	UNIVERSITY OF JOHANNESBURG
	JUNE ONLINE SUPPLEMENTARY EXAMINATION 2020

Qualification	Bachelor of Social Work
Subject Title	Social Work 1A
Subject Code	SCW1AA1
Marks	100
Lecturer Name	**SECTION A:** Prof. S. Rasool / Ms. P. Kolokoto **SECTION B:** Ms N Maphosa
Paper Title	**SECTION A:** CONTEMPORARY SOCIAL PROBLEMS AND ISSUES **SECTION B**: DEVELOPMENTAL SOCIAL WELFARE IN SOUTH AFRICA
Lecturer Email	Section A:shahanar@uj.ac.za AND palesankwadi@yahoo.com Section B: nmaphosa@uj.ac.za
Due Date	

Student Number	
Surname (optional)	
First Names (optional)	
Submission Date	

I, (your student number)
declare that this exam assignment is my own original work. Where secondary material has been used (either from a printed source or from the internet), this has been carefully acknowledged and referenced in accordance with departmental requirements. I understand what plagiarism is and am aware of the Department's policy in this regard.

INSTRUCTIONS FOR THE SUBMISSION OF YOUR EXAM PAPER
This subject is a joint module comprising two papers, namely:
1. Contemporary social problems and issues
2. Developmental social welfare in South Africa

Complete a separate exam answer for each paper and submit these papers separately to the lecturer concerned:
1. Exam papers must be submitted by **midnight** on the **due date** indicated above.
2. Make every effort to type your exam answer in MS **Word** and upload the paper to **Blackboard**. You will find a link on the menu (on the left of your screen) called "EXAM" which has a Turnitin submission link.
3. If you are unable to access Blackboard, please **email** the exam answer to your lecturer using the email address provided above (even though it is not your lecturer's usual email address).
4. If you do not have a device on which to type your assignment, we will accept a neatly **handwritten** exam paper. Please use the attached guidelines: "How to scan and submit handwritten assignments". Please email such submissions to the email address provided above.

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JUNE SUPPLEMENTARY EXAMINATION 2020

COURSE: SOCIAL WORK 1A   **TIME**: 3 HOURS

PAPER: **MARKS:** 100
SECTION A: CONTEMPORARY SOCIAL PROBLEMS AND ISSUES
SECTION B: DEVELOPMENTAL SOCIAL WELFARE IN SOUTH AFRICA

SUBJECT CODE: SCW1AA1

EXAMINERS: PROF S RASOOL/MS. P. KOLOKOTO
                     MS. N. MAPHOSA

<u>**THIS PAPER CONSISTS OF 12 PAGES**</u>
<u>**THE PAPER HAS TWO SECTIONS**</u>

SECTION A: CONTEMPORARY SOCIAL PROBLEMS AND ISSUES:
PROF S RASOOL/ MS. P. KOLOKOTO

PLEASE READ THE BELOW INSTRUCTIONS CAREFULLY:

- **Choose ONLY one topic from the two (2) options below.**
- **Each topic has an article attached to it, please READ it.**
- **You can use any books or journal articles to answer your questions. You are expected to use a minimum of three sources.**
- **However, your answers need to be in your own words, except for a quote. Quotes should not be used often.   You *can not* cut and paste information, but draw on it to make your own argument.**
- **Each assignment should be four (4) pages / 2000 words excluding the cover page and reference list.**
- **This exam will be submitted on turnitin. We will be checking for plagiarism. So upload the assignment a few days before to check your score and make the necessary adjustments if you have a high score. Make sure you do no plagiarise and appropriately reference other people's ideas.**
- **You will be assessed based on the guidelines provided in the marking rubric (see Appendix A). Read this before answering the questions.**
- **Your voice is important in explaining concepts.**
- **Make sure your exam assignment has a cover page.**
- **Font: Times New Roman**
- **Font Size: 12**
- **Line and paragraph spacing: 1,5**

OPTION 1: UBUNTU (CHOICE)

Article A

Social workers are an untapped resource to address the psychosocial effects of Covid-19

Prof. Shahana Rasool

13 Apr 2020

In President Cyril Ramaphosa's first speech about the Covid-19 pandemic, he neglected mentioning social workers as part of the response team. In his most recent address to the nation, he considered the socioeconomic issues and some relief for businesses and households, but still no mention of social workers and their role in addressing food insecurity and the psychosocial implications of Covid-19. This is indicative of the broader lack of understanding of the role of social workers in providing essential services in disaster management.

We have already seen reports on the heightened levels of gender-based violence during the lockdown. Fortunately, given the knowledge of high levels of gender-based violence and child abuse in South Africa, these services are still in operation. But they are not classified as essential services.

Besides the increased levels of gender-based violence, which the president and his teams have acknowledged, there are numerous other psychosocial issues people confront. Social and physical distancing could be triggering mental health issues among the general population such as heightened levels of distress, anxiety, fear, stress and depression, which may also exacerbate the situation of people with pre-existing mental health issues. Many people are stressed about where their next meal will come from and how they will pay their bills.

Workers on the front line require trauma debriefing and assistance with post-traumatic stress disorder symptoms. Families who have lost loved ones to Covid-19 require bereavement counselling and support in dealing with their loss. Many people may be dealing with stress as a result of job losses, living in confined spaces with no access to outdoor areas, changed routines and constrained daily activities.

Social service workers have valuable skills that would be useful in addressing these psychosocial problems. Social service workers should be at the front line (with due regard for safety) to provide public education and awareness on the prevention of transmission, assist in ensuring food security and give psychosocial support. South Africa has about 35 000 registered social workers as well as auxiliary social workers, community development workers, psychologists and alternative healers. They could have been called upon and used to assist in managing the long queues for grant payment; identifying vulnerable households for livelihoods support; providing support to care workers and those infected by Covid-19, counselling people with mental health problems, as well as providing a myriad of other social services.

Many social service professionals are contributing through civil society organisations that have been doing an amazing job in filling the vacuum by providing food parcels, hygiene and medication supplies to vulnerable people, and in some cases counselling support. The government is working with some non-profit organisations, but the lack of coordination creates glaring gaps that remain unfilled.

Many of us receive appeals every day from numerous organisations who are legitimately requesting funding for Covid-19 emergency relief — masks, sanitisers, food parcels, hygiene hampers and the like. Why have funds from the departments of social development and basic education for school feeding schemes not been redirected to non-profit and community based organisations doing excellent work on the ground?

It is concerning that the department of social development's food relief line will only provide relief to the poorest of the poor, people with chronic illnesses and a family that has a member who has Covid-19. The financial means test for a food parcel is that a household's income must be less than R3 600 (including grants). If 10 people live in one household that has two grandparents who each receive a grant of R1 800, the entire family must survive on those grants.

- What about those who are usually not considered poor, but currently have no income?
- Beside food parcels, how do people pay for water and electricity and for other basic needs?
- How do people communicate and stay informed in a lockdown if they have no data? What are the psychosocial implications of this increased isolation?
- What has been developed to address the psychosocial support gaps for panic, fear, bereavement, PTSD, suicide, depression?
- How do survivors of gender-based violence get help if they are not allowed to move beyond their house and speak on the phone within earshot of the perpetrator? Are there safe houses available for them beyond shelters, which are limited in capacity? Are there steps to remove perpetrators instead of victims?
- What steps have been put in place to protect vulnerable children?
- What protective gear has been sent to nongovernmental organisations providing care services?
- Have policies and procedures for infection management in residential facilities (such as homes for children and senior people) and for food distribution been developed and communicated?
- Have residential facilities received additional financial support from the department of social development to function under these circumstances?
- What additional support are non-profit and other organisations receiving from social development to survive and provide effective services?

In the same way the government has deployed the military and health workers, there is a need for a coordinated, well-planned strategy from the department of social development to deploy resources through social service workers nationally.

The government has a free social service think tank available in the form of The Association of South African Social Work Education Institutions, which has 250 academics who have offered their support. Academics should also be galvanised to assist in the development of policies and protocols to operate effectively in this time of pandemic, as well as to conduct research on people's needs and psychosocial implications of Covid-19. It would be useful for the government to consult non-profit organisations on the ground regarding their needs and how best to support them. The C-19 People's Coalition, an alliance of social movements, trade unions, community organisations and non-profits, have been trying to fill these social service gaps.

We recognise that this is a relatively new domain and we are all trying to do our best to deal with this pandemic. Nevertheless, it is critical that different constituencies providing social services be brought together to collectively think of solutions, in particular social service responses, to deal with the psychosocial effects and exacerbation of inequality as a result of Covid-19.

Source: https://mg.co.za/article/2020-04-13-social-workers-are-an-untapped-resource-to-address-the-psychosocial-effects-of-covid-19/

EXAM OPTION 1

After reading the above article, comment on the following: -

1. Do you think social workers are overlooked in this plight to curb COVID-19? Substantiate your answer. (5)
2. Mention any five critical social issues raised in the article and discuss how social workers using the principle of Ubuntu can assist in mitigating these social issues (20)
3. Anti-oppressive practice in social work requires an awareness of and familiarity with human rights and cultural issues. Using the article above, discuss how COVID-19 and the lockdown has affected the marginalised and the vulnerable. (15)

4. Critically evaluate and describe the roles and responsibilities of social workers amid COVID-19. (10)

[50]

OR

Article B

Five ways the COVID-19 response supports women and girls

[United Nations OCHA](#)
[May 7](#), 2020

Rahmo Mohamed and Rosa Marchan are both single mothers but living on different continents. Just a few months ago, neither could have imagined their lives being turned upside down by a common threat: COVID-19.

Rahmo is an internally displaced person (IDP) living in a makeshift shelter with her 10 children outside the Somali capital, Mogadishu. She says: "Health personnel are telling us to practice physical distancing. But do you think that can work in an overcrowded settlement like this one? We have to do whatever we can do to sustain our families."

Rosa, a mother of six in San Felipe, Venezuela, worries every morning about how to feed her children. "This disease has affected everything in my life. I can't go out and look for work. I feel like I'm drowning, locked up, worried…I need to work to support my children."

Rahmo runs her own household and trades out of a small kiosk in the IDP settlement. Rosa's mother heads the household and also works at a local medical clinic.

Fortunately, non-governmental organizations (NGOs) have stepped up to provide support to women living in such conditions. Rahmo receives a monthly cash allowance of US$60 from a humanitarian organization, while Rosa and her family receive food, hygiene and nutritional supplements from international NGO Caritas.

The UN and partners are working to ensure that the needs and safety of women such as Rahmo and Rosa are addressed through the $2 billion [Global Humanitarian Response Plan](#) (GHRP). The funds will be used to help fight the COVID-19 virus in the world's poorest countries, including Somalia and Venezuela.

Preliminary findings show that more men than women are dying of the disease, potentially due to sex-based immunological differences, higher rates of cardiovascular disease for men, and lifestyle

choices, such as smoking. However, it is now clear that the disease has made more women and girls vulnerable.

Globally, 70 per cent of women are front-line health-care workers or service staff, such as cleaners, who are highly exposed to the COVID-19 virus. Women and girls are often the primary caregivers and forced to take risks to feed their families. For example, 70 to 90 per cent of street food vendors in Myanmar, who are women, have to go out to work.

The UN and its partner organizations on the ground are ensuring that the voices of women such as Rosa and Rahmo are heard.

Here are five ways the GHRP and other humanitarian projects are providing support to women and girls:

1.Strong gender analysis to ensure humanitarian action meets the distinct and different needs of women, girls, boys and men.

OCHA in Libya reports that such analysis is already being undertaken in the conflict-affected country. Fifty-two per cent of women who responded to recent UN Women survey in Libya indicated that the pandemic had already affected their work, and 26 per cent believed that their livelihood source would be affected if COVID-19 curfews were extended.

The data shows that women in Libya are 12 times more likely to be unemployed and earn nearly three times less than men. At the same time, the report revealed that COVID-19 has increased Libyan women's fear of gender-based violence (GBV), particularly domestic violence.

OCHA in Nigeria reports that although men's health seems to be more affected by the COVID-19 virus, vulnerable households with women and girls, especially those from IDP communities, are particularly affected by the lasting secondary impacts of the outbreak. With that in mind, aid workers in north-east Nigeria have already adapted their programmes. They are also holding a rapid gender analysis to evaluate early responses and identify specific needs, as the pandemic and the virus are presenting new and unprecedented challenges.

2. Consult with women and women's groups in designing and implementing the interventions.

In Nigeria, specific focus group discussions are being held with women and girls in IDP camps where COVID-19 cases have been recorded. Women from the affected communities, including female-headed households and girls, have highlighted the key needs for women in the community to be considered for humanitarian interventions. Sensitization sessions on the virus have helped women feel empowered with the information, as they now better understand how to protect

themselves and their families, and they have the courage to ask family members to isolate themselves after being in contact with suspected carriers of the virus.

3. Ensure COVID-19 restrictions and lockdowns do not expose women and girls to additional harm.

The incidence of domestic violence has increased since the lockdowns began, as women and girls have often been confined in homes with their abusers. Mobile teams from the International Organization for Migration in Nigeria carry out door-to-door awareness missions on COVID-19, during which they also inform displaced people about GBV prevention and where to access related services. Existing safe spaces in north-east Nigeria have been [equipped](#) with a series of simply constructed private phone booths/stalls where survivors can call GBV case workers who are on standby at set times to offer support.

4. Adopt interventions that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls, and safeguard their dignity.

Mercy Corps in Nigeria is prioritizing female recipients in its interventions by selecting female-headed households for food, cash and shelter assistance. It is also selecting more women as community hygiene promoters and nutrition promoters for house-to-house COVID-19 sensitization. An electronic platform for food assistance showed that 70 per cent of people who did not turn up for food assistance are pregnant and lactating women, as they had to return home early to prepare meals, care for their children and carry out household chores. Mercy Corps is now ensuring that such women are prioritized during the monthly food distribution.

5. Involve more women organizations in decision-making on response.

To ensure women's voices are heard, it is crucial to have women leaders in decision-making bodies. In Lebanon, the Humanitarian Country Team has arranged for the full participation of ABAAD, a resource centre for gender equality, in its decision-making. In Afghanistan, UN Women and the International Rescue Committee have activated a Gender Working Group to consult with gender experts to ensure that women's experiences and leadership are included in response efforts.

Source: https://medium.com/@UNOCHA/five-ways-the-covid-19-response-supports-women-and-girls-bdbeb1ee9409

After reading the above article, comment on the following: -

1. How do you see these demographic characteristics (socioeconomic status, gender, race, ethnicity, gender identity, family status, immigration status, etc.) affecting people's experience with the COVID-19 problem? Give 3 examples from the above article (10)
2. Discuss how issues of intersectionality, oppression, and privilege have shaped or contributed to the experiences of the people who shared their experiences in the article. Provide definitions of these concepts first. (10)
3. Do you think that the 5 mentioned interventions in the article will help these women become more empowered? To answer this, you will need to provide a relevant definition of empowerment and explain why you believe this intervention will or will not contribute to increased empowerment. (10)
4. Do the 5 interventions mentioned in the article above result in any shifts in the balance of power and/or help the women to have more power than they did before the interventions began? Explain your answer. This will also require a definition of power that you believe will help you explain why or why not the power imbalance is being changed. (10)
5. Do you have alternative suggestions for interventions?
6. Discuss how you would attempt to build on the assets or strengths of the people who shared their experiences in this article from a decolonial perspective. (5)

[50]

OR

OPTION 3: CRITICAL CONSCIOUSNESS & BLACK CONSCIOUSNESS (CHOICE)

Article C

'The most potent weapon in the hands of the oppressor is the mind of the oppressed'
Mike Peters explores the legacy of Steve Biko, a radical who spent his life fighting for Black liberation and for the overthrow of the Apartheid government in South Africa.

October 18, 2018

One significant aspect of Steve Biko's continuing significance is his rejection of liberalism as an effective means of achieving major social change. Convinced that "no group, however benevolent, can ever hand power to the vanquished-on a

plate…" he knew that hard struggle (but not violent struggle, as his enemies claimed) was always required.

He argued that Apartheid couldn't be ended by gradually closing of the gap between black and white communities. Oppositional groups and movements must rather become sufficiently strong and independent, so that they are able to engage with those in power as equals. Whilst political strength for us may look rather different than it did then, Biko's rationale for deciding to form a separate black student group (SASO) in 1968 and face down the charge of 'reverse racism' remains ever-topical, where oppressed groups are often accused of the same spurious charge for organising to build power. Building different kinds of oppositional capacity is crucial to political success because substantial change will only come about when the powerful have their backs against the wall.

Biko recognised that it was essential to challenge Black people's internalised sense of inferiority and fear, so that they could move to a new identity. For this to happen, he argued, they needed to undergo a process of 'conscientization' – a concept borrowed from the Brazilian literacy educator, Paulo Freire, which pointed to how developing individuals' powers of critical reflection and action can produce fundamental change.

For conscientization to work properly, Biko believed it was essential for leaders to remain close to those they were assisting, taking serious account of their views. Otherwise there was a serious risk of reproducing in a different form the authoritarianism and injustices of mainstream society.

The BCM also encouraged the growth of cultural activity, whether home-grown or international, to allow marginalised voices to be heard and identities to be strengthened. Little wonder that soul-music's defiant message – "say it loud! I'm black and I`m proud" – became so popular with Black people across the country.

Always extremely articulate, Biko was ready to make use of any platform, including those associated with the enemy, to gain publicity for his cause.

Following the example of Paulo Freire, he encouraged student volunteers to set up literacy classes and to run health-centres and co-operative factories – all of which developed individuals' 'self-reliance' and understanding of the nature of their oppression. The first task of the Zanempilo medical centre was to dispense health-care but the facility also demonstrated to the black population that they too, as doctors and nurses, could provide as well as receive aid. Community work has a long and honourable tradition in radical politics and the South African experience reminds us of its potential to strengthen political consciousness and to prepare the ground for future struggles.

It is his legacy that reminds us that the most effective way to fight injustice is to help people see through the myths and lies that are used to keep them in their place, so that they can understand the real causes of their oppression and the power they possess to overcome it. As Biko memorably wrote in 1971 – "The most potent weapon in the hands of the oppressor is the mind of the oppressed."

Source: https://www.redpepper.org.uk/the-most-potent-weapon-in-thehands-of-the-oppressor-is-the-mind-of-the-oppressed/

EXAM OPTION 3

After reading the above article, comment on the following: -

1. Do you agree with Biko that "The most potent weapon in the hands of the oppressor is the mind of the oppressed"? Please explain your answer   (10)
2. Do you think Biko has relevance for today's social movements?   (10)
3. Can you provide current day examples that support Biko's argument that - "The most potent weapon in the hands of the oppressor is the mind of the oppressed."(10)
4. What do you think Biko and Freire meant by critical conscientisation? Do you think this is necessary to engage in critical conscientisation work? If so, what could we as social workers do to help achieve critical conscientisation around racism, sexism, homophobia in South Africa? (10)
5. How can Biko's ideas be used to create a more socially just society in South Africa?

(10)

[50]

Appendix A: Contemporary Social Issues Exam Assignment Marking Rubric

Criteria	Mark available	Mark allocated
Academic requirements • Cover page included • Report signed and dated by student. • Turnitin receipt attached. • In-text citations and reference list correctly formatted according to APA guidelines. • Minimum of three (3) academic sources used. • There are no obvious spelling errors.	**5%**	
Assignment Style • Information has a logical flow from start to finish. • Write in a clear and concise way • Write in a respectful and courteous manner. • Ensure that there is a flow and unity in the document. • Develop ideas in a logical, systematic way.	**10%**	
Content • Introduction and conclusions to each question is relevant and concise. • Uses some of the ideas/concepts and readings presented in class. • Personal views are shared. • Extracts from the article are appropriate to answer the question. • The answers reflect critical thinking about the issue. • Answers are well thought through • Answers are appropriate to the South Africa and African context.	**25%**	
Integration of literature • Appropriate literature is integrated into the assignment. • Discussion presented is grounded in relevant literature • Ideas are written in own voice but referenced, when not quoting	**10%**	
TOTAL	**50%**	

Answer ONLY two (2) questions in Section B
Questions 1 is compulsory
Choose and answer 1 question from Question 2 or Question 3 or Question 4

QUESTION ONE (COMPULSORY)

Choose and discuss any FIVE sustainable development goals (SDG'S). Using examples, show how you would achieve these in your own community, working in partnership with the government and NGO's.

[25 marks]

QUESTION TWO (CHOICE)

Discuss the social developmental approach to social welfare with reference to the White Paper for social welfare. In your answer, indicate whether you think this approach is relevant in the South African context and why.

[25 marks]

QUESTION THREE (CHOICE)

How were the indigenous people meeting their needs in the past? Choose and discuss **FIVE** ways that you think worked well and might be used to address our contemporary needs.

[25 marks]

QUESTION FOUR (CHOICE)

Discuss globalisation and use examples to show its impact on social welfare**.**

[25 marks]