A CALL TO MORE ENGAGEMENT OF SOCIAL WORK PROFESSIONALS IN SOCIAL POLICY MAKING AND PRACTICE IN KENYA TODAY

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Abstract: *The power of policy practice has been demonstrated throughout the history of the social work profession. Through policy practice, social workers have made a difference in the lives of Kenyans. This article examines the role of policy practice within social work. It is aimed at helping Social Workers and students apply basic social work skills to policy practice arenas so that they can become successful advocates for just social welfare policies and reforms. This article will examine Policy practice, setting the foundation for engagement of Social Workers in influencing the policy-making processes in their agencies, communities, counties, and nation. In doing so, Social Workers will be making a tremendous difference in the lives of individuals and families living and working in unjust conditions and living on the margins of society. Despite the evidences from the literature review that social workers have a greater role to play in implementing social policies in the country, their participation in Policy Practice in Kenya has been minimal. Therefore, this article provides the recommendation that there is need for empirical studies to be carried out to establish the levels of social workers involvement in social policy development processes as well as the relationships between the involvement and effectiveness of social policies in meeting the social needs of the society.*

Key words: *Social Policy, Social Practice, Social Protection*

1.1 Study Background

According to Jansson (2008), Policy practice is defined as using social work skills to propose and change policies in order to achieve the goal of social and economic justice. Policy practice is therefore an integral element of social work as practiced in all settings - community, county, and national levels.

It is therefore prudent that policy practice is included in the daily life of social work practice as an avenue for enhancing the profession's goals and mission of social and economic justice.

Schneider and Lester (2001) indicate that social workers and social work students have both the skills and perspectives (concepts, values, and beliefs) that are important in the policy making process. These skills and perspectives are rooted in social work's history and experience of working directly with people to address the challenges and needs they face in their daily lives. Policy practice is inclusive of a number of different settings in social work practice at community, county, national and even the international levels. The settings for policy practice includes citizens advocacy, grassroots-level community organizations, nonprofit agencies (citizen's groups that shape policy and provide valuable community services), and the three arms of government (legislature, executive and judiciary), (Schneider & Lester, 2001). These three arms do not exist as separate, discrete entities but rather are interactive components of the entire matrix of policy practice. Although it would be important to bring them into the change process as significant stakeholders, the primary change efforts will need to be focused at the community level. Social Advocacy in social work is the cornerstone upon which social work is built (Segal and Bruzuzy, 1998).

According to Segal and Bruzuzy (1998), it may be useful to think about the levels as interlocking pieces of a puzzle that must be creatively manipulated during an advocacy campaign to finally create a path toward change. The Social Worker and collaborators move through the different levels and settings in a planned but flexible change effort to achieve their policy practice goals. Segal and Bruzuzy argue that each change effort in each level and setting will likely require different alignments at different points in time, in order to be successful. The Social Worker practitioner who is armed with knowledge and skills to practice at a variety of different levels and settings will be positioned to be successful in achieving policy changes over time. In the words of McDonough (1993), Social Workers do not have to be in political office or hold positions of power in order to affect policy. Social Workers, as both professionals and citizens, and their clients have the power to affect policy at all the different stages of the policy making process, to ensure that communities become more just and equitable in their ability in order to meet the needs of all the people who live within them. This power to affect policy is at the root of every democratic society and so Social Workers should deliberately choose to exercise it. In the context of Kenya, it can be observed that Social Work Profession seems to have abandoned the policy work that is at its roots. What then can Social Workers do to resurrect this responsibility and ensure passage of welfare reforms that are responsive to the needs of the Kenyans? To answer this question, let us put to context the foundations of Policy Practice in Kenya.

Social Policy
Social policy is defined as collective interventions directly affecting transformation in social welfare, social institutions and social relations (Mkandawire, 2001). According to Segal and Bruzuzy (1998), Social policy is concerned with the ways societies across the world meet human needs for security, education, work, health and wellbeing. Social policy addresses how states and societies respond to global challenges of social, demographic and economic change, and of poverty, migration and globalization. Social policy analyses the different roles of: national governments, the family, civil society, the market, and international organizations in providing services and support across the life course from childhood to old age.

 According to Twikirize, Wairire et al, (2014), these services and support include child and family support, schooling and education, housing and neighborhood renewal, income maintenance and

poverty reduction, unemployment support and training, pensions, health and social care. Social policy aims to identify and find ways of reducing inequalities in access to services and support between social groups defined by socio-economic status, race, ethnicity, migration status, gender, sexual orientation, disability and age, and between countries (Figueira-McDonough, 1993).

According to Figueira-McDonough, (1993), Social policy refers to governmental and legislative efforts to implement changes to benefit society or a particular segment of society and, in this sense, is a social intervention. There are many influences on the levels of aggression and violence that are society wide, depending on the country and culture. For example, the use of corporal punishment in child-rearing and school discipline, violence in the media (television and films), and social practices that permit or facilitate violence (e.g., availability of hand guns) influence aggressive and antisocial child behavior.

Foundations of Policy Practice in Kenya
The philosophy and mission of social work are based on a principle of helping people, both in their individual situations and in their collective circumstances (Gal & Weiss-Gal, 2014). According to (Gal & Weiss-Gal, 2014), Social Worker's attention is directed at both helping individual's change and at helping them change their environmental circumstances as well. This linkage of the person in the environment is found in the origins of the profession. According to IFSW, (2014), Social justice, one of the core values of social work, serves as the basis for policy practice. The national Code of Ethics for Social Work is clear in its emphasis on *"promoting the general welfare"* beyond the help offered for individuals.

The approach of moving from *"case to cause"* focuses beyond the individual client to recognize others in similar situations and identify broad community needs in an effort to build support for policy changes. The argument is that if many people are experiencing similar difficulties, it becomes more difficult to sustain adherence to the belief in the sole solution of personal responsibility. The difficult circumstance makes it easier to make the case for a need for more systemic change through the invention of positive social structures to provide and sustain support for a large number of needy individuals.

In Kenya, the scope of professional social work practice is mainly generic. Specialized social work practice has not fully taken shape probably because the profession is still growing and the needs for intervention are still overwhelming (Twikirize, Wairire et al, 2014). Social work in Kenya is practiced through the following areas: Community development, child welfare services, correctional social work and medical social work. Policy practice by social workers is still an area not well explored in Kenya. Twikirize, Wairire et al, (2014) assert that Policy practice is also based on the tenets of public participation. To them, public participation is one of the foundational principles of democracy. Democracy is premised on the idea that all citizens are equally entitled to have a say in decisions affecting their lives. Citizens' participation in government decision making is fundamental to the functioning of a democratic system of governance as stated in Article One of the Constitution of Kenya, 2010. To us, the constitution of Kenya, 2010 provides a solid foundation for the call for more engagement of Social Workers in Social Policy Practice in Kenya today.

1.2 Study objectives/purpose
The purpose of this article is to examine Policy practice, setting the foundation for engagement of social workers in influencing the policy-making processes in their agencies, communities, counties, and nation.

1.3 Literature Review
Principles and Concepts of Social Policy
In our opinion, to achieve its goals, social policy needs to have some principles regarding the policies it will determine. The social policy, which is put in force by the state and other institutions, affects the welfare of society directly. A state's regulations regarding welfare need to be determined by analyzing its social policies. According to Mkandawire (2001), the subjects and basic principles related with social policies are social needs and social problems, equal rights and social justice, efficiency, equity and choice, altruism, reciprocity and obligation, and division, difference, and exclusion.

According to Segal and Bruzuzy (1998), every responsible and democratic government should provide some rights to the people. These rights are highlighted below.
    a. *Equality:* Achieving equality underlies social policies. Resources need to be distributed fairly in order to achieve equality. Equality has different types: equal outcome, equal opportunity, or equal treatment. Equal opportunity means that equal groups should be treated equally. Equal opportunity needs to be given to people regardless of their sex or group. Moreover, all people must have the same opportunities in educational system or in the labor market.
    b. *Needs:* Basic needs are food, caring, and housing. States should strive to cover these needs.
    c. *Freedom and rights:* There are different types of rights. Civil rights mean the absence of arbitrary arrest and detention but having freedom to discuss any opinion. Social rights mean social welfare and social security, right to education. Political rights include voting and joining political parties and freedom to explain opinion in a democratic way.

All of these rights are provided by governments. The individuals who live in society are bound to state through the bond of citizenship. He/she has the right to request the state to which he/she is a citizen to make policies which pave the way to provide him/her the rights he/she has. From this perspective, the citizenship concept plays an important role in determining the state's obligations and rights of individuals as a part of social policies.

According to Mkandawire (2001), the main goal of social policies is to ensure that everyone in society lives in harmony, afar from conflicts. Thus, the target is to ensure that social justice, social development, social balance, social integration, and social peace are attained. To Mkandawire, social justice ensures that the inequalities and differences caused by the economic chances are eliminated. Further, all the policies that ensure that everyone has fair opportunities with regard to income, taxes, wages, education, and social security contribute to the development of social justice.

According to the RoK, (2014), there are three components that are anchored on Social Policy which include: Social Assistance, Social Security and Social Health Insurance through which the various actors channel social protection services. The Social Protection portfolio was put under the Ministry of Labour, Social Security and Services (MLSSS) since June 2013. Previously Social Protection activities were coordinated under the then Ministry of Gender, Children and Social Development (MGCSD). There are a number of government Ministries that are involved in Social protection work. These include, National Treasury, Agriculture, Health and Education.
Social Protection interventions (including non-contributory and contributory schemes) have been implemented in Kenya by different actors and in different forms for many decades. Actors cut across

the government Ministries, state agencies, development partners, NGOs, Civil Society, Private sector, Communities and individuals. Kenya has formal social security provisions (social security and social health insurance) and recently, Social Assistance has gained momentum. An increasing number of safety net programmes targeted at the poor and vulnerable groups, including Cash Transfer for Orphaned and Vulnerable Children, Older Persons, Persons with Severe Disabilities and the Urban Food Subsidy; response to emergency and disaster situations, food distribution, grants and public works opportunities for the youth have been initiated and are ongoing. Other programmes exist in the health, education and agriculture sectors.

The Bill of Rights in the Constitution of Kenya (2010) guarantees all Kenyans their social, economic and cultural rights and binds the state to provide appropriate social security to persons unable to support themselves and their dependants. This right is closely linked to other Social Protection rights, including the right to health, human dignity, reasonable working conditions and access to justice. The Vision 2030 as well as other poverty reduction policy documents also recognize and place great emphasis on Social Protection as a powerful tool for improving quality of life for all Kenyans. According to RoK, (2014), the following are the instruments of Social protection in Kenya:- Direct Cash transfers and conditional cash transfers; Food Subsidies; Direct Feeding Programs; Food Subsidies; School-Based Food Programs; Social Health Insurance; Microfinance; Price Subsidies; Subsidized Agricultural Inputs; Public Works Programs; and Waivers and Exemptions

This article focuses on 3 instruments of Social Protection:- Older Persons Cash Transfer (OPCT); Cash Transfer for Orphans and Vulnerable Children (CT-OVC); and Persons with Severe Disabilities Cash Transfer Program (PWSD-CT).

1.3.1 Social Protection Initiatives in Kenya: Case Studies
Through various national economic, political and social development blue prints and the Constitution of Kenya, the government has in the past two decades placed several measures to protect the rights, social image, livelihoods, vulnerability to poverty and self-development of the most vulnerable populations in the country. The most prominent and successful framework is the social protection where cash transfer program is an integral component.

In 2013, the government of Kenya through an Act of Parliament approved a more robust social protection framework to generate positive reforms to social assistance programs in the country through enactment of Social Assistance Act, 2013. The framework referred to as the National Social Protection Policy (NSPP) aims to strengthen the delivery of social assistance to poor and vulnerable populations in the national and county levels and promises progressive realization of the rights to social security and protection to persons who are unable to support themselves and their dependents.

The policy is further grounded on the reform based Social Assistance Act of 2013 and when fully operationalized is expected to raise the social profile of Kenya by 2030. As a first step in the reform agenda on social safety and protection for the vulnerable populations is the establishment of the National Safety Net Program (NSNP), which aims to strengthen operational
systems while expanding the coverage of five cash transfer programs; the Older Persons Cash Transfer (OPCT), the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), the Hunger Safety Net Program (HSNP), the Urban Food Subsidy Cash Transfer (UFS-CT), and the Persons with Severe Disability Cash Transfer (PWSD-CT). The government through the Ministry of Labour, Social

Security Services implemented cash transfer programs since mid-2000. The program was initially rolled out on a pilot basis before a scale up commenced three years ago.

The National Gender and Equality Commission established through an Act of Parliament in 2011 is mandated to promote among Kenyans equality and freedom from discrimination with particular focus to special interest groups that include women, children, the elderly, persons with disabilities, youth and minority and marginalized groups and communities. The commission has among other functions to monitor the status of the special interest groups, monitor, facilitate and advise on the development and implementation of affirmative action, policies, co-ordinate and facilitate mainstreaming of issues of special interest groups. The following are Case Studies of Social Protection Initiatives in Kenya.

1.3.1.a Older Persons Cash Transfer (OPCT)

Kenya has made commitments to addressing issues of the elderly through national legal and Policy frameworks. In 2010, a commitment to social protection was enshrined in Kenya's Constitution, and asserts the "right for every person to social security" and "binds the State to provide appropriate social security. In 2011, the social protection policy was developed and among other issues emphasizes on social protection in old age through either non-contributory benefits focused on reducing poverty and vulnerability, or contributory benefits aimed at maintaining the income of individuals. The national policy for older persons and ageing lays basis for the intervention of elderly.

Kenya is also a signatory to various international instruments protecting the social welfare and rights of the elderly for example, the International Plan of Action on Ageing; UN Principles and Rights of Older Persons to independence, participation, care, self - fulfilment and dignity, the African Union Policy Framework and Plan of Action on Ageing, and the 2006 Livingstone declaration seeking integration of social transfers in annual work plans and national budgets. The 2010 Constitution defines old persons as people of age 60 or more years. The OPCT program however targeted persons of age 65 or more who have attained additional criteria including income status, geographical, and should not be beneficiaries of another CT program. According to the 2009 Kenya Population and Housing Census, there were 1.3 million people who were above 65 years of age, 20.6 million are of age 15-64, meaning a handful will be crossing the 65+ age yearly. Considering the population increase by about 1 million yearly and a declining crude mortality rate from 11/1,000 in 2007 to 8.93/1,000 in 2011, the number of those aging is expected to increase significantly by 2030.

The OPCT was launched in 2006 at an annual government allocation of Ksh. 4 Million. During the first arm of the pilot phase, the program provided monthly cash transfer of Ksh 1065 to 300 households with destitute elderly people in Nyando, Busia and Thika districts. The program was expanded in 2009 after receipt of Ksh 550 million from the government in 2009/2010 financial year and further to Kshs 1 Billion in 2011/2012 financial year (See table 1 below). The program was allocated Kshs. 1.5 billion in 2012/13 financial year and Kshs. 3.2 billion in the 2013/14. It is envisaged that the program will be scaled up to benefit more elderly and achieve a regional balance in the spirit of devolution. The programme started on a pilot basis where beneficiaries used to receive as little as Sh500 per month. Over time this amount has been up scaled to Ksh.1,500 and gradually to the current Sh2,000 per month paid bi-monthly. By 2012-13 the total number of beneficiaries in all the three categories was 226,000 with an annual budget of Sh6.4 billion. Since 2013, the number has steadily increased to the current 1.2 million with an annual allocation of Sh25 billion while cumulative investments in the programmes by 2018-19 was at Sh125 billion (Ministry of Labour, 2019 June).

The OPCT is managed through established structures and institutions at each administrative level, from national to the locational level. The overall management and coordination function rests at the national level (OPCT unit) and cascades to the location (Location OPCT Committee) through the district levels. To strengthen accountability and complement existing programs and services, the management structures, particularly at implementation level, advocates inclusion of wide representation from line ministries, the community and Community Based Organizations (CBOs) through the OPCT Committee. To be eligible, a beneficiary should:- Be a Kenyan citizen, 70 years and above; not be receiving pension; not be enrolled in any other cash transfer program; and Residing in a particular location for more than a year.

At registration, beneficiaries are trained on their rights and responsibilities, including benefit amounts, frequency of payment, and co-responsibilities. Service providers, local governments, and program staff are trained in aspects such as management of payments, monitoring of co-responsibilities, and handling of complaints. Mbugua et al, (2015) revealed that resource adequacy, infrastructure/ implementing tools, government financing and donor funding affects the management of older persons cash transfer programmes in Kenya to a great extent. Heavy reliance on donor funding for the continued operation and extension of cash transfer programmes means that national programme design is likely to match donor priorities, be consistent with the funding criteria of international bodies and be influenced by the agendas of agencies, such as UNICEF, which channel funds to recipient countries. In our opinion, it is clear that institutions need to engage in training of staff to increase competency and ensure there is administrative capacity to carry out targeting and paying of the older persons' cash transfer program. Government should also increase the funding of older persons' cash transfer programs to avoid delays in the program because of relying on donor funding.

1.3.1.b Cash Transfer for Orphans and Vulnerable Children (CT-OVC)
The OVCCT program was launched in 2004 with broad objective of strengthening household's capacities to provide a social protection system through regular cash transfers to families with OVC, in order to encourage fostering and retention of orphans and vulnerable children (OVC) in their families within the communities and to promote their human capital development. OVCCT is currently the largest CT programme in the country. Kenya has an estimated over 2.4 million orphans and vulnerable children half of which have resulted from death of parents due to HIV and AIDS crisis (NACC, 2014). Kenya's OVC-CT programme started as a pre-pilot project covering 500 OVC households in three districts (Kisumu, Garissa, Kwale). By 2009, the government funding to the program increased to US $9 million from US$800,000 allocated in 2005 and coverage increased to 47districts. Every year since then, the program has received increased budget allocations from the government. For example in 2011/2012 the program was allocated Kshs. 2.8 billion, and in 2012/2013 Kshs. 4.4 billion. In 2013/2014, the program received a lion share of Kshs. 8 billion

The program is grounded on multiple national legal and policy frameworks and international commitments. In particular Article 53 of the 2010 Constitution of Kenya spells out the rights of children and the need for their protection. Every child has the right to: Free and compulsory education; basic nutrition, shelter and healthcare; protection from abuse, neglect, harmful cultural practices, exploitative labor, parental care and protection which includes equal responsibility of both parents whether married or unmarried. The national policy on orphans and vulnerable children developed in 2005 is one of the earliest policy frameworks that grounded in the OVCCT program in the pilot and scale up phase.

The OVCCT program provides regular support to poor households caring for OVCs in the intervention areas and its geographical targeting is guided by an OVC CT program expansion plan which is developed at the national level on the basis of poverty and vulnerability criteria. Once locations have been identified, operational structures like the Sub-County OVC Sub-Committee (SCOSC), the Location OVC Committee (LOC) members and Beneficiary Welfare Committees (BWCs) are established and trained. Household-level data is collected and analyzed to assess their likelihood of being poor against national standards. A list of potential beneficiaries is generated, and validated at the community *baraza*. The approved list of households targeted for support is then entered into the management information system, enrolled in the program and issued with a program identity card.

OVCCT supported households received payments of Ksh. 4,000, in cash, every two months via a Payments Service Provider. There are two PSP; the Postal Corporation of Kenya (PCK) and Equity Bank. The program implementation organs are responsible for follow up with households in the communities where concerns are raised about the care being received by a child. LOC members are required to visit households to raise awareness on appropriate care and to provide advice on problems households are encountering in caring for children. Community awareness sessions are also conducted in the community to promote understanding of the program and to help households deal with health and family issues.

The program covers children below 18 years. The program places developmental responsibilities to care givers of the beneficiaries that include; ensuring OVC aged 0-5 years receive immunization and growth monitoring, OVC aged 6-7 regularly attend basic education; OVC acquire birth certificates and care givers attend awareness sessions. The eligibility criteria for the programme is as follows:- An extremely poor household with one or more OVCs as a permanent member; a household with a caregiver who is chronically ill and/or unable to perform his/her duties; and a household not benefiting from any social assistance programme.

The exit from OVC-CT program is triggered by the following:- when the beneficiary or the recognized caregiver fails to collect payment for three consecutive payments; when there are no more OVC in the household either because the OVC is over 18 years age limit or through death; and, in case households fail to comply with the set conditions for three consecutive payments.
The OVCs programme in Kenya has been quite successful and has demonstrated that even low-income countries can afford modest social protection measures despite tight budgets, weak infrastructure, sparse public services, and limited government capacity. General positive implications have been that Children in need who benefit from the transfer eat better, stay in school, and report higher levels of general well-being. By keeping vulnerable children with trusted adults and out of orphanages, the transfer helps to protect children from negative consequences of prolonged institutional care.

To enhance this program, it is recommended that the government works with the many child welfare professional social workers in Kenya and facilitate them to implement the programme and provide oversight in terms of resource allocations and utilization. There is need to strengthen the communication and case management processes so that beneficiaries are fully informed of their rights and obligations. Part of this procedures need be to incorporate the community volunteers who deal with households more effectively into Programme processes through terms of reference, training and payments.

Further, there is need to strengthen some key elements of operations, including communication, case management and the targeting process. In addition to improving the poverty indicators used, an appropriate geographical allocation of recipients should be ensured. The process itself should also ensure the identification of all potential recipients, and support an effective community validation process in which the initial list can be challenged. There should be an appeal process which is currently missing whereby incase a needy case is left out in the initial targeting then the case can still be heard and considered.

1.3.1.c. Persons with Severe Disabilities Cash Transfer Program (PWSD-CT)

According to the 2019 census, 2.2% (0.9 million people) of Kenyans live with some form of disability. The 2019 census appears to show a sharp drop in disability prevalence; the 2009 census states 3.5%, but when looking at the same age threshold (i.e. adults and children above five years of age) the 2009 disability prevalence rate was 3.8%.The 2019 census indicates that 1.9% of men have a disability compared with 2.5% of women (2019 Census report, Kenya). The population of persons with disabilities in Kenya is definitely higher when all conventional attributes of disability beyond physical, hearing, mental, visual, and speech are considered. Globally there are about 650 million PWD and more than 80% of them live in the developing world. It is estimated 1 in every 5 of the world's poorest people is a PWD (World bank Fact sheet on Disability, 2019).

Global literature shows that PWD suffer disproportionately the effects of poverty and deprivation due to limited opportunities and enabling environment promoting self-independence and empowerment. Some of the legislative framework and policies informing the social security and safety for PSWD include: The Conventions on Rights of Persons with Disabilities Articles19 to 29, 43, and 54 of the Kenya Constitution of 2010 and the National Disability Policy of 2006, the national social protection policy.

The PWSD-CT is premised on the fact that disbursements of funds to PWD wishing to engage in entrepreneurial and/or obtain assistive devices may not be sufficient or useful to severe cases of disability. Severe disability cases of children and adults need support on full time basis by care givers to ensure their needs are attended to and such an arrangement denies care givers an opportunity to engage in meaningful income generation activities and therefore increasing their own and that of other members of the household vulnerability to extreme poverty. The program is rolled out in all counties and former 210 constituencies and targets households with persons with disability; extremely poor households, non-recipients of pension or reasonable regular income, and non-receipts of other cash transfer services.

The PWSD-CT program has over the last two financial years received an enhanced budget of Kshs. 385 million in 2012/2013 and Kshs. 770 Million in 2013/2014 financial years demonstrating government commitment to increase coverage of the social welfare program for the vulnerable PWD. The overall objective of the Kenyan programme is to enhance the capacities of the caregivers through cash transfers thereby improving the livelihoods of persons with severe disabilities. The objectives of the programme are to:- contribute to poverty reduction in households containing at least one member with a severe disability through the provision of a regular cash transfer; improve the lives of Persons with Severe Disabilities; and Empower caregivers in order to improve the lives and livelihoods of persons with severe disabilities within their households.

The programme was piloted in 2010 with 10 households per constituency and later up scaled to 70 households per constituency in 2012. Currently, the programme is targeting to provide Cash Transfers to 47,200 households and its being implemented by the Department of Social Security and Services in collaboration with the National Council for Persons with Disabilities (NCPWD). The Eligibility criteria for the Cash Transfer programme in Kenya include; Households that are categorized as extremely poor and vulnerable and have a member with severe disability, Household is not enrolled in any other cash transfer programme, Registration with NCPWD, Proof of the requirements in the ranking criteria, Copy of National ID or that of the guardian if the person is under 18 years.

1.4 Context for Social Policy and Practice

According to Schneider and Lester (2001), Social Workers begin their careers with a passion for helping individuals and families. They are taught and equipped with skills to engage clients in the helping process, do comprehensive assessments, collaboratively develop intervention plans, and monitor their implementation. In their opinion, part of the intervention involves linking families and individuals with community resources to meet identified needs. To achieve this, Social Workers monitor family progress to see specific improvements in the family's situation as a result of their planned interventions.

More often than not, progress in meeting client, family and community needs is not so easily achieved. Social Workers engage in the process of analyzing family circumstances using systems theory to determine the factors creating barriers to change. As in many situations, barriers to change are internal or external (e.g., community and societal barriers), such as living outside the service area where services are readily available. When Social Workers use the person-in-environment perspective, they situate the person within a context. Traditionally, social work practice is focused on helping individual people make changes in their thinking and behavior so that they can reach their goals (Adams, 2002). According to Schneider and Lester (2001), this micro focus is not the whole of social work practice. There is need for advocacy for individuals, communities and systems.

External barriers could be laws that do not apply in certain situations. When Social Workers encounter difficulties in linking people to community resources or in making sure that the services are adequate to address client and family needs, they are confronted with the need for policy practice, for making changes in the community and social systems within which clients live (Atieno & Shem, 2007). The aim of making the changes is to enable individuals and families to achieve safe and stable lives.

According to (Malinda, 2012), sometimes the services needed are not available in a particular geographic location. In such a case, the services need to be expanded or created. There are also times when the social-economic structure of a community creates challenges for parents to care for their families. An example is the social marginalization of persons living with disabilities. To Malinda (2013), to assist children living with disabilities, their families and others in similar circumstances, new opportunities need to be created through major policy changes, such as provision of social protection services, provision of affordable walking aids and creation of disability-friendly environment. Further, these changes will require great effort and take time before changes can take place because the targets of change may include several environmental components (such as new laws, changes in disability policy, or provision of additional resources). These changes present a long-term solution and may not offer immediate relief to remove barriers encountered by persons with disabilities (Malinda, 2013).

Malinda (2012) believes that sometimes the law must be changed before conditions can improve. When Social Workers are faced with community challenges, they should open their eyes up to recognize the need for policy practice so as to create interventions in the larger systems in the client's social environment that will create the conditions conducive to growth, development, and empowerment. To Malinda, this recognition of the need to effect change in larger systems to help individuals is at the core of Social Work Profession where people are understood within their environmental context, not as isolated individuals experiencing difficulties.

Using the systems perspective, social workers recognize that people interact with an environment that may provide both opportunities and barriers to individual development and goal achievement. For most people, that environment is first encountered in interactions with families, particularly parents who first meet basic needs as children are growing and developing. But other systems, external to families, support families and enhance their abilities to carry out their nurturing, educating, and socializing functions. In Kenya, the government and communities provide a wide variety of formal social, educational, and economic supports for children and families, including civic activities and avenues for social, cultural, and political participation of community members. Beyond the interactions at the local community level are the corresponding state structures that support local community efforts.

Kenya has many government and non-governmental organizations tasked with different activities and functions. The Ministry of Social Services regulates services at the national and county levels. The state political entities (County Assembly, Senate, and Parliament) make, adjudicate, and enforce the policies set by state government. Non-governmental organizations in Kenya are also influencing the lives of Kenyans and championing for their rights. Many of the Non-governmental organizations provide resources to help local communities in their economic development and sustainability efforts.

1.5 Steps in the Policy Making and Implementation Process
Social policy practice is an important aspect of social work generalist practice as it has always been part of the profession's ethical mandate for a long time (Jansson, 2005). According to Jansson (2005), policy practice is an effort to change policies in legislative, agency, and community settings, whether by establishing new policies, improving existing ones, or defeating the policy initiatives of other people.

This assertion implies that Social Workers should be involved in skilled policy making to advance their policy preferences for consideration in changing people, families, community and Society needs. Social workers core business is to advocate and advance practices that are aimed at helping powerless groups, such as elderly, women, children, people with disabilities, to their resources and opportunities. This means that Social Workers should engage in a range of activities and roles aimed at changing the larger systems in communities with the long-term goal of creating a more just social environment for all people. According to Adams, (2002), the process of making a policy, in any sector, involves going through a number of interdependent stages. These are: problem identification/policy agenda setting, policy formulation, policy adoption, policy implementation and policy evaluation. These steps are further explained below.

i) Problem identification
The first step in solving a problem is recognizing there is one. This is absolutely essential to policymaking. The first stage of the policy process is to figure out what the problem is and to define it. A key component of figuring out the problem is determining a social problem. Just because an

individual thinks an issue may be a problem does not necessarily make it a social problem. Therefore, social problems are what constitute policymaking efforts. At this stage, stakeholders raise concerns regarding an issue that affects the society, public or organization. The problem is then defined in clear terms and mass media, parties or interest groups raise it in relevant forums for consideration.

ii) Agenda setting
The problem identified is pushed through various organs in order to get discussed. Social problems can come to the forefront and demand attention of the government because the public demands action or has had enough of a particular circumstance. Interest from citizens may also be accentuated, or even driven, by the work of interest groups and other policy entrepreneurs who make it their professional objective to get the public and their policymakers to focus on addressing social problems. This push for discussion eventually leads to allocation of time for discussion by relevant authorities.

iii) Policy formulation
The third step of the policy process, policy formulation, entails devising ways to solve - or at least ameliorate - public problems. Once the government's attention is adequately secured, work is focused on crafting the solution to the public problem. This is the stage of the policymaking process where specific, concrete actions about how to address an issue are brainstormed, discussed, and debated. Solutions or policies are then made in order to deal with the problem that was raised and discussed. Draft bill shows policy objectives and courses of action or alternatives to achieve the objectives. This is done after consultations with key stakeholders like ministry officials, policy analysts, political parties, NGOs, etc.

iv) Policy Legitimation and Budgeting
The fourth step of the policy process, policy legitimation, is probably the most popular step of the policy process as this is the point at which a policy is decided and enacted. In other words, this is the step in which a bill becomes a law. Once a policy is authorized, relevant authorities can then allocate resources or money toward its implementation.

v) Implementation
Policy implementation, the fifth stage of the policy process, is the doing of policy, the executing of decisions to bring about change to address a social problem. Executives in charge of putting policies into action are then given the opportunity to implement the requirements set out in the policy. Institutions are established, facilities constructed and services are provided.

vi) Evaluation
Here various stakeholders examine the policies against the results produced in order to know if the policy is working or not. According to the results of evaluation, improvement or change of policy may be recommended.

vii)   Consultations and involvement of stakeholders
The importance of consultations and involvement of stakeholders in the policy formulation process is to create the sense of policy ownership among stakeholders. In other words, it enables the stakeholders to see the policy as reflecting their beliefs or needs. If there is limited or lack of involvement of stakeholders then the affected stakeholders might regard the policy as unnecessary. This is because it may be seen as offending their ideological inclinations. The result would be strong opposition to the

policy. Eventually, there would be need to go through the formulation process again so as to make the policy more effective or to remove portions that appear to be ineffective/offensive (Anderson, 2003: 274).

viii)   Policy marketing

Formulation of a policy, on its own, is not enough. The benefits of a policy can only be realized when that policy is implemented. However, policy implementation may not be easy. Sometimes, serious political struggles may emerge at this stage, especially when dealing with very controversial issues like environmental protection, affirmative action and abortion. Stakeholders that suffer losses in the policy formulation process may want their needs to be met by influencing or disrupting implementation of the policy (ibid: 194). As such, there is need to market the policy so that it becomes acceptable to stakeholders and enhances its implementation. This requires dissemination of information about the adopted policy to various stakeholders and lobbying for their support. A number of methods can be used to do this. They include holding conferences, briefings and meetings.

1.6 Call for More Engagement of Social Workers in Policy Making and Practice

For many Social Workers, involvement in policy practice is not readily seen as part of their work based on the low involvement of Social Workers in the policy practice arena. The discussion in this article should help convince any doubters that policy practice is not just part of social work, but an important part of Social Workers call and demand to engage in policy practice. More often than not, Social Workers argue that they do not know how to affect policy, do not know enough information, and do not have the skills (Harry & Courtney, 1994).

To have a voice in policy making, Social Workers should form a vibrant professional body which they can use to launch task groups for policy practice initiatives as a part of their policy. The range of initiatives could be broad. What is critical is that the initiatives should focus on efforts to enhance the principles of social justice so central to social work practice. In our thinking, Social Workers should not have a challenge in participating in social reform changes and policy because they are trained to have knowledge and skills to develop policy practice skills and possess experience and a sense of self-efficacy that may make it more likely they will engage in policy practice when working as Social Workers.

Across the globe, Social Workers are trained with necessary skills to tackle policy issues and exercise their power in thoughtful and ethical approaches to change policies for a more just society (Manyama, 2018). It is not therefore convincing for Social Workers to say they do not have the knowledge to engage in policy practice. Social Workers are trained and equipped with skills to engage in policy practice and reform. Social Workers also have avenues and forums to voice their opinions which they should make full use of. It is therefore prudent for Social Workers to embrace Social Policy and reform responsibility and make time to engage in Policy Practice and reform initiatives.

Going forward, the Social Workers in Kenya are called upon to recommit to engage in social policy practice. By doing so, they would be aligning themselves with foundational elements which define social work profession as follows: (i) Policy practice was a central activity in the profession's historical roots, (ii) Policy practice is a major feature of the Code of Ethics of Social Workers (iii) Policy practice allows Social Workers to enact their core value of social justice (iv) Policy practice enables social workers to partner in the creation of a social environment more supportive of human potential. With more involvement and engagement in social policy and practice, Social Workers fear and doubt and feelings of powerlessness will be significantly eroded.

Since Social policy and advocacy is a role in social work, Social Workers should play a central role in helping client's access programs and resources. The social policy arena is an arena for social work action, for social work practice and advocacy. Social Workers should be actively engaged in aspects of policymaking and implementation. Social Workers play a central role in changing larger systems through internal changes in community, county and national legislative and administrative changes, and in advocating for increased funding levels for social protection programs. Moving forward, there is need for Social Workers in Kenya to consider doing the following:- studying and examining Social Protection Policies to understand their goals, strategies, and potential for impacts on their beneficiaries; conducting Research on social protection initiatives in Kenya to establish their impact and gaps; creating a strategy and messages to influence not only policy makers but the public about weighty issues of social concern. To achieve this, Social Workers could create forums and platforms for developing sustained messages for radio advertisements, flyers, web sites to present arguments and rationale to support needed social policy changes; launching a campaign to advocate for policy change through targeted interactions with policy makers. Such campaigns could create opportunities for Social Workers to affect their policy decisions on social protection interventions. A Social Workers Association can achieve this by creating policy briefs and by writing to members of Parliament about changes needed in various social policy and protection policies to make it more effective in meeting its goals; and building coalitions with other advocacy groups to mull and develop a coordinated advocacy effort and voice. Such groups could include educators, parents, and child advocates. Advocacy areas could include access to inclusive education for children with disabilities, online learning, communication gadgets, among others.

1.7 Conclusion

This article introduced you to how policy practice has been and continues to be a principal focus for social work practice. The foundation of policy practice was situated in the beginnings of the social work profession. Further, context within which policy practice occurs, has been situated in order to enable Social Workers participate and develop strategies that are likely to be successful in moving toward the goal of a more just society. This foundation and ethos are relevant for policy practice in the twenty-first century. The article has provided a case for more engagement of Social Workers in Policy practice and reform initiatives. Policy practice is infused in Social work when they use their social work skills to propose and change policies in order to achieve the goal of social and economic justice. Social workers across three different environmental levels from local, county, and national levels of intervention have a responsibility to engage in Policy practice interventions in the community or grassroots settings and in work collaboratively with the three branches of government: executive, legislative, and judicial to advance Social work's core professional value and belief in the dignity and worth of individuals and communities. By so doing, social workers will be realigning power structures so that all are represented and have a stake in the well-being of society as a whole.

1.8 Recommendations

Considering the fact that this article is an eye opener in the field of policy practice and engagement of social workers in the policy development process, it is recommended that empirical research studies need to be conducted in order to establish the extent to which social workers are engaged in the development of social policies in the country. Moreover, the studies may also bring out the relationship between social workers engagement in policy development processes and the effectiveness of the policies in meeting the social needs of the members in the society.

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