

EDUCATION RE-ENGINEERING IN THE NEW NORMAL WORLD

A FESTSCHRIFT FOR
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Chapter 62

Imperativeness of New Paradigms in the Delivery of Social Welfare Services in the New Normal Nigeria

A. A. Omokhabi

Introduction

The COVID-19 pandemic which has ravaged the whole world has brought about significant changes to almost all spheres of human endeavour thus exacting a huge toll on individuals, families, communities, and societies across the world. Daily lives have been profoundly changed, economies have fallen into recession, and many of the traditional social, economic, and public health safety nets that many people rely on in times of hardship have been put under unprecedented strain. A good way to gauge how well a society is doing at a time like this is by asking about the social welfare services being provided in making people happy. In the society, as part of phenomena seen in the societal development, certain people such as the vulnerable groups will be impacted more severely, therefore they require particular attention, need some level of assistance either due to their disposition or because of the environment they find themselves and also require some social welfare services to enable them to cope with the social problems arising from daily activities and living conditions. Effective social welfare services are crucial to safeguarding the poor and vulnerable groups like children and young people, mentally or chronically ill, People with Disabilities, elderly, prisoners and ex-convict, internally displaced persons and working class during this pandemic as it provides support, protection, and welfare to them. Therefore, new paradigms are needed in the delivery of social welfare services in the new normal Nigeria in order to cushion the adverse effects that the pandemic has negatively impacted on human life.

COVID-19 Impacts on The Vulnerable Groups

The vulnerable population are the most affected as they may fall into child labour, slavery, trafficking, and prostitution since they already experience poorer health and well being outcomes than the general population, which may lead to increased risk of harm, have more complex needs and have increased barriers to accessing health and support services. The inability of children to attend school will likely contribute to a further inequality of educational performance between children from socially advantaged background and socially disadvantaged ones, as these categories of children may not have access to school materials like tablet/computer/notebook or internet connection due to poverty thus finding it difficult to adapt to the new normal in education delivery.

The internally displaced person may already have weak immune systems given that they are already being isolated from mainstream societies. They may also often lack basic information and healthcare facilities as well as adequate water and sanitation, including lack of access to a water network, making them more vulnerable to the virus.

Additionally, working class with underlying medical conditions and those aged 60 years and above are more likely to experience serious and life threatening complications from COVID-19 as restrictive measures on freedom of movement put them at particular risk of physical and mental health consequences in the long term, particularly if they lack paid sick leave or adequate health insurance. Furthermore, due to the economic fallout of COVID-19, older workers and people either living with their spouses or in a single-person household with underlying medical conditions due to social distancing policies may face the greatest risk of isolation and loneliness, job loss and/or difficulty in accessing job opportunities due to age discrimination and social stigma. The government needs to act swiftly and decisively to contain the spread of the virus, also need to assess the impacts of the disease and the counter-measures on all aspects of people's lives, especially those most vulnerable through addressing their well-being perspective in a holistic and integrated manner, as opposed to a sectorial approach. Immediate short term government responses are needed to save lives and livelihoods of these population through building social connections and social capital; opening up new ways of working and living. The novel coronavirus that causes COVID-19, has touched every aspect of people's lives. Vulnerable groups are the ones that have been impacted more severely and therefore require a change in the delivery of social welfare services.

Social Welfare Services in Nigeria

Social welfare generally denotes the full range of organised activities of voluntary and governmental agencies that seek to prevent, alleviate, or contribute to the solution of social problems, or to improve the well-being of individuals, groups, or communities (National Association of Social Worker Encyclopedia of social work 1971 in Ahmed, Alhassan and Alshammari, 2017). Social welfare services are formally organised and socially sponsored institutions agencies and programmes to maintain or improve the economic and social condition, health, or personal competence in some or all parts of the population. Kratovich (2017) explains that social welfare services also include cash assistance for the elderly and disabled, free or reduced-cost school lunches, help with a home loan, and provision of physical goods like groceries, medical devices, and health insurance. In the words of Casimir and Samuel (2015) social welfare as an organised function is regarded as a body of activities designed to enable individuals, families, groups and communities to cope with the social problems of changing conditions. But in addition to and extending beyond the range of its responsibilities for specific services, social welfare has a further function within the broad area of a country's social development. In this larger sense, social welfare should play a major role in contributing to the effective mobilisation and deployment of human and material resources of the country to deal successfully with the social requirements of change, thereby participating in nation-building. Amongst its characteristic include serving community interest, value-based care, and non- market activities. Social welfare should be accessible to all and accountable to public.

Social welfare services were enacted in Nigeria in 1974 as Decree 12 of 1974. It is regarded as a part of the Social Development Directorate. The social welfare department

started in 1989 with the creation of the Federal Ministry of Culture and Social Welfare. The mandate of the social welfare department includes coordination of intergovernmental and interstate social welfare activities, the conduct of research and surveys in various aspects of social welfare, and training of professional social workers and coordination of welfare agencies training. Execution of international casework, promotion of legislation on issues affecting social welfare in Nigeria, conduct research on international matters affecting social welfare and interactions with social welfare organisations at national and international levels and reduction of social vices, care and support of all vulnerable groups (destitute, the indigent, the sick and their families) and provision of probation, counseling services, and family conflict resolution management (Ahmed, Alhassan, and Alshammari, 2017). The care and support for a person living with AIDS (PLWA), participation in national, regional, and global meetings on social welfare and coordination of national, regional, and global meetings on welfare like attending conferences and meetings of the sessions of the United Nations Commission for Social Development, the World Family Organization, form part of their responsibilities (Ireje, 2017).

Social welfare in Nigeria dates from the missionary period after the Second World War through the colonial period to the present day. Salvation Army, Green Triangle group, and the Roman Catholic Church initiated the social welfare by the missionary group. The philanthropists helped in social welfare by building orphanages for the poor. Social welfare activities were common in Lagos and spread to other regions in Nigeria. At that time, social welfare programmes and social work were located in the social department division in the Federal Ministry of Labour and Social Welfare. Later with new state creation, social welfare programmes were put under the Ministry of Women Affairs and Social Development. However, in pre-colonial times what existed in Nigeria was traditional social work practice, which prevented most of the social problems experienced today.

The term child has also been defined in various international and regional instruments. The Children and Young Persons Law (CYPL) (1958), defines a child to mean a person under the age of 14, while a young person is defined as a person who has attained the age of 14 and is under the age of 18. From this definition, it could be seen that they need social welfare services as they are not yet independent adults. The Federal government of Nigeria is providing them with a variety of social welfare services such as schools, colleges, and universities where they can be socialised but these institutions are becoming increasingly expensive and many children are deprived of such opportunities. Government helps brilliant children and young people through bursaries and scholarships to continue and complete their education.

Child welfare services encompass every effort made by a nation on behalf of its children, including its educational system, medical services, parks, and recreational facilities, even its road and highways (Charles, Ikoh, Iyamba, and Charles, 2005). Bamgbose (1998) cited by Alemika and Chukwuma, (2001) holds that the child justice administration regime is based on the philosophy of reformation and rehabilitation of child offenders and children in need of care and protection as these children are immature and should not be treated as adult offenders. Thus, child offenders are considered to need protection and proper guidance. The laws on juvenile justice administration in Nigeria include the Constitution of the Federal Republic of Nigeria (1999; 2011), the Children and Young Persons Law (CYPL) (1958), Child Rights Act, 2003.

Before the 2003 Child Rights Act, Nigerian child protection was defined by the Children and Young Persons Law (CYPL). Apart from the CYP, other complementary statutes applicable to child justice administration in Nigeria include the Criminal Procedure Act Cap C41, Laws of the Federation of Nigeria, 2004, the Criminal Procedure Code Cap C46, the Penal Code 1960, the Criminal Code 1965, and the SharT'a Penal Code (Zamfara State Court Law, 1999 and 2000 (Zamfara State Criminal Procedure Code Law 2000)).

Under the terms of the children and young person law (CYPL) (1978), there are three categories of children who may become involved with the juvenile justice system: children in conflict with the law (those who have committed crimes similar to adult crimes), children in need of care and protection (those who have been abandoned or left destitute by their parents, or children of criminals, beggars or destitute), and children beyond parental control (those brought to the attention of the authorities by their parents and are alleged to have engaged in minor criminal activity as well as truancy and running away from home. Institutional care for juveniles in Nigeria could be in remand homes, approved schools, or borstal institutions. Remand homes serve as detention/ custody sites (maximum of 3 months) for juveniles awaiting trial, or disposal after a guilty verdict. Children in need of care and protection and children beyond parental control are also commonly kept in the remand home while a social inquiry report is being prepared. Approved schools are more permanent educational facilities for children in contact with juvenile justice where they are placed for at least 3 years, while Borstal institutions are specifically designated for a period of about 5 years. Generally, the juvenile justice system is comprised of those concerned with the apprehension, adjudication, and correction of delinquent behaviour of juveniles. Therefore, the police, the court, the prison, and remand homes are the mainstream of justice administration as they are interwoven in their functions (Dauda, 2016).

The World Health Organization (2016), defines disabilities as an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual involvement in life situations. Disability is thus, not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. A person with Disabilities (PWDs) therefore include those who have long-term physical, mental, intellectual, or sensory impairments resulting from any physical or mental health conditions which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (United Nations, 2006). The social model of disability, the United Nations Convention on the Rights of Persons with Disabilities (United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD), 2006), defines PWDs as those who have long term physical, mental, sensory, or intellectual impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The Federal government of Nigeria provides some palliative social welfare services to the PWDs with the support of donor agencies, non-profit making including both public and private organisations ranging from non-governmental organisations (NGOs) to faith-based organisations (FBOs), civil society organisations (CSOs), and disabled people's organisation (DPOs). The public establishment in charge of service delivery to PWDs in Nigeria is the Ministry of Women Affairs and Social Development within the

federal and the various states governments. Some of the social welfare services for the physically challenged persons include access to education, healthcare, employment (through skill acquisition schemes), housing, sporting activities, and other life opportunities. Thus, to ensure that these social welfare services get to the physically challenged persons, Lang and Upah (2008) explains that the Rehabilitation Department at the Federal Ministry of Women Affairs and Social Development provides prosthetics and orthotics through its regional offices.

The mentally ill persons are those with emotional imbalances, who require help from the government and others to cope with their mental challenges. In its efforts, the Federal Ministry of Health (FMOH) (2015) aim to integrate neurological and substance abuse into primary care services; make provision for acute in-patient care for persons with mental and neurological disorders at every federal medical center, while discouraging unnecessary long-term institutionalisation; provide for out-patient care in all of these settings; and provide for rehabilitation services, including occupational service, social service, and clinical psychological service at every facility where persons with neurological and substance abuse problems are treated. For quick recuperation of the mentally ill persons, the Federal government besides, provides social welfare services such as healthcare (medicines and behaviour therapy techniques through the use of counselling and mental therapy conditioning, good nutrition), and social care (provision of clothes and other material needs as well as encouraging positive interactions) to them. Additionally, the social welfare services for the ex-mentally ill persons are more of rehabilitation services that will make them lead positive health behaviours in Nigeria. In consonance with the above view, Social Welfare Development (SWD) (2016) explains that social rehabilitation services for ex-mentally ill persons aim at developing their physical, mental and social capabilities to the fullest possible extent that their disabilities permit. The aim of the government on this is to rehabilitate the ex-mentally ill persons for educational programmes (formal and informal education) and positive behaviours, to cope well in their immediate communities. Apart from this, members of the communities also provide clothes, houses, food, etc. to ex-mentally ill persons for the possible reintegration and readjustment of their mindsets harmlessly, but positively, to mankind. In Nigeria, those providing mental health care include federal psychiatric hospitals, general state hospitals, state-owned rehabilitation centres, Islamic rehabilitation centres, traditional healing centers, and Christian churches.

The Nigerian Correctional Service, formerly known as Nigerian Prison Service (NPS) is a government agency of Nigeria which operates prisons and explains that the realisation of one of the major objectives is the reform and rehabilitation of convicts which should be done through a complicated set of mechanisms consisting among others: conscientisation, group work, casework session, recreational activities, religious services, adult and remedial education programmes, educational development project, skills acquisition programme, mid-range industrial education production, agricultural service, and aftercare service programme. Thus, to ensure the workability of the above objectives, the rehabilitation services in Nigerian prisons, therefore, should be aimed at increasing the educational and vocational skills of inmates, and their chances of success upon release (NPS, 2011). The Nigerian Correctional Service programmes are vocational and academic education, religious programmes, recreational activities, and the re-establishment or maintenance of healthy communication between the prisoner and his family and friends (Osayi, 2015).

Nigerian Correctional Service is assigned the onerous responsibilities of assuring the safe custody of offenders as well as their reformation and rehabilitation. which are discharged through carefully design and well-articulated administrative, reformation and rehabilitative programmes aimed at inculcating discipline, respect for law and order and dignity of honest labour (Igbo, 2007). According to Orakwe (2013), the Nigerian Correctional Service, has several programmes aimed at rehabilitation, these include the Prisons Adult Remedial Educational Programme (AREP) that enables illiterate inmates to access adult education including training in carpentry, metalwork and woodwork. There are also services offered by the Nigerian Correctional Service, to equip the inmates with skills in husbandry, and the service and maintenance of agro machines. To Oriji (2018) prisoners are usually left in the hands of the Welfare Services Department of the prison for their correction and rehabilitation This can be achieved with the support from government and non-governmental agencies (NGAs) which are required to provide social welfare services such as healthcare, food, recreational activities, skills, clothing, and others to prisoners for a healthy living before their reintegration into the society. Apart from these social welfare services, certain reform and rehabilitation objectives should be realised for the benefit of the out-going prisoners alongside members of the society. Thus, when the ex-convicts are with members of their families in communities, social welfare services are usually continued for their further reformation and acceptance by other members of society. In this regard, social workers provide after-care-duty to the ex-convicts in their homes. Indeed, they advise the ex-convicts on the need for furthering their education, and/or improving on the trade acquired when in prisons. Some social workers go as far as providing funds for the ex-convicts to buy tools and rental shops for the practice of the skills they acquired while in prisons. In addition to the efforts of the social workers, the significant and generalised other persons assist the ex-convicts with clothes, foods, houses and in some cases provide them with land to farm and/or give them paid employment to fend for themselves in the society. Gainfully, the main aim of these efforts is to properly reform and rehabilitate the ex-convicts for positive behaviours that will be devoid of negative behaviours (crimes and vices) in the Nigeria.

National Population Commission (2004) defines elderly persons as those aged 65 years and above Most elderly people are vulnerable to diseases such as arthritis, poor vision, insomnia, diabetes, stroke, and others. These health challenges of the elderly may worsen when they cannot pay for hospital care and/or even get social and financial support from the government, government agencies, family members, and others in Nigeria. Based on the above situation, the Federal Government of Nigeria (FG) introduced the National Pension Scheme that also covered the elderly person. Most elderly people in Nigeria receive informal care at home, often provided by spouses, adult children and other family members or friends (Aboderin, 2005; Amaike and Bammeke, 2013; Ejechi, 2013). Informal care or community-based care is an invaluable source of old age care and support for Nigerian elderly because it provides assistance with activities of daily living without which many elderly will be forced to live in public institutions, often despised by the society and the elderly alike. Therefore, informal care is a veritable alternative source of elder care since it enables older people to remain at home, avoid the costly geriatric care services in institutions as well as delay institutional placement where such facility exists (Amaike and Bammeke, 2013).

Social welfare services are provided to elderly in form of community care which

means any care given to older persons in the comfort of their homes and familiar environments (communities). It can be in-home care or services in group such as adult day centres or congregate facilities (Amaike and Bammeké, 2013). Community-based care can be medical or non-medical care aimed at improving the quality of life of older people by assisting them with activities of daily living so that they can age gracefully and in dignity. It can be provided statutorily by government or paid for by groups or individuals (private). Community-based care includes but not limited to recreational activities, volunteering, house maintenance, psychosocial support, companionship, visitation, physiotherapy, geriatric case management, medication, keeping medical appointments, monitoring of vital signs such as blood pressure (BP) and sugar level among others. Essentially, community care helps to prevent institutional care or hospital care so it is an important alternative strategy to active older persons who wish to remain in their homes or communities while receiving assistance with basic daily needs (Wister, Malloy-Weir, Rootman, and Desjardins, 2010; Bohman, Van-Wyk and Ekman, 2011). Informal care provides opportunity for older people to maintain their independence, since they can go out and come in as they like with families and friends allowed to visit them as often as they desire (Swan, Friis, and Turner 2008; Bronstein, Gellis, and Kenaley, 2011; Suhonen, Charalambos, Scolt, Katajisto and Puro, 2012).

Government has established various social security schemes over the years for workers which includes the Workmen compensation scheme of 1987 to 2011. This scheme was set up by the Workmen Compensation Act (WCA), where the objective was to ensure that workmen were compensated for injuries suffered in the course of their employment. Also, employers were not obliged to pay compensation in certain instances. Nigeria Social Insurance Trust Fund (NSITF): 1961, 1993 to 2003 was established in 1961 as National Provident Fund (this metamorphosed into NSITF in 1993) with the aim of protecting employees in the Nigerian private sector who were mostly in non-pensionable employment. The scheme was targeted at protecting private sector employees, whose employers were then mostly the multinationals, from financial difficulties in the event of either old age, cessation of employment, invalidity or death. This is more so as most employers did not have such provisions in the employment contracts with their employees. Under this scheme, a portion of employees' emolument is deducted and remitted to the NSITF.

The Pension Scheme of 1954 to 2004 was governed by the Pension Act and other relevant legislation, guidelines and policies issued by the government. Under this scheme, a portion of the emoluments of public servants were deducted and paid into pension funds. In view of the seeming shortfalls of the above schemes, the Federal Government of Nigeria (FGN), over the past 10 years, has moved to revamp the social security systems by introducing new legislation and setting up requisite institutions. Recent legislation enacted by the Federal Government to reinforce the social security framework in Nigeria is Pension Reform Act (PRA) 2004; 2014 which was enacted in 2004 to improve on the erstwhile NSITF and public sector pension regimes. Under the PRA, the custody of pension funds is transferred from NSITF to private sector companies Pension Fund Custodians (PFCs). The PRA also provides some checks and balances by vesting administration of the pension funds with other bodies - Pension Fund Administration (PFAs). Other laudable improvisations under the PRA include introduction of mandatory life insurance for employees and strict guidelines on investment of funds, thereby protecting the pension assets and ensuring they are not

trifled with. Employee Compensation Act (ECA) 2010 was signed into law in 2010 and effective 2011, repealed WCA of 2004. Unlike its predecessor, ECA contains comprehensive provisions ensuring employees are compensated for accidents at work place or outside work place. It covers, medical treatment in case of accident involving no disability, rehabilitation and payment of compensation for disabilities and death. The mandate also covers treatment and payment of compensation to employees who suffer from occupational diseases contracted in the course of employment. Additionally, ECA improved on WCA by extending its cover to all employers and employees in the private and public sectors of Nigeria. All employers and employees are expected to benefit from the scheme.

New Paradigms for the Delivery of Social Welfare Services in the New Normal Nigeria: Children and Young People

In the new normal Nigeria, the parents become the frontline. Governments with development partners such as UNESCO, UNICEF, and The Ministry of Culture and Social Welfare should consider the following measures:

Sensitising community members on the child rights and protection issues during the COVID-19 pandemic such areas should include violence against children, gender-based violence, online protection, increased stress, mental health, and psychosocial well-being which should be relayed in English Language, Yoruba, Hausa, and Igbo to all families through radio, television and online platforms for cities and in rural areas through village heads, town crier, public address system and house to house Campaign. In ensuring safety of children in schools, school buildings must be disinfected and adequate ventilation of the classroom in an ongoing manner and there should be education platforms to deliver better education activities for children through distance learning and digital services. With face-to-face healthcare and early childhood education services constrained, for the time being, the development of on-line digital platforms and other ways to guide and counsel parents of young children becomes all the more important. The online platform should guide telehealth services and provide parenting programmes through digital technologies to reach the most vulnerable parents

Government should work with the Ministry of Education and preschool teachers, teachers in secondary schools to develop relevant content for young children for a range of media including Television, internet, and mobile phone technology, and ensure free school meal vouchers regardless of their family's background as well as provision of social assistance to families, preferably through the use of universal child grants which offer a simple and proven tool for shielding children from extreme poverty. Ensuring that children, adolescents, and young people have access to COVID-19 testing regardless of their family background. Information resources must be developed for social workers, care givers and parents to help young people understand the situation with COVID-19, how to stay safe and isolate, and how to communicate any changes in the support they receive. There should be free online support and helplines through social workers, welfare officers/mental specialist and counsellor on information on mental health which could be made available on the various website to young people if they are feeling unwell or are feeling anxious to attend hospitals due to social distancing measures.

Delinquent/Neglected Children

For those in the institutions such as remand homes, approved schools and Borstal

government with the assistance of Non-governmental organisation and social welfare officers should disseminate messages through various media, including online, text messaging, local radio stations, loudspeakers, and other solutions on COVID-19 precautions. Social welfare officers and management of institutions caring for these categories of children should work with community and religious leaders to raise awareness and influence positive behaviour by disseminating information on the protection of children from violence, abuse, and neglect during COVID-19 in general public health messaging, educational platforms, and within existing programmes. Social workers, along with other health professionals, should minimise non-essential services that involve direct contact with families and people visiting the institutions. In exceptional cases where there is need for urgent care social workers can use telephone and video technology to allow client contact.

Persons with Disabilities (PWDs)

Persons with Disabilities in institutions should be given prompt provision of support in the community through family and/or informal networks, and fund support services by public or private service providers. In the interim, government with collaboration of NGOs should prioritise testing and promote preventive measures within institutions caring for Person with Disabilities to reduce infection risks by addressing overcrowding, implementing physical distancing measures for residents, modifying visiting hours, mandating the use of protective equipment, and improving hygiene conditions. During the emergency period, there must be continued respect for the rights of Persons with Disabilities in institutions including freedom from exploitation, violence, and abuse, non-discrimination, the right to free and informed consent, and access to justice.

Ministry of Health should create a section of its website dedicated to providing information on COVID-19 related measures which should be accessible to persons with disabilities, through sign language interpretation, captioning, and easy to read formats, among others such information could be disseminated in English language, Yoruba, Hausa and Igbo to be able to reach almost all tribes within the institutions. In schools for the PWDs, teaching, and learning could be a combination of face to face and online for remote learning where software is accessible to persons with disabilities, including through the provision of assistive devices this will reduce physical contact to the barest minimum. Government with the management of institutions caring for PWDs, should develop accessible and adapted materials to support remote learning which includes accessible educational audio-visual materials to disseminate through different media for example online and televised educational programmes. Government should on its engagement provide health services for PDWs and homeless persons particularly converting buildings that have been abandoned to emergency shelter to those who may require physical distancing without high medical requirements. Also, treat homeless persons with disabilities where they live and offer safe accessible shelter where available and provide sanitation services on the streets, including water, soap, sinks, and other resources to ensure that water and sanitation is available.

Mentally Ill and the Ex-Mentally Ill Persons (Recuperated Mentally Ill Persons)

To maintain physical distancing, mental health facilities should suspend visits by

families and friends and install videoconferencing systems that can connect patients with family members. For patients with mental illness who are acutely ill with mild to moderate symptoms, daily home visits by clinicians and 24-hour coverage may be a reasonable alternative to inpatient hospitalisation. This allows patients to maintain physical distancing and home confinement, and thus avoid exposure to COVID-19. For patients with schizophrenia who are stable, home visits may be suitable to promote adherence to treatment and prevent relapse. In the mental health facility, there should be provision for a separate unit for patients who are suspected of having COVID-19 due to symptoms such as fever, cough, and sore throat, as well as a separate unit for patients who test positive for the virus and are medically stable, and a unit for patients who test negative. If separate units are not available, it may be necessary to generally restrict patients with suspected or confirmed COVID-19 to their rooms and require all patients to wear a mask and gown if they leave their rooms. Also, the use of group therapy should be curtailed to enable physical distancing, and patients at high risk for adverse outcomes from COVID-19, such as elderly or immunocompromised individuals, should avoid group therapy.

Leadership representing different clinical disciplines, including psychiatry, nursing, and social work, should meet at least weekly to review and revise COVID-19 precautions and related issues regarding staffing and procedures. In Neuropsychiatry hospital or other hospitals providing mental health care, any changes should then be communicated to the other staff. Institution for mental health care should establish protocols for testing patients for COVID-19 to all including mental specialists as well as minimising transport of patients to different parts of the hospital or the community as well as assigning health care workers who provide frontline, face-to-face care to work on the same unit rather than rotating among different units. Also, the staff at high risk for adverse outcomes from COVID-19, such as elderly or immunocompromised individuals, should avoid frontline care, and strategies implemented for creating a pool of back-up clinicians if frontline staff become ill or are quarantined.

Installing the means for mental health specialists such as psychiatrists, psychologists, and social workers to administer routine care to patients by tele psychiatry. Typically, onsite, frontline nursing staff assist patients in using the equipment. Videoconferencing can also be used for communication with families, and between patients and families. Some facilities may choose to administer a combination of tele psychiatry and face-to-face care. Establishing protocols for using personal protective equipment and managing medical and psychiatric emergencies. As an example, acute, moderate to severe agitation or threatening behaviour typically prompts a face-to-face evaluation and requisite treatment. Before interacting with the patient, clinicians should put on the appropriate personal protective equipment like gown, gloves, eye protection, a respirator, and shoe covers. If the supply of respirators is limited, facemasks are an acceptable alternative (in addition to contact precautions and eye protection).

Management should ensure dropping off food for patients outside the door to the unit and either staggering mealtimes in the dining area or delivering meals to patient bedrooms as well as discouraging patients from sharing or trading food and other items within the mental health facility. Psychiatric in-patients with COVID-19 who are psychiatrically stable but continue to test positive for the virus may have difficulty qualifying for discharge to respective homes as positive tests may persist for weeks and prolong hospitalisation. The possible solution is to discharge patients home to

quarantine on an interim basis until they test negative. Governments could also in a number of ways promote mental health of people through providing online resources; advice to general practitioners and other frontline care workers on mental health problems, as well as options for treatment and referrals, offering telemedicine consultations and allowing for the continuity of psychological and psychiatric treatment where possible for patients with mental health disorders and reinforcing resources for mental health services in the aftermath of the pandemic.

Prisoners and Ex-convicts

Responding to the COVID-19 crisis is an enormous challenge for prison authorities and their staff. It is a challenge in terms of resources, logistics, and organisation. The responsibility to design a protective health strategy requires a significant change in prison life, including systems of distancing, isolation, and quarantine, the provision of hygiene products, as well as the development of occupational and social support structures. Therefore, Government should ensure reducing the prison population particularly releasing offenders with minor cases which is essential to prevent the worsening of the health crisis inside and outside prisons as detention facilities will become a hotspot for COVID-19. Within the prison, detention facilities should be set aside to allow for the isolation of detainees who exhibit symptoms (even mild ones), as the viral spread in prisons may be fast, this may pose an enormous challenge and will require sufficient regular testing protocols and equipment, and the set-up of separate facilities within the structure (such as negative pressure rooms). A particular concern in this regard is to ensure that solitary confinement is not used for medical isolation.

Government with the collaboration of prison authorities, Nigerian bar associations, national human rights institutions, and service providers should set up necessary systems broadband internet and computers, secure video conferencing and other tools to enable lawyers to communicate with their clients as a key alternative to in-person visits. If such tools are available, there should be no further restriction such as a limitation to certain types of legal issues or remedies, and the normal rules on access to lawyers should apply. The communication should be free and frequent. There is an equal need and obligation to use due diligence to protect those working in custody, notably penitentiary staff but also social workers and health workers, whose safety is of equal concern. In the new normal, efforts should be made at reducing the numbers of detainees to prevent a ticking time bomb of infections with dire implications for the health system. There will be cases in which detainees have to be quarantined, while physically separated, they should be able to have access to food and medical services, as well as to communicate with the outside world. The government should ensure provision of health services and access to medication to such a category of people before being transferred to a hospital.

Elderly

Elderly aged 60 and above should be restricted from going to work or outside their home. Government, through social workers or welfare officers should ensure complete compliance with COVID 19 guidance particularly in private elderly peoples home through monitoring with guidelines. In old people's homes, social welfare officers should limit in-person visits as well as teach the elderly to engage socially via technology, set up

group chat sessions online, live exercises, and even spiritual classes for them. through their membership in the Pension scheme. Also, the government should provide health services with physicians' online for the elderly who might find it difficult to approach their doctors for regular check-ups so that they can be sure of their health condition and should create a dedicated platform for regular check-in on the elderly through phone calls, message, or WhatsApp.

Government should add the COVID-19 emergency helpline numbers to contacts of the elderly through the pension scheme for emergency and speed dial. Nigeria Centre for Disease Control with the collaboration of geriatric doctors should provide additional guidance to caregivers of elders with Alzheimer's disease and related dementias to reduce the spread of COVID-19 and to help them manage their patients' physical and mental wellbeing as well as their wellbeing. Those in old-age homes might need special care, management should prevent overcrowding, encourage physical activity, enhance family support, and ensure nutrition for their overall well-being while observing NCDC rules on COVID 19. Government should partner with the geriatric specialists to provide services through virtual to meet the geriatric healthcare needs of the elderly as they stay safely quarantined as this will decrease avoidable visits and hospitalisations. The virtual visits will include new patient visits as well as urgent care visits to offer virtual cognitive assessments, geriatric pharmacy, virtual pharmacogenomics, and goals of care conversations, when appropriate. Social support also needs to be increased., the government can increase its engagement with local NGOs to improve access to information and day-to-day necessities for the elderly. Telehealth and mobile home-based health care check-ups should be conducted for the elderly and vulnerable in times of home isolation.

Internally Displaced Persons (IDPs)

Internally Displaced populations represent part of the vulnerable group. They have no means of self-isolating, and where they do have shelter available is typically in camps with limited means of isolation or protection for at-risk individuals (such as those with existing health conditions). The government can provide immediate support shelter for homeless populations by ensuring compliance with the NCDC guidelines. Those who have been infected with the virus can be quarantined on a mandatory basis, in government facilities.

Working Class

Government should protect workers in the workplace to minimise the direct effects of the coronavirus, in line with Nigerian Centre for Disease Control (NCDC) recommendations and guidance and also to improve Occupational Safety and Health measures; social distancing, provision of protective equipment (especially for health and allied workers, and others in permanent contact with people), hygiene procedures and forms of work organisation (supported by information and awareness campaigns), should be introduced . Employers of labour should issue appropriate flexible working arrangements, such as teleworking; prevent discrimination and exclusion relating to COVID-19, enhance universal access to collectively financed health services for all, including uninsured workers and their families. Moreover, workers and employers should be protected from the health risks of COVID- 19 through provision of protective measures at the workplace and ensure adequate income for all, including financial

support to keep people in their jobs, with guaranteed income, increased minimum income support to address additional costs, guaranteed income support to self-employed or those in a typical work who are losing income due to the crisis in order to stimulate the economy and labour demand.

Government should continually advise at risk workers and vulnerable groups, or those 60 years old or of any age with co-morbidities or pre-existing illness, such as hypertension, diabetes, cancer, or with immunocompromised health status; or with high-risk pregnancy to work from home. Telehealth which uses e-mail, videoconferencing, or phone calls should be adopted to help care for sick employees from the comfort of their homes. This benefit is important right now, as both federal and state governments push for people to stay home. Utilising telehealth will not only curb the spread of disease by encouraging people to only leave their house by medical advisory, but it also offers an outlet for those who are in at risk populations to seek medical services for their conditions without going to the doctor and potentially being exposed. Government can also introduce Employee Assistance Programme to help employees manage stress and anxiety, and assist with mental well-being. Employee Assistance Programme is a programme that gives employees access to confidential conversations online or over the phone with professionals, whether seeking financial guidance, counseling, or other resources.

Employers should provide appropriate face masks for workers, according to the guidelines, ensure the accomplishment of daily health symptoms form, undergo temperature check, and have them recorded in the health symptoms questionnaire in organisation, a worker having a temperature of above 37.5°C should be immediately isolated in an area identified by the organisation and must not be allowed to enter the workplace premises. Clinic staff should be assigned to assess workers held in the isolation area through provision of the appropriate Personal Protective Equipment's by the organisation which should include face masks, goggles/face shields, and or gloves. Buildings and premises within work organisation, all equipment as well as vehicle entering the establishments, including facilities, and touched objects, such as doorknobs and handles should be decontaminated/disinfected at least once every two hours. On top of observing at all times physical distancing, proper respiratory etiquette and disinfection protocols, eating in communal areas should be discouraged, and if this is not possible, the employer should ensure one worker per table and one-meter distance per worker in organisation canteen, and employees should be discouraged to engage in conversation, as well as prolonged face to face interaction with other workers in the organisation.

Employers should reduce or avoid meetings that needs physical presence. In private establishments employer or management should implement alternative work arrangements, such as working-hour shifts, work from home (WFH), where feasible, and on a rotation basis. If feasible, employers must also provide shuttle services and/or decent accommodation on near-site locations to lessen travel and people movement. A worker suspected of having COVID-19 must be brought to the nearest hospital if needed. Employers must put up a COVID-19 Hotline and call Center for employees to report if symptomatic, may test workers for COVID-19 and testing kits used and procured should be the responsibility of the employer. Employers must ensure provision of water for washing of hands, sanitisers should be provided within the organisation so that workers can regularly wash their hands and ensure strict compliance with NCDC guidelines during working hours.

Conclusion

The delivery of social welfare services in the new normal Nigeria require government and non-governmental organisation support and total commitment to reducing the spread. For the disadvantaged or vulnerable groups new paradigms suggested will go a long way in helping them to live and cope positively in all areas of their lives mentally, socially, educationally, work place and at the communities. Social welfare officers/social workers working with the different vulnerable groups should adopt these new paradigms to safeguard themselves first as frontlines. The government of Nigeria needs to enforce the mandate of the social welfare department of the Ministry of Women Affairs in charge of social welfare services to enhance their operations and activities. Improved budget allocation and implementation of health and social welfare services should be considered seriously in this new normal. The departments and agencies involved should embrace good monitoring and evaluation practices to ensure good budget implementation.

References

- Aboderin, I. (2005). Research on Ageing in Africa: the need to forge directions. *Generations Review*, 15(3).
- Ahmed, H.G., Alhassan, S.M. and Alshammari, F.D. (2017). Social welfare scheme; a neglected component of public health care services in Nigeria. *MOJ Public Health*. 2017;5(3):101-104. DOI: 10.15406/mojph.2017.05.00132
- Ajala, K. (2006). The changing perception of ageing in Yoruba culture and its implications on the health of the elderly. *Anthropologist*. 8(3): 181-188.
- Alemika, E. E. O. and Chukwuma, I. C. (2001). *Juvenile Justice Administration In Nigeria: Philosophy and Practice*. Centre for Law Enforcement Education Lagos, Nigeria.
- Amaike, B. and Bammeke, F. (2013). Gender, Older persons and Expectations for Care in Lagos State, Nigeria. A paper presented at the Nigerian Association of Social Work Educators (NASWE): University of Benin, Benin City, Edo State, Nigeria.
- Bangbose, O. (1998). An exposition of the laws of crime and health implications in cases of child abuse in Nigeria. *Nigerian Journal of Health Education*, 112.
- Bohman, D. M., Van-Wyk, N. C. and Ekman, S. (2011). South Africans' Experiences of being Old and of Care and Caring in a Transitional Period. *International Journal of Older People Nursing*, 6: 187-195.
- Bronstein, L., Gellis, Z. D., and Kenaley, B. L. (2011). A neighbourhood naturally occurring retirement community: views from providers and residents. *Journal of Applied Gerontology*, 30(1): 104-112.
- Casimir, A. and Samuel, E. (2015). A Towering Critique of the Ambience of Social Welfare, Social Work and the Social Development Paradigm – An African Analysis. *Open Journal of Political Science*, 5, 236-246.
- Charles, J. O., Ikoh, M. U., Iyamba, I. E. and Charles, A. O. (2005). *Human development, child welfare, and addiction: social work perspective*. Lagos. Serenity Printing and Publishing Co.: 65.
- Child and young persons Law. volume 1, chapter 22, Part 2 (3); Part 5, 33(2); Part 5, 34. 1978.
- Dauda, J. H. (2016). A Sociological Analysis of the Law and Practice of Juvenile Justice in Niger State, Nigeria. A Ph.D. A thesis submitted to the school of Postgraduate Studies, Ahmadu Bello University, Zaria.
- Ejechi (2013). A Comparative study of physical activity and cognitive function of a sample of elderly Nigerians living in a rural and an urban area. *International Journal of Humanities and Social Science*, 3(6): 140-150.
- Federal Republic of Nigeria (2011). Amended Constitution of the Federal Republic of Nigeria, Abuja. P. 3.

- Federal Republic of Nigeria: Child's Rights Act, 2003.
- Federal Republic of Nigeria: Constitution of Nigeria, 1999.
- Federal Republic of Nigeria: Constitution of Nigeria, 2011.
- FMoH (2015). National Policy for Mental Health Services Delivery in Nigeria. Abuja. FMoH: 5.
- Igbo E.M.U. (2007). *Introduction to Criminology*. University of Nigeria Press Ltd.
- Ireje A. O. (2017). The evolution of social welfare and social work in Nigeria. *Journal of Contemporary Research*, 8(3).
- Krcatovich, E. (2017). What is Social Welfare? Definition and Services. Retrieved from <http://study.com/academy/lesson/what-is-social-welfare-definitionservices.html/>
- Lang, R., and Upah, L. (2008). Scoping Study: disability Issues in Nigeria. Retrieved from <https://www.ucl.ac.uk/Lc-ccr/down-loads/scopingstudies/dfid-nigeriareport/06/07/2017>.
- National Child and young person Law. volume 1, chapter 22, Part 2 (3); Part 5, 33(2); Part 5, 34-1978.
- National Population Commission and ORC Macro; Calverton, Maryland: 2004.
- NPS (2011). Nigerian Prison Service Manual. Abuja. NPS.
- Orakwe. I. W. (2013). Reform and Rehabilitation of Prisoners: Achievements and Challenges. A paper presented at the National Summit on Penal Reform and Prison Decongestion, Abuja.
- Orij, C. C. (2018). Social Welfare Services for the Vulnerable: A Sine qua non for the Formulation of a Comprehensive Social Welfare Policy for Healthy Living in Nigeria. *International Journal of Scientific Research in Education*, 11(3B), 481-492.
- Osayi, K.K. (2015). Socio-cultural factors affecting the reintegration of discharged prisoners in Anambra State, South East of Nigeria. *International Journal of Social Science and Humanity*, 5(1), 2-3.
- Suhonen, R., Charalambos, A., Scolt, M., Katajisto, J. and Puro, M. (2012). Caregivers Work Satisfaction and Individualized Care in Care Setting for Older People. *Journal of Clinical Nursing*, 22: 479-490.
- Swan, J.H., Friis, R. and Turner, K. (2008). Getting tougher for the fourth quarter: Boomers and Physical Activity. *Journal of Ageing and Physical Activity*, 16(3): 261-279.
- SWD (2016). Services for Ex-mentally Ill Persons. Retrieved from www.swd.gov.hk/en/index/site-pub-svc/page-rehab/sub-listofserv/idseremental/
- The Children and Young Persons Act Cap 32, Laws of the Federation of Nigeria and Lagos, 1958 <http://www.cleen.org/juvenile%20Justice%20Report>
- The Criminal Code Act, 1965.
- The Criminal Procedure Act Cap C41, Laws of the Federation of Nigeria, 2004.
- The Criminal Procedure Code Cap C46.
- The Nigerian Children and Young Persons Ordinance Cap 32 of 1958.
- The Penal Code Act, 1960.
- United Nations (2006). Convention on the rights of persons with disabilities and optional protocol. New York: United Nations.
- United Nations Conventions on the Rights of Persons with Disabilities (UNCPRD) (2006). Disabilities Convention. Geneva, Switzerland.
- Wister, A. W., Malloy-Weir, L. J., Rootman, I., and Desjardins, P. (2010). Longlife Educational Practices and Resources in Enabling Health Literacy among Older Adults. *Journal of Ageing and Health*, 22(6): 827-854.
- World Health Organization (2016). "Disabilities". Retrieved October 28, 2016.
- Zamfara State Court Law, 1999 and 2000. Zamfara State Criminal Procedure Code Law 2000 No 1 vol 4, <http://www.dare.uvbu.vu.nl>