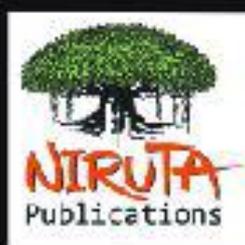


T. K. NAIR

**SOCIAL WORK PROFESSION
IN INDIA**

AN UNCERTAIN FUTURE



Social Work Profession in India : An Uncertain Future

T.K. Nair (Ed)



Social Work Profession in India : An Uncertain Future

By T.K. Nair (Ed)

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**Dedicated
to**

Madras School of Social Work (MSSW),

Late Mrs. Mary Clubwala Jadhav,

Founder of MSSW,

Late Mr. M.S.S. Nambudiri,

Most outstanding alumnus of MSSW & My beloved friend,

Prof. K. N. George,

Director of MSSW for fifty years &

My teacher and mentor

Foreword

Social reform, sociology and social work have a long history of close association. But the cleavage between sociology and social work appeared from the first decade of the twentieth century itself. The formation of the American Sociological Society in 1906 coincided with the "beginning of the differentiation between academic interests in the social sciences on the one hand, and social work and social reform on the other "(Peter Leonard, *Sociology in Social Work* ,1966). During the first three decades of the twentieth century, social work was heavily leaning on Freudian psychology. At the same time , it was sociology that provided a conceptual framework, particularly the urban sociological theories of the famous Chicago School or the Ecological School, for studying individuals in their social network. Mary Richmond, considered the mother of social work, in her book "Social Diagnosis" (1917) laid the solid foundation for social work theory and practice by explaining that the conscious life of any human being is interwoven with the lives of others. But her contribution was not received well at that time because of the dominant influence of psychoanalysis in social work. In India too social work has been over dependent on psychology and psychoanalysis till recently when some social work scholars and professionals strongly felt that social work would lose its relevance in India without a sound understanding of sociology, ecology and political economy. The mindless proliferation of social work education programmes and the declining standard of social work education are very disturbing, and there is an urgent need for the creation of a statutory Council on Social Work Education in India.

"Social Work Education and Social Work Practice in India", edited by Professor T. K. Nair and published by the Association of

Schools of Social Work in India (ASSWI) more than three decades ago, was a landmark publication. That is the only book based on a serious review of the first four decades of social work education and practice in the country. The present book "Social Work Profession in India : An Uncertain Future", edited by Prof. Nair, is definite to be a watershed contribution for the reorientation of social work education in the country in the coming decades. Scholars and practitioners have written on different issues needing urgent consideration and intervention. The eighth decade of social work education is only months away and this book is most welcome at this time.

Professor K.V. Ramana,
Former Vice-chancellor &
Former Professor of Social Work,
Andhra University,
Visakhapatnam.

Preface

Social work education in South India was heralded with the founding of the Madras School of Social Work (MSSW) in 1952. It was the fruition of the vision and determination of the late Mary Clubwala Jadhav, a colossus among social workers in the country. She founded MSSW under the joint auspices of the Guild of Service (Central), one of the oldest voluntary welfare organizations in India, and the Madras branch of the Indian Conference of Social Work (renamed the Indian Council of Social Welfare). Mary Clubwala Jadhav devoted her whole life for serving children, women, differently abled, war veterans, urban poor and other needy sections till she breathed her last at the age of 67. Ill - health and personal tragedies never deterred her from reaching out to the people in distress. She was an epitome of courtesy and social grace.

Institution- building of a School of Social Work was a tough task. In this herculean effort, Mary Clubwala Jadhav had the strong support of Prof.K.N.George, the third professionally qualified social work Director of MSSW. Prof. George served MSSW for more than five decades in different capacities, and during this period the physical infrastructure of the school was strengthened significantly in place of the thatched huts. The academic programme also underwent many positive changes, and I had the opportunity to associate myself actively with these changes, and to direct many research studies sponsored by the central and state governments, UNICEF, FAO, US government, and other agencies. Despite various efforts, the affiliation with the University of Madras did not materialize due to reasons other than academic. Finally, it was Dr.Malcolm Adiseshiah, who made the affiliation possible. On assuming the Vice- Chancellorship, he announced suo motu in his three-year plan of action that MSSW would be affiliated with the University. The statutory procedures followed soon to formalize the affiliation.

As a teacher, I am proud of the amazing contributions of MSSW graduates in alleviating human misery and suffering, and in enriching human resources. Many of them have changed the landscape of social work practice. Padma Shri Shanthi Ranganathan (founder of TTK Hospital for treatment and rehabilitation of alcoholics and substance addicts); Vandana Gopikumar (co-founder of The Banyan engaged in promoting mental health); Stephen Vidyakar (founder of Uthavum Karangal – Helping Hands – extending support to the abandoned in the streets); K.R.Gangadharan (President, International Federation on Ageing, and Founder of Heritage Foundation offering health care for the elderly at home and at the Heritage Hospital); late M.S.S.Nambudiri (first Director of Seva Samajam Boys’ Home who was an architect of deinstitutionalization of child care, high quality of education to poor children, and skill building among the young to compete successfully in the market); and J.M.Sampath (creator of DISCOVERY, a value clarification tool for individual and organizational excellence) stand tall. “The architecture of concurrent field work and block placement of four weeks made me a budding professional during the studentship itself. In addition, we were inducted into social work projects, which involved working together as a team. The projects gave me a tremendous learning to understand social realities, and to work with people belonging to different social backgrounds. On the whole MSSW gave me life skills”: B.Jaikrishna. The two years at MSSW, says J.M.Sampath, “laid a part of the foundation on what I have become today. From the rural camp to the field work at Seva Samajam Boys’ Home, and then to the industries opened my eyes to the real world I lived in and the need to connect with it”.

A book of this nature has been a difficult effort at 77. But the encouragement and support of many well-wishers made it possible. My son K.N.Ajith has been a source of strength all through in various ways without which this book would not have been a reality. P.P.Sukumaran (President-HR, GVK Group), J.M.Sampath (Managing Director, Arpitha Associates) and B. Jaikrishna

(President- HR, Amarraja Group) supported the publication of the book wholeheartedly. I am deeply indebted to Suku, Sampath and JK, my former students. My daughter Minii was also helpful.

The articles in the book are written by eminent persons in their fields of interest. They found time to write the articles of high quality. Professors R.R.Singh and B.Devi Prasad were very supportive. Dr.B.Devi Prasad also suggested the second part of the title of the book, that is, "An Uncertain Future". Shanthi, Nadarajah, Sampath, Nalini and Annie were my students at MSSW. Joe (Henry D'Souza) and I worked together at MSSW, and we have been close friends for nearly four decades. Kalpana is like a member of my family. I thank each one of them for their affection.

Institute of Social Work and Research, a training, research and consultancy institute, has sponsored the publication of this book. I am grateful to the Institute.

I am grateful to Professor K.V. Ramana, former Vice-Chancellor of Andhra University, for writing the foreword of this book. Prof. Ramana was the President of the Association of Schools of Social Work in India during the finest period of ASSWI, when I had the opportunity to be the General Secretary. We worked as a team with Dr. S.R. Billore, the Treasurer and other members of the Executive Committee.

I have the privilege of dedicating this book to my Alma Mater, the Madras School of Social Work; its founder the late Mrs. Mary Clubwala Jadhav; its most distinguished alumnus Mr. M.S.S.Nambudiri; and my teacher and former Director Professor K. N. George.

My young friend Mr. M .H. Ramesha is a dynamic social work professional and a committed publisher of social work and social development books under the auspices of Niruta Publications, which he founded. I thank him for publishing this book.

I am also grateful to Ms. Anitha Ashok of Niratanka for her enthusiastic support.

Dr. T.K. Nair

Contributors

Annie Namala is Executive Director of the Centre for Social Equity and Inclusion at New Delhi, which she was instrumental in founding. The Centre is an advocacy and research organization. She was a member of the first Right to Education National Advisory Council of the Ministry of Human Resource Development from 2010 to 2012. She is currently a member of the Executive Committee for Sarva Shiksha Abhiyan under the MHRD and is also a member of the National Resource Group of the Mahila Samakya programme. Earlier, she worked with the **UNICEF**.

B. Devi Prasad is a Professor at the School of Social Work (Tata Institute of Social Sciences). Earlier, Dr. Devi Prasad was Director of the Centre for Social Studies at Surat and a Professor of social work of Andhra University. He has conducted research studies on many social issues. He is an acclaimed researcher on domestic violence, elder abuse, and social work education. He has contributed scholarly articles and research papers to prestigious journals and has written chapters of many books. He was Principal Investigator of an ICMR study on elder abuse and co - authored the report *Psychosocial Consequences of Elder Abuse and Neglect*.

Henry J D'Souza started his career as a community organizer with the koraga tribes and landless labourers in Karnataka before joining the faculty of the Madras School of Social Work. He then pursued his doctoral degree in social work and sociology at the University of Michigan, Ann Arbor. Dr. D'Souza is currently a Professor at the Grace Abbott School of Social Work, University of Omaha at Nebraska. An outstanding scholar in social work, and social research methodology, Dr. D'Souza has contributed many articles and research papers in journals and books. He has served on the State Board of the Nebraskans for Peace, one of the oldest peace and justice organizations.

Kalpana Sampath is a human resource professional. Dr. Kalpana Sampath is a Director of Arpitha Associates and leads the EFIL Educational Services based at Bangalore. Besides holding a PhD in the area of “Belongingness in Organizations”, she is a performing artist with a Master’s degree in Indian classical dance. She is the author of the book Keys to Social Entrepreneurship and many articles in journals. She is a visiting faculty at the Indian Institute of Management, Bangalore.

M.V.Moorthy was a revered social scientist, social work teacher and Sanskrit scholar. Late Professor Moorthy was the first head of the department of PMIR at the Tata Institute of Social Sciences. Later he became Professor and head of the department of Sociology and Social Work at Andhra University. Introduction to Social Work, Field Work in Social Work, and Social Action are Dr. Moorthy’s books.

M.Nadarajah is a Co –Founder of the Global Centre for the Study of Sustainable Futures and Spirituality (GCSSFS). He earned a PhD in sociology from JNU, New Delhi. His doctoral thesis on a critical study of Marxism was published as an acclaimed book Culture, Gender and Ecology: Beyond Workerism. Among his several publications, Another Malaysia is Possible and Other Essays; Writings in Culture and Politics for a Sustainable World; Urban Crisis: Culture and the Sustainability of Cities; Living Pathways: Meditations on Sustainable Cultures and Cosmologies in Asia are noteworthy. He is an Asian Public Intellectual Fellow of the Nippon Foundation.

Nalini Gangadharan is a development professional with experience in institution building and change management. As the chairperson of CAP Foundation, Dr. Nalini Gangadharan leads a team of professionals in providing community – based solutions for linking learning and livelihood through business – government – community partnerships.

T.K.Nair is a former Professor of social work and a former Principal at the Madras School of Social Work. Dr. Nair has conducted various research studies on social work and

development subjects. He has many publications to his credit. Among them, Social Work Education and Social Work Practice in India, Social Welfare Manpower, Ageing in an Indian City and Old Age in an Indifferent Society are prominent.

J.M. Sampath is the Managing Director of Arpitha Associates: A Centre for Excellence with offices in India, Malaysia and Singapore. DISCOVERY, developed by Dr. Sampath, has been hailed as "the teaching revolution". Inner Realities is another well known book of Dr. Sampath. He has designed and developed a number of tools and processes which can facilitate greater level of synergy within individuals and organizations.

Shanthi Ranganathan is the founder Director of T.T. Ranganathan Clinical Research Foundation now known as TTK Hospital, a pioneering institution, known across the world for treatment and rehabilitation of people addicted to alcohol and drugs. Dr. Shanthi Ranganathan with more than three decades of clinical experience has successfully designed and implemented a community approach, which is culture-specific, and brings a paradigm shift to alcoholic treatment. Dr. Shanthi Ranganathan was awarded the Padma Shri by the President of India, and the First UN Vienna Civil Society Award by the United Nations Secretary General. Colombo Plan Award (2003) recognized her outstanding service in the field of addiction.

R.R. Singh is a social work professor of eminence and contributed immensely in the diverse spheres of social development. He was a Professor at the Department of Social Work, Delhi University, and a former Director (Vice-Chancellor) of the Tata Institute of Social Sciences. Dr. Singh held important positions in Universities, government committees and other bodies. He was Convener of the UGC Panel on Social Work Education. A prolific writer, Professor Singh contributed more than 150 articles in journals and chapters in books on social work, social development and social work education. Among his books, Social Work Perspectives on Poverty, Field Work in Social Work, and Whither Social Development? are well-known.

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CHAPTER 1

Introduction

T.K.Nair

Social work in India has three components: clinical social work (in particular, psychiatric social work), developmental social work (or development work), and social action (for social justice and social equity). In addition, professional social work in India has the historical appendage of personnel management (now known as human resource management or HR) as its main employment - generating part. But HR has grown into a strategic partner of business from a mere employee welfare function. HR is also laying its claim to be an independent profession on its own strength. Social work profession in India is doing a disservice to itself by clinging on to HR which is an integral part of globalized business. This book contains ten articles from social work practitioners and social work scholars who critically analyse the different dimensions of social work practice and education.

In the first article “Philosophy of Social Work in Changing India”, late Professor M.V. Moorthy traces the philosophy of service and social work in India from ancient times to the modern era. While the American model of social work practice was adopted in India nearly eight decades ago, we paid scant attention to the socio - religious systems in India, the philosophies that guided the destinies of our people, our value systems, and the social reform movements and social action programmes of our religious, social and political leaders. “In the vast range of ancient Hindu literature – religious and philosophical, medical , psychological, sociological, yogic and poetic – there are ample suggestions for building theories and practices of social work along what has been done in modern times”, asserts Moorthy. In discussing the relevance of Mahatma Gandhi to social

work practice he discusses how Gandhiji internalized discipline for constructive work.

Theory and practice should go hand in hand. Practice without theory is blind; theory without practice is lame. But behind theory and practice there should be philosophy to give tone, tenor and temper to the profession. Dr. Moorthy quotes the late Prof. A.R. Wadia, who was of the view that “The very genesis of the profession of social work implies a spirit of dedication much more perhaps than in any other profession.....Whatever be the field of social work, the main inspiration comes from religion.” Moorthy says that religion is not to be viewed as a bundle of rituals and superstitions, but the spiritual element of religion should guide social work. Whatever may be the line of development followed by professional social work in the West, we in India cannot ignore the ethical contents and spirit of social work profession. Creation of self - reliant communities is the crux of sarvodaya message of Mahatma Gandhi and leaders like Vinaba Bhave and Jayaprakash Narayan. Gandhiji’s clarion call for social service was the song “Vaishnavo janato tane kahiye.....” (I call him a vaishnava who knows the sufferings of others) written by Gujarati poet Narasimh Mehta. Gandhiji, Vinod Bhave and Jayaprakash Narayan call for harnessing Janasakti, that is energy synergized for the telic and syntelic realization of sarvodaya, the development of all.

The focus of Professor Henry D’ Souza’s article “Social Justice in India: Reflections” is on redistributive justice as the lack of it reinforces injustice in gender, religion, caste and tribe. The article describes in detail poverty, slavery and bonded labour, corruption and bribery in India. D’Souza says that it is not surprising that such a dismal situation has spurned social movements in the country. He is of the strong opinion that social justice struggles in the diverse, complex and largest democracy will need to continue fearlessly and with relentless determination. He feels that the ministry of social justice and empowerment (renamed in 1998) of the government has done little to justify its name except appropriating the terms used by social activists. D’ Souza is not optimistic of the effectiveness of social work profession in promoting social justice. He says that some of

the social workers educated in the schools of social work may commit themselves to serve the vulnerable and poor by engaging themselves in organizing local communities, and initiating struggles for social and economic justice. Further, without research, it is difficult to assess the extent or the impact of professional social workers and their struggle for social justice in India.

Dr. J.M. Sampath spent years on value clarification research, and created DISCOVERY, a tool with a collection of stories and other instruments to effect individual and organizational changes. Originally intended for corporate organizations, these HR initiatives have been extended to schools and social organizations. In the article “Evolutionary Excellence in Social Work”, Sampath and Dr. Kalpana Sampath (his life and professional partner) underscore their conviction that individuals and institutions strive towards excellence. To align individual and organizational values, a continuous clarification process is essential. The clarification process should ideally involve the ability to “connect, correlate and create”. The four corner stones, “Excellence, Vision, Values, Learning”, represent the essential dimensions of the path toward excellence. Alignment, farsightedness, conviction, focus, innovation and clarity are the six bridges that all persons need to build in themselves. These are also the connectors of the four corner stones. The four outcomes “leadership, quality, value addition and evolution” are the measures of excellence. For any individual or organization, excellence is a journey or an ongoing process. When individuals and institutions pursue excellence, they make a difference to themselves and to those around them.

Substance addiction, which includes alcoholism, wide use of tobacco and drug addiction, has been on the increase in India. In some parts of the country like Kerala, the age of initiation into alcohol use is as early as 12 years. The national survey on drug abuse in India in 2004 by the UN Office on Drugs and Crime estimated 62.46 million alcohol users, 8.7 million cannabis users, and 2 million opiate users. Dr. Shanthi Ranganathan has devoted her whole life for treatment and rehabilitation of alcoholics and other substance addicts under the auspices of the TTK Hospital, which she founded, for

which she was awarded the Padma Shri and the UN Vienna Civil Society Award. In the article, "Substance Use Disorders and Social Work Interventions", the author explains in detail the measures for prevention of substance use disorders, early identification and enhancing motivation, treatment and follow-up. Besides individualized therapy, family therapy is arranged to reinforce the rehabilitation process. Professional social work has been given a key role in TTK hospital, a global leader in the treatment of substance use disorders (SUDs) as the founder - director herself is a social worker. But Shanthi says that schools of social work give low preference to training of social workers with skills needed to work with persons with SUDs. Further, most of the de-addiction centres in the country run by the NGOs with low grant-in-aid from the government of India offer low salary package to social workers. Introducing certification programme for social workers and professionalizing the field are challenges facing social work, according to Shanthi Ranganathan.

CAP Foundation, a social enterprise, was founded in 1997 by Dr. Nalini Gangadharan because of her conviction that skill development is the key for empowerment of young men and women. Her article "Poverty Alleviation through Skill Building : A Social Work Initiative" presents the CAP model of "Linking Learning and Livelihood" needs of working children and youth to equitable market-oriented employability opportunities. CAP's vision is to be an end-to-end community-based solutions provider in quality education to build safer, healthier and productive communities of young people capable of supporting self-directed growth and positive citizenship. Its mission is to promote access to sustainable and affordable integrated learning opportunities for all young people from educationally and economically disadvantaged backgrounds to achieve their career and life aspirations. Till 2013, CAP Foundation has trained 2,54,395 young persons in 15 states: it has international presence in 8 locations. CAP Foundation is an illustration of the developmental social work initiative.

Of all the social justice issues, violations of Dalit rights demand urgent action. Social workers Annie Namala and her husband

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CHAPTER 4

Substance Use Disorders And Social Work Interventions

Shanthi Ranganathan

Alcohol and other psycho-active drugs that can lead to addiction are collectively referred to as 'substances'. Substances like alcohol are viewed in some countries or cultures as legal whereas drugs like cannabis and heroin are considered illegal. Medically used drugs such as pain killers and sleeping tablets can also lead to addiction when used without the doctor's advice or in a larger quantity or frequency than prescribed.

Substances Used in India:

- Alcohol and cannabis (ganja)
- Opiate drugs such as heroin (brown sugar), buprenorphine, codeine based cough syrups and pain killers
- Sleep inducing drugs which are medically prescribed
- Volatile solvents such as adhesives, and eraser fluids
- Stimulants such as cocaine and other amphetamine type substances
- Tobacco

The National Household Survey on Drug Abuse in India by the United Nations Office on Drugs and Crime (UNODC) in 2004 reported that India at the time of the survey had 62.46 million alcohol users, about 8.7 million cannabis users and about 2 million opiate users. Buprenorphine, propoxyphene and heroin were commonly injected drugs. The survey notes several areas of concern – the practice of Intravenous Drug Use (IDU), associated multiple high risk behaviour, drug abuse in rural settings, and a significant time

lag between the onset of drug dependence and subsequent treatment seeking (Ray et al, 2004). Besides the effect of globalization, growth of service sectors (IT sector) changing working patterns (BPOs), high level of stress, and mass media influence on youth glamorizing alcohol and tobacco lead to use and abuse of alcohol and drugs leading to substance use disorders.

Substance Abuse and Dependence

Diagnostic and Statistical Manual of Mental Disorders (DSM –IV, 1994) prepared by the American Psychiatric Association, defines substance abuse as a “maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period”:

- failure to meet obligations at work, school, or home
- use of alcohol or drugs in hazardous situations, such as driving
- legal problems, like arrests for public intoxication
- social or interpersonal problems, like fights

Substance dependence is defined as ‘a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or four of the following occurring at anytime in the same 12-month period’.

- Tolerance - use of more of the substance to get the same effect
- Withdrawal symptoms when one is not using the substance (eg. shakes, delirium ,tremors)
- Use of more of the substance than one intended
- Unsuccessful efforts to cut down
- Increasing amounts of time spent using and recovering
- Decreased involvement in social, occupational or recreational activities
- Continued use despite persistent physical or psychological problems. Even misuse of alcohol (sometimes called risk drinking) or drugs that does not meet diagnostic criteria can result in life-threatening problems like overdose or accidents.

Substance Use Disorders and Social Work Practice

Social workers regularly encounter individuals, families and communities affected by substance use disorders (SUDs) and they can play vital roles in addressing their problems. A few may work in specialized centres for addiction treatment and many work in non-speciality settings in which SUDs are often integral to the clients' presenting problems. These settings include primary health centres, mental health centres, general hospitals, child welfare organizations, correctional facilities, educational institutions, industries and corporate sectors, urban slums and rural communities.

In the 90s, Mary Richmond, the mother of social work, called inebriety as a 'disease that could be treated' and she encouraged early identification and treatment (DiNitto, et al, 2007). In 1970, National Institute of Alcohol Abuse and Alcoholism (NIAAA) , and National Institute of Drug Abuse (NIDA, now called SAMHSA) lent legitimacy to work on alcohol / drug problems. In 1995, an important step was taken by the formation of National Association of Social Workers (NASW) in the USA with a speciality practice section of alcohol, tobacco and other drugs. Thereafter, NASW developed a certification for social workers specializing in the field of addiction (DiNitto, et al, 2007). In the 21st century, social workers play a significant role. The social work profession's unique, biopsychosocial perspective, its flexibility in adapting to new streams of thought and incorporating them into practice, and its ability to integrate dissimilar programmes into a systemic whole make it a profession extremely well suited to the ever changing field of addictions (Straussner, 2012).

In India, when brown sugar addiction was identified as a problem in 1986, the Ministry of Welfare, Government of India initiated a few de-addiction clinics through non-governmental agencies in several parts of the country. The majority of these centres were located in big cities and towns (Government of India, 1994). At present (2012), there are more than 400 integrated rehabilitation centres for addiction (IRCA) funded by the Ministry of Social Justice

and Empowerment (MSJE). There are equal or more number of privately managed centres which are providing some kind of a treatment. The Federation of Indian NGOs for Drug Abuse Prevention (FINGODAP) was initiated at New Delhi in 1991 which organizes conferences once in two years. To improve the quality of the services, 'Minimum Standards of Care in Addiction Treatment' were developed by the TTK Hospital, Chennai (Addiction Treatment Centre) in the year 2001. These standards have been approved and adopted by MSJE to provide grants for non-governmental organizations (NGO) which are running treatment centres. In 2013, in collaboration with the Colombo Plan, a certification programme was introduced and for the first time in the history of Colombo Plan, TTK Hospital was given the status of Education Provider for the entire region of Asian countries.

Tasks Undertaken By Social Worker

1. Prevention
2. Early identification - screening and diagnosis
3. Enhancing motivation, and providing treatment and follow-up

Prevention

- Dissuade people from trying alcohol / other drugs, and discourage and postpone early initiation to alcohol and drugs
- Help them recognize risks associated with alcohol and alter their drinking pattern before problems are experienced
- Build understanding of dangers associated with use of illegal drugs as well as prescription drugs taken without the doctor's advice

The Colombo Plan is a regional organization that works towards strengthening economic and social development of Asian countries. Drug Advisory Programme (DAP) of Colombo Plan is exclusively aimed at capacity building for drug demand reduction in the Asia and Pacific Region. Asian Centre For Certification And Education Of Addiction Professionals (ACCE) was established in 2009 as a training and credentialing arm of the Drug Advisory Programme. It trains, certifies and professionalises the addiction treatment workforce in the region.

- Facilitate development of healthy alternatives to alcohol and drug use
- Motivate them to seek help at an early stage to handle problems if any
- Messages need to be repeatedly presented. Just one or two programmes do not help. Bringing about a shift in attitude towards drug use and behaviour takes time.
- The content and methods used to undertake prevention need to be tailored according to the group. The type of drug used, the excuses cited and the alternatives suggested vary depending upon the group addressed.
- Different approaches such as lectures, role plays, poster displays, puppet shows or street plays can be used appropriately.
- Just providing information about alcohol and drugs is not sufficient. When addressing students, teaching them how to say “No” to drug offers by peer groups, building decision making skills, and helping to strengthen self esteem are also significant. With adult working men and women, discussing ways to handle celebrations, stress or tiredness after a day’s hard work without resorting to use of alcohol or drugs is crucial.
- Awareness programmes need to be undertaken for all groups and for both genders in the community. In schools, programmes should be conducted for parents and teachers as well as for students. When prevention is undertaken in work places, programmes should be conducted for all levels of employees – workers, supervisors and executives. A study conducted by NIMHANS, Bangalore, for a large public sector corporation revealed the importance of including various levels of employees in awareness programme for effective intervention and involvement (Murthy & Sankaran , 2009).

Screening and Diagnosis

Some individuals may seek help to deal with alcohol and drug problems on their own initiative or due to the persuasion of their families and friends. But many fail to recognize the problem and do not seek help in the early stages of substance use. Professionals who are familiar with alcohol / drug use related issues can help identify addiction in the early stages and persuade individuals to seek help. It is important to remember that the earlier the intervention, the lesser the harm likely to be caused by substance abuse and better the chances of a favourable outcome of the intervention.

Given below is a list of hidden indicators. However these indicators alone cannot be taken as proof of substance use related problems, but can alert one to the possibility so that early intervention becomes effective (Thirumagal , 2012).

• Work Place Indicators

- Absenteeism
- Reduction in the quality and quantity of work output
- Increased involvement in accidents
- Frequent demand for loans
- Poor interpersonal relationships
- Poor grooming (unshaven, not being well dressed)

• Health Indicators

- Gastritis, neuritis and liver disorders (commonly associated with hazardous levels of alcohol use)
- Abscesses or ulcers in injection sites common among intravenous drug users.
- Sleep problems, irritability, violence and physical deterioration with no known medical problems
- Poor compliance with medications and repeated hospital admissions
- Frequent falls or accidents

- **Indicators Based on Spouse's Behavior**

- Socially withdrawn and depressed
- Poor care of self
- Bruises(due to domestic violence)
- Standard of living not in keeping with the income level
- Attempts at suicide

- **Indicators Based on Child's Problems**

The stressful dysfunctional family can affect the children and they may

- Appear dull and withdrawn
- Lack concentration
- Lack punctuality and have irregular attendance
- Have problems in getting along with others
- Display behaviour problems like hyperactivity, rebelliousness and aggression
- Perform poorly in their studies in spite of adequate IQ levels
- Be poorly groomed (cleanliness, neatness) and display other signs of child neglect such as delayed payment of fees

Screening

Social workers in nearly all practice areas need skills to screen for alcohol and drug related problems, and refer to treatment providers. Screening tools are generally short questionnaires administered by the social worker or completed by the client (self report). There are many screening tools. For example, the CAGE (Cut, Annoyed, Guilty and Eye-opener) is a four-item screening device for alcohol problems that social workers can administer. But helping requires more than asking clients questions about whether they have tried to reduce their drinking or have felt guilty about their drinking. Developing rapport, asking questions in a non-judgmental way, and ensuring confidentiality are also important (Lesieur & Blume, 1987).

The Alcohol Use Disorders Identification Test (AUDIT) is available in several languages and can be adjusted for drinking norms in different cultures (Babor, et al, 2001). Screening may suggest that an individual has a particular problem, but the social worker needs additional knowledge and skills to support or confirm a diagnosis. Patients who indicate little or no risky behaviour and have a low screening score may not need an intervention. Those who have moderate risky behaviour or reach a moderate threshold on the screening instrument may be referred for brief intervention. Brief intervention focuses on increasing a person's insight into and awareness of substance use and behavioural changes. This intervention is provided through single or multiple sessions by general practitioners and other primary health workers including social workers. Screening takes 5 -10 minutes and can be repeated at various intervals as needed to determine changes in patients' progress over time.

Referral: Patients who score high may need further diagnostic assessment and more intensive, long term speciality treatment. Social workers need to be familiar with the facilities available in the community and refer them to centres which offer professional services with the essential treatment components.

Providing information about the self help groups such as Alcoholics Anonymous (for alcohol dependants) and Narcotics Anonymous (for other drugs) helps. Explaining the philosophy and help available at these meetings, and details related to the time, frequency and places where the meetings are held in the area are important.

Treatment and Rehabilitation

Substance dependence is a treatable disease. Treatment has been defined by WHO as "the process that begins when psycho active substance abuser comes into contact with a health provider or community services and may continue through a succession of specific interventions until the highest attainable level of health and well being is reached". Recovery is defined as a process of continuous growth and improved functioning over a person's life time.

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CHAPTER 8

Voluntary Sector And Professional Social Work : Trends And Challenges¹

B. Devi Prasad

Introduction

Voluntary sector and professional social work share certain common goals and concerns though they are two different worlds in terms of the nature and the background of the respective fields. Social work profession is a systematic evidence-based practice with a sense of commitment and a value base. Voluntary sector comprises legally valid, non-profit voluntary initiatives by people in social spaces for a common or a public purpose². In the present day globalised and highly interconnected world, both fields are facing challenges to keep their programmes and activities competitive and relevant. While voluntary sector is one of the major recruiters of the professional social workers, the sector's growing visibility and importance is a challenge to the profession indirectly. Though both of them work for a common goal, i.e., social development, there were occasions where one thought the other is less professional or

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1. Revised version of the presentation made at the National Seminar on: 'Relevance and Limitations of Social Work Education-A dialogue between educators and practitioners', 5-7, February 2004, organized by Rambhau Mhalgi Probodhini, Mumbai – 400 031.
 2. For the purpose of this paper, the term Voluntary Organization is used interchangeably with terms such as Voluntary Development Organizations, NGOs, and Civil Society Organizations within this meaning, unless stated otherwise. However, the author acknowledges that important differences exist between these terms as indicated in contemporary literature (PRIA, 2003; VANI, 2001; WEF, 2013). For example, CIVICUS (2013) used a definition of civil society as being "the arena, outside of the family, the state, and the market, which is created by individual and collective actions, organizations and institutions to advance shared interests."

not committed enough to realise the goal. As a person who had the opportunity to associate with both the worlds—the profession of social work and the voluntary sector – I seek to relate from an educator’s point of view the strengths of and opportunities for the two sectors in the changing scenario. The paper is divided into four sections including the introductory section. A SWOT analysis has been used to examine the trends in the sectors. The second section briefly covers the scenario of the voluntary sector and the third section discusses the profession’s concerns. The last section touches upon the aspects about where and how the strengths of the two fields can converge to contribute toward building a better world.

Voluntary Sector

In India, there is a rich tradition of voluntary action and the roots of voluntary initiatives can be traced back to spiritual movements, reform and freedom movements that shaped the destiny of the country over the ages. As compared to the times earlier, we are now living in a hyper-connected and rapidly changing world impacted by information technology and globalisation. The current socio-economic order has not only opened up new areas of work for voluntary sector but also to new challenges and problems as well. It is in this context that one needs to look at the strengths and opportunities of the sector.

Strengths

The first strength is the diversity of areas covered by the voluntary sector. They range from relief and rehabilitation to development and advocacy. More specifically, the sector covers a range of areas such as education, primary health care, HIV/AIDS, child rights, environmental degradation and climate change, water and land issues, agriculture and wasteland development, Dalit, women and indigenous peoples’ issues, local self- governance, micro credit, tourism and many other areas of work³. In terms of its scale, while the Planning Commission’s website lists out around 55000 voluntary organisations (VOs)⁴; others would place its number at

3. http://ngo.india.gov.in/ngo_sector_ngo.php

4. http://ngo.india.gov.in/ngo_stateschemes_ngo.php

20000 to 30000 (Chandhoke, 2011:174). Another study estimated that the number of VOs was more than 1.2 million (but nearly half of them are unregistered) with 20 million persons working in the sector either on paid or voluntary basis (PRIA, 2003).

The diversity is also in terms of typology and size of organisations. There are a large number of professionally managed development organisations, research and training institutes, and advocacy organisations. In the Indian context, depending on the stand taken, they fall into two broad categories: service providers, and advocacy and development oriented, though the distinction is not rigid. The 1970s saw the emergence of foreign aid⁵ for development giving rise to a genre of service delivery agencies. Adding to the diversity of the voluntary sector, this period saw several Gandhian reconstructive organisations, civil liberty groups and other advocacy groups. The early 1990s witnessed a revival of debate on civil society organisations giving birth to a wide range of initiatives dealing with issues of justice relating to caste, gender, resources, governance and citizenship. Among these there were many organisations with strong value framework which made excellent contribution to many fields of social sector in the country. There were also organisations set up by former bureaucrats, political leaders and industrialists mostly with a view to capture the government and foreign funding opportunities. A significant number of these organisations were co-opted by the state to implement its programmes (Goswami and Tandon, 2011). Thus, the face of voluntary sector as of now significantly differs from what it was a few decades ago. Even in terms of size, unlike huge organisations such as BRAC from Bangladesh, most of the Indian VOs are small and medium sized with staff strength varying between 30-60 members.

The second and the most important strength is the sector-specific expertise that they have brought to their areas of work. There has been a shift in the attributes of leadership from that of a self-

5. Mostly from Organisation for Economic Co-operation and Development (OECD) countries. The OECD was started in 1960 with 20 countries signing the Convention. Since then fourteen countries have become members of the Organisation.

sacrificing, service-minded volunteerism to a more career-oriented voluntarism, and a systematic approach to their work with an overarching commitment for the disadvantaged and the marginalized. It is through this professional application of expertise, that the sector could develop a wide range of sector-specific knowledge in areas such as micro credit, literacy and non-formal education, bio-gas, pollution and environmental issues, water management, local self-governance, sanitation, social forestry and so on. Through their work in these areas, they could draw the policy makers' attention to these issues and sometimes resist anti-people government policies. Examples of the work of organisations such as SEWA (Gujarat), MYRADA (Karnataka), PRIA (New Delhi), CINI (West Bengal), Sulabh International (New Delhi), Seva Mandir (Rajasthan), and M.V.Foundation (A.P) can be mentioned in this regard. There are many more such organisations which have contributed to the development of policies and programmes in the country.

This sector has also grown to be a reservoir of policy knowledge and experience. Some of the VOs developed a vast resource of policy knowledge, which they can bring to national debates and other discussions. By virtue of their hands-on experience in their programmes, or through their close links with organisations doing similar programmatic work, these organisations in the voluntary sector have accumulated a level of policy intelligence, which a number of government and intergovernmental organisations are now recognizing and harnessing. The work of Centre for Science and Environment, New Delhi is one such example.

The third related strength is its innovative role. The voluntary sector is known to experiment and promote new areas of development work. To mention a few, they have made pioneering contribution in areas such as SHGs, child rights, ageing, literacy, drinking water, sustainable development, environment and climate change. The government and other sectors, in their programmes, have adopted some of the innovations made in these areas. Another role is the incubator role which involves developing solutions that require a long gestation or payback period before being launched [World

Economic Forum (WEF), 2013]. The National Rural Employment Guarantee Programme, Non-formal Education Programme, mental health, disability, and water conservation programmes are some such examples.

The fourth important strength is its nearness to people and its ability to take on social movement mode by giving voice to the voiceless and the marginalized. As voluntary initiatives begin at the grassroots and work with and among people, it is possible for them to become a movement and bring about the desired social change. They can make the local voices heard better and get incorporated into the larger policy frameworks. Presently, if global decisions are impacting local realities, then there is a need to think locally and act globally. A growing number of VOs are increasingly becoming involved in making local voices heard globally (Sheth, 2004). Examples of such initiatives are public campaigns on environment (Narmada bachao and Chipko andolans), drinking water (Centre for Science and Environment), democracy and citizenship (Society for Participatory Research in Asia: PRIA), climate change (Laya), and so on.

The last and the recently emerging area of strength of the sector is its linkages or alliances. This means the wide range of relationships that VOs establish with other similar and dissimilar actors in the area of development to function effectively. About a decade and a half or even much earlier, the VOs were working devotedly in their constituencies and relating themselves with their funders but maintained a safe and functional distance with the government agencies and their bureaucrats. While the relationship between the state and the voluntary sector has always been a difficult one, the voluntary sector's relationship with actors such as people's representatives, private sector and with the other civil society organisations had also been very limited and selective.

However, there has been a significant change in this situation. The traditional roles of these sectors are changing so much that new frameworks for collaboration and partnership between them to address the societal challenges are emerging (WEF, 2013). Now, the VOs are forming alliances with a wide range of actors – among

themselves as networks and with others such as the elected representatives, the government, the academia and the market. Thus, the ability to bridge alliances with similar as well as dissimilar partners is seen as an emerging strength of this sector. For example, the largest area through which they have come to work with elected representatives is local self-governance – the panchayat raj and the urban municipalities. Similarly, VOs' work in the areas of community forestry, wasteland development, watershed management, micro credit, information technology etc., in collaboration with government and business sectors, is resulting in bringing these services to the betterment of the community. See Box 1 for a brief overview of the roles of this sector.

Apart from the above, voluntary sector is increasingly seen as an alternative site of knowledge production. Universities are no longer seen as the sole producers of knowledge. Thus, the traditional knowledge of cattle rearers of Rajasthan mapped by an NGO is in no way inferior to the knowledge generated by a University. Therefore, unlike earlier times, VOs are now consciously cultivating and strengthening useful collaborations with academic bodies, and research organisations to create a better impact on the communities they are working with. This is the basis for University-Community engagement which is currently talked about in the process of making higher educational institutions socially accountable (Tandon, 2008).

Changing opportunities and roles

Box 1
<ul style="list-style-type: none">• Watchdog: holding institutions to account, promoting transparency and accountability• Advocate: raising awareness of societal issues and challenges and advocating for change• Service provider: delivering services to meet societal needs such as education, health, food and security; implementing disaster management, preparedness and emergency response• Expert: bringing unique knowledge and experience to shape policy and strategy, and identifying and building solutions

- Capacity builder: providing education, training and other capacity building
- Incubator: developing solutions that may require a long gestation or payback period
- Representative: giving power to the voice of the marginalized or under-represented
- Citizenship champion: encouraging citizen engagement and supporting the rights of citizens
- Solidarity supporter: promoting fundamental and universal values
- Definer of standards: creating norms that shape market and state activity

Source: World Economic Forum (2013). The Future of civil society. Geneva: Author.

Presently, VOs are facing rapidly changing socio-economic environment, funding and policy environment external to them. This is leading to changes in their programmes, redefinition of their roles and functions as VOs, and their relationship with external stakeholders such as State, market and most importantly with the communities they serve. With these changing realities, the programmatic responses are also changing leading to modifications in the forms of governance, design (should it be a society, mutually aided coop society, or a company under sec 25, or a trust?) and size (reduce or merge) of organizations, and most probably the ideological frameworks and the areas they work with. In the present scenario, financial sustainability is the top priority and major concern for many VOs.

The opportunities and roles of voluntary sector have been influenced by a number of changes both external and internal to the sector. The external changes have influenced the nature of formation of voluntary spaces, funding to the sector, policy environment, and their legitimacy in the larger social and political spheres. They in turn had an impact on how the sector has been changing in its internal design, governance, and its vision and mission. An attempt is made here to briefly capture these changes.

First, globally, two important events, the Washington Consensus in 1989 emphasising the minimalist role to be played by the State by

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CHAPTER 11

Humanitarianism Professionalized : Dilemmas Of Social Work In India

T.K.Nair

Introduction

Social work as a profession arose in the context of capitalism to mitigate the ills caused by it. It had its origin in the nineteenth century with the emergence of a philosophy of “scientific charity” which stated that charity should be “secular, rational and empirical as opposed to sectarian, sentimental and dogmatic” (Huff, 1997)¹. Social work profession grew out of the Charity Organization Societies (COS) in England (1869) and the United States of America (1877). The COS in Britain adopted a punitive approach by using the “scientific case work method” to distinguish between the “deserving” poor to determine who would use appropriately the financial help given, and the “undeserving” poor. The practice of case work was considered the “antithesis of mass or socialistic measures” like the provision of free school meals and old age pensions (Ferguson, 2009). The first social workers in England were called hospital almoners. The Royal Free Hospital hired the first almoner in 1895. The first professional social worker to be hired in the United States was in 1905 at the Massachusetts General Hospital.

Service to the needy has been an integral part of the Indian social tradition motivated by both religious and altruistic considerations (Ajith, 2011). This tradition dates back to many centuries before Christ. Many social reform movements were witnessed in India during the nineteenth and twentieth centuries. Dayanand Saraswathi, founder of Arya Samaj, vigorously campaigned against untouchability, child marriage, “sati”, dowry

practices and women's low status in society and discrimination. Swami Vivekananda's movement aimed at bringing about revolutionary social changes in the country and modernizing Hindu religious practices.

Mahatma Gandhi, besides leading our Independence movement, laid the foundation for rural and social development, panchayati raj, sarvodaya , trusteeship, and human rights of the socially ostracized. A master of social action, Gandhiji organized training programmes for constructive workers drawn from all walks of life. Swami Vivekananda and Mahatma Gandhi insisted that change agents should go to the needy people and communities wherever they are, instead of making the affected people to approach them seeking help. Social work profession in the United States had its roots in the COS movement, but its origin in India was not a sequel to the tested social service and social reforms initiatives in India. Instead it was imported from an alien social environment.

Formal social work education in the United States as well as in the world had its origin in 1898 with the Charity Organization Society's first summer school in philanthropic work at New York. The summer school continued until 1904 when it expanded the course work as the first full-time course of graduate study at the New York School of Philanthropy. In 1917 the name was changed to the New York School of Social Work. In 1940, the school was affiliated with the Columbia University and began awarding MS (Master of Science) degree. In 1963, the name of the School was changed to University School of Social Work. In fact, education for social work in the US began in the form of apprenticeship training by the COS. The newly recruited employees used to sit at the corner of the desks of their experienced employees, who encouraged the neophytes to acquire the skills. Thus field work training or practicum became an integral part of social work education.

Social Work Education in India

Social Service League, a voluntary welfare organization in Bombay (now Mumbai), used to conduct 15-week training course for voluntary social workers. This was the first training in social

work in India. Clifford Manshardt, an American Protestant missionary, working with the urban poor in Nagapada neighbourhood in Bombay, pioneered professional social work education in India. Sir Dorabji Tata Trust supported the idea of Manshardt and in 1936 the Sir Dorabji Graduate School of Social Work came into being, offering a two-year postgraduate Diploma in Social Service Administration (Dip SSA). Thomas (2012) described social work an “exotic plant” brought over from the United States by Manshardt. The school was renamed the Tata Institute of Social Sciences (TISS) in 1944 and the University Grants Commission (UGC) conferred the deemed-to-be university status in 1964.

The Young Women’s Christian Association (YWCA) in India started the Delhi School of Social Work in 1946 which was affiliated to the Delhi University for the Master’s degree in social work: MA(SW). After some years it became a department of the Delhi University, but continued to be called the Delhi School of Social Work. MS University of Baroda was the first university in India to give social work a separate status of faculty like the Faculty of Arts and instituted the MSW (Master of Social Work) degree. Kashi Vidyapeeth started a department of social work around this time and strangely awarded the MAS (Master of Applied Sociology) degree. Madras School of Social Work, started in 1952, was the first institution in South India. During the half century after Manshardt’s creation, the schools of social work began to increase in number slowly: 9 in 1957, 34 in 1975 and 45 in 1990. But the last two decades witnessed mindless proliferation of social work education centres in the country. Even ordinary Arts and Science colleges prominently advertise MSW as a special attraction. MSW, BSW and Diploma courses are being run under different auspices: sociology departments in the Universities, management institutes, engineering colleges, and so on. As MSWs have market value, starting such courses is a good source of income for the sponsoring bodies. Distance education in social work has brought havoc to education in social work. IGNOU (Indira Gandhi National Open University), the premier distance education university in India, was the first to initiate distance

education in social work. As social work educators were not happy with that decision, IGNOU took care to retain the important elements of regular social work programmes including supervised field instruction in association with the schools or departments of social work in different regions. But the distance education programmes in social work of other universities are substandard. The existing social work education scenario in India is alarming. It is a deluge-like expansion and the approximate number of social work education programmes is anybody's guess. In 2012, the estimated number was around 400. Most of the regular programmes are self-financed with low investment generating high returns.

Indian social work education, unlike in other countries, has the unique inclusion of what is popularly known as "labour", that is Labour Welfare, Personnel Management and Industrial Relations (PMIR), which is now known as Human Resource Management or HR. The Factories Act of 1948 made it mandatory for companies employing 500 or more workers to appoint Welfare Officers possessing Diploma in Social Service, and that was an incentive for schools or departments of social work to continue to retain PMIR as an area of specialization in the MSW course, despite opposition to its retention in the changing socio-economic environment from well-intentioned quarters.

In 1965, the TISS split labour from social work "like a surgeon skillfully separating conjoined twins by a surgical operation" (Thomas, 2012). But the TISS could do so smoothly as it had become a deemed-to-be university by that time. The two-stream model of TISS is adopted by some social work educational institutions: MA (SW) and MA (HRM). But many social work educational institutions retain HR either as a specialization of MSW or as one of the two concentrations: HR and integrated social work. One Department of Social Work in a Chennai college offered MA in Social Work only with HR specialization for many years; and the students and teachers always prided themselves to belong to the HR department. The first school of social work in south India, an autonomous college now, is more of an institution of management studies than a school of social work after more than sixty years of

its inception. MA degree courses in human resource management, human resources and organization development, and development management along with a diploma in personnel management and industrial relations; an MBA programme in partnership with a US University which has been suspended as the All India Council for Technical Education (AICTE) refused to recognize it ; another aborted MBA programme , the approval for which was turned down by the AICTE (against the order of which , a writ petition has been pending in the Madras High Court); courses in psychology; and MSW with HRM specialization are the programmes offered by this school. Barring one MSW programme which receives grant-in-aid from the Tamilnadu government, all courses are self-financed. The critics say that the school has UGC-sanctioned autonomy to promote academic anarchy.

It is a strange irony that the school of social work , which pioneered social work education in India, is now one of the ten schools in different functional areas. MA degree programmes in HRM, social entrepreneurship, rural development, development studies and social work “co-exist competing with each other”. No one can find fault with a university for academic expansion, particularly when there is a huge flow of funding support from the governments and other organizations. The HRM degree is more popular than its social work degree for obvious reasons. The primacy of social work during the first three decades of the founding of the social work course has been lost due to changing priorities of the administrative structure. The Indian Institute of Management, Ahmedabad, for example, confines itself to management education of world class quality. So also are the other IIMs. Similarly, the TISS ought to have remained a Social Work University with social work and social development courses, research and action. After seventy five years of its functioning , neither TISS as a university nor any of its social science units finds a place among the top two hundred QS World University rankings.

MSWs with PMIR or HR specialization seldom like to be known as social workers as they consider it below their “professional” status. Painfully, many MSWs with PMIR across India were proud

to announce that they charge-sheeted many employees, conducted many domestic enquiries and terminated the services of many workers. It is distressing that social work education could not inculcate humane values in these students. In other words, it is the failure of the educational institutions to enable professional socialization of students with the values of social work. Strange as it may seem, it was the emergence of management education that influenced MSWs to be human resource - oriented rather than punitive discipline-oriented in companies as business schools give emphasis to human resource as a key capital component.

Four decades after the inception of social work education, the national ASSWI seminar in 1977 discussed the two contentious issues: Are the objectives of social work co-terminus with those of industry and business ? Should schools of social work continue to offer education in personnel management ? The uncertainty of graduates in the employment market was expressed by many schools or departments of social work in the event of dropping personnel management from social work education. Many were even anxious of the future of social work education itself without personnel management. Hence the suggestion to delink social work from personnel management was not favoured at the ASSWI seminar as many participants felt that the argument lacked sufficient "practical formulations" to support the idea (Nair, 1981a). The same argument is still put forth by social work educational institutions after another four decades after the 1977 review seminar. Those who argue that social work should not be seen as supporting the corporate interests have always been in a minority. A large number of admission seekers to MSW courses are keen to opt for PMIR or HR specialization because of the lucrative nature of jobs in business organizations with opportunities of promotion compared with the generally low paid social work positions. As more and more business schools have come into existence, corporate employers prefer MBAs from well known schools. But the MBAs are high priced compared with the lower salary expectation of MSWs and hence more of them are recruited in companies. This encourages social work institutions to persist with HR specialization. Conviction is giving way to convenience.

Professional Organizations Versus Personal Ambitions

The professional association for social work education was formed a quarter century after the establishment of the first school of social work. The United States Technical Cooperation Mission (TCM) in India, which started functioning from 1956, brought together the teachers of social work through the all-India seminars that were organized in Simla, Mahabaleshwar, Mussorie and Ooty under its auspices. At the time of the Indian Conference of Social Work at Begumpet, Hyderabad, on December 25 and 26, 1959, the group of educators who met there – 14 representatives of schools and university departments – expressed the need for a permanent organization that could weld the schools together. A.R.Wadia, the then director of the Tata Institute of Social Sciences, agreed to be chairman of an ad-hoc committee that came into existence eleven months later. It appointed a constitution sub-committee. The Association was born on November 5, 1960 at the MS University of Baroda. A.R.Wadia presided over the formation of the Association at the meetings held in November 1960 attended by 28 delegates from ten schools of social work, two labour institutes, TCM experts in India and invitees. On November 6, 1960 the first executive committee of the Association of Schools of Social Work in India (ASSWI) was elected by eleven institutional voting members with A.R.Wadia as the president. Enforcement of minimum standards of social work education was the major concern of the ASSWI. At a seminar at Ooty in May 1961, the executive committee adopted the minimum standards drafted by the Delhi Chapter of the Alumni of Schools of Social Work with minor changes (Nair, 1981 b).

The critics of the style of functioning of ASSWI in the early years called it a Headmasters' Association as a small group of "headmasters" and their cohorts controlled it. They also styled themselves as social work practitioners. They were the "permanent" participants of international conferences and seminars; and beneficiaries of government nominations and international assignments. During 1977-1982, a committed team was elected to manage ASSWI in which the author had the opportunity to be an

office-bearer. For the first time social work teachers from different regions were nominated to international programmes based on merit; many were invited to direct national workshops and seminars, and various faculty development and curriculum re-structuring programmes were organized². But the past remote control practice could not be erased. A college of social work sought the membership of ASSWI, which was turned down by the previous executive committee purely on “subjective” grounds. A report recommending the eligibility of the college in 1977 prepared by the Executive Secretary of ASSWI after visiting the college and studying all the relevant issues was also not acceptable to the powerful opponents of the college. Finally, the new executive committee accepted the recommendation and admitted the institution to ASSWI leading to serious conflict in the association. When the four-year term of the team came to an end in 1982, it had to face a vitriolic campaign of character assassination led by a group of “senior” social work educators who were once the key decision makers. In the following years, the momentum of 1977-1982 could not be sustained except during 1994-1998 when the executive committee of that period reactivated the ASSWI. But it was a short-lived effort. Subsequently, ASSWI had dystrophy of functioning leading to its demise. National associations of different disciplines like economics, political science, sociology, anthropology and commerce have a long history of uninterrupted functioning. At the same time social work’s record has been dismal.

Recently TISS arranged regional meets of social work educators and institutions under the National Network of Schools of Social Work, sponsored by the Planning Commission of India, starting from September, 2011. The regional meets finally culminated with the formation of a new organization called the Indian Association of Social Work Education (IASWE) on December 3, 2013 at TISS. The IASWE owes its conception to a benevolent sponsoring body, the umbilical cord of which needs to be separated without pain to enable the new association to function with a committed leadership, and a clear vision and a realistic mission. Historically, Indian social work educators have shown a tendency

to be conflict-prone. Hence transparency and inclusion should be the hallmark of IASWE to succeed. But it is disappointing that the draft constitution, even after revision is restrictive and discriminatory. For instance, the constitution, as of now prohibits retired teachers from contesting in the elections. Age of retirement varies from 56 to 65. Categorization of teacher-members based on age and statutory retirement is suggestive of “age-ism”.

The national association of social workers was formed in 1961 at Delhi. It was then called the Association of the Alumni of Schools of Social Work, indicating the lack of confidence among social work educators and social workers to identify themselves as professionals. Subsequently in 1964, the name was changed to Indian Association of Trained Social Workers (IATSW). The term “trained” was preferred to “professional” by the social workers at that time indicating uncertainty of their identity. The IATSW published a quarterly journal Social Work Forum from 1963. IATSW was a fairly active Delhi-based association for some years. When a new power centre emerged in another city, IATSW witnessed serious internecine squabbles and in 1981 it went out of existence. There has been a recent trend of social workers forming into associations in some cities without having to bother about the controls of a central organization. The prominent among them is the National Association of Professional Social Workers in India (NAPSWI) based at Delhi formed in 2005. Social workers in the psychiatric setting enjoy comparatively more recognition than social work personnel in other clinical sectors. Being aware of the important role of a psychiatric social worker, the National Institute of Mental Health and Neurosciences (NIMHANS) at Bangalore introduced a Master’s degree programme in Psychiatric Social Work way back in 1968. Psychiatric social workers were the first group to have a fairly stable organization. In 1972, the Indian Society of Psychiatric Social Workers was formed and in 1986 it became the Indian Society of Professional Social Workers, the first group to confidently claim that they are professionals. The society publishes the Indian Journal of Psychiatric Social Work.

Is Social Work a Profession in India?³

Abraham Flexner (1915) was the first to address the professional status of social work in a systematic manner. The word “professional” in its broadest sense is the opposite of the word “amateur”. In this sense, a person is a “professional”, if his entire time is devoted to an activity, as against one who is only transiently so engaged. Occupations that were once non-professional have evolved into professions. The term profession, as opposed to business or handicraft, is a title of peculiar distinction with many activities. Doctors, lawyers, engineers, journalists, and nurses speak of their “profession”. Their claims are accepted if they are able to affix to their names a combination of letters of an academic degree. On this basis social work qualify with the degree MSW or BSW.

Flexner stated six criteria for a profession:

1. Professional activity is based on intellectual action along with personal responsibility.
2. The practice of a profession is based on knowledge, not routine activities.
3. There is practical application rather than just theorizing.
4. There are techniques that can be taught.
5. A profession is organized internally.
6. A profession is motivated by altruism, with members working in some sense for the good of society.

He says that a profession is a brotherhood and if the word could be purified of its invidious implications, a caste. A strong class consciousness develops. But though externally somewhat aristocratic in form, professions are democratic institutions. The social worker derives his material from science and learning, from economics, ethics, law, social sciences, psychology and medicine. On the score of rapid evolution of a professional self-consciousness, there is no doubt as the annual conferences of social workers abundantly testify. Professions may not be cultivated for mere profit. At the same time, they cannot develop on the basis of volunteer or underpaid service. Well trained men and women cannot be attracted to a vocation that does not promise a decent living wage in return for competent service.

Flexner concluded that on the whole, at that stage, social work was hardly eligible to be called a profession in the sense in which medicine and engineering were professions. The conclusion of Flexner was a century ago. However, Flexner had appreciation for the professional spirit of social work. In so far as accepted professions are prosecuted at a mercenary level, law and medicine are ethically no better than trades. Social work appeals strongly to the humanitarian and spiritual element.

Four decades later, Greenwood (1957) found that social work satisfied the five basic attributes of a profession:

1. Systematic theory
2. Authority which means professionals have significant control over the nature and extent of the services that they render to their clients.
3. Community sanction: Professions get community approval if they fulfil the following requirements.
 - a. Minimum criteria for entry such as completion of an accredited educational programme and apprenticeship or internship.
 - b. Professional licensing; community sanction through government approval is the reason for many non-professional occupations seeking professional status.
4. Ethical codes: Professionals are required to adhere to certain standards of behaviour that are systematic, explicit and binding. These standards are service-oriented, which can be enforced by the professional associations.
5. Culture
 - a. Social value: The service that a professional renders to society is so important that regulation is needed to prevent unqualified persons from performing such service.
 - b. Norms: Professionals have proper ways to behave as they have a career orientation that motivates them to involve in their work personally.
 - c. Symbols: insignia, emblem, folklore, buzzwords, distinctions, titles and awards.

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Prof. K.V. Ramana

Former President, Association of Schools of Social Work in India.

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