**The Limitations and Challenges of Social Welfare Programs**

Some of the limitations and challenges of social work and welfare programs need to be mentioned here; putting the ideal philosophies and principles of social wok programs alone does not suffice. Some of such limitations include the following (Personal communication, Dr Teketel Abebe, AAU, Dept of Sociology and Social Anthropology):

• There is often the possibility of creating dependency syndrome on the part of the targets. The very term “client” may here imply some kind of dependence by affected people on service providers. Despite the main aim of social work is to help people help themselves, there may often be the risk of creating dependency syndrome.

• There is what may be called “charity mentality”, on the part of those who provide social services. Thus it may be often the case that the more underlying problems that might have caused the problems are left unaddressed, while attention is given to the superficial issues, the “symptoms” of the problems. More structural issues such as the highly unbalanced distribution of power and resources are overlooked. Despite social work professionals often realize that the underlying socio-political structures are responsible for poverty and social problems, the attitude of blaming the victims often remained in the public mentality (Day, 1996).

• Bureaucratization and elitism: This refers to the problem of the risk of original ideals of social work being undermined, while more attention is given to procedures, professionalism, standards, etc. Processionals my turn out elites, looking down upon the needy people.

**Planned Social Change, Change Agents and Client Systems**

Despite the fact that human society seems to stick to its traditions, beliefs, customs and cultural patterns, there is always an undercurrent of change taking place from time to time. Change is inevitable and universal; it may take place at the expense of human social life and progress. Planned social change is essentially a social action to bring about positive social change in the community; it is a conscientious, deliberate and purposeful action to achieve a determined change in the part of a client system (Suppes and Wells, op cit; Indrani, 1998).

Client systems are also called target groups. These are people who are in need of the guidance and professional assistance of change agents. More specifically, by client system/ target group, we mean an individual, group or community or any larger or smaller system that are helped by the professionals.

**Change agents** are persons who are trained to give guidance and assistance to the community, in need of desired planned social change. They are different forms of agents who work with (in) the community, helping the community and introducing new useful ideas and innovation for diffusion.

 **The Role of Change Agents and Professional Behavior**

Change agents do not to impose their wish and decisions on the client system. The basic role is to help the client system help themselves. Change agents should play their roles as catalysts, assistants, coordinators, leaders, guides, etc Suppes and Wells, op cit; Let us see some roles of the change agents.

The role of enabler: change agents work with clients. They enable the people; supply the means and direction for the client to do something. They temporarily stay among the people to show them the means of doing things.

**The role of a catalyst:**

As catalysts, social workers stimulate the people. They act as enzymes, so to speak. When the people face lots of problems and fail to know which problem are the most serious ones, change agents may show them to select one or two problems which are easily handled by deploying community resources.

As regards professional behavior, change agents should not be guided by their own personal prejudices and beliefs, but by the professional ethics and standards. And health professionals are no exception to this. If they intend to bring effective, desired and positive change in the lives of the client system, they should be guided by professional behavior. The health worker as change agents should take into account the following points (Morales and Sheafor, op cit):

• Learn the way the people think; in other words, understanding the thoughts of the people in the community before asking a community to assume new health habits;

• Learn to break from ethnocentric ideas, assumptions, and views;

• Learn to work patiently with the target groups; and

• Know about the community's culture, health views and beliefs, social structure and institutional arrangements, groupings and organization.