M Gray

A PRAGMATIC APPROACH TO SOCIAL DEVELOPMENT

PART 2

Prof M Gray, Head of Department, Department of Social Work, University of Natal, Durban

This is the second part of a two-part article which documents the conclusions of a group of experienced social work practitioners regarding the theory of social development and its applicability to social work practice in South Africa. Part 1 (published in Social Work/Maatskaplike Werk 33(3):210-222) examined the theoretical underpinnings of social development which was advanced as primarily a normative macro policy perspective within which to situate a changed focus for social work practice. It was argued that social development did not present anything radically new to social workers and could even be described as the ecosystems perspective in a new guise and that, like the ecosystems perspective, social development attempted too much. Part 2 examines the relevance of social development theory to social work practice in South Africa across a wide variety of contexts. A pragmatic approach is taken wherein it is argued that the changed focus necessitates a wider use of interventive strategies other than individual and family casework. Of equal importance are the strategies of social policy analysis and development, participatory and action research, rural and multisectoral work, and community development.

Social work in South Africa is undergoing a major paradigm shift. This is a process that involves a critical examination of current social work roles, programmes, services and policies. There is increased interest in a developmental paradigm for social welfare. Several writers in social work have called for the transformation and radicalisation of social work roles in response to the socio-economic conditions that prevail in South Africa (Ntebe 1994; Phiyega 1993). The Reconstruction and Development Programme (ANC 1994) provides a policy framework for developmental social welfare. The development of the White Paper for Social Welfare (1996) marked the acceptance of the developmental approach to social welfare. It brought about an understanding of a vision of a comprehensive, integrative, equitable, multidisciplinary and developmental approach. It set a policy framework that needs to be integrated into various social work practice settings. As Lombard (1996) stated, what is lacking now is knowledge as to 'how' to implement the policy. This paper examines the relevance of social development to social work practice across a wide variety of contexts in South Africa and shows that social workers already have the know-how for its implementation. Social development roles and strategies are not unfamiliar to social workers. All that is required is a change in focus.

DEVELOPMENTAL SOCIAL WORK

Social work is determined by societal agendas (Gray 1996a). The societal agenda in South Africa concerns the development and empowerment of people. The White Paper on Welfare (1996) sets the policy framework for developmental social welfare. Social work is, therefore, directed by current policy towards a developmental focus. For developmental social work to become a reality, much depends on the institutional context and on the way in which social service and welfare

organisations define their goals. Social work's philosophy, values and theoretical foundations cohere with social development. Developmental social work, therefore, means refocusing interventions towards self-reliance guided by the organisational context and enhancing the potential of specific target groups for addressing community under-development and poverty (Fakir 1996).

Social work has traditionally worked on various interventive levels, all of which are seen to be crucial to the solution of personal and social problems. Advocates of developmental social work admonish social workers for focusing too heavily on individual, therapeutic work at the expense of more, macro-type interventions such as community and policy development. However, social work uses six main methods of intervention: casework, groupwork, community work, social policy[1], administration and management, and research. There is general agreement in certain social work circles, and among many writers in the field of social development, that all are necessary for and compatible with developmental social work and, indeed, colour the particular contribution of social work to social development. To fully appreciate the contribution social work can make, it is helpful to conceptualise social development in terms of the different levels at which it takes place (Figure 1) and on the basis of social work strategies used for its achievement (Figure 2).
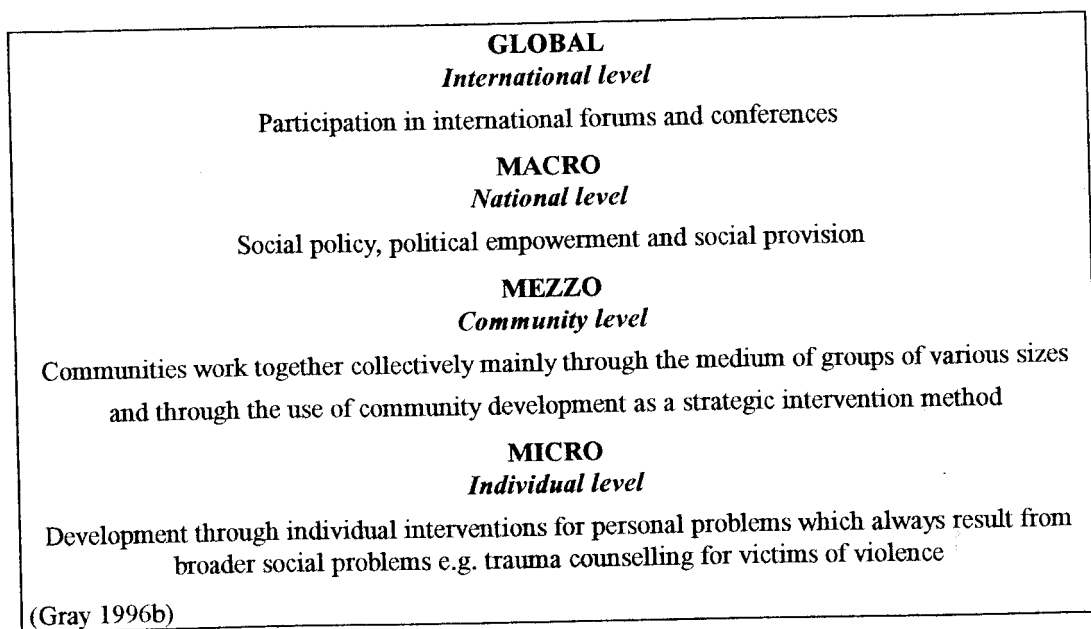

GLOBAL
International level

Participation in international forums and conferences

MACRO
National level

Social policy, political empowerment and social provision

MEZZO
Community level

Communities work together collectively mainly through the medium of groups of various sizes and through the use of community development as a strategic intervention method

MICRO
Individual level

Development through individual interventions for personal problems which always result from broader social problems e.g. trauma counselling for victims of violence

(Gray 1996b)

Figure 1: Levels of development

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[1] Social policy is included as an intervention method since it is now widely accepted that social workers intervene by participating in or devising social policy (see Gray 1996a and Mazibuko 1996).

SOCIAL DEVELOPMENT STRATEGIES

Social development employs several strategies. Among them are policy analysis and formulation, community development, rural development, rural social work, primary health care, income generation, literacy promotion, action research, self help, and women's empowerment (Midgley 1995; Gray 1996c). The strategies discussed in this paper are presented in Figure 2.

Levels	Macro:	Normative level where social workers participate in policy making.
	Mezzo:	Community level where creative, proactive, preventive programmes are achieved through community development. It is also the level of organisational change.
	Micro:	Rehabilitative, remedial level where individual treatment is needed.
Strategies:	Policy analysis and formulation Community development, community organisation and community work Organisational change Individual treatment Multisectoral work Rural development	

Figure 2: Social development strategies

The macro level: Policy formulation

Social development calls for social workers to become shapers of policy (Mazibuko 1996). It has been said that since the 1994 elections, social workers have had the opportunity to participate in the development of an equitable, democratic and people-centred welfare system. This implies that social workers need to be familiar with policy processes. Integrated developmental social welfare requires that social workers play a more visible and proactive role in formulating, reviewing, amending and implementing social policy and welfare legislation, and in translating policy into services thus making it more receptive to the needs of service recipients (Mazibuko 1996; Watson 1996).

Policy intervention in Child Welfare

Mazibuko (1996) stated that in order to influence policy, social workers must take an active role. Strategies should be policy analysis and advocacy, research, planning and social administration. Neilson (1996) believes that in child welfare practice this can include:

- Encouraging the formation of and taking active part in identified groups working for policy change. Currently such groups include the Working Committee: Prevention of Child Abuse and Protection Against Neglect, and the Inter-ministerial Committee on Young People at Risk. Although much stress is laid on social development concepts such as 'participation', the commitment of the government to real partnership in practice may be questioned.

- Providing researched information to policy makers. This is an area that service delivery organisations, including child welfare societies, must make a higher priority.

- Lobbying and advocating for change on issues such as the debate about poverty; the financing of private welfare; abortion; child prostitution; and children's rights are all areas where Child Welfare can be active.

- Encouraging other 'organisations of civil society' and other social development 'roleplayers' (perhaps in related sectors) to make submissions and negotiate with policy makers.

- Designing and evaluating new services and programmes that will facilitate developmental social welfare services. The White Paper for Social Welfare (3[24]a) stresses the important role for 'organisations in civil society' such as Child Welfare Societies in this task.

- Planning and administering appropriate, integrated services, delivered by a range of professional, para-professional and indigenous personnel.

- Changing legislation. Many currently changing policies give child welfare personnel opportunities to comment on issues such as the Child Care Act; Social Assistance Act; Abortion; Gender Discrimination; Family Violence; Rights of Unmarried Fathers and numerous other actual or proposed legislations.

The mezzo level: (1) Community development

The intervention strategy of developmental social work is currently identified as community development (Gray 1996c; Lombard 1992; White Paper on Welfare 1996).

Social and community development are not synonymous. Community development is a widely used social development strategy. It is a strategy which is being practised increasingly by social workers in South Africa as they attempt to broaden their services to problems relating to poverty and under-development. It emphasises an alternative development path aimed at self-reliance and is responsive to the problems of 'mal-development' (Rahman 1993).

Community development emphasises the importance of empowerment through education, conscientisation, capacity building and community organising (Gray 1996c). It recognises that economic resources are limited and that only organised and integrated resource mobilisation can lead to maximum gains. Community development encourages self help and has community-based decision-making as its core (Mbambo 1996).

Hopkins (1985) contended that the poor tended to be forgotten during hard times. While government officials and economic planners debated the merits of various development strategies and went in search of a new economic order, what was needed most was a dynamic community development process to identify and help fulfil basic needs, to generate appropriate employment and business opportunities, and to generate reliable social measures and indicators of social development.

Hopkins (1985) refers to community development as a form of strategic intervention which should not to be confused with social development which provides the context for different forms of strategic intervention aimed at poverty alleviation. Community development can be defined as 'a strategy at local level that seeks to attain the goals and aspirations of social development' (Khanyile 1996). Among other things, community development helps individuals develop self

respect; become more self-reliant, self-confident and co-operative; acquire new skills and knowledge; and participate in needs and problem identification, definition and resolution within their own communities (Burkey1993).

CASE STUDY

A Community Development Officer (CDO) was first employed by Durban Child Welfare Society in April 1993. As urban poor women and children were considered among the poorest and most vulnerable, the work was area-specific targeting the greater Cato Crest area, by far the largest of the informal settlements in Durban with an estimated population of between 30 000 and 50 000. The CDO linked with community leadership structures and the Cato Manor Development Authority (CMDA), to introduce what were thought to be appropriate services. Interventions took place in many sectors - education; health; nutrition and structural improvement (provision of a clean water supply) in addition to the important development of human 'capital' or resources, and minimal income generation via small micro-enterprises. The programme continued even during the external socio-political changes of the period and the intermittent periods of community violence. Three years after the start, many sustainable comunitarian programmes and projects appropriate to a social development model have been implemented.

(Neilson 1996)

Developmental social work refers to strategies used by social workers to contribute to social development. Currently accepted strategies include community organisation, community work, community development, empowerment (through consciousness-raising and capacity-building), participatory research and policy development (White Paper on Welfare 1996). As will be argued later, other levels of social work intervention are deemed equally relevant to developmental social work.

The mezzo level: (2) Organisational change

Neilson (1996) describes the processes involved in moving from a remedial to a preventive focus in a child welfare agency.

From remedial to preventive child welfare

Changing values

Within the child welfare field, workers need to believe that 'strengthening families' is more desirable than 'rescuing children' so as to move away from a State Interventionist approach to a Family Preservation approach. We cannot continue to see poverty as 'personal failure' but rather need to see it as 'structural inadequacy' (although to achieve our still important child protection function we must be able to distinguish between 'wilful' and 'circumstantial' neglect).

Changing service delivery methods

To move from individual (remedial) methods to multiple (developmental) methods of service delivery requires, not only a paradigm shift, but very practical changes. In Durban Child Welfare, social workers were actively encouraged to reduce time spent on casework in order to give 'space' for outreach work. This needed:

- a strong emphasis on permanency planning, limiting statutory removals (linked to value changes above), and increasing group statutory supervision services.

- organisational structure change, creating an Intake Team to implement short-term, crisis intervention services and limiting referrals to Area Teams.

- administrative change, introducing a new structured recording system which significantly reduced the time spent on process recording.

In conjunction with these changes, strategies were implemented to emphasise development services (primary prevention or outreach work) by social workers, such as:

- setting targets for outreach work, that is, first year: 50% (actual 11%); second year: 30% (actual 25%); third year: 30% (actual 35%)

- concentrating services in 'outreach months' in order to create community awareness of welfare's 'new image'.

Expanding available resources

This can be done by using not only social workers but also community development workers, social auxilliary workers, child care workers, indigenous workers and volunteers under guidance and 'supervision'.

(Neilson 1996)

Mbambo (1996), formerly a consultant for the National Council of Child Welfare, provides another example of organisational change towards developmental social work within the child welfare field. She described the initiation of a community development programme which was a

response to overtly expressed needs for development within the underdeveloped communities in which many rural child welfare societies were located. The uneven level of development of child welfare societies led to the realisation that there was an uneven distribution of resources between the affiliates of National Council. A distinction between child welfare societies according to levels of development resulted in a situation where large societies (who had social workers and who had the means of accessing resources by virtue of being located in major cities and by virtue of their racial composition) received the lion's share of resources whereas underdeveloped societies in rural areas were marginalised when it came to funding. The criteria used by the Council for the distribution of resources did not favour small societies. The reason was that the criteria allocated points for programmes, for physical infrastructure, for personnel employed and for the range of services rendered. Therapeutic services were regarded as a priority while developmental efforts by small societies were not considered. A recent survey of rural child welfare societies showed that rural societies were, in most cases, the only welfare resource in their localities (Mbambo 1996a). They served large populations of children and women. Although they did not employ social workers, they were engaged in social development activities aimed at addressing poverty, peace development, child protection and organisational development. Despite all these activities, they were marginalised by the state since they did not receive subsidies. They were located far from cities and their areas of fundraising lacked viable economic activity.

The Council attempted to address these anomalies by adopting what it called 'the community development approach'. The community development programme concentrated on two areas. First, it focused on human resource development in deprived areas. Council worked with societies to identify indigenous workers who were trained in community development. These community development workers were employed and located in their areas of origin in order to facilitate development. Another element of human resource capacity building was the establishment of a community development department within the Council. All professional consultants who were serving deprived areas were trained in community development. The second area was the allocation of resources to these areas. Council undertook a fundraising drive particularly for community development programmes. This enabled the societies to have access to the resources they needed for their development activities. Although this whole process had its own problems, such as entrenching racial division within Council and marginalising other affiliates who needed resources for outreach programmes to deprived areas, it is important to look at the lessons gained from the shift in services of consultants. An attempt will be made to do this by contrasting what were seen by consultants as traditional and developmental roles (Figure 3).

TRADITIONAL ROLES	DEVELOPMENTAL ROLES
• Consultants as planners, deciding on the location of societies and deciding on the relevance of societies for registration purposes.	• Consultants working with people, creating awareness, supporting development and not imposing standards for relevance.
• Consultants as 'visitors' or 'police' checking whether standards were being adhered to.	• Conscientisation and community education roles.
• Giving guidance on case management and supervision of social workers.	• Developing partnerships with communities.
• Attending committee meetings and being social dignitaries at society events.	• Policy development roles; participation in policy development initiatives at local level; involving communities in policy initiatives.
• Interpreting National Council's circulars and policies.	• Community mediators in conflict situations.
• Limited advocacy since head office had the main advocacy function.	• Promoting people participation in democratising the child welfare movement.
• Limited research since this was a function of head office.	• Training volunteers to render child welfare services.
• Indirect intervention acting as referral agents.	• Initiation of income-generating activities.
• No role in accessing resources for affiliates (head office function).	• Working in partnership with community development workers in a consultative rather than a supervisory role.
• Limited human resource development (head office function).	• Assisting affiliates with fundraising.
	• Accessing resources to local level.
	• Creating social networks.
	• Direct advocacy.
	• Rural social work.
	• Direct intervention in response to the needs of communities.
	• Equitable distribution of resources through identifying service gaps and fostering rationalisation of services.

(Mbambo 1996)

Figure 3: Traditional and developmental consultancy roles

Note: These developmental roles were deduced from the direct engagement of consultants in community development.

The micro level: Individual treatment

> Developmental social work should foster a balance between remedial and non-remedial forms of social intervention. The developmental framework does not undermine rehabilitative and therapeutic interventions but requires that social workers perform their functions in a more intregrated and empowering way (Watson 1996).

Hopkins (1985) believed that there were opportunities for simultaneous involvement in creative, preventive and rehabilitative programmes. Deonarain (1996) argues for the importance of individual treatment within the development social work model and discusses how this is being achieved in the mental health field.

The applicability of developmental social work to a mental health setting

According to Midgley (1995), proponents of the individualist approach to social development stress that for people to promote their own welfare, they need to be healthy both mentally and physically and be able to operate confidently in society. The mentally challenged population is a particularly disadvantaged and marginalised social sector. Due to their special needs, the personal development of mentally challenged people and their families is dependent on individualised psycho-social plans of treatment, community awareness programmes and increased social support networks. The challenge is to help these people overcome their personal problems, and social discrimination and stigmatisation in order for them to become fully contributing members to their communities. The individual approach implies that by teaching social skills and capacity-building, social workers can promote social development (Chandler 1982; Paiva 1977). The problem of mental illness and mental disability can be placed in its social context in the following way:

> Disabilities, including mental disabilities, are global problems affecting significant numbers of people directly and society indirectly. It is crucially important to provide essential services to certain vulnerable groups of people: 5:1000 people suffer from a mental illness and 30:1000 of the population is mentally handicapped. The dichotomy between remedial and developmental social work could be eliminated if efforts were made to develop a form of social work that was appropriate to the South African situation and that fostered a balance between remedial and non-remedial forms of intervention. Growing mental distress due to changing life-styles, the poor economic climate, high rates of crime, and adjustment to the political transition, now more than ever before, requires a system of services that will act as a safety-net to prevent an increase in serious mental problems. It seems unlikely that developmental social work alone would be effective in working with mental disability and mental illness. A remedial and rehabilitative component is essential (Deonarain 1996).

In addition to its individualised services, the Mental Health Society also focuses on the promotion of mental health within the wider social context in a way which Midgley (1995) terms 'positive discrimination'. In the past two years, the society has concentrated on deploying human resources and establishing services in rural and underdeveloped areas in order to provide a more equitable, decentralised and accessible system of service delivery. According to Lusk (1992), decentralisation, accessibility and democratisation are essential principles of sustainable

development designed to push power and control of resources along the line to the beneficiaries of the project.

To promote the social well-being of people, their economic growth and living standards must be raised. The majority of the mentally challenged and their families experience poverty and social deprivation. Disability, care and dependency grants have become the primary income to meet the basic needs of this population. Until employment prospects for the disabled are improved, state monetary assistance will remain their only means of survival. Despite their dependence on grants, the empowered mentally challenged person readily uses available services. The increased numbers of people applying for employment in workshops and other facilities is indicative of their preference for employment over dependency on state assistance. The increase in the caseloads of social workers is further indicative of the fact that these people do not wish to remain disempowered and burdened by the limitations of mental illness and disability. The general public are becoming increasingly aware of available resources and seek out these resources for their own betterment. In the call for increased developmental services, the society's community projects are compatible with developmental social work but it retains its therapeutic component as an essential part of its services.

STRATEGIES

Multidisciplinary and intersectoral work

Social development is a multisectoral approach in that it requires that all sectors of society work together towards social upliftment (Gray 1996c; Midgley 1995). In practice, it means that social workers have to work co-operatively with other disciplines. For instance, there would be a collaborative relationship with health workers, economists, town planners and local government. Social workers have to form partnerships within existing community structures at community level, both formal and informal or indigenous. One can highlight the traditional authority systems which include chiefs and rural councillors or headmen. In informal settlements and townships there are strong civic organisations and community development forums. These structures are initiated and managed by local community members. Their mission is to promote development (Mbambo 1996).

The multisectoral nature of social development also warrants that social workers enhance diverse human resource capacity in welfare provision. The White Paper on Welfare (1996) mentions the need for co-operation with community workers, child and youth care workers, social auxiliary workers, and community volunteers. Further, within a social development approach, social workers will find themselves in domains which were excluded from welfare in the past. These domains include economics, housing, environment, agriculture and health.

There is some degree of scepticism regarding the possibility of multisectoral collaboration as the following examples illustrate:

1. In order to implement a social development approach, a significant strategic change is that from competition to co-operation. In practice, South Africa, and more specifically KwaZulu-Natal, appears to emphasise competition. Even between social welfare organisations, competition is the norm, and the proposed new government strategy of competitive tendering for service funding seems likely to foster rather than reduce this rivalry. The principle of

partnership between government and private welfare does not yet seem to be accepted as policy and there are few signs of its strategic implementation. Yet intersectoral co-operation is a prerequisite for social development (Neilson 1996).

2. The new health policy is also based on the developmental approach and uses primary health care as an intervention strategy. There is clear decentralisation of power from the national government through to the provincial, regional, district and local level. The need for multidisciplinary and intersectoral work is emphasised. However, how is this to work? In practice, it is difficult for people to reach consensus, each sector wants to claim credit (Ntshingila 1996).

3. By definition, the interdisciplinary or intersectoral nature of development implies that 'no particular sector can claim ownership' (Khanyile 1996).

Rural development

The White Paper on Welfare (1996) emphasises the need for restructuring and rationalising the social welfare system in order to ensure the delivery of appropriate, sustainable, people-centred, generic, integrated developmental services. Accessible, multi-purpose centres are recommended and the priority target group is identified as those living in poverty and the most vulnerable. In the rural areas themselves, poverty, unemployment and illiteracy levels are high. The majority of households comprise women and elderly people. In many cases, pensions support whole families. There is a lack of services, resources and infra-structural development. When it comes to social work services, there is an average of one social worker per 150 000 people (Mbambo 1996). There is no formal work and income-generating projects do not provide enough income. Hence men have to find work in the city (and nowadays women too), but women are passive migrants. They move when their husbands move or when they are forced to find work. The migrant labour system and this passive movement of women create displaced families (see Figure 5).

Mapumulo - a rural area completely lacking in infra-structural development

Men are being retrenched and returning home with low self-esteem to wives and mothers who have been coping without them. Women suddenly find themselves having to be subservient to their husbands, many of whom are alcoholics. Alcoholism is a serious problem among men in the rural areas.

Hlabisa - a developed rural area

Women often do work. Many work in hospitals, schools, shops and crèches. Often men come back and take over the wife's role because the latter is working. This is a significant role change in a context where traditional family values predominate.

Figure 5: Examples of the effects of dislocation

Arguments can be raised against a policy which prioritises rural areas. The implementation of such a policy, requiring redeployment of existing resources, clearly creates uncertainty for urban-based organisations such as Durban Child Welfare (Neilson 1996). Arguments against rural prioritising can be based on logistical difficulties, possible resistance to change, and perceived vested interests. They are also supported empirically:

1. Whitaker (1983), after conducting comparative research, found clear parallels between the needs in rural areas and those in what he called the 'urban settlement' or 'urban village'. Both sought social and economic justice for oppressed people, both attempted to create a community of concern through primary group relationships, both used networks of informal helpers as well as formal agencies and programmes and both used similar methods. Recognition of these commonalities can, he said, reduce both rural and inner-city 'provincialism' and lessen the likelihood that the rural and urban poor would compete for services and hence be pitted against one another.

2. A recently released report on a local research study (Bernstein 1996) went even further in the rural/urban debate and recommended that cities (such as Durban) should become the focus for development. This, the Report contended, was essential in order to gain international recognition and attract international investment. Neglecting basic needs, reconstruction and racial reconciliation in cities would jeopardise national development and, however unfortunate, world perceptions viewed rural areas and rural lives as less important. The Report also recommended that resources for the development of cities should be a governmental responsibility.

In practice, therefore, urban-based organisations need not transfer staff to work in rural areas but must contribute to the development of the human potential in the poorer and more deprived communities such as:

• Previously disadvantaged townships.

• Inner-city redevelopment areas.

• 'Informal' or shack areas mushrooming in the city as the rural population continue their migration, as well as in the many smaller spontaneous settlements within metro boundaries (Neilson 1996).

CONCLUSION

For most students the course described in Part 1 of this paper constituted a challenge and generated an excitement to try novel approaches, as the following comments show. The course entailed 'exploration, discovery and tentative strides into the social development arena. One of the greatest challenges was to identify how ... my practice context could use social development policy to the fullest yet remain relevant in the child care field ... I learnt that social development is not only for the brave and unorthodox social worker, that each social worker can and must practise developmental social work in the context in which he/she works' (Watson 1996).

However, the participants retained a certain amount of scepticism about this 'panacea for all ills in society' (Watson 1996). Shongwe (1996) claimed that the 'broadness of the perspective allowed everybody to say that they were doing development work' but there was no guarantee that development meant the same thing across sectors and disciplines. Likewise Neilson (1996) wrote about social development as attempting to be 'an integrative, consensus-based approach or perspective. Perhaps, like the eco-systems perspective, it tries too hard to be all things to all people'.

Mandizwidza (1996) wrote of the yawning gap between intention and action despite the fine conceptualisation of social development. Tangible and workable prescriptions are still required to enhance social work's engagement in development activities. It is hoped that the information presented in these papers (Parts 1 and 2) go some way to reducing this gap. The practitioners on whose contributions the content was based, have demonstrated some sincere attempts to apply the developmental perspective to their practice contexts. Commitment such as this is edifying to the social work profession. May they go on and go forward making their contribution to the reduction of poverty and human distress in South Africa. These papers are a tribute to their pioneering spirit and willingness and determination to learn and grow.

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