# Developmental social case work: A process model Adrian D. van Breda

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## **Abstract**

Social development has been adopted as South Africa's social welfare approach and is increasingly being adopted in Africa and other parts of the developing world. The translation of developmental social welfare to social work has, however, been difficult for many social workers. A particularly challenging aspect of this translation concerns the practice of social case work within a social development approach, a topic that has received virtually no attention in the social development literature. This paper constructs a process model for a form of social case work that is informed by social development principles and priorities.

# **Keywords**

Social development, case work, micro practice, poverty, human rights, resilience

# Introduction

Social development (also known as developmental social welfare or the developmental approach) is a broad approach to the promotion of the well-being of a nation, through aligning the human and economic aspects of development (Patel, 2005). Midgley (2014: 13) has most recently defined social development as "a process of planned social change designed to promote the well-being of the population as a whole within the context of a dynamic multifaceted development process". In South Africa, a form of social development, which emerged from the country's socio-political history, has been adopted as the national welfare approach (RSA, 1997). Developmental social work is the application of the theory, principles and values of social development to social work, and is thus an approach to social work that is informed by social development (Midgley and Conley, 2010). Social development and developmental social work have tended to give greater emphasis to macro practice than to remedial or therapeutic approaches focused on the individual (Midgley, 2013).

Despite this formal shift in welfare approach, social case work continues to be a predominant mode of social service delivery in South Africa (Patel and Hochfeld, 2012). This may reflect reluctance on the part of

social workers to adopt a developmental approach to social work, or a high need among South Africans for case work services, or inadequate education of social workers for a more balanced and integrated social work practice. Whatever the reasons, case work does predominate. The questions then arise: Can social case work be conducted in a way that aligns more closely with developmental welfare principles? How can social case work, if it is to be offered, contribute to developmental aspirations? This paper thus centres on the question of internal shifts within the approach to case work. I propose a practice model for developmental social case work, in which case work is more closely aligned with social development and developmental social work.

In the absence of literature on case work from a developmental perspective, I construct a practice model for developmental social case work (DSCW). I start by mapping out the primary theory and principles of the developmental approach to social work. Then I apply these to the practice of social case work, according to a planned change process, to show what case work might look like if it were conducted from a developmental perspective. This should be regarded as a first attempt at a possibly on-going project of transforming case work from a heavily remedial approach to a more developmental approach.

# **Developmental social work theory**

The social work profession has historically been heavily influenced by the psychoanalytic approach and subsequently the social treatment approaches of Mary Richmond and others (Midgley, 2010; Patel, 2005). Consequently, emphasis was given to micro practice aimed at remediating the individual and family. In South Africa, under the apartheid system, social welfare for white people was significantly better developed and financed than for black people. Patel (2005: 78) concludes, "The social welfare system was based on a First World model: it was curative, located largely in urban areas, specialised and required highly trained professionals to deliver remedial and statutory services... The services were incapable of meeting the needs of the majority."

In the transition from the apartheid government to a new democratic and non-racial state in 1994, key role players in the social welfare field began considering what approach to social welfare was needed to address the needs of the nation as a whole, given the various constraints of the country (Patel, 2005). Key concerns included the history of human rights abuses, exclusion and discrimination; massive inequalities; inadequate infrastructure; and widespread poverty and unemployment. Via the Reconstruction and Development Programme (ANC, 1994), the White Paper for Social Welfare (RSA, 1997) was formulated and promulgated in 1997. It adopted a developmental approach to social welfare, uniquely conceptualised within the emerging South African democracy and values, to address local conditions (Patel, 2005). This approach "can be described overall as pro-poor and informed by a rights orientation" (Patel and Hochfeld, 2012: 691).

Social development, as it has been conceptualised in South Africa, rests on five pillars (Patel, 2005):

- 1. First, a **rights-based** approach is adopted (Lombard and Twikirize, 2014), aligned with the Bill of Human Rights in the South African Constitution (RSA, 1996). Key human rights are prioritised, including the right to basic services (such as housing, education and health care) and equal access to social welfare services regardless of race. Ife (2012: 42-71) details three "generations" of human rights that are of concern to social work, viz. civil and political rights (which have been the main focus of human rights movements); economic, social and cultural rights (which have been the main focus of social work); and collective rights to benefit from economic growth and to live in harmonious and environmentally safe contexts (which have emerged only more recently). Midgley (2010) argues that human rights are a prerequisite for authentic citizenship and thus securing the human rights of all peoples is a central role of social development.
- 2. Second, social development advocates a close harmonisation of social and economic development (Midgley, 2010). Economic development at a macro level frequently advantages the few and neglects the majority. The developmental approach ensures that economic development is to the benefit of the majority of the nation, notably reducing "mass poverty and inequality" (Patel, 2005: 103). Patel (2005) lists a range of strategies focused on social investments, such as micro-enterprises and public works programmes. In addition, investment in the development of human capital (e.g. education and skills development) is regarded as a keystone for sustainable economic growth (Midgley, 2014). Economic interventions take place across the continuum of micro-meso-macro practice (Patel and Hochfeld, 2012).
- 3. Third, there is a commitment to **democracy and participation** (Patel, 2005). This is a translation of the national, political commitment to democracy and high levels of citizenship to the level of social welfare services. Social welfare beneficiaries thus should be closely engaged in the planning, delivery and evaluation of social welfare services. Moreover, all people should be enabled to be active participants in society economically, socially, politically and culturally with particular emphasis on those who have historically been excluded or marginalised (Midgley, 2014).
- 4. Fourth, to avoid the fragmented nature of social welfare in previous years, social development emphasises partnerships in welfare. Termed "welfare pluralism" (Patel, 2005: 107), this principle calls for close collaboration between "government, voluntary (e.g. non-governmental organisations), informal (e.g. informal support by family, friendship and other social networks) and commercial sectors". While the state is the lead partner in ensuring the achievement of the objectives of the social development agenda (Midgley, 2010), the state cannot do it alone.
- 5. Fifth, social development aims to bridge the **micro-macro divide** (Patel, 2005). A smooth transition between individual, family, group, community and societal interventions is required, so that clients are able to receive the most appropriate service. The previous heavy reliance on micro (therapeutic, statutory and residential) interventions is replaced with a balanced and multimodal collection of

services (Patel and Hochfeld, 2012). This requires social welfare organisations to provide a generalist service focused on the multifaceted needs of people, rather than narrow, typically individually-oriented services, based on specialised service delivery systems.

The translation of these five pillars into guidelines for social work practice has not been easy. Midgley and Conley (2010: xiii) have formulated theory and practice guidelines for a developmental approach to social work, which they term "developmental social work". Although developmental social work has much in common with other approaches to social work, what is perhaps most distinctive is its commitment to "social investment" and "economic development" (Midgley, 2010: 17). Patel (2005: 206) defines developmental social work as the "practical and appropriate application of social development knowledge, skills and values to social work processes to enhance the well-being of individuals, families, households, groups, organizations and communities in their social context."

Midgley (2010) outlines the history, principles and practice of developmental social work, highlighting the following primary themes that are important in translating social development into developmental social work:

- 1. Change is central to developmental social work. However, change in individual functioning, is secondary to change in the social environments within which individuals live (Midgley, 2010). Particular emphasis is given to facilitating change in the tangible living conditions of people, such as employment opportunities, access to health care, literacy and socioeconomic status. While remedial social welfare may tend towards a maintenance approach to social work, in which individuals change to protect the stability of society, i.e. the status quo, developmental social work tends towards subverting the status quo in the interests of sustainable and fundamental improvements in societal functioning.
- 2. The commitment to change is related to a collection of ideas and theories that fall under the umbrella of **resilience** theory (Van Breda, 2001). Resilience theory is interested in understanding and enhancing the ways people and systems respond to, recover from, overcome and often thrive in the wake of adversity. Rather than investing in the many ways adversity breaks down, resilience focuses on the surprisingly common ways people bounce back from adversity. The strengths perspective in social work (Saleebey, 2008) is central here, with its rejection of a focus on people's problems and deficits and an investment in and championing of the capabilities, talents and natural resources of individuals, families and communities. Similarly, the assets based approach to community development (Kretzmann and McKnight, 1993) and appreciative inquiry theory (Lewis et al., 2008), emphasise mobilising community strengths rather than eradicating deficits.
- 3. Midgley (2010: 15) is, however, somewhat critical of resilience approaches, which frequently imply a 'pull yourself up by your bootstraps' model of social development. He argues that "social investments" are essential for a developmental approach to social work. These include a variety of interventions

- focused on capacitating people to become economically viable and self-sufficient, such as income generating, skills development and microcredit programmes. The experience of being economically productive is intrinsically empowering and fosters deeper citizenship.
- 4. Developmental social work shies away from any approach to social work that fosters dependence, and assertively promotes independence and community-based self-sufficiency (Midgley, 2010).
  Consequently, a short-term or time-limited approach to practice is advocated. When clients do require long-term care (e.g. those with chronic mental illness), this should be provided in community context, rather than in residential settings. However, this is not about 'dumping' people in communities, but about developing the capacity of communities to care for those who are vulnerable. Thus community-based practice is key, and is "linked to the notion of integrating clients into the productive economy" (Midgley, 2010: 18).

It will be apparent from the discussion thus far, that social case work is not central in developmental social work. This is perhaps partly because of social development's interest in collective solutions to collective problems and partly because social case work has tended to promote dependency and collude with the oppressive status quo. Thus, Midgley and Conley (2010: xvi) state that "developmental social workers do not place much emphasis on therapeutic counselling... [and are] critical of interventions that maintain clients in an ongoing, maintenance relationship with service providers... although they recognize that counselling can be helpful, they are critical of its central role in social work today." While Midgley (2010) does not reject social case work, and alludes to it having a potentially "helpful" place in developmental social work, a developmental approach to social case work practice is not articulated in the developmental social work and welfare literature.

Patel (2005) has mapped out a practice model for developmental social work, emphasising the triple focus on person, environment and the interaction between them; the decentring of clinical practice in favour of the uptake of multimodal interventions; an emphasis on human rights, social justice and economic development; and a generalist approach and planned change process. These ideas, which Patel does not apply specifically to social case work, are incorporated into my proposed model. In the following section, therefore, I map out what DSCW might look like if it were grounded in the theory and principles of social development.

# **Developmental social case work practice**

In this section I draw on social development theory and the principles of developmental social work to construct a process map of developmental social case work (DSCW) practice. I align this with the generalist intervention model or planned change process (Kirst-Ashman and Hull, 2010). This process comprises six

stages: engage, assess, plan, implement, evaluate and terminate. I draw on the elements of a variety of practice models and principles to construct a new developmental practice model for social case work.

#### **Engagement**

Kirst-Ashman and Hull (2010) explain that engaging with a client is the first activity of a social worker when encountering a client. Engagement concerns primarily the establishment of a trusting and warm helping relationship, also known as a working alliance, partnership or clinical rapport. Engagement sets the tone and ethic of the helping relationship – it communicates to the client that this is how the social worker practises. Thus, engagement is important not only in building the helping relationship, but also in shaping the character of the relationship.

For DSCW, then, it is crucial that the social worker communicate to the client some of the key values of the developmental approach. A deep respect for the client and her/his human rights is central to these values, as the first pillar of social development. Drover's notion of "active social citizenship" (Patel, 2005: 100) is helpful here. It incorporates both the client's right to certain basic services from the state, as well as the client's right to actively and purposefully shape her/his life. While engaging with the client, the developmental social case worker (DSCWer) will recognise and explicitly affirm the client's right to receive this social service – the social worker is not doing the client a favour, but giving expression to the client's fundamental human right to receive social welfare services. In addition, the social worker will weave in language that affirms the agency of the client, that is, the client's inherent ability, right and responsibility to run her/his own life and to make key decisions concerning her/his life course.

The *Batho Pele* White Paper (RSA, 1995), on the transformation of public service, is a key national document that articulates the rights of users of public services, including social welfare services. Conversely, the White Paper for social welfare (RSA, 1997) articulates the responsibilities of social service practitioners and in this way unpacks the developmental commitment to human rights. In line with the White Papers, therefore, the DSCWer will inform the client (both verbally, and where appropriate in writing) of her/his rights as a social service user, for example, the client's right to see her/his file, the right to confidentiality and the limits to confidentiality (e.g. the reporting of child abuse), mechanisms for laying complaints and expected waiting periods.

While traditionally case work stands alone and clients typically enter the social welfare system through case work, DSCW recognises that because services are provided in integrated fashion across the micro-meso-macro continuum, clients may enter DSCW from meso or macro interventions, such as through referral from a community development project. These clients may, therefore, already be familiar with social services and its value base.

For example, a woman who is experiencing violence in her marriage is referred to the DSCWer by a community development worker. The DSCWer will, within the first minutes of the first interview, affirm the client's courage in seeking assistance, framing it as an example of her agency and personal power. The worker will say that s/he is privileged to have the opportunity of partnering with the woman in her journey of reclaiming her life, her humanity and her right to a safe home environment. The worker will explain her/his responsibility to provide a secure social service environment, including informing the client of the ways she can complain if she feels the worker has violated her rights. The worker will ask the client what she needs from the worker for them to work well together, thereby allowing the client to shape the helping relationship.

#### Assessment

Kirst-Ashman and Hull (2010: 37) define assessment as "the investigation and determination of variables affecting an identified problem or issue as viewed from micro, mezzo, or macro perspectives. [It] refers to gathering relevant information about a problem so that decisions can be made about what to do to solve it." Assessment is thus a process of collecting the data required to guide clinical decision making. This is not a top-down process; Kirst-Ashman and Hull (2010) emphasise that assessment must always involve the client as an active participant in the process and must address not only the client's problems but also their strengths. Assessment commonly includes the use of an ecomap to assess the person-in-environment and a genogram to assess current and past family functioning as well as the client's personal history (Hartman, 1995).

While much of what Kirst-Ashman and Hull say is appropriate for DSCW, they over-emphasise assessment as focusing on the client's *problems*, when the focus of assessment should be on the *person*, who among other things has a problem. The third pillar of social development is a commitment to democracy and participation (Patel, 2005). Participatory democracy shifts the focus off the decision itself and onto the process through which decisions are made. For example, the establishment of a community centre (the decision) is secondary to engaging the community in the entire process of deciding on whether and how to build a community centre (the process). Similarly, in DSCW, the problem is secondary to the person. DSCW does not intend primarily to solve problems, but to develop people, and thus the entire planned change process must be person-centred. For example, with the woman who is being battered, the DSCWer will assess not only the domestic violence and her experience of it, but also the woman's life history, her dreams and aspirations, her marital history, her spirituality, academic history and coping resources. While this should be the approach of any good social worker, in practice case work frequently becomes problem-focused, aiming to resolve the immediate presenting problem, with insufficient regard for the whole person. DSCW seeks to place the client in the centre of the assessment process.

A further extension from the focus on person rather than problem, is DSCW's commitment to a resilience perspective. Resilience, defined as "the strengths that people and systems demonstrate that enable them to rise above adversity" (Van Breda, 2001: 1), recognises and responds to the reality of adversity in people's lives. In practice, this means that the DSCWer is as interested in the client's strengths and capabilities as in her/his challenges and vulnerabilities. Moreover, while much earlier resilience theory was highly individualistic, contemporary approaches to resilience are more strongly located within the ecological perspective (Ungar, 2011). With the woman who is being battered, for example, the worker will explore the challenges of the battering, but also assess the ways in which she retains her dignity in spite of the violence, the times when she has asserted and stood up for herself, the ways she has carved out safe spaces for herself in a hostile context and the dreams that she cultivates for her future.

In addition to the process and focus of assessment, DSCW also influences the content of assessment. A holistic, ecosystemic assessment of the client is necessary, as in all good social work practice. But because of social development's commitment to harmonising economic and social development (Patel, 2005), particular attention will be given to the client's economic life. Social development emphasises macroeconomics and how these can be harnessed for the benefit of the people; DSCW emphasises microeconomics and how these can be harnessed for the benefit of the client and her/his family. The DSCWer recognises that sustainable economic self-sufficiency is central to the long term growth of individuals, families, communities and ultimately the whole of society (Midgley, 2010); developing the economic health of a client will frequently alleviate other psychosocial life challenges clients face.

DSCW thus goes beyond merely asking if the client is employed or what the household income is. It requires an in-depth assessment of the client's work history, educational history, work skills profile, financial management skills and future financial viability. For example, in the case of the woman who came for assistance with domestic violence, the DSCWer will ask how far she got at school, what kinds of skills she has accumulated over her life and what work experience she has. The social worker will ask if she has any savings, any money of her own. If she is not working, the social worker will explore in detail all facets of why she is unemployed and how this may link to her being trapped in an abusive relationship. The social worker will explore how she felt when she was earning – perhaps that was a time when she felt she had some power to make her own decisions. The social worker will help the client identify and analyse the impediments to her being economically active.

#### **Planning**

Planning is, in simplest terms, the process of deciding what to do about the client's problem. Kirst-Ashman and Hull (2010: 205) set out a detailed eight-step process of planning which fits well with DSCW. It moves

from prioritising the list of client problems identified in the assessment, to translating these problems into needs, then evaluating whether these needs call for a micro, meso or macro response, establishing goals, objectives and action steps, and formalising the plan with a contract. This process is embedded in the principle of working *with* the client, which links well with the previous discussions on rights, active citizenship, participation and the person-focus of DSCW.

DSCW will follow this generic planning process, with two particular priorities. First, DSCW will always locate the problems and needs of individuals within the client's social environment, and give preference to addressing individual problems at the point of interface with that environment. This is in contrast to much generic case work that gives preference to intervening with the individual, even if the individual's problems are located within social context; here the assumption is that client problems can best be addressed by changing the individual. DSCW however, works from the assumption that individual problems (and indeed individual resiliencies) are almost always embedded within the social environment, frequently in a reciprocal relationship as described by ecological theory (Bronfenbrenner, 1995; Ungar, 2011). This aligns with the narrative therapy approach of externalising client problems, so that the client is not the problem, but rather the problem is the problem (White, 1989). In addition, there is an assumption that given the right social conditions, individuals will for the most part naturally "self-actualise" (Rogers, as cited in Hennessey, 2011: 86). Consequently, DSCW prefers to facilitate change in the client's social environment, helping to remove obstacles to human flourishing.

Second, DSCW gives priority to planning interventions that address a client's economic conditions. These "social investments" (Midgley, 2010: 15) strengthen the capacity of individuals to participate in the economy, becoming productive members of society. It is believed that economic well-being and growth is a precondition for human and social growth. Patel (2005: 103) lists various social investment strategies that the DSCWer may plan for: "employment programmes, skills development, public works, self-employment for the poor and marginalised, micro-enterprises, fostering asset accumulation through subsidised savings schemes and ensuring cost-effective services with a high impact." None of these strategies would be categorised as a 'micro' intervention – they are all meso or macro activities. Consequently, much of the planning role of the DSCWer will be to network and broker, linking clients to a variety of social investment projects.

In the case of the client who is striving for liberation from an abusive relationship, the DSCWer will encourage the client to recognise that *she* is not the problem, but that the abusive relationship is the problem, thereby externalising the problem (White, 1989) and explicitly locating the problem in the client's social environment. Externalisation requires a pattern of language use that starts in the assessment phase. Here the worker may ask the client, "What can we do to reclaim a home environment that is safe and

respectful?" or "If you imagine your life as good, secure and free from violence, what else will have changed in the world around you?" Such questions encourage the client to locate change actions in the social environment.

In addition, the DSCWer will actively engage the client in planning for her economic development, with the aim of increasing her financial independence. Financial dependence is a frequent impediment to women leaving abusive relationships and is a further source of power that abusive men exercise over women (Rasool, 2012). Fostering financial self-sufficiency will serve multiple functions for this client: increasing her self-confidence that she is capable of working and earning, creating the possibility of living separately from her abusive partner, shifting the economic power balance in the family, and giving her the skills and platform to be more assertive in the marriage.

# *Implementation*

In short, the implementation phase of the planned change process is to put into action the plan that was formulated in the previous step. Implementation comprises one or more social work interventions, which Sheafor and Horejsi (2006: 119) define as "thoughtful and planned efforts to bring about a specific change."

In DSCW, the worker will draw on a range of intervention models that s/he deems appropriate to assist the client with her/his life challenges. These may include cognitive-behavioural therapy, crisis intervention, grief counselling, motivational interviewing, narrative therapy, person-centred counselling, psychoeducation, solution-focused therapy, structural family therapy, task-centred social work and trauma counselling (Turner, 2011). In this way, DSCW is eclectic, drawing on a range of other theories and models that are appropriate to the client and her/his needs.

However, it will be noted that most of these models focus exclusively on individual change. While some, such as the narrative and structural family therapies, are designed to facilitate family change, none give significant attention to the social environment beyond the client and her/his family. By contrast, DSCW is as concerned with the broader social environment of a client as with the client her/himself. Thus, while these various practice models will be drawn on to facilitate individual (and family) change, the worker will also give attention to factors beyond the client that require attention. This is part of the expression of the social development commitment to bridging the micro-macro divide (Patel, 2005: 109).

Generalist social work practice calls for a smooth articulation in the delivery of social services across the micro-meso-macro continuum (Kirst-Ashman and Hull, 2010). While it may be conceptually ideal for each social worker to work across the continuum, in practice it is more likely that social workers will give primary emphasis to either micro practice or meso/macro practice. However, the conceptual ideal will not be

abandoned by the DSCWer, as is perhaps typical of many case workers. Even though the worker may work primarily with individual clients, s/he will interface extensively and purposefully with others who are working at the meso/macro levels. This is, in part, an expression of the social development commitment to welfare pluralism and partnerships (Patel, 2005; Midgley, 2010).

For example, in the case of the client who desires to end the abuse in her marriage, the DSCWer may refer the woman to a community-based shelter for domestic violence survivors. Such a referral would entail brokering, by linking the client with a necessary resource in her social environment. Changing the structure of the family (through the removal of the woman from the family) constitutes an environmental (meso) intervention. However, such an intervention is still focused very much on the individual and does not make significant inroads into the community issues surrounding this case of domestic violence.

A more developmentally appropriate intervention in this case, therefore, might be to enter into dialogue with other social workers or organisations to initiate a community awareness campaign on gender-based violence, aimed at shifting community attitudes towards gender, marriage and violence, to undermine patriarchy, reduce community tolerance for domestic violence and increase access to community resources for survivors (and perpetrators) of violence. Such an intervention aims not only to assist the individual client, but also to foster a community space that will provide a sustainable and communal benefit regarding domestic and probably also other forms of gender-based violence.

DSCW will also give primacy to economic empowerment (Midgley, 2010), making a tangible contribution to the lives of clients, through referring clients to relevant projects, as previously mentioned. While aspects of this (e.g. teaching financial management skills, preparing a curriculum vitae and conducting a skills audit) can be done within the one-on-one helping relationship, much economic empowerment requires a group or community forum (e.g. setting up microenterprises, establishing a co-operative or barter network and mobilising for a public works programme in the community).

While DSCW has an unashamed commitment to the needs of the poor, it is a practice model that is not limited exclusively to unemployment and poverty. DSCW has relevance to those who are earning and even to those who are financially secure. Van Breda and Du Plessis (2009), for example, have shown how occupational social work, with its almost exclusive focus on those who are employed in the formal job sector, can be well-aligned with the developmental approach and specifically to the commitment to harmonising social and economic development. The productivist approach to social welfare is interested in "optimising people's capacity to be productive citizens" (Esping-Andersen, as cited in Pieterse, 2001: 117). This implies that DSCW is interested in maintaining economically active individuals in the labour market, so that they continue to contribute to the economic health of society and maintain economic independence.

Furthermore, Van Breda and Du Plessis (2009) note that many employed individuals support not only themselves, but also numerous other family members, providing a community-based social security network that is vital to the well-being and development of society. And finally, work does not have intrinsic psychosocial benefits – work benefits people when it is meaningful and valuable (Neikrug, 1982). Thus an important role for DSCW is not only to help clients find work, but also to construct work that is ethically and socially meaningful and valuable, that expresses people's deepest held values, that is spiritually and culturally relevant and that contributes to the betterment of society.

#### **Evaluation**

Evaluation involves "determining whether a given change effort was worthwhile" (Kirst-Ashman & Hull, as cited in Kirst-Ashman and Hull, 2010: 288). The 'worth' of an intervention is measured against the goal and objectives set for the intervention in the planning stage. Thus, evaluation involves determining to what extent the goal and objectives set by the client and worker have been achieved. DSCW regards it as particularly important to rigorously evaluate social work interventions, to account for the cost-benefit of social services and to develop best practices (Midgley, 2010). The process of evaluation in DSCW differs little from generic approaches. However, because the implementation plan was focused not only on individual change but also systems change, evaluation similarly will focus on both the growth experienced by the client and the developments in the community.

## **Termination**

All helping relationships must come to an end, and this is true also of a DSCW relationship. Termination is understood to be (wherever possible) the planned and facilitated ending of the helping relationship (Kirst-Ashman and Hull, 2010). It entails a consolidation of growth achieved, recognition of the client's capabilities, planning for the future and processing the often ambivalent emotions that termination can evoke.

DSCW, because it is not a highly individualised one-on-one process, but rather one that engages and networks with a range of other role players in the client's social environment, will usually evoke less intense termination anxiety than traditional and particularly psychodynamic or long-term case work models. The client does not become as invested in the individual helping relationship as in some other approaches and thus will experience termination as less disruptive. This fits with Midgley's (2010) notion that developmental social work is committed to independence and community-based interventions.

Related to this is the willingness of the DSCWer to terminate services before the client's goals are fully achieved. This is not to abandon clients mid-way through the helping process, but to recognise and plan

with clients that they are the directors of their own life paths. Clients can continue to work towards achieving their goals without the inevitable support of a helping professional. Thus, termination is not indicated when the goal and objectives have been achieved, but rather when it is apparent to both worker and client that the client is able to continue to implement the agreed plan without the support of the worker. In this way, the client is mobilised towards greater independence and agency, and the worker invests less in solving problems and more in capacitating clients to solve their own problems. Hence, in DSCW it is possible to terminate earlier than in many other practice models.

In the case of the woman who wishes to end the years of violence in her marriage, for example, the worker and client may agree to end the helping relationship well before the violence has ceased or before the woman has left the abusive relationship. Rather, termination may be indicated at the point where the woman understands the cycle of abuse, has a definite plan to become economically self-sufficient and has a heightened sense of agency and a readiness to set limits on the abuse. In this instance, while she has not achieved her goals of financial security and a violence-free marriage, she has acquired sufficient knowledge, skill, self-efficacy and systems to continue her own journey towards her goals.

## **Discussion and conclusion**

Patel and Hochfeld (2012) detail the contestation in the professional discourse concerning the fit between social development and social work, and in particular on how developmental social work is distinct from generic social work. Social development is often viewed as a "macro-policy framework" (Gray, as cited in Hölscher, 2008: 115), and thus of very limited relevance to most social work practice, and particularly to micro and clinical practice with individuals and families. Social development's emphasis on macro interventions and criticism of much social case work leads to a perception among many social workers that there is no place for case work in the developmental approach. Perhaps as a result of this lack of conceptual clarity, the uptake of the developmental approach has been "slow" (Patel and Hochfeld, 2008: 207).

However, key writers on the developmental approach, from both North and South (notably Midgley and Patel), make it clear that there is a place for case work in developmental social work. But they have not articulated what that place is, nor what case work would look like if were aligned with the developmental approach. This gap in the literature compounds the finding of Patel and Hochfeld (2012: 698) that "case work continues to be the most used method" in NGOs. If case work continues to be the most common practice method, then it is essential to consider how to reformulate case work from a more deliberately developmental perspective.

In this paper I have endeavoured to show that there are indeed ways to do case work that are relevant and appropriate to social development. While macro interventions are most certainly the mainstay of developmental social work and remain under-practised by South African social workers, there remains a vital and indispensable place for case work, even in developing countries, as individuals and families continue to experience a wide range of traumas and challenges that cannot be remedied solely or immediately by macro or socioeconomic interventions.

However, case work cannot continue with business as usual in a welfare system grounded in social development, particularly given the wide disparity between the scope of need and the human resource capacity of social work. While the developmental approach does not call for a model of case work that is completely different to traditional social case work, it does call for a number of particular shifts in emphasis that give it a very different *quality* and *approach* from traditional practice. In particular, I have emphasised the centrality of economic empowerment and social investment, which can be expressed both in assisting individuals to become economically productive and in constructing work roles that are meaningful and relevant to social development and well-being. Ultimately, the developmental approach gives primacy to the economic vulnerability of society and this commitment must be evident in case work for it to be regarded as 'developmental'.

In addition to the economic emphasis, DSCW also strongly foregrounds the rights and agency of clients within both their life world and the helping relationship, through fostering a highly democratic and participatory helping process; placing the person and the development of the person at the centre of the helping process, rather than the problem; an extraordinary commitment to the person-in-environment principle, through focusing not only on the person (in their environment) but also on the environment itself, using interventions that traverse the micro-meso-macro continuum and that draw on a plurality of social service role players; and in promoting resilience, independence, self-sufficiency and community-connectedness, rather than dependency and worker-centredness.

Developmental social case work incorporates much of what clinical social work champions: facilitating real and meaningful change in individuals, many of whom have suffered severe trauma and loss. DSCW would remain a vibrant and vital method in social work: helping individuals grow and develop, to thrive in the face of adversity, and to recognise and mobilise their strengths and capabilities. At the same time, DSCW would make a significant and meaningful contribution to the ambitions of social development, as articulated in the South African White Paper for Social Welfare (RSA, 1997): the growth and sustainability of a society that is free of poverty and oppression.

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