ASSESSING SOCIAL WORK PRATICE IN PROVISION OF SOCIAL WELFARE SERVICES: THE CASE OF MUHIMBILI NATIONAL HOSPITAL DEPARTMENT OF SOCIAL WELFARE AND ILALA MUNICIPAL COUNCIL DEPARTMENT OF SOCIAL WELFARE

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF INTERNATIONAL COPERATION AND-DEVELOPMENT

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CERTIFICATON

The undersigned certifies that she has read and hereby recommends for the acceptance by the Open University of Tanzania a dissertation titled: *"Assessing Social Work Pratice in Provision of Social Welfare Services: The Case of Muhimbili National Hospital Department of Social Welfare and Ilala Municipal Council Department of Social Welfare"* **in** partial fulfillment of the requirements for the degree of Master of International Cooperation and Development (MICD) of the Open University of Tanzania.

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Dr. Fauzia Mohamed

Supervisor

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Date

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DECLARATION

I, **Meinrad Haule Lembuka**, do hereby declare that this dissertation is my own original work and that it has not been submitted and will not be presented for the similar degree in any other University.

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Signature

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Date

DEDICATION

This work is dedicated to my children Scofield, Shu-Fang and Kim Haule Lembuka for offering their support during my study and in the preparation of this dissertation. They have shown vital and highly source of encouragement throughout my life and my study.

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Notwithstanding the contribution above, I take full responsibility for any views or shortcomings in this dissertation.

ABSTRACT

The study mainly focused on Assessing Social Work Practices in Provision of Social Welfare Services a case of Muhimbili National Hospital Department of Social Welfare and Ilala Municipal Council Department of Social Welfare to capture the status of Social work practice. The objectives of the study were to examine the level of awareness of Social work practice, assess the level of social work practice as well as challenges in provision of social welfare service. The study used cross sectional descriptive approach whereby both purposive and random sampling techniques were employed documentary review, questionnaires, personal interview and observation method. Collected data were quantitatively and qualitatively analyzed using SPSS version 20. The findings show that 85% of non-licensure practice and on the other side 88% of the social workers are not members of any professional body and also 88% of the respondents were not involving in research and consultancy. It was revealed that 60% of social workers had no social work supervision and mentorship, also privacy and confidentiality is not well observed made 56% of discomfort of response. The findings have shown that 90% of social workers job descriptions are routine base. The challenges were also reflected on the study that 50% are influenced by macro level (system & Structures), 80% of professional burnout, added with confusion in Swahili between social work and social welfare. The study recommended to responsible ministry to establishment a comprehensive Social work policy and law and social work council to regulate the professional practice, social workers are called to be vibrant, creative and committed for visibility of their practice and social welfare services.

Keywords: Social work, Social Welfare Service

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LIST OF ABBREVIATIONS

CHMT	Council Health Management Team
COS	Charities Organization Society
DSW	Delivering Social Welfare Services
GST	General Systems Theory
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IFSW	International Federation of Social Workers
MoHSW	Ministry of Health and Social Welfare
PLWHIV	People Living with Human Immunodeficiency Virus
PMO-RALG	Prime Minister's Office, Regional Administration and Local. Government
PSWs	Personal Support Workers
TASWO	Tanzania Association of Social Workers
TzPPA	Tanzania Participatory Poverty Assessment
URT	United Republic of Tanzania
USA	United States of America

CHAPTER ONE

INTRODUCTION

1.1   Overview

This chapter presents the background for the study, global overview of the social work, objectives, significance and the research questions of the study. An overview of the discussion on the global, national perspective of social work practice in provision of social welfare services to enrich the problem statement of the study.

1.2   Background to the Study

As far as the World began to exist basing either on religious or social science theories went perpendicular with emerging human problems and through seeking for the respective solutions where social work practices came into existence initially by involving Samaritans and philanthropists who envisioned improving the welfare of individuals and groups. Since then social workers have a significant role to the development of human society from primitive society to civilised World, (Rengasamy, 2009).

The church practices to help the poor and people in need continued until 06th Century when it undergo system advancement in distributing food and other services then after it was encouraged to other European public to offer to the poor (Rengasamy, 2009). Problems and challenges existed on human society as a part and parcel towards controlling the environment yet each society had an informal or traditional means to deal with social problems as well as traditional social welfare mechanisms for the same.

1.2.1 Global Overview of Social Work as a Profession

On the course to help the poor and people in need, as social science discipline social work emerged as a profession that began its life as a call to help the poor and those who are need, the destitute and the disenfranchised of a rapidly changing social order (Mc Nutt, 2013). The increasing change of social order and disruptions of social structures necessitate for proper intervention of skilled personnel and informal and formal structures in the society that brought the emerging of new cadre of social workers to support the social welfare provision.

1.2.2 Social Work Professional Development

The industrial revolution in Europe has caused social chaos and movement of people from rural to urban areas that facilitated the evolution of social work in England and United Kingdom. Urban areas were rapid over populated with immigrants during the industrial revolution, and many people became victims of poverty and diseases. The United Kingdom Government improved it social welfare system through free services to the people in need and poor in hospital and hospital almoners play a role as social workers and their roles began to include other social responsibilities in the following years (Rengasamy, 2009).

From Europe the social work practice spread to USA, one of the founder and legendary of Social Work in the United States Jane Addams who started to engage in the practices when she was 27 years old when she paid a visit in England – Toynbee hall settlement House where she was influenced to establish similar service Chicago in United States, with assistance from colleague Ellen Starr they set up a settlement house and called it Hull-House in 1889.The Charities Organization Society (COS)

represented the cause of scientific charity and "Friendly Visitors," who were volunteers that visited the clients as direct social work practices on social welfare provision within USA.

Africa was the last continent to be exposed to professional social work practice through colonial administration to provide social welfare services, yet the pre-colonial era in Africa existed Tribal and mutual aid societies with varieties of mutual aid societies across the continent provided social and community assistance to individuals, family and clan members. Some were family or kin-based (the largest category); others were cultural based (Midgley, 1997). The missionaries preceded the colonizers and they functioned as informal social workers to provide the sort of social welfare services (Darkwa, 2007).

1.2.3   Problems Faced by African Continent

The essence of social work is basing on social problems and social challenges, with abundant resources it's expected that Africa could be able to deal with the welfare of its populations especially poverty and scarcity of food but only few countries can manage its welfare provision without external support. So, in a nutshell, wars and conflicts in Africa violate basic human rights, destabilize families and communities, and impact negatively on food production and social functioning (Chitereka, 2009).

The extent to which social, political and economic problems affect African countries the rest of the World cannot pretend not to see them and therefore in Africa the need of intervention from social workers to deal with individuals, groups and community rights and social justice is very clear. As a helping profession that seeks to attain

human rights and social justice. It is a continent in great need and social workers, being helping professionals who seek to liberate and empower people, should be in the forefront of finding solutions to these problems that improve the social welfare to individuals, families, groups, community and the whole society (Chitereka, 2006). To achieve the so called social justice, human needs and human rights, the profession calls for equal social service to all individuals and multi skills social workers who can work direct and indirect in helping clients at different social, political and economic arena.

1.2.4   Social Work Practice on Social Welfare Provision in Tanzania Mainland

As far as history of social work practice is concerning, pre-colonial time Tanzania traditional societies had no trained professional social workers before the advent of the modern social welfare and social work practice. Instead they had long standing traditions of supporting systems that carter their emerged social problems based on the tribe, clan and ethnic ecological perspective (Mabeyo, 2014). Community volunteers, traditional advisors and clan ties supported the traditional means to provide basic social welfare services in pre-colonial era. In 1940's during the colonial era that initially introduced professional social work practice that provided social welfare system but majority was to serve the colonialists, working class and targeted groups in reflection to what was practiced in their home colonial countries to serve the colonial interests.

Tanzania like many African countries especially south of Sahara, the practice of In Tanganyika social work started before colonial time when traditional communal system where mutual aids and social ties were used to help those who are in need.

Vulnerable individuals and groups were traditional protected taking example of the children were regarded as children of the society and the community was obligated to raise a child as your own. The same approach was used to other disadvantages groups in the traditional African societies such as elderly and disabled (Mchomvu, 2002), although the social welfare practices were not uniform and consistence from one society to another but it could accommodate the demand of each particular society

Tanzania started to experience social welfare and social work profession during the British colonial time as a direct impact of colonialism and the profession traces its origin during the British colonial era. Hence, the services were focused to protect the interests of the colonialists and not the colonized per se. (Mabeyo, 2014). The social welfare provision like was designed in a manner to serve the foreigners who were residing in the country as it was in their origin countries and thus the British Social welfare system laid the ground for both Social work profession and formal social welfare system in Tanganyika then. The profession also did not emanate from the direct efforts and expressed needs of the indigenous Tanzanians and that is one of the reasons why the profession has been referred to by Njimba and Ng'ondi (2006) as an "adopted Child" with no direct link to the existing Tanzanian environment and structures. (Mabeyo, 2014)

1.2.4.1 Challenges Facing the Social Work Profession in Tanzania

As observed by Mabeyo (2014) that although the social work profession was established in 1950s in Tanzania it is not correspondingly advanced, visible and well-regulated profession. However it continues to contribute towards solving the problems of the vulnerable, marginalized and disadvantage groups while the number of the

workforce is not appealing in relation to the existing problems (Mabeyo, 2014). The centralization of few social workers available in the country is mostly invisible in urban areas while the trend of emerging social problems in rural areas that demand social worker and general social welfare service is highly demanded like never before, social welfare workforce at community level is not well extended and utilized as compared to urban areas.

Lack of adequate and highly qualified social workers in Tanzania, Up until 2012, it was only The Open University of Tanzania that offered master's degree in social work. Lack of qualified social work professionals has led to what one may say is "Unprofessional teaching" in the social work field. This contributes to marginalization of the profession and calls for a corresponding need to train more social workers at master's and even doctoral level (Mabeyo, 2014). The gap shown remind the revisiting the guiding pillars of social work as they emphasize that the social work profession is both an academic discipline and practice based thus for better social work services its depending on the produced competent social workers to deliver a quality and professional welfare services to the clients.

Inadequate of numbers of social workers in the country is another challenge it became evident from studies by Mabeyo (2010) that the number of trained social workers in Tanzanian is inadequate to address the overwhelming problems affecting the majority of Tanzanians.

The social welfare system is further challenged due to a lack of in-service training programmes for social welfare officers/social workers. This calls for strengthening the

Department of Social Welfare as well as social work training institutions so that they can offer demand driven and tailor-made training courses on regular basis (Mabeyo, 2014). The professional burnout is technically observed when a professional social worker serves over 10 years without no proper in-service training and refresher courses that could reshape the competences of social workers.

Another serious snag affecting the social work profession in Tanzania is a weak policy framework to guide training and practice. Despite the ongoing efforts to harmonize training, the lack of comprehensive social welfare and social work policy and legislation is likely to continue to hamper effective enforcement and compliance to set practice guidelines and professional ethics and standards (TASWO, 2017). Like any other profession such as medicine, engineering, accounting and law they are backed up by the strong legal system in order to regulate the practice and service in both private and public settings as a result of inconsistence and broken links of social welfare service as well as referrals to other service providers outside the parameters.

1.3   Statement of the Problem

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people (IFSW, 2014). The setting of health social workers in medical setting and establishment of department of social welfare department within the Municipal level for social welfare provision was influenced by the government of Tanzania circular CHA.215/355/01/87of 2009/2010 to involve social workers practitioners.

In response to this circular, social workers are being deployed in Muhimbili National Hospital and Ilala Municipal Council Department of Social Welfare to provide diverse

social welfare services. In health settings, social workers play diverse services such as guidance, counseling, connecting clients with legal services, linking abandoned clients with families, and advocating for clients 'services to the government. Also, social work practice work with individuals groups and couples to help them foster their wellbeing.

Despite these significant roles, a number of research gaps remain unclear necessitating further studies. To what extent are systems at Muhimbili national hospital been established to enable social workers perform their role properly. In other words, what specific resource challenges, administrative challenges, and systems challenges encounter hospital social work practice, remain a gray area of the study.

Lastly, although social work practice has increasingly been recognized as a potential in health setting, the extent to which social work knowledge and skills have been utilized and valued in this setting, remain from far being understood. Social workers do not perform well not intentionally but due to lack of in depth awareness on the roles and functions of social work professionals by the existing system and structures which do not fully utilize them. Their roles and functions of social workers are limited to direct social work practices established by the schemes of service of social welfare cadre 2009 which has narrowly been integrated in the hospital setting.

Therefore, the established grounds made the study vital to make an assessment of social work practice and uncover the existing challenges of social work practice in provision of Social Welfare Services in Muhimbili National Hospital and Ilala Municipal Council Department of Social Welfare.

1.4   Objectives of the Study

The study has the following research objectives.

1.4.1   General Objective

To assess the Social Work practices in provision of Social Welfare services.

1.4.2   Specific Objectives

(i)   To examine awareness level of the Social work practice on provision of social welfare services in Muhimbili National Hospital and Department of Social Welfare in Ilala Municipal Council.

(ii) To assess the Social Work Practices on provision of Social welfare services in Muhimbili National Hospital and Department of Social Welfare in Ilala Municipal Council.

(iii) To assess the challenges of Social Work Practice in provision of Social Welfare Services in Muhimbili National Hospital and Department of Social Welfare in Ilala Municipal Council.

1.4.3   Research Questions:

(i)   What is a level of awareness of social work practice on provision of Social welfare services in Muhimbili National Hospital and Department of Social Welfare in Ilala Municipal Council?

(ii) How is Social Work Practiced on provision of Social Welfare services in Muhimbili National Hospital and Department of Social Welfare in Ilala Municipal Council?

(iii) What are the challenges Social workers faces in the provision of Social Welfare services in Muhimbili National Hospital and Department of Social Welfare in Ilala Municipal Council?

1.5 Significance of the Study

(i) The study has revealed the existing quality of social work practices on social welfare service provision both in the institutional and at the community level in Tanzania, so that its status could find a remarkable position on best interventions dealing with social problems.

(ii) The study has identified qualifications of the social workers in the social welfare workforce and its respective training needs for professional development.

(iii) The study has uncovered the status of social work practices in social welfare provision and suggested possible solutions that can be adopted to improve the social welfare provision in Tanzania.

(iv) As the main service provider, the study has benefited the Government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children) and the general public which is affected by social poor social work services that impact negatively the social functioning in order to attain social economic development.

(v) As an academic discipline, social work is an evidence based practice thus the study has added knowledge on the social work profession in Tanzania, so that future studies on the same field could find a base on the identified gaps and challenges.

CHAPTER TWO

LITERATURE REVIEW

2.1   Introduction

This chapter presents the literatures relevant to the study on the social work practice and social welfare services in Tanzania. The chapter presents and discusses the theoretical and empirical literatures related to this study. A discussion of the key concepts for the study and the theoretical review of the literatures enabled the study to draw a literature gap finding. This chapter presents the conceptual framework that guided the study. Moreover, the study also presents the various Tanzania social welfare policies, guidelines and strategies review which is an important in guiding the interventions between social work practice and social welfare service provision.

2.2   Operational Definitions

2.2.1   Client

According to Brake (2008) the term client was narrated as a human being or body that is the beneficiary of, or has contracted to take delivery of, social work or social service work intervention from the member, including an individual, couple, group, family, organization, government agency or community that receives or contracts to receive direct or indirect social work or social service work services.

2.2.2   Client System

The client system is a comprehensive intervention with inclusion of all key supporters for effective delivery of service and its respective sustainability thus the term precisely reflects a client and his environment or existing social structure necessary

for the intervention such as family members, neighbors, friends, peers, clubs, organizations, community etc. Brake (2008)

Therefore the study defines a client as a person or an entity that seeks social work service that can be an individual, group, organization or community in consideration to the respective surroundings or ecology that play a significant role to influence the client and vice versa in one way or another it contribute to the helping process and treatment of a respective client.

2.2.3   Social Work

Social work is a profession with primary goal to enhance human functioning, social change and ensures the availability of basic human needs to all people in the society. The social work is paying much attention to vulnerable groups and marginalized populations. According to Midgley (2010) social work is a profession that began its life as a call to help the poor, the destitute and the disenfranchised of a rapidly changing social order. It continues today still pursuing that quest, perhaps with some occasional deviations of direction from the original spirit.

2.2.4   Social Work Practice

The social work practice is guided by the body of ideas and concepts known as theories which form the ground on the model of practice. As a unique profession that is laid on the foundation of multiple number of disciplines its practice consists of the professional application of social work theories, values, principles and competences. With regard to human right approach, social work practice is focusing on the major goal to attain human needs and social justice.

2.2.5   Social Worker

From the constitution of Tanzania Association of Social Workers constitution (2016) the term social worker has been defined as graduates of school of social work with a bachelor degree in social work from the accredited social work program and respective training institution that has embedded the acceptable global social work competences and standards. Social worker is a professional with multiple skills and knowledge that useful to prevent or cure social problems in order to maintain positive social functioning.

2.2.6   Social Welfare Workers/ Social Welfare Staff

In Tanzania, these include professional social workers, non-professional (PSWs) and all that work within social welfare Agencies/Institutions to offer support services such as child care workers in child care institutions for the welfare and well-being of those they serve. Throughout this report we use the term social welfare workers as social worker is limited to those with professional training only. (URT MoHSW: DSW, 2012)

2.2.7   Social Welfare Service

Social Welfare Services are integrated services within facilities and programme (including social security) that promote social development, social justice and social functioning of people. Social welfare services are society's efforts to meet human needs. They are developed to help people function more satisfactory in their interaction with others and thus lead more fulfilling lives. They are designed to help and improve the wellbeing of individuals 'families groups and communities and create a caring just society, which respects human rights, (URT MoHSW: DSW, 2012).

2.3   Theoretical Literature Review

2.3.1   Ecosystem Theory

The conceptualization of ecosystem several scholars have made the basis of arguments on the transformation of ecosystems perspective from ecology and system mechanization emerged from 60's with two sets of ideas from DuBos and Von Bertalanffy that laid down the general systems theory (GST) basing on the biology perspective. Ecosystem theory is one of the core theories in social work that guide the practice and this was emphasized by early practitioner in the profession with reference to Marry Richmond who integrated clients on the care plan with their surroundings for resource observation and psychosocial support.

Therefore this theory is vital in building the milestone of the study as social work profession is emphasizing in integrating the client with available resources, existing social systems, structures and respective environment. For the case of Muhimbili National Hospital and Ilala Municipal Council Department of Social Welfare the existing Social workers are among key social welfare workforce that provides social welfare services at different levels of service point either in public or private setting from individual level to complex level. The theory is relevant in conceptualizing the way social workers provide services to their clients, observing ethical values, work place environment and examining different working tools at work place as well as how the social workers are interacting with other professionals in provision of service and utilization of available resources in provision of service to client system.

The ecosystems theory guides this study towards examining Social Workers in practice and their challenges with an inclusion of the existing surroundings (the

person and the environment) in their interrelated and actual levels of settings and understands difficulty, and avoids generalization and simplification. Also this theory lays the framework that is relevant to social work because it helps to envision a better fit between clients and their environments by improving the quality of transactions across different ecological systems.

2.4 Empirical Literature Review

2.4.1 Social Work Practice on Social Welfare Service Provision in Africa

Nearly 40% of the world's populations have income insufficient to meet their social welfare needs, and most live in the Third World, including Africa. A basic reality for many countries in Africa, both before and after independence, is poverty. While much progress has been made in the past few decades leading to higher standards of living for many, the scale of poverty for others is unacceptable in the 20th century. The derivatives of poverty are many (Spitzer, 2017). These social economic problems shape the agenda for social work practice and welfare provision in Africa. The primary mission of social work remain the same on social welfare provision and maintain human rights the demand for social work practice in African setting is inevitable as long as its contextualized and indigenized.

2.4.3 Social Work Practice in Health Setting

The current social problems in Tanzania has necessity the deploying and relocation of social workers to be posted to work in hospitals but their knowledge and skills are underutilized not intentionally but due to lack of in depth awareness on the roles and functions of social work professionals in medical service. The placement of social work professionals in medical service is good luck to patients being attended in

hospitals from the fact that not all patients require tablets and injections since the majority of patients suffer from social problems. Even those with debilitating medical conditions such as advanced HIV/AIDS, patients with cancer, severe heart conditions and many other cases are in need of social work professionals, (William, M. 2014).

The National Social Workers' Association states the primary mission of social work profession that is to enhance human well-being and help meet the basic needs of all people while the human health needy is a complex and vital in human functioning then social workers are integrated into health setting for welfare provision that needs non-medical intervention. With particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty. Social work in medical service is a new idea in many African countries including Tanzania (Muhandiki, 2016).

In recent years social work department has been attached with the Ministry of Health hence being called the Ministry of Health, community development, elders and children. Some stake holders think that social work is not directly related to health services. This is due to fact that they are not fully aware of the roles and functions of social workers in solving patients' social problems in hospitals. The same applies to medical professionals, most of them are not aware of social workers' roles and functions in medical services, (William, M. 2014).

2.4.4   Social Work Practice on Social Welfare Service Provision in Muhimbili National Hospital

Muhimbili National Hospital set an example of first health setting to have health social workers though the establishment of social work department within the hospital

setting whereby it has recruited a number of health social workers to provide social welfare services to the clients. The practice is limited to direct social work practice to patients basing on curative approach. The management has set 4 to 6 social workers in every ward within Muhimbili national Hospital for the sake of patients' welfare working close with other medical personnel within the respective ward and other units (Muhimbili Profile, 2018).

The health social workers in Muhimbili National Hospital have specified scheme of service that accommodate the health setting and clinical needs including, waiving cost to people in needy, ward routine attending inpatients, guidance and counseling. This routine is diverting from the competence acquired from their respective training with generalist knowledge and skills that include preventive approach.

The social work professionals have been integrated into medical practice but their roles and functions are not known by health care workers. At the same time health care staff is not aware of cases which require social work professionals' interventions. The social work professionals are very much needed in patients care so that to play their roles but if their roles are not clear to health care workers this cadre will not be effectively utilized (Muhandiki, 2016).

2.4.5 Social Work Practice on Social Welfare Service Provision in the Department of Social Welfare in Ilala Municipal Council

According to the DSW capacity assessment report, in September 2008, through circular no CHA.215/355/01/87, the Principal Secretary, PMO-RALG informed all Directors in District Councils, City Councils and Municipal Councils to start

employing at least 4 Social Welfare workers to provide social welfare services. In the same circular, the Government directed that Social Welfare Officers located in Regional Secretariats be transferred to local governments. The objective of the process is to bring social welfare service closer to communities in keeping with the Decentralization by Devolution.

For implementation of various social welfare programmes, the department of Social welfare in Ilala Municipal has succeeded to employ both social workers and social welfare officers within the department and each at ward there are number of social welfare officers to provide social welfare services. Ilala municipal council has undergone professional evolution by involving social workers in the fight to eradicate poverty catastrophe in the human society (Ilala Profile, 2017).

Ilala Municipal council through the department of social welfare strives to reduce and eradicate poverty to attain Tanzania vision 2030. Employed social workers are in line with same practice through government structures and guidelines on poverty reduction campaign as reflected on TzPPA-2004 as well as vulnerability and Resilience to Poverty in Tanzania. TzPPA (2004) acknowledges that people are exposed to impoverishing forces which arise from social, economic and political processes that affect the social welfare component. The social workers are committed to empower individuals, families, groups and communities through participatory approach that aims to improve their welfare (TzPPA, 2004)

As a referral and networking social work practice, The department of Social Welfare in Ilala it involves other key stakeholders in social welfare service provision with

guidance from various instruments including 5s approach and social corporate responsibilities from key stakeholders within the municipal. With the same aspect the department conducts quarterly and annual stakeholders meeting for planning and implantation of social welfare services. The department of social welfare has identified several key stake holders in attaining policy goals for the same including social welfare work force as social workers are multiple skilled in dealing with social economic problems as well as using Muhimbili national Hospital to refers her clients with health related problems yet the referral mechanism is not standardized.

Psychosocial care and support services are provided within the department yet there no national guideline for the same in service provision, with fact that 60% of social welfare service package is accompanied by the psychosocial care and support services therefore the social welfare workers have a key role to play on restoring human hope and functioning especially the vulnerable populations as the service is a key guiding principles in delivering social welfare services (DSW, 2016). Like Muhimbili national Hospital, the department of social welfare in Ilala Municipal council lacks an adopted or common practice of psychosocial services to its clients

As per Tanzania Child Act (2009) the social welfare officer has been given a mandate to provide child protection, supervision and coordination of general welfare of children in Tanzania. All cadres within Ilala Municipal have been linked and formulated child protection teams from municipal level to village/mtaa level in provision of child's welfare services and protection has become a priority in their interventions this has been implemented by Social workers and community development workers through protecting children in the face of human rights.

HIV and AIDS services have involved social welfare workers within Ilala Municipal Council whereby the social welfare workers are core members of Council Health Management Team (CHMT) and HIV/AIDS committees yet within these committee their role is limited to technical advice rather than been front line health workers in the direct service provision. Most of PLWHIV are confronted with multiple social welfare needs and social workers links them with community based organizations support the provisions of essential services. The professional and technical support of social welfare workers is essential for the successful implementation of the National Health Policy 2007, National HIV/AIDS management guideline 2017 and National task sharing Policy 2016 particularly at the district and community level.

2.5   Conceptual Frameworks

Independent Variables   Intervening Variables   Dependent Variables
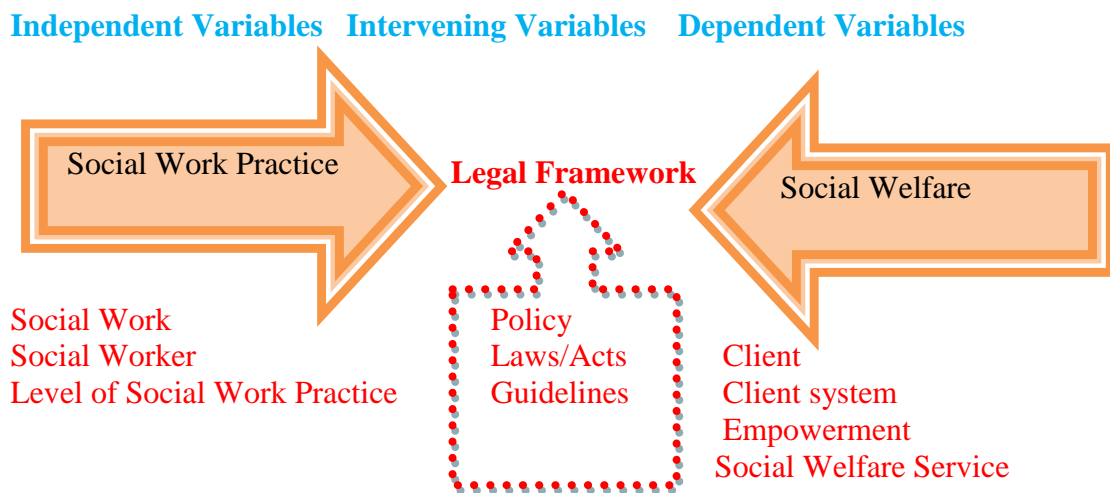
Figure 2.1: Conceptual Framework

Source: Field Data (2019)

The social work practice directly link with social welfare services provision and yet there is a great influences of legal framework that support the formal modality of social work practice in relation to social welfare service provision at different levels.

Basing on the conceptual framework above *(*Figure 2.1) have shown the Social work practice as independent variable and social welfare service provision as dependent variable and legal frame on social welfare service provision.

In this framework, the level of social work practice (Micro, Mezzo and Macro) guided by the competences is reflected as independent variables that influencing the social welfare services (Community Development, Probation, psychosocial services, reconciliation, HIV/AIDS intervention, poverty interventions, education, health interventions, prison services, social security) which are dependent variables while intervening variables are reflected by legal framework that guide social work practice and social welfare service provision such as policy, laws, regulations, guidelines, instruments and standard operating procedures. The stipulated conceptual framework has taken into account evidence based social work practice, theories and research work from social work and social welfare perspective as well as other scholars were allude to earlier in the document.

The basis of Social work profession is established through various body of explanations known as theories from which they are developed into model of practice thus this study was guided by the ecosystem theory as one of the key theory in Social work practice that emphasis the vital role of integrating client's problem and his/her environment with regards to existing systems or structures. *Figure 2.1* represents an adopted ecosystem model that portrays the social practice in relation social welfare service provision that target client system in the society while the legal frame work act as an intervening factor on the process.

2.6   Research Gap

One of the core functions of social work practice is to strive for welfare and full functioning of the society, in Tanzania the social work practice is generally based on remedial and curative social welfare approach rather than taking into account the preventive approach but employed social work professionals in both settings namely Muhimbili National Hospital Department of Social Welfare and Ilala Municipal Department of Health, Nutrition and Social Welfare have been integrated into social welfare service provision but their roles and functions are limited to direct social work practices with reflection to the schemes of service of social welfare cadre 2009. Also there are number of challenges professional competence and ethical violations as well as structural, quality of service and professional setbacks have not been assessed since 2012 through the national social welfare workforce assessment report (DSW, 2012). Therefore this study provides an assessment of overview of the current situation of social work practice in social welfare provision and its respective solutions for social welfare quality improvement and professional development.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1   Introduction

This chapter explains the overall methodological perspective and technical part of the study that include theoretical framework, methods and techniques used in conducting the research. According to Kothari (2004:34), research methodology is a way to systematically solve the research problem. It may be understood as the science of studying how research is done scientifically. This chapter presents the research design, study area, sampling techniques, research instruments, and data collection procedure and data analysis. In academic research to understand the sample size, sampling procedure and methods of data collection constitutes the important part of the study.

3.2   Descriptions of the Study Area

Dar es Salaam region was randomly selected among all regions in Tanzania mainland and as well as Ilala Municipal council yet Ilala Municipal Council has sufficient social workers and Social welfare agencies than any other Municipal Council in the country (DSW, 2013). This study was conducted in Ilala Municipal Council and it was thought to meet the objectives of the study due to the fact that apart from being located in one of the largest city in Tanzania the area is covered by sufficient social welfare services and social work practices in Tanzania. With this state, there were number of social work and social welfare agencies in Dar es Salaam which were thought relevant to reveal the information on the objectives of the study. Therefore the representation of Ilala District was thought to have enough number of social workers who were self-employed and others are employed different social welfare agencies like hospital,

dispensary, health centres, schools, wards, one stop centre, councils, Police and prison setting as well as private practising where the social work practice is interconnected basing on referral and linkage service, therefore the district was sufficient to meet the objectives of the study.

Figure 3.1: Map Ilala District

 Source: Field Data (2019)

In the study, research took place in Ilala Municipal Council. Basically the area was randomly selected among other five (5) Districts in Dar es salaam region namely Ilala, Kinondoni, Temeke, Kigamboni and Ubungo and yet it happens to give a vital contributions to the study as the practice of Social work is widely covered the availability of government and non government social welfare and social work agencies from randomly selected two (2) Social Work practice agencies namely Muhimbili National Hospital as an institutionalized setting and Ilala Municipal Department of Social Welfare as a community based services. Also the service points are interconnected with existing referrals network and same client populations they serve.

Figure 3.2: Muhimbili National Hospital

Source: Field Data (2019)

3.3 Research Design

Research design is a detailed plan of activities to be done in order to achieve research objectives. It is a conceptual structure within which the research process is to be undertaken (Adam & Kamuzora 2008). Also Rwegoshora (2014) argued that research

design involves planning well in advance where the research will take place, the type of research to be conducted, determining method of data collection, sampling procedures and how it will be analyzed and therefore for the case of this study it will be used to facilitate the whole operations of research process.

The research design adopted for the study was descriptive cross sectional design as it is concerned with describing the information of social work practice in social welfare service provision at two (2) different social welfare settings in Tanzania and thus it was used on capturing experiences, knowledge, perceptions, understandings, and opinions of the respondents of the study areas. Scientifically data were collected through questionnaires that whereby employers/supervisors, social workers and service users were interviewed through the list of questions and the analysis of the collected data portrayed the level of Social work practice in relations to social welfare services provision.

3.4 Study Population

The study population of this study has been captured within Ilala Municipal Council in Dar es Salaam region and according to 2012 Tanzania population and housing census (2012:73) Ilala Municipal Council has 1,220,611 populations. Kombo and Tromp (2006) defined population as the largest group from which the sample is taken.

3.4.1 Target Population

As for capturing social work practice the study used purposively sampling technique to select social workers as key respondents from 02 social work settings totaling 100 social workers staff within Ilala Municipal Council population. To justify the

representation and data collected study population comprised Social Workers, mentors/supervisors, Field placement students and Clients/service users. For the case of this study the respondents represented different populations included Social workers, Employer/supervisors, Fieldwork placement students an client.

3.5   Sampling Procedure and Sample Size

Sampling refers to a scientific process used in the research basing on statistical analysis in which a predetermined number of observations are taken from a larger population with reference to the subset of a statistical population in which each member of the subject has an equal probability of being chosen.

3.5.1   Sampling Procedure

This study used both purposive and random sampling techniques to conquer the information whereby simple random technique was employed to select a Municipal Council of study of different municipal councils found in Dar es salaam City. Basing on Ilala Municipal Council Profile (2018) for social welfare service points and TASWO membership data base (2017), all the social work service providers agencies of Ilala Municipality were given a number and then random selection of number was employed to select a two (2) social work agencies in Ilala Municipal Council for the study namely Muhimbili national Hospital Department of Social Welfare and Ilala Municipality Council Department of Social Welfare making the total of 100 social workers staff.

3.5.2   Sample Size

Nachimias (2003) defined sample as "the sub set of a population" and for the case of the study was a case of Muhimbili National Hospital Department of Social Welfare

and Ilala Municipal Department of Health, Social Welfare and Nutrition which was randomly selected from different 30 social work settings to provide the adequate sample of the study with reflection to the level of Social work practice in Social Welfare service provision. The selected respondents were identified through two (2) mainly social work settings within Ilala Municipal Council namely Muhimbili National Hospital Department of Social Welfare and Ilala Municipal Department of Health, Social welfare and Nutrition with total of 100 social workers staff. Thus in order to determine the sample size from sampling given above the following equation as adopted from Yamane, 1967 as follows.

Sample size was obtained as follows:-

$$n = \frac{N}{1 + N(e)^2}$$

Where by   n = sample size

N = Study Population (100)

e = error term (0.05)

Therefore from the formula;

$$\frac{100}{1 + 100 \times (5/100)2}$$

$$\frac{100}{1 + 100 + 0.0025}$$

$$\frac{100}{1.25} = 80$$

3.6   Data Collection Techniques

The study has involved number of data collection techniques or methods that scientifically enabled the collection of information in order to attain the research main goal and objectives. The employment of various approaches and tools of collecting data such as structured questionnaires; interview questions, observations and documentations enabled the building of the base to the findings of the study.

3.6.1   Questionnaires

Eighty five (85) questionnaires were self administered in this study and only eighty (80) were returned. The questionnaire were used for purpose of gathering information on the different dimensions of situation concerning knowledge, understanding, experience and their views of social work practice in relation o social welfare services provision and respondents were given enough time for questions and clarification for common understanding. The questionnaire involves a set of question to collect information from the respondents on their understanding and practical experiences on the study. The questionnaires in this study were administered to social workers, supervisors/mentors and social work students (Appendix 2 and 3).

3.6.2   Personal Interview

The structured interview was purposively employed to the respondents who came to the social work settings for social welfare service and were interviewed as service exit interview and the data collected focused to capture issues related to social work practice and social welfare services. Structured interviews were used to the respondents due to their availability and time factor this technique was employed to

capture information to determine the level of experience and understanding of the social work practice and social welfare services in the study area which are the objectives for the study (Appendix 1).For authentication purpose this technique was guided by the interview guide questions which were prepared and pre-tested in advance.

3.6.3 Documentary Review

Evidence based practices is a unique component of Social work and documentary review was one the key technique that was used to collect number of documents were reviewed to justify and enrich the study through the available books, research findings, policies and journals from different sources including online libraries, Open University of Tanzania, The Institute of Social Work and Tanzania Association of Social Workers (TASWO). This is also known as a desk review method whereby several documents with social work and social welfare service information were gathered to add more professional values for the study.

3.6.4 Observation Method

Observation checklist was used to capture data from the actual field of the study particularly at service point in different social work and social welfare agencies and the aim was to observe presence of facilities and working environment that is important for proper social work practice and social welfare service delivery (Appendix 4). Among the issues that were observed including social work working tools, social welfare documents, client's comfort, privacy and confidentiality is highly given a priority.

Observation checklists were developed with regard to the key features of social work working tools and environment with a main purpose of observing the availability, quality and usage of service facilities and equipments vital for respective service.

3.7 Data Processing Analysis and presentation

Qualitative (Content analysis) and quantitative measures for data analysis were employed for the manipulation of the raw data from the field for further processing to obtain meaningful information. During the study the systematic analysis of data was applied for both qualitative and quantitative data analysis techniques encompassing descriptions, graphs, charts and statistics was considered so as to support the exploration, presentation, description, identification and examination of collected data.

3.7.1 Data Processing and analysis

Braun and Clarke (2006) state that "thematic analysis is a qualitative analytic method for identifying, analyzing and reporting patterns within data. Thematic analysis minimally organizes and described data set in details. However, qualitative data obtained were analyzed manually by the use of data master sheet and quantitative data were analyzed by use of SPSS software version 20.

3.7.2 Data Presentation

The study has well-structured mechanism to present data to its audiences through different means such as tables, charts, models and pictures. Data presentation include findings, in quantitative in percentages and qualitative forms. Using statistical tools and conceptual underpins of the problems.

3.8   Validity and Reliability of the Tools

The study has taken into consideration to ensure the validity and reliability of the tools or instruments used to collect data at the field. The instruments or tools were pretested and retested within the sample of the research population to prove its relevance and make it more reliable. Also the researcher administered, elaborated and clarify the questions whenever was required to do.

3.8.1   Validity

For assurance of validity of the data collection tools, pre-testing was conducted among the small sample of respondents from the research area. Tools were administered to ensure the stability of the tools and respective the outcome. It is the degree to which an instrument measures what is supposed to be measuring; it is the extent to which an empirical measure adequately reflects the real meaning of the concept under investigation (Babbie, 2001: 142).

3.8.2   Reliability

For reliability assurance, test-retest reliability type was administered to ensure the stability of the tools and outcomes. The Researcher has consistently used reliability instrument to determine the degree of accuracy of the same test from the same individual employees over and over again. Reliability of an instrument is the consistency with which an instrument measures an attribute is supposed to measure and whether the same techniques if applied at different times to different people will yield similar results (Babbie, 2001: 140).

3.9   Ethical Issues

In this study, respondents were requested of their consents to participate in the study with caution that all the information provided by the respondents would be treated with confidentiality to the respect of the study. All ethical issues were observed in a strictly manner such as researcher's self introduction, explanation in detail of the purpose of this study, anonymity of participants and voluntary participation. Respondents were assured that confidentiality and privacy was maintained and that any used data and information obtained in the course of the study was only to be utilized for the purpose of academic endeavors. Questions asked were non-offensive to any respondent or any institution.

The research ethics as stipulated by (Struwing and Stead, 2001) were adhered by this study. These ethics included consent, confidentiality, anonymity, and privacy, dissemination of information, withdrawal from the study, trustworthiness, reliability and validity.

CHAPTER FOUR

DATA PRESENTATION AND DISCUSSION

4.1   Introduction

This chapter presents research data and discusses the findings on the social work practices in provision of Social welfare services, a case of The Muhimbili National Hospital and Ilala Municipal Council in Department of Social Welfare and cross section reference was necessitate by the fact that social work practice is cross cutting and multi-disciplinary discipline with different level of practice. The chapter shows how the findings of the analysis that was conducted, response rate, the respondent demographics and the findings of study basing on the objectives of the study.

The assessment was done through gathering of information from the selected respondents (users of the facilities) whereby questionnaires, interviews, documentary review and observations were applied. The applicability of a descriptive approach to justify the study through a cross-sectional study or prevalence study was a vital basing on the nature of observational study which technically inclusion of the examination of data collected from a population or representative division at one exactly point in time.

4.2   Demographic Characteristics of Respondents

Basing on the extracted field data the categorization of responses from the study provided the following background information about the respondents and also it was used to determine the suitability of the respondents for the study. For the case of the study, the characteristics of the respondents involved the age, sex, educational and area of practical setting.

The study involved both social work service providers and service users with regard to a total number of eighty (80) participants that include (20) Social workers/Social Welfare Officers, ten (20) supervisors/mentors, twenty (20) field agency students and twenty (20) service users/clients.

Table 4.1: Demographic Characteristics of the Respondents

SN	Category	Male	Female	Percentage
1	Social Workers	10	10	25%
2	Supervisors/Mentors	10	10	25%
3	Service Users/Clients	10	10	25%
4	Social Work Students	10	10	25%
	Total	**40**	**40**	**100%**

Source: Field Data (2019)

4.2.1 Educational Level of Respondents

The study took initiative to capture the vital educational qualification of the respondents with justification of the fact in quest of Social work and social welfare service is mostly established on the basis of self made and voluntary to seek the respective service with reflection to the magnitude of the case, issue or problem thus the forming of voluntary type clients. On the course of the analysis the study had reflected that 12.5% of the respondents were Masters Degree holders, 12.5% were Post Graduate holders, 50% were Bachelor Degree holders, 12.5% were Advance Diploma Holders, 5% were Diploma holders, 2.5% were certificate holders, 2.5% were Advance Secondary education holders and 2.5% were Basic secondary education holders (Table 4.2). Basing on the analyzed data, the representation of population of

the respondents were technically reflected on the social work practice (Social worker vs. Client system) on social welfare service provision thus the respondents covered the practitioners and service users on the continuum of care.

Table 4.2: Educational Level of Respondents

SN	Educational level	Male	Female	Percentage
1	Masters	7	3	12.5%
2	Post Graduate Diploma	6	4	12.5%
3	Bachelor Degree	18	22	50%
4	Advance Diploma	5	5	12.5%
5	Diploma	1	3	5%
6	Certificate	0	2	2.5%
7	Advance Secondary Education	1	1	2.5%
8	Basic Secondary Education	2	0	2.5%
	Total	**40**	**40**	**100%**

Source: Field Data (2019)

4.2.2 Age of Respondents

The age component was ascribed by the fact that the majority social welfare service client system range from children to elderly group and each group has a unique need, during the study the respondents who were below 18 years (considered as children) were represented by their parents or guardians to comply with social work ethics and national social welfare guidelines (Table 4.3). The age groups were ascribed by the Social workers, supervisors/mentors, field work students and client system ranging from fifteen to thirty five, thirty six to forty five, forty six to sixty, sixty to seventy five and seventy six and above. The lowest range was age between 0-14 with 5% and highest range was age from 16-30 with 27.5% from the field findings.

Table 4.3: Age of Respondents

SN	Age Group	Percentage
1	0-15	5%
2	16-30	27.5%
3	31-45	24%
4	46-60	16.2%
5	60-75	16.2%
6	Above 76	7.5%
	Total	**100%**

Source: Field Data (2019)

4.2.3   Sex of Respondents

The sex representation on the study was necessitate with foundation of Social work profession on the human right and equality perspective that takes gender as sensitivity component when providing service as well as conducting research thus it was revealed that the 70% of the respondents were female and 30% of the respondents were male counterpart as this was attributed with a field observation that the both the social work training learners are mostly female as well as the service users are mostly women or a client who is escorted by a female guardian as reflected on *Table 4.4*.

Table 4.4: Distribution of Respondents by Sex

SN	Male	Female	Percentage
1	1	3	5%
2	6	16	27.5%
3	7	12	24%
4	4	9	16.2%
5	4	12	16.2%
6	2	4	7.5%
	24	**56**	**100%**

Source: Field Data (2019)

4.2.4   Employment Status of the Respondents

On both service points the study was able to capture the status of the respondents on the concept of employment position at present whereby it was established that 50 % were permanent employed, 30% were contractual, 10% were working on voluntary bases, 10% were unemployed (Figure 4.2). The majority of the employees at Ilala Municipal department of Social Welfare and Muhimbili National Hospital department of Social welfare are permanent employees with few social work students on the field work placement.
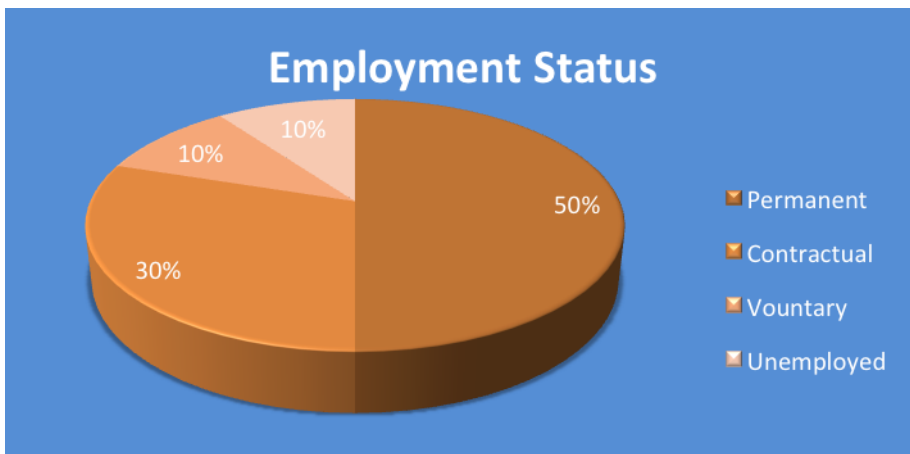
Figure 4.1: Employment Statuses of the Respondents
Source: Field Data, 2019

4.3   The Level of Awareness of Social Work Practice on Provision of Social

Welfare Services

The following findings have been capture to justify the objective number one of the study that aimed to assess the level of awareness and understanding of respondents toward Social work Practice.

4.3.1   Awareness of Social Work Practice

Regarding to understanding the awareness of the term social work the study captured the representation of the respondents of the public awareness it's been proven that

58% Social work as a profession is not well known, 33% were aware of its existence and practicability and 10% were not sure. This was assessed for the sake of understanding the visibility of social work and recognition of its interventions to the public as its vital entry point in measuring and assessing the quality of service through the service users.
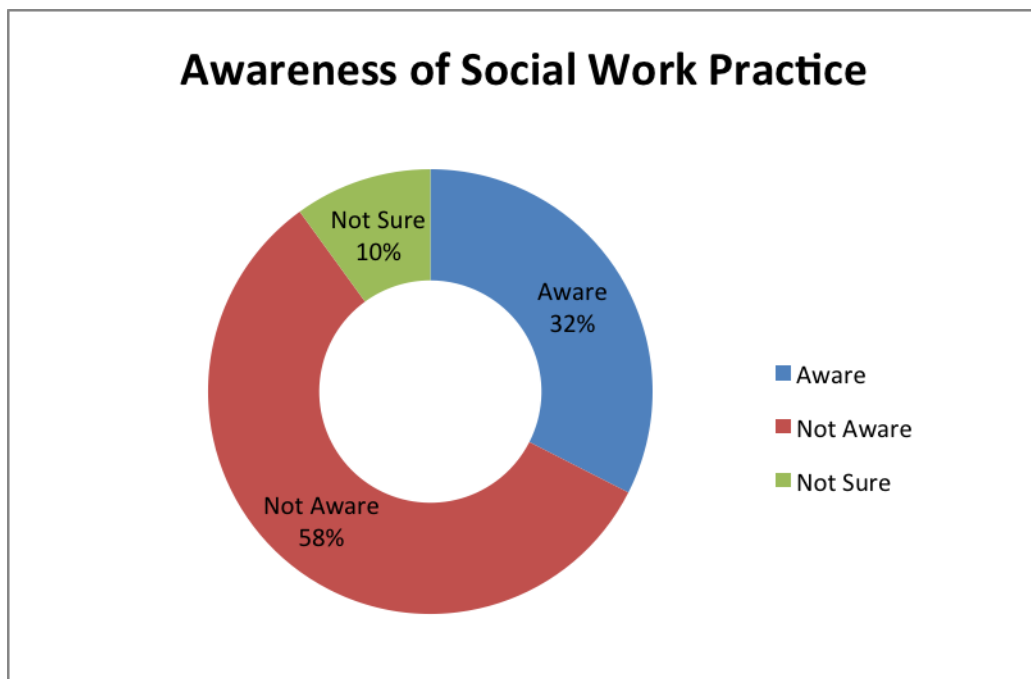
Figure 4.2: The Respondents Awareness of Social Work Practice
Source: Field Data (2019)

The above findings show how high rate the respondents do not know about social work has been reflected by the similar view was reported by DSW Assessment Report (2013) that there's high need of increasing public awareness towards understanding the social work as a profession as well as its interventions to the individuals, organizations, communities, government officials and political leaders through various campaigns and advocacy strategies. Also the visibility of social work practice should be initiated by the professionals with strong unification and quality social work services would automatically increase its visibility including standardization of social

work education and training in the country as well as to raise public awareness on the roles, responsibilities and tasks of social workers respectively (MoHSW, 2013).

4.3.2   Source of Information about Social Work Practice

On responding to the level of awareness of respondents regarding to the visibility of social work practice on provision of social welfare services, the question was posed to through capturing the source of information on social work practice where the respondents came across for the first time and responses were as shown in Figure 4.3. The study revealed that 35 % of the respondents had their source of knowledge about trough TV, 30% through social media, 8 % of the respondents knew from medical settings, 10 % through relatives/friends and 8%of the respondents heard from other sources.
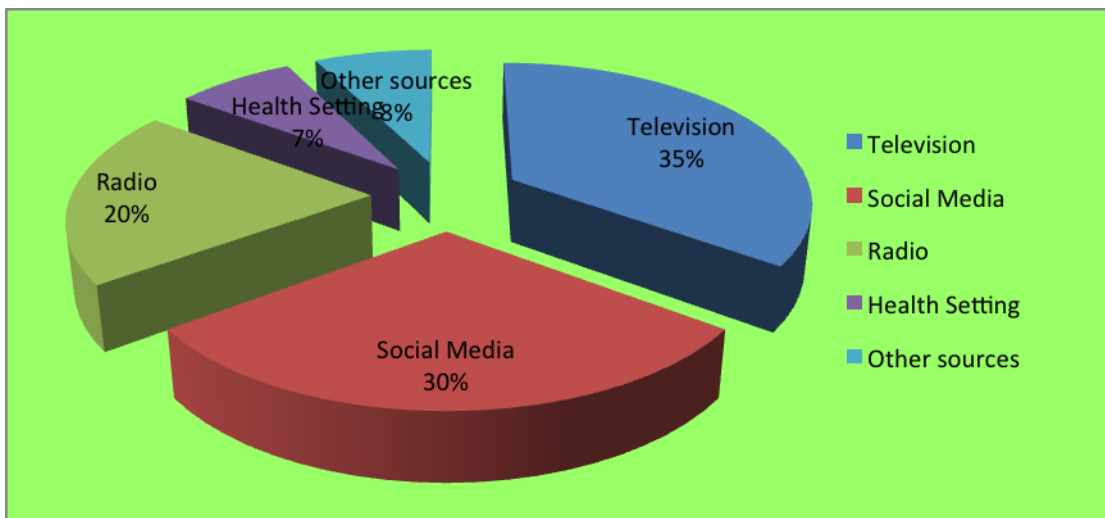
**Figure 4.3: Source of Information on Social Work Practice**
Source: Field Data *(2019)*

With reference to the similar study that support the by Bar-On (2004), it is not a homogeneous occupational category. As indicated previously, urban public is mostly exposed to social problems compared to rural setting as well as the television

broadcasting customers are mostly are town dwellers and they are most used to Television and social media services. With above finding it shows that social work services are employed in a wide variety of statutory, voluntary and private agencies and settings. However, this reality is generally not well known, particularly in the African context. Furthermore, because social welfare agencies are not properly coordinated and integrated, this creates a lot of disharmony and conflict.

4.3.4 Importance of Social Work Practice on Provision of Social Welfare Services

The question aimed to cater the needs of objective number one to understand the knowledge of social work to the respondents and it was targeted to clients and employers to capture their views toward practitioners in the field. The findings show that 50% of the respondents have shown with high percentage of the importance of Social work practice on Social Welfare Services, 37% have medium rated the importance of the social work practice while the lowest number with 13% rated it low.
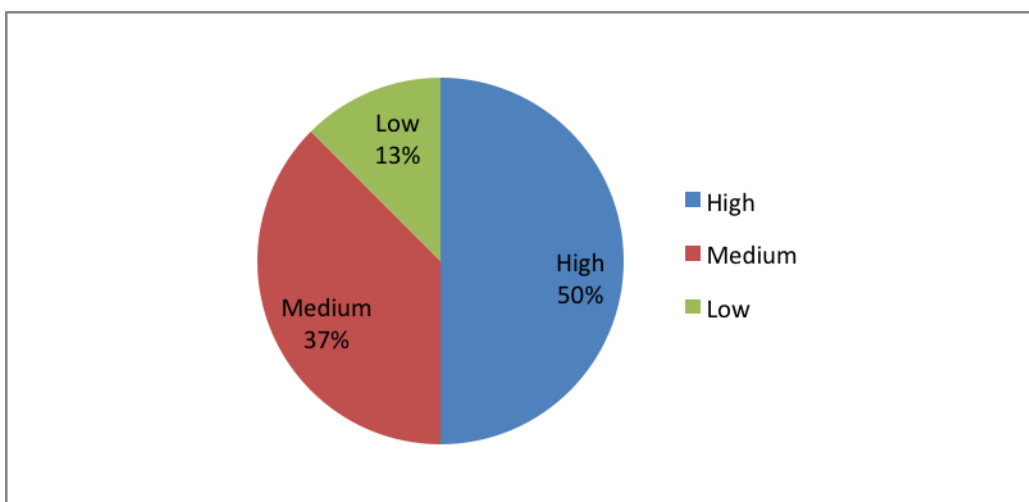
Figure 4.4: The Importance of Social Work Practice on Provision of Social Welfare Services

Source: Field Data (2019)

The above findings have been demonstrated by Muhandiki (2016) that in the light of the above findings, it is understandable why the role of social workers is not sufficiently recognized. The average social worker, especially in the African context lacks credibility. She/he has yet to demonstrate that she/he is a trusted and helpful friend.

The non-recognition of social workers may explain why so many social problems are taken to the courts, district commissioners, priests and witchdoctors. Needless to say, the non-recognition of social work tends to discourage and demoralize practitioners as well as those who might be interested in pursuing careers in this field.

4.4   Social Work Practice on Provision of Social Welfare services

The following findings have been captured from the respondents to justify the objective number two of the study that aimed to assess how the social work ifs professionally practiced on provision of Social welfare Services to the public.

4.4.1   Regulation of Social Work Practice

The question was posed to social workers that aimed to probe their professional credibility and authentication in provision of social welfare service whereby only 03 social workers were licensed from outside the country while other 17 social workers were practicing social work without the license.

Figure 4.4 show the number that is reflecting high number of non licensure practitioners in provision of Social welfare service as high as 85% (17) and this means quality assurance of service it can be compromised when there is no regulatory mechanism in social work practice.
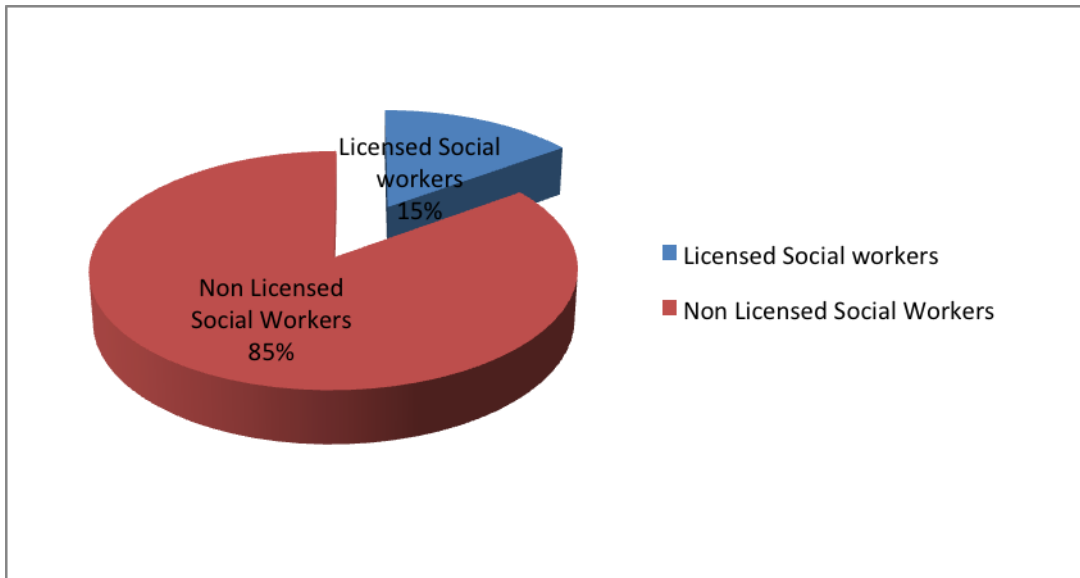
Figure 4.5: Regulation of Social Work Practice

Source: Field Data (2019)

The study has revealed that few social workers who have been licensed were registered outside the country and the rest are not registered or licensed service providers out of their intention as there is a no licensure practice at both service points. The issue of licensure as one the core component of social work practice that both social workers and non social workers as the social welfare service providers either in government and non government structure are suppose to have in case of providing social welfare services. On the view of other scholars, as one of the East African countries Tanzanian Social Workers are not bounded by regulated and this comes with a fact that none of the East African Countries have Social work regulatory body nor system of licensure practice (Twikirize et al., 2014).

4.4.2   Type of Social work Practiced on Provision of Social Welfare Service

The study has revealed a number of social work practice that contribute to social welfare service and the question was probed to respondents to mention the types of

social welfare services that social workers provided at Muhimbili National Hospital-Department of Social Welfare and Ilala Municipal Council's is Department of Social Welfare. The data from the field revealed that the leading service is lead by 20% of GBV & VAC, 15% Marriage service, 11% Court Service, 9% Juvenile Service, 8% Probation & community service, 7% HIV/AIDS, 6% Mental Health/Psychiatric, 6% Rehabilitation& addiction, 5% Consultancy & Research, 4% Public Education, 4%Disaster management, 2% adoption & Child care, 2% psychosocial care and others as assigned by employers.
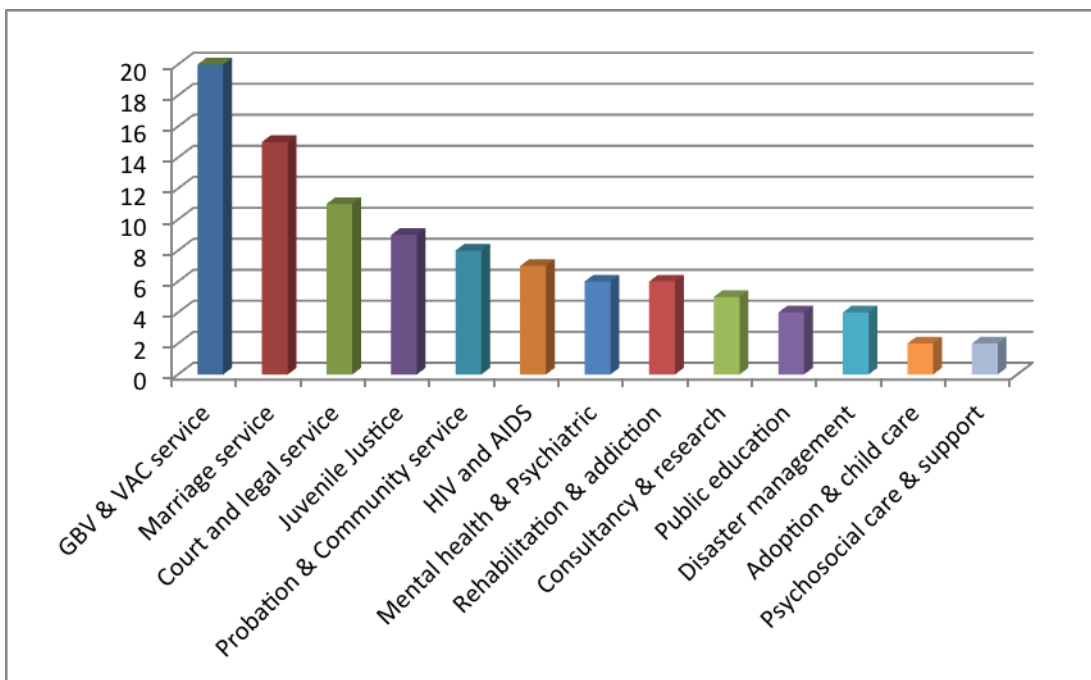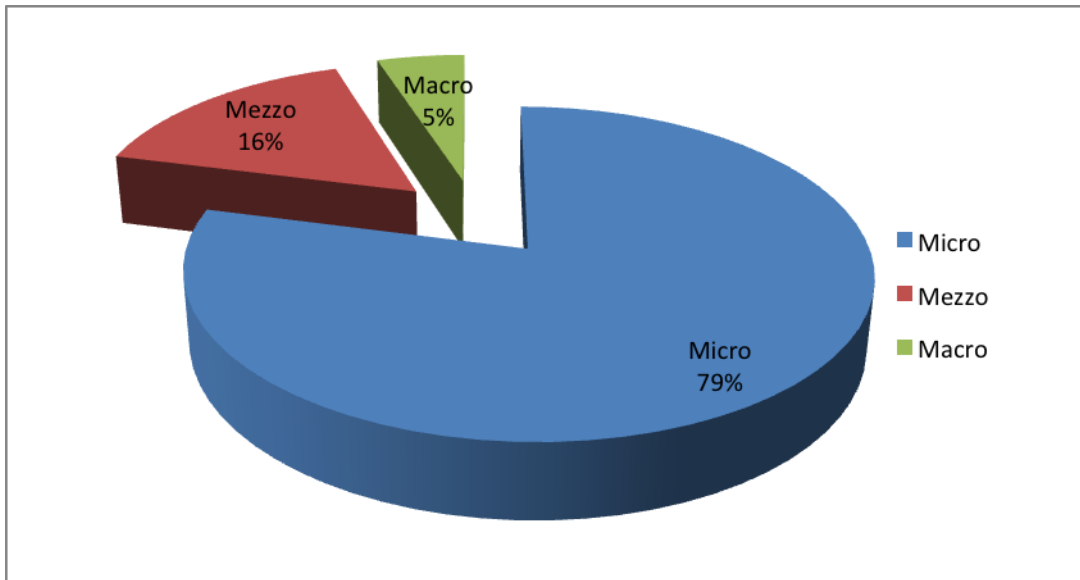

Figure 4.6: Types of Social Work Practice on Social Welfare Services

Source: Field Data (2019)

4.4.3 Level of Social Work Practice

During the assessment the study has revealed that at both service points Muhimbili National Hospital-Department of Social Welfare and Ilala Municipal Council Department of Social Welfare the social work practice is 79% direct Social work

service that is entailed on micro level of social work Practice while 16% is practice by mezzo level and slightly with remaining 5% is at Macro level practice Figure 4.7.

Figure 4.7: The Level of Social Work Practice
Source: Field Data (2019)

From literature this was seconded by Spitzer (2017) with the view that in East Africa generally macro-level interventions are not full into practice with less social work agencies or practitioners are being involved in some kind of policy development and advocacy practice. The fact that Social workers are not competent enough to influence the establishment or review of the legal framework such as policies, laws and legislations that will cover the profession's interests as well as the welfare of the service users.

4.4.5 Social Workers Responsibilities and Duties

The study findings have shown that social worker at both service points namely Muhimbili National Hospital Department of Social Welfare and Ilala Municipal Council Department of Social welfare they have different job descriptions basing on

their settings. The 90% of their job descriptions are routine base, 7% is non routine and 3% are emerging needs. With that range responsibilities and duties assigned are too limited compared to the acquired competences from Social work training and this has been influenced by unclear roles of Social workers in basing on the different settings and new emerged social problems as a result of using existing Scheme of Service for Social Welfare Cadre of Tanzania 2009 that is focusing on routine base for curative rather than preventive ranges of scope.
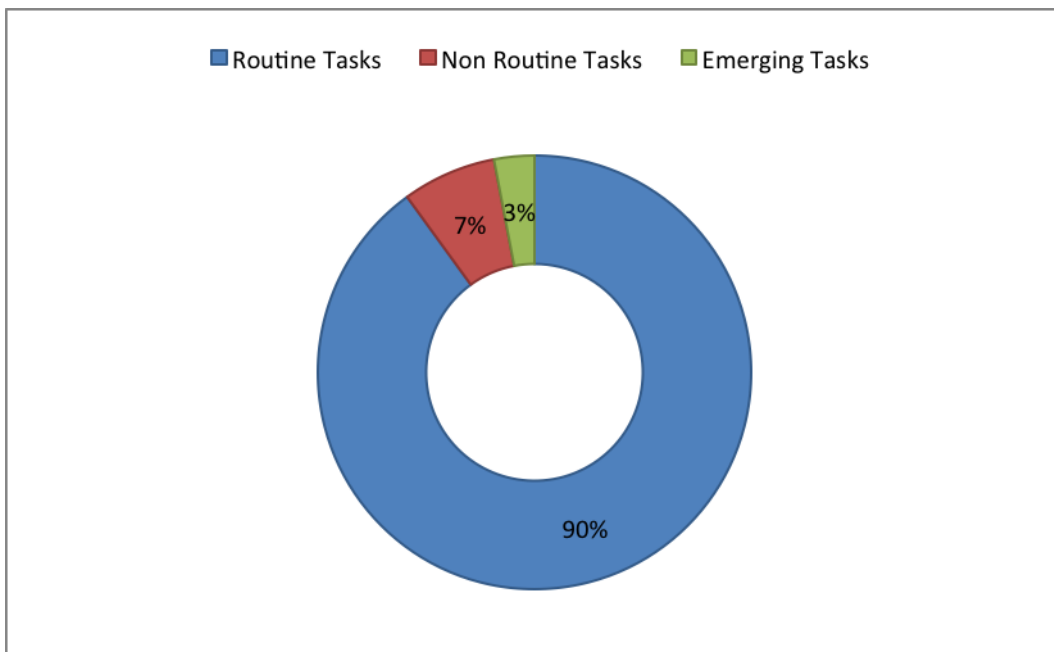
Figure 4.8: Respondents on Responsibilities and Duties of Social Workers

Source: Field Data (2019)

Basing on the field observation during the study, employers and supervisors assigns Social workers with overwhelmed routine tasks rather than non routine where they could be more proactive, creative and taking preventive measures in advance to individual, family, community, organization and system needs. Empirical findings have shown that job descriptions need to be corresponds with the qualifications and experience of the individual staff but the Tanzanian social welfare workers (90%)

there is no mismatch between the tasks spelt out in their job descriptions and their respective professional competencies (MoHSW, 2013).

4.4.6 Utilization of National Guidelines on Social Welfare Provision

During the study the social workers were able to mention the numbers of guidelines that are utilized on provision of Social welfare service at Muhimbili national Hospital Department of Social Welfare and Ilala Municipal Council Department of Social Welfare, also the researcher was practical able to observe them. These guidelines were mentioned and observed by researcher at both service points and are outline on the Figure 4.9.
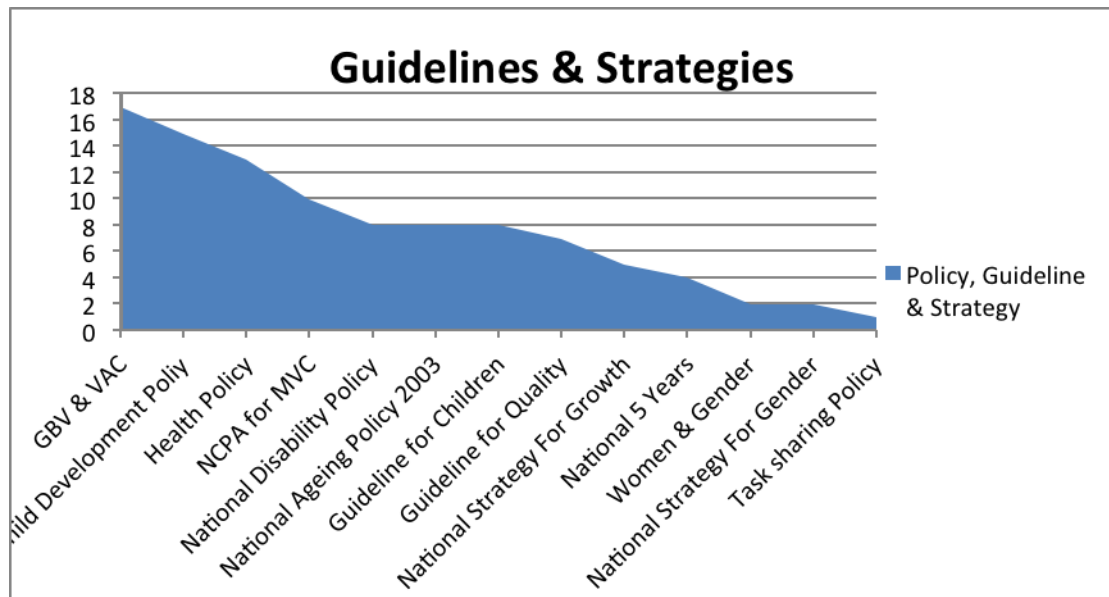
Figure 4.9: Utilization of Guidelines and Strategies on Social Work Practice
Source: Field Data (2019)

4.5 The Challenges Social Workers Faces in the Provision of Social Welfare Services

The following findings have been captured from the respondents to justify the objective number three of the study that aimed to assess the existing challenges that

the Social Work Practice face on the provision of Social welfare Services to the public.

4.5.1 Absence of Comprehensive Social Work Policy

The study has revealed that in spite of having many policies, strategies and guidelines that are related to social work practice on Social welfare service provision there is no single policy to guide both practice and service. The field data have shown that lack of comprehensive policy guideline has contributed to inconsistence of service and procedures at different service points of Muhimbili National Hospital department of Social Welfare and Ilala Municipal Council Department of Social Welfare.

4.5.2   Discomfort towards Social Work Services

The perception of the respondents toward the social work practice was assessed based on the comfort perspective whereby 56% were not comfort, 24% were comfort and 20% were not sure. The most mentioned factor was about privacy and confidentiality during the service whereby there are no special rooms for service rather than shared offices with other staff.
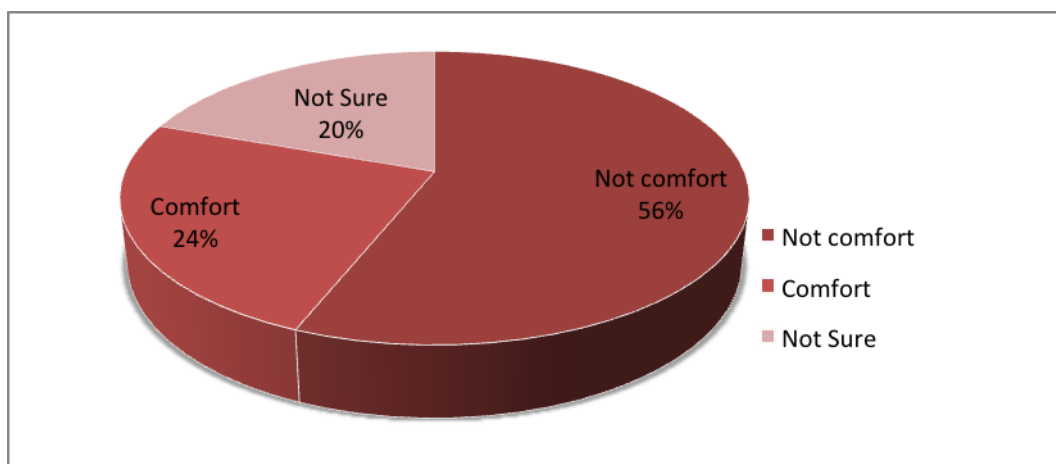
Figure 4.10: Respondents' Discomfort towards Social Work Practice
Source: Field Data (2019)

The interventions of Social workers in Social Welfare service provision is very low perceived as the professionally practiced service as a result of these findings have proven highly to be not comfort for the same.

4.5.3   Supervision and Mentorship of Social Work Practice

The study have uncover that only 40% of the respondents are receiving workplace supervision and mentorship while 60% they never experienced such practice, yet those who received Social Work supervision are supervised by non social workers with a fact that the shortage of Social workers in the Social Work service point necessitate the non social workers to supervise social work field placement students. The respondents have disclosed that they do supervision basing on the personal guidance and available administrative supervision but not professional wise as still there is no standard operating procedures and tools for Social Work supervision and mentorship in Tanzanian context.
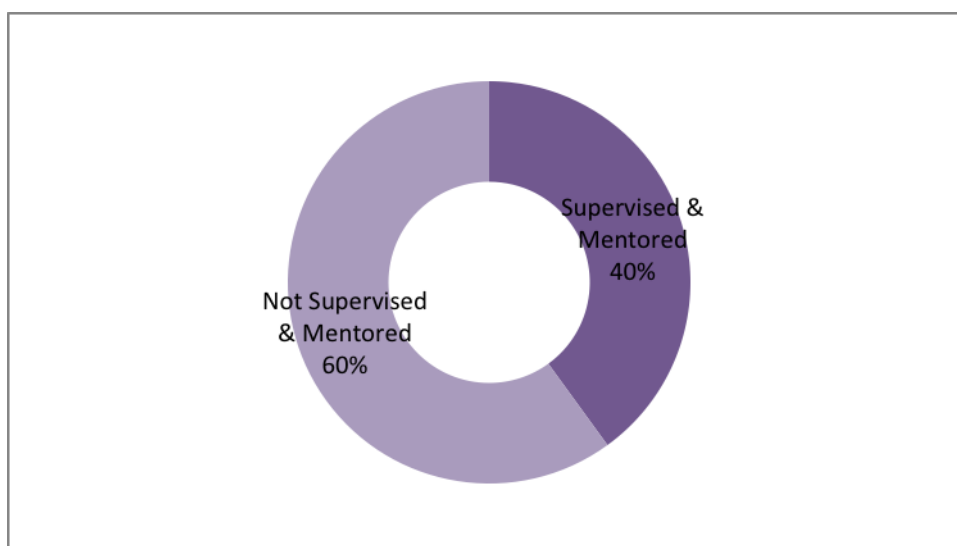
Figure 4.11: Supervision & Mentorship Social Work Practice

Source: Field Data (2019)

On the other hand MoHSW (2013) provided an assessment report on the Social welfare Workforce in Tanzania captured that 41% of Social welfare Workers were not sure of the supervisory practice and its respective tools either due to ignorance, limited exposure or low understanding of the concept supervision and mentorship by the staff.Current there is no specific tools for Social Workers supervision and mentorship mechanism for social work practices rather than existing general government tools such as OPRAS.

4.5.4 Professional Burnout

The study has revealed that there is a serious lack of professional development and retreat plans in social work practice at both service points, has it has been reflected that over the past 3 years only 20% of the respondents were able to attend the training and other knowledge based event while 80% are left with no further professional development competence and this has a serious damage the competences of service providers in service delivery. The professional burn out has the implication that is direct reflected on the continuum of care and quality of service given when a trained Social worker his or her competence is not updated over a long period of time.

Various empirical findings in Tanzania have provided an overview of professional burn out and how they affect the effectiveness and efficient of Social service delivery and vice versa, from Social work related perspective it was reflected by the Department of Social Welfare under MoHSW that there is a high demand of special need for staff development programs, tailor made or standardized training manual in order to enhance professional knowledge and skills for social workers to math with emerging complex social problems and changing pace of working environment that

goes in hand with performance appraisal. It was further emphasized on the Social Welfare workforce assessment report 2013 that majority of social welfare workers they have never undergone any training since they were employed by DSW (DSW, 2013).
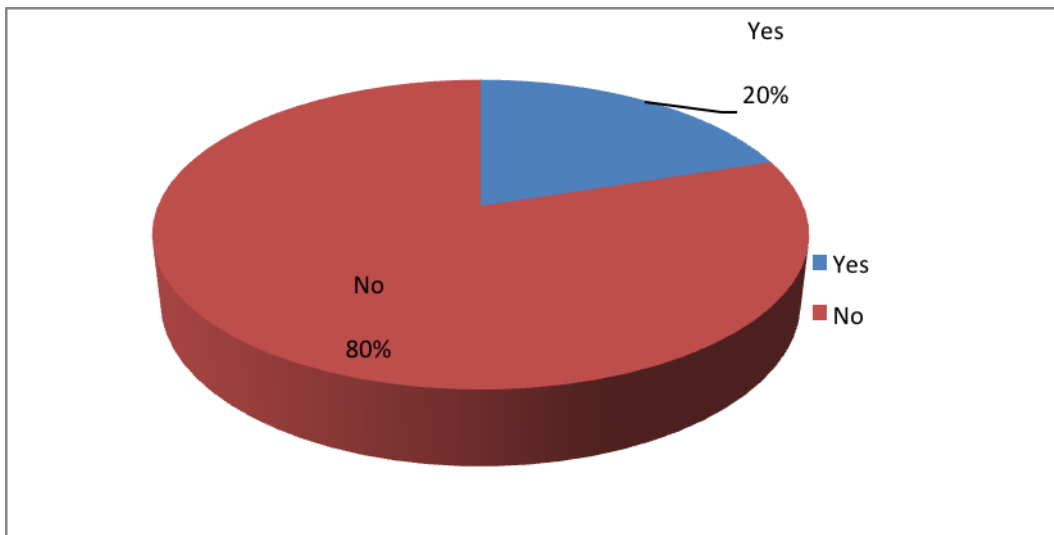

Figure 4.12: Respondents on Professional Burnout
Source: Field Data (2019)

4.5.5 Contradiction between Social Work and Social Welfare

The study has revealed one of the contradicting challenges of at service point in practicing social work is respondents failed to differentiate social work from social welfare. Data have shown that 77% of the respondents were not able to differentiate social work as profession with Social Welfare as public goods, 20% of the respondents were able to significantly make a demarcation between the two terms and 3% were not sure if there is any difference social work and social welfare. Basing on the field data respondents made additional issue of language contradiction in Swahili translation between Social Work and social welfare as a result even the practitioners have compromised the two terms and sometimes they use them synonyms as a result the social welfare submerge the profession of social work.
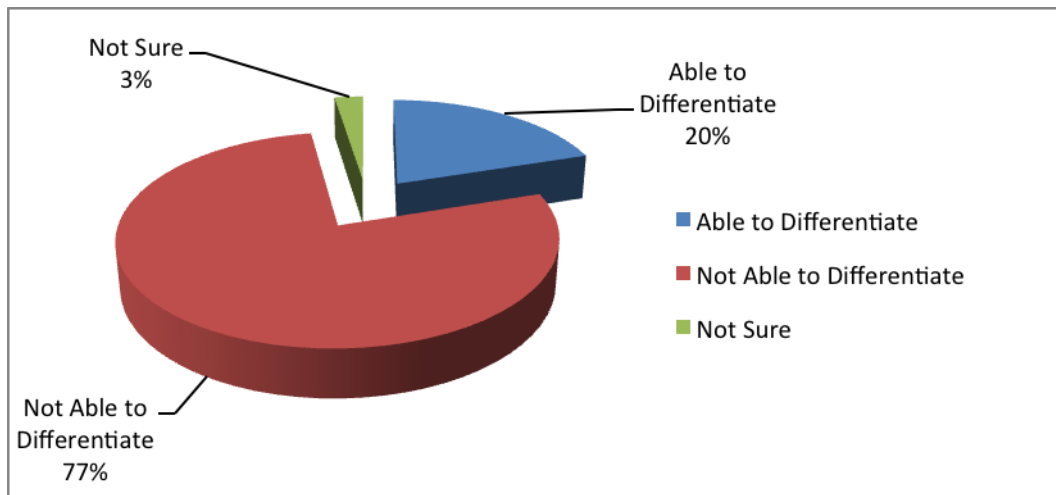
Figure 4.13: Difference between Social Work and Social Welfare
Source: Field Data (2019)

The issue was reflected by Mabeyo (2014:127) for the same connotation as "adopted child" that Social Work profession was adopted as a part and parcel of introduction of colonial Social Welfare service in the country as part of the colonial administrative systems and missionary work as a result a social work as a profession has been merged and squeezed into the mega Social welfare concept thus to date the political leaders, administrators and public in general are much aware of the Social Welfare service compared to the Social Work profession (Mabeyo, 2014).

4.5.6 The Outlined List of Social Work Challenges on Provision of Social Welfare Service

The study has captured all the mentioned challenges as provided by the respondents in relation to the question that probed the existing challenges at Muhimbili National Hospital department of Social Welfare and Ilala Municipal Council Department of Social Welfare and therefore the researcher grouped them into three category of social work approach namely micro, Mezzo and Macro.50% of the challenges are macro

related, 25% are mezzo and 25% are from the grass root level practice influenced by routine activities as well.Conversely, any other aspect provided by respondents also seemed to have contributed to expose challenges facing Social Workers in provision of Social welfare services in one way or another though they were considerably taken into account.
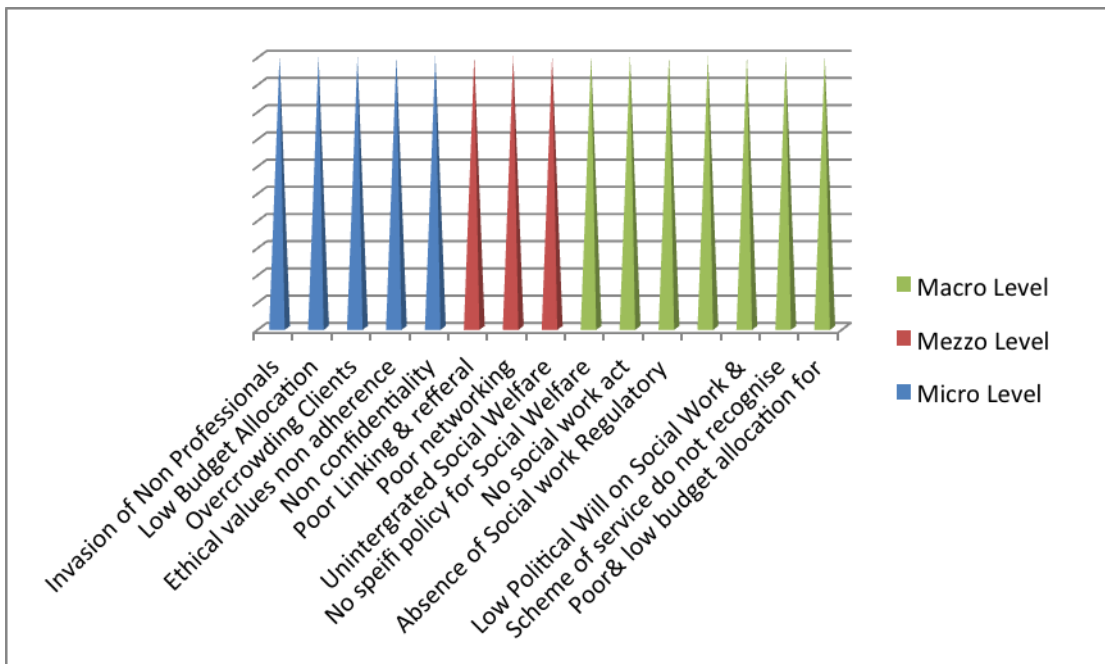
Figure 4.14: Respondents Outlined List of Social Work Challenges on Provision of Social Welfare

Source: Field Data (2019)

4.6   Summary of the Key Findings and Discussion

From the assessment of the study on Social Work practice in the provision of Social Welfare services a case of Ilala Municipality with an inclusion of two (2) settings of social work and social welfare service points; first was a closed health setting with reference to Muhimbili national hospital and second was Ilala Municipal Department of Health, Social Welfare and Nutrition as a community based setting. The findings based on the gathered information from 80 respondents with an inclusion of service

providers and service users through several methods of collection such as questionnaires, interviews, observation and documentary review.

At both Social work practical settings, the study has reflected a high number of non licensure for social workers in provision of Social welfare service as high as 85% and only 15% are licensed through regulatory body while they were outside the country that means quality assurance and professional conduct are likely to be compromised Basing on the level of Social work practice 50% of the challenges facing Social Work practice in Social Welfare service provision are associate with system and structures that are associate with national level rather than Muhimbili and Ilala Municipal Council's Department of Social Welfare that determined by existing legal issues, structures and systems.

Also the practice of Social work as profession is not adequate visible to the respondents as it was reflected the understanding and the awareness was captured to be 40% with this low level of awareness significantly affect its contributions to positive social change and social development. The Social work practice is visible in the management of Muhimbili and Ilala Municipal council but internal arrangement have failed to set privacy and confidential rooms for psychosocial services rather than having one open office for social work practice and this causes discomfort to clients when it comes to privacy and confidentiality aspect. Also both service points senior management conduct managerial supervision but it's not direct social work principles and values as this was uncovered by the field data that 60% of social workers had no social work supervision and mentorship.

The after effect of awareness was reflected by only 20% were able differentiate social work from social welfare while 77% of the respondents were able to differentiate the Social work from the Social welfare. The findings revealed that current social work practice in Social welfare service in Ilala Municipal Council and Muhimbili national Hospital is not guided by similar standard operating procedures and working tools as a result there were number of challenges that influence both practice and services related to the absence of Social Work Policy and law in relation to social welfare service provision.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1   Introduction

The purpose of this study was to assess the Social work practice in provision of Social welfare services in Ilala Municipal council a case of Department of Social welfare and Muhimbili National Hospital Department of Social welfare. In this study, the cross section design was adopted because the study wanted holistically to track the social work practice from two service points.

5.2   Conclusion

From the findings, the study has shown that social work practice is acknowledged with the fact that the Management of Muhimbili National Hospital and Ilala Municipal Council took into consideration contribution of social workers in provision of Social Welfare Services by employing social workers and established respective department of Social welfare for social welfare services. Despite the available social workers on both service points yet the observation of Social work guiding principles and ethical values are compromised with lack of privacy and confidentiality to special services, inconsistence of Standard operating procedures, no clear referral system, unlicensed social workers, professional burnout and clients overcrowding.

Moreover the findings from this study indicate that at both social work practical settings are challenged by under utilization of social workers on provision of social welfare service and this is attributed by the outdated National Scheme of Service For Social Welfare Cadre 2009 that do not extent the roles and functions of social

workers, inadequate resources and budget allocation. Also contradiction in Swahili meaning Of Social Work and Social welfare as both are pronounced in Swahili "Ustawi wa Jamii" and this as increased the confusion to employer and other key stakeholders and yet it needs a clear demarcation between 2 terms.

5.4   Recommendations

The categories of recommendations of the study were mainly extracted and developed from the views, observations and suggestions of the respondents whereby a researcher expanded them into following;

5.4.1   Recommendation to Muhimbili National Hospital and Ilala Municipal Council Management

(i)   Guiding Ethics and Values

It was observed on the study that there is seriously non adherence to social work principles, ethics and values on provision of social welfare services accelerated by professional burnout and lack of strictly supervision and mentorship thus it's recommended that managements to ensure establishment of internal manuals and SoPs for social workers and other service provider to adhere for practice and protect clients interests.

(ii)   Recruitment of More Social Workers

The study observe that at both social Work practical settings there is overcrowding of clients and this causes burden of overwhelming of social workers and it affect the quality of social welfare service provision and therefore the management should hire more social workers to handle this problem.

5.4.2 Recommendations to Social Workers

(i)   Establishment of Linking and Referral Network:

From the findings of the study there's a huge gap on social work referral services on social welfare practice settings being allocated within one municipal council yet there is no clear referral and feedback mechanism of client served thus a technical recommendation for social workers on the establishment of linking and referral network on social welfare services.

(ii)   The need for More Commitment and Aggressiveness to social workers:

The observations from the field during the study has proven that the social workers are not much committed and aggressive enough to practice outside their scope of work for practice and service development. Also basing on the limited functions from their job descriptions and it's recommended for all social workers at individual level to strive and commit to network with other social workers outside their work places, share their success stories and professional experiences for evidence based practice as well as joining professional association like Tanzania Association of social Workers (TASWO) and other professional networks.

5.4.3 The Responsible Government Ministries and Departments

(i)   The need for National Social Welfare Policy:

The study has proven that there was no specific national policy for guiding social work practice on provision of Social Welfare Services at both service points Muhimbili and Ilala Department of Social Welfare as it's a national matter and therefore it's recommended that the responsible ministry of Health, Community

Development, Gender, Elderly and Children to review the existing scattered Social policies and develop a single Social Welfare Policy in Tanzania to accommodate all social welfare issues.

(ii)   The need for Regulate Social workers:

From the findings only 15% of social workers are licensed through other regulatory bodies outside the country and thus the study has informed that the current gap on the absence of Social Work act and social work council made a profession with no strong standing ground to regulate the practice and quality of service in the country and therefore one of the best solutions is an establishment of Social work act and social work council to regulate practice and service. Therefore, the responsible Ministry of Health, Community Development, Gender, Elderly and Children to urgently need to develop a comprehensive Social work law in Tanzania to regulate practice and service.

(iii)   Revising Scheme of Service and Develop Job Descriptions For Social   workers

The social workers roles and responsibilities are limited in scope at both service points and yet their competences are underutilized and therefore the stud has made specific recommendation to the Department of Social Welfare to develop the job descriptions for Social Welfare Cadre and social workers to update the existing Scheme of Service of 2009 to accommodate newly emerged social, health and economic problems.

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APPENDICES

DATA COLLECTION INSTRUMENTS

Appendix 1: Interview Questions

Interview Questions designed for Social Worker and Field Placement Students on the Research on "Assessing Social Work Practices in provision Social Welfare Service" The information provided will be used for academic purpose only and not otherwise.

Section A: Background information let us now discuss about your background information.

1. What is your age in years? ……………….

2. Sex of respondent_____

3.   What   is   the   level   of   education   you   have   attained?

   _____

4. What is your profession? _____

5. What is your title or position? _____

6. What is your employment Status?

a) Full Time

b) Part Time

c) Contractual

e) Volunteer

f) Social Work student/

7. How long you have been providing Social work services? _____

Section B: Questions about knowledge and practical experience in providing Social Work Services

8. Are you a licensed Social worker?

   Yes   No

   (a) If no, Explain why? _____

9. Have you received any Continue professional development training within the last 2 years?

10. Do you have a Professional Supervisor/ Mentor in the practice?   Yes____ No

_____

11. Do you have a Social Work Field work Placement supervision manual For Social work students Yes___ No____?

12. Do you conduct Social Work Field work Placement supervision for Social work students?

Yes____ No _____

13 (a) Which population(s) do you serve? (Check all that apply)

Key populations___   Blind___

Street children___   Peers___

Couple in conflict___   Women___

Disables___   Girls___

Elderly___   Other specify_____

(b) How your social work competence is important to the social welfare services?

(a) High_____ (b) Medium_____ (c) Low_____

15. What are the primary services do you provide? (Check all that apply)

___Mental/psychiatric service   __Policy and Legal service

___Case Management   ___Advocacy

___Guidance and Counseling   ___Home visits

___Psychosocial support   ___Probation and community

Services

___GBV &VAC   ___Linking and Referral

___Consultancy   ___Disaster Management/Relief

___HIV and AIDS   ___Provide waiver & exemption

___Identification of MVC/OVC   ___Court services

___Marriage services   ___Educational and awareness

campaign

___Other (specify :_____)

15. (a) Do you practice Social work beyond your main tasks and duties?

Yes_____ No_____

  (b) How many clients do you receive/serve in one day? _____

16. Do you use effectively the Social Work competences? Tick that apply

(a) Knowledge   Yes__ No__

(b) Skills   Yes__ No__

(c) Values   Yes__ No__

(d) Attitudes   Yes__ No__

17. Mention Social Work/Welfare act that guides you on service provision

a) _____ b) _____c) _____d)

_____

18. Mention Social Work/Welfare Policies/Guideline/Strategies that guides you on

service provision

a) _____ b) _____c) _____d)

_____

19. Do you have a standard operational procedures manual for Social Work/Welfare

service provision?

   Yes___ No_____

20. What are the challenges that you are facing in performing your duties and

responsibilities?

_____

21. What are your opinions on the improvement of Social Work practices in Social

welfare service provision?

_____

THANKS FOR YOUR ASSISTANCE

WE GREATLY APPRECIATE YOUR INPUT

Appendix 2: Questionnaires

Questionnaire designed for employer and supervisors on "Assessing Social Work Practices in provision Social Welfare Service" The information provided will be used for academic purpose only and not otherwise.

1.Age? (in years) _____

2. Gender? ___Male   ___Female

3. How many years have you been in your present position? _____

4. What is your position (job title)? _____

5. (a) What is the highest level of education you have obtained?

   ___Certificate (specify subject: _____)

   ___Ordinary Diploma (specify subject: _____)

   ___Higher Diploma (specify subject: _____)

   ___Advanced Diploma (specify subject: _____)

   ___Bachelor's Degree (specify subject: _____)

   ___Post-graduate Diploma (specify subject: _____)

   ___Master's Degree (specify subject: _____)

   ___Ph.D. Degree (specify subject: _____)

   ___Other, please specify :_____ _____)

 (b)What is your area of specialization/Profession? _____

(c) What do you understand the term social work_____

6. Which source of information rendered you to know the social work? _____

7. Is it important to have a social worker in your organization/agency/service point?

Yes ____No_____

8. Do you have a standard Social work supervision and mentorship guideline/manual?

Yes_____ No _____

9. Do you conduct professional Social Work Supervision and mentorship?

9. Which population(s) does it serve? (Check all that apply)

___Orphaned and Vulnerable Children   ___Women and Young Girls

___People with HIV and AIDS   ___Youth and Adolescents

___Elderly   ___Individuals in the Justice System

___People with Physical Disabilities   ___Individuals/Families in Poverty

___People with Mental Disabilities   ___Immigrants/Refugees/Displaced

Persons

___People with Physical Disability   ___Vulnerable & Key Populations

___Other (specify :_____)

11. What are the primary services it provides? (Check all that apply)

___Mental/psychiatric service   __Policy and Legal service

___Case Management   ___Advocacy

___Guidance and Counseling   ___Home visits

___Psychosocial support   ___Probation and community

Services

___GBV &VAC   ___Linking and Referral

___Consultancy   ___Disaster Management/Relief

___HIV and AIDS   ___Provide waiver & exemption

___Identification of MVC/OVC   ___Court services

___Marriage services   ___Educational and awareness

campaign

___Other (specify :_____)

12. What are the social work activities that are performed by staff /employees?

_____

_____

13. How many of the employees who perform social work activities have a (an):

Certificate in Social Work _____Advanced Diploma in Social Work ____

Ordinary Diploma in Social Work _____Bachelor Degree in Social Work

(BSW) ___

Higher Diploma in Social Work ____Master Degree in Social Work (MSW) _

PhD Degree in Social Work _____Other (specify :_____)

14. What are the roles and tasks that are performed by social worker in your agency?

_____

15. Which guidelines do you use to assign and distribution of duties for Social worker? _____

16. How do you evaluate Social work knowledge, skills, values and attitudes practice by your employees when serving clients?

(Low performed, Medium performed and High Performed

	Low Performed	**Medium Performed**	**High Performed**
Knowledge			
Skills			
Values			
Attitude			

17. How your social work competences are important to the social welfare services?

(a) High_____ (b) Medium_____ (c) Low_____

18. Do you have a standard operational procedures manual for Social Work/Welfare service provision?

  Yes___ No_____

19. What are the challenges that affect the social work practice on Social welfare service provision?_____

20. What are your opinions on the improvement of Social Work practices on social welfare service provision? _____

THANK YOU FOR YOUR ASSISTANCE. WE GREATLY APPRECIATE YOUR INPUT.

Appendix 3: Questionnaires

Questionnaire designed for research on Social work service users on "Assessing Social Work Practices in provision Social Welfare Service" The information provided will be used for academic purpose only and not otherwise.

1. Age_____

2. Gender ___Male   ___Female

3. What is the highest level of education you have obtained?

4. (a) Do you the term Social work?

   Yes_____ No_____ Not Sure_____

   (b) What do you know about the roles of Social Work in Social Welfare

   Provision? _____

   (c) Which source of information that rendered you to know about Social Work?

   (d) Do you think you have enough information about social work practice?

5. Do you think it's important to have social work professionals in provision of Social Welfare Service?

Which case/problem that you need to have social work Service?

_____

6. What is the status of your enrollment in the service?

(a) First time service (b) Referral(c) Linkage (d) Other specify_____

7. How do you evaluate Social work service? _____

Low   _____Medium _____High

8. Can you advise another person (Friend, family member, colleague or relative) to

attend Social work service? Yes_____ No_____

Why/ Why

not_____

9. How do you rate the social work service in term of professionalism?

_____

10. How Do you rate the social work service (a) Good (b) Not Good (c) Very Good

(d) Not Sure

11. Are you comfort with social work services? (a) Comfortable (b) Not comfortable

(d) More Comfortable

12. What are your opinions on the improvement of Social Work practices at the

agency?

_____

THANK YOU FOR YOUR ASSISTANCE. WE GREATLY APPRECIATE

YOUR INPUT.

Appendix 4: Observation checklist

Observation Checklist designed for research on *"Assessing Social Work practices in provision of Social Welfare Service"*

1. Office for Social Worker

2. Confidentiality and private facilities

3. Client waiting lounge/room with chairs

4. Valid License for Social work practice

5. Meeting room/Board room

6. Compiled list of contact for other Social Welfare service providers

7. Register book for clients

8. Client Referral form

9. Case management form

10. Clients observation/opinion/suggestion box

11. Proper clients records (files and report)

12. Office furniture (tables, chairs, cabinet, shelves)

13. A special chair for people with physical impairment

14. A special toilet for people with physical impairment

15. Enlightenment (Posters with educative messages and Social work information)

16. Office telephone/mobile phone

17. Emergency numbers: Fire, Police Crime, GBV & VAC,

18. Social Work posters

19. Wall Poster with Lists of Clients rights

20. Assistant or Supportive staff

21.   List of Contacts For Stakeholders

22.   List of Other Social Welfare Service providers

23.   Special Tools and environment For Children

24.   Special Tools and environment For Physical Impaired/Disabled Person

24.   Available Social Work/Social Welfare Policy/Law/Guideline/Strategy