilities associated with the individual. According to Mukushi, Makhubele and Mabvurira (2019),

disability in Zimbabwe is interpreted through cultural lenses and this leads to discrimination as well as other forms of abuse. Unfortunately, abuse against children with disabilities often goes unrecorded and missing in statistics provided by child protection agencies (Cooke & Standen, 2002). This is probably due to the underreporting of disability related child abuse cases and this is the reason why social workers need to strengthen surveillance systems regarding children with disabilities' circumstances. This will assist social workers in monitoring the situation of the concerned individuals and if their circumstances do not change, appropriate measures will be taken.

Assessments and care plans
Assessments are critical in social work service provision. An assessment is the collection and analysis of key information regarding a person`s circumstances, history and the environment among other issues. It is done to inform a social worker in developing a care plan that is appropriate and effective in solving the problems of the clients and meeting their needs. Different assessments are done but the common social work assessments include, personal SWOT analysis, culturagrams, ecomaps and genograms.

When assessments of people with disabilities, it is critical to collect data relating to their disability history, medical history and current circumstances. It is important to understand the type of disability as people with different disabilities usually have different needs. The role of the social worker is to assist the client with different options and consequences of each and let the client determine what course suits their situation best. This enhances client self-determination.

Implementation
Once a care plan has been developed, the case manager/social worker must make sure that the identified needs and services have been provided. Thus, implementation is all about direct service provision or strategic referrals that facilitate services to reach the client. The services are given and the referrals should be informed by the care plan.

Review and case follow up

Case managers need to make assessments on the progress of 'cases"; that is, whether the care-plan is addressing the needs of the client and whether there are new circumstances that may need different strategies to curb. If there are new circumstances or if the first care-plan is not appropriately addressing the needs, then a different care-plan is developed. On the other hand, if all the key needs have been addressed and there are no new vital needs, a case is deemed to have been resolved. There has been much debate amongst practitioners, however, regarding differences between case closure and case resolution. Amongst disability practitioners, there is a consensus that cases involving people with disabilities are difficult to close or resolve since there are always underlying issues surrounding disability. Thus, even when key needs have been met, the case files remain opened where there is continuous monitoring of the case.

Social Group and Community Work

Social workers form support groups for people with disabilities and their families. This form of group work is aimed at bringing people in similar circumstances to share experiences and provide emotional support to each other (Mukushi, 2018). Discrimination, stigmatisation and most of the challenges people with disabilities face are a direct result of disability itself being interpreted spiritually or culturally (Mukushi et al., 2019). As a result, social workers use community work in challenging perceptions, knowledge and attitudes concerning people with disabilities. This is informed by the social model of disability which argues that the disabilities of people with impairments are caused by a society which is not supported and a change in the societal attitudes is more likely to bring positive change to the one with a disability.

Social workers offer counselling and psychosocial support to people with disabilities and their families. Counselling and therapeutic approaches deal with a variety of issues including personal adjustments and transition, emotional recovery, grief and moral support. Social workers help people confront their situation and develop problem-solving skills (Ashman, 2010). Social workers deal with positive behaviours by supporting and strengthening positive behaviours in people with disabilities. Due to being looked down upon, people with disabilities may

never recognise some of the positive things about their character, skills and day to day life. This can be combined with the SWOT analysis where their strengths are emphasised and strengthened while weakness are discouraged, opportunities are grabbed, and efforts are done in preventing harm from threats.

Advocacy is another key service provided by social workers. Social workers support individuals with disabilities to be self-advocates and they also advocate on their behalf. Social work advocacy can be done at different levels, that is, at the family, community or national level. In the advocacy, social workers try to shift the mind-sets of caregivers, communities and the nation at large on disability. The myths and beliefs surrounding disability are the routes of systematic abuse and rights violations against people with disabilities (Mukushi et al., 2019). Thus, by challenging these and advocating for people with disabilities to be treated the same way as other people are treated, it will go a long way.

Social workers assume many different roles in disability work. These include being counsellors, educators, brokers, rehabilitative team members, case coordinators/ managers and advocates (Ashman, 2010).

Conclusion

The disability movement has brought about positive changes to people living with disability in Zimbabwe, particularly through the promulgation of disability friendly laws and policies like the constitution and inclusive education. This shows that social workers and other disability advocates have yielded results in disability related discourses at the policy level. The creation of the disability department in the Ministry of Labour, Public Service and Social Development is a positive development. Sadly, at the practice level, social workers still face a lot of challenges in delivering meaningful and disability friendly services largely due to institutional gaps. Notable gaps include lack of sign language training in schools of social work, lack of adaptations for people with physical impairments to access buildings and institutions, unstable and inconsistent funding mechanisms to a national case management system, lack of specialised resources for special needs education (for example special teachers, books in braille, large print) amongst many other issues. Social workers have to advocate for disability not to be taken as a secondary issue and sustainable funding mechanisms need to be put in place.

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CHAPTER 13

ENVIRONMENTAL SOCIAL WORK PRACTICE

Louis Nyahunda

Introduction

Climate change is presenting very serious global risks and is also proving to be the worst enemy of African development. In Zimbabwe, climate change continues to threaten the social welfare of individuals, families, groups and communities; particularly those in marginalised areas because of high poverty levels, low adaptive capacity, lack of institutional support, lack of techno-science based adaptation strategies, high dependence on the volatile natural resource base and unequal power relations. Be that being the case, the social work profession is premised on enhancing human wellbeing in all spheres of life. Ultimately, social work service users are amongst those disproportionately affected by climate change. In response, there has been a consensus amongst developmental practitioners globally that efforts to solve problems caused by climate change will not occur without assistance from the community (Narhi & Matthies, 2018; Dominelli, 2018; Boetto, 2019). As such, social workers must act on these issues because not doing so threatens the validity of all the work they do. In Zimbabwe, the profession is actively involved in addressing complex social problems such as domestic violence, child welfare, oppression and inequalities among other daunting social ills. It is poignant to learn that there is little evidence of the active involvement of social workers in climate change issues. Having said that, the purpose of this chapter is to demonstrate how climate change falls within the purview of the social work mandate in Zimbabwe. By the end of this chapter, readers should understand the concepts; environmental social work, green social work, eco-social work, social work and the climate change discourse, impact of climate change on humans and climate change policies.

Social Work and the Climate Change Discourse

The phenomenon of climate change is one of the most contested and debated concepts globally. However, some governments still deny the existence of climate change and its impact on rural and urban areas around the world (Nyahunda & Tirivangasi, 2019). Despite all this, climate change related disasters are felt around the world and debates are still on going on what is climate change, its causes and other dynamics linked to its determinants (Mugambiwa & Tirivangasi, 2017). Furthermore, there are contestations on whether the climate change discourse is a natural science, environmental sciences, geographical sciences or human sciences field. These contestations are emanating from the various definitions of phenomenon.

The Intergovernmental Panel on Climate Change [IPCC] (2014: 20) defines climate change as "a change in the state of the climate that can be identified (e.g., by using statistical tests) by changes in the mean and/or the variability of its properties, and that persists for an extended period, typically decades or longer. Thus, climate change may be due to natural internal processes or external forcing's, or to persistent anthropogenic changes in the composition of the atmosphere or land use". Similarly, the United Nations Framework Convention on Climate Change [UNFCCC] 2014: 6) defines climate change as "a change of climate that is attributed directly or indirectly to human activity that alters the composition of the global atmosphere which is in addition to natural climate variability over comparable time periods". As for Rasul, Mahmood, Sadiq and Khan (2012), climate change is described as an on-going trend of changes in the earth's general weather conditions because of an average rise in the temperature of the earth's surface. Based on this, evidence of rapid climate change comprises intense weather systems, with increased frequency of heavy rainfall and longer drought seasons.

The above definitions justify why there is still no consensus amongst scholars on what is climate change. These definitions are captured to propound the significance of different disciplines in the climate change discourse. This is because climate change issues have been addressed from the mainstream of natural sciences using statistical tests to measure the changes and quantification of its impacts (Chanza, 2014). As such, the

inference in the definition of climate change that captures the changes in the mean and/or the variability of its properties justifies the involvement of natural or geographical sciences. On the same note, the changes attributed directly or indirectly by anthropogenic (human activities) boggles the mind that human science disciplines like social work, sociology and anthropology should be at the fore front of climate change debates and interventions where indigenous people can use their knowledge and experiences to interpret it. In support of this, Cumby (2016) avers that several disciplines in the natural sciences have propounded a strong voice towards the climate change phenomenon especially in the technology and agricultural sectors but the same cannot be mentioned for social workers.

In the on-going debate, Shokane (2016) contends that the social work profession has the responsibility of protecting vulnerable populations affected by climate change. Undoubtedly, climate change falls within the purview of the social work profession because it disproportionally impacts marginalised groups which consequently bear negative impacts on their health and wellbeing (Dominelli, 2013). In this regard, the National Association of Social Workers of Zimbabwe has a clear environmental protection policy statement, which reads as follows; "Social workers have a professional obligation to become knowledgeable and educated about the precarious position of the natural environment, to speak out and take action on behalf of it, and to help their clients act in an environmentally responsible manner" (Chitereka, 2010: 11). Despite clear acknowledgement by social workers on the importance of incorporating environmental issues in their practice in Zimbabwe, social workers in both education and professional practice appear not to be conscious of environmental challenges facing human beings (Muzingili, 2016).

Arguably, Cumby (2016) contends that like all other stakeholders, the social work practice is required to respond appropriately in addressing climate change induced disasters on its clients. Unfortunately, this is not the situation in Zimbabwe (Mathende & Nhapi, 2017). Dominelli (2018) further contends that the social work profession has an essential role in helping people to understand environmental issues as well as promoting sustainable development. In the foregoing, Mathende and Nhapi (2018) assert that social workers are change agents, hence their practice is not

limited to therapeutic interventions, poverty alleviation and linking of clients to resources. To add on, social workers are effective advocates for social justice where they enhance the normal functioning of their clients in their natural environments. Thus, social workers recognise the role of the social environment when they do problem assessments and interventions (Garbarino, 2017).

What should be underscored is that problems in the natural environment as are currently visible and felt due to global warming, present challenges for social workers' clients; hence the social work practice should devise mechanisms to address ecological catastrophes in their day-to-day interventions (Dominelli,2018). Also, Tabin (2015) avers that social workers cannot stand idle and watch global warming just happen. This is because climate change is creating social and economic inequalities, injustices and climate refugees and these conundrums pose a challenge for social workers. Clark (2013) concurs with the latter and further asserts that social workers need to put into cognisance the essentiality of human rights and social justice in their negotiation of policies designed for climate change related interventions. In the same line of argument, Achstatter (2014) opines that social workers are duty bound to enhancing human well-being, following the social justice and human rights framework.

In addition to the above expositions, Gray and Coates (2015) posit that social workers should engage effectively in the formulation and execution of climate change policies, developing and strengthening resilience mechanisms amongst individuals and communities, assisting in psycho-social recovery from the shocks caused by climate change, resolving conflicts arising over scarce resources and helping in recovery to the aftermath of natural disasters like floods (Dominelli, 2012). Currently, there are no climate change policies designed by social workers despite the responsibility encapsulated by the International Federation of Social Work (IFSW) that social work is a practice-based profession that engages people and structures to address life challenges and enhance wellbeing (Dominelli, 2018). This implies that social workers are duty bound to protect individuals, families and communities from all catastrophes caused by climate change. Sometimes social work scholars have used the terms 'environmental social work', 'green social work' and 'eco-social work'

interchangeably and confusingly. The following sections try to explain these concepts.

Environmental Social Work

Environmental social work is an approach in the social work practice that focuses on ecological, environmental sustainability and justice as the hallmark for development (Rambaree, 2020). Notably, environmental social work and related terms have been used widely to describe an approach to social work practice that is founded on ecological justice principles (Ramsay & Boddy, 2017). Thus, environmental social work refers to the social work intervention on environmental issues through the usage of professional skills, knowledge base, techniques, principles, values and ethics to mitigate environmental degradation and promote environmental justice (Coates & Gray, 2018). In light of this, Lucas-Darby (2011) opines that as a helping profession, social work recognises the intrinsic need to connect to the natural environment, ecological preservation and humanity. Environmental social work assist humanity to create and maintain a bio-diverse planetary ecosystem. As such, core social work values, skills and knowledge can be adapted to promote social change, helping practitioners to respond to and mitigate environmental degradation (Gray, Coates & Hetherington, 2013). In Zimbabwe, like in other countries, environmental challenges are now a matter of concern, yet the issue is not clearly articulated in both academic and professional social work practice. To substantiate this, Mathende and Nhapi (2017) avow that lack of training on ecological aspects; including environmental degradation and their implications on human development, serves as barriers for social workers in interfacing environmental issues to social work. This is despite the clarion calls made at the global front for social workers to recognise the fundamentals of environmental preservation at all practice levels (Gray et al., 2015).

Notwithstanding, the slow pace of the social work practice in taking the lead on environmental challenges in most developing countries, Kemp (2011) posits that the social work profession has been traditionally advocating for environmental preservation and sustainability since its inception (McKinnon & Alston, 2016). The point of departure for social work's involvement in environmental challenges is that, people and the

environment are seen to be mutually in a constructive relationship, hence social workers should be involved in environmental management, care and responsibility today and for posterity (Lucas-Darby, 2011). Sadly, earlier observations by Roscoe, Carson and Madoc-Jones (2011) reveal that despite the clear linkages between social work and environmental issues, the social work profession has been slow to officially recognise the interrelationships between the environment, social and economic aspects of sustainability, particularly in Zimbabwe.

In the Zimbabwean context, there has been a proliferation of concerns for ecological thinking by practicing social workers and student social workers. Of late, the terms 'environmental' and 'green social work' have gained prominence in the Zimbabwean social work literature in a quest to propel the profession's involvement in environmental challenges; including climate change (Muzingili, 2016; Mpambela & Mabvurira, 2017; Mathende & Nhapi, 2017). Despite the parochial literature on environmental social work in the Zimbabwean context, there have been growing concerns about the significance of that field in the practice juxtaposed to green social work.

Green Social Work

Green social work is an evolving and responsive field of social work that deals with environmental instability in human population. In light of this, Dominelli (2012: 12) asserts that "green social work is a holistic approach to social work practice focusing on the interdependence amongst people, interactions of interpersonal behaviours, a social organization of human relationships, socio-economic and physical environmental catastrophes detrimental to the well-being of humankind". As such, green social work proposes to attend to the environmental challenges through an ardent transformation of how people perceive the social baselines of their societies, the interpersonal relationships as well as relationships with other living organisms and the natural world. Furthermore, Dominelli (2018:3) defines Green Social Work (GSW) as "a trans-disciplinary and holistic approach to environmental catastrophes that have gravitated the attention of the social work profession to incorporate its principles, values and knowledge base over environmental degradation, and disasters

manifesting out of environmental crisis into the daily routine and mainstream of the practice".

From the view point of Dominelli (2012), green social work infuses the theme of environmental justice to the social work debates and recognises the interconnectedness of social and ecological components of human development. Having said that, greening the social work profession inspires professional debates on contemporary subjects like climate change and serve as guidelines on what social workers ought to do in their daily tasks and missions. So, the guidelines from greening social work help the profession to adopt models of ecological thinking and crisis counselling which are missing aspects of social and environmental justice. For Dominelli (2018), ecological problems have become contemporary social problems that can be solved using multilevel intervention approaches and the social work profession is relevant in designing and shaping this perspective. Mpambela and Mabvurira (2017) recommended that green social work should be adopted by social work training institutions in Zimbabwe so that students are well equipped and prepared to deal with the adverse impacts of climate change in their practice. What should be underscored is that green social work is hinged on transformative social change that creates a living in tandem with equitable access to opportunities and resource distribution. From this, principles of social justice form the basis of interdependent relationships between the environment and human well-being.

Eco-Social Work

Gray and Coates (2015) avow that the eco-social work approach is an expansion of social work approaches that are already in existence. The expansion is in the form of the consideration of the natural environment to the dominant social work approaches. On the same note, Boetto (2017) opines that eco-social work focuses on the interdependence between the natural environment and human well-being. As such, the adoption of eco-social work evolved after the acknowledgement that climate change and environmental disasters disproportionally impact the already vulnerable groups (Dominelli, 2018; Hawkins, Shapiro & Fagan, 2010; Jarvis, 2013). Similarly, eco-social work involves an ostensible recognition of the interconnectedness of humans and their natural world. Thus, the eco-

social work model requires social workers to be environmentally conscious in their practice. The model is applicable to other forms of social work interventions (Boetto, 2017). Earlier observations by Norton (2012) established that eco-social work is gaining a significant contribution within the social work profession and several approaches evolved providing an emphasis on eco-social work. The approaches unravelled the scope of eco-social work; including indigenous eco-spirituality, sustainable development, deep ecology, environmental justice, global citizenship and disaster recovery (Dominelli, 2012; Boetto & Bell, 2015). In light of this, Boetto and Bowles (2017) assert that the above approaches acknowledge the environmental crisis and its linkages to human health, futuristic human existence and well-being

Underpinnings of Eco-Social Work
There are several underpinnings of eco-social work and these are explained below:

Environmental sustainability and de growth
This is linked to the proponents of the environmental social work approach which is premised on how the natural environment can be protected and preserved as humans extract their means of survival from it. As such, de growth emphasises the repercussions of industrialisation and other activities carried out by humans that lead to the over-utilisation and overconsumption of the natural environment and other finite resources. Having said that, this principle implores social workers to ensure that the interdependence between the environment and human well-being does not lead to the depletion of the earth's natural resources (Besthorn, 2012).

Holistic worldview
By adopting a holistic worldview, the eco-social work approach regards every aspect of human life as interwoven within the larger system. Thus, the relationship within the systems and natural ecosystem goes beyond human beings but to all living organisms where there is an interconnected dependency on having a strong ecosystem that is healthy (Boetto & Bell, 2015). From this, social workers are oriented to adopt a holistic approach

to human beings and their environments and dissect how the changes in such environments are detrimental to human well-being.

Indigenous worldviews
Boetto (2019) proffers the view that, through the adoption of the holistic worldview, the eco-social work model recognises the indigenous epistemology and ontology which considers the interdependency and relationship between humans and the non-human world. The gist of this proponent is how indigenous knowledge systems can be utilised in the conservation of the natural environment. Thus, social workers are implored to mainstream indigenous knowledge practices held by their clients and integrate them in understanding ecological responsibility, care and management.

Global citizenship
The holistic world view of the eco-social work approach is hinged on global citizenship as opposed to paying attention to individuals. Premised on this standpoint, the global citizenship model recognises that industrialised countries are responsible for the environmental injustices in developing and impoverished countries. Consequently, poor countries are placed at risk of environmental injustices because of the behaviours of industrialised and industrialising countries (Boetto, 2017). In response, the eco-social work approach advocates for the amelioration of environmental injustices where developing counties bear the brunt of environmental catastrophes such as climate change despite their low contribution towards carbon gas emissions. Having said that, the eco-social work borrows principles from other social work approaches such as green and environmental social work to champion the decimation of inequalities evolving from ecological challenges.

As articulated earlier, that the terms 'green', 'environmental' and 'eco-social work' have been used interchangeably by different scholars, it brews the pertinent question on whether they are different or if it is just a matter of semantics that draws the difference. From this observation, what should be underscored is that the three approaches namely green, environmental and eco social work display some similarities in their characteristics but they have areas of divergence. The major difference

between these approaches of social work is that the 'green social work model' which emerged later after the 'eco-social work' and 'environmental model' is more radical in nature as it thrives to make the social work practice anti-oppressive in interventions dedicated to enhancing human wellbeing. Based on this, green social work emphasises political modicum in social work approaches that influence policy development dedicated to low carbon-based economies, poverty alleviation, solidarity and equity among social work clients (Dominelli, 2018). To pinpoint some differences with other models, green social work delves much on the importance of green technology and technological innovations in climate change mitigation and sustainable development where social workers are seized with poverty alleviation and solidarity between people in solving social problems emanating from the environment (Dominelli, 2018). On the other hand, environmental social work is hinged on the importance of the construction of mutual relationships between people and the environment (Gray et al., 2015). Much emphasis on the environmental social work approach is on the mitigation role that can be played by social workers in avoiding environmental related challenges. As such, environmental social work is premised on the importance of the person-in-environment and environment-in-person jigsaw as the baseline of mutual interdependence influencing the need to protect and preserve the environment. On the other stretch, eco-social work gives more emphasis on arguments and justifications dedicated to demand for social justice and respect for human rights and participation through social work interventions in the communities, with the end goal of promoting resilience; where social workers enable clients to adapt to the environment despite existing challenges.

What could be noted is that these three approaches share more areas of convergences than divergences. Thus, the proponents of green, environmental and eco-social work connote that social workers should collectively fight the negative impacts of climate change and environmental degradation to achieve sustainable development. The strong emphasis from these three approaches is on the importance of social and environmental justice as social workers observe the importance of people's social, physical and cultural environment as the springboard of human functionality. In their diverse underpinnings, green and

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environmental social work provide emphasis on the importance of caring for the planet as the hallmark for human survival and well-being (Rinke & Powers, 2017). These fields of practice recognise the importance of interventions guided by the profession's principles, consciousness, knowledge base, ethics and values in addressing environmental challenges and minimisation of carbon footprints that cause environmental damage and climate change (Lucas-Darby,2011). To extrapolate from this, despite contestations of which approach overlaps the other as they share many similarities, practising professionals and student social workers in Zimbabwe should be seized with the responsibility of raising awareness on the importance of the social and physical environment on human development and ecological thinking into the mainstream of social work practice.

Social Work and Environmental Justice

Communities affected by environmental injustices are the same communities where social workers are immersed in service provision at the individual, family, and community level (Boetto, 2017). In light of this, Gray and Coates (2015), contend that environmental justice is linked to social justice. Thus, environmental challenges such as climate change are presenting an avalanche of challenges to most vulnerable groups worldwide and the social work profession is confronted with this reality. Furthermore, environmental justice goes beyond the question of the distribution of resources, impacts and benefits of climate change (Muzingili, 2016). Arguably, environmental justice entails equity and equality in the distribution of environmental risks, participation and involvement in the processes of environmental management policies and recognition of the experiences of the affected communities and proffer amicable solutions (Gray & Coates, 2015). Based on this, the social work profession has a critical role to play for the realisation of the above mandate. Earlier, Gray, Coates and Hetherington (2013) highlighted that environmental justice focuses on issues that foster participation and recognition in factors of the environment, not just distribution. Miller, Hayward and Shaw (2012) further argue that environmental challenges are within the dictum of the social work profession and social workers should execute the roles of brokers or advocates and facilitators of support that affected people may need. Be that as it may, the current

environmental catastrophes and their repercussions on vulnerable groups call the profession to rise to the task and help those who are affected (Alston, 2015). Importantly, environmental justice is an essential tool in reducing the inequalities posed by climate change; especially between men and women (Dominelli, 2013).

Climate Change Policies

Zimbabwe acknowledges climate change as an albatross around the neck towards its sustainable developmental initiatives. As such, the country recognises the critical contribution of climate change variability installing its developmental efforts and strides towards poverty eradication. Given that the Zimbabwe's economy is primarily agro-based; with the majority of the peasantry populated in rural areas and dependent on climate-sensitive livelihoods such as arable farming, livestock rearing and various ecosystem services, climate change is indeed a threat (Chanza, 2014). Despite all this, Zimbabwe is a signatory to international conventions and obligations that sanctions the development of appropriate adaptation and mitigation measures to climate change. These conventions include the United Nations Framework Convention on Climate Change (UNFCCC), the Kyotol Protocol and the Paris Climate Agreement. In the same vein, these conventions provide guidelines for member parties to formulate and implement national climate policies in a quest to mitigate climate change by reducing recurrent emissions. Further, these policies are meant to enhance climate change mitigation, foster adaptive capacity and community resilience. As a result of the international obligations which Zimbabwe is a signatory to, the country continues to be actively involved in dialogues for international climate policy frameworks of the UNFCCC (Nyahunda et al., 2019).

In tandem with the above, Zimbabwe has already made some significant strides in showing its commitment to curbing the impacts of climate change. The country developed its National Climate Change Response Strategy in 2014. Zimbabwe's National Climate Change Strategy was developed to provide guidelines for national response actions in addressing climate change impacts. Accordingly, the strategy provides guidelines on coordination and mainstreaming of climate change factors into the country's developmental trajectory which is to be implemented at local,

district, provincial and national levels (Mtisi & Prowse, 2014). To add on, the development of the National Climate Change Response Strategy was the first step which subsequently led to the development of the country's National Adaptation Plans (NAPs), National Adaptation Plan of Action (NAPA), Nationally Appropriate Mitigation Actions (NAMA) as mandated by the Kyoto Protocol and the UNFCCC (Mtisi & Prowse, 2014). Dodman and Mitlin (2015) add that Zimbabwe's NAPs are aimed at mainstreaming climate risks into national developmental planning, programmes and policies. According to Zhakata, Jakarasi and Moyo (2017), Zimbabwe adopted its National Climate Change Policy in 2016 to be supported by the National Climate Change Response Strategy. On this, the Zimbabwe National Climate Change Policy expressed Zimbabwe's willingness to join hands with the international community in finding solutions to curb climate change impacts in tandem with national responsibilities enshrined in the Kyoto Protocol and the UNFCCC.

Mutunga, Zulu and De Souza (2016) corroborate the above by affirming that the National Climate Policy of Zimbabwe is supported by NAP, NAMA, NAPA, Low Carbon Development Strategy and the National Environmental Policy and Strategic Document. Among other key goals of the policy are the reduction of Zimbabwe's vulnerability to climate change and climate-change-induced disasters by strengthening adaptive capacity and acceleration of the country's mitigation measures in resorting to low carbon development trajectories. On this note, Zhakata et al (2017) posit that the policy's principles are grounded on the country's quest to enhance resilience to climate-induced catastrophes through inclusive and cross-sectional engagement and participation. Thus, the climate change policy further demonstrates the country's commitment to ensure that climate policy is holistically owned by all citizens and is gender sensitive.

In the foregoing, Chitongo (2017) argues that the implementation of Zimbabwe's NAP is sought to be achieved through the creation of Local Area Adaptations Plans (LAPs), District Adaptation Plans (DAPs) and Provincial Adaptation Plans (PAPs). These provide a database of weather conditions and events in every area, past and present climatic trends and their risks, the area' vulnerability, projections of future climatic scenarios and resources in the areas that can be used for effective planning that

builds resilient communities to climate change impacts. It is important to note that Zimbabwe is in the right direction in terms of policy development as per the mandate of international obligations which the country ratified. Evidence of practical implementation of these policies is still scant in Zimbabwe which can be attributed to economic woes bedevilling the country, lack of clear climate finance strategies, coordination and expertise. It is also imperative to submit that Zimbabwe's climate change policy omitted the role to be played by the social work practice in the realisation of the country's objectives poised at achieving low carbon economies, adaptive capacity and a climate resilient nation. Social work perspectives should be incorporated into the design and implementation of climate change policies. This is because social workers have expertise in policy lobbying and development and they can negotiate for policies that are responsive to the plights of the marginalised groups which are encumbered the most by climate change.

Impact of Climate Change on Humans

Climate change is impacting the Zimbabwean populace in different ways at different levels. The multifarious impacts of climate change are manifesting in the spheres that anchor the livelihoods of most Zimbabweans, particularly those from low socio-economic backgrounds. On the same wavelength, climate change is ravaging the well-being of humans in the spheres of agriculture and food security, water resources, energy, health, forestry resources, livestock production and natural disasters. In light of this, Mathende and Nhapi (2017) opine that social workers are well suited to address climate change related problems because of the competencies they possess such as the person in the environment, community organising, expertise in disaster response and recovery and community economic development. As such, the following subsections are going to delineate the impact of climate change on humans interfaced with the role of the social work profession in a quest to address such impacts.

Agriculture and Food Security

Zimbabwe is currently reeling with the conundrums of food security owing to low agricultural outputs caused by climate change variability. In light

of this, Mpambela and Mabvurira (2017) denote that climate change has seen Zimbabwe experiencing erratic seasonal rainfalls and shifting of seasons and extreme weather conditions in the form of floods and droughts which have consequently disrupted the agricultural system. The IPCC (2014b) projected that agricultural production and food accessibility is going to diminish in sub- Saharan Africa due to climate change. Similarly, FAO (2016) projected that agriculture in many parts of Africa is rainfall dependent which could reduce crop yields by 50% or more by 2025. This means that the four dimensions of food security namely; food utilisation, food availability, food systems stability and food accessibility are being affected by climate change. In the foregoing, Otzelberger (2014) argues that climate change is causing traditional food sources to be unpredictable and inaccessible especially for women who are charged with care provision responsibilities. To add on, food production in rural areas has been characterised by dwindling yields due to climate change. As such, rural people are facing perennial losses to incomes and harvests (Nyahunda & Tirivangasi, 2019). Zimbabwe's food security system is highly dependent on rain-fed agriculture which is no longer sustainable due to climate change variability manifesting through a succession of episodes of seasons without adequate rainfall for crop production.

Garutsa et al (2018) further posit that agricultural-based livelihood systems in most rural communities are already vulnerable to climate change and they face instantaneous risk of increased crop failure, heightening water scarcities, loss of livestock, destruction of forest resources and other natural shocks. This is grossly affecting food production and food security which has seen many people in rural areas and some high-density suburbs in the urban areas relying on food aid (Mpambela & Mabvurira, 2017). In response, the social work profession is charged with the responsibility of eradicating hunger and ensuring food security and nutrition (Mpambela & Mabvurira, 2017). Thus, social workers can assist the impoverished individuals and families by linking them with resources, empower communities to follow agricultural practices that improve food production and ensure that communities have improved income streams that guarantee food security.

Water resources

Analysis of Zimbabwe's catchment areas bears testimony on how climate change has become a bone of contention for the country. In light of this, Chanza (2014) observes that changes in rainfall and temperature patterns also affect the hydrological processes through surface runoff and river flows as currently visible at Kariba Dam and other catchments. This is because, high temperatures and desiccation of wetlands reduce run-off, leading to a decline in water levels in major rivers and dams (Dube & Phiri, 2013). From this, the IPCC (2014) found that the desiccation of water sources has dire consequences on aquatic ecosystems, water supply, irrigation facilities and hydro-power stations such as the Kariba Dam that meets much of the energy needs of Zimbabwe. With that being the case, climate change is already and may lead to increased frequency of floods, waning water quality due to pollution, increased water scarcity complemented by increased demand (Muyambo & Maposa, 2014). For rural people, water scarcity is leading to the deterioration of grazing lands for livestock (Gukurume, 2013). The colossal death of livestock is being recorded in most parts of Zimbabwe because of the poor state of pastures (Masama, 2016). This has a boomerang effect on livestock production which is another source of livelihood in Zimbabwe's rural communities. However, the death of livestock means a threat to food security for most rural people who are enmeshed in the doldrums of poverty. To add on, women and girls shoulder the burden of scouting and collecting water. Under circumstances where there are no reliable water sources like boreholes and irrigation systems, they become heavily burdened in terms of collecting water for domestic use and raising small livestock (Babungura, 2013; Huber, & Knutti, 2014). In rural areas, water crisis resulting from climate change presents a serious threat to human security. According to Babungura (2013), faced with the burden of water collection which is now scarce owing to climate change and climactic variability, women and girls walk for long distances to fetch water and wood which in other circumstances exposes them to abuse and sexual harassment.

Poverty

The occurrence of climate change is exacerbating poverty levels particularly amongst the historically disadvantaged populations because it is ravaging the natural resource base which they depend on for livelihood such as agriculture (UNFCCC, 2014). Zimbabwe is plagued by the doldrums of poverty characterised by acute unemployment, collapsed economy, archaic health care systems and pauperised social protection systems where the majority of citizens are living below the poverty datum line and surviving on meagre resources among other calamities. Sadly, the welfare system in the country is weak and social protection systems are insignificant. However, the prevalence of climate change induced shocks means the already poor are being encumbered the most because they lack the adaptive capacity to cushion them from climate change impacts. The situation is precarious in rural areas where there is a high dependence on climate based natural resource base for survival. Furthermore, the challenges dovetailed by climate change encompassing low agricultural production, death of livestock, scarcity of water is enmeshing most rural communities in the jaws of poverty which they are failing to get means to escape from.

As articulated earlier, Angula (2010) observed that poverty is linked to food insecurity which is being intensified by the effects of climate change where most smallholder farmers are faced with low agricultural output impeding their food production and security efforts. Climate change is leading to the depletion of important household assets, making marginalised groups especially in rural areas more vulnerable to food insecurity. This subsequently traps them in a vicious circle of abject poverty (Nyahunda & Tirivangasi, 2019). Bhatasara (2015), argues that climate change has become one of the determinants of poverty outcomes and its impact is representing an acute obstacle for poverty eradication in rural Zimbabwe. To situate this in the social work profession, Kemp and Palinkas (2015) opine that poverty eradication is one of the focal points of the social work practice where social workers strive to foster healing and wholeness in their clients. According to Coates (2015), the person in an environment provides an insight on how the social work profession can integrate the human induced climate change and a theoretical baseline of incorporating environmental matters like climate change into the social

work practice and ameliorate all social ills that cause distress towards human well-functioning. From this, social workers are charged with the responsibility of empowering clients through advocacy and partaking roles of brokers where they link them with resources aimed at making them self-sustainable in order to escape poverty snares.

Natural disasters

Climate change is leading to the eruption of perennial natural disasters where the poorest countries and the poor populations are vulnerable. Natural disasters manifest in the forms of floods, hurricanes, tornadoes, cyclones and drought (FAO, 2016). In light of this, Zimbabwe has a long-embedded history of being ravaged by natural disasters such as floods and cyclones caused by climate change. The country has a catalogue of harrowing experiences with cyclones and floods for example the ruthless Cyclone Idai which hit the country's eastern region in 2019, killing hundreds of people, causing wanton destruction of property and leaving thousands of families displaced (Chatiza, 2019). Reasoning from this, the recurrent occurrence of climate change means the country is vulnerable to natural disasters aggravated by poor early warning systems and disaster reduction and preparedness.

Skanavis and Sakellari (2012) add that most disasters leave many families displaced, living in emergency shelters without privacy. Women and girls are more vulnerable to natural disasters. After disasters, they are likely to be subjected to sexual abuse (UN Women, 2016). Studies by Hove (2016) lamented that the floods that hit Tokwe Mukosi inhabitants in Masvingo Province in 2016 left many families displaced. However, the temporary rescue camps established by humanitarian organisations at Chingwizi camp saw many reports of sexual violence against women and girls emerging. In response, Shokane (2017) submitted that social workers have many roles to fulfil when natural disasters whether man made or natural erupt. Dominelli (2012) opines that social workers have the professional expertise to address many disasters related catastrophes. In corroboration, Kulkarni, Kennedy and Lewis (2010) highlight that social workers can play an essential role in supporting survivors of disasters by helping them to recover and bounce back to their normal way of

functioning in their families and communities. This is because, social workers are prominent figures in providing psycho-educational teaching about clinical stress response and effective coping mechanisms to families, individuals and communities when confronted by traumatic events. Social workers constitute the highest percentage of trained disaster volunteers and they are well equipped with ideas and plans of healing, mutual aid and self-care (Alston, 2015).

Public health

McMichael and Lindgren (2011) posit that the rising waters levels and increased frequency of floods due to climate change will balloon water borne by diseases like malaria, typhoid and diarrhoea. Similarly, the United Nations Development Plan (UNDP, 2012) state that food insecurity caused by climate change and variability dovetails health consequences like malnutrition and increased heat waves will cause high mortality and morbidity and respiratory related diseases because of air pollution. In the foregoing, the World Health Organisation (WHO,2014) further posits that climate change is projected to increase the frequency of waterborne diseases through floods, the occurrence of diarrhoea due to poor water availability, malnutrition due to drought or imbalanced diets, geographic spread of pathogens and bilharzia due to unclean and unsafe water. In response, Luruli (2016) avows that women and children are the most vulnerable to water borne diseases because of the roles they execute in water collection and other domestic activities like washing clothes.

Most rural people in Africa, Zimbabwe included; are crippled with webs of poverty trapping them in every dimension and they are unable to meet the medical costs during times of family illnesses. Climate change is worsening the situation. Furthermore, the shortage of water for both domestic use and livestock in Zimbabwe's already climatic drier regions is resulting in most households sharing water sources with animals, making them susceptible to diarrhoea because they are forced to drink dirty and unsafe water (Nyahunda & Tirivangasi, 2020). Healy and Wairire (2014) reveal that the International Federation of Social Workers (IFSW) is committed to promoting the health affairs of social work clients when they are neglected and compromised by disasters such as climate change. As

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such, the quest for the social work practice of enhancing human well-being can gain prominence when social work practitioners strive to ensure that the physical environment of their clients is safe from health hazards, including those diseases caused by climate change risks.

Roles of the Social Work in the Climate Change Discourse

The impacts of climate change on humans adumbrated above bear testimony to how climate change is a threat to human wellbeing and development. As such, the succinct dedication of the social work profession to enhance human well-functioning through the broad-based implementation of the profession's knowledge base aimed at alleviating all forms of distress, fostering social change, social cohesion and promotion of social justice. It means social workers have pivotal roles to play in the climate change discourse. Having said that, social work roles in the climate change discourse are not limited to the following;

Climate change education

Social workers are endowed with unique skills to manage climate change induced catastrophes than other professionals (Mpambela & Mabvurira, 2017; Dominelli, 2018). As such, social workers play a significant role in helping clients in understanding climate change, mobilising people to protect the environment using community education and community social work models, promoting the use of low carbon energy sources and devising solutions to low carbon development activities. To this end, social workers can make use of community education and educational group work models in disseminating climate change information to marginalised communities. In support of this, Cumby (2016) explains that, as educators, social workers should bring environmental subjects like climate change into discussions during social work training and during their day-to-day engagements with clients. To add on, Kemp and Palinkas (2015) aver that social workers should educate individuals and communities on how to bounce back to normality after being exposed to climate change shocking stimuli. Furthermore, social workers are compelled to educate the clients on how important the environment is to their overall world view. Lastly, Mpambela and Mabvurira (2017) elaborate that social workers have a significant role to play in educating and informing the

people about the causes and effects of climate change. Equipped with climate information, people are empowered to participate in mitigating climate change impacts through the reduction of Green House Gas emissions in their activities, avoiding deforestation and practicing preservation of the natural environment methods.

Supporting marginalised, vulnerable and oppressed individuals and groups

Climate change impacts the burden all humanity but disproportionally (Nyahunda & Tirivangasi, 2020). What it means is that, the impoverishment risks caused by climate change such as drought, unemployment, poverty and food insecurity take a toll on the already disadvantaged populations who lack means of leaping back from these climate change induced shocks (Bhatasara, 2015). To extrapolate from this, women, the elderly, children and people with disabilities bear the brunt of climate change impacts than other groups. In addition, Baten and Khan (2010) argue that inequalities, discrimination, segregation and exclusion are rampant in the climate change discourse and this explains why women are more vulnerable than men (Ndaruzaniye, 2013). From this, social workers shoulder the responsibility of supporting marginalised and oppressed groups. Climate change affects the availability of basic needs such as water and food. Reasoning from the above, Cumby (2016) opines that climate change falls within the dictum of the social work practice because it is created and distributed by the socio-economic forces that cause poverty and marginalisation. Therefore, social workers are duty bound to support the already vulnerable and marginalised groups by ensuring that their voices are heard and that climate change related decisions consider their needs.

Supporting the well-being of communities, families and individuals

The risks associated with climate change are causing distress and shaking the psycho-social wellbeing of individuals, families, groups and communities. As a helping, empowering, liberation and social justice profession, social work is compelled to help communities, families and individuals to find healing and wholeness from the calamities posed by climate change (Cumby, 2016). The Food and Agriculture Organisation

(FAO,2016) expounds that climate change is adversely affecting the facets essential for healing, coping and health of individuals, families and communities through displacements, food insecurity, death of livestock, water scarcity, increased water borne diseases, malnutrition and death during natural disasters (FAO, 2016). Hence social workers can ensure that the basic needs of individuals are met through linking them to resources, capitalising on their strengths to find solutions to their problems and empower them for self-sustenance (Ramsay & Boddy, 2017). Similarly, Cumby (2016) proffers that as change agents, social workers are duty bound to support communities through adaptation and mitigation mechanisms to climate change impacts. The primary objective of the social work practice should be to ensure that the natural environment is healthy. This is mainly because health, healing and coping are central to human wellbeing.

Psychosocial Support
Climate change and its related disasters such as floods, hurricanes and cyclones, damages and destroys properties, cause death of humans and biodiversity, disrupts livelihoods, cause injuries and displacements (Rahman, 2013). All these climate change induced shocks have a boomerang effect on the psychosocial well-being of human kind when they fall victim to any of the above-mentioned risks. Having said that, social workers are prominent figures in providing psycho-educational teaching about the clinical stress response and effective coping mechanisms to families, individuals and communities when confronted by traumatic events emanating from climate change (McKinnon, 2013; Dominelli, 2018). To add on, Ramsay and Boddy (2017) opine that the social work practice involves counselling skills, which is essential in fostering healing and wholeness to victims of climate change induced shocks. Cumby (2016) avows that social workers are oriented towards finding solutions to problems like climate change. Thus, social workers have a unique knowledge base for clinical therapy which can be integrated when clients face an environmental crisis.

Risk and disaster recovery services
In the climate change debate, the activities of social workers involve risk and disaster planning, rescue and recovery. As such, social workers have

many roles to fulfil when disasters; whether man-made or natural erupt (Shokane, 2017). In light of this, the environmental social work practice entails that social workers can play an essential role in supporting survivors of disasters by helping them to recover and bounce back to their normal ways of functioning in their families and communities (Gray & Coates,2015; Coates,2016). Furthermore, Dominelli (2018) elaborates that social workers have the professional expertise to address many disasters related to catastrophes caused by climate change. From this, social workers can enhance planning in disaster preparedness in communities and foster means of leaping back from the shocks post-disaster. This can be achieved through early disaster warning systems, dissemination of disaster information and mobilising disaster relief packages to cushion the victims of climate change disasters from further impoverishment risks such as hunger.

Despite the roles indicated above, a study conducted by Mathende and Nhapi (2017) exposes that in Zimbabwe, social workers are not exposed to climate change issues during the professional incubation process. Therefore, there is knowledge deficiency on how best to integrate climate change into their day-to-day operations. A search of the literature on climate change and social work, environmental social work, green social work in Zimbabwe produces negligible and discouraging results. This is because institutions that train social workers have not incorporated climate change issues in the social work curriculum (Mpambela & Mabvurira, 2017). At this juncture, social workers' inaction to climate change issues is attributed to the social work curriculum which makes them unprepared to handle the challenges brought about by climate change. To argue further, exposure to climate change issues is not enough but exposure to the issues within the province of social work is what matters. This must be in the social work literature for organisations employing social workers, in classrooms during training and practicum placements (Nesmith & Smyth, 2015).

Conclusion
This chapter demonstrated how climate change falls within the dictum of the social work mandate as a helping, liberating and empowering profession. The precarious effects of climate change manifesting through

droughts, accelerated poverty levels, natural disasters, desiccation of water resources, death of humans and biodiversity and the depletion of the natural resource base mean a burgeoning responsibility of the social work practice. Despite the low visibility of social workers at the frontlines of climate change interventions in Zimbabwe, this chapter dissected the roles which social workers ought to play, juxtaposed to the competencies they possess in dealing with environment-related catastrophes like climate change. For the adumbrated reasons, if the profession is to maintain its indelible significance in Zimbabwe and beyond, it should incorporate environmental challenges; including climate change and its dynamics into its daily practice.

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