The Next Frontier for Social Development: Deepening Our Understanding, Discovering New Solutions, and Forging Ahead

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The field of social development is a relative newcomer to the social welfare arena, emerging out of widespread interest sparked by a series of UN-led meetings during the 1990s that eventually led to the eight Millennium Development Goals. Those concerned with social welfare often bandy about the term social development, confident that everyone has a uniform understanding of the meaning. However, similar to other terms in social welfare such as social justice, and even social welfare, varying and nuanced definitions exist. As a result, discussions can be clouded because of differing interpretations and understandings. Midgley (1995) decisively advanced the field by providing perhaps the first comprehensive yet concise definition of social development: “A process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development” (p. 25). Using Midgley’s foundation, many scholars have proposed models of social development that most often envision the process as ascending stages like the rungs of a ladder (Homfeldt and Reutlinger 2008). However, the process is rarely that simple or linear, and typically requires a multifaceted approach with the capacity to operate simultaneously on several fronts. Thus, the definition of social development has evolved, with the UN defining *social development* as referring to the promotion of individual well-being that involves the use of a social perspective to consider issues of human activity (UN report 2002). Further, Midgley (2014) has elaborated on his definition by explaining that for social development to occur, economic and social progress must reach harmony in the following three areas:

- the creation of institutionalized, conjoint formal social and economic policies;

- economic investments that create opportunities for employment or self-employment; and
- policies and programs that generate and sustain human capital, including investments in education, housing, and services for maternal and child welfare.

The articles in this special issue of *Global Social Welfare* breathe life into these definitions by showing how applying this perspective can bring innovative change that advances the social and economic security of disenfranchised and marginalized populations around the globe.

This issue includes some of the papers presented during the 2017 Inaugural Symposium of the Global Social Development Innovations (GSDI) Center at University of North Carolina at Chapel Hill. The goal of the GSDI symposium was to “take inventory” of the social development interventions being implemented across the globe, interrogate the evidence of what approaches are effectively addressing the multiple challenges that vulnerable and marginalized people face, to learn what is not working and why, and to address the gaps in knowledge. During the symposium, thought leaders also discussed the way forward for research, practice, and policy to move the needle in social development globally. The articles gathered for this special issue demonstrate promising interventions in social development and integrated practices that will advance efficient service delivery to vulnerable populations. Equally important, this body of work will also promote in-country advocacy that challenges the “business as usual” policies and advance toward transformed policies that first take into account the realities on the ground and then innovate to produce policies to implement programs that are more efficient and increase access to much-needed services to remotely located populations.

Globally, efforts to reduce health disparities and to promote health equity have primarily focused on improving both access to health care and the quality of health care services, and then combining these efforts with strategies to motivate people to change their attitudes, and behaviors or choices that affect health. Recently, researchers and practitioners have

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begun recognizing the importance of using tangible economic strategies and opportunities as mechanisms to increase access to health services and to promote and sustain positive health outcomes. This shift in approach is at the core of social development because it demonstrates the intersection of economic security and positive health outcomes.

In the case of HIV-prevention research, two main intervention approaches are used. The first are upstream approaches that use cash transfers for poverty alleviation, with the ultimate aim of reducing HIV risk. The second are downstream approaches that use cash transfers as incentives for behavioral changes such as testing for HIV, complying with medication regimens for antiretroviral therapy (ART), or agreeing to male circumcision (Pettifor et al. 2012). Cash transfers have primarily been tested as an upstream approach to HIV prevention (Pettifor et al. 2012). The article by Masa and Chowa (this issue) investigates the impacts of a pilot program on people living with HIV and receiving ART. In addition to providing standard care (e.g., ART adherence counseling), this innovative program used cash transfers to spur income-generating activity and provided the target population with financial education, access to a savings account, and small business management training. The goals of the program recognize that with ART, people with HIV have longer life expectancies and will need the economic means to support themselves and their families. Early results at 3 months post intervention indicated positive program effects on food access, and longer term results at 13 months post showed program participants reported having increased economic resources, lower perceived stress, and improved medication adherence (Masa and Chowa, this issue).

Economic investments that support self-employment or provide employment opportunities and enhance human capital are also central to social development. Globally, youth unemployment is a pressing, complex, and persistent issue. Around the globe, working-age youth and young adults (i.e., those 15 to 24 years) remain one of the groups most severely affected by the lack of employment opportunities. In 2016, the International Labour Organization estimated that nearly 71 million youth—or 13% of all working-age youth—were unemployed. Of these 71 million unemployed youth, 61 million lived in resource-limited countries. Further, 156 million youth (or 38% of working-age youth) in resource-limited countries are classified as the working poor (i.e., those who are employed but whose income falls below the poverty line). To address youth unemployment, researchers from varied fields have developed interventions that ensure youth have access to education and skills training. One mechanism that has gained traction is the Positive Youth Development (PYD) framework. PYD treats adolescence as an opportune time to harness youths' energy and emotional growth by giving youth structure in their lives and providing the youth with emotional support, positive adult interaction, skills development, and

opportunities to contribute to their communities. Olenik (this issue) presents a review of the research on the PYD approach that identifies and discusses a range of positive outcomes linked to the use of this novel framework.

Access to services is another central pillar for social development. As noted by Midgley (2014), a critically important factor in advancing social development is creating institutionalized, conjoint formal social and economic policies. A case in point is the need to expand access at the community level to essential reproductive health commodities in Zambia. Gichane, Mutesa, and Chowa (this issue) present a paper that elaborates a Zambian case study to advance key policies with the capacity to create an enabling environment for community-based distribution (CBD) of injectable contraceptives (i.e., providing these medications by trained paramedical community workers). As discussed by Gichane and colleagues, the CBD approach involves a multi-pronged strategy. The first prong includes providing community workers with opportunities for knowledge-building, specific training in clinical procedures, and technical assistance. The second engages government representatives for policy change using evidence developed from a Zambian consortium. The third prong reaches out to engage stakeholders to disseminate information as well as to solicit feedback and discussion. The final prong involves ongoing strategic planning to address policy gaps, knowledge dissemination, and reporting.

The need to increase community-level access to care is not limited to resource-limited countries. Zerden, Lombardi, and Guan (this issue) present a comparison of models of integrated behavioral health and social work in the USA, the UK, and China. The authors hold the intention of integrating physical and behavioral health is to increase access to services while promoting the treatment of the whole person, and argue that the strengths of the social work workforce can be leveraged to advance integrated behavioral health.

Investing in education ensures that human capital is generated and sustained. Social development puts a premium on human capital broadly defined. Particularly for youth, human capital not only equips young people with skills that they can trade for jobs but also provides youth with information to function optimally in their communities. Given the growing scourge of commercial sexual exploitation of children, an urgent need exists to educate youth on commercial sexual exploitation and their risk for victimization. Rizo and her colleagues (this issue) present a systematic review that examines the literature on educating youth about commercial sexual exploitation of children.

The various projects that have implemented social development interventions have generated considerable evidence about effective ways to promote social development, and lessons learned about what works and what does not work in certain cultures. Nevertheless, gaps still exist in our knowledge about the factors that promote or hinder social

development as well as gaps in our knowledge of the challenges in “moving the needle” on the well-being of millions of people across the globe. For example, the scale-up of promising and effective interventions remains a fundamental challenge. Scaling-up interventions requires coordinated effort of key players on the ground in the target countries, adequate resources for taking the intervention to scale, and, in some cases, the right regulatory environment to ensure protections and quality. Meeting this multi-level challenge requires stakeholders to work together, integrating ideas and innovations into the broad social system that includes communities, governments, practitioners, and researchers.

Identifying what is working—and what is not—is not enough; we must sharpen our approach to learning and make sure our efforts address the gaps in available evidence. Once we have evidence, we need to put that evidence in the hands of the right people to translate the evidence into policy and practice. We need to ensure our evidence speaks to the values of our community partners and of those we seek to influence; we need to balance the need to develop better evidence with the need to increase our capacity to translate knowledge in ways to promote change. Merging the worlds of research and practice gives rise to ecological validity, and addresses the question of whether the research findings will hold in day-to-day settings. Ongoing challenges exist in translating evidence-based practices into real-world settings. Thus, a need clearly exists for researchers to develop homegrown interventions—that is, community-based strategies—by working with practitioners who interact daily with our target populations. Researchers are poised to keep up with emerging knowledge and cutting-edge thinking in the literature and to provide objective perspectives that can assist practitioners to adopt evidence-based practices with ease. This collaborative researcher–practitioner partnership is crucial. Unfortunately, many community–researcher partnerships begin with great excitement that often becomes dampened over time by real-world challenges. Such disappointment can be avoided when researchers actively engage in the community setting, both ensuring their work translates into real-world settings and observing how an intervention unfolds in the practice context. In part, the gaps in knowledge of what works have persisted

because of (a) the lack of knowledge exchange among various stakeholders, (b) limited peer-to-peer feedback on how to implement and replicate promising solutions, (c) limited exchange regarding ways to address challenges in scaling-up effective interventions for global implementation, and (d) limited collaboration on how to develop engagement frameworks to influence policy.

Engaging stakeholders is an effective strategy for wider dissemination of policy and programmatic outcomes and solutions to various social development challenges. Stakeholders represent various actors in the private sector (both nonprofit and for-profit organizations), government, civil society, and local communities. Globally, partnerships have been created among various stakeholders representing diverse sectors with different core interests, with the aim of addressing interrelated development challenges, including economic security, health, education, and employment. In turn, these partnerships exemplify policy and program consensus and the convergence of desired policy and program outcomes. Moreover, these partnerships exemplify the new frontier for social development—ensuring the social and economic security of disenfranchised and marginalized populations around the globe.

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References

- Homfeldt, H.G., & Reutlinger, C. (2008). Social development. *Social Work and Society*, 6(2). Retrieved from <https://www.socwork.net/sws/article/view/70/372>. Accessed 26 Dec 2018.
- Midgley, J. (1995). *Social development: the developmental perspective in social welfare*. Thousand Oaks: Sage.
- Midgley, J. (2014). *Social development: theory and practice*. Thousand Oaks: Sage.
- Pettifor, A., MacPhail, C., Nguyen, N., & Rosenberg, M. (2012). Can money prevent the spread of HIV? A review of cash payments for HIV prevention. *AIDS and Behavior*, 16(7), 1729–1738. <https://doi.org/10.1007/s10461-012-0240-z>.
- United Nations. (2002). Financing global social development symposium. New York: UN. Retrieved from <http://www.un.org/esa/socdev/documents/ifsd/Symposiumagenda.pdf>.