SOCIAL WORK IN NIGERIA A TIMELINE ACCOUNT

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Abstract

This paper depicts the historical antecedents of social work in Nigeria.

Introduction

Pointedly, social work in Nigeria has come of age and, therefore, has no excuse in responding to major social problems in Nigeria (Amadasun, 2020a). Throughout the annals of the history of the profession in Nigeria, distinct features are noted with a view to highlighting our missteps and inaction in order to set the groundwork for pragmatic professional action that needs to be undertaken (in contemporary times) as a preface to relevance. This is all the more pertinent given that ‘unless we expedite action to respond to [Nigeria’s] major challenges, our profession could continue to be called to question, first, by critics, citizens, and then our client-systems and ultimately ourselves’ (Amadasun, 2020b, p. 753). Amadasun (2020a) has tied the emergence of social work to the distinct epoch of Nigeria’s history. As is consistent with such notion, we provide a timeline account of the history of social work practice and education in Nigeria. Given that social work cannot be divorced from human well-being from a legal connotation, included in this account are watershed moments by which critical legal framework (with human rights and social justice implications) were ratified, enacted, and formulated. First, to situate the discourse, we present an overview of Nigeria.

The country: Nigeria

Nigeria has an area of 923,768 square kilometers (including roughly 13,000 square kilometers of water) and is located in West Africa on the Gulf of Guinea. A former British colony, the country secured her independence from Britain in 1960. As can be seen from the map (fig. 1), Nigeria shares borders with Cameroon (1,690 kilometers) in the east, Chad (87 kilometers) in the northeast, Niger (1,497 kilometers) in the north, and Benin (773 kilometers) in the west. As Africa’s most populous country and largest economy (Husted and Blanchard, 2020), Nigeria assumes a major political and economic role in Africa, asserting significant influence in regional bodies such as the African Union and the Economic Community of West African States (ECOWAS). The country’s commercial hub: Lagos, is among the world’s largest cities, with an annual economic output outstripping that of many African countries (Husted and Blanchard, 2020). By 2050, Nigeria (with 216 million inhabitants as of mid-2020 and currently the world’s sixth most populous country) is poised to overtake the United States as the world’s third most populous country, with a population projected to exceed well over 400 million (World Population Prospects, 2019). Despite this, the country has an appalling Human Development Index (Nigeria is currently ranked 161 of 189 countries in the UNDPs’ HDI report as roughly as half of the population lives in extreme poverty [Human development Report, 2020]). Sharing a political structure similar to the United States (the country is a federal republic with 36 states and operates a bicameral legislature comprising a 109-member Senate and a 360-member House of Representatives), Nigeria became a multiparty democracy in 1999, after four decades of military
rule interrupted by repeated coups and intermittent attempts to establish civilian government (Husted and Blanchard, 2020).

Figure 1. Nigeria at a Glance

Source: Metz, 1992

Pre-Colonial Era:

Amadasun (2020a) notes the preponderance of informal social services in precolonial practice (table 1). According to him, these services were provided by the family unit, kin group, the clan and members of the broader community. In precolonial Nigeria, communality was paramount. In other words, collective responsibilities underpinned social interaction among members of the community. In this regard, learning of forebears of descent was a traditional form of education that engrained an unwavering sense of social solidarity and corresponding support in times of crisis. Sharing a common progenitor, kin folks held a strong bond of identity and mutual cooperation. Phrased differently, the clan was the mainframe of social organization and the kin the bedrock of social protection. By and large, by assuming an autonomous filial system, with firmly grounded structures, the community was able to address the needs of group members undergoing social travails. Equally, for the most part of precolonial Nigeria, family members and age-grades organization were pivotal in facilitating and enforcing community development projects. Hence, making social development (through self-help efforts) the cornerstone (i.e., the means and end) of social organization.

Table 1: Nature of Pre-Colonial Social Work

<table>
<thead>
<tr>
<th>Concept</th>
<th>Manifestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work approach</td>
<td>Means of care Scope of service Target audience Care label/anchorage Financing Carers</td>
</tr>
<tr>
<td>Development</td>
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</tr>
</tbody>
</table>

Source: Authors

Colonial Nigeria:
Formal social work- as laid bare throughout much of the developing world (Africa inclusive) - was firmly embedded through colonialism (table 2). Against allowing social work to continue on the established traditional developmental path, the colonial powers formed it to address their own needs and aspirations. Amadasun (2021) echoes this point:

‘the social work profession in Nigeria was not designed nor intended to address social development problems but to act as a bulwark or control mechanism to those whom the colonial regime believed could torpedo the pillaging tranquility they enjoyed (p. 261).

1842: The first Christian mission was established by Thomas Freeman. The prime object of these mission was to whip the “heathen” along the path of righteousness. Aside this, they were charged with provision of medical care, including initiating child welfare and women’s programmes.

1886: Enactment of Guardianship of Infants Acts. The Salvation Army Church and Green Triangle Group was pivotal in its sustenance as they established industrial schools where delinquent children were sent for reformation. Along the line, Boys’ and Girls’ Clubs where formed to address issues of juvenile delinquency.

1925: Given the shortcomings of the existing methods, the Boys Industrial home was formed by Colonel Souter of the Salvation Army Church. The home was meant to reform children whom the colonial government had denounced to repeated whips as a corrective strategy.

1940: Vehement push for the formalization of social work begun, resulting in the enactment of the Colonial Welfare Act with particular focus on stymying child maltreatment and neglect. More so, the Native Children’s (Custody and Reformation) Ordinance was decreed to stem the influx of migrants and juveniles to the cities.

1942: The first foster care home was established by the colonial government. Among others, it provided shelter and training for children who had no parental care. As a replica, a Boys’ club (known as the Green Triangle Club) was established in Lagos to support children who displayed delinquent behaviour. Despite this, juvenile delinquency continued. As such, Mr. Faulkner, a Home Prison Service official in Britain, was commissioned to research into the underlying triggers of juvenile delinquency in the country. Following his reports, the colonial government embarked on the establishment of schools and remand homes for the rehabilitation of delinquent children all over the country. As a result, the first Department of Social Welfare was created with its scope expanding to include juvenile court services.

1943: An ordinance to make Provisions for the Welfare of the Young and the Treatment of Offenders and for the establishment of Juvenile Courts was decreed as there was no comprehensive welfare policy for young offenders.

1956: The first girls’ rehabilitation school was established in Lagos. Girls involved in prostitution were sent to these approved schools and taught new careers and job skills. Young Women’s Christian Association (YWCA) and Young Men Christian Association (YMCA) were formed to aid government’s efforts in the provision of welfare services to girls and boys.

Table 2: Nature of Colonial Social Work

<table>
<thead>
<tr>
<th>Concept</th>
<th>Manifestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional approach</td>
<td>Means of care Scope of service Target audience Care label/anchorage Financing Carers Curative (in)</td>
</tr>
</tbody>
</table>

Source: Authors * Note: >implies more of; and í connotes less of

Post-Colonial Nigeria:

In a strict sense, post-independent Nigeria heralded the hybridization of social work (table 3) with respect to outcomes. On this score, conceptual ideals and the ensuing manifestation was contingent on a blend of previous paradigms.
**1960**: With social welfare services at the control of the Nigerian government, the Federal Ministry of Labour was charged with providing social welfare services across the country. Such services was expected to be extensive, comprising case work (micro practice), group work (mezzo practice), and community development. However, these services was, at worst, a continuation of colonial practice and, at best, a mix of traditional and colonial practice methods.

**1961**: Enactment of *Social Security Act* for older adults, and Survivors’ Grant for people who had injuries at work.

**1966-1970**: The Nigerian Civil War began, deleteriously plunging social conditions and human well-being (leaving many desperately in need of social safety nets, as well as physiological and psychological care).

**1967**: Ratifies the International Convention on the Elimination of All Forms of Racial Discrimination

**1968**: The United Nation's social welfare ministers' (from developing countries) conference was convened.

**1970**: Following the end of the civil war, the federal military government invited Dr. A. H. Shawky (the United Nations Regional Adviser on Social Welfare Policy and Training) to study existing social welfare services in Nigeria having realized the inadequacy of extant social welfare services in responding to the emerging social problems. The rationale was that he would make pragmatic suggestions that will help Nigeria respond to the social development challenges either through improved practice approach and/or professional education.

**1971**: Dr. Shawky’s report was submitted to the Nigerian government. The Advisor’s report marked an important turning point for social work and social development in Nigeria (Amadasun, 2020a).

**1972**: A Federal Ministry of Social Development, Youth, and Sports was formed in 1972 to harmonize social welfare services and to ensure it is centrally regulated, supervised, and financed.

**1974**: In February, the *Social Development Decree* (aka, Decree No. 12) was enforced by Federal government. This led to the creation of a separate and totally independent Ministry of Social Development, Youth, Sports, and Culture in 1975. Tellingly, the ministry was responsible for the coordination of social development activities in Nigeria.


**1979**: University of Benin, Benin City, became the second institution to approve the training of social workers in the country.

**1983a**: Ratified the African Charter on Human and Peoples’ Rights

**1983b**: Ratified the OAU Conventions Governing Specific Aspects of Refugee Problems in Africa

**1985**: Ratified the Convention on the Elimination of All Forms of Discrimination against Women

**1986**: Neoliberal economic policies (e.g. Structural Adjustment Policy) deepened poverty and unemployment. This period was marked with dramatic cuts in social infrastructure, protection, and welfare services and programmes. To navigate the crushing hardships, Nigerians had to revive their traditional welfare systems, re-inventing mutual cooperatives in cities even as social groups (or clubs as many became known) proliferated as they made contributions to help themselves during distress.

**1989**: A national policy (*Social Development Policy for Nigeria*) is formulated with social work placed under the Ministry of Social Development. The policy has a sub-section highlighting the role of social work education under the Social Welfare Services section which reads as follows:

Social Work Education and Training has the task of producing various levels of manpower capable of applying professional knowledge and planned skill intervention in the various problem situations...
and social welfare delivery in Nigeria have evolved to a stage which requires a proper handling by social workers who are adequately trained and equipped with the necessary knowledge, skills, orientation, value and competence (FRN, 1989).

1991 : Ratified the Convention on the Rights of the Child

1993 : Ratified the International Covenant on Economic, Social and Cultural Rights; and International Covenant on Civil and Political Rights

1995a : A five-year undergraduate degree programme in social work is introduced at the University of Benin. The programme ran on a part-time basis.

1995b : Enacted the National Human Rights Commission Act

2001a : Ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

2001b : Ratified the African Charter on the Rights and Welfare of the Child


2003 : Enacted the Child Rights Act

2004a : Ratified the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa

2004b : Enacted the Universal Basic Education Act

2006 : The Social Work in Nigeria Project (SWIN-P) is launched in the University of Benin. The Project was an international collaboration between University of Benin, Nigeria and three Canadian Universities (York University, the University of Windsor, and University of British Columbia). The aim was to help improve the quality of social work education in Nigeria.

2007a : The first consignment of students into the professional Masters of Social Work (MSW) Programme commences at the University of Benin.

2007b : Ratified the UN Convention on the Rights of People with Disabilities

2007c : Formulated the National Gender Policy

2008 : Formulated the National Gender Policy on Education

2009 : Ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families

2010a : The SWIN-P Project began a platform for the creation of the Nigerian Association of Social Work Educators (NASWE).

2011 : The first edition of the Journal of Nigerian Social Work Educators is issued. More so, a full-fledged Department of Social Work is established in the University of Benin (prompted by the SWIN-P Project) following the approval of the Senate of the University

2012 : Ratified the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention)

2013a : Formulated the National Policy on Child Labour

2013b : Formulated the National Policy on Education

2014a : Enacted HIV/AIDS (Anti-Discrimination) Act
2014b: Formulated the National Standards Policy for Improving the Quality of Life for Vulnerable Children
2014c: Formulated the National Guidelines and Referral Standards Policy on Gender-Based Violence
2015a: Enacted the Trafficking in Persons (Prohibition, Enforcement, and Administration) (TIP) Act as amended
2015b: Enacted the Violence Against Persons (Prohibition) Act
2017a: Enacted Anti-Torture Act
2017b: Formulated the National Policy on Internally Displaced Persons (IDPs)
2018: Enacted Discrimination Against Persons with Disabilities (Prohibition) Act

Table 3: Nature of Post-Colonial Social Work

<table>
<thead>
<tr>
<th>Concept</th>
<th>Manifestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional approach</td>
<td>Hybrid (i.e., curative [control] and developmental [transformatory])</td>
</tr>
<tr>
<td>Means of care</td>
<td>Hybrid (more remedial [Western] and less developmental [indigenous])</td>
</tr>
<tr>
<td>Scope of service</td>
<td>Hybrid (institutional/selective and universal service delivery)</td>
</tr>
<tr>
<td>Target audience</td>
<td>Hybrid (vulnerable individuals and groups and community and social development)</td>
</tr>
<tr>
<td>Care label/anchorage</td>
<td>Hybrid (pathological labelling and structural attribution)</td>
</tr>
<tr>
<td>Financing</td>
<td>Hybrid (philanthropy, donor agencies, and state funding; and mutual cooperative)</td>
</tr>
<tr>
<td>Carers</td>
<td>Hybrid (para- and other professionals; and kin and professionally trained social workers)</td>
</tr>
</tbody>
</table>

Source: Authors * Note: >implies more of; and ‹ connotes less of

Where we are today

Although social work has continued to grapple with multiple challenges (such as non-professionalization, inadequate and ill-equipped manpower, insufficient state support and so on), steady growths in the number of practitioners and tertiary institutions have been noted. While there are no precise data for the number of social workers in the country, institutions (table 4) offering degree programmes in social work have increased dramatically. While this reflects the prevailing situation, there are many tertiary institutions whose operations are on a sub-unit level (i.e., they are attached to other departments and, hence, are yet to assume a full-fledged status). Pertaining to projecting a united front, various associations have been formed to elucidate their identity. Today, these associations include the Nigerian Association of Social Workers (NASoW), the Association of Medical Social Workers of Nigeria (AMSWON), and the Nigerian Association of Social Work Educators (NASWE), including allied associations among social work students (e.g., Nigerian Association of Social Work Students). Regarding professionalization, despite being recently declined, concerted efforts are being made to revive the Social Work Bill with a view to clarify contending issues prior to being re-sent for presidential assent.

Table 4: Institutions Offering Social Work Degree Programmes

<table>
<thead>
<tr>
<th>S/N</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>University of Nigeria, Nsukka</td>
</tr>
<tr>
<td>2</td>
<td>University of Benin, Benin-City</td>
</tr>
<tr>
<td>3</td>
<td>Babcock University, Ilishan-Remo</td>
</tr>
<tr>
<td>4</td>
<td>University of Ife</td>
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<tr>
<td>5</td>
<td>Ahmadu Bello University, Zaria</td>
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<tr>
<td>6</td>
<td>Ahmadu Bello University, Zaria</td>
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<tr>
<td>7</td>
<td>Yabatech, Yaba</td>
</tr>
<tr>
<td>8</td>
<td>Federal University of Technology, Minna</td>
</tr>
<tr>
<td>9</td>
<td>University of Lagos, Nigeria</td>
</tr>
<tr>
<td>10</td>
<td>University of Lagos, Nigeria</td>
</tr>
</tbody>
</table>

Source: Authors

Where we need to be

The grand challenge to social educators and practitioners in Nigeria spins around how to repurpose social work education and training to better meet current realities. As Anucha (2008) avers, the shifts in the Nigerian curriculum of social work education and practice is inevitable as, ‘challenges facing twenty-first century Nigeria, including large scale unemployment, poverty, the AIDS pandemic, lack of access to basic healthcare and structural threats to the equality of women demand a social developmental model for the education and training of social workers’ (p. 237). Yet, “not much curriculum change...has occurred to address these concerns” (Anucha, 2008, p. 230). Although the call to explore a new direction seems appealing, caution, needless to say, should be exercise in discarding the casework model since it has proven useful among medical
social workers in dealing with clients’ biopsychosocial distress. In applying the casework model, social workers investigate and collect accurate data about clients’ problems and evaluate their capacities to cope with the situation. This is soon followed with a precise documentation of clients’ information before considering a thorough analysis and interpretation of clients’ situation. Thereafter, they decide on an evidenced-based action course—following the diagnosis—from where a systematic action plan (often requiring clients’ participation) is develop. When the treatment plan has achieved its set goals, the case is then closed usually preceded by home visiting. Expanding on this, Okoye (2019) enumerates the roles of clinical social workers to include: the provision of counselling services for psychologically depressed patients, engaging in palliative care, sourcing for financial aid for indigent patients, working to repatriate abandoned patients, creating contributory fund projects and encouraging blood donors, as well as going for home visits and follow-up in special cases. She adds other responsibilities to include ‘public sensitization toward public health, HIV/AIDS and other related disease campaigns, supervision of student generalist practitioners/social workers with regards to field work practice and internships, communication of policies and practices of the medical facility to patients and their support networks, recommendation of policies and practices to the facility’s management that will enhance the wellbeing of patients, participation in ward rounds to ascertain the psychosocial conditions of patients and exchange ideas with other professionals, [and] provide friendship to patients and their support networks’ (p. 158). This reflects the prevailing scenario in Nigeria where a large chunk of social workers are currently engaged. Consequently, a paradigm shift in social work education and practice should be strategic, integrating, and accommodating rather than haphazard and contemptuously dismissing. This would suggest re-imagining the profession beyond the confines of a unipolar (developmental) model regardless of the promises such model might (actually or imaginarily) portend.

In this regard, a wide range of models that is most apt and fitting to the peculiarities of the Nigerian situation have been identified (Amadasun, 2020c). In addition to the extant casework method, these models and perspectives include anti-oppressive social work (crucial for challenging discriminatory social policies), feminist social work (integral for challenging the systemic exclusion of women from social protection programmes), rights-based social work (sacrosanct for challenging social injustice and advancing the rights of at-risk population), developmental social work (paramount for alleviating poverty and promoting socio-economic development), strengths-based practice (pivotal for restoring the cognitive functioning of individuals, families, groups, and communities), rural social work (crucial for promoting regional integration), and cross-cultural social work (integral for advancing mutual coexistence, collective responsibilities, and respect for diversities). Undeniably, applying these models could become the game changer to ‘tackling the social problems of underdevelopment and large scale poverty that confront Nigeria’ (Amucha, 2008, p.235). In doing this, we would wound up enhancing not only the viability and visibility of the social work profession but also consolidating the effectiveness of social work education to produce the next generation of practitioners (administrators, policymakers, researchers etc.) who are well skilled and doubly ready to respond to the social development problems bedeviling Nigeria.

Note: The University commenced an undergraduate Social work programme in 1985 and postgraduate programmes (MSW and PhD) in 1987/1989 respectively. In 2001, the social work unit acquired a sub-departmental status and became a full-fledged department in 2006.

References


