

# Afrocentric Social Work Practice Guidelines for Assisting African Clans Raising Children with Congenital Abnormalities

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## Abstract

The entanglement of African people with a system of westernised social work alien to their world view produces a paradigmatic and epistemic crisis. Consequently, African scholars are called upon to employ evidence-based methods to develop contextually rooted theories and models for African social work. Despite the outcry and numerous texts amplifying the need for decolonised social work typologies, there is still a scarcity of locally developed social work approaches or models. The lived experiences of African clans raising children with congenital abnormalities offer a window into the untapped yet rich world of African ways of being and knowing. This article presents Afrocentric social work practice guidelines for assisting African clans raising children with congenital abnormalities. Guided by the “Africana existential philosophy” and the intervention design and development model, the author used data generated from an original study of African clans’ lived experiences to develop a set of Afrocentric social work practice guidelines. The development of these empirically based practice guidelines for Afrocentric social work may encourage more efficient, effective and responsive social work practice with this population. It is also anticipated that the guidelines may further expand on a decolonised social work curriculum and help to formalise the resurgence of indigenous knowledge systems in social work research, practice and training. These guidelines do not exclude other theoretical options but rather complement them and provide an alternative perspective from the Global South.

**Keywords:** Afrocentric, African clan, African world view, congenital abnormalities, practice guidelines



## Introduction

The African clan is viewed in this article as an indigenous foundational social institution of the African society. African clans raising children with disabilities are among the most neglected segments of the population of social work clients in South Africa despite the verifiable need for psychosocial support (Geiger 2010; Malatji and Ndebele 2018; Ross and Deverell 2010). The 2011 census revealed that about 7 per cent of South Africa's population is made up of persons living with disabilities (Statistics South Africa 2014). There are cultural variations between Western and African ways of responding to disability (Geiger 2010). Attesting to the differences, Ross (2010) distinguishes between two main health conventions found in South Africa, namely, the modern approach located within a Western medical paradigm and the traditional approach among African people based on indigenous knowledge systems. The ontological and epistemological roots of the foregoing health conventions are foregrounded on starkly different Western and African world views.

Ross (2010) reported several negative treatments of children with congenital disabilities that are raised in African communities, which get publicised. These include incidences of children hidden, abused and/or killed because of their impairments. On the other hand, Geiger (2010) revealed in her study that, despite widely publicised negative reactions to disability among African people, the inclusive community values and positive stories are more prevalent than is currently documented. It is thus in the interest of this article to expand knowledge about the experiences and the support available to African clans raising children with congenital disabilities. While sociological and anthropological literature illuminate the uniqueness of each African clan, the same literature also highlights the prominence of numerous contextual elements of social organisation and patterns of interactions and relationships that are common across many African clans (Geiger 2010; Russell 2003; Siqwana-Ndulo 1998; Tembo 2019). This may be attributed to a common world view shared by the African people (Ross 2010).

Congenital abnormalities, also called birth defects, refer to a variety of structural and/or functional anomalies during intrauterine life (pregnancy), resulting in a child born with some form of disability (Corsello and Giuffrè 2012; World Health Organization 2020). Down syndrome is one example of a congenital abnormality commonly found in children (Mueller and Young 2005). Other examples include autism spectrum disorders, cerebral palsy, and several other forms of intellectual disabilities. Because of the medical, physical, and functional defects that come with congenital abnormalities, giving birth to such a child constitutes a difficult and traumatic experience. It follows that parents and significant others will need social work services. These services should be available at the level of the clients' understanding while accommodating their belief systems.

However, not much has been written about the unique experiences of African clans. This is despite the wealth of indigenous knowledge characterising their response to disability and the inherent potential for developing decolonised social work practice

guidelines. Social work services to African clans raising children with congenital abnormalities are neglected in social work literature. One way of advancing decolonised literature on the unique experiences of African clans may be using such as the basis for crafting practice guidelines.

The vast literature on social work practice emphasises that practice guidelines may increase evidence-based practice and improve social work intervention outcomes (Gould 2010; Howard and Jenson 1999; Wambach, Haynes, and White 1999; Williams and Lanigan 1999). The development of practice guidelines may also promote more informed decision-making by clients and contribute to the development of a decolonised social work education and practice. Eventually, through the development of empirically based practice guidelines, the proverbial divide between the practitioner and the researcher may be bridged and the scientific foundations of social work practice strengthened (Gould 2010).

This article aims to present Afrocentric social work practice guidelines to assist social workers working with African clans raising children with congenital abnormalities in an attempt to close the existing knowledge gap. It is hoped that these guidelines will contribute to improving the experiences of African clans raising children with abnormalities when accessing social work services.

In the following sections, I outline the literature review and methodology when designing and developing guidelines presented and the theoretical frameworks used. I then discuss the set of Afrocentric social work practice guidelines divided into clinical and organisational aspects, followed by my concluding remarks.

## Literature Review

The literature review will cover three themes, namely, conceptualisation of the African clan, decoloniality in social work, and Afrocentric social work.

### **Conceptualising the African Clan**

The word congenital disability is used interchangeably with a disability to refer to the same thing, while the word “African” is used in this article to refer to the indigenous people of South Africa or people of African descent, often referred to as Black people. Contrary to Western conceptualisation of the “family”, I use the concept of the African clan. The word family is generally understood to refer to the “conjugal pair that maintains a household with their biological or adopted children” whereas anyone else outside this nuclear circle is considered “extended family” (Russell 2003, 12). Conversely, the African clan is a collective of people related through kinship (blood) and/or marriage. They may or may not share a household but consider themselves a “ndyangu”, “umndeni” or “lapa” (vernacular for a clan).

Writing from a vintage point of an African and decolonial social work scholar, I deliberately preferred conceptualising the African clan as a foundational social system found among indigenous African people instead of just “family” as construed within the conventional Eurocentric cultural thought. The deliberate negation of alien concepts and preference for concepts that are closer to the lived realities of the people whom the article focuses on is vital as a liberating exercise in decolonial scholarship. Its significance lies in its ability to aid the resurgence of ways of being and knowing previously silenced by the imposition of hegemonic discourses.

My choice of the concept of the “African clan” is based on my appreciation of the fact that a distinctive Western world view undergirds the word “family” as a concept. Its indiscriminate use and the generally held assumptions of its universality therefore imply that the unique African systems of social organisation are ignored. It also implies that the African social systems were in “linear progression towards the supposedly superior . . . Western-style marriage and the nuclear family” (Siqwana-Ndulo 1998, 410). However, both rural and urban African clans’ lived experiences regarding marriages and household formations suggest otherwise (Russell 2003). In his comparative study of urban and rural African household formations, Russell (2003) found that they remained the same despite the pressure and fierce assault imposed on them by colonial modernity and apartheid policies in South Africa.

I acknowledge the progressive move by the South African government in adopting a contextualised definition of family, with its fluidity in content and form as defined in the White Paper on Families (RSA 2013). Taking into consideration the legislative framework in South Africa, the White Paper on Families (RSA 2013, 11) defines a family as:

a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence

As intimated by Amoateng and Richter (2007, 4) and conceded by the White Paper on Families (RSA 2013), there is a general consensus among behavioural and social scientists that “families never fit nicely into any single model” and are therefore difficult to define. This is indeed true; however, the foregoing authors and many others continue to universalise the concept “family”, whether wittingly or unwittingly, without acknowledging the coloniality embedded in its origin. The difficulty in finding a standard definition stems from its origin in a parochial Western cultural context that does not mirror the social realities of diverse cultural centres as may exist worldwide.

This difficulty was demonstrated by the findings of a quantitative analysis of the South African family types by racial groups (DSD 2008). The study revealed that African people, followed by Coloured people, had the highest proportion of three-generation, absent-spouse, single-parent, child-headed and siblings families, whereas White people had the highest proportion of elder-only and married-couple-only families (DSD 2008).

This ties well with the conventional Western concept of family as consisting of a married couple together with their biological or adopted children being the lived reality of White South African people. By contrast, the African kinship network is complex. When such a complex system is disrupted by urbanisation and migration, it decentralises into three-generation, absent-spouse, child-headed and siblings family types. However, in reality, these are mere subsystems of an African clan system. They draw emotional and material resources from the clan system even when they are physically displaced and disintegrated from the clan.

The origin of the common dictum “it takes a village to raise a child” is to be found in this clan-centred cultural orientation. The pre-colonial African settlements were inhabited by a clan, led by a traditional leader related by blood and marriage to the people they led (Tembo 2019). Such clan-based settlements existed before colonial conquest and apartheid forced removals in South Africa. None of the loosely translated forms of the “family”, such as the three-generation, absent-spouse, single-parent, child-headed and siblings families, find practical and linguistic expression among the indigenous vernacular and cultural practices of African clans. This results in serious contradictions and conceptual confusion when African people interface with the law and the prescriptions of the White Paper on Families (Nathane-Taulela and Nduna 2014). This effectively unmasks the alienation of African people in this context.

### **Decoloniality in Social Work**

Social work scholars in the Global South have long argued that social work theory and practice developed in Western contexts is ineffective and culturally irrelevant to local social challenges (Brydon 2011; Graham 2002; Gray 2005; Marais and Marais 2017; Midgley 2008; Mungai 2015; Mwansa 2011; Osei-Hwedie and Rankopo 2008; Schiele 2000; Twikirize and Spitzer 2019). Considering the prevailing Euro-North American hegemony in the social sciences, scholars have called for a shift in the geography of knowledge underpinning social work to allow for the resurgence of contextually rooted indigenous knowledge systems that exist across the globe, particularly in the Global South (Marais and Marais 2017; Munford and Sanders 2011; Mwansa 2011; Twikirize and Spitzer 2019). Similarly, the International Federation of Social Work and the International Association of Schools of Social Work adopted a new global definition of social work that affirms indigenous knowledges as one of the sources of social work knowledge (IFSW and IASSW 2014).

In South Africa, several social work scholars argued that the absence of authentic African-rooted theories and models implies that the African lived experience is silenced within the existing social work body of knowledge and practice (Mathebane 2016; Ross 2010; Shokane and Masoga 2018; Thabede 2008). It was through this realisation that the Association of South African Social Work Education Institutions (ASASWEI) hosted a conference on decoloniality in social work in 2017. The *Southern African Journal of Social Work and Social Development*, in partnership with the ASASWEI,

devoted a special issue to decoloniality in social work education (Qalinge and Van Breda 2018).

Like many developing countries, South Africa has over the years expressed commitment to improving social welfare services, in part, to drive nation-building. The adoption of the White Paper for Social Welfare (DSD 1997) and the subsequent review of the White Paper for Social Welfare 1997 (DSD 2016) attest to this commitment. Most important and relevant to this article is the White Paper for Social Welfare review and its commitment to indigenisation of social welfare (DSD 2016).

There is little and often dated literature on the distinctive household formations of African people or what I refer to as African clans, hence the use of old references in this regard. There is a general lack of literature on the way in which the African world view influences the way African people make sense of their experiences (Mathebane and Sekudu 2018; Shokane and Masoga 2018; Mathebane 2016; Thabede 2008). The paucity of research on the lived experiences of African people and the largely Western orientation of social work silences the African experience in the conceptualisation of social work theory.

It is against this backdrop that I argue for a critical re-examination of social work theory and practice in South Africa, and its realignment with contextual imperatives, such as the African world view, whose virtues can only be unmasked through an exploration of the lived experiences of those who embody it.

### **Afrocentric Social Work**

Afrocentric social work refers to a typology of social work adapted to the needs and objectives of the African people (Mungai 2015). Schiele (2000) valorises the African world view arguing that despite the oppression of African people and the imposition of colonial values on them, they demonstrated resilience by holding on to some of the key cultural and traditional values, psycho-behavioural patterns, and ethos. While sharing similar sentiments, Sherr (2006) advances that, given their lived experiences of political, economic and cultural oppression, African people may consequently vary in their internalisation and demonstration of a traditional African cultural ethos and their level of acceptance and pride in the African world view.

I therefore concur with Schiele's (2000) assertion that Afrocentric social work is simultaneously particularistic and universalistic. Indeed, Afrocentric social work as a typology of social work rooted in and centred on the African world view presents an opportunity for Africa to look within itself for solutions to its social challenges while harnessing possibilities and potential for the world to learn from her ways in what Santos (2014) has dubbed "intercultural translations". This is a horizontal dialogue between different sites of cultural knowledges (Santos 2014). Similar sentiments are expressed by Connell (2014) in her literature on Southern Theory. Afrocentric social work thus

effectively represents an epistemic intervention that denounces past impositions of foreign epistemologies that suppressed local cultural knowledge systems.

In keeping with Schiele's (2000) sentiments, I would further argue that Afrocentric social work should also concern itself with the liberation needs of African people, including their spiritual and moral development. This spiritual and moral development has the potential to benefit the entire world and its ecology of knowledges, as espoused by Santos (2014). The rich spiritual traditions of Africa may potentially add value to the extremely bad state of global social relationships.

Several authors agree that the affirmation of social justice and compassion such as those embraced through the spirit of "ubuntu" may potentially be of benefit to global humanity (Mawere and Van Stam 2016; Mkabela 2015; Sekudu 2019; Twikirize and Spitzer 2019; Van Breda 2019). Ubuntu as an African concept refers to "humaneness between people within a community" (Van Breda 2019, 439) and "a pervasive spirit of caring and community, harmony and hospitality, respect and responsiveness, that individuals and groups display for one another" (Mangaliso 2001, 24).

Central to the concept of ubuntu is the notion of "Ntu" meaning the spirit of God (Schiele 2000, 803). Pioneering scholars of African or Bantu philosophy including Placide Tempels, Alexis Kagame and lately Magobe Ramose conceptualised "Ntu" as a vital force of which the source is God (Peter 2014). The author argues that "Ntu" as a force is instrumental in conveying harmony between the physical and spiritual world (Peter 2014). This is crucial in Afrocentric social work given the centrality of spiritual development in its methods seeking to combat spiritual poverty and alienation among African people which, according to Schiele (2000), prevent people from being in line with "Ntu". In southern Africa, ubuntu is inextricably linked to "Ntu" and the general belief is that all African people are descendants of a great forefather and ancestor known as "Ntu", hence the use of the word "bantú" to refer to African natives (Schiele 2000, 803).

Among the key themes covered in the methods of Afrocentric social work as envisaged by Schiele (2000) is a focus on transforming people from suboptimal to optimal thinking, fighting oppression, building community strengths, and ensuring an affective helping relationship and mutuality.

An affective helping process implies the emotional connectedness of the social worker and the African clan (Schiele 2000). The literature on Afrocentric social work underscored the importance of shifting from professional objectivity, which creates aloofness associated with the Eurocentric world view, to a more personal and involved helping relationship consistent with the African world view (Graham 2002; Mungai 2015; Schiele 2000; Sherr 2006). The objective helping process is characterised by emotional distance, generally viewed as undesirable among Afrocentric social work

scholars. The emotional distance created by objectivity is perceived as a barrier to a spontaneous working relationship built on trust and authenticity.

Similarly, Afrocentric social work scholars view objectivity as elusive, given that objectivity is in itself a value (Schiele 2000). This value is foregrounded on the assumption that there is, outside both the worker and client, an absolute “truth” or reality about the client’s problem that the social worker is able to accurately determine through a diagnostic assessment (Schiele 2000, 811). It is against this backdrop that contrary to mainstream social work Afrocentric social work emphasises emotional and subjective connection. This implies that both the client and social worker’s viewpoints are considered when assessing and diagnosing the problem at hand. But this is discouraged in mainstream conventional social work; it is often dismissed as “professional heresy or de-professionalisation” (Schiele 2000, 811).

Furthermore, mutuality within the helping relationship means the social worker and the African clan can learn from each other and appreciate the way both are adversely affected by various structural and systemic forces (Schiele 2000). The social worker can learn and be empowered by the strengths and assets of the clan being helped. Mutuality in the helping relationship also extends to ownership of the presenting problem by both parties, thereby directly or indirectly affecting both parties.

The Afrocentric paradigm also espouses transformation of African people from suboptimal (obsession with materialism and fragmentation) to optimal holistic thinking (Schiele 2000; Sherr 2006). Schiele (2000, 812) stresses that Afrocentric social work is characterised by a world view that is foregrounded on “holistic thinking and spiritual development”. This view of the world enables people to view differences as complementary rather than opposing forces.

Furthermore, from an Afrocentric social work perspective, cultural oppression is the foundation of political and economic oppression (Schiele 2000; Sherr 2006). In line with Brydon’s (2011) proposal of cultural relativity, Schiele thus propagates that social work should advocate cultural pluralism. Cultural pluralism is “the belief in the equal affirmation and contribution of the various groups that constitute a multicultural society” (Schiele 2000, 812). Bringing this point closer to home therefore means that African social workers need to play a vital role in educating and affirming the African clans’ knowledge systems, historical experiences and advances.

The fight against political, economic and cultural oppression is consistent with the developmental approach adopted by the South African government and the broader social work fraternity as conceptualised by Patel (2008). In line with this, Patel (2008, 73) contextualised the developmental approach enshrined in the White Paper for Social Welfare (DSD 1997) as “a pro-poor strategy promoting participation of the socially excluded [. . .] to achieve social and economic justice, human rights, social solidarity and active citizenship”. Furthermore, in her conceptualisation of the

developmental approach, she underscored the harmonisation of socio-economic development.

## Methodology

The guidelines presented in this article derive from the findings of my research on the African clan system. The study explored the experiences of African clans raising a child with Down syndrome including the nature of social work services received and whether such services were congruent with the clan's existential conditions and subjectivities (Mathebane 2017). The findings include, *inter alia*, that the African clan remained resilient, retaining its unique character distinct from the Western nuclear family system. In relation to dealing with challenges associated with raising a child with Down syndrome, the African clan's concerns were found to transcend preoccupation with the aetiology and treatment of the condition as emphasised in the Western paradigm. Without discounting the significance of the aetiology and treatment of the condition, the African clan draws on its spirituality and affection to consider the purpose and function of the condition in the bigger scheme of things. Social work as a helping profession seemed to be unpopular among African clans raising children with Down syndrome (Mathebane 2017).

Drawing on these findings and the theory presented earlier, I used the intervention design and development (IDD) model of Thomas and Rothman (2013) to develop Afrocentric social work practice guidelines for assisting African clans raising children with congenital abnormalities. This article presents the results of the third phase of the IDD model known as the "intervention programme design" phase, which entails "application of relevant scientific, clinical and practical information to the creation and assembly of innovations appropriate in the human service intervention" (Thomas and Rothman 2013, 151).

Guided by the African existential philosophy, social constructivism and the IDD model, I used my in-depth understanding of the lived experiences of African clans raising children with Down syndrome to identify solutions to the research problem identified of lack of contextually rooted theories and approaches for assisting African clans grappling with congenital abnormalities. I then designed bespoke solutions to assist social workers working with African clans raising children with congenital abnormalities.

This was followed by testing of the guidelines at the "programme development and review phase", where the designed intervention programme was implemented on a trial basis and refined to optimal levels (Thomas and Rothman 2013). Finally, the evaluation component is an important and integral part of the entire process. Although discussed separately here, it does not unfold separately, but remain an ongoing activity throughout the process. However, an evaluative research study will be conducted within a couple

of years of operationalisation of these guidelines to inform advanced development initiatives going forward.

## Theoretical Framing

The “Africana existential philosophical” lens (More 2008; Sithole 2016) was used concurrently with three theoretical frameworks, namely social constructionism and/or constructivism (Andrews 2012), the eco-systems theory (Ambrosino et al. 2007; Zastrow and Kirst-Ashman 2010), and the strengths perspective (Cummins, Sevel, and Pedrick 2006). The philosophical lens and the theoretical frameworks played a vital role in guiding the data analysis, and the research data that formed the basis for developing the practice guidelines.

The “Africana existential philosophy” enabled me to effectively use African clans’ lived experiences raising children with Down syndrome as a unit of analysis to arrive at an in-depth understanding of their experiences and their meanings. Such experiences could not have been adequately understood from a Eurocentric perspective. This philosophical stance also enabled me to analyse and understand the data within the context of the African world view, while the use of the social constructionist or constructivist theory within “Africana existential philosophy” helped me to appreciate that knowledge systems forming part of the African clan are socially constructed at both a collective and a personal or individual level.

The social constructionist positionality was chosen for its consistency with the African paradigm that privileges the collective rather than the individual, and constructivism was also used to explain individual differences or deviations from the collective. The use of the ecosystems theory and the strengths perspective foregrounded the African clan as a system forming part of a bigger cosmic environment. The strengths perspective was used to identify various opportunities and areas of strength and resilience keeping the clan system intact and functioning optimally.

## Afrocentric Social Work Practice Guidelines for Assisting African Clans Raising Children with Congenital Abnormalities

The guidelines are divided into two broad categories, one being the clinical more personal aspect, and the other, organisational or institutional. The first category relates to the clinical aspects of the social work helping process. The second category deals with organisational issues that influence the implementation of the practice guidelines.

## **The Clinical Guidelines**

### *Rendering clan-centred social work services*

Based on the vast variations in cultural inclinations that exist among South Africans, and the differences that exist between Western and Afrocentric social work, I suggest that social workers adopt the framework for cultural relativity as propounded by Brydon (2011) to allow for intercultural translations and dialogue where possible. This professional stance enables social workers to approach each African clan raising a child with congenital abnormalities with an open mind and to allow their holistic assessment outcomes to determine the way in which the African world view would be best applied to their intervention. To achieve this, the following guidelines are proposed:

- Ensure joint determination between the social worker and the client (African clan raising a child with congenital abnormalities) over a preferred cultural frame of reference when intervening.
- Develop a personalised intervention plan in collaboration with the African clan in line with the needs of the clan and congruent with its cultural frame of reference.
- Put efforts into understanding the African clan's totem and praises and the way in which they influence perceptions on the way in which the clan deals with congenital abnormalities.
- Strive to understand the relationships and interaction patterns within the clan because they influence the way in which the incidence of the birth of a child with congenital abnormalities is dealt with collectively and individually within the clan.
- Ensure an understanding of the spiritual background of the clan, including important rituals and ceremonies normally conducted and observed when a child with congenital abnormalities is born and their meanings to the clan to appreciate the way in which the situation is interpreted.
- Ensure an understanding of the traditional protocols and conventions of the clan and its custodians. The African clan is anchored on a rich cultural heritage with a series of unwritten protocols and conventions covering a range of circumstances and eventualities including the birth of a child with congenital abnormalities.
- Address members of the clan by their social titles and surnames or as uncles, aunts, fathers, or mothers to children if the names of the children are known, either that of the eldest child or that of the child with congenital abnormalities. For instance, grandparents must be addressed as grandparents (Granny/Grandfather) and parents as parents (Mother/Father); siblings as brothers and sisters. The elders are always called by their titles, followed by their surnames such as "Gogo Baloyi" (Grandmother Baloyi). It is frowned

upon as disrespectful in African cultures to call an elder by their first name and this extends to older siblings.

- Avoid maintaining eye contact as it is perceived to be disrespectful within the African world view.
- Acknowledge and affirm the traditional social support system inherent in the African clan system that can potentially be mobilised when dealing with challenges associated with the birth of a child with congenital abnormalities.

### *Transformational social work interventions*

The transformational guidelines for Afrocentric social work focus on the mind (holistic thinking). The main objective is to transform African clans raising a child with congenital abnormalities from suboptimal to optimal thinking that is integrative and holistic. Social workers working with African clans need to capitalise on collaborative working relationships, optimal involvement, partnerships, empowerment, and engagement with the African clan, as emphasised by the developmental approach (DSD 1997). The following guidelines are proposed:

- Underscore the values of spirituality, connectivity, collectivity, mutual aid and cooperation as inherent in the African world view.
- Assist the African clan raising a child with congenital abnormalities to shift emphasis from the restricted and superficial sense of self-worth and human worth based exclusively on materialism to one based on spirituality and affection.
- Create an environment that is conducive to effective engagement on issues of spirituality and affection, considering issues of privacy and confidentiality within the context of raising a child with congenital abnormalities.
- Suspend personal judgements, particularly when you may not necessarily share a similar world view.
- Involve the clan throughout the process of intervention. Facilitate and support the members of the clan to reflect on their experiences in relation to raising a child with congenital abnormalities.
- Inquire from the clan regarding members who should be involved and the extent to which they may be involved in the intervention process. This refers to significant other members of the clan occupying positions of authority in accordance with customary practices and the clan's wishes.
- Engage fully all members of the clan present at therapy sessions, recognising their important role in the intervention process as representing the aspirations of the clan.

- Ask whether the way the communication is handled is appropriate and effective for the clan and the presenting situation to ensure that the process move at the same pace with the clan.

*Combative interventions against political, economic and cultural oppression*

It is critically important that, over and above helping the African clan deal with the immediate psychosocial challenges associated with raising a child with congenital abnormalities, the social worker also aims at empowering the clan politically, economically and culturally for genuine emancipation and empowerment to occur. This line of emphasis is consistent with the spirit of the developmental approach (DSD 1997). Communicating effectively with the clan is the springboard for achieving political, economic, and cultural emancipation. The following guidelines are proposed:

- Dedicate adequate time to a discussion of the clan's historical experiences, achievements and sources of pride.
- Identify elements and sources of cultural oppression from their historical experiences, and options for redress.
- Discuss the clan's rights and responsibilities linked to their experiences in the past and future terms.
- Identify and build on the clan's strengths and use such as a starting point and means to helping them deal with challenges associated with the birth of a child with congenital abnormalities.
- Tap into purposeful self-disclosure to promote mutuality in the helping relationship. This involves sharing of own historical experiences on the part of the helper.

*An affective and mutual helping process*

As a major distinguishing factor between mainstream and Afrocentric social work and by implications, these guidelines would be the intentional shift from exclusive focus on technical rationality to embrace emotional connections. Meaning that both the helper and the helped as human beings are influenced and influence the helping process on the basis of their shared humanity. The following guidelines are proposed:

- Make time for emotional connection with the African clan through the balanced use of both empathy and sympathy. The exclusive use of empathy in the Eurocentric paradigm militates against the common use of sympathy in the African world view. Empathy may thus be interpreted as being aloof and uncaring, resulting in failure to build genuine rapport.
- Share emotional reactions freely to the presenting problem of the birth of a child with congenital abnormalities.

- Cry with the clan if necessary and share their emotional outbursts, anger and frustrations surrounding the experience of the birth of a child with congenital abnormalities.
- Allocate adequate time with the clan and build lasting relationships, instead of the short-term view prevalent in mainstream social work practice.

### **Organisational Guidelines**

In addition to the discussion on clinical guidelines for assisting African families raising children with congenital abnormalities, it is imperative that the organisational environment too be receptive and responsive to the clan. The following section deals with organisational issues that need consideration when promoting Afrocentric social work, and the importance of a well-coordinated and integrated Afrocentric social work service delivery system and environment. The buy-in of management will play a pivotal role in institutionalising this Afrocentric social work practice guidelines.

#### *Transformation of the spatial, environmental and infrastructural landscape*

The “built and aesthetic environment” of service points and health facilities is very important to the well-being of both clients and social workers (McCormack, Dewing, and McCance 2011, 3). The African clan as a client system will most likely present with stress and anxieties of high levels requiring containment. Therefore, the atmosphere should be welcoming and make clients feel at home as emphasised by Frampton et al. (2008). An atmosphere that resembles the African clan in outlook and artefacts can assist in making this client system feel at home. Social workers using these guidelines may therefore find it prudent to advocate the recognition of the African heritage in all manners of interior decorations and styling of physical spaces used to render services to African clans. The following guidelines are proposed:

- Advocate actively African clan-centred and friendly spaces at all levels of government and non-governmental organisational leadership and civil society.
- Make use of African-styled buildings, furniture, fixtures, fittings and interior decorations.
- Allow for the seating arrangements and interaction patterns to reflect the African world view. For instance, the African clans may prefer a more open seating arrangement that allows adequate space and accommodates various traditional protocols such as the common circular seating arrangement or the need for women to seat on the floor if they so prefer.

#### *Leadership*

The behaviour of leaders during change and/or introduction of newer innovation is crucial for tone setting (Frampton et al. 2008, 41). Similarly, the introduction of Afrocentric practice guidelines cannot succeed without the blessing of leadership. The following guidelines are proposed:

- Create a clear organisational strategy and vision that promotes an environment that is conducive to experimentation and risk-taking in facilities providing Afrocentric social work.
- Re-examine organisational policies and rules to align and synergise with the implementation of Afrocentric social work services.
- Conduct organisational readiness assessments for Afrocentric social work services and make recommendations to managers on what aspects of the organisation and its culture require attention.
- Reorganise work processes, the physical environment, and resource allocation to cater for Afrocentric social work services, and eliminate the Eurocentric bias embodied in the content and form of professional work. This would include the physical space where professional helping takes place.
- Promote using different languages and cultural sensitivity, competency and awareness.
- Ensure regular engagement of social work staff on the Afrocentric social work guidelines and encourage giving and receiving of feedback about Afrocentric social work services.

### *Training and development*

The education and training of social workers on Afrocentric social work are crucial. The following guidelines are proposed:

- Explore possibilities of in-service training for social workers in practice on the Afrocentric social work practice guidelines for assisting children with congenital abnormalities.
- Academic departments offering social work programmes may explore possibilities of infusing Afrocentric social work into the social work curriculum in South Africa.
- The South African Council for Social Service Professions (SACSSP) with its mandate of protecting clients and ensuring that clients receive quality and relevant social work services, may have to consider exploring ways of ensuring that social workers who work with African clans are trained on Afrocentric social work.

### **Implications and Conclusions**

This article demonstrated the importance of tapping into the knowledge systems of African clans and their spiritual resources to design responsive social work models and techniques. The guidelines presented in this article are tailored to the provision of Afrocentric social work services to African clans raising children with congenital abnormalities. They may be optimally used in conjunction with other professional

techniques, guidelines and procedures available in the South African social services and welfare landscape. This readily calls to mind the cautionary note by Sherr (2006, 12) that the acceptance and application of the Afrocentric paradigm does not mean the exclusion of other theoretical paradigms. Instead, it means an additional, fresh and legitimate approach to understanding human behaviour and developing social work interventions. As argued by Munford and Sanders (2011, 64), alternative perspectives from the Global South “provide practitioners with another perspective on the dimensions of practice”. These practice guidelines provide for a more cost-effective and appropriate social work practice in South Africa given their roots in indigenous ways of being and knowing, thus contributing to the resurgence of indigenous knowledge systems in social work research, practice and training.

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