

Decolonizing Social Work Practice in India: A Structural Equation Model of Social Technologies and Concern for Social Problems

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Abstract:

Purpose: This study examines decolonized social work practice in India, with a special emphasis on concepts that will transform rural and urban milieus by disrupting Western social concepts that foster social issues.

Design/Methodology/Approach: Key constructs of decolonized social work practice were identified through a literature review and 25 expert interviews. Google Forms was used to distribute an instrument to 600 social workers, and the hypothesized relationships were tested using Structural Equation Modelling.

The results: Social planning, family therapy, consultation and group work, research, supervision and casework have a significant impact on the adoption of social technology dealing with drug abuse, child abuse, racial discrimination, poverty and mental illness, which serves the marginalized population.

Practical Implications: Findings offer practitioners in India actionable guidance for embracing decolonized approaches, strengthening effectiveness in addressing social issues across rural and urban contexts.

Social Implications: By challenging Western frameworks and adopting culturally grounded approaches, decolonized social work can dismantle colonial legacies, promote self-determination, and empower marginalized communities toward equity and justice.

Originality/Value: This study offers empirical evidence on how decolonized social work constructs shape social technology adoption in India, extending the literature on decolonization in social work.

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1. Introduction

Decolonization in Africa, India, Indonesia, and Vietnam significantly influenced these regions' political landscape, providing opportunities for self-determination. However, it highlighted socioeconomic challenges and tribal and clan societies within the colonies. Unfortunately, the postcolonial era has been characterized by corruption, political instability, and authoritarian rule with violent tendencies. The weak political systems that emerged after colonization, along with economic problems and growing disparities between the northern and southern parts of India, have led to rapid urbanization and severe social and economic consequences. The inadequate welfare system further exacerbates the flawed state institutions, the erosion of clan traditions, and the introduction of local democracy. Therefore, it is evident that decolonization necessitates a more profound transformation beyond surface-level changes. In social work, achieving true transformation requires addressing the fundamental Western beliefs perpetuating these issues and adjusting intervention practices and theories accordingly. Based on the provided content, here are five research questions that seem to be addressed in the study: More recent scholarship confirms that these disparities persist for India's tribal communities,

who continue to face exclusion from mainstream development processes despite constitutional safeguards (Nagaraja, 2024).

- (i). What is the impact of social technologies on various areas of social work practice, such as family therapy, consultation and group work, research, supervision, casework, and social planning?
- (ii). How does concern for social problems influence various outcomes such as drug abuse, adult criminality, juvenile delinquency, mental retardation, child abuse and neglect, racial discrimination, poverty and illness, alcoholism and mental illness, and social units of concern?
- (iii). What is the association between the use of social technologies and concern for social problems?
- (iv). How does decolonizing social work practice relate to using social technologies in addressing social problems?
- (v). What are social technologies' significance and positive impact of social problems on different aspects of social work practice?

These questions reflect the key hypotheses and findings and demonstrate the focus of the study on the transformative power of decolonized social work practices and the use of social technologies. Based on the above questions, this study aims to identify the critical elements of Decolonization Social Work Practices that can bring about transformative and beneficial changes in Tribal and Rural communities. Recent scoping and theoretical work confirm that decolonising social work practice, education, and field placement remains an active and evolving area of scholarship internationally (Jones et al., 2025; Werkmeister Rozas, 2023).

2.Literature Review

To guide decolonizing Social Work practice, post-colonial theory offers diverse approaches that raise awareness about the impact of colonization and unfair practices in delivering social services (Ashcroft, 2001). Post-colonial theory examines the experiences of those directly affected by colonization. It explores the broader impact of colonialism and imperialism on global systems, societies, and cultures and their ongoing influence today. It acknowledges the effects of colonization on the colonized and the colonizers, as well as their descendants. Additionally, it recognizes the lasting impact of colonization on Indigenous peoples and their cultures. One approach to addressing these issues is incorporating Indigenous-centric stories and perspectives into educational curricula to promote a more inclusive and equitable society (Pinar, 2004). More recently, postcolonial theory has been extended into analytic strategies—including reflexivity, critical discourse analysis, and postcolonial translation—that support social work researchers in disrupting colonial assumptions in knowledge production (Willey-Sthapit, 2024).

Historically, social workers have worked with Indigenous peoples in urban areas, particularly in the United States, where the American Indian Relocation Policy was implemented between the 1940s and 1970s. This policy forcibly terminated treaties and encouraged Indigenous peoples to relocate from their traditional lands to urban areas, where they often faced significant challenges and discrimination. Social workers provided support and services to these communities in urban settings, and this work continues today. It is however important to understand that Indigenous communities have unique cultures and lifestyles, and that social workers need to be attentive to the differences and work collaboratively with Indigenous communities to meet their needs and priorities (Tyler, 1973).

The social work profession is becoming more visible in Canada, and indigenous scholars and activists have challenged this visibility because of the settler colonialism it continues and colonial attitudes toward Indigenous peoples. This criticism is related to how social workers have historically played a role in the implementation of colonial policies and practices like the residential schools and the Sixties Scoop that displaced Native /Indigenous children out of their homes and communities. There are others who say that the profession has not been doing enough to recognize and address this history and that the social work profession today continues to privilege settler values and worldviews over Indigenous ones. There are also many social workers in Canada who are making efforts to integrate Indigenous knowledge and ways of knowing into their practice, as well as ways to remove the continuing influence of colonialism on Indigenous communities. The connection between settler colonialism and social work as a profession is complex, requiring ongoing dialogue and critical reflection to promote more equitable and respectful relationships with Indigenous peoples (Fortier & Wong, 2019). Case examples from Canadian social work education, such as the University of Calgary's work with students and community stakeholders, illustrate how decolonizing practice is being operationalized in curricula and community partnerships (King et al., 2023).

Indigenous communities' needs, objectives, values, and approaches are prioritized by decolonized community-determined approaches rather than addressed by external or top-down solutions. These approaches are rooted in Indigenous knowledge systems, cultural practices, and ways of knowing, aiming to empower communities to address their needs and challenges. They often involve a collaborative and participatory process that engages community members in decision-making and problem-solving, drawing on both traditional knowledge and Western-based methods. These approaches prioritize community self-determination and challenge the ongoing impacts of colonization, which historically disempowered Indigenous peoples and undermined their cultural practices and ways of life (Baskin, 2003; Cross, 1996; Chandler & Lalonde, 2004, p. 118). Comparable debates continue in the African context, where scholars distinguish indigenization from decolonization of social work and document culturally grounded conceptualizations of social problems (Tusasiirwe, 2022; Ayim et al., 2023).

Indigenous knowledge and abilities, developed over thousands of years to address enduring problems, have a rightful place in today's society but are often dismissed as irrelevant, economically and strategically unsound (Chandler & Lalonde, 2004, p. 118). Furthermore, Gray et al. (2013) emphasize the importance of recognizing and addressing the destructive beliefs and practices perpetuated by colonialism, reclaiming and integrating Indigenous beliefs and practices into social work, and gaining knowledge from positive decolonization efforts to help Indigenous and non-Indigenous populations. This call has since been extended into a dedicated volume moving decolonizing social work from theory to transformative practice (Kleibl et al., 2024; Mugumbate, 2024).

A framework or model for the decolonization process includes five stages. The first stage, Rediscovery and Recovery, involves reclaiming and restoring Indigenous knowledge, language, culture, and identity. The second stage, Mourning, involves acknowledging and grieving the losses and trauma experienced due to colonization. The third stage, Dreaming, involves imagining and envisioning a decolonized future based on Indigenous values and practices. The fourth stage, Commitment, involves personal and collective commitment to decolonization and taking action toward this goal. The final stage, Action, involves implementing decolonization strategies and initiatives prioritizing Indigenous self-determination and empowerment (Burgess, 2007). Consistent with this staged approach, recent

guidance on Indigenous health research emphasizes that decolonization must be reflected throughout a study's principles and practices, including Indigenous authorship and leadership, rather than treated as a single procedural step (Dudgeon et al., 2024).

In 2017, Tom Calma, the former Australian Social Justice Commissioner, called for a human rights method to readdress issues of racial inequality in Australia. He emphasized the significance of recognizing the rights of Indigenous groups and highlighted the need for systemic change to address ongoing discrimination and disadvantage experienced by Indigenous communities. Calma's advocacy work has studied Indigenous health, education, and employment, and he has been a vocal proponent of decolonization and self-determination for Indigenous peoples in Australia (Calma, 2007).

Decolonizing social work is a political process that seeks to address the ongoing impacts of colonialism and promote more equitable and culturally responsive services for diverse communities. However, it also involves complex cultural, linguistic, and psychological changes that social workers must navigate to engage in practical decolonization efforts. This involves learning about and respecting Indigenous knowledge and practices, addressing power imbalances, and challenging dominant Western narratives and approaches that perpetuate oppression and marginalization (Carole et al., 2014; Razack, 2009). Child welfare systems have been a particular focus of this scrutiny, with recent scholarship documenting how settler-colonial discourses continue to shape child protection policy and practice even under nominally decolonizing reforms (Blackstock et al., 2023; Roxburgh & Sinclair, 2024).

Nancy K. Carroll (1977) identified Social Technologies, Social Problems, and Social Units of Concern as the main dimensions of social work practices. In India, various social issues, such as corruption, inequality, terrorism, alcoholism, youth unrest, urbanization, and juvenile delinquency, continue to persist even after decolonization. The study aims to explore the social roots of social problems and how they can be addressed through decolonizing social work practices. Recent work on related social problems reinforces this picture: culturally tailored, decolonial approaches have shown promise for substance use and alcoholism interventions (Richer et al., 2023), while decolonizing frameworks for child welfare and juvenile protection continue to be developed and debated (Paki Paki, 2024; Waubanascum & Sarche, 2023; Asher BlackDeer & Harty, 2025).

The concept of “social technologies” explored in this research also relates to a growing body of recent literature on digital and technology-mediated social work practice. The frequency with which technology is used in service delivery in clinical, therapeutic, and community contexts has increased, yet its use is not ubiquitous and must be intentionally developed for competency (Afrouz & Lucas, 2023; Garkisch & Goldkind, 2024). Similarly, studies conducted during and after the COVID-19 pandemic found that digitally mediated encounters reshaped how social workers connect with clients, with implications for both access and relational quality of care (Fiorentino et al., 2023).

3. Methodology

The study aims to examine the influencers that impact social work practices' decolonization and social workers' behavioural intentions. The study had the following precise goals:

- (i). To examine the influence of social technologies on various areas of social work practice, including family therapy, consultation and group work, research, supervision, casework, and social planning.

- (ii). To investigate the impact of concern for social problems on outcomes such as drug abuse, adult criminality, juvenile delinquency, mental retardation, child abuse and neglect, racial discrimination, poverty and illness, alcoholism and mental illness, and social units of concern.
- (iii). To explore the association between the use of social technologies and concern for social problems.
- (iv). To examine the relationship between decolonizing social work practice and using social technologies in addressing social problems.
- (v). To assess social technologies' significance and positive impact and concern for social problems on different aspects of social work practice.

Using empirical methods and a sample of social workers associated with social workgroups in and around India is appropriate for gathering relevant data. The data collection method of mailing Google Forms to the participants is a commonly used approach for collecting survey data, especially when the sample size is large. It allows for convenient and efficient data collection while maintaining participant anonymity. A comprehensive literature review was conducted, supplemented by expert discussions and 25 in-depth interviews.

The target population comprises 170000 members of the National Association of Professional Social Workers in India (NAPSWI). A formula for estimating proportions in finite populations was used to calculate the sample size. Assuming a 95% level of confidence ($Z = 1.96$) and a margin of error of 5% ($e = 0.05$), with an estimated proportion of 0.5 for maximum variability, the sample size was computed as follows:

$$n = (N \times Z^2 \times p \times q) / (e^2 \times (N - 1) + Z^2 \times p \times q) \quad (\text{Eqn.1})$$

Where: n = required sample size

Z = Z-value corresponding to the desired confidence level

p = estimated proportion of the population with a particular characteristic (if unknown, use 0.5 for maximum variability)

$q = 1 - p$

e = desired level of precision (margin of error)

N = population size

$n = (170000 \times 1.96^2 \times 0.5 \times 0.5) / (0.05^2 \times (170000 - 1) + 1.96^2 \times 0.5 \times 0.5)$

$n = 163,268 / 425.96 \approx 383.3$, rounded up to a minimum required sample size of 384.

A simple random sampling without replacement technique was used to select 600 social workers, comfortably exceeding the minimum required sample size of 384 to allow for non-response and incomplete responses.

Statistical tools like the SPSS AMOS 20 version are suitable for analyzing the collected data. SPSS is a widely used software for statistical analysis, and AMOS is a popular tool for structural equation modelling (SEM). These tools can help examine the reliability of the research instrument using measures like Cronbach's Alpha and conducting descriptive and correlational analyses. Structural equation modelling can also identify the association between the study constructs. It is common practice in survey research to include a 7-point scale with respondents indicating their level of agreement or disagreement. This gives participants the freedom to communicate their opinions more precisely.

4.Data Analysis and Findings

Reliability Test for the Research Instrument

The data reliability has been calculated in this study using the technique of Cronbach's alpha as a tool to measure the internal consistency. Fornell and Larcker (1981) suggest a Cronbach's alpha value greater than 0.8 is considered a reliable result. The alpha coefficient for all the latent variables in this research is 0.922 which indicates high degree of internal consistency of the model. High Cronbach's alpha values imply that all the items in each questionnaire construct are correlated, and the construct is a reliable measure of the intended construct.

Table 1: Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items
0.921	0.922	14

Factor analysis was used to test the sample adequacy, with the Kaiser Meyer Olkin Measure (KMO). The KMO values near 1 correspond to "good" sample adequacy, with a minimum value of 0.6 the recommended value (Bartlett, 1950). Table 2 shows that the KMO value of this study is 0.898, which is higher than the recommended value of 0.6. This means that the sample is suitable for factor analysis. Moreover, Bartlett's test of sphericity shows that the five dimensions of decolonization of social work practices are correlated significantly. The approximate Chi-Square value is 1026.623 with 91 degrees of freedom (sig. = 0.000) and the null hypothesis is rejected. The results indicate that these variables are not independent, thus validating the use of factor analysis.

Table 2: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.898
Bartlett's Test of Sphericity	Approximate Chi-Square	1026.623
	Degrees of freedom	91
	p-value	0.000

Examining Social Technologies and Concern for Social Problems in the Decolonization Process

Social Technologies

The social technologies have a significant influence on the society and can remove geographical barriers and spread protests and revolutions through social media platforms in a short time. Social technologies are impacting social work practice by altering the client-practitioner and practitioner-practitioner relationship. The key decolonizing social work practices through social technologies comes from the following:

- (i). Family Therapy: Family Therapy got a total score of 2000.00, and the mean score was 3.0075. This means that Family Therapy is perceived to be moderately effective in decolonizing social work practices by respondents. Family Therapy is a process that encompasses the family and aims at solving family problems and enhancing family functioning. It acknowledges the significance of family systems and culture in social work.
- (ii). Consultation and Group Work: The total score obtained for Consultation and Group Work was 2190.00, and the average score was 3.2932. This indicates that Consultation and Group work are moderately effective in supporting decolonization in social work. These methods include multi-stakeholder collaborative problem solving and decision making. They foster participation and empowerment by engaging a diversity of ideas and experiences.
- (iii). The total score for Research, supervision, and Casework was 2285.00 and the average score was 3.4361. These sources are seen as moderately effective in supporting decolonization of social work practice by respondents. Research is

focused on evidence-based practice and knowledge development, so that practitioners can question their practices and dominant narratives. Casework, supervision and lifelong professional development comprise ongoing practice, which is culturally responsive and individualized.

- (iv). Total score for social planning was 2405.00, average score for social planning is 3.6165. The respondents believe that social planning is more effective than other sources in the promotion of decolonization in social work practices. It is about strategic actions to tackle social problems by creating policy, allocating resources and mobilizing communities. Social planning is about challenging inequalities and ensuring social justice.

The sources of decolonization in social technologies that respondents see as having the greatest effect on decolonization are social planning, research, supervision, casework, consultation, group work, and family therapy. The average scores indicate that all sources have a moderate endorsement of decolonization of social work practice, with social planning having the highest average score.

Table3. Summary of Descriptive Statistics of Dimensions of Decolonization of Social Work Practices in and Around India

No	Measurement Items (Dimensions) (Unobserved, endogenous variables)	Constructs (Observed, endogenous variables)	Total score	Average score	Ranks
1	Social Technologies	Family Therapy	2000.00	3.0075	5
		Consultation and Group work	2190.00	3.2932	4
		Research, supervision, and Casework	2285.00	3.4361	2
		Consultation and Group work	2260.00	3.3985	3
		Social planning	2405.00	3.6165	1
2	Concern for social problems	Drug abuse	2585.00	3.8872	1
		Adult Criminality	2565.00	3.8571	2
		Juvenile Delinquency	2345.00	3.5263	4
		Mental Retardation	2195.00	3.3008	8
		Child Abuse and Neglect	2315.00	3.4812	6
		Racial Discrimination	2360.00	3.5489	3
		Poverty and illness	2190.00	3.2932	9
		Alcoholism and mental illness	2215.00	3.3308	7
		Social units of concern	2335.00	3.5113	5

Concern for Social Problems

Social work practice involves resolving social issues as a vital part of it. The survey's findings provided insight into how social workers perceived numerous social issues and their significance to decolonization. The concerns for social problems include:

Social work practice is about addressing social problems and is an integral component of social work practice. The results of the survey offered some insight into how social workers viewed many social problems and their importance for decolonization. The social issues that are worried about are:

- (i). Drug Abuse: it scored the highest total score of 2585.00, with an average score of 3.8872; respondents believe it is a major social issue in the decolonization process.

Prevention, intervention and rehabilitation are essential to the treatment of drug abuse, which impacts individuals, families and communities.

- (ii). Adult Criminality: Adult criminality was scored at 2565.00, with a mean score of 3.8571, reflecting its relevance in addressing issues in decolonization. Restorative justice, offender rehabilitation and community reintegration are some of the strategies used to tackle adult criminality.
- (iii). Juvenile Delinquency: Juvenile delinquency had a total score of 2345.00 and an average score of 3.5263, so it must be included in the decolonization process. Early intervention, supportive services and community programs that empower and guide youth are needed to prevent and respond to juvenile delinquency.
- (iv). Mental retardation: Mental retardation was rated with a total score of 2195.00, an average score of 3.3008, which indicates that mental retardation was of great importance in the process of decolonization. Inclusive education, access to education and support for people with intellectual disabilities to improve their well-being and rights are key to addressing mental retardation.
- (v). Child Abuse and Neglect: The total score for child abuse and neglect was 2315.00 with an average score of 3.4812, highlighting the importance of protecting children and addressing child abuse and neglect in the decolonization process. It entails a wide-ranging child welfare system, prevention programs and trauma-informed interventions.
- (vi). Racial Discrimination: The score for racial discrimination was 2360.00 with an average of 3.5489, suggesting that there is a need to address the issue of racial discrimination as a part of the decolonization process. Promoting equity, diversity and cultural competence, challenging systemic racism through policy and advocacy are key elements of addressing racial discrimination.
- (vii). Poverty and Illness: Poverty and illness had a lower total score of 2190.00 with an average score of 3.2932. Although less significant than in terms of scores, poverty and illness remain acknowledged social issues that need to be addressed in decolonization. Poverty and disease are social issues, and there are social policies, provisions for medical care, and community development programs that can be implemented to decrease inequalities and enhance well-being.
- (viii). Alcoholism and Mental Illness: Alcoholism and mental illness scored 2215.00, with an average score of 3.3308, highlighting the significance of addressing the issue of alcoholism and mental illness within decolonization efforts. A multi-faceted approach that encompasses prevention, treatment and social support is needed to tackle the interplay between alcoholism, mental illness and social factors.
- (ix). Social units of Concern: This comprises of all the social concerns that need to be addressed in the decolonization process, with a total score of 2335.00 and an average score of 3.5113. Social units include the different groups—families, communities, marginalized groups—implying the importance of including both intersectional approaches for decolonization.

When comparing the total and average scores of the variables under Concern for Social Problems, the highest-scoring social problems were Drug Abuse and Adult Criminality, indicating their significance in the decolonization efforts. Variables such as Juvenile Delinquency, Mental Retardation, Child Abuse and Neglect, Racial Discrimination, Alcoholism and Mental Illness, and Social Units of Concern also received relatively high scores, emphasizing their importance in addressing social problems within the decolonization process.

Testing the Linear Relationship Between Observed Endogenous Variables

The results of the Karl Pearson analysis conducted using SPSS (as shown in Table 4) reveal a significant positive relationship between all the predictors listed below at the 1% significance level, as indicated by p-values of 0.000. The result shows that the constructs have a robust one-to-one connection, highlighting the potential of social technologies to effectively address the most challenging and longstanding issues of our time. The predictors, which include Family Therapy, Consultation and Group work, Research, Supervision, and Casework, Drug abuse, Adult Criminality, Juvenile Delinquency, Mental Retardation, Child abuse and Neglect, Racial Discrimination, Poverty and illness, Alcoholism and mental illness, and Social units of concern, collectively demonstrate the positive impact of utilizing social technologies in tackling these social problems.

Social workers can realize the potential of social technologies as a tool to make positive change and move towards decolonization of social work practice, which will result in enhanced social work practice and better outcomes for people and communities.

Discriminant and Convergent Validity Assessment

The Average Variance Extracted ($AVE \geq 0.50$) and Composite Reliability ($CR \geq 0.70$) for each latent construct are the key characteristics to establish convergent validity. Discriminant validity is assessed using the Fornell-Larcker criterion (the square root of each construct's AVE should exceed its correlations with other constructs) or the Heterotrait-Monotrait (HTMT) ratio (< 0.85 – 0.90). Given the near-unity standardized path estimate observed between Social Technologies and Concern for Social Problems (Table 8), this analysis is particularly important here to confirm the two constructs are empirically distinct.

Higher-Order Construct	Composite Reliability (CR)	Average Variance Extracted (AVE)	$\sqrt{AVE}$	Validity Status
Social Technologies	0.865	0.527	0.726	Satisfactory Reliability & Convergent Validity
Concern for Social Problems	0.887	0.476	0.690	Satisfactory Reliability; Marginal AVE (< 0.50)

- (a). Social Technologies. This calculation includes the 6 paths stemming from Social Technologies (Standardized Estimates: 0.997, 0.554, 0.744, 0.688, 0.652, 0.639):

CR Calculation: The internal consistency is 0.865, which safely exceeds the standard psychometric threshold of > 0.70 .

AVE Calculation: The score of 0.527 indicates that the construct captures more than 50% of the variance from its dimensions.

- (b). Concern for Social Problems. This calculation includes the 9 paths stemming from Concern for Social Problems (Standardized Estimates: 0.744, 0.747, 0.305, 0.714, 0.816, 0.706, 0.611, 0.731, 0.707):

CR Calculation: The internal consistency is highly reliable at 0.887.

AVE Calculation: The variance score is 0.476. Ideally, this would be > 0.50 , but an AVE slightly less than 0.50 is acceptable by most researchers when the Composite Reliability is very high (> 0.70).

Exploring the Relationship Between Social Technologies and Concern for Social Problems: A Structural Equation Modelling Approach

The unstandardized estimates display regression weights, covariance, and variance, whereas the standardized estimates put on view standardized regression weights, correlations, and square multiple correlations. Figures 1 and 2 exhibit unstandardized estimates and standardized estimates, respectively.

Figure 1: Decolonization of social work practices model: Unstandardized estimates

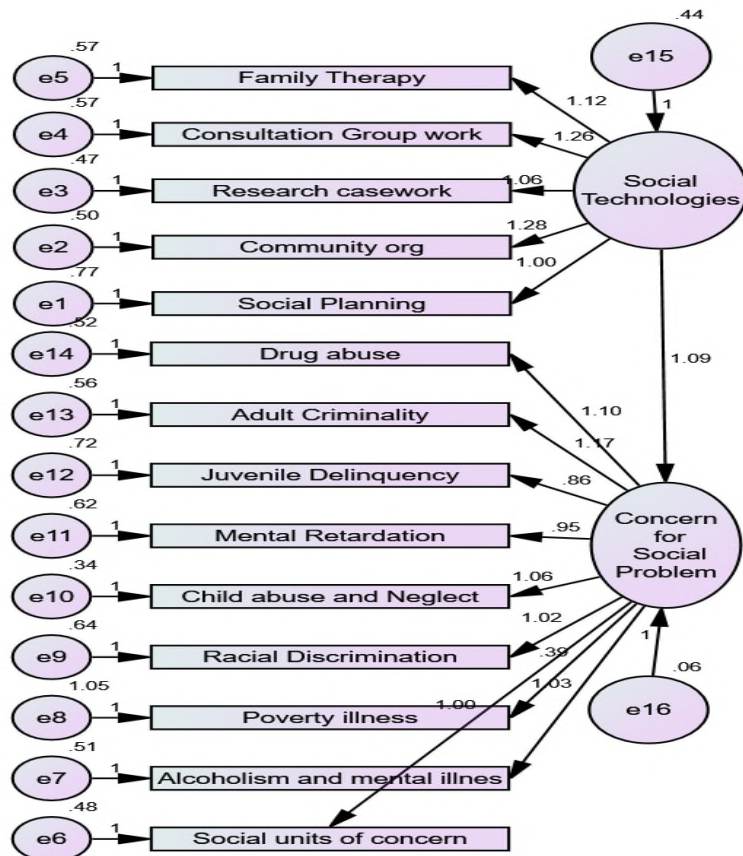
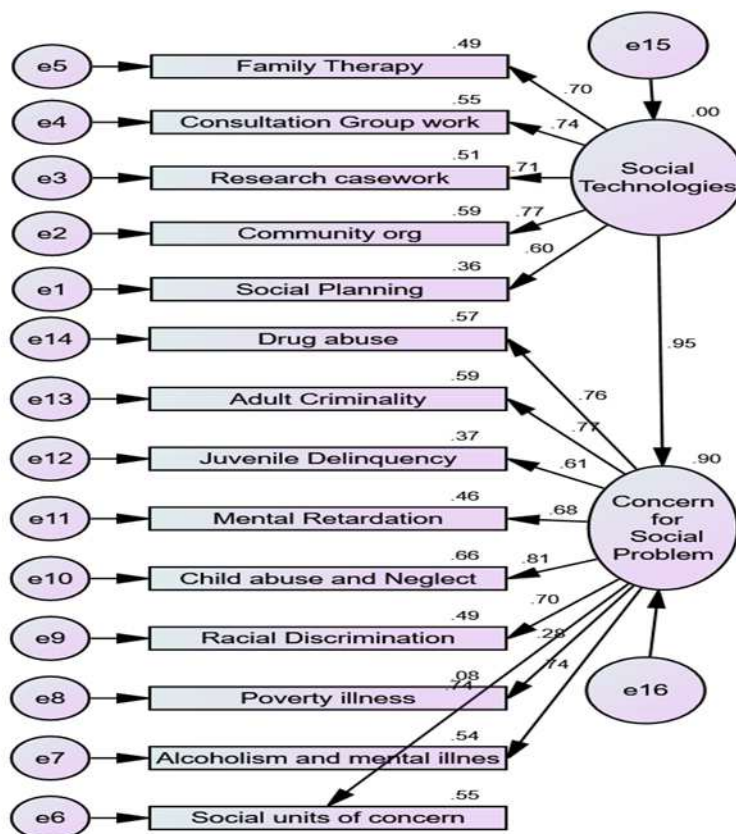


Figure 2: Decolonization of social work practices model: Standardized estimates



Model Fit Analysis

(i). Model Identification

Model identification is a critical aspect of statistical modelling, ensuring that a unique solution for model parameters can be obtained based on the sample moments of the observed variables. The degree of freedom is an indicator of model identification. The formula for calculating Degrees of Freedom = $(1/2) * \{v * (v+1)\} - q$. Here, 'v' represents the number of manifest variables in the model, and 'q' represents the number of distinct parameters to be estimated. If the degrees of freedom are positive, as indicated in Table 5, it suggests that the model is over-identified. It indicates the possibility of obtaining a unique solution for the model parameters based on the sample moments of the observed variables.

Table 5: Computation of degrees of freedom (Default model)

The number of distinct sample moments:	105
The number of distinct parameters to be estimated:	41
Degrees of freedom (105 - 41):	64

(ii). Evaluating Global Model Fit

Table 6 notes that the minimum is achieved with no errors, indicating that AMOS reached a local minimum. The following hypothesis is formulated to test the absolute fitness of the data:

The null hypothesis (H_0): The model does not fit the data

The alternative hypothesis (H_1): The model fits the data.

The chi-squared value can assess the fit of a model. Table 6 reported that the chi-squared value is 314.160, the degree of freedom is 64, and the probability level is 0.000 (which typically indicates a very small p-value, often reported as $p < 0.001$). Based on these values, you conclude that the model fits the data. This means that the model provides a good representation of the relationships and patterns present in the observed data.

Table6: Results of the Chi-square test

The Minimum was achieved.	
Chi-square	314.160
Degrees of freedom	64
Probability level	.000

(iii). Measuring Goodness of Model Fit

When evaluating model fit, it is crucial to consider multiple fit indices alongside the chi-square statistic to mitigate the influence of sample size. Table 7 presents the values and remarks for different fit indices used to evaluate the model fit.

A Chi-square value divided by its degrees of freedom (DF) less than 5 (e.g., 4.909) suggests a good fit of the model, indicating no significant deviation between the model and the observed data. An RMSEA value of approximately 0.08 or less (e.g., RMSEA = 0.077) indicates a close fit of the model relative to the degrees of freedom. A GFI value of 0.941 suggests a close fit between the hypothesized model and the observed covariance matrix. Other fit indices include

TLI (0.933), CFI (0.953), NFI (0.942), and IFI (0.953). These comparative fit indices exceed the recommended threshold of 0.90, indicating that the hypothesized model adequately represents the data.

Parsimony-adjusted fit Measures aim to account for model complexity. The PNFI (Parsimony et al.) of 0.662 and PCFI (Parsimony et al.) of 0.670 approach the acceptable threshold of 1. Higher values indicate a more robust and more parsimonious model fit. The GFI (0.941) and AGFI, with a value of 0.903, fall within the range of 0 to 1, where values above 0.9 suggest an acceptable fit for the model. The RMR value measures the discrepancy between the predicted and observed covariances, and a lower RMR value (e.g., 0.041) suggests a better model fit. By calculating Hoelter's N, researchers could assess whether the sample size is sufficient for the chi-square test to yield meaningful results at the chosen significance level. A Hoelter's N value exceeding 200 indicates that the sample size is sufficient for the chi-square test to be meaningful at the 0.01 significance level. Therefore, with a Hoelter's N value of 202 or higher, it is acceptable to conclude that the model is supported by the chi-square test at a 1% significance level. Therefore, the model demonstrates a good fit to the data, as indicated by various fit indices, including the chi-square value divided by its degrees of freedom, RMSEA, GFI, TLI, CFI, NFI, IFI, PNFI, PCFI, AGFI, and RMR. Hoelter's N value exceeding 200 also suggests that the sample size is sufficient for meaningful chi-square test results at the 1% significance level, supporting the model.

Table 7: Model fit measures.

Measures of fit	Indices	Value	Suggested value
Absolute or predictive fit	Chi-square value/DF	4.909	< 5.00 (Hair et al., 1998)
Absolute fit	RMSEA	0.077	< 0.08 (Hair et al. 2006)
Comparative fit	NFI	0.942	> 0.90 (Hu and Bentler, 1999)
	(TLI)	0.933	A value close to 1
	CFI	0.953	> 0.90 (Daire et al., 2008)
	IFI	0.953	A value close to 1
Parsimonious fit	PCFI	0.670	A value close to 1 Within 0.5 (Mulaik et al., 1989)
Goodness of fit	GFI	0.941	> 0.90 (Hu and Bentler, 1999)
	AGFI	0.903	> 0.90 (Hair et al. 2006)
	RMR	0.041	< 0.08 (Hair et al. 2006)
	HOELER at 1%	202	N=200, better for a satisfactory fit

(iv). Significance Test of Individual Parameters

Hypotheses Development for the Proposed Model

Social Technologies

H1: Social Technologies Positively Influence Family Therapy

H2: Social Technologies positively influence Consultation and Group work

H3: Social Technologies positively influence Research, supervision, and Casework

H4: Social Technologies positively influence Consultation and Group work [construct duplicated with H2 in the original data \u2014 needs author verification]

H5: Social Technologies Positively Influence Social Planning

Concern for Social Problems

H6: An awareness of social issues influences drug abuse positively.

H7: Adult criminality is positively influenced by concern for social issues.

- H8: An awareness of social issues has had a positive effect on juvenile delinquency.
H9: Mental retardation is positively impacted by concern for social issues.
H10: Social issues have an impact on child abuse and neglect in a good way.
H11: Racial discrimination is positively impacted by concern for social issues.
H12: An awareness of social issues has a beneficial impact on poverty and sickness.
H13: Alcoholism and mental disease are positively impacted by societal difficulties.
H14: Social units of concern are positively impacted by concern for social problems.

Social Technologies and Concern for Social Problems

H15: Decolonizing social work practice is closely associated with using Social Technologies to address social problems.

The proposed hypothesis models are given below:

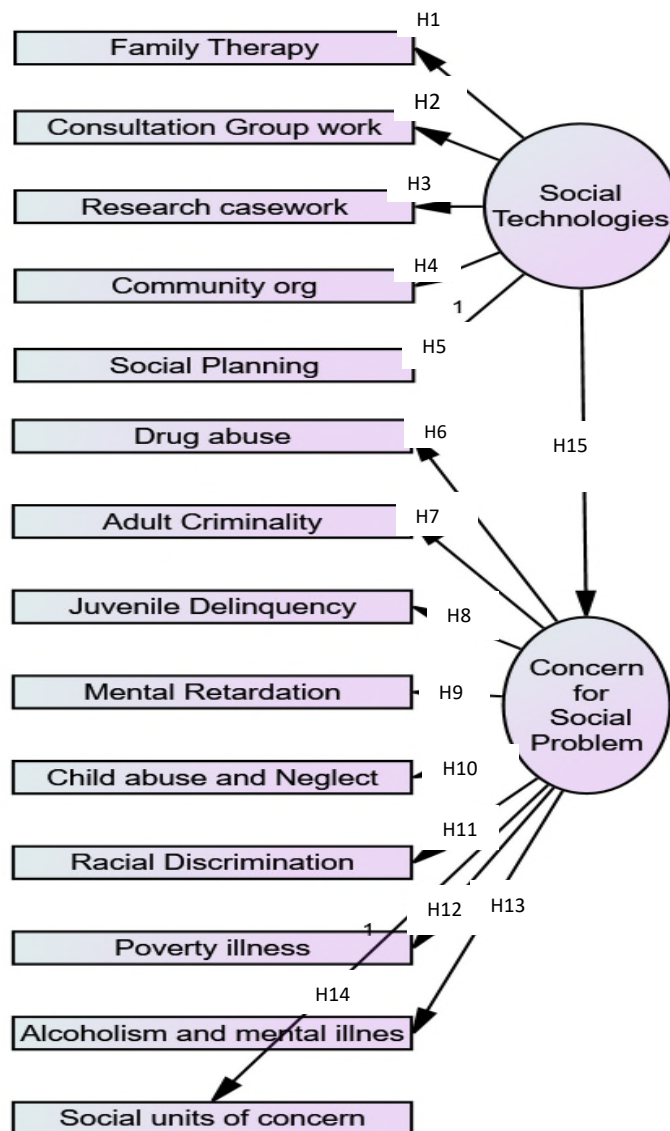


Figure 3. Proposed hypothesis models

Hypotheses Testing for the Proposed Model

Table 8 presents the probability value related to the null hypothesis. In this model, entire regression coefficients deviate from 0 at a significance level 0.01. Therefore, it reveals that Social Technologies positively impact the concern for all social problems (Unstandardized Estimate= 1.255, Critical ratio=13.307 and $p = ***$). Furthermore, Social Technologies

positively correlate with various areas of social work practice. Specifically, they are positively associated with Family Therapy (standardized Estimate= .554 and $p = ***$), Consultation and Group work (standardized Estimate= .744, Critical ratio=19.328 and $p = ***$), Research, supervision, and Casework (standardized Estimate= .688, Critical ratio=13.309 and $p = ***$), Consultation and Group work (standardized Estimate= .652, Critical ratio=12.876 and $p = ***$) and social planning (standardized Estimate= .639, Critical ratio=12.661 and $p = ***$).

Additionally, the concern for social problems is positively associated with Drug abuse (standardized Estimate = .707, Critical ratio=18.135 and $p = ***$), Adult Criminality (standardized Estimate = .731, Critical ratio=18.828 and $p = ***$), Juvenile Delinquency (standardized Estimate = .611, Critical ratio=15.565 and $p = ***$), Mental Retardation (standardized Estimate = .706, Critical ratio=12.876 and $p = ***$), Child abuse and Neglect (standardized Estimate = .816, Critical ratio=21.230 and $p = ***$), Racial Discrimination (standardized Estimate = .714, Critical ratio=16.932 and $p = ***$), Poverty and illness (standardized Estimate = .305, Critical ratio=7.546 and $p = ***$), Alcoholism and mental illness (standardized Estimate = .747, Critical ratio=19.285 and $p = ***$) and Social units of concern (standardized Estimate= .744 and $p = ***$).

The significance test results for individual parameters indicate that all regression coefficients in the proposed model significantly differed from zero at a significance level of 0.01. This means that Social Technologies positively impact the concern for all social problems. In other words, using Social Technologies is associated with increased concern for addressing social problems. In addition, a positive relationship of Social Technologies with different aspects of social work practice was found in this analysis. In particular, Social Technologies had positive relationships with Family Therapy, Consultation and Group work, Research, supervision, Casework and Social planning. Using Social Technologies can potentially have a positive impact in these areas, which is reflected in this.

Furthermore, there was a positive correlation between concern with social problems and several specific social concerns. They are Drug abuse, Adult Criminality, Juvenile Delinquency, Mental Retardation, Child abuse and Neglect, Racial Discrimination, Poverty and illness, Alcoholism and mental illness, and social units of concern. This suggests that the more one is concerned with social problems, the more likely that those problems will be addressed and dealt with effectively.

The results indicate that the social problems are significantly solved with the use of Social Technologies and it has a positive impact on different aspects of the social work practice. This social problem is also seen as an important factor and was positively related to several social issues. These results highlight the importance of integrating Social Technologies and emphasizing the concern for social problems in social work to create positive change and tackle societal challenges effectively.

Table 8: Regression Weights: (Group number 1 - Default model)

Hypothesis	Constructs	Proposed relationship	Dimensions	Unstandardised Estimate	Standardised Estimate	Standard error	Critical ratio	P	Result
H15	Concern for social problems	<---	Social Technologies	1.255	.997	.094	13.307	***	supported
H1	Family Therapy	<---	Social Technologies	1.000	.554				supported
H2	Consultation and Group work	<---	Social Technologies	1.347	.744	.070	19.328	***	supported
H3	Research, supervision, and Casework	<---	Social Technologies	1.109	.688	.083	13.309	***	supported
H4	Consultation and Group work	<---	Social Technologies	1.190	.652	.092	12.876	***	supported
H5	Social planning	<---	Social Technologies	1.116	.639	.088	12.661	***	supported
H14	Social units of concern	<---	Concern for social problems	1.000	.744				supported
H13	Alcoholism and mental illness	<---	Concern for social problems	1.031	.747	.053	19.285	***	supported
H12	Poverty illness	<---	Concern for social problems	.424	.305	.056	7.546	***	supported
H11	Racial Discrimination	<---	Concern for social problems	1.035	.714	.061	16.932	***	supported
H10	Child Abuse and Neglect	<---	Concern for social problems	1.064	.816	.050	21.230	***	supported
H9	Mental Retardation	<---	Concern for social problems	.985	.706	.055	18.045	***	supported
H8	Juvenile Delinquency	<---	Concern for social problems	.854	.611	.055	15.565	***	supported
H7	Adult Criminality	<---	Concern for social problems	1.109	.731	.059	18.828	***	supported
H6	Drug abuse	<---	Concern for social problems	1.020	.707	.056	18.135	***	supported

Note: *** denotes significance at a 1% level

5. Conclusion

The study emphasizes the role of decolonized social work practices. The findings give a valuable insight into the relationship between Social Technologies, concern about social problems and various social work practice areas. The results indicate that Social Technologies positively impact addressing social problems, promoting family therapy, consultation and group work, research and supervision, and social planning. In addition, there is a correlation between raised concern level and dealing with drug abuse, adult criminality, juvenile delinquency, mental retardation, child abuse and neglect, racial discrimination, poverty and illness, alcoholism and mental illness, and social units of concern.

Practical Implications

The results of this research have relevance to the Indian social work profession.

- (i). Firstly, decolonized social work practice that uses Social Technologies can improve the effectiveness and outcomes of interventions. Social workers may use these technologies to reach individuals and communities, offer online counselling and support, share information and encourage social change.
- (ii). Secondly, the study emphasizes the need to solve social issues and raise awareness of social problems. Social workers should raise them, represent the interests of marginalized groups and engage other actors to formulate holistic solutions.

Social Implications

The Social work practices in India are decolonized and have wide-reaching social implications. A decolonial approach enables social workers to resist the power structures, undo the wrongs and to advance social justice. Social workers can leverage Social Technologies to address issues of service access, especially in remote and/or marginalized communities. Furthermore, promoting social issues and creating a greater awareness of social issues can lead to greater social benefit for individuals, families, and communities, and therefore to a more equitable and inclusive society.

Finally, the positive impact of Social Technologies and attention to social issues demonstrates the transformative potential of decolonized social work practices in India. The practical implications stress the importance of embedding these practices within social work interventions, and the social implications stress the possibilities for social justice and inclusivity. A decolonized social work practice can help India tackle societal challenges, build the power of individuals and communities and create a more equitable future. Further research in decolonized social work practice in India could be comparative research across specific areas; long-term research impact; intersectionality and marginalized groups; training and education, policy and institutional change and global perspectives. Research conducted in these areas will deepen the understanding of contextual variations, sustainable social change, inclusivity, the efficacy of education, policy reform and knowledge exchange across the globe and will help to further the development of decolonized social work and advance social justice and equity. This study will be useful for practitioners, policy makers and scholars in India who can learn from the transformative potential of decolonized social work practices.

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- (a). Author 1 contributed towards the conceptual development of the study, drafting the manuscript, managing resources and supervising the project.
- (b). Author 2 took the lead in conceptualizing the study, developing methodology, drafting the manuscript, revising and editing.

We (authors) approve the submitted version and agree to be personally accountable for our own contributions and to ensure that questions related to the accuracy or integrity of any part of the work.

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