

2024

State of the Social Service Workforce Report



The Social Service Workforce and Family Care for Children



Partnerships **PLUS**





About the Global Social Service Workforce Alliance

Vision and mission

The Global Social Service Workforce Alliance, referred to as 'the Alliance', works towards a world in which a well-planned, developed and supported social service workforce engages people, structures and organizations to strengthen and build individual, child, family and community well-being and resilience. Our mission is to promote and strengthen the social service workforce to provide services when and where they are most needed, alleviate poverty, challenge and reduce discrimination, promote social justice and human rights, and prevent and respond to violence and family separation.

History

The Alliance was originally conceived during the Social Welfare Workforce Strengthening Conference, in Cape Town, South Africa in 2010, when teams from 18 countries joined together to share experiences and address key challenges facing the social service workforce at national, regional and global levels. The Alliance was proposed to provide ongoing support for and dialogue around effective social service workforce strengthening practices. The Alliance marked its official launch as a network in June 2013.

Structure

The Alliance is an inclusive network of more than 3,800 individual members affiliated with a range of organizations and institutions across 150 countries. A globally representative Steering Committee, composed of 17 members, oversees and guides the direction and development of the Alliance, supported by a small secretariat. The Alliance is currently funded jointly by the U.S. Agency for International Development (USAID), under the Partnerships Plus project implemented by JSI Research & Training Institute, Inc., and by the United Nations Children's Fund (UNICEF) through projects at global, regional and national levels. The Alliance is a fiscally sponsored project of Tides Center, a U.S.-registered 501(c)(3) non-profit organization.

State of the Social Service Workforce Reports

The Alliance produced its first annual State of the Social Service Workforce Report in 2015 to shed light on key social service workforce trends and showcase innovative and effective workforce strengthening initiatives. Subsequent reports have since been produced nearly each year that include both qualitative and quantitative analyses of the workforce and make recommendations for future efforts to strengthen the workforce.

**Improving the Workforce,
Improving Lives.**

For more information, please visit
www.socialserviceworkforce.org



Contents

	Foreword	5
1	Introduction	6
	Background	9
	Purpose	9
2	Methodology	14
3	Types of Social Service Workers in Family Care	16
	Professionals	19
	Para professionals and volunteers	20
	Caregivers	21
4	Roles and Functions of the Social Service Workforce in Family Care	27
5	The Implications of Care System Reform on the Social Service Workforce	36
	Ensuring strengthened policy frameworks	37
	Ensuring capacity for new and strengthened service delivery	37
	Ensuring support for the social service workforce in the transition process	39
	Ensuring quality case management in the transition process	39
	Adapting to new community services	40
	Ensuring suitable family-based alternative care	42
	Addressing stigma and community awareness	44
	Monitoring and building evidence	44
6	Common Challenges	51
7	Conclusions: Strengthening the Workforce for Family Care	57
	Planning the workforce	58
	Developing the workforce	59
	Supporting the workforce	61
	Annex	63
	Annex 1: Further reading	63
	Annex 2: Desk review bibliography	65
	Annex 3: Key Informants	68
	Annex 4: Key informant interview questions	69
	Annex 5: Worker profile interview questions	70
	Annex 6: Task Force on Social Service Workforce in Care Reform members	71



Acknowledgements

This report was written by **Beth Bradford**, an independent consultant for the Global Social Service Workforce Alliance. **Alena Sherman**, Communication and Advocacy Manager for the Global Social Service Workforce Alliance wrote the worker profiles. **Hugh Salmon**, Director of the Global Social Service Workforce Alliance provided significant input and review throughout the development of the report. **Liz Krage** provided the graphic design for the report.

The following individuals graciously reviewed the report: **Severine Chevrel**, USAID; **Aniruddha Kulkarni**, Boston College School of Social Work; and **Sandhya Mishra**, Miracle Foundation India.

This report would not have been possible without the insights and expertise gathered from those who took part in the key informant interviews. This includes (in alphabetical order): **Angie Bamgbose**, Child Frontiers; **Claudia Cabral**, ABTH Brazil; **Suzanne Clulow**, CINDI; **Manoranjan Dash**, Changing the Way We Care India; **Rebecca Davis**, Rutgers University; **Emily Delap**, Child Frontiers; **Heba El Azzazy**, Save the Children Egypt; **Mariam El-Qasem**, UNICEF Jordan; **Kwabena Frimpong-Manso**, University of Ghana; **Philip Goldman**, Maestral International; **Khadija Karama**, Changing the Way We Care Kenya; **Sandhya Mishra**, Miracle Foundation India; **Viorelia Moldovan-Batrinac**, Changing the Way We Care Moldova; **Blessing Mutama**, Farm Orphan Support Trust; **Leon Muwoni**, UNICEF Rwanda; **Mai Nambooze**, Uganda Care Leavers Network and former member of the Global Care Leaders Council; **Rebecca Nhep**, Better Care Network; **Yuko Nishiguchi**, Save the Children Myanmar; **Anthony Nwanze**, Save the Children Nigeria; **Anastasia Oceretnii**, State University of Moldova; **Jo Rogers**, independent consultant; **Sully Santos**, Changing the Way We Care Guatemala; **Rebecca Smith**, Save the Children; **Francesca Stuer**, Maestral International; **Tata Sudrajat**, Save the Children Indonesia; **Warren Thompson**, Jamaica Child Protection and Family Services Agency; **Janestic Twikirize**, Makerere University; and **Donald Ubangari**, Save the Children Nigeria.

The Global Social Service Workforce Alliance would also like to thank the individuals featured through the workforce profiles. These individuals helped bring to life the varied roles of the social service workforce in family care for children and we are grateful for their dedication to the profession as well as for taking the time to speak with us or complete a questionnaire. These individuals include (in alphabetical order): **Amani Alhabahbeh**, Jordan River Foundation; **Melissa G3nzales Riveros**, Asociaci3n Cambiando Horizontes; **Yerima Isa**, Ministry of Youth and Sports Development, Government of Nigeria; **Atipashe Mamhute**, Farm Orphan Support Trust; **Rahab Nyawira**, independent; **Rendiansyah Putra Dinata**, Save the Children Indonesia; **Olha Ruina**, Nehemiah; **Samuel Sylvanus**, Save the Children Nigeria; **Sam Ven**, This Life Cambodia; **Judine Webb Brown**, Jamaica Child Protection and Family Services Agency; and **Kwabena Frimpong-Manso**, University of Ghana, Department of Social Work.





Acronyms

Alliance	Global Social Service Workforce Alliance
BAY	Borno, Adamawa and Yobe States (Nigeria)
BCN	Better Care Network
CCI	charitable children’s institution (Kenya) and child care institution (India)
CPIMS	child protection information management systems
CSO	civil society organization
FBO	faith-based organization
GBV	gender-based violence
IMS	information management systems
INGO	international non-governmental organization
IZU	Inshuti z’Umuryano (Friends of the family) (Rwanda)
NGO	non-governmental organization
SOP	standard operating procedure
TMM	Tubarerere Mu Muryango Programme (Rwanda)
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNGA	United Nations General Assembly
USAID	United States Agency for International Development
UNICEF	United Nations Children’s Fund

Suggested citation: Global Social Service Workforce Alliance, ‘The State of the Social Service Workforce 2024: The Social Service Workforce in Family Care for Children’, 2024.

Cover photo credit: ©UNICEF/Ose

Disclaimer: This report is made possible through the generous support of the American people through the U.S. Agency for International Development (USAID) by the Global Social Service Workforce Alliance, under Partnerships Plus cooperative agreement number 7200AA18CA00032, funded September 28, 2018, and implemented by JSI Research & Training Institute, Inc. The contents are the responsibility of Global Social Service Workforce Alliance and do not necessarily reflect the views of USAID or the United States Government.





Foreword

Every year, the Global Social Service Workforce Alliance (the Alliance) brings together a snapshot of the key trends and promising initiatives shaping the social service workforce in our annual *State of the Social Service Workforce Report*. This year's report zeroes in on a particularly important issue: the critical role that the workforce plays in ensuring children can always benefit from safe and stable family care—whether that be in their own family or through family-based alternative care, when needed.

The focus of this year's report builds on a recently drafted Thematic Brief developed under the global Task Force on the Social Service Workforce in Care Reform of the [Transforming Children's Care Global Collaborative](#)—a community of organizations and actors working to advocate for the UN General Assembly's (UNGA) Resolution on the Promotion and Protection of the Rights of Children (UNGA 2019, A/RES/74/133). The Task Force on the Social Service Workforce in Care Reform, co-chaired by the Alliance and UNICEF, featured 48 members from across the globe with experience in strengthening the social service workforce for the purposes of care reform. It had the goal of developing a thematic brief to support policy and decision makers to strengthen the social service workforce in support of the UNGA Resolution.

The level of interest in the topic and the country experiences and illustrative examples that came through in the development of the brief were an impetus for making the topic the focus of the 2024 State of the Social Service Workforce Report, to enable a deeper dive into the issues highlighted. This focus is especially timely as 2024 marks the five-year anniversary of the UNGA Resolution. We hope this report will inspire continued efforts to strengthen the workforce so that all children can thrive in safe and loving family environments. Additionally, through profiles of social service workers we aim to showcase the varied roles and backgrounds of these professionals and the vital role each plays in care reform and ensuring family care for all children.

1

Introduction



©UNICEF/Prieto

A child writes “Mamá” in a note as part of a family-based alternative care program in Caracas, Venezuela.

Lack of family care remains a critical child rights and development issue worldwide, with an estimated 5 to 6 million children separated from their families and living in residential care rather than in family care.¹ The lack of data on children’s care and the fact that many residential care facilities are unregistered may mean the real figure is even higher. Millions more children separated from their families are living in other forms of family-based alternative care, such as foster care and kinship care, on their own, or with siblings or peers, and without the care of suitable adult caregivers. Most of these children have at least one living parent or relative willing to care for them if provided with the right support.² Many more children are currently living

with their families but at risk of losing family care for a range of reasons such as poverty, lack of access to education, substance abuse, conflict or migration, if not provided with the right support or intervention when most needed.

Decades of research have shown that when children lose family care and are placed in residential care, it negatively affects their cognitive, physical, emotional, social and intellectual development. These effects, combined with the lack of emotional support, social guidance and practical connections that result from not growing up in a family or within the local community, often lead to long-term life challenges,



such as higher rates of unemployment, drug abuse, incarceration, suicide and sexual exploitation.³ Children with disabilities are particularly at risk of being placed in residential care and are even more vulnerable to its negative effects. Their physical and mental health needs and communication challenges may be exacerbated by the discrimination and stigma they often face. These compound the social exclusion of growing up in an institution, making reintegration into family and community life even more challenging.⁴

Increased awareness of the detrimental effects of residential care, combined with evidence now available on how care systems can be reformed to safely transition from residential to family-based care, has led many countries to enact laws and develop strategies to achieve this transition, in line with the 2019 United Nations General Assembly (UNGA) Resolution on the Promotion and Protection of the Rights of Children (UNGA 2019, A/RES/74/133) and other international frameworks. These reforms are having a positive impact on children and families, but much more is still needed. A key reason for this is the lack of suitably trained, supervised, motivated and resourced social service workers working in the community and able to provide or facilitate the types of high-quality support, care and protection that children and families need, when and where they most need it.

The 2019 UNGA Resolution, signed by all member countries, urges investment in social services and the workforce who provides them. It specifically highlights the need for improvements in planning and decision-making on alternative care, which relies on a suitably qualified, trained and resourced workforce being in place and capable of making these decisions, in line with the rights and best interests of the child and working in partnership with families. In addition, it calls for investment in social services with a focus on preventing separation and strengthening families.

Other international frameworks including the UN Convention on the Rights of the Child (UNCRC, 1989)⁶, the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006)⁷ and the UN Guidelines for the Alternative Care of Children (2009)⁸ all recognize that, for children’s right to family care to be upheld,



Worldwide, millions of children live in institutions, which runs counter to both the UN-recognized right of children to be raised in a family environment, and the findings of a systematic review of the physical, neurobiological, psychological, and mental health costs of institutionalization and the benefits of deinstitutionalization of child welfare systems... our recommendations include calling on States to provide resources for the development of a qualified social service workforce.

— *Lancet Commission on the Institutionalization and Deinstitutionalization of Children (2019)*⁵



and for children to develop into healthy and productive members of society, they and their families need a range of timely and suitable supports and resources available in their local communities. They further underscore the vital role the social service workforce plays in designing and delivering family strengthening services, making it a key component of child protection and care systems, and pivotal to the reforms of those systems.

To ensure the success of these reforms and to fulfill the rights of every child to grow up in a family environment, a well-planned, developed and supported social service workforce is essential.⁹ This, however, requires a comprehensive and holistic approach that involves: creating appropriate and supportive workforce legislation and integrating issues of the workforce in policy and practice; improving social service workforce competency through education, strengthened curricula and supervision practices; transforming the attitudes, roles and skills of the existing workforce and redirecting them towards a family-focus; and raising awareness about their crucial role. The 2024 State of the Social Service Workforce Report will examine the role and function of the social service workforce in family care for children as well as the multi-pronged approaches and challenges of creating a workforce capable of implementing care system reforms.



International commitments and obligations related to the social service workforce and children's care

UN Convention on the Rights of the Child (1989)

Article 3(3) States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision...

Article 19(2) Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment...

UN Convention on the Rights of Persons with Disabilities (2006)

Article 23(3) States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families...

A/RES/74/133 2019 UNGA Resolution on the Promotion and Protection of the Rights of the Child

Urges States to:

31 Strengthen child welfare and child protection systems and improve care reform efforts, which should include increased multisectoral collaboration between child welfare and health, education and justice sectors, active coordination among all relevant authorities, and improved capacity-building and training programs...

34(a) Prioritize investments in child protection services and social services to support quality alternative care, including families and communities in order to prevent the separation of children from their families, with the best interests of the child as the primary consideration...

35(e) Ensure adequate and systematic training in the rights of the child, including by encouraging States to take the Guidelines for the Alternative Care of Children into account for professional groups working with and for children...



A young boy in foster care in India loves to color and draw.

©UNICEF/Kaur



Background

In 2015, the Better Care Network (BCN) and the Global Social Service Workforce Alliance (hereinafter referred to as ‘the Alliance’) collaborated on a working paper entitled, *The Role of Social Service Workforce Development in Care Reform*, which looked at the implications of care reform on developing, strengthening and supporting the social service workforce and featured the latest developments, at the time, from three countries: Moldova, Rwanda and Indonesia. Reform progress has happened in those countries and many others since 2015. Following the development and release of the 2019 UNGA Resolution, the Alliance and the United Nations Children’s Fund (UNICEF) began co-chairing a collaborative global Task Force under the [Transforming Children’s Care Global Collaborative](#) on the role of the social service workforce in children’s care and care reform. This diverse group, which 48 members of the Global Collaborative volunteered to join, co-developed a Thematic Brief targeted at policy makers in governments across the world (see Annex 6). The Thematic Brief focused on social service workforce policy and practice recommendations towards implementing the resolution. The level of interest in the topic and the country experiences and illustrative examples that came through in conversations were an impetus for making this the focus of the 2024 State of



Changing paradigms around care and protection requires a multipronged approach to workforce strengthening, including engaging a diverse set of actors in the change process; reforming policy and building an evidence base; developing and strengthening strategies and approaches in practice; planning, developing, and supporting the workforce; and shifting human and financial resources.

— *Better Care Network and the Global Social Service Workforce Alliance*¹⁰



the Social Service Workforce Report, to enable a deeper dive into the issues highlighted and provide a global review of the care reform progress since the 2015 paper.

Purpose

This report aims to explore and highlight:

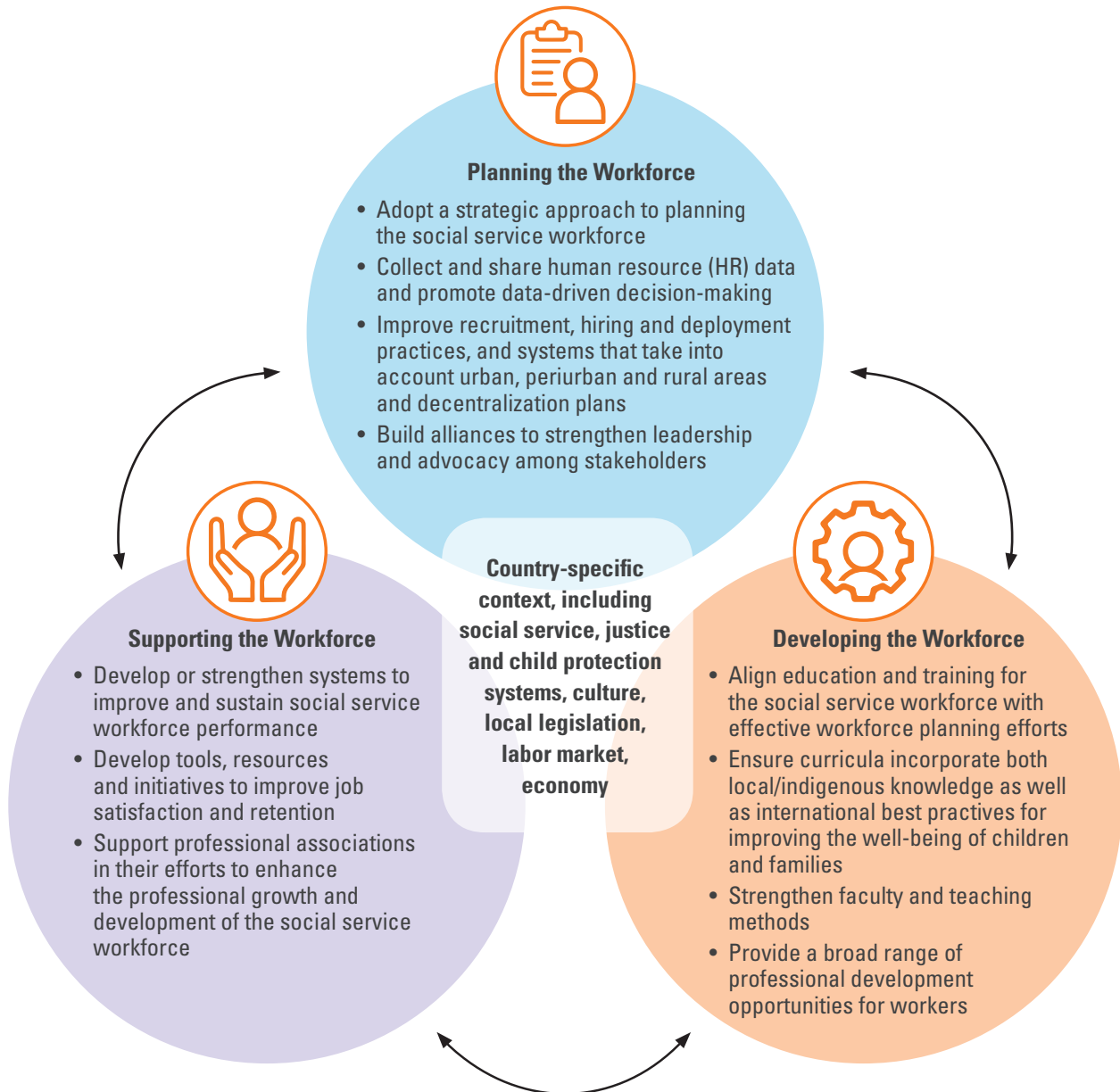
- the crucial role that the social service workforce plays in strengthening families, preventing separation, provision of alternative care, placement decision making and reforming care systems;
- how workforce strengthening is being considered within alternative care policy and legislation and care reform strategies (and more directly in transition away from residential care models), development of new community services, and child protection and care data and evidence; and
- conclusions and implications for planning, developing and supporting the social service workforce in their role to ensure family care for all children.

By featuring brief and illustrative country examples and profiles of social service workers, the report aims to bring to life how a well-planned, developed and supported social service workforce is integral to care reform efforts and protecting children without adequate parental care and strengthening families to provide safe and nurturing care.

With an eye to a broad audience of donors to family strengthening, alternative care and care reform, larger international non-governmental organizations (INGOs), UN agencies, civil society organizations (CSOs), social service workers and service providers, this report outlines the implications and suggestions for planning, developing and supporting the social service workforce concerned with family care for children based on the Alliance’s Social Service Workforce Strengthening Framework (Figure 1).



Figure 1: Social Service Workforce Strengthening Framework¹¹



Core definitions¹²

Social service workforce

Allied workers¹³: Professionals and para professionals involved in sectors such as education, health or justice, who have critical roles related to care, support, prevention, empowerment, and the protection and promotion of the rights of people. They work closely alongside the social service workforce, but are aligned with other professional groups, such as doctors, nurses, lawyers, judges, teachers and police.

Professional social workers / other professionals in the social service workforce: Governmental and non-governmental social service workers in a defined professional role with the required educational background and experience. Professional qualifications generally involve tertiary level education in social work or other equivalent discipline of between three to four years (with opportunities for further studies at Honors, Master and Doctoral levels). These qualifications align with national laws and should be based on agreed professional standards. They are typically regulated by national regulatory bodies through processes of accreditation and licensing, often with the support of professional associations, which also play a key role in developing and upholding professional standards and ethics.

Para professionals and volunteers: Social service workers who do not necessarily have formal educational qualifications but have the experience, passion and ability to deliver social services to vulnerable groups given their knowledge of and proximity to the local community. They could include para social workers, youth or community development workers, welfare officers, and social or cultural animators. The skills and knowledge required by para professionals vary widely, but it is best practice for para professional training to be regulated by law, and a requirement is often their proximity and social connection to the community members to be served. The para professional

workforce is often supervised and / or mentored by the professional cadre.

Social service workforce: An inclusive concept referring to a broad range of governmental and nongovernmental professionals and para professionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. The social service workforce focuses on preventative, responsive and promotive services that are informed by the humanities and social sciences, Indigenous knowledge, discipline specific and interdisciplinary knowledge, skills and ethical principles. Social service workers engage people, structures and organizations to: facilitate access to needed services; alleviate poverty; challenge and reduce discrimination; promote social justice and human rights; and prevent and respond to violence, abuse, exploitation, neglect and family separation. The social service workforce constitutes a broad array of practitioners, researchers, managers and educators, including but not limited to, social workers, social educators, social pedagogues, child care workers, youth workers, child and youth care workers, community development workers/community liaison officers, community workers, welfare officers, social/cultural animators and case managers.

Social work / social worker¹⁴: Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing.



Core definitions (continued)

Social workers are part of a larger social service workforce¹⁵

The social work profession is part of the broader social service workforce, which, depending on the country contexts, consists of many different actors with different roles, functions, competencies and skills working in child protection. In recent decades, social work has emerged as a leading profession to provide direct social services and has been developed in over 100 countries. The visibility of the social work profession has grown such that, in many countries, many social service workers call themselves ‘social workers’ in the generic sense, in the absence of an official certification and/or legally recognized training, legal registration and licensing. While social work as a distinct profession is at the core of such efforts, this report recognizes that multiple actors with varied competencies and qualifications play an important role in ensuring family care for children.

Care system

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents. Can be residential forms such as children’s homes, group homes, “orphanages” or residential institutions or family-based such as kinship care and foster care.

Caregiver: A person with whom the child lives who provides daily care to the child, and who acts as the child’s ‘parent’ whether they are biological parents or not. A caregiver can be the mother or father, or another family member such as a grandparent or older sibling. It includes informal arrangements in which the caregiver does not have legal responsibility. In this paper we include kinship caregivers, foster caregivers and others providing alternative care in this definition.

Care reform¹⁶: Changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.

Care system: The legal and policy framework, coordination mechanisms and structures, workforce, attitudes, practices and services, monitoring systems and resources that determine and deliver alternative care and prevent family separation/strengthen families. The care system is embedded within a wider child protection system of laws, policies, procedures and practices designed to ensure the protection of children and to facilitate an effective response to all forms of child abuse, neglect, exploitation and violence.

Children without adequate parental care¹⁷: All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.



Core definitions (continued)

Family care¹⁸: The care of children in any type of family including their own family of origin, with extended relatives or other kin (often referred to as kinship care), different forms of foster family care, or care in adoptive families. Different from ‘family-based alternative care’, the term is inclusive of children who remain in (never enter alternative care), or reintegrate with their families of origin, and is inclusive of services and interventions to strengthen all types of families.

Family support / strengthening: A range of measures to ensure the support of children and families, strengthen protective factors and reduce risk factors that families and children face. These services, programs and interventions are provided by social workers and other social service workers and can include counselling, home visiting, parenting education, child daycare, material support or services to build resilience, economic strength, and information and referral to other community services.

Gatekeeping¹⁹: Process of referring children and families to appropriate services or care arrangements with the aim of limiting the number of inappropriate placements. Gatekeeping is an essential tool in diverting children from unnecessary initial entry into alternative care and reducing the numbers of children entering institutions. Gatekeeping is often carried out by social welfare professionals or trained staff at institutions but is often aided by members of the community and local service providers.

Transition of care services²⁰: The process of changing the model of care or service provided by an organization from a residential-based approach to a non-residential model of care. Transition involves change at all levels of the organization and includes, but is not limited to, the safe reintegration of children.



2

Methodology



A social worker works with a young girl in Romania, where early interventions and preventive measures to safeguard child's right to grow up in a family environment are a national priority.

To prepare this report, the Alliance, in addition to a series of discussions with members of the Task Force on the Social Service Workforce in Care Reform, conducted 28 key informant interviews with a range of actors. Together the Task Force members and those involved in key informant interviews represented 28 geographically and contextually diverse countries (see Figure 2). Key informants included government and higher education institution representatives, people with lived experience of care systems, care reform advocates, CSO representatives, people from professional social work associations and social service workers (see Annex 3). These same informants shared

documentation for desk review, including unpublished reports and other sources of information to follow up. They also provided the information for the detailed illustrative examples and connected the Alliance team with social service workers to profile.

The documents reviewed included both academic and grey literature. These were identified through online searches with various keyword combinations, search of the Alliance resource database, UNICEF's resource database, and the Better Care Network Library with a focus on publications since 2016. In total, over 45 different resources, reports and other documents were reviewed. The desk review helped triangulate,



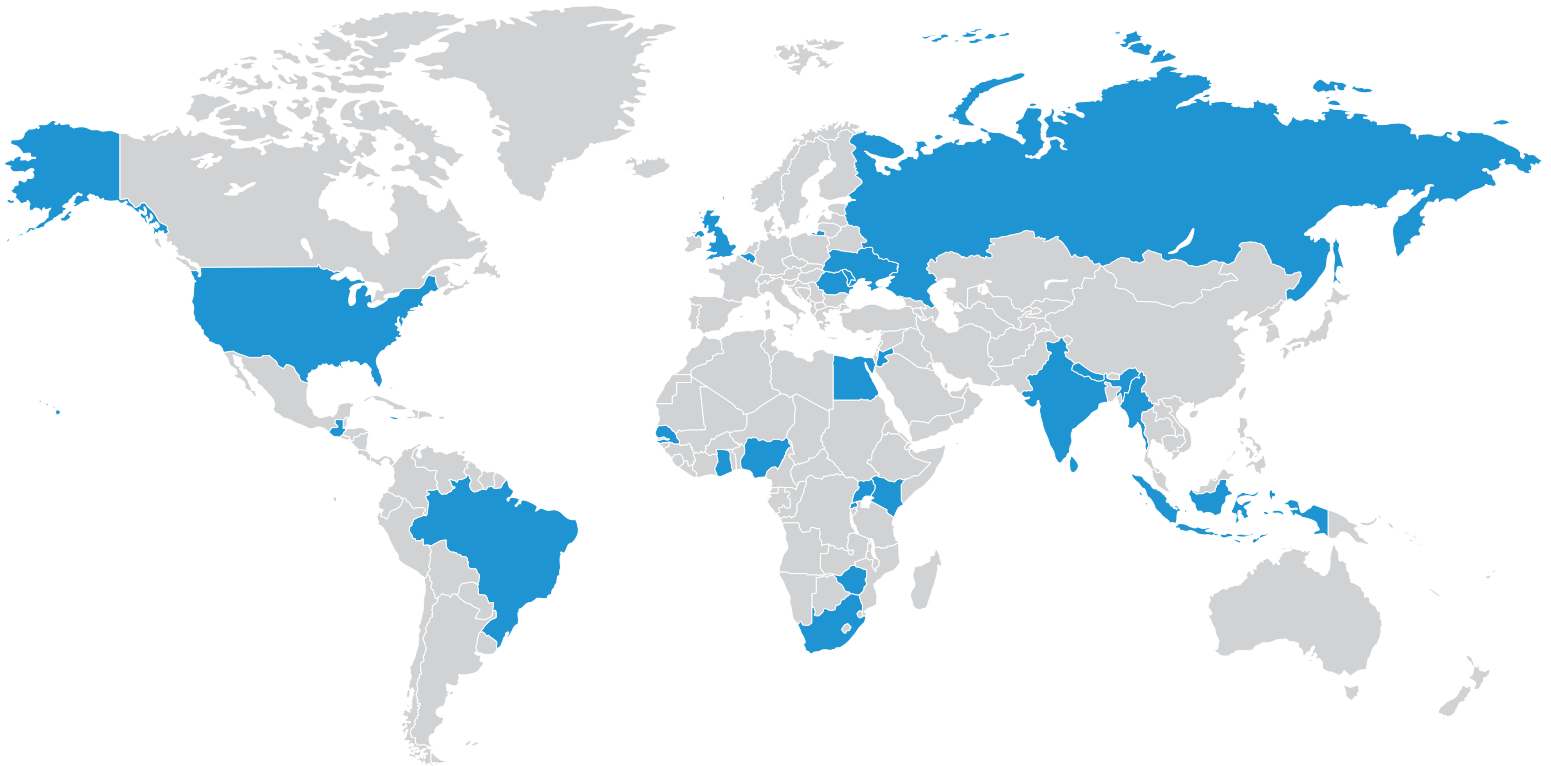
supplement and expand on the findings of the key informant interviews and discussions.

Recognizing the importance of on-the-ground local knowledge and community-led solutions, the authors sought to explore and extrapolate diverse country-specific experiences and practices. These are featured throughout the report. They were selected to achieve a wide representation of countries around the world and based on the sufficiency of information available. The key workforce practices highlighted in this report were compiled based on information from both the desk review and from key informant interviews.

Social service workforce profiles were gathered through direct interviews or through the worker completing and submitting a written questionnaire. The same questions were used for each worker. The Alliance staff wrote up the profile and shared it back to ensure accuracy and confirm informed consent to publish.

The report that follows summarizes the data from these sources, drawing findings and implications.

Figure 2: Countries represented on Task Force and through key informant interviews



3

Types of Social Service Workers in Family Care



An employee from Indonesia's Office of Women's Empowerment and Child Protection visits with a family who endured great hardship after the father died from COVID-19.

The overall social service workforce (see definitions, p.11) is defined by the Alliance as including a wide range of governmental and non-governmental professionals, para professionals and volunteers. The workforce, in relation to family care, also involves professionals, para professionals and volunteers, and caregivers. There are some overlaps between these groups, between what is considered the role of a professional compared to that of a para professional or caregiver, but despite the considerable differences in the pattern of how roles and functions are divided across these types in different countries, there are certain commonalities across most countries in how roles and functions are divided between them.

Between them, these three main types of social service workers cover a wide range of functions and responsibilities in care systems, but the main functions they provide are statutory case management duties, informal support in the community and direct provision of care, usually divided between the types of social service worker as follows:

- **Professionals** often hold **statutory responsibilities** and perform **case management roles**, particularly as social workers and other officials in public sector roles. This includes those assessing, arranging and overseeing alternative care of children and child protection, and those



more broadly managing and delivering social services and social protection programs (such as cash transfers, labor schemes to help people find work or train for jobs, or start a small business, plus direct support with nutrition support, etc.).²¹

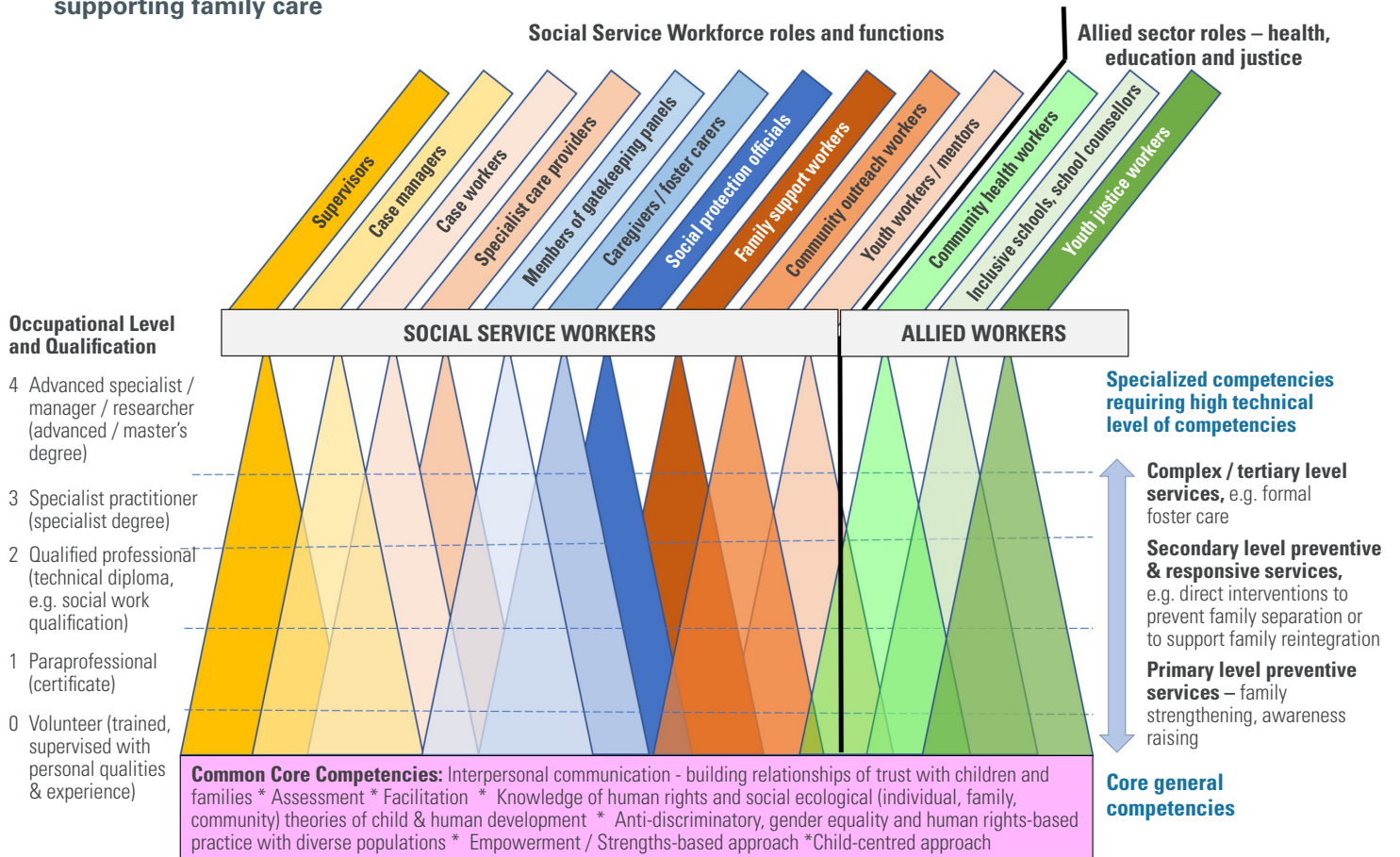
- **Para professionals and volunteers** are usually the main providers of **informal support** in the community and can also **support specific steps of the case management process**. This can take many forms, including both practical support and guidance to parents, other family caregivers and children, to prevent family separation and support families after a child is reintegrated with them.
- **Caregivers** (who could be professionals, para professionals or volunteers) are those who provide **direct care**, often through public, private or

charitable organizations, including caregivers involved in direct provision of family care such as parents or relatives, and people who provide formal and informal care to children who have been separated from their family, or, in family-based forms of alternative care, such as foster or kinship carers.

To fulfill this wide range of functions, the workforce needs to encompass as wide a range of roles as that covered by the Alliance’s inclusive definition of the overall social service workforce, with social service workers working at different levels of specialization and professionalization: from advanced specialists, professional social workers and professionals of other disciplines to para professionals and volunteers.

Figure 3 sets out, at different levels of specialization, this range of roles and functions of the core social

Figure 3: Roles, functions, levels of responsibility and competency in the social service workforce supporting family care



Adapted from UNICEF (2018) Europe and Central Asia Regional Office Call to Action on Strengthening the Social Service Workforce.



service workforce required for family care: to support and strengthen families to care for their children, to support the reintegration of separated children to their families, and to oversee alternative care, which, in line with the UNCRC and the UN Guidelines for the Alternative Care of Children, should be in family-based forms of care wherever possible. The figure does not include all the different roles and job titles involved in

the social service workforce supporting family care across all countries, as there is great variety in how roles are allocated and titled, and the qualification and level of specialization requirements for each. Figure 4 examines the range of roles, functions and qualifications of the core social service workforce required for family care in South Africa.

Figure 4: Roles, functions and qualifications of social service workers in family care in South Africa

SOCIAL SERVICE WORKERS			ALLIED WORKERS		
<p>Social Worker</p> <p>Oversight: Social Services Professions Council</p> <p>Associated government department: Social Development</p> <p>Overarching Role: Work with individuals or communities and groups, to promote social change, build capacity in human relationships, enhance social functioning and advocate for social justice.</p> <p>Qualification: NQF Level 4, 5, 7, 9 and 10 in social work</p> <p>Key Role in CP and Alternative Care: Mandatory reporter of children in need of care and protection support. Those under child protection agencies manage statutory cases and oversee alternative care placements. Residential care facilities may have resident social worker, but case remains with referring social worker in terms of responsibility for permanency planning and reunification. Forensic social workers may support investigations of abuse and support children going through court.</p>	<p>Child and Youth Care Worker (CYCW)</p> <p>Oversight: Social Services Professions Council</p> <p>Associated government department: Social Development</p> <p>Overarching Role: Promotes optimal development of infants, children and adolescents, within the context of the family, the community and the life span.</p> <p>Qualification: NQF Level 4 and 5 (Auxillary CYCW); NQF level 7-9 (professional CYCW) in CYCW</p> <p>Key Role in CP and Alternative Care: All residential care facilities must have registered CYCWs working with children. They are responsible for developing permanency plans with the children. At a community level, CYCWs form part of drop-in centers, which help with identification and reporting of child abuse and children in need of care and protection.</p>	<p>Community Development Worker (CDW)</p> <p>Oversight: Department of Social Development</p> <p>Overarching Role: Facilitate the identification, planning and implementation of integrated and transformative social development programs through a community development approach.</p> <p>Qualification: NQF Level 4, 5, and 7 in community development</p> <p>Key Role in CP and Alternative Care: Responsibility to report children in need of care and protection (although not mandated). May provide skills development and aftercare support programs to children exiting alternative care settings. Advocate for community needs and interests, including those related to child welfare and protection.</p> <p>Note: <i>Community Development is currently being professionalized under the Social Services Professions Council.</i></p>	<p>Community Health Worker (CHW)</p> <p>Oversight: Department of Health</p> <p>Overarching Role: Provide primary healthcare services, promote health education, support disease prevention, and link communities with healthcare facilities, particularly in underserved and rural areas</p> <p>Qualification: NQF Level 4</p> <p>Key Role in CP and Alternative Care: Frontline workers in terms of identifying and reporting children in need of care and protection.</p>	<p>Psychologist</p> <p>Oversight: Health Care Professions Council</p> <p>Overarching Role: Psychological assessment and diagnosis, psychotherapy, counselling, facilitating support and interventions.</p> <p>Qualification: NQF level 7,9, 10 in psychology</p> <p>Key Role in CP and Alternative Care: Mandatory reporter. Many community-based family support, foster care and residential programs have links with a local psychologist who offers a reduced or pro bono rate for children. Many schools now employ psychologists, who play a role in the identification and reporting of and support for children in need of care and protection.</p>	<p>Early Childhood Development (ECD) Practitioner</p> <p>Oversight: Department of Basic Education</p> <p>Overarching Role: Facilitate and monitor the cognitive, emotional and social development of babies, toddlers and young children</p> <p>Qualification: NQF Level 4-8 in ECD</p> <p>Key Role in CP and Alternative Care: Mandatory reporter. ECD centers must register as partial care facilities for children and during this time have the legal responsibility for care. Some residential care facilities for children also have ECD centers within their facilities.</p>
<p>South Africa National Qualifications Framework (NQF) Levels</p> <ul style="list-style-type: none"> • NQF Level 10 (doctoral degree) • NQF Level 9 (master's degree) • NQF Level 8 (postgraduate diploma, demonstrating advanced study) • NQF Level 7 (bachelor's degree) • NQF Level 6 (advanced certificate, showing deep understanding) • NQF Level 5 (higher certificate indicating vocational training) • NQF Level 4 (intermediate certificate, equivalent to completing high school) 					

Additional roles within family care not included here are: Occupational Therapist, Speech and Language Therapist, Registered Play Therapists, Paediatric Physiotherapists



Below is a more in-depth look at the different types of social service workers, their roles, and how they contribute to the care system across various contexts.

Professionals

The professionals in the workforce for family care work for both government agencies and non-governmental organizations. Government workers with statutory alternative care responsibilities can include social workers at national, sub-national and community levels. They work both in provincial or district social welfare offices, or equivalent public bodies, on case management to identify, assess and coordinate services for children in need of preventative intervention, family strengthening and / or alternative care and their families.

Professionals also work directly in residential care facilities for children, as social workers or other specialists, as well as with family-based alternative care providers, such as private and public foster care agencies. In many of the countries covered in key informant interviews for this report, residential care facilities are required to employ professional social workers or psychologists who are responsible for case management of the children in care, including family tracing and assessment, family contact and preparation for care leaving. Training of these social workers and re-training or redeploying residential care staff features in a number of care reform strategies.

Among these roles and disciplines, **social work** is the core profession of the social service workforce, and it has a unique and vital function in supporting family care, but the professional workforce also needs to include other related disciplines such as counsellors, psychologists, youth workers, family support workers, and, in some countries, the specialist role of social pedagogue.

Trained and qualified social workers are critical in managing cases of prevention, alternative care and reintegration or care leaving, as well as supporting the transition of residential care models to community-based family support services. However, many who hold this kind of role, even if they have a qualification in

social work, do not have the title of social worker, and the range of titles for professionals at this level of the care system includes: child and family social worker, child protection worker, case manager, case worker, social welfare officer, child protection officer, child and youth worker, and probation and social welfare officer.



The professional workforce featured in Kenya's care reform strategy²²

Kenya's 2022-2032 National Care Reform Strategy for Children heavily integrates workforce strengthening, mentioning the social service workforce no fewer than twenty-eight times. It integrates actions related to the social service workforce throughout, but also includes a specific section on building the capacity of the social service workforce, both professional and para professional. The strategy calls for ensuring the social service workforce is trained in the implementation of all relevant standards, guidelines and procedures. This includes gatekeeping, case management and alternative family care; improving practical and professional training curricula; building professional development; and increasing the availability and quality of supervision of frontline workers. Since 2019, the National Case Management for Reintegration of Children into Family and Community Care has been rolled out to Kenya's county children's officers by a group of national trainers that include both NGO and government representatives. While this continues, efforts to also train the social workers in charitable children's institutions in the package as well as in use of the national child protection information system are also well underway.



Para professionals and volunteers

The para professional social service workforce plays a critical role, especially at the micro level, working directly with individual children and families in the community. They are defined as para professionals rather than professionals, as their role is auxiliary to core professional roles, and they have usually received specific training and are supervised for a defined role and responsibilities, but have not received specialist or professional education at university level and do not have a professional license.

Para professionals in supporting family care usually directly engage in preventing family separation, making home visits to support and monitor reintegration, supporting different kinds of caregivers and helping raise community awareness on a range of related topics. They also usually, given their work at community level, have a key role in identifying children and families at risk of separation and connecting them to information and services. Para professionals are sometimes volunteers, in that they do not receive a formal salary, but usually have their costs covered, and may receive some equipment such as a mobile phone or motorbike or bicycle for transport, and some level of stipend, daily allowance or other compensation. However, there are also volunteers working in family care who would not be considered para professionals as, while they do support families, sometimes through traditional support mechanisms or networks, they are



©UNICEF/Kanobana

Inshuti Z'Umuryango engage with a family in Rwanda.



Child protection volunteers can support caseworkers in a variety of ways. They can help to verify information in the family assessment, provide family strengthening and basic psychosocial support, conduct monitoring home visits and follow-up and provide feedback to caseworkers. They can also act as a quickly accessible safe contact for reintegrating children, should they feel unsafe at home. Caseworkers should always identify local child protection volunteers ahead of reunification/placement.

— *Changing the Way We Care*²⁵



not specifically tasked, trained and supervised in this role.

Para professionals and volunteers are particularly important where social welfare systems are underdeveloped or severely overstretched. For example, Rwanda's Inshuti z'Umuryano (IZU) ('*Friends of the Family*' in English) are community-based volunteers who carry out family visits, follow up on children who are at risk of family separation, have been placed in foster families and have exited residential care facilities, and refer up to the District Child Protection and Welfare Officer the cases of children who need alternative care.²³ In 2015, at the time the Alliance and the Better Care Network wrote the report, *The Role of Social Service Workforce Development in Care Reform*, the IZU program was just launching. Today there are more than 30,000 IZU community volunteers in Rwanda.²⁴

In India, child protection committee workers in Panchayat are volunteers with NGOs who can also be considered para professionals, as they received training and are assigned responsibilities to raise awareness on child protection issues and the importance of family care, connect families to social protection schemes to prevent separation, support care leavers, and report child abuse and neglect to the Social Welfare Department. The vital role of para professionals, including volunteers, in these cases is



filling the gaps in service provision and complementing the work of social workers, who, in India, are part of the district level specialized workforce of the Social Welfare Departments and District Child Protection Units. One key informant interviewed about the distribution of roles in the care system in India said that the district level staff "...could not manage all these responsibilities on top of their job. They are completely reliant on the frontline volunteer workforce of community members to enable them to fulfill their work related to children's care and to do outreach to families."

Caregivers

In some countries providers of family-based alternative care, such as foster carers, are considered part of the professional social service workforce. A 2024 White Paper on foster care developed by UNICEF Europe and Central Asia Regional Office explains that "... starting from the 1980s, policy-makers in the United States, and welfare states in western Europe among others, began to propose modifications to the voluntary nature of foster care, claiming that changes in its role require a more highly trained and professional workforce."²⁶ Professionalization primarily refers to the qualifications, specialized knowledge, skills, training and expertise of foster carers, combined with the benefits and contractual relationships they hold. In some countries, such as Moldova, professional foster carers receive salaries and other remuneration, such as health, pension and social security benefits, tax credits, and access to leave and paid holidays.

The direct care workers—those with responsibility for day-to-day care of children—within residential care may also be considered part of the workforce, depending on the context. Direct care workers can have professional backgrounds such as social workers, nurses, teachers or early childhood educators. They can also be para professional workers, who ideally receive vetting and training to work in the direct day-to-day care of children. In some cases, volunteers also play roles in direct care of children, either as informal foster carers, or with supplementary care roles in residential settings, such as volunteers recruited to help with mentoring, homework, sports or other play



©UNICEF/Gurgenidze

A young girl with cerebral palsy reads a book with her caregiver in Georgia, where the Government is working to develop specialized alternative care services for infants and children with disabilities to bring to an end the use of residential care.

and recreation activities. It must be noted, though, that involving volunteers, local or foreign, in direct children's care, particularly through missions or tourism—such as with "orphanage volunteering"—presents serious child safeguarding risks and often has unforeseen negative impacts, not only directly on the children—owing to the short-term nature of relationships formed, and risk of abuse—but also on the care reform process. They can attract financial support and recognition to institutions that by, being misleadingly presented as 'orphanages', divert attention and resources away from the children's families, who in many cases children could be reintegrated with if support could be provided in the family and community. Despite this evidence of its harmful effects, voluntourism is still sometimes relied on to fill gaps in the direct care workforce.²⁷





Foster carers as part of the workforce in Moldova²⁸

Data suggest that family-based care has become the main type of formal alternative care arrangement in many countries where residential care used to dominate, particularly when governments have made significant investments in family-based care, often supported by donors. Moldova is a prime example of such a country, where Professional Parental Assistants, is the official title for individuals recruited, assessed, trained and supervised to provide professional foster care. They receive a salary and free medical care, as well as allowances for children in their care. This form of professional foster care is prioritized for newborns, children with disabilities and teenage mothers, and is supported by additional specialized training and support.

Allied workforce

Protecting children and ensuring family care for children is the responsibility of many different people within the community, not only social service workers. As shown in Figure 3, above, those working in other sectors are referred to as the **allied workforce**. They include those working in governmental or non-governmental roles at community level in health, education and justice settings. These allied workers play crucial roles alongside, and in collaboration with, the social service workforce in addressing the health, education and justice needs of children and young people so that children and young people can grow up in a family and in their community, with access to inclusive health and education services and justice services that address offending behavior in the community rather than through detention. The roles of allied workers also include monitoring and identifying children and families in difficulty, referring families to child protection services or alternative care services if needed, assessing children for developmental delays and disability, and contributing to children's care plans the input that other sectors can make.

In Rwanda, for example, the challenge of ensuring children with disabilities can also access family care became a pressing issue in care reform, after the first wave of reform. In response, a model was developed in which social service para professionals work closely with community health workers to ensure that families of children with disabilities can access specialist support such as identification of needs in relation to disability, assessment and referral to specialized services. The joint workforce also works to link families to social protection programs.

In Jordan, some schools have social workers on site, who do not directly have alternative care responsibilities, but who can keep a close eye on monitoring children's needs and potential needs and risks, identifying child protection issues and then referring the child and family to the professional child protection social worker, whose role is to assess with other colleagues the child's needs to determine if a child protection intervention and / or alternative care is necessary.



Faith-based workforce

In many contexts, faith communities and faith-based organizations (FBOs) play crucial roles in protecting vulnerable children and families, especially children without adequate parental care. For many centuries, in countries across the world, and across faith traditions, faith actors such as religious communities of men and women, places of worship, religious schools, missionary organizations and other institutions, have provided care for the “orphaned and widowed”, as called for in religious texts. In response to poverty, crisis and disasters and their impacts on families, residential-type alternative care models have been in existence for centuries despite evidence over the last eighty years on their detrimental impact on child development and evidence that 80-90 per cent of children in them have at least one living parent. These residential care facilities have proliferated in contexts such as Southeast Asia and East Africa in the 20th century.

The importance of involving such faith actors as partners in care reform and workforce development was highlighted in the Global Social Service Workforce Alliance’s 2015 report, *The Role of Social Service Workforce Development in Care Reform*, which featured participation of a very large and longstanding FBO in Indonesia, Muhammadiyah, one of the largest residential care providers in the country. Muhammadiyah has, in recent years, committed itself to moving away from reliance on residential care to a family-care focused approach, and in doing so have played a key role in retraining and redeploying social workers to support children within their families.

In other countries, and at global level, faith actors now play a significant role in service workforce development. In one example, the International Union Superiors General has formed a Catholic Sister-led initiative called [Catholics Care for Children](#). Amongst other accomplishments, this has led to hundreds of Sisters being trained in child safeguarding, disability inclusion, child rights and protection and in case

management, including activities such family tracing, family reunification, recording keeping and follow-up. The initiative is also rolling out online and in-person diploma training programs on moving toward family solutions for children and dozens of Catholic Sisters have earned social work university degrees and professional credentials.



Understanding the human resources within faith communities in Moldova²⁹

In Spring 2021, research was undertaken in Moldova to better understand the role that the country’s 2,500 faith-based communities play in the ongoing reform of care for vulnerable children and to better understand the potential for engagement of FBOs in care reform, including workforce strengthening. The research looked at what existing assets these faith actors bring and what obstacles there might be to engaging them as allied community influencers and as social service providers. The findings show how, “Moldova’s FBOs comprise a diverse group of organizations... that have substantial human capacity” and a desire to support families and children, including as foster families, providers of material assistance, and in creating support networks for vulnerable families. FBOs have a wide reach in rural towns and villages in Moldova and are part of the fabric of the local community, often more so than government in small settlements. The study found that FBOs are often the primary, if not the only, actors offering essential social services to families and children because of the lack of local government resources and hesitation of professional workers to move for work in rural areas, thus playing a key role in reforming the way children are cared for in the country.





Spotlight on Social Service Workers

Name: **Yerima Isa**

Title: **Social Worker**

Organizational Affiliation: **Ministry of Youth and Sports Development,
Government of Nigeria**

Location: **Yobe, Nigeria**



Yerima Isa's motivation to become a social worker stems from his own experience of losing his father and mother at a young age. After his father passed away at the age of nine, he was left in the care of his older sister's husband. He notes that being separated from his biological mother and father at a young age was extremely challenging and left him without a critical role model.

"[My experience] is what really motivated me to get into social work, so that I can be able to help those categories of children that have been through similar [experiences]," Yerima explains.

After obtaining his bachelor's degree in sociology, Yerima went on to become a social worker with the Government of Nigeria's Ministry of Youth and Sports Development, a role he has now held for 20 years.

Yerima works with children who have been victims of violence, exploitation and abuse, including gender-based violence (GBV), child labor, child trafficking, and female genital mutilation. He also works with children who have been victims of neglect or who have become separated from their families, often a result of the persistent conflict and violence prevalent in the region. Most of the cases Yerima sees have been referred to him by a community-based case worker. He then follows a comprehensive case management approach to meet the needs of each child. For children that have been identified as unaccompanied or separated, he first identifies a pre-vetted foster family from the community who can care for the child and then works to trace the child's family or any living relatives.

Yerima finds that there are many rewarding aspects of his job, and he values the opportunity to serve humanity, but his work is often fraught with difficulties, most of which have to do with the limited resources for social workers.

"Remuneration is not commensurate to what we are doing," he emphasizes. "We [are on call] 24 hours a day, from Monday through Sunday."

"For most of the cases that we receive, [we have to] to transport ourselves from one location to another and use our own personal money to be able to," he adds. "There's not any vehicle for us to use."

Yerima also explains that there are limited capacity building opportunities for social workers. When he began, he was not given any induction training and had to learn mostly on his own. He explains that is only "when there is an insurgency and humanitarian partners come in" that he receives training.

Despite these challenges, Yerima still maintains his passion as a social worker.

"I always give my best, at whatever capacity, if it will [allow] me to provide services to the vulnerable children," he concludes. "I have the passion for this work."





Spotlight on Social Service Workers

Name: **Samuel Sylvanus**

Title: **Case Worker**

Organization Affiliation: **Save the Children**

Location: **Yobe, Nigeria**



Samuel Sylvanus has a background in education, previously teaching at a secondary school in Yobe, Nigeria. He changed his career path after a job advertisement for a case worker from Save the Children caught his interest. He had always had a passion for supporting and helping children and wanted to help children in vulnerable situations have a better life.

Samuel received training from Save the Children on various competencies—including child protection case management, best interest determination and alternative care guidelines—and has now been a case worker for four years. In this role he works collaboratively with community members to ensure children are safe and protected and are given necessary support. This includes working with unaccompanied and separated children, many of whom have been victims of abuse.

He notes that the community plays a major role in helping to identify unaccompanied and separated children, as the children often seek safe refuge in local mosques, parks or shops. Once a child has been identified, he then works to ensure the child is kept safe and identifies his immediate needs. For children with high-level protection needs, such as those that are unaccompanied, he collaborates with social workers at the Ministry of Youth and Sports Development to get the child placed with a foster parent in the community or, if needed, in the immediate care of a community leader.

Samuel explains that the most difficult aspect of his role is the very limited range of services that children and families can be referred to. “Children often have multiple protection concerns,” he explains, “and it is difficult to find resources to support all their various

needs such as food support, life skill support or mental health support.”

A recent case that Samuel recalls is that of a young boy who entered a school in search of help. The boy’s father had died during a violent attack by an armed group and his mother remarried a man who did not want the child. The boy was ultimately forced out of the house and forced to sleep on the streets. When he arrived at the school, he was extremely malnourished and in poor condition. Once the boy was brought to the care of Save the Children by a teacher at the school, Samuel worked to ensure the child was given proper nourishment and was looked after in a safe place. He then worked in collaboration with the government to trace the mother of the child. After providing the mother with counseling and parenting support, the mother chose to leave her husband, and the boy was ultimately reunited with his mother.

Samuel notes that it is experiences like these that keep him motivated in his role.

“Being a social worker is an avenue where I can explore and show my enthusiasm in ensuring that children are safe, are protected, and are not separated from their families, and if they are separated to ensure they have an alternative family to live with,” he explains.

“If I can put one smile on the face of a child it is a plus,” he continues, “seeing children play, survive, and grow in a peaceful and violent free environment is my goal and what keeps me in this role.”





Spotlight on Social Service Workers

Name: **Melissa Katerine González Riveros**

Title: **Coordinator of the Uniendo Familias (Uniting Families) Program**

Organization: **Asociación Cambiando Horizontes
(Changing Horizons Association)**

Location: **City of Trujillo, La Libertad Department, Peru**



As the Coordinator of the “*Uniendo Familias*” (Uniting Families) Program with the Changing Horizons Association in Trujillo, Peru, Melissa Gonzalez is dedicated to reintegrating children and adolescents living in residential care into safe, permanent family environments.

Melissa has been with the organization for four years. She initially worked on the Youth Accompaniment Program, which focused on care leavers. Her interest in this work grew from witnessing the challenging conditions faced by children in institutional care.

“Knowing and understanding their needs led me to carry out [this] work... to provide them with adequate support to generate better conditions and quality of life, [and ensure] their rights [are upheld],” she shares.

Melissa often faces tough challenges, especially working with families experiencing extreme poverty, unemployment and domestic violence. These issues make the reintegration of children back into family care more complex if proper preparation and support aren’t in place.

“Parental capacities must be strengthened,” she emphasizes, “and work must be done on re-engagement and understanding why children left family care. We must address these issues and recognize other violations that push children into residential care.”

She highlights that residential care institutions should play a more active role in promoting family-based care. Using case management methodology can help in this transition, and the *Changing the Way We Care* Initiative is helping by providing technical support in contextualizing approaches for the Peruvian context. The “*Uniendo Familias*” program collaborates with five residential institutions. It demonstrates that safe and stable reintegration of children is possible through close collaboration and a shared approach to the reintegration process.

Melissa’s education and continuous training in case management, positive parenting and mentoring equip her to offer more effective interventions. She believes that staying updated in these areas is critical to her success. Her motivation comes from the deep satisfaction of seeing children safely return to family life.

“I want to contribute to the safe, healthy, and sustainable reintegration of children and adolescents with their families and prevent them from returning to [residential care],” she explains.

For those in this kind of work, Melissa advises showing commitment, dedication and empathy. She stresses the importance of understanding and supporting the families and children they serve, while always striving to improve their skills and knowledge.



4

Roles and Functions of the Social Service Workforce in Family Care



A barefoot social worker speaks with a young girl at her home in China. Barefoot social workers are non-professional social workers selected by the community to provide child protection and welfare services.

Members of the social service workforce have many roles and functions within family care, including family support and alternative care. These broadly align with the Alliance’s global conceptualization of the workforce as providing a combination of **preventive**, **responsive** and **promotive** functions.

- Their **preventive** work includes helping ensure that children remain with their families, identifying risk for separation and placement of children in alternative care, and providing family support services, information and referrals to strengthen the family. They support multi-disciplinary
- assessment and decision making based on the best interests of the child—a process often called ‘gatekeeping’. Casework is critical in prevention, undertaken by working with the child and the family to connect them with resources to prevent separation, and to ensure gatekeeping to make best interest decisions about children’s care.
- The work of social service workers becomes **responsive** when children cannot remain with or are already separated through placement in alternative care, at which point social service workers provide case management during and after placement, supporting reunification and sustained



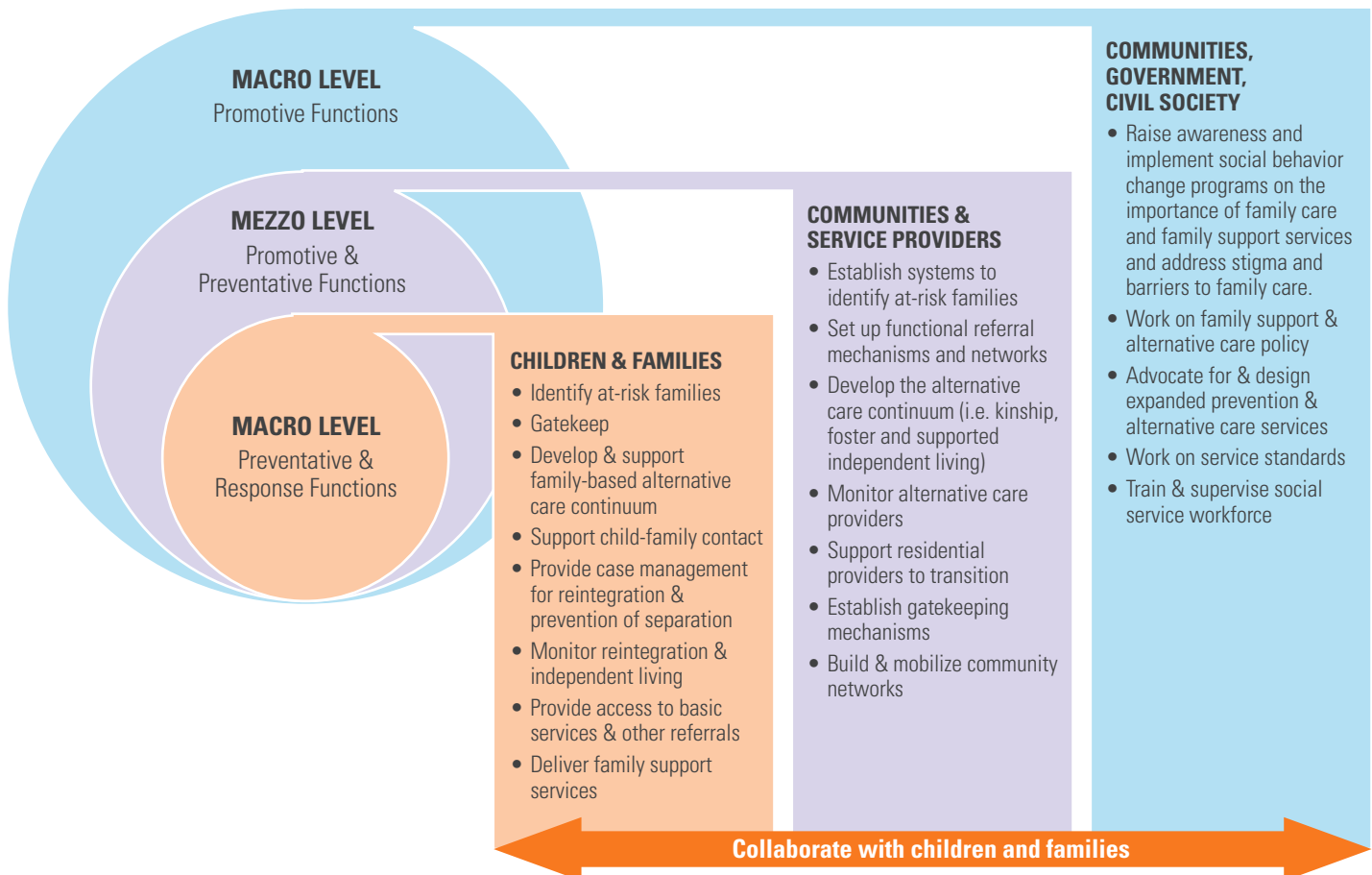
reintegration or other permanent family care if the child cannot be reintegrated. Their role also extends to identifying, training, supporting and monitoring caregivers such as foster carers, kinship carers and other alternative care providers. In addition, they support young people leaving alternative care and transitioning to independent living.

- Social service workers' **promotive** work includes the policy level contributions of the social service workforce to care reform, through advocacy and

by raising public awareness of the need for family care, helping develop policies and service standards in this area, as well as supporting data collection and other system strengthening functions.

In their [Guidelines to Strengthen the Social Service Workforce for Child Protection](#) UNICEF and the Alliance go further, explaining how the social sector workers perform these preventive, responsive and promotive functions at three levels: **macro**, **mezzo** and **micro**, as illustrated in Figure 5 below.³⁰

Figure 5: Functions of social service workers in family care at a varied levels



Adapted from *Guidelines to Strengthen the Social Service Workforce in Child Protection*³¹



- Social sector workers at the **macro** level oversee the social service system and are involved in care reform strategy development, implementation and evaluation. They manage budgets, advocate for and develop policies and standards, oversee other workers, design, review and monitor the implementation of care reform, develop services and drive strategic shifts.
- At the **mezzo** level social service workers educate communities about child protection and family care and instigate collaboration within the community to identify vulnerabilities and support those in need. They work with CSOs and other service providers to develop alternative care options such as identifying, training, licensing and monitoring foster families. They have a role in identifying or developing mechanisms to identify children at risk of separation and ensuring their best interests are upheld in all decision-making processes. At the mezzo level transitioning or closing residential care facilities may also be a focus. This work often requires a professional social service worker.
- At **micro** level the workforce carries out direct work with children and families, providing case management to: support families at imminent risk of family separation or being placed in alternative care; support children in alternative care and family-based alternative care and monitor all alternative care placement; and support reintegration into the

family or community. Frontline workers deliver family support services such as parenting training, home visits and support groups and enable access to social protection schemes as well as other services, and more. As alternative care placements should be only temporary and a last resort, social service workers often work with gatekeeping authorities to ensure placement is necessary, appropriate and that the child's full range of needs is met, including ongoing contact with their family. Para professionals and / or volunteers are the "eyes and ears" of the community, identifying families at risk and watching out for the stability of children and families who are reintegrating as well as children in family-based alternative care. They focus on family support to prevent family separation, provide psychosocial support, including by facilitating support groups, provide information and referrals to basic services, and help with decision making as they often know the families best.

The social service workforce's promotive role comes in at every level and includes facilitating public dialogue and raising awareness about family care. In this work the social service workforce does not act alone, they need to liaise with community groups to address the stigma that leads children into institutional and other forms of alternative care, and to leverage the community protective mechanisms to empower families and support children.



A trained model parent in Uganda speaks to children about family values. The individuals were identified as role models and trained on positive parenting, child protection, case management, reporting and referral of violence.





Mindset shift within the workforce in India³²

In recent years, India has seen a significant shift in the mindset of its social service workforce, with a growing emphasis on family strengthening and family-based alternative care over residential care for children. This transformation is largely driven by comprehensive capacity-building initiatives aimed at empowering social workers, residential care facilities and community-based child protection mechanisms. Key to this shift is the activation of gatekeeping practices that prevent unnecessary family separation and institutionalization. A pivotal force in this change is Mission Vatsalya (2022), a government scheme dedicated to ensuring “a healthy and happy childhood for every child in India” by providing opportunities for them to reach their full potential. The scheme covers preventive services, statutory care, alternative care and rehabilitation for children in need of care and protection, including those in conflict with the law. Mission Vatsalya, with its focus on promoting family-based care, has been instrumental in reducing the reliance of residential care models amongst the social service workforce. Civil society organizations like Miracle Foundation India, Changing the Way We Care, UNICEF, Udayan Care, CINI and Prerana have played a crucial role in capacity building, mentoring and advocating for the recognition of the social service workforce. Their efforts include training the social service workforce on case management, convergence, family strengthening, prevention, gatekeeping, aftercare and linkages with social protection schemes. Together, new legislation, shifting mindsets and capacity-building efforts offer hope for a more family-centered care system for children in India.



©UNICEF/Panjwani

In India, a young girl and her four siblings have been left in the care of their grandparents after the father died a few years ago and the mother remarried and left the children.





Spotlight on Social Service Workers

Name: **Rendiansyah Putra Dinata**

Title: **Campaign Manager**

Organization: **Save the Children Indonesia**

Location: **Indonesia**



Rendiansyah Dinata, also known as Rendi, began his career as a Caseworker for the Families First Program with the Save the Children Indonesia. In this role, he provided direct assistance to children and families facing child protection and child care issues. In 2018, after graduating from the University of Indonesia with a Master of Social Welfare degree in Program Planning & Evaluation of Development, he moved to Save the Children's National Office in Jakarta to provide technical assistance for the Ministry of Women Empowerment and Child Protection and the Ministry of Social Affairs. It was in this role that he was able to contribute to the development of policies and regulations at the national level on case management and child protection, which really ignited his passion for working at the policy level. Currently, Rendi works as an advocacy and campaign practitioner, through which he is focused on developing policy for child online protection and case management systems at the national level.

While Rendi has enjoyed all the various responsibilities throughout his career, he explains that it is the policy level he is truly passionate about.

"As a case manager, I could really only impact 100 children in a year, but by focusing on advocacy at the policy level, I have the opportunity to impacting all children in Indonesia," he explains.

Through his experience, Rendi has had great success in influencing policy at both the national and sub-national level. As a Case Manager, he helped lead the case management process for all children experiencing child protection and care issues in Cianjur District. Later, while working as a Program Officer, he was part of a team that not only developed a new case management online monitoring system (MOKA Online) but got the government to adopt the technology and mobilize their resources for its sustainability. He was also part of the team that established a case management system for the Child and Family Support Center, eventually adopted by the Ministry of Women Empowerment and Child Protection in 31 provinces and 331 districts across Indonesia, which is tailored to the individual needs of children and families, including those in alternative care.

Rendi explains that there are many challenges in his role. In particular, he notes that the national government tends to focus more heavily on health, education and social protection over child protection. Still, Rendi is passionate about his role. "I feel passionate about this work, [especially] when the government and policy makers develop policy and regulations, mobilize budgets or other resources, and develop programs and activities for children to survive, learn and be protected."





Spotlight on Social Service Workers

Name: **Judine Webb Brown**

Title: **Foster Care Officer**

Organization: **Child Protection and Family Services Agency**

Location: **Kingston, Jamaica**



Judine Webb Brown emphasizes that trust is one of the most critical components of her role as a Foster Care Officer with the Government of Jamaica’s Child Protection and Family Services Agency. She works with a child from the moment he or she is placed in the custody of the state until the child ages out of the system at age 18, or until their case is closed for another reason—typically because the family is deemed fit to care for the child or the child is adopted.

“It’s a lifelong relationship,” she emphasizes. “Bonding and confidentiality are important, and [the children] have to trust you.”

Judine recalls the case of a nine-year-old girl who came into her care after it was discovered that the girl had been sexually abused by her mother’s boyfriend. The mother, who knowingly allowed the abuse to take place, was charged with negligence. Judine matched the girl with a foster family, facilitated medical and psychosocial support, arranged for her to be re-enrolled in school and accompanied her to each court date in the trial of the perpetrator.

“There was this one time I couldn’t go to court and I said to the judge, ‘Your honor, we’re asking for a new date, because I won’t be here, and I won’t allow her to come with anyone else.’ That is the relationship that we have,” Judine says.

Now, eight years later, the perpetrator has been sentenced to 12 years in prison. The young girl remains in the care of the foster family, while Judine continues to work with both the mother and the girl, conducting parenting sessions and facilitating visits as appropriate.

“The plan of foster care is to get the family back on their own feet,” Judine notes, “So that they can

adequately and appropriately care for their child. So, we work with the families [just as much] as we work with the children.”

In her role, Judine works on many cases of children who have been victims of abuse and neglect. Once a court decides a child’s parents are unfit to care for the child, they become custody of the state, and it is Judine’s role to ensure proper placement and care of the child. Judine trains and vets foster care families for children who do not have other relatives to care for them, regularly visits to check on the well-being and care of the child, facilitates contact between the child and their family, and conducts parenting sessions with the child’s family.

Judine has a high caseload of 150 to 170 cases, in large part because of the length of time the cases remain with her. Apart from the sheer level of work, she says the biggest challenge is when she sees foster families give up. These families feel they have done everything they can, and nothing is working. Judine works with these foster families to try to fix the issues but occasionally, the child may be admitted back into residential care. “You know, when they give up, it is heartbreaking,” she says “...all the other challenges we can work on, but to give up on a child that was given up on before, that hurts for me.”

Nevertheless, it is the impact she knows she can make in a child’s life that keeps her going.

“You learn that you can’t save them all. It is impossible. But the ones that you can, you do it, and you do so gracefully, and you keep in touch. That is the joy in it for me,” she remarks.





Spotlight on Social Service Workers

Name: **Atipashe Mamhute**

Title: **Social Worker**

Organization: **Farm Orphan Support Trust (FOST)**

Location: **Zvimba, Zimbabwe**



When Atipashe Mamhute reflects on the role his father played in preparing him to be a social worker, his face lights up.

He explains that his father, who has since passed away, was strong in his Christian faith and always demonstrated the importance of being understanding and compassionate, especially to those who come from challenging circumstances. His father, who was an orphan, also taught him the value of family and the importance of families staying together.

“When my [grandfather] passed on, [my father] and his eight siblings were orphans and had to take care of one another,” Atipashe explains. “My father’s older brother managed to raise them well. [Later], my father took on the care of his brother’s children—my cousins.”

Atipashe recalls how growing up there were often 12 children living in his three-bedroom house and how he was taught to never think of them as cousins, but rather as brother and sisters. So, when the Government of Zimbabwe released the new National Policy for Children without Parental Care in 2024, in which kinship care is seen as a critical part of the continuum of alternative care for children without parental care, it really made sense to him.

“I really understand what it means for family to stay together...because I grew up where family takes care of one another,” he notes.

Previously in Zimbabwe, kinship care placements were considered informal placements. The inclusion of kinship care in the new policy will help families to be recognized when it comes to accessing services and supports, and social service workers like Atipashe can now link families to the available government schemes and programs when needed, which he sees

as an extremely important part of his role. He works in a rural farming community in northern Zimbabwe, where families continue to be impacted by limited production and lost income from land redistributions. Over the years, many families have left to work in other countries, often leaving their children behind in the care of their grandparents. In fact, in Zimbabwe, 60 per cent of orphans and vulnerable children are cared for in grandparent-headed households, usually by grandmothers.³³ The old age, poor health and financial insecurity of these grandparents can often leave the families extremely vulnerable. Atipashe sees many such cases, in which children have dropped out of school or have been victims of abuse or exploitation.

In his role as a social worker for the NGO Farm Orphans Support Trust (FOST), Atipashe works with the families to ensure the grandparents can support the children in their care and to prevent where possible the separation of children from their family. This includes providing the grandparents with parenting support, training them in income-generating activities and facilitating peer-to-peer support groups. He also helps facilitate education assistance, psychosocial support or linkages to other support services for children in the households. For more severe cases where there is more complexity or protection issues, he often refers the case to the government child protection service.

Atipashe sees this role as his “divine purpose” and “wouldn’t chose any other profession”.

“The hope of seeing a community where children are cared for and loved, and for them to reach their full potential keeps me motivated,” he explains. “Children are the future... [and they] have the right to be protected mentally and physically.”





Spotlight on Social Service Workers

Name: **Rahab Nyawira**

Title: **Social Worker**

Organization: **Independent**

Location: **Kenya**



Rahab Nyawira is an independent social worker in Kenya and the Vice Secretary of the Kenya Society of Care Leavers. Her experience growing up in an orphanage is what led her not only to become a social worker but a major advocate for care reform and improvements in alternative care services.

Rahab saw and experienced many injustices while living within the orphanage and she felt she needed to do her part to help others who might be in similar situations.

“I know what it feels like to be in their shoes,” she explains, “and, I know I needed to do my part. I have a role to play.”

Rahab went on to obtain a bachelor’s degree in social work from the Catholic University of Eastern Africa and a master’s degree in children, youth and international development from Brunel University in London, U.K. Over the past ten years she has served in various roles as a social worker, most recently working on a project with UNICEF and the Kenyan government’s Department of Children’s Services to improve children’s care in Kenya. In this role, she worked to reintegrate children from child care institutions (CCI), which in Kenya are still often referred to as orphanages, back to their families, wherever possible. This involved tracing each child’s family members and conducting in-depth assessments to determine whether it was in the best

interests of the child to return, which sometimes it was not. Rahab also worked to help train the CCI staff to ensure they were maintaining proper records of the children in their care, as too often an orphanage would have a child in their care but would have no records of where they came from, or even of whether a child had left the orphanage. In this role, she found it extremely valuable to be able to engage deeply with the children and families.

“One approach that I see as important is not seeing the family in isolation,” she explains, “we have to see the family, and the child and the youth all together. We always have to look at the experience to see who they have around them—what is their situation and how could [we] support and help them [change] that specific situation.”

Rahab is currently seeking her next social work role while continuing as Vice Secretary of the Kenya Society of Care Leavers and serving as co-coordinator of the taskforce on care leaver participation and transition from care on the Transforming Children’s Care Collaborative.

When asked about her motivation for continuing as a social worker and care reform advocate, Rahab simply explained, “You can’t be everything for everyone. But if you can do something for one individual that is, in fact, everything.”





Spotlight on Social Service Workers

Name: **Shreebanta Jena**

Organization: **Sundargarh District Child Protection Unit**

Title: **District Child Protection Officer**

Location: **Sundargarh, Odisha, India**



Shreebanta Jena has worked as a District Child Protection Officer in the Sundargarh district of Odisha, India for over ten years. As a frontline worker, he plays a critical role in helping to promote family-based care in the country.

Shreebanta recalls a current case of his in which a child, having been found unaccompanied at a railway station, was initially placed in a Child Care Institution. Shreebanta met the child while visiting the institution, and despite attempts to trace the birth family they could not be located, so Shreebanta started the process of finding a family-based alternative care option. When a foster family expressed interest, Shreebanta and team at the Association for Rural Upliftment and National Allegiance—the implementing partner of Changing the Way We Care Project in Odisha, India—initiated the foster care process, providing counseling, completing necessary documentation, and ensuring a smooth transition for the child and the family. Adjusting to the new environment was initially tough for both the child and the foster family. However, with continuous counseling and parenting classes, they overcame these challenges. Shreebanta finds extreme satisfaction in how the child and the family have bonded.

Shreebanta emphasizes the importance of family-based care for children. He notes that 135 children in the district currently receive social support for education, health and nutrition, which helps them stay with their families. He also highlights that the child protection workforce in his district are motivated to move towards non-residential care for children, which is critical.

Shreebanta's motivation in his role comes from seeing the improved conditions of the children he helps. For those starting in a similar role, he advises them to become more knowledgeable about the benefits of family-based care alternative care and family strengthening approaches.



5

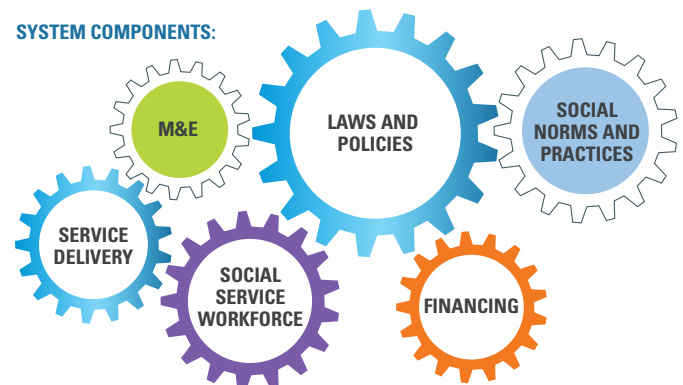
The Implications of Care System Reform on the Social Service Workforce



A young girl reaches for the hand of her brother while staying at a transition center in Bolivia. The siblings, who were abused by their parents, were found living on the streets.

An effective children's care system needs several components to be strong and function well together, like cogs in an engine (see Figure 6). A functional care system has laws, policies, services, monitoring systems and resources (human and financial) in place, supported by social norms and practices and a well-planned, developed and supported social service workforce. Care reform is about ensuring all these components not only function well on their own but work well together. Every aspect of the change process has implications for the social service workforce. Reforming the care system can serve as both an entry point for better understanding and strengthening of the current social service workforce,

Figure 6: Components of the care system³⁴





The social service workforce has such an important role to play. The frontline workforce has the role to generate awareness about children and what they need, give information to families and link families to all the services and schemes that will help them be stronger. Their work should not be underestimated.

— **Manoranjan Dash,**
Changing the Way We Care India



and as an opportunity to further plan and develop the workforce, enabling the system to function as effectively as possible.

Ultimately, for a process of care reform to result in better outcomes for children and families, all members of the social service workforce, in all the key roles they play, need to be strengthened and adequately resourced, so that they have the capacity and competencies to provide responsive, child-centered solutions, which include enabling children to be cared for in families wherever possible. Some of the key considerations for the social service workforce related to the components of care reform follow.

Ensuring strengthened policy frameworks

The laws and policies that enable care reform must be carefully drafted to ensure they can be implemented in practice, are supportive of the workforce needed for implementation, and are tailored to the local context. This is best done by collaboration between lawmakers and the social service workforce, leveraging firsthand experiences and insights from working with children and families. Social service workers can conduct participatory research to highlight challenges in the system that need to be addressed, and mobilize communities and stakeholders, providing a voice and space for people with lived experience of the care system. Representatives of the social service workforce can participate in policy forums and working groups to develop or revise legislation, develop new practice standards and help pilot new services resulting in better implementation of improved frameworks.

Jamaica's Strategic Framework for Deinstitutionalization and Care Reform³⁵

The Jamaica Strategic Framework for Deinstitutionalization and Care Reform developed in 2019 has five priority areas, including strengthening services for strengthening families and preventing institutionalization, developing family-based alternative care, and redirecting resources from the child care institutions to these services. The Child Protection and Family Services Agency has been meeting with concerned stakeholders and advocating for the importance of the strategic framework. The social service workforce is integrated throughout the framework. It foresees building the capacity of the social service workforce in reintegration of children from institutions, family strengthening, gatekeeping and family-based alternative care. The framework outlines the support that will be needed from social workers in the planned care reforms and makes clear the need to increase the number of social service workers to undertake care reform effectively and sustainably. The strategic framework also outlines roles for different actors including the Child Protection and Family Services Agency, Child Protection Committees, the Jamaica Association of Social Workers and others.

Ensuring capacity for new and strengthened service delivery

The improvement of services in most countries includes 1) transition of services away from a reliance on residential care towards community-based family services; 2) development of new community services to fill in the gaps and address the factors pushing children into alternative care; and 3) for children who cannot remain in their own family, the development and scaling of family-based alternative care services. Care reform can alter roles, responsibilities and the framework within which social service workers



operate. To move away from residential care to a focus on family-based care and community services, as well as to prevent separation and institutionalization, the social service workforce often needs to adapt their approach and improve the quality and effectiveness of their work.

Care reform requires an increased emphasis on preventive measures and early intervention to enable children to stay in family care wherever possible. This requires a shift in the practice focus of social service workers to be more preventative and less reactive, supporting families and children before crises occur and gatekeeping to ensure suitable and appropriate placements, where needed. Care reform initiatives can increase the demand for services, which will mean a higher caseload for social service workers. To meet the increased demand, there is a need for better resource allocation and more robust support systems for the social service workforce, so they can effectively meet the needs of children and families without suffering undue stress and burnout, which can lead to high staff turnover, weakening the capacity of the workforce.

A well-planned, developed and supported social service workforce, with sufficient training and resources, is essential for a country to be able to transform their care system to one that is responsive to the needs of children and supportive of family care. Sustained investment is needed to ensure that social service workers, working at all the levels and in all the roles



©UNICEF/Tremeau

At a child-friendly space in the Democratic Republic of Congo, social workers help identify children separated from their families and ensure they receive the care and protection services they need.



Improving service delivery through workforce planning and development in Cambodia³⁶

From 2006-2008 the Kingdom of Cambodia began putting greater attention on alternative care for children, at the same time as reviewing the structure and skills needed by the social service workforce. Notably, there has been an increased recognition of social work within laws and policies around child protection and care, which has facilitated the establishment of a target ratio of workers at the commune and district levels. These efforts have expanded the presence of the social service workforce in communities, raising public awareness and demand for services, and enabling more effective preventive work, such as household needs assessments, gatekeeping and services to at-risk families. In addition, Cambodia's workforce development efforts have emphasized both technical and vocational training, along with post-secondary education. Investments in these areas have expanded the deployment of frontline social service workers to provincial, district, and commune levels, improving access to services for vulnerable households. Key milestones include the adoption of the Strategic Plan for Training the Social Service Workforce and the National Training Curriculum with Focus on Child Protection, which set minimum standards for training and service quality. However, challenges remain in handling complex cases due to the limited number of professional social workers and the need for stronger field education and supervision to retain and attract new practitioners.



outlined above, can provide or arrange care and protection for children in line with both national laws and policy frameworks, and the international care standards and children's rights highlighted earlier. Within reform, there's need for updating education curricula and training programs for the workforce. This should include training specially designed to help experienced workers that are used to old ways of working to understand and embrace the changes and adapt their skills and approach to the new ways of working.

Ensuring support for the social service workforce in the transition process

The transition away from residential care towards community-based family services impacts social service workers by requiring significant shifts in their focus, skills and daily responsibilities. Those in senior positions need to design and lead change management strategies involving a complete transformation of priorities, resources and ways of working, from providing care for children in the residential setting, to supporting children and families in the community. Workers who previously operated within residential settings must adapt to the new community-based models of care, which emphasize family strengthening, family reunification and family-based alternative care.

Direct care workers and other support staff who cannot be retrained and appointed to new roles may need to be helped to find new employment. If existing managers and staff are not motivated and incentivized to embrace change, and neither helped to adapt to new roles nor helped to find and retrain for alternative work, there is a danger that they will actively resist or sabotages change while they remain in the workplace, or even after they leave, through lobbying politicians, decision makers and the media. Vested interests in preserving existing jobs and benefits can therefore often act as a significant barrier to change unless directly addressed or mitigated. Social service workers who do remain in the workforce, while the services they work in are transformed, will need additional training in working with families in the home and in the community. Transitioning from a residential-based role to engaging with diverse communities requires

A global roadmap for transition support³⁷



The Transition Capacity Building Roadmap was developed at a global level by a multi-agency working group to support national efforts to scale up transition capacity. It outlines key considerations for capacity building, drawing on learning from residential care transition, and documenting innovative practice, research and practitioner experience across different countries and contexts. The goal of the capacity-building roadmap is to guide governments and NGOs in their efforts to:

- identify priority areas for capacity building to reduce reliance on residential care;
- design training and skills development pathways to build the technical competency and expertise among practitioners needed to transition residential care services;
- develop recruitment strategies for the required human resources for services as they transition; and
- establish multidisciplinary technical support teams to deliver technical support services to residential care services undergoing transition.

flexibility and mobility, openness to change and learning, and recognizing and addressing personal bias and discrimination which may have been embedded in old ways of working.

Ensuring quality case management in the transition process

The transition from residential care to community-based family support services requires strong case management approaches and systems and strengthened skills to support prevention of family separation and family reintegration, including case management post-reunification. Social service workers need skills in how to support children and



families through all stages of the case management process, from assessment to planning, preparing and implementing interventions, coordinating referrals with a range of other agencies, and case review and monitoring, through to case closure. Additionally, social service workers may need to navigate new administrative and regulatory frameworks, while working with a wider range of partners, which will further increase their workloads, at least during the transition, and potentially also in the long run. Social service workers in the community may find that during care reform, they have an increased caseload to engage with the prioritized models of family care and to manage cases of reintegration and post placement support.

Tools that support the workforce in India³⁸



Individual Care Plan and Social Investigation Report are the tools for child assessment and family assessment respectively as mandated by the Juvenile Justice Act on Care & Protection 2015 in India. These tools for use by the social service workforce are well outlined in the legislation. The Individual Care Plan is required for understanding and assessing the progress of the education, vocational training, physical and mental health needs of a child while in the care system, regardless of what form of alternative care. The purpose of the Social Investigation Report is to assess the child and family situation to determine if reunification is appropriate and / or what alternate family-based placement is most suitable. This tool aids social service workers in their decision-making role. The purpose of the two tools combined is to identify the unique strengths and needs of each child and family. The more complete information social service workers have, particularly case managers, the better decision-making around placement and interventions can be made.



It would save a lot of resources, in the end, if we could get governments to focus more on prevention. When we put children in institutions we are focusing only on the child. It does not make sense. It is not the child who is the problem. The programs really need to be focused on the family. The family from the beginning, before institutionalization.

— *Mariam El-Qasem, UNICEF Jordan*



Adapting to new community services

Developing community-based family support services is a key part of any child protection system. Within care reform, particularly in countries that have previously relied on residential-based services, these services are critical to develop in order to support family care and prevent separation. This requires social service workers to adapt to a more integrated, holistic approach to supporting children and families. Such services focus on prevention of separation through early intervention and family preservation and strengthening. They usually involve both professional and para professional social service workers, and are designed to support all kinds of families including birth, kin, foster, adoptive families and other forms of family based alternative care.

To effectively prevent children becoming separated from their families requires the development of a range of proactive, family-centered interventions designed to address the root causes of family instability, neglect, abuse and child separation. The services that families need may include counseling, mental health and psychosocial support, parenting education, support groups, conflict resolution and referrals to services to strengthen family dynamics and ensure a safe and nurturing care environment. Social service workers also need to connect families with wider community resources, including inclusive housing support, education and healthcare, and economic strengthening or social protection schemes that provide cash or in-kind assistance, or paid work schemes.



For **children with developmental delays or disabilities**, social service workers have a key role to play in facilitating access to early intervention programs and access to inclusive services as well as coordinating in-home support services to assist parents and other caregivers in caring for their children.

The social service workforce role in supporting families, using this wide range of services and interventions, also applies to children's reintegration, when enabling children and young people to be reunified and reintegrated to their families. In addition to the range of family support services mentioned above, this also involves an extended process from assessment and preparation, then support to the child and family during the transition itself, through to follow-up support and monitoring.³⁹

Young people leaving alternative care owing to their age (in most countries formal alternative care only extends till age 18) also need support from social service workers to access the wide range of services they will need to transition to independent living in the community. This is especially the case for those who have spent their whole childhood in residential care and so may lack basic life skills as well as how to find work, housing and community resources. To gain confidence, practical skills and to learn to be self-reliant, young people leaving care may need the support of professional social workers, but equally can often benefit from individual or group support by youth workers, mental health counselors, peer mentors, life skills coaches, and other professionals, para professionals or volunteers in the community.



©UNICEF/Sujan

For community-based family support interventions to be effective and sustainable, social service workers need to develop stronger relationships within the community and work with a wider range of agency partners than they may have been used to when children's care was largely based on residential care, including not only schools and healthcare providers but other local community and faith-based organizations. Social service workers also need to enhance their skills in community outreach and in helping families navigate the range of resources available, as well as directly supporting children and families in their homes. To bring all these sources of support together in a coordinated way, social service workers need to learn how to develop comprehensive care plans that address a wide range of needs. Overall, the shift to community-based services means greater emphasis on community engagement and mobilization, inter-agency collaboration, cultural competence and flexibility in service delivery. This may require creating new posts and recruiting suitable people to fill these roles, as well as re-training or upskilling those already working in the social service workforce.

In care reform processes, social service workers who work at macro and mezzo levels play a key role in designing, developing, piloting and scaling the necessary community-based family support services for children and families. For this they must first carry out comprehensive needs assessments and community service mappings, identify gaps in existing services, identify community resources and develop potential partnerships. They must engage with families, children, young people leaving care and other stakeholders to gather insights and ensure that the services are tailored to the unique needs of those they aim to serve. By fostering strong support networks and addressing issues before they escalate, social services workers help families build resilience and protective factors, reduce risks, and maintain their unity, ultimately preventing the need for alternative placements.

A 13-year-old boy speaks with a case worker in Bangladesh. The case worker played a pivotal role in identifying and addressing issues impacting the boy at home.



Key services for young people leaving alternative care

Services needed for young people leaving alternative care may include:

- **Supported accommodation or semi-independent living:** For those who need a staged transition to independent living, this usually includes a group of young people living together but with support of social service workers, either on site or nearby.
- **Stable accommodation:** Safe, affordable housing for those ready for independent living.
- **Life skills training:** Teaching practical skills such as budgeting, cooking and household management.
- **Emotional support:** Access to counseling and mental health services.
- **Educational and employment assistance:** Help with continuing education, job search and career planning.
- **Social integration:** Encouraging participation in community activities, building social networks and fostering connection to family.
- **Access to other services:** Supporting referrals to basic and specialized services.



...Family can take many forms, it need not be biological, the key characteristics are connection, proximity and responsiveness to children leading to nurturing care. If the family is essential, then supporting the family must be considered a mechanism to protect and realize children's potential. Not all families need the same degree of support. There is a need, therefore, to consider how to differentiate services according to need.

— *Other People's Children and the Critical Role of the Social Service Workforce*⁴⁰



Ensuring suitable family-based alternative care

Social service workers play a pivotal role in children's alternative care by ensuring that children who cannot safely remain with their families receive suitable and supportive placements, when they are necessary, principles enshrined in the UN Guidelines for the Alternative Care for Children (2019).⁴¹ Social service workers play a critical role in gatekeeping to ensure best interest decisions for each and every child, assessing the necessity of alternative care placement and identifying the most suitable placement based on their individual assessment.

A young boy in Bulgaria was placed in foster care at the age of 6 months. He continues to live with his foster mother and maintains regular contacts with his birth family.



©UNICEF/Nikolov



Ensuring inclusion of children with disabilities in Rwanda⁴²



Over the last ten years, the Government of Rwanda and UNICEF have collaborated significantly on efforts to prevent unnecessary separation of children from their families and ensure the provision of alternative family-based care for children deprived of parental care. The implementation mechanism for this strategy is the *Tubarerere Mu Muryango* (TMM) Programme (*Let's raise children in families*) led by the National Child Development Agency. While children with disabilities were intentionally included in phase one of the TMM Programme, a 2018 evaluation found that placement of children with disabilities into families utilizing the existing model was challenging and that more support was required for children with disabilities to ensure that their full range of needs are met. The second phase of TMM, initiated from 2019-2021, was thus revised to be more intentionally inclusive and the collaborating partnership was expanded to include the National Council of Persons with Disabilities.

To underpin these new ways of working, significant efforts were made to build the capacity of the social service workforce, including the development of Operational Guidance on Inclusive Children's Reintegration and the provision of training for front-line workers in allied sectors.

To further expand on efforts to support family-based care for children with disabilities, the National Child Development Agency in coordination with UNICEF, recently launched an integrated pilot project in two districts. Recognizing that child protection is multisectoral by nature, the project aims to improve the cross-sectoral referral process used by the social service workforce for families of children with disabilities who are at risk of separation. The referral process brings together and coordinates services of early childhood development, education, child protection and social protection, plus provision of basic necessities such as water and sanitation.

Social service workforce support of kinship care in South Africa⁴³



Kinship care in South Africa is an important resource for meeting the needs of children without parental care. It is a culturally normative form of care that has been widely used for centuries, although only formalized in 2002 when kinship care families were actively encouraged to become foster parents as a means of increasing support to children orphaned as a result of the HIV pandemic. This allowed kinship carers access to the same foster care grant that foster families receive, subject to an assessment by a social worker and court decision. The response was overwhelming. Hundreds of thousands of families were potentially eligible for additional support but the social service workforce did not have the capacity to process all the applications. Many in South Africa have since argued that it was unnecessary to bring kinship carers into the formal foster care system as they do not need the same level of social work monitoring and support as foster families. One recommendation has been to use auxiliary social workers, community child and youth care workers, and others in the social service workforce who are not social workers to meet the need. Another solution proposed has been to find other ways to ensure the social protection system can respond to kinship carers' additional needs without them having to pass through the detailed and lengthy foster care registration process. Just recently, through the Children's Amendment Act 17 (2022), the process has been adjusted accordingly, allowing kinship carers or orphaned children to apply for a 50 per cent top-up to the basic child support grant through a simplified process which does not require social worker intake, screening and monitoring, nor a court order like in foster care.



It is most often qualified professional social workers who carry out these assessment and placement planning roles. They then need to provide or ensure ongoing support to both the children and their caregivers, facilitating access to necessary services such as counseling, education, disability services and healthcare. They also monitor the placements to ensure they continue to meet the child's needs and advocate for the child's best interests in legal and administrative proceedings. By working collaboratively with various stakeholders, social service workers aim to provide stable, nurturing environments that promote positive outcomes for children in alternative care.

Social service workers also have a responsibility to ensure that children and young people can participate in decisions that affect them, as is their right under the UNCRC.

Addressing stigma and community awareness

Finally, social service workers need also to raise awareness in the community about children and families experiencing vulnerability, the importance of family care for children, and to address the stigma and discrimination that can lead children to be needlessly separated from their families, which is often the case for children with disabilities, but also for children from certain marginalized backgrounds, such as children of Roma backgrounds in Central and Eastern Europe.⁴⁴

Monitoring and building evidence

To be able to address complex issues such as child and family mental health, family functioning and child welfare in effective and sustainable ways, social service workers must plan and develop services based on evidence from monitoring and the evaluation of which approaches work best. Careful use of evidence can also help them advocate for funding and policy support to implement and sustain these services. Systematic use of continuous monitoring, evaluation and learning to inform quality improvement and to ensure services are relevant and effective for children and families can help social service workers take their place at the cutting edge of care system evolution.



The availability of a qualified, well-funded and supported social service workforce that works in close coordination with other professionals should be seen as one of the most critical requirements for an effective foster care service, given that social workers play a leading role in determining the best interest of a child.

— *Development of Foster Care in the Europe and Central Asia Region*⁴⁵



Kafalah practice in Egypt⁴⁶

Over the past decade, the Government of Egypt has begun to promote the practice of Kafalah—a long-term family-based alternative care model that follows Islamic law in which non-biological families can become guardians of children without parental care without the severing of family ties, the transference of inheritance rights or the change of the child's full name. In Egyptian society, the practice had historically been considered taboo, with some associating and stigmatizing the children as those “born out of wedlock.” Social workers under the Ministry of Social Solidarity have been tasked with assessing families who have applied to be Kafil (the name for providers of Kafalah) and conducting follow-up visits to assess the wellbeing of children after they have been placed with an alternative family. INGOs and NGOs have supported the government in updating the Kafalah assessment and follow-up tools for the social workers and are working to build the capacity of the workers to conduct these tasks but have faced numerous challenges given the prejudice and stigma held by the workforce and the public. Shifting mindsets and challenging societal prejudice is a monumental task ahead, as described in a key informant interview.



Regular monitoring is a core social service workforce responsibility that ensures that care standards, ideally defined in national laws and policies, are consistently met. This helps social service workers maintain high-quality services and identify areas needing quality improvement. For this they need to set up and use monitoring mechanisms that include complaint mechanisms and ways to collect regular feedback, both positive and negative, from those they work with, including children with care experience. For children, caregivers and family members to feel safe to give full and honest feedback the monitoring mechanisms need to involve obtaining their informed assent (for children) or consent (for adults), whereby they understand and agree how the information will be stored, shared and used and how their anonymity will be preserved. In doing so they also need to be given assurances that the feedback they share will never be used against them, as they should have no reason to fear adverse consequences or retaliation for making a complaint or giving negative feedback.

Using data from monitoring and evidence from evaluations, resource shortages or policy gaps can be identified, and solutions can be developed, leading to more comprehensive policy development, and more efficient and effective allocation of resources. Gaps in social service workers' knowledge, skills and compliance with standards can be identified, and used to develop more targeted approaches to capacity development and improvements in practice. In this

way continuous monitoring, and development and use of evidence, results not only in continued increases in workforce competency and improvement in practice, but also workforce accountability. It ensures workers are held accountable for their actions and decisions, in line with their responsibilities and statutory duties. This promotes ethical practices and adherence to established guidelines and policies.

Monitoring should ideally rely not only on verbal and written feedback and reports, but on digitized information management systems (IMS) for case management.⁴⁷ Social service workers use such data systems to track the availability of services, manage cases and referrals, and share information with others, improving coordination. These can significantly enhance the effectiveness of social service workers in their efforts with children, families and alternative care providers, and enable coordination and better decision making by streamlining access to comprehensive case information. These systems facilitate real-time data sharing and collaboration among agencies, ensuring that social service workers have the most up-to-date information. Advanced analytics from such systems can identify trends and predict risks, allowing for proactive interventions and data-driven policy development. Additionally, automating administrative tasks reduces the paperwork burden, allowing social service workers to focus more on direct interactions with children and families.





Indicators for assessing and monitoring the social service workforce within national care system reform⁴⁸

In their 2019 Tool for Assessing and Monitoring National Alternative Care Systems, MEASURE Evaluation suggests the following indicators related to tracking the social service workforce:

- number of certified social workers by cadre,
- number of registered social workers by cadre,
- vacancy rates of government social service workforce positions by position type, and
- percent of government cadre trained in case management.



Leveraging technology and data management systems to enhance care in Kenya⁴⁹

In Kenya, the Child Protection Information Management System (CPIMS) serves as an example of how data systems can enhance child protection efforts. CPIMS is a digital platform designed to streamline and improve the management of child protection cases. It is used by social workers, government agencies, and non-governmental organizations to record, monitor and manage data related to children at risk, including cases of abuse, neglect and exploitation. Social workers use CPIMS to input and access detailed information about each case, including child demographics, case history and intervention outcomes. This centralized data repository ensures that all relevant information is readily available for decision-making. By analyzing data collected through CPIMS, social workers and policymakers can identify trends, assess the effectiveness of interventions, and make informed decisions about resource allocation and policy development.





Spotlight on Social Service Workers

Name: **Sam Ven**

Title: **Children and Families Section Lead**

Organization: **This Life Cambodia**

Location: **Siem Reap, Cambodia**



Sam Ven's journey into social work was largely fueled by his experience growing up in a village marked by the scars of the Khmer Rouge regime. He faced frequent disruptions to his education due to fighting and upheavals yet continued to pursue education with unwavering determination. Once he finally gained consistent access to education, he faced skepticism from his fellow villagers who doubted the value of education and believed his family's investment would yield little return. Still, Sam persevered and went on to complete high school and eventually earned a bachelor's degree.

"Despite opposition from neighboring families and my village, I remained steadfast in my goal: to uplift my impoverished community through education," he says. "I wanted to prove that investing in education could lead to positive change."

After obtaining his bachelor's degree, Sam began volunteering with various NGOs focused on drug harm reduction and working with incarcerated parents and juveniles. In these roles, Sam witnessed firsthand the challenges faced when a parent or young person is incarcerated.

"When a parent or juvenile is incarcerated for a small crime, it can result in the separation of families, the loss of educational opportunities for children and families falling further into poverty," he explains.

Joining This Life Cambodia in 2012 marked a significant step in Sam's career. Starting as an officer and progressing to a senior management position, Sam now oversees five programs and a team of 30 social service workers. His work focuses on supporting vulnerable children and families during crises to ensure

children remain within or return to their families and communities. This includes a particular focus on supporting families in which a parent or child has been incarcerated and supporting reintegration of children from residential care institutions. Throughout his career, Sam's efforts have directly supported approximately 3,000 families, with over 1,500 benefiting from the programs he has led.

The challenges Sam faces in his role are significant. Ensuring access to justice for juveniles and parents in conflict with the law, managing the reintegration of children from closed residential care institutions, and securing consistent funding for the programs he manages are ongoing hurdles. However, through collaboration with government and NGO partners, advocacy and community engagement, Sam and his team strive to address these issues.

Sam remains optimistic about the future. His advice to those entering similar roles is heartfelt: "build genuine relationships, commit passionately to helping others, maintain work-life balance, and embrace continuous learning".

What keeps Sam motivated is the tangible impact of his work. The pride of his family, the encouragement from his team, and the recognition from stakeholders, especially from the villagers that once doubted the value of his education, fuel his commitment.

"My work fills me with pride..." he says with a smile. "Witnessing a new generation in my hometown pursue higher education, and receiving appreciation from villagers and neighboring families, reinforces my commitment to making a difference."





Spotlight on Social Service Workers

Name: **Amani Alhabahbeh**

Title: **Senior Case Manager**

Organization: **Jordan River Foundation**

Location: **Amman, Jordan**



Amani Alhabahbeh serves a densely populated community east of the capital city of Amman in Jordan. The community is fraught with socioeconomic challenges, which has resulted in high numbers of children at risk of all forms of abuse and neglect. The community also sees high numbers of refugee children who face significant child protection concerns. As a Senior Case Manager, Amani leads her team to provide comprehensive case management services to each child that comes under their care. She allocates each case to the different case managers based on the level of complexity, ensures the assessment of the child is done properly and then confirms each child's care plan. In her supervisory role she also trains her team members on assessment techniques and how to identify available resources for each individual child's case. For cases in which a child must be removed from their parents, the case is moved to the Ministry of Social Development. Amani emphasizes that an important part of the case manager's role is also to work with the family as a whole unit, which includes promoting positive parenting skills to the parents and caregivers to create a violence-free home environment in which children can safely grow up and thrive.

Amani has been working with the Jordan River Foundation for about 10 years. She has a bachelor's degree in counseling and mental health, and a master's degree in management and leadership. She was originally a school counselor but had long aspired to work with the Jordan River Foundation, so when she saw an opening, she jumped at the opportunity. She explains that the most difficult aspect of her role is the limited resources that are available for the families they serve. More specifically, she feels that the services they provide are incomplete without the availability of financial aid and health services to accompany them. Still, she is highly motivated by her work because she knows that she is helping people. She feels that with every successful case, her motivation increases.





Spotlight on Social Service Workers

Name: **Kwabena Frimpong-Manso**

Title: **Associate Professor/ Registered Social Worker**

Organization: **University of Ghana, Department of Social Work**

Location: **Ghana**



Kwabena Frimpong-Manso started his career as a social worker in a residential facility in Ghana, where he helped youth (aged 14 and older) who were transitioning out of care. With close to 4,000 children estimated to currently be living in residential homes in Ghana, despite the government's efforts to shift from a residential care model to a family and community-based one, this type of support is critical.⁵⁰

It was this role that ultimately led Kwabena to focus his masters, and later his PhD, on the experiences of children and youth in out-of-home care.

"I was frustrated by how much resources were being put into trying to educate the children in these homes and give them a good life, [but] it was not translating into positive outcomes when they left," he explains. "Also, there was not much guidance on how to prepare young people for life after care."

Kwabena now serves as an Associate Professor in the Department of Social Work, University of Ghana, where he teaches undergraduate and postgraduate courses in social work. Through his research, he has published over 30 peer-reviewed articles and book chapters with a particular focus on young people leaving care or transitioning to adulthood. He is also the founding member of the Africa Network of Care Leaving Researchers and an executive member of the International Research Network on Transitions to Adulthood from Care.

When it comes to teaching, Kwabena really tries to prepare his students to work in the Ghanaian context. He notes that much of the literature is from the western world, so there is a mismatch between what is learned and what is practiced in the community.

"I try to make sure they gain skills and knowledge that are more culturally relevant and that they know how to deal with practical challenges," he emphasizes.

"For example, [in Ghana] the law says [non-custodial] parents must pay child maintenance fees [to custodial parents] to meet their children's basic needs, but in very poor communities, the parents might not have the money, so the social worker needs to find ways to work with limited resources."

Whether it is by teaching, conducting research or volunteering at a residential facility, Kwabena remains motivated to help all individuals facing adverse situations.

"My driving force is to ensure that children and all vulnerable people have a change in their situations," he concludes.





Spotlight on Social Service Workers

Name: **Olha Ruina**

Title: **Psychologist / Hope Groups Ukraine Master Trainer and Program Assistant**

Organization affiliation: **Nehemiah Team Ukraine and World Without Orphans**

Location: **Uzhhorod, Transcarpathian Region, Ukraine**



When the war in Ukraine began, Olha and her family were forced to leave their home in Eastern Ukraine and relocate to the relatively safer western region of Transcarpathia. With 15 years of experience as a psychologist specializing in gender-based violence and child protection, she immediately started using her skills to support other families affected by the war.

Olha explains that in Ukraine, while the family system is traditionally very strong, the ongoing war has placed families under great threat.

“There is a mass separation of children from their parents, who go to war or die. Because of this, many children end up as orphans, either actual or social⁵¹,” she notes.

And, while the State supports foster families, including offering social benefits for such families and conducting information campaigns to encourage more adults to take care of children, when a child does need to be placed in alternative care, finding suitable and safe family-based placements during wartime is a significant challenge.

When it comes to keeping children with their families or reuniting them after separation, Olha notes that, “the process for solving complex family issues...is quite narrow and ineffective.” Children removed from their families often endure traumatic conditions in shelters, and when they return home, they frequently face the same issues that led to their removal. This cycle is perpetuated by a lack of effective rehabilitative programs for parents and a shortage of specialists.

Olha plays a crucial role in addressing these issues. She handles numerous requests from parents seeking to improve relationships with their children. In response, she conducts evidence-based psychosocial and parenting support groups, called “Hope Groups” (through World Without Orphans). The groups aim to improve mental health, strengthen parenting and reduce violence against children, amidst war and displacement. Olha also trains shelter workers on how to create a non-traumatic environment for children.

Olha finds that education and continuous learning are vital to her work. She holds over 30 certificates from various trainings and courses, and she is currently pursuing a master’s degree in psychology. She is also studying to become a trainer for working with perpetrators of domestic violence.

One of the main challenges Olha faces is the high demand for psychosocial support combined with a shortage of qualified specialists.

“Many families [have] suffered and continue to suffer from the war,” she emphasizes. “They are vulnerable and need both the support of a social worker and psychological support.”

Knowing that she is helping the adults and children she serves is what keeps Olha going. “I can see how my work brings positive changes in people’s lives [and] it inspires me,” she notes.



6

Common Challenges



A Case Worker with Save the Children speaks with a young boy, whose parents were killed in fire, and his grandfather in South Sudan.

In addition to the examples of promising or innovative practice showcased throughout the report, the desk review and key informant interviews revealed many challenges that can be encountered in planning, developing and supporting the social service workforce needed to support children in family care and reform the care system. Many of these challenges are common across countries and contexts.

- **Insufficient numbers of social service workers leading to excessively high caseloads.** Even if a trained and suitably qualified social service workforce is in place, if it is insufficient in number to meet the demand for its services,

the result will be excessive caseloads. This can lead to high turnover resulting from high levels of stress and burnout. The combination of experienced staff leaving the workforce, with insufficient funding and lack of capacity to recruit, train and retain enough new workers to meet demand, usually leads to an overall and prolonged deterioration in the availability, quality and effectiveness of services. This, in turn, negatively impacts overall social wellbeing in the community, prevents effective family strengthening and undermines the quality of alternative care, leading to higher rates of child separation, family breakdown, and when children have lost family



care, it leads to them suffering further harm owing to the unsafe and inadequate care they receive.

- **High demands and unrealistic expectations of the community-based para professional workforce.** When professional social workers are too few, child protection and care systems tend to rely heavily on para professionals and volunteers in the community. Given tasks for which they are suitable, such as identifying children and families in need and connecting them to sources of help, para professionals and volunteers, given their presence in local communities, even in remote areas, have a vital role to play. However, if they are given responsibilities that are beyond the scope of their professional competence and service capacity, and they are not given the additional training, supervision and resources they would need to effectively fulfill their new responsibilities, they will not be able to provide an adequate service. They also could face personal risks from stress, burnout and even reprisals from community members. Thus, the fact that they are working in their home community, with people they know personally, while a key asset when they are just expected to identify needs and connect people to services, can become a significant risk factor if they get involved in a sensitive and complex case such as child abuse or domestic violence involving a family they know well. In such a case they will not be seen as impartial, and personal pressure might be applied on them by family members or neighbors to drop the case, and not alert the authorities, leaving the child at further risk.

Evidence from countries which have relied heavily on para professionals and volunteers, during the COVID-19 pandemic for example, owing to their presence in local communities and access to people in need, showed that if they are expected to manage cases that are beyond their capacity to deal with, it can put them at risk of emotional, social or physical harm.⁵³ It can also erode the community trust that is essential for them to work effectively in their own neighborhood. It is therefore advisable to involve para professionals



Planning the structure and composition of the social service workforce is a critical but complex task, made more challenging in many countries by a lack of clear definition of what roles and functions the workforce should include, and a lack of data about the extent and distribution of the workforce that currently exists.

— *Proposed Guidance on Developing Minimum Social Service Workforce Ratios*⁵²



and trained volunteers not to cover entire gaps in services, but to complement the role of professionals, remaining a local trusted source of early help and advice, but also someone who can refer cases to a professional social worker for a full process of case management, including risk assessment that may lead to specialist or judicial interventions.

- **Lack of curricula and technical content on child protection and children's care in university social work programs.** This gap in education programs can result in graduates who are underprepared for the complexities and practice challenges of their job. More specifically, it means social workers graduating without the skills and knowledge to recognize and address child abuse, neglect, to undertake their assessment and gatekeeping role, carry out best interest decision making, and arrange and support suitable alternative care placements. This gap compromises the quality of child protection services, and outcomes for affected children and families, and puts an additional demand on the employing organization as the new recruits will need considerable amounts of on-the-job training until they are fully equipped and competent for their role.





- **Lack of time for, experience in, and commitment to engaging those with lived experience in meaningful participation.**

Participation, and in particular child participation, is a critical aspect of quality family strengthening and alternative care, yet social service workers' high caseloads and administrative demands leave them with limited time to build the necessary relationships and trust with children and family members, which is crucial for effective engagement. At the micro (case) level, workers may not have received adequate training or have had enough practical experience in facilitating participatory approaches or learned the importance of giving enough time and space for consulting children and family members about the services they receive. Social service workers and managers at mezzo and macro level, as well as governments and international organizations, also often fail to dedicate sufficient time and effort to seeking out the views of people with lived experience to help develop and shape policy. This combination of limited time and insufficient experience in or commitment to participatory planning and review can hinder the creation of genuinely inclusive and empowering ways of working with those who have lived experience of family care, and who thus could potentially contribute more than any other stakeholder both to improve decision making on their own case but also to improving how policies and services overall are developed and improved.



Social workers would just come in as if they know it all and tell the home workers (residential facility) what's happening and make the decisions with the other adults. Social workers need to know how to talk to children and how to talk to the young people who will be leaving care, what meaningful engagement is, explain their role, and let children be a part of decisions.

— **Mai Nambooze, Uganda Care Leavers Network**



Learning from young people with lived experience of care in India, Uganda and Brazil

Understanding the experiences, needs and wishes of children and youth in care is crucial to enable social service workers to ensure they get the support they need, and to continue to improve how that support is provided. The Alliance and Child Frontiers are conducting a two-year project (2023-2025), with the support of Martin James Foundation, which aims to learn from, record and amplify the knowledge and lived experience of young people and family members with lived experience of care services. The views and feedback gathered will be used to design tools to train social services workers in the crucial role that they play supporting children and families, to improve the ways they do so, and more widely, to help them further reform and optimize care systems. As part of the project, a toolkit of interactive exercises has been developed to stimulate meaningful discussion among young people and family members on how social service workers have made positive contributions to their lives, and to help them also share experience and lessons learned from negative experiences, when social service workers were either unhelpful, harmful or just not available. Initial insights have yielded powerful insights into what makes a good social service worker, including:

“They should not think for us... be good listeners, give advice, but not make decisions for us...”

“Be realistic and transparent. If they don't know, say they are not sure rather than make empty promises.”

“Instead of meeting orphanage heads, give us private one-on-one time with the social worker.”

“Be available, accessible, and willing to listen.”



- Policies, legislation and standards are developed without guidance or tools for implementation in practice.** This lack of practical guidance and tools causes the existing workforce significant challenges, including lack of clarity on their roles and inconsistent practice and inconsistent implementation across organizations. The lack of guidance also impairs the quality of new recruits, as initial training only covers the broad points covered in laws and policies, not what they need to do to apply these laws and policies in different situations. New recruits therefore enter the workplace unprepared, and the lack of workplace practice guidance and tools makes it harder for them to learn on the job, and instead they must learn through trial and error and through discussions with their peers.

The lack of practice guidance also compromises service quality. It can increase the workload as effort is not applied in the most effective way, and this negatively affects job satisfaction, staff morale and performance, which in turn can lead to burnout and high turnover. Overall, this lack of guidance hinders the workforce's ability to effectively adhere to new policies, diminishing their positive impact and reduces the scope to hold them to account for poor performance, as there is a lack of clarity on what exactly their duties should entail and how they should carry them out.



Identifying alternative care capacity through social service workforce capacity assessment in Zimbabwe⁵⁴

In 2023, Child Frontiers and the Alliance conducted a social service workforce capacity assessment for the Government of Zimbabwe's Ministry of Public Service, Labour and Social Welfare facilitated by UNICEF Zimbabwe. The study examined the Zimbabwean social service workforce's ability to deliver child protection, social protection and disability services; the effectiveness of current capacity-building systems; and the factors that impact the retention of public sector staff. The study found that while Zimbabwe's social work curriculum is robust and provides the foundational skills needed by most social workers, there is a lack of opportunities for students to acquire practice-based skills through targeted fieldwork, and through receiving individual supervision, coaching and mentoring. Further, it was identified that additional capacity building was needed for the social service workforce to effectively deliver alternative care, family tracing and reunification and to support the transition from alternative care to supported aftercare in the community.



©UNICEF/Chak

Two case workers discuss their cases in Bangladesh.



- **Poor working conditions, inadequate salaries and benefits, and lack of resources for working with children and families, including transportation, information technology and meeting space.** Poor working conditions, including inadequate offices and meeting spaces, combined with low salaries, lack of other employee benefits and failure to reimburse for out-of-pocket expenses, are some of the most common concerns shared by social service workers working to support children and families. This lowers the morale and motivation of the workforce. Together with lack of equipment and resources, this can impede and delay service delivery.

The lack of computers means paperwork takes longer and information is less accurately recorded, stored and shared. Engagement with children and families is constrained, particularly in rural areas, if there is no scope for safe travel for home visits or even communication by telephone, which are essential for the workforce to be able to visit and monitor children and families. Together these constraints impede the quality of case management, hinder communication, and prevent suitable storage and retrieval of necessary and sensitive information. The lack of safe data storage and suitable meeting space also compromises confidentiality and the quality of support that can be provided.

The overall result of poor working conditions and inadequate resources is a less effective social service workforce, and high rates of stress and burnout leading to high turnover rates within the profession, all of which result in poorer outcomes for children and families.

- **Limited attention to and resourcing of preventative services leading to a workforce that is only reactive.** When preventive work is not prioritized and resources, including through adequate staff allocated for these services, the focus of the work of social service workers becomes just reacting to problems as they arise and crisis management. It means that most resources get allocated and directed to urgent



In Rwanda, a lot is happening to build awareness. Social workers' role in child protection is almost completely unrecognized and unseen. To date, the profession and its role in child protection is not yet fully recognized within the government professional structures. To change this, we are working on an investment case to help us advocate for sufficient workforce. We are also working with Rwanda's National Organization of Social Workers to ensure they are a strengthened network that can advocate for recognition on this role.

— **Leon Muwani, UNICEF Rwanda**



cases, and a few complex cases which are only responded to late can end up absorbing most of the budget for services, owing to the high cost of the specialist services or alternative care placements that may be needed. This leads to little if any budget being left for preventative and early intervention programs, which if adequately resourced would be able to reach a much higher number of children and families and prevent the need for complex and costly, late interventions.

The other result of lack of resourcing of preventive work is that caseloads are high, as cases are more complex when interventions start too late, and need to be allocated to a professional social worker, whereas if the problem had been identified earlier, it might have been possible to address it through a lower cost, community-based, non-specialist intervention like the support of a volunteer or support group.

In the long term, the continued focus on crisis response means that social service workers cannot engage in, and build up their skills in, proactive or promotive measures, and policy and funding priorities continue to favor crisis intervention over long-term prevention, with worker and service performance measured in terms of the short-term outcomes of these interventions rather than over a longer time scale, looking at the ultimate and wider benefits of earlier intervention and preventive work.



- **Misconceptions or lack of understanding on the role of the social service workforce related to children’s care.** This is a very common challenge, not only as social work generally is a little understood and recognized profession, but also because social services and care systems are not widely understood or appreciated. This can lead to a wide range of significant challenges: negative public perception and stigma can deter families from seeking help early and trusting and engaging with social service workers when they are offered help; policymakers and funders may underfund or misallocate resources, limiting long term planning

and prioritization of preventative measures; misunderstandings can hinder collaboration with other professionals, leading to fragmented services; social workers may experience lower job satisfaction and higher turnover if their roles are undervalued; and inadequate understanding among academic and trainers can result in ineffective education training programs. Overall, these misconceptions undermine intervention effectiveness, hinder collaboration, reduce workforce morale and retention, and limit the positive impact on children and families.



©UNICEF/Dogoter

A young boy sits with his foster mother in Moldova after school. The boy has been separated from his parents due to the war in Ukraine.



7

Conclusions: Strengthening the Workforce for Family Care



©UNICEF/Panjwani

A young child receives support at a center in India focused on fostering positive family environments.

At the time that the Alliance's 2015 *The Role of Social Service Workforce Development in Care Reform* report was compiled, there were only a handful of countries with experiences to feature. By 2024, the amount and range of experience and depth of practice examples have grown, now covering all regions of the world. The development of this State of the Social Service Workforce Report therefore hugely benefited from the wide range of contributions from workforce leaders, managers and frontline workers from dozens of countries all over the world. They provided real world evidence and learning on the gaps, challenges, successes and best practices.

The combined, cross-context implications of what these key informants and sources of evidence provided gives many key pointers for how to continue improving care for children, in particular family care and care system reform, through workforce strengthening. These implications can be framed around the Alliance's Social Service Workforce Strengthening Framework, as having a workforce that is sufficiently **well-planned**, **developed** and **supported** is essential for countries to achieve lasting child care system reform, with quality services that are family-focused and child-centered.



Planning the workforce

- Developing laws, policies and standards.** Governments need to develop or review their normative framework, including laws, policies and standards, to ensure they clearly define and support social work, the wider social service workforce, and its role in supporting children and families, and in family-based care. In doing so, it is important to be informed by evidence of needs and of which interventions work best to meet those needs, and to consult children and families with lived experience of care and social services, as well as caregivers and experienced social service workers. This consultative, needs and evidence-led approach to developing law, policies and standards should enable them to be oriented towards the types of early help and support that can make the biggest difference for children and families when they most need it.
- Defining roles and workforce to population ratios.** Having determined key needs and the types of services that make the biggest difference, it is important to develop a service structure that can best meet these requirements, defining the key social service workforce roles at each level, micro (working with children and families), mezzo (working with groups, communities, and managing and developing whole services), and macro (research and evaluation, learning and improvement, and policy development), in performing tasks that are preventive, responsive and promotive. To ensure sufficient staffing in each role and at each level, it is important to develop a target ratio of number of workers to unit of population (e.g. 100,000 total population or 100,000 children) that will be sufficient for the predicted workload, and that will allow a manageable caseload for each worker, thus allowing quality interventions and preventing stress, burnout and high turnover. In doing so, both governmental and non-governmental, professional and para professional roles should ideally be considered in the calculation of workload, caseload and required ratios. The Alliance has developed guidance on how to go about developing such ratios.⁵⁵ In addition,



The social service workforce mapping process, which was led by the Ministry of Social Development, ended with a reasonable number of recommendations and findings that are still under discussion and validation. The findings were also interesting for us to think about in considering care reform. For example, it showed us the heavy caseloads of social workers, and the role they are trying to play in preventing separation, while also meeting all the requirements of monitoring children after they have left care. The mapping even showed us how much of their time is dedicated to paperwork versus actually doing assessment direct work with families. It was really helpful information.

— *Mariam El-Qasem, UNICEF Jordan*



it is necessary to include the shift to family care, effective provision of new community services, support for reintegrating families, and provision of family-based alternative care in considerations of roles and ratios.

- Sustained investment and inclusion in the national budget required for the provision of community-based family support services, family-based alternative care and family reintegration and / or permanency planning.** With the structure, roles and numbers of the workforce defined, it should then be possible to calculate the overall long-term workforce costs (including not only adequate salaries, but other vital resources and equipment, including office and meeting space, technology, vehicles or travel allowances, the cost of continuous recruitment, training, professional development and supervision). These costs then must inform the investment case, for their inclusion in the national budget.⁵⁶



- **Adequate investment in the workforce needed for transitioning from care systems relying on residential care to family care and family support systems must not only be committed but sustained.** Further commitment must be made from all key stakeholders, including from heads of government, across ministries including the ministry of finance, and supported by parliamentarians, civil society, international partners
- **Practice guidance.** Even when laws, policies, standards, service structures and adequate budget are in place, many countries face an implementation gap, with a lack of knowledge and confidence in the workforce in how to implement the services designed. The workforce therefore needs practical guidance, in the form of Standard Operating Procedures (SOPs) and guidance manuals. These should be concise, easy to read, use and memorize, in both hard copy and electronic format, and available in local languages, but also open to update and improvement as new ways of working are developed, in line with monitoring, evaluation and learning.

Developing the workforce

- **Competency-based training and education.** Research by the Alliance has found that in most countries where the social service workforce is in an early stage of development, professional social workers tend to receive only a broad academic education, covering laws and theories, without a practice-based component, and taught by

academics without practice experience.⁵⁷ Further, other members of the social service workforce often lack sufficient orientation for their role or receive short training courses without follow-up to enable them to apply their knowledge and practice and continue to improve their practice skills. It is therefore vital that professionals, para professionals and caregivers in the workforce for family care receive education and training that reflects not only relevant theory and research, but also cover the practical competencies they will need to develop and improve for their daily work, including listening, engaging and communicating with children and families; case management skills, including assessment, support, monitoring, review and making referrals; and safeguarding skills, including identifying risk of violence and abuse, and how to respond and intervene in such cases.

To develop competency-based training and education, countries first to develop a national competency framework for the social service workforce supporting family care, which sets out the knowledge, practice skills, core values and behaviors that are required for the workforce to effectively deliver the family support and alternative care services in the care system, and enabling them to develop their overall competencies over their career and in progressively senior roles.

Professional qualifications, social work in particular, should include suitable practice placements, of sufficient length and with sufficient hand-on,

A social worker communicates with a foster mother and a young girl in Ukraine.



©UNICEF/Hudak



supervised and assessed practice for students, embedded in local services working with children, families and caregivers, to enable them to develop and strengthen safe and sufficient competencies in frontline practice.

Such training and education should reflect the underlying principles of child and family-centered care, in line with the UN Guidelines for Alternative Care of Children (2009) and the handbook for its implementation,⁵⁸ including a rights-based approach, being child-centered and needs-led, and empowering families using strengths-based and social-ecological approaches, so that such support also identifies and strengthens their own sources of resilience, and support networks in the community.

- **Identifying and addressing the social norms that affect children and families and influence practice.** In addition to defining and developing the core competencies of the social service workforce required for supporting family care, it is important to identify and address the social norms, including cultural beliefs and practices and prevailing attitudes and behaviors, which differ from one context to the next, but which greatly affect how children are cared for and protected in the context of the family and community, and in alternative care services. These social norms also affect the ways in which the social service workforce behaves in practice and interacts with children and families. Even a well-educated and trained social service workforce, if it does not identify and reflect on the influence of its own social norms, beliefs and biases, may fail to tackle stigma and exclusion, and is likely to perpetuate patterns of discrimination and oppression, particularly those experienced by marginalized groups and racial or ethnic minorities.⁵⁹

In other contexts, the workforce bias that most hinders the transition to supporting children in families could be continued support, either active or tacit, for placing children in residential care, when they are perceived to be living in unstable or risky family situations, rather than making concerted efforts to strengthen the family or find suitable family-based alternative care if necessary. The

Alliance and partners have found such workforce resistance to be particularly common where social service workers who used to work in residential care are given new family and community-oriented roles and responsibilities in line with care reforms, but struggle to really understand or commit to the new ways of working, despite the training and resourcing provided. This may be because they have vested interests or personal investment in or connections to the old institutions, or just that they are yet to be convinced that the new ways of working will be effective, and that supporting children to remain with family or helping reintegrate, or placing them in families for alternative care, will not put them at further risk. In such cases it is important first to identify and discuss such beliefs and concerns, and then work in partnership with the workforce to gradually build their confidence, capacity and support for the new ways of working, when necessary with incentives, rewards and resources, while also facilitating a natural evolution in workforce attitudes by gradually renewing personnel with new recruits, and supporting others who are unable and willing to change to retire or find other work.⁶⁰

- **Ensuring that lived experience of family support and care strengthens practice.** Development and strengthening of workforce competencies should be based not only on professional theory and formal research, but also through engaging with and learning from the direct lived experience of children, family members and caregivers who have experienced family support or alternative care. By ensuring they receive regular feedback from the lived experience of people in their own community, social service workers can continually reflect on and adapt their current practices and behaviors, so that both the design and delivery of services, and the ways they interact with service users on a daily basis, takes into account feedback from children and families on which aspects of services and worker practices they find most and least helpful (See Text Box on pg.53: *Learning from Young People with Lived Experience of Care in India, Uganda and Brazil*).



Supporting the workforce

- Developing a framework for regular, supportive supervision.** For social service workers to develop and continually improve their practice with children, families and caregivers, and to ensure they receive support and guidance to reflect on and plan their work on their most complex cases, it is essential not only that they are trained and educated, and have access to continuing professional development opportunities, but that they also have access to one-to-one supervision. This should ideally take place in an uninterrupted place and time, on a regular basis (weekly for those in the first year of practice, at least monthly even for experienced staff). To ensure it remains of high quality and is sustained across the workforce, the ways in which supervision is managed, monitored and recorded, based on supervision agreements signed by supervisor and supervisee, need to be set out in a national supervision framework or policy. This may also include a model and guidance for peer-to-peer supervision, immersion visits which can also be helpful, particularly where there is a lack of experienced practitioners to provide one to one supervision, but ideally peer to peer supervision should complement not substitute for individual supervision.⁶¹
- Supporting safe working conditions, wellbeing and self-care for the workforce.** The high workloads, inherent sensitivity and complexity of work in child protection and children's care, and risk of facing violence and hostility, combined with low levels of public respect, recognition and pay in many countries, put the workforce under a lot of stress, and if they are not supported to manage, alleviate or mitigate these stressors they will suffer burnout, and members of the workforce will leave their posts soon after being trained. Hence it is important to develop and implement policies and practices which ensure the workforce stays well, with managed workloads, reasonable working hours, good working conditions and resources, work-life balance, access to confidential counselling, advice on self-care, grievance mechanisms and decent levels of pay and benefits
- Supporting national professional associations,** for social work and other related disciplines, including through legal recognition and funding, as they play a key role in advocating for professional recognition and licensing, for improving and upholding practice standards, and they can lead on developing and promoting professional codes of ethics. More widely they often have a key role to play in advocating for social work or other professions in the workforce, to promote public recognition of that profession and lobby for decent pay and working conditions, and redress where there are specific grievances.



©UNICEF/Dormino

A mother in Panama kisses her 2-year-old son, who has cerebral palsy. In Panama, efforts are focused on supporting alternative care for children at risk or who are deprived of parental care.



- **Promoting better awareness of and support for the social service workforce among the public.**

The social services that enable children to grow up in families, be reintegrated with families or, when necessary, be placed in suitable forms of family-based alternative care rely on sufficient levels of both supply and demand to be effective. Supply is achieved through the adequate resourcing of services, but the demand depends on other professionals and members of the public, including parents and caregivers understanding the role of the workforce in supporting family care, and either request such support for themselves, or knowingly recommending others to seek out or accept such support. To stimulate such demand, it is often helpful to have campaigns in national mass media to raise awareness of social services and the workforce who provide, but these should also be accompanied by local level in-person dialogues, discussion or public meetings, as support from the public often relies as much on word of mouth as on messages received via the media.

- **Recognizing and rewarding the social service workforce** is essential for sustaining their motivation, dedication and long-term impact. Implementing structured rewards and recognition programs not only acknowledges their hard work and achievements but also highlights the importance of their contributions to society. By celebrating their successes, highlighting their stories, offering career development opportunities and providing public recognition, organizations can enhance morale, encourage retention and foster a sense of pride and accomplishment within the social workforce. This will ultimately lead to better service delivery and improved child protection outcomes.





Annex

Annex 1: Further Reading

Better Care Network, ACC International Relief and Kinnected, *Guidelines on Communicating with Children and Young People in Care: Recommendations from Care Experienced Persons*, 2023. Available at: <https://socialserviceworkforce.org/resources/guidelines-on-communicating-with-children-and-young-people-recommendations-from-care-experienced-persons-in-care/>

Better Care Network and United Nations Children’s Fund, *Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems*, 2015. Available at: <https://socialserviceworkforce.org/resources/making-decisions-for-better-care-of-children-role-of-gatekeeping-in-strengthening-family-based-care-reforming-alternative-care/>

Better Care Network and the Transitioning Residential Care Working Group, *Transition Capacity Building Roadmap*, 2023. Available at: <https://socialserviceworkforce.org/resources/transition-capacity-building-roadmap/>

Centre for Excellence for Looked After Children in Scotland (CELCIS), *Moving Forward: Implementing the ‘Guidelines for the Alternative Care of Children’*, CELCIS, 2012. Available at: www.alternativecareguidelines.org

Family for Every Child, *How to Support Kinship Care: Lessons from around the world*, 2024. Available at: https://familyforeverychild.org/wp-content/uploads/2024/01/2559-FEC-Kinship-Care-Guideline_web.pdf

Global Social Service Workforce Alliance, *Social Service Workforce Mapping Toolkit*, 2019. Available at: <https://www.socialserviceworkforce.org/resources/social-service-workforce-mapping-toolkit>

Global Social Service Workforce Alliance, *Guidance Manual on Strengthening Supervision for the Social Service Workforce*, 2020. Available at: <https://www.socialserviceworkforce.org/resources/guidance-manual-strengthening-supervision-social-service-workforce>

Global Social Service Workforce Alliance and United Nations Children’s Fund, *Proposed Guidance and tool for Costing the Social Service Workforce*, 2022. Available at: <https://socialserviceworkforce.org/resources/proposed-guidance-for-costing-the-social-service-workforce/>

Inter-agency Group on Children’s Reintegration, *Guidelines on Children’s Reintegration*, 2016. Available at: <https://familyforeverychild.org/resources/guidelines-on-childrens-reintegration/>

International Federation of Social Workers, ‘Global Standards for Social Work Education and Training’, IFSW, 2020. Available at: <https://www.ifsw.org/global-standards-for-social-work-education-and-training/#1educators>

Global Protection Cluster and USAID, *Inter-Agency Guidelines for Case Management and Child Protection*, 2014. Available at: <https://alliancecpha.org/en/technical-materials/case-management-and-child-protection-guidelines>

Maestral International, *Guidance on Costing Child Protection Policies and Advocating for Increased Investment*, 2022. Available at: <https://maestral.org/wp-content/uploads/2022/06/Maestral-PF-and-Costing-External-Summary-FINAL.pdf>



Annex (continued)

Save the Children and United Nations Children's Fund, *Gender Intersectionality and Family Separation, Alternative Care and the Reintegration of Children*, Save the Children, 2021. Available at: https://resourcecentre.savethechildren.net/pdf/Gender%20Intersectionality%20and%20Family%20Separation%20Alternative%20Care%20and%20%20the%20Reintegration%20of%20Children%20FINAL_0.pdf/

United Nations Children's Fund, *Disability Inclusive Child Protection Competency Framework for the Social Service Workforce*, UNICEF, 2023. Available at: <https://www.unicef.org/media/147396/file/Disability%20Inclusive%20Child%20Protection%20Competency%20Framework%20.pdf>

United Nations Children's Fund, 'Strengthening the role of Social Service Workforce in Social Protection Systems', Global Social Service Workforce Alliance, 2022. Available at: <https://socialserviceworkforce.org/blog/strengthening-the-role-of-social-service-workforce-in-social-protection-systems/>



Annex (continued)

Annex 2: Desk Review Bibliography

Advancing Protection and Care for Children in Adversity and Data for Impact, 'Strengthening the Social Service Workforce: Findings from a cross-country assessment', 2024, < <https://socialserviceworkforce.org/resources/strengthening-the-social-service-workforce-findings-from-a-cross-country-assessment/>>.

Better Care Network, ACC International Relief and Kinnected, *Guidelines on Communicating with Children and Young People in Care: Recommendations from Care Experienced Persons*, 2023.

Better Care Network and the Transitioning Residential Care Working Group, *Transition Capacity Building Roadmap*, 2023.

Better Care Network and Global Social Service Workforce Alliance, *The Role of Social Service Workforce Development in Care Reform*, Washington, DC: IntraHealth International, 2015.

McTier, Alex, et al., *Children's Services Reform Research. Scotland's Children's Services Landscape: The views and experiences of the children's services workforce*, CELCIS, 2023.

Changing the Way We Care, *The Faith Community's Role in Care Reform: Insights from Moldova*, Catholic Relief Services, 2022.

Changing the Way We Care and United Nations Children's Fund, 'Workforce Strengthening and Care Reform', Eastern and Southern Africa Regional Learning Platform on Care Reform, 2022, <<https://www.youtube.com/watch?v=jsRjRsCEoJ0&t=5s>>

Changing the Way We Care, *National Care System Assessments: Guidance to conduct a participatory self-assessment to inform national strategic planning*, Catholic Relief Services, 2021.

Changing the Way We Care, *Promoting Resilience-Informed Care: A practical guidance resource for frontline workers in family-based care*, Catholic Relief Services, 2021.

Changing the Way We Care, *Gatekeeping Factsheet: What is Gatekeeping?*, Catholic Relief Services, 2021.

Changing the Way We Care, *Case Management: A Scalable Model for Reintegration of Children without Parental Care in Kenya*, Catholic Relief Services, 2023.

Changing the Way We Care. *Investing in Moldova's Future: The case for meeting Moldova's human capital needs*, Catholic Relief Services, 2023.

Changing the Way We Care, *Learning Brief: How case management contributes to sustainable reintegration of children from residential care to family-based care and community services*, Catholic Relief Services, 2023

Changing the Way We Care, Learning Brief: *The importance of integrating family strengthening, case management and workforce strengthening*, Catholic Relief Services, 2023.

Changing the Way We Care, *Practitioner Handbook for Alternative Family- and Community-Based Care*, Catholic Relief Services, 2023.



Annex (continued)

Changing the Way We Care, *Insights from Moldova: The role of collective impact in workforce strengthening*, 2023.

Children's Commissioners of England, *Children's Voices: Children's experiences of instability in the care system*, 2019.

Department of Children's Services Kenya, *Caseworker's Toolkit: Case management for reintegration of children into family- or community-based care*, 2019.

Desmond, C. et. al., 'Other People's Children and the Critical Role of the Social Service Workforce', *Vulnerable Children and Youth Studies*, 17(2). 97-109, 2022.

Family for Every Child, *Making Social Work Work*, 2012

Family for Every Child, *How to Support Kinship Care: Lessons from around the world*, 2024

Family for Every Child, *The Paradox of Kinship Care: The most valued but least resourced care option - a global study*, 2019.

Frimpong-Manso, K., et. al. 'Deinstitutionalization of children in residential care facilities: Experiences and perceptions of professionals in Ghana', *Child and Family Social Work*, 29, 306-315, 2023

Global Social Service Workforce Alliance, et. al., *Key Recommendations on the Reform of Ukraine's Child Protection and Care System*, 2023.

Global Social Service Workforce Alliance, *Core Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce*, 2018.

Global Social Service Workforce Alliance and United Nations Children's Fund, *Proposed Guidance and Tool for Costing the Social Service Workforce: Desk review findings and a step-by-step guide*, 2022.

Global Social Service Workforce Alliance and United Nations Children's Fund. *Proposed Guidance on Developing Minimum Social Service Workforce Ratios: Desk review and step-by-step guide*, 2022.

Global Social Service Workforce Alliance and United Nations Children's Fund (2022). *Results Matrix for Social Service Workforce Strengthening*.

Global Social Service Workforce Alliance, *Submission by the Global Social Service Workforce Alliance for the Committee on the Rights of the Child's Day of General Discussion on Children's Rights and Alternative Care*, 2021.

Global Social Service Workforce Alliance. 'Learning Event: Strengthening the Social Service Workforce as Part of the Recovery Process to Support a Transformed Care and Protection System for Children in Ukraine', 2023.

Grigoras, S. and Martin, F., *The Role of Community Level Social Service Workers in Care Reform*, 2015.

Gwenzi, G.D., 'The Transition from Institutional Care to Adulthood and Independence: A social services professional and institutional caregiver perspective in Harare, Zimbabwe', *Child Care in Practice*, 25(3), 248-262, 2019.



Annex (continued)

Inter-Agency Group on Children's Reintegration, *Guidelines on Children's Reintegration*, 2019.

Madihi, K. and Brubeck, S., *Take me Home: An overview of alternative care of children in Asia*, Key Assets, 2019.

MEASURE Evaluation, *Tool for Assessing and Monitoring National Alternative Care Systems*, 2019.

Mann, G. and de Vise-Lewis, E., *Who Cares? Child and family perspectives on effective care, who provides it and why it matters*, 2019.

National Child Development Agency of Rwanda and United Nations Children's Fund, *Tubarerere mu Muryango Programme: Inclusive case management for children's reintegration, facilitator's manual*, 2021.

National Child Development Agency of Rwanda and United Nations Children's Fund, *Tubarerere mu Muryango Programme: Operational guidance on inclusive children's reintegration*, 2021.

Nhep, R., *Insights into the World of Privatized Faith-Based Residential Care Facilities in Myanmar*, Better Care Network, 2021.

United Nations Children's Fund and Changing the Way We Care, 'The Role of Community Volunteers in Supporting Care Reform in Rwanda', 'Eastern and Southern Africa Regional Learning Platform on Care Reform Newsletter', 2022.

United Nations Children's Fund, *Caring Systems: Maximising synergies between care reform and child protection system strengthening in Eastern and Southern Africa*, 2022.

United Nations Children's Fund and Global Social Service Workforce Alliance, *Guidelines to Strengthen the Social Service Workforce for Child Protection*, 2019.

United Nations Children's Fund Europe and Central Asia, *White Paper: Development of foster care in Europe and Central Asia Region*, 2024, pg. 41.

United Nations Children's Fund and Rwanda National Child Development Agency, *The Inshuti z'Umuryango: The volunteers helping keep children safe in Rwanda*, 2023.



Annex (continued)

Annex 3: Key Informants

	Name/Contact	Topic	Country/Region
1	Sully Santos	Changing the Way We Care Guatemala	Guatemala / Latin America
2	Khadija Karama	Changing the Way We Care Kenya	Kenya
3	Rebecca Nhep	Better Care Network	Southeast Asia
4	Emily Delap	Child Frontiers	Southern and Eastern Africa
5	Angie Bamgbose	Child Frontiers	Zimbabwe / Sri Lanka
6	Philip Goldman	Maestral International	Global
7	Leon Muwoni	UNICEF Rwanda	Rwanda
8	Manoranjan Dash	Changing the Way We Care India	India
9	Mai Nambooze	Uganda Care Leaver Network, former member of the Global Care Leaders Council	Global
10	Claudia Cabral	ABTH Brazil	Brazil
11	Warren Thompson	Jamaica Child Protection and Family Services Agency	Jamaica
12	Mariam El-Qasem	UNICEF Jordan	Jordan
13	Jo Rogers	Consultant	Eastern Europe / Central Asia
14	Rebecca Smith	Save the Children	Global
15	Kwabena Frimpong-Manso	University of Ghana	Ghana
16	Suzanne Clulow	CINDI	South Africa
17	Blessing Mutama	FOST	South Africa
18	Janestic Twikirize	Makerere University	Uganda
19	Tata Sudrajat	Save the Children	Indonesia
20	Anthony Nwanze	Save the Children	Nigeria
21	Donald Ubangari	Save the Children	Nigeria
22	Viorelia Moldovan-Batrinac	Changing the Way We Care Moldova	Moldova
23	Anastasia Oceretnii	State University of Moldova	Moldova
24	Rebecca Davis	Rutgers University	Romania / United States
25	Francesca Stuer	Maestral International	Ukraine
26	Sandhyaa Mishra	Miracle Foundation	India
27	Heba El Azzazy	Save the Children	Egypt
28	Yuko Nishiguchi	Save the Children	Myanmar



Annex (continued)

Annex 4: Key informant interview questions

1. Who are the various social service workers with responsibilities for children’s care in your country? How do they interface or interact with each other?
2. Do those social service workers mentioned interact or interface with other sectors like health workers, social protection workers, schools, etc.? If yes, how? If no, why not or what are the barriers?
3. Care reform is about countries making changes to their child care systems and developing family-based care. How is the social service workforce being considered in care reforms in your country?
4. The Alliance Framework considers three actions for strengthening the workforce, planning, developing and supporting. What activities is your country undertaking around these three areas?
5. What are the barriers to planning, developing and supporting the social service workforce in your context? How are or how should those barriers be addressed?
6. Within care reform there are considerations for alternative care, transitioning away from residential institutions, and for strengthening the capacity of families. What are the roles that the social service workforce plays in these different components?
7. Key to strengthening and developing the workforce is quality curricula and competencies for various levels of the workforce – what are the important considerations related to children’s care in families and quality alternative care?
8. Could you provide any concrete examples or illustrations of:
 - Creating appropriate and supportive legislation related to the social service workforce and care
 - Creating supportive education programs for the social service workforce related to care
 - Enabling and supporting appropriate forms of continued contact with family members for children in alternative care
 - Assessing, arranging, supporting and monitoring appropriate family-based alternative care
 - Facilitating safe and suitable adoption arrangements, and post-adoption support
 - Facilitating and ensuring child’s best interests decision making / gatekeeping
 - Nurturing professional associations of and for social workers
 - Developing licensing and practice standards
 - Transforming the attitudes, roles and skills of the existing workforce
 - Redirecting social service workers towards child and family services instead of separation of children and placement
 - Raising awareness about the crucial role of social work in social service delivery
9. Can you suggest any social service workers whose profile could be featured in the report? What is their role? Why would they be good examples? How can we best get in contact with them for an interview? Do they speak English? If they do not speak English, do you have someone who could help with interpretation?



Annex (continued)

Annex 5: Worker profile interview questions

1. Tell me about yourself:
 - Where do you live? What is it like there? How big/small? Type of environment?
 - What do you do for a living?
 - How long have you been doing that professionally?
 - What made you interested in this work?
2. What are some of the main issues or problems your community faces when it comes to making sure children can remain in family care if possible or return to it if they are separated?
3. What are some of the strengths in your country/ community regarding families caring for children?
4. What role do you feel that you play in helping to combat those problems?
5. What type of education/training did you receive for your job?
6. Did you feel that this education or support was adequate? What other training or education would have been helpful?
7. What are the main challenges you face in your current role? How do you work to resolve them? What additional support or resources would help you to resolve these challenges?
8. What child or family has stayed on your mind this week/month? Please share without giving any identifying information and maintaining their confidentiality/privacy. Or, Is there anyone you've met who has caused you to be incredibly proud of the work you do? Tell me about them and how you personally helped them.
 - How were you put in touch with that child or family?
 - What did you do to help them? What services did you provide for the child/family?
 - What challenges do they face in their day-to-day life?
 - What is your favorite thing about this person?
 - Why do you want to help them?
9. What keeps you motivated to do this work?
10. If you could give a piece of advice to a friend starting in a similar role, what advice would you give them?



Annex (continued)

Annex 6: Task Force on Social Service Workforce in Care Reform members

Name	Location	Organizational Affiliation
Alena Sherman	United States	Global Social Service Workforce Alliance
Alex Collins	United States	Palladium
Aniruddha Kulkarni	United States	Boston College School of Social Work
Barbara Aber	Uganda	Catholic Relief Services
Beth Bradford	United States	Maestral International
Blessing Mutama	Zimbabwe	Farm Orphan Support Trust (FOST)
Carolyn Hamilton	United Kingdom	Coram International
Catherine Lafler	United States	Bethany Global
Cecilie Modvar	Senegal	UNICEF
Chipo Mukoki	Netherlands	Independent
Chipo Mukoki	United Kingdom	Independent
Crispus Natala	Kenya	Catholic Relief Services
David James Adoke	Uganda	Childs i Foundation
Eddy Walakira	Uganda	Makerere University
Esther Ruiz	Senegal	UNICEF
Florence Koenderink	Belgium	Independent
Florence Martin	United Kingdom	Better Care Network
Gemma Gilham	Kenya	Child Frontiers
Genevieve Fitzgibbon	United States	Keystone Human Services International
Hugh Salmon	United Kingdom	Global Social Service Workforce Alliance
Ian Milligan	United Kingdom	CELCIS, University of Strathclyde
Joanna Rogers	Russia	P4EC Russia
Kara Kamari	United Kingdom	Martin James Foundation
Kiran Modi	India	Udayan Care
Kirsten Di Martino	United States	UNICEF
Leena Prasad	India	Udayan Care
Leon Muwoni	Rwanda	UNICEF
Lopa Bhattacharjee	India	Family for Every Child
Lucy Richardson	United States	UNICEF



Annex (continued)

Lumila Ungureanu	Moldova	Catholic Relief Services
Margot Cornelius	United States	Better Care Network
Mariam El-Qasem	Jordan	UNICEF
Otto Sestak	Romania	Hope and Homes for Children
Pritam Prasun	India	Miracle Foundation India
Rebecca Davis	United States	Rutgers University School of Social Work
Richa Tyagi	India	Miracle Foundation India
Rija Maharjan	Nepal	The Himalayan Innovative Society
Ruth Naigaga	Uganda	Child's I Foundation
Sandhya Mishra	India	Miracle Foundation India
Seema Naaz	India	Martin James Foundation
Shadah Nakaganda	Uganda	Childs i Foundation
Sully Santos	Guatemala	Maestral International
Suman Khadka	Timor-Leste	UNICEF
Suzanne Clulow	South Africa	Children in Distress Network (CINDI)
Tessa Boudrie	Singapore	Hope and Homes for Children
Warren Thompson	Jamaica	Child Protection and Family Services Agency
Wendy Lubbee	United Kingdom	Alliance for Children Everywhere
Young Joo Lee	Ghana	UNICEF



Endnotes

- ¹ Desmond, C., et al., 'Prevalence and number of children living in institutional care: Global, regional, and country estimates', *Lancet Child Adolescent Health*, 2020, <[https://doi.org/10.1016/S2352-4642\(20\)30022-5](https://doi.org/10.1016/S2352-4642(20)30022-5)>.
- ² Ibid.
- ³ Van IJzendoorn, M.H., et al., 'Institutionalisation and deinstitutionalisation of children 1: A systematic and integrative review of evidence regarding effects on development', *Lancet Psychiatry*, 2020.
- ⁴ Human Rights Watch, 'Children with disabilities: Deprivation of liberty in the name of care and treatment', 2020 <<https://www.hrw.org/news/2017/03/07/children-disabilities-deprivation-liberty-name-care-and-treatment>>; Mulheir, G., et al., 'Deinstitutionalisation – A Human Rights Priority for Children with Disabilities', *The Equal Rights Review*, Vol. Nine, 2012.
- ⁵ Goldman, P.S., et al., 'Institutionalisation and deinstitutionalisation of children 2: Policy and practice recommendations for global, national, and local actors', *Lancet Child Adolescent Health*, 2020.
- ⁶ United Nations, *Convention on the Rights of the Child*, United Nations, New York, 20 November 1989.
- ⁷ United Nations, *Convention on the Rights of Persons with Disabilities*, 24 January 2007.
- ⁸ United Nations, *Guidelines for the Alternative Care of Children*, UN General Assembly, 2009.
- ⁹ Global Social Service Workforce Alliance, *Social Service Workforce Strengthening Framework*, 2016.
- ¹⁰ Better Care Network and Global Social Service Workforce Alliance, *The Role of the Social Service Workforce Development in Care Reform*, 2015, pg. 24.
- ¹¹ GSSWA, *Social Service Workforce Strengthening Framework*.
- ¹² Unless otherwise noted definitions sourced from: *Social Service Workforce Strengthening Framework*; Global Social Service Workforce Alliance, 'Definition of the Social Service Workforce', 2016; and Better Care Network, 'Glossary of Key Terms'.
- ¹³ Global Social Service Workforce Alliance, *Social Service Workforce Mapping Toolkit*, 2019.
- ¹⁴ International Federation of Social Workers, 'Global Definition of Social Work', IFSW, <<https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/#:~:text=The%20following%20definition%20was%20approved%20by%20the%20IFSW,cohesion%2C%20and%20the%20empowerment%20and%20liberation%20of%20people>>, accessed 12 August 2024.
- ¹⁵ United Nations Children's Fund and Global Social Service Workforce Alliance, *Guidelines to Strengthen the Social Service Workforce for Child Protection*, 2019.
- ¹⁶ BCN and GSSWA, *The Role of the Social Service Workforce Development in Care Reform*.
- ¹⁷ Ibid.
- ¹⁸ Author's definition.
- ¹⁹ Better Care Network, 'Gatekeeping', BCN, <<https://bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping#:~:text=%22Gatekeeping%2C%22%20as%20it%20is,the%20number%20of%20inappropriate%20placements>>, accessed 12 August 2024.
- ²⁰ Changing the Way We Care, Better Care Network and ACC International Relief, *Transitioning models of care assessment tool*, 2020.
- ²¹ International Labour Organisation, 'Social protection', ILO, <www.ilo.org/topics/social-protection>, accessed 15 July 2024.
- ²² Government of Kenya, *National Care Reform Strategy for Children in Kenya, 2022-2032*, 2022.
- ²³ United Nations Children's Fund and Rwanda National Child Development Agency, *The Inshuti z'Umuryango: The volunteers helping keep children safe in Rwanda*, 2023.
- ²⁴ United Nations Children's Fund and Changing the Way We Care, 'The Role of Community Volunteers in Supporting Care Reform in Rwanda', 'Eastern and Southern Africa Regional Learning Platform on Care Reform Newsletter', 2022.
- ²⁵ Changing the Way We Care, Learning Brief: *How case management contributes to sustainable reintegration of children from residential care to family-based care and community services*, Catholic Relief Services, 2023.
- ²⁶ United Nations Children's Fund Europe and Central Asia, *White Paper: Development of foster care in Europe and Central Asia Region*, 2024, pg. 41.
- ²⁷ Better Care Network, 'ReThink Orphanages', <<https://bettercarenetwork.org/rethink-orphanages>>
- ²⁸ UNICEF, *White Paper: Development of Foster Care*.
- ²⁹ Changing the Way We Care, *The Faith Community's Role in Care Reform: Insights from Moldova*, Catholic Relief Services, 2022.
- ³⁰ UNICEF and GSSWA, *Guidelines to Strengthen the Social Service Workforce for Child Protection*.
- ³¹ Ibid.
- ³² Sandhyaa Mishra, Miracle Foundation India, interview, 22 May 2024.
- ³³ Farm Orphan Support Trust (FOST), 'Supporting Orphaned and Vulnerable Children through Kinship Care, Family for Every Child', 2020.
- ³⁴ Changing the Way We Care, *National Care System Assessments: Guidance to conduct a participatory self-assessment to inform national strategic planning*, Catholic Relief Services, 2021.



Endnotes (continued)

- ³⁵ Warren Thompson, Jamaica Child Protection and Family Services Agency, interview, 20 May 2024.
- ³⁶ Advancing Protection and Care for Children in Adversity and Data for Impact, 'Strengthening the Social Service Workforce: Findings from a cross-country assessment', 2024, < <https://socialserviceworkforce.org/resources/strengthening-the-social-service-workforce-findings-from-a-cross-country-assessment/>>.
- ³⁷ Better Care Network and the Transitioning Residential Care Working Group, Transition Capacity Building Roadmap, 2023.
- ³⁸ Miracle Foundation, *Expedited Case Management Process for Permanent Placement in Families after COVID-19 Lockdown*, 2020.
- ³⁹ Inter-agency Group on Children's Reintegration, Guidelines on Children's Reintegration, 2016.
- ⁴⁰ Desmond, C. et. al., 'Other People's Children and the Critical Role of the Social Service Workforce', *Vulnerable Children and Youth Studies*, 17(2). 97-109, 2022.
- ⁴¹ Centre for Excellence for Looked After Children in Scotland (CELCIS), *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, CELCIS, 2012.
- ⁴² Leon Muwani, UNICEF Rwanda, interview, 15 May 2024.
- ⁴³ United Nations Children's Fund East and Southern Africa Regional Office, *Supporting Foster Care in Eastern and Southern Africa*, 2022.
- ⁴⁴ European Roma Rights Centre, *Life Sentence: Romani Children in Institutional Care*, 2011.
- ⁴⁵ UNICEF, White Paper: Development of Foster Care.
- ⁴⁶ Heba El Azzazy, Save the Children, Egypt, 26 June 2024. t
- ⁴⁷ See for example Child Protection Information Management Systems (CPIMS+) hosted by Primero: <https://www.cpims.org/>
- ⁴⁸ Measure Evaluation, *Tool for Assessing and Monitoring National Alternative Care Systems*, 2019.
- ⁴⁹ See for example Kenya Department of Children's Services: <https://www.socialprotection.go.ke/services-dcs>
- ⁵⁰ United Nations Children's Fund, 'Alternative Care', < <https://www.unicef.org/ghana/alternative-care>>, accessed 25 June 2024.
- ⁵¹ A 'social orphan' is a term sometimes used for a child whose parents may still be alive but who has effectively lost parental care.
- ⁵² Global Social Service Workforce Alliance and United Nations Children's Fund. *Proposed Guidance on Developing Minimum Social Service Workforce Ratios: Desk review and step-by-step guide*, 2022.
- ⁵³ Alliance for Child Protection in Humanitarian Action and Plan International, *Community Volunteers and their Role in Case Management Processes in Humanitarian Contexts: A Comparative Study of Research and Practice*, 2019.
- ⁵⁴ Angie Bamgbose, Child Frontiers, interview, 25 May 2024.
- ⁵⁵ GSSWA, *Guidance on Developing Minimum Social Service Workforce Ratios*.
- ⁵⁶ Global Social Service Workforce Alliance and United Nations Children's Fund, Proposed Guidance and tool for Costing the Social Service Workforce, 2022.
- ⁵⁷ Such findings can be found in Global Social Service Workforce Alliance regional workforce mapping reports, and were also found through recent workforce mapping and assessments, unpublished, for UNICEF in India (2022), Tunisia (2024), and in South Asia (2022) on the Justice for Children workforce.
- ⁵⁸ CELCIS, *Moving Forward*.
- ⁵⁹ An example of a marginalized group whose children have for decades been discriminated against, with disproportionately high rates of child separation and institutionalization, are the Roma communities of Eastern Europe: Valero, D., Elboj, C., Plaja, T., & Munté Pascual, A., *Social work and the Roma community: elements to improve current practices*. *European Journal of Social Work*, 24(6), 978-989, 2020.
- ⁶⁰ Faith to Action, Transitioning to Family Care for Children: A Guidance Manual, 2016.
- ⁶¹ Global Social Service Workforce Alliance, *Guidance Manual on Strengthening Supervision for the Social Service Workforce*, 2020.



Global Social Service Workforce Alliance

c/o Tides Centre

1012 Torney Avenue

San Francisco, CA 94129 USA

contact@socialserviceworkforce.org

www.socialserviceworkforce.org

Twitter: @SSWAlliance

Facebook: SSWAlliance