

## **SOCIAL PROTECTION FOR THE ELDERLY IN ZIMBABWE: ISSUES, CHALLENGES AND PROSPECTS**

**Dhemba, Jotham**

### **ABSTRACT**

*This article was mainly based on a review of secondary sources of data and assesses the efficacy of existing social protection measures in averting the syndrome of poverty in old age. This is inspired by the view that the elderly have an inalienable right to social protection. The paper argues that existing anti-poverty measures, namely public assistance; the Pension and Other Benefits Scheme and other social welfare programmes are compromised by low coverage of the elderly among other vulnerable groups and the failure to provide adequate benefits. The use of the means-test in the implementation of the Older Persons Act (Chapter 17:11) of 2012 restricts the number of beneficiaries. In order to guarantee income and good health in old age, there is need to transform existing social protection measures in order to increase their coverage and to review the Older Persons Act so that it provides public assistance universally to the elderly. In addition the government should provide financial support to families caring for elderly relatives and to stimulate and achieve sustainable economic growth in order to create a basis for funding social protection measures.*

**KEY TERMS:** ageing, elderly, poverty, social protection, public assistance.

*Department of Sociology, Anthropology and Social Work, National University of Lesotho. Contacts: jotham\_dhemba@yahoo.com P.O. Roma 180 Maseru 100, Lesotho.*

## **INTRODUCTION**

While longevity should be celebrated as one of humanity's achievements, it is paradoxical that ageing is a major risk factor as the elderly in many African countries inclusive of Zimbabwe are experiencing the syndromes of poverty, ill-health, neglect, abandonment and abuse (Ferreira, 1999 and Bello, et al 2008). Survival at older age can be attributed to advances in medicine which contributes to improved health and a higher life expectancy.

However, according to Sen (1994), though population ageing is a feature in all countries, its consequences are more devastating in poor countries where it is occurring at a very fast pace. It is also paradoxical that ageing is not a priority issue in most developing countries leading Kalache in Sen (1994: ix) to lament that "the most neglected of all developmental issues- and the surest in its progression- is population ageing". There is therefore need to align social protection measures in developing countries in general and Zimbabwe in particular to 21<sup>st</sup> century demographics. According to the Asian Development Bank (2007:1) social protection is a strategy "consisting of policies and programmes to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, enhancing their capacity to protect themselves against hazards and interruption/loss of income". In essence social protection includes social insurance, public assistance and welfare programmes.

Though the definition of the elderly, also referred to as older persons, is contested terrain; this article adopts the United Nations position agreed upon at the World Assembly on Ageing at Vienna in 1982, which incorporates all persons aged 60 years and over. According to the United Nations (2009) 6% of Zimbabwe's population of 12,523 million people comprises of the elderly, and that this is projected to rise to 12% by 2050.

As will be shown later, the elderly in Zimbabwe are languishing in poverty mainly due to the absence of comprehensive policies focusing specifically on the elderly. The underdeveloped economic environment is also to blame for the plight of the elderly. Furthermore, while it has always been thought that the strength of tradition and family solidarity would avert social and economic insecurity in old age, Kaseke and Dhemba (2007) contend that new values of individualism emerging in African countries expose vulnerable populations to insecurity.

An analysis of the Poverty Assessment Study Survey findings by Madzingira (1997) confirms that poverty in Zimbabwe is very high. She highlights that 78, 5% of the elderly in Zimbabwe were classified as poor or very poor. They experienced shortage of food, clothing, lack of or poor accommodation, ill health and lack of draught power for those residing in rural areas. On the same note Hutton (2008) observes that the elderly in developing countries experience disproportionately high levels of poverty as about 80% of them have no regular income.

Of concern is that United Nations member states, inclusive of Zimbabwe adopted the Principles for Older Persons, Resolution 46/91 by the General Assembly in 1991 and the Madrid International Plan on Ageing in 2002 by the World Assembly on Ageing all of which require member states to provide social protection to the elderly. Article 22 of the United Nations Declaration of Human Rights of 10 December, 1948 also attests to the right of all citizens, inclusive of the elderly to social protection. Furthermore, Zimbabwe is a signatory to the Millennium Declaration (United Nations Millennium Development Goals of September 2000) whereby it committed itself, among other United Nations member states, to achieve set development goals including the eradication of extreme poverty and hunger by 2015. The specific targets for this goal (which is goal number 1 of the MDGs) are: to halve the proportion of people whose income is less than US\$1.25 a day and to halve the proportion of people who suffer from hunger.

With only about two years remaining, as the year 2015 draws closer, there is need to assess whether Zimbabwe is on track to reduce the problem of poverty and hunger among the elderly in the country. The aim of this article is therefore to examine the extent to which social protection measures in Zimbabwe are meeting the financial and health needs of the elderly in the country given that in terms of the Universal Declaration of Human Rights, among other international conventions the elderly also have a right to social security. Similarly, if one considers that the year 2015 which is the

target for having eradicated extreme poverty and hunger among other goals is fast approaching, it is necessary to assess the situation of the elderly in Zimbabwe.

## **OBJECTIVES**

The specific objectives of this article are to assess the efficacy of social protection measures in Zimbabwe in meeting the financial and health needs of the elderly and to suggest ways of ensuring that the financial and health needs of the elderly in Zimbabwe are met.

## **SOCIAL PROTECTION FOR THE ELDERLY**

Social protection for the elderly in Zimbabwe is a shared responsibility of the family, local and international NGO's and the state. The state operates two mainstream social protection measures namely public assistance and the Pensions and Other Benefits Scheme.

The public assistance programme which is administered by the Department of Social Services caters for the elderly inclusive of other vulnerable groups in the population. The state also operates a social insurance scheme, the Pensions and Other Benefits Scheme under the auspices of the National Social Security Authority of Zimbabwe. This scheme provides for retirement pensions in old age to formally employed workers only. The state also provides social welfare services such as free health care for vulnerable groups in the population including the elderly. In addition the Department of

Social Services is also implementing the National Action Plan for Orphans and Vulnerable Children (OVC) pilot project which inter alia caters for cash transfers to destitute elderly. This programme is funded mainly by donors including UNICEF. NGOs such as HelpAge Zimbabwe also provide support to destitute elderly including institutional care. The Older Persons Act of 2012 which provides for public assistance, among other services to the elderly aged 65 years and above was also enacted recently but it is yet to be implemented. These measures are examined below.

### ***Public assistance***

The Public Assistance Scheme in Zimbabwe provides for means-tested non-contributory maintenance allowances to the poor, inclusive of the elderly. According to Mupedziswa (1995) the problem with this scheme is that it is operated in accordance with the residual approach which holds that an individual's needs should be met by the family or market system and that the state should only assist when these systems breakdown. A means-test is therefore applied to determine eligibility for assistance and as can be expected many of the elderly are denied assistance because of the erroneous assumption that the extended family system is still functional. However, the reality on the ground is that the traditional social support systems of the family and community have been rendered ineffective as a result of the destabilising effects of modernisation, industrialisation and urbanisation and more recently globalisation. On the same note, Dhemba (1990) in a study carried out in

Zimbabwe found that only 7, 5% of retirees covered in the study were getting adequate support from their families.

Furthermore, the public assistance allowance is only US\$20 a month (as at 10 November 2012) which is far below the United Nations “official” poverty line of US\$1.25 per day (Department of Social Services Official 2012). According to Kaseke, et al (1998) potential beneficiaries are also discouraged from applying as they have to contend with transport costs given that social welfare offices are not always within easy reach. This problem is also compounded by the fact that even for the lucky few who manage to access assistance; its disbursement is erratic owing to perennial underfunding of the Department of Social Services (Kaseke, 1998). As an example, in the period January to September 2012 beneficiaries only got allowances for one month (Department of Social Services Official 2012). Furthermore, Kaseke, et al (1998) maintains that there is a lack of awareness of the existence of the public assistance scheme and as a result many potential beneficiaries do not apply for assistance.

### ***Social insurance***

The National Social Security Authority in Zimbabwe operates a contributory and compulsory Pensions and Other Benefits Scheme, which provides for retirement pension in old age among other services. This scheme was introduced in 1994 and because of its contributory nature it only caters for employees in the formal sector.

Furthermore, retirement pension is only US\$40 a month for most retirees; leading labour unions in the country describe it as “peanuts”. Dhemba (2012) also observes that most of the elderly are unlikely to be covered under this scheme given the high levels of unemployment in the country. Unofficial estimates put the level of unemployment in Zimbabwe at more than 70%.

### ***Institutional care***

The public assistance programme in Zimbabwe provides for alternative care for destitute elderly, but only as a last resort. Kaseke, Dhemba, Gumbo and Kasere (1998:60) point out that “there are about 71 old people’s homes in Zimbabwe”, which is indicative of the breakdown of the extended family support system and high levels of poverty among the elderly. According to Tran (2012) ideally the elderly want to “age in place” that is within their families and communities, but this is only possible with a guaranteed income, family and community care.

### ***Free health***

Though the elderly in Zimbabwe are entitled to free health services, Kasere (1992: 59) argues that “there is almost a total absence of a health care delivery system specifically for the health needs of the elderly. The elderly have to make do with an existing general care system which is not only inadequate for their specific needs but is also not easily accessible to them.” Furthermore, Kaseke, et al (1998) maintain that the elderly are not benefitting from free health

services as the hospitals and clinics are always congested and there is also a shortage of drugs and medical personnel. It is also government policy that children get priority in accessing medical care ahead of adults inclusive of the elderly.

### ***Older Persons Act***

Recognising old age as a distinct vulnerability, the government of Zimbabwe enacted the Older Persons Act of 2012 which provides for means-tested but non-contributory public assistance allowances among other services for the elderly. However, it is important to restate that the Older Persons Act is yet to be implemented and the level of public assistance allowances is also still to be determined. It should also be noted that the continued procrastination to implement provisions of the Act is indicative of the lack of political will to provide protection for the elderly. This also has potential to lead to speculation that the scheme is unlikely to receive adequate funding.

Zimbabwe's Older Persons Act does not guarantee social and economic security in old age as applicants are means-tested. It also excludes those aged 60 to 64 years as the minimum qualifying age threshold for the public assistance is 65 years and above and yet the onset of old age as defined by the United Nations is 60 years.

### ***National Action Plan (NAP) for OVC Phase II***

The donor funded National Action Plan for OVC which is now in its second phase and is being piloted in 10 of the poorest districts in

each of the country's ten provinces also provides social protection for the elderly among other vulnerable populations. It provides cash transfer of US\$25 per household and US\$10 per person living alone (Department of Social Services 2012). However, because the cash transfer scheme is means-tested the elderly with adult children are likely to be excluded from coverage. The Department of Social Services Official also indicated that "it focuses on labour constrained households". The cash transfer amount is evidently inadequate as it much less than the United Nations poverty line of US\$1.25 per day. This amount can therefore not be expected to meet the needs of beneficiaries for food, shelter and other basic necessities. The official from the Department also expressed reservations on the sustainability of this programme considering that it is donor driven.

## **DISCUSSION**

Though Zimbabwe should be lauded for continuing to develop social protection measures for its people, existing schemes do not address the needs of the elderly in a comprehensive manner. What is also disappointing is that even the recently enacted Older Persons Act which was expected to address the shortcomings of the public assistance scheme and the Pensions and Other Benefits Scheme also fails to address the problem of poverty among the elderly.

The public assistance scheme which is one of the major social security schemes in the country is not a viable social safety net. Firstly, the scheme is compromised by the application of a means-

test, which effectively restricts the number of beneficiaries as some fail to meet the eligibility criteria. As pointed out elsewhere some potential beneficiaries find the transport costs to the nearest social welfare office where they are required to launch their application for assistance prohibitive and are therefore excluded from accessing the scheme. Furthermore, as Kaseke et al (1998) observe some potential beneficiaries are also not aware of the existence of the scheme and they therefore do not avail themselves for assistance.

Second and perhaps quite worrisome is that the public assistance allowance provided for under this scheme (US\$20) is far below the United Nations minimum of US\$1.25 a day which is not enough to meet the needs of the elderly. Also compounding this problem is the erratic disbursement of the public assistance. As indicated elsewhere, recipients of public assistance only got allowances for one month during the period January to September 2012 (Department of Social Services Official, 2012). Therefore even the few who manage to qualify for public assistance do not always get the allowances owing to inadequate funding of the programme. This state of affairs is consistent with the ILO (2000: 81) observation that in many countries “social assistance usually takes a relatively low priority among other social services such as health, education and employment”.

On the basis of the above it can safely be argued that the public assistance programme is not on track in meeting the Millennium

Development Goal of alleviating poverty among the general population of Zimbabwe inclusive of the elderly by the year 2015.

On the other hand, the Pensions and Other Benefits Scheme, a social insurance scheme providing for retirement pension in old age among other benefits is supposed to complement the public assistance programme. However, because of its exclusive focus on formally employed workers it is also compromised by the low coverage of the scheme. It excludes the unemployed, informal sector workers, domestic workers and rural peasant farmers from coverage mainly because the scheme is funded from the monthly contributions of employers and their employees. On this basis the unemployed and self-employed are assumed to lack the capacity to finance the dual contributions required. However, as Dhemba, et al (2002:114) observe “a number of countries in the developing world, including Jamaica, Egypt, the Philippines and Barbados, have extended limited protection to some sectors of the self-employed population”. In this regard Schultz (1992) notes that the social insurance scheme in the Philippines extended coverage to farmers and fisherman which goes to show that it is possible to assimilate those operating outside the formal sector in national social insurance schemes.

The high levels of unemployment in the country also mean that only a minority of the population is covered under this scheme. As Kaseke (1997) observes, the proportion of those in employment in Eastern and Southern Africa does not constitute more than 25% of the total labour force. Resultantly the low coverage of the Pensions

and Other Benefits Scheme undermines its potential to avert and reduce poverty in old age. Therefore, in its current form, the Pensions and other Benefits Scheme cannot be relied upon for protection in old age.

Similarly, as presently constituted, the Older Persons Act of Zimbabwe cannot be expected to reduce poverty among the elderly. This is because, first, the means-test that is applied inevitably leads to low coverage of the elderly and yet the development and subsequent enactment of the Older Persons Act in September 2012 was the most opportune time to close the coverage gap of existing social protection arrangements. The selective provision of social welfare services in an environment of mass poverty only serves to worsen the plight of the elderly.

Second, the means-testing to determine eligibility for public assistance and other services is a clear indication that this scheme is unlikely to receive adequate funding as government can always argue that they have other priorities. A case in point is the public assistance programme which has ceased to be a viable social safety net owing to poor funding and erratic disbursement of benefits. On this basis it can also be argued that, though the level of public assistance allowances is still to be determined, not much can be expected from this scheme. Indications are that the public assistance is unlikely to be pegged above the current level of the public assistance programme which is US\$20 (Department of Social Welfare 2012).

Though there is now legislation specific to the elderly in Zimbabwe, namely the Older Persons Act which provides for public assistance allowances among other services the fact that it is yet to be implemented and that applicants shall be means-tested demonstrates failure in the design and implementation of social policies aimed at reducing the problem of poverty in old age. Zimbabwe needs to take a leaf from other countries in Southern Africa which have introduced old age pensions serving the same purpose as public assistance under the Older Persons Act.

It is argued that the public assistance to be provided under the Older Persons Act should be universal, that is covering all the elderly in Zimbabwe. This argument is based on the evidence showing that social grants are the *sine qua non* for poverty reduction in developing countries. In the case of Lesotho, where they provide universal pension, Nyanguru (2007) contends that it leads to intergenerational solidarity and recipients feeling satisfied with their lives. This is corroborated by Croome and Mapetla (2007) who assert that pensioners in Lesotho use the money to buy more food and that they even afford buying protein rich foods such as beans, meat, eggs and other household needs.

Similarly, even though the public assistance in South Africa which is in the form of old age pension is means-tested, Legido-Quigley (2003) contends that it has turned into a poverty alleviation programme within the household as it targets the elderly but it also benefits the younger generations. As Kaseke (2010) points out,

social grants for the elderly in South Africa amount to SAR1.010 which is equivalent to about US\$100 (as of November, 2012). Therefore, notwithstanding the selective nature of the South African old age pension, the payout for those adjudged to be deserving of assistance, is about three times above the United Nations poverty line of US\$1.25 a day. This is significant in that the amount enables the beneficiaries to bounce out of poverty. HelpAge International (2004) also points out that evidence from developing countries operating social grants for the elderly indicates that they have a positive impact on individual poverty and the household economy.

Furthermore, contrary to the widespread belief that universal social grants are not sustainable in developing countries, Lloyd – Sherlock (2008) observes that even relatively poor countries such as Bolivia are able to pay an annual flat payment of around US\$200 to the elderly aged 65 years and over. In the case of Zimbabwe, the Central Statistical Office (1994) quoted in Kaseke, et al (1998:1) reveals that the country “has abundant natural resources and its economy is diversified with relatively developed commercial, industrial, mining and agricultural sectors”. Therefore, notwithstanding that the country experienced an economic meltdown from the year 2000 to 2009 due to unresolved political problems and international isolation the economy is showing signs of recovery and is therefore in a position to implement and finance universal public assistance allowances for the elderly. However, it is also necessary for the government to promote economic growth and development to

enable the country to sustain the public assistance allowances for the elderly.

In this regard Weaver (2000) asserts that the commitment to assisting disenfranchised people has always distinguished the social work profession from other helping professions. It is on this basis that it is imperative for social workers to ensure that the plight of the elderly in Zimbabwe is addressed. This is also in line with the contention by Reyneke (2010) that social workers have an ethical responsibility to advocate for the provision of sufficient resources to the poor and marginalised. On the same note Dhemba (2012) maintains that it is necessary that social workers undertake a variety of roles, including advocacy and policy formulation in order to effectively serve those who experience social exclusion. The provision of a universal public assistance is also critical in enabling social workers to effectively respond to the needs of the elderly as they also need to draw on social work services through legislative and policy interventions.

## **CONCLUSION AND RECOMMENDATIONS**

Though it is laudable that Zimbabwe has made commendable progress in endeavours to provide social protection to the elderly, among other population groups through the public assistance programme, the Pensions and Other Benefits Scheme, initiatives by NGOs and communities, and the recently enacted Older Persons Act, the country is off-track in meeting the MDG number 1 target of

halving poverty and hunger by 2015. A number of gaps and unmet needs of the elderly remain.

The main weaknesses of existing social protection measures are that they do not provide adequate benefits and their coverage of the elderly is not inclusive. The public assistance allowance (US\$20) provided under the Public Assistance Scheme and the cash transfer of US\$25 provided under the National Action Plan for OVC fall below the official United Nations poverty line of US\$1.25 a day. Therefore, considering that these are potentially the main sources of support for the elderly, it means that even the lucky few who are able to get assistance still remain in poverty. Furthermore, the public assistance programme not only excludes the majority of the elderly in Zimbabwe but it cannot be relied upon as payment of allowances is not always guaranteed. It is therefore imperative for the government to increase its budgetary allocation to the Department of Social Services to enable it to provide public assistance to the elderly on a regular basis. There is also need for innovativeness to ensure broad based coverage of the Pensions and Other Benefits Scheme. Furthermore, while it was hoped that the enactment of the long awaited Older Persons Act in September 2012 would bring some relief to the elderly, this is unlikely to be the case as the scheme has maintained the legacy of means-testing, which inevitably leads to the exclusion of the majority of the elderly.

Given these limitations, transformation of the existing social protection measures is necessary if comprehensive protection is to be

afforded to the elderly, among other vulnerable groups. There is an urgent need for the review of the Old Age Pensions Act so that it provides for universal public assistance for the elderly. It is also critical to ensure that the public assistance allowances are above the United Nations poverty line of US\$1.25 a day to enable the elderly to meet their basic needs for food, health and shelter to name but a few. In addition the scheme needs to be implemented as a matter of urgency as further procrastination condemns the elderly to perpetual suffering.

It is also on the basis of the aforementioned that social workers, inclusive of those employed in the Department of Social Services should push for the review of the Older Persons Act. The Act should provide for inclusive coverage of all the elderly in Zimbabwe, irrespective of their circumstances. In this regard, the need for Zimbabwe to stimulate and achieve sustainable economic growth which creates the basis for universal public assistance for the elderly cannot be overemphasised.

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