The Evidence Base on the Social Service Workforce: Current Knowledge, Gaps and Future Research Direction

BUILDING EVIDENCE INTEREST GROUP REPORT

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GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE

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INTRODUCTION

What is the purpose of this report?

This report has been commissioned by the Building Evidence for Social Service Workforce Strengthening Interest Group (BEIG) of the Global Social Service Workforce Alliance (GSSWA) to review the current state of evidence on strengthening the social service workforce around the world, in hopes of identifying the most critical gaps and priority research needs pertinent to strengthening the workforce.

For purposes of this report, the social service workforce (SSW) is defined as being comprised of "the variety of workers that contribute to the care, support, promotion of rights and empowerment of vulnerable populations served by the social service system" (GSSWA, 2016, p. 2). The workforce is one of the five major components of a holistic social service system, along with laws and policies, financing, information management and accountability systems and coordination and networking mechanisms (USAID, 2013). This system provides programs and benefits to ensure protection and welfare to vulnerable populations in society and includes elements that are preventative, responsive and promotive (GSSWA, 2016, p. 2). As the critical link between vulnerable populations and the resources they need, the workforce plays a crucial role in the overall efficacy of the system. Social service workers may be referred to by different labels depending on the country they work in; their functions may be at the macro, mezzo and micro levels; and they may be embedded in government structures and agencies, civil society organizations, or in communities (GSSWA, 2015). Collectively they are the change agents, in concert with the populations they serve, for improving the welfare of a myriad of disadvantaged and marginalized populations. To strengthen the workforce is at the core of strengthening the social service system.

Although there is an increasing interest in best practice models regarding planning, developing and supporting the social service workforce, the evidence is scattered and tends to be anecdotal, program-specific or observational in nature. These pieces of information are helpful since in most development efforts, workforce building is location specific and measured at the program level. However, there is also a need to organize the current state of information generated by empirical evidence in order to better understand what we know and what we don't know about what workforce strengthening strategies work, what doesn't work and the impact of workforce strengthening on clients. It is hoped that presenting an assessment of the current evidence base, structured according to relevant questions related to planning, developing and supporting the social service workforce, will help establish a clearer picture of the state of the current evidence, identify evidence gaps and suggest priority research needs.

How was this report compiled?

The Building Evidence Interest Group constructed an evidence matrix into which 119 published works were initially deposited in 2015. These included peer-reviewed journal articles, grey literature and organizational reports, mostly published since 2010. This initial matrix was expanded to 266 documents and now includes materials from allied fields such as health, education, business and organizational behavior and works published prior to 2010 if they were still of relevance as well as works published in late 2015 and early 2016. (Note: This evidence matrix is a "living" document in which additional evidence will be deposited as it becomes available and posted on-line on the Alliance website at socialserviceworkforce.org.)

Considering that efforts to strengthen the social service workforce are still in their infancy, some earlier studies conducted in allied fields were included in this report since they address issues that are relevant for

the social service sector. A wide array of search engines and databases such as Google, Google Scholar, EBSCO Publishing, ProQuest, DOAJ, PubMed, JSTOR, OCLC, PsychINFO, Science Citation Index, Tandfonline, Scopus and Social Science Citation Index were accessed in order to identify appropriate studies. Of the thousands of articles and books found, only those considered the most relevant were added to the matrix. Relevance was determined by the approximation of the work to planning, developing and supporting the workforce. Those were further vetted to include only the most essential in furthering the discussion, prioritizing meta-analyses and systematic reviews, studies that used the most rigorous research methods, research conducted in low- and middle-income countries (LMICs) and articles and reports that have been widely cited or those that provided essential backdrop for the substantive discussion.

The selected works were then incorporated into a draft review report to which the interest group members' further input was incorporated before the report was sent out to approximately 50 stakeholders from government and civil society organizations and academics. The report served as the background for identifying the most critical research questions at an evidence forum held in Washington DC on June 4, 2016. Some who could not attend the forum provided written feedback. The priority research questions identified by the attendees at the evidence forum are included in this report as Table 1 (page 40). This final report includes all of the input the Building Evidence Interest Group and others (please see the acknowledgements section at the end of the report).

How is this report organized?

This report utilizes the conceptual foundation laid out in the Framework for Strengthening the Social Service Workforce, adopted by the Global Social Service Workforce Alliance (GSSWA, 2015). The Framework envisages strengthening the SSW through coordinated and integrated processes of *planning*, *developing* and *supporting* the workforce, with each section identifying key strategies for achieving the goal of continually improving a well-functioning SSW. In using the Framework to organize the evidence, this report:

1. Reviews and analyzes the quality and adequacy of the research findings and organizational reports currently available that focus on planning, developing and supporting the SSW, as well as available research data on the impact or effectiveness of social service workforce strengthening in general on client wellbeing
2. Reviews evidence that may be relevant from allied fields such as health, organizational behavior, education and other social sciences
3. Suggests potentially promising areas of research that may yield information that will provide helpful direction for both short- and long-term application to strengthen the SSW (throughout the body of the report and in a short list at the end).

EXECUTIVE SUMMARY: THE CURRENT EVIDENCE

Overall, the evidence on strengthening the social service workforce and the impact of such efforts is weak, with some methodologically robust studies coming out of high-income countries such as the United States and United Kingdom, but without any indications of generalizability in low- and middle-income countries (LMICs). Evidence is just beginning to emerge from LMICs and tends to be limited to technical reports, situational analyses and case studies that are country- or region-specific. Still, these pieces of information provide a much needed sense of what is happening on the ground and suggest many ideas for further exploration. Evidence from health and other allied fields is more robust. Some works are included in this report because of the potential for cross-application and for anticipating some issues that have not yet risen to the surface in the social service sector. In addition, research in allied fields suggests potential research methodologies and applications for the social service workforce. Due to the paucity of research evidence on the social service workforce a true "gap analysis" is not possible, but this report nevertheless explores what is available and provides some direction and suggestions for priority research areas.

The highlights of the evidence documented in this report can be summarized as follows, in the respective areas of planning, developing and supporting the workforce:

Planning the Workforce

- There are a number of studies that examine national policies on social service workforce development, largely focused on countries or clusters of countries in Africa. This may be the result of specific funding for such efforts. However, there is a recently released study from the southeastern European region and several reports are emerging from countries in south and southeast Asia and the Caribbean. These tend to be descriptive and in some cases include interviews with stakeholders, but very little quantitative evidence is available.
- China and South Africa have established well defined policies and frameworks to guide national leadership in developing the workforce and the comparisons and contrasts between the two countries may be relevant for other countries. Some research on the effect of national workforce-building leadership is emerging from South Africa and is anticipated shortly from China.
- Overall, there is a sense in LMICs that policies tend to speak in broad terms without specific designation of roles and responsibilities, or dedicated funding.
- Some mixed evidence is emerging about the effects of decentralization.
- National mapping of the current social service workforce and social service needs is not being systematically conducted, affecting planning.
- In terms of planning, there is some evidence of countries using incentives to deploy the workforce to underserved areas, but much more evidence is needed.
- Little research is available on the use and impact of information and communication technology (ICT) in social services although there is a growing consensus about its potential use in social service workforce building, service delivery and monitoring and evaluation. There is a robust body of evidence in the health sector that began about two decades ago, suggesting that it is an essential element of service delivery as well as a tool for monitoring and evaluation.

Developing the Workforce

- Evidence is emerging from various countries supporting the positive effects of aligning workforce training to harmonize with the national social policies and the negative effects of misalignment.
- Blurry boundaries between different cadres of social service workers—government vs. NGO, or by hierarchy—is causing some role confusion and inefficiency.
- Evidence suggests that competency-based training curricula are used for all levels of the workforce at least in many countries around the world.
- Cultural competence and the indigenization of social services is a major topic in the literature and the evidence, albeit sparse, suggests that such culturally competent service delivery increases effectiveness.
- Evidence-based training and practice are increasingly being advocated for, although there is a counter voice urging that practice wisdom must not be abandoned.
- Field education is widely acknowledged as the signature pedagogy for training social service workers, but in LMIC settings finding appropriate agencies and supervisors pose major challenges.
- Many LMICs are struggling to professionalize social work, but some examples do exist.
- Linking the "formal" and "informal" sectors of social service is a topic of some discussion, beginning with definitions. Some view the extended family and neighbors without mandated roles as part of the informal sector while others differ. The roles of religious groups are beginning to be identified (e.g., Buddhist temples in Vietnam) but not systematically researched.
- Task shifting—both horizontal and vertical—is occurring rapidly in the social service sector, with many countries training and deploying volunteers and para-professionals at the community level. Some reports paint a positive picture of capacitated para-professionals but warn that retention is difficult due to the low incentives and lack of upward career mobility.

Supporting the Workforce

- There is surprisingly little evidence regarding the impact of in-service or continuing education in any discipline, including health and social services.
- The impact of supervision in the social service sector has been well documented but it is limited to developed regions. Generally, supervision enhances worker performance, job satisfaction and retention and the supervision relationship—rather than techniques—appears to be the most important factor. The link between supervision and client outcomes is less researched.
- In the southeastern countries of Europe, supervision is generally inadequate largely due to the lack of access to and shortage of qualified supervisors. In some resource-scarce countries, peer supervision models are being explored but no research has emerged on their effectiveness.
- Research suggests that retention of the social service workforce is a challenge in both developed and developing regions, due to low salaries, high caseloads, low professional status (partly shaped by cultural views), lack of resources and issues of secondary trauma. While some solutions are being applied, there is a lack of rigorous research on the impact of preventing and addressing these challenges.
- Very little evidence exists on the effectiveness and/or impact of professional associations, although in many developed settings they are vehicles for setting professional standards and legitimizing the licensure process.

THE EVIDENCE BASE ON THE SOCIAL SERVICE WORKFORCE: CURRENT KNOWLEDGE, GAPS AND FUTURE RESEARCH DIRECTION

PLANNING THE SOCIAL SERVICE WORKFORCE

This section examines the evidence related to planning the workforce, including:

1. Governance (laws/policies/costed strategic plans, financing/advocacy)
2. Mapping and assessing social service needs
3. Mapping and assessing existing cadres of social service workforce
4. Systems to improve recruiting, hiring and deploying practices based on urban-rural continuum
5. Shared HR data and promotion of data-driven decision-making
6. Building alliances to strengthen leadership and advocacy among stakeholders.

Governance: Policy and leadership in implementation

Creating and developing a robust workforce is most often anchored on the foundation of laws and policies that establish legal mandates and ensure appropriate governance structures and processes to implement them. These can be embodied in national strategic plans for developing the workforce, as Indonesia, Moldova, South Africa, Tanzania, Uganda and Vietnam have done (GSSWA, 2015). Currently, evidence on the impact of governance (or lack thereof) on the reach and quality of social services on the ground is in nascent stages, mostly constituted of descriptive reports and situational analyses of individual countries or a cluster of countries, often lacking rigorous research methodologies.

However, country studies are helpful in understanding what might work in a particular context to strengthen a government's capacity to build its workforce. For example, over the past several decades Cuba has changed its social welfare policies and implementation methodologies, largely depending on the prevailing political and economic conditions in the country. While in Cuba's early socialist experience social service workers were considered unnecessary as universal social services were to be provided by the government, it later determined that widening social and economic disparities among the people necessitated both a professional cadre of social workers with university training and a cadre of *emergentes*, who received shorter training and worked in community settings closer to the target service users (Strug, 2013).

As another example, in the Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children (SUNRISE-OVC, USAID, 2015) project, an intensive one-week long in-service training was provided for district-level government leaders responsible for social services: the Chief Administrative Office, District Planner, the Secretary for Gender and Social Development and two additional government staff (typically a social welfare officer and community development officer) and sometimes included NGO staff in the area. This training, conducted in 80 of the 112 total districts, was followed by a six-month practicum—where the team identified

an issue related to vulnerable children, gathered data and information, developed interventions and solutions, found resources and implemented its action plan working across sectors. An evaluation of the project characterized the effort as "transformative" in building leadership and promoting ownership at district level. In addition, the project supported the revitalization and functionality of key coordination structures at the district and sub-county levels to address the needs of orphans and other vulnerable children. By the end of the project, the evaluation findings suggested that these committees could sustain regular activity without direct funding and there was an expression of interest in expanding the model to parish and village levels. In addition, local governments were encouraged and supported in allocating increased funding to address OVC needs. According to the project's Year 4 (of 5) report, there was an increase from 1.4% to 7.2% of district budgets for OVC, with 82% of the funds supporting social welfare activities (e.g., responding to child protection concerns and case management services). The evaluation also showed that resource sharing and multi-sector coordination increased as a result of the training (p. 45).

Governance in implementing workforce policies—even when they exist—is often difficult due to many potential factors and these have not been well researched. In reality, implementing national policies is an extremely complex task at national, provincial or district and local levels, requiring a highly developed system of inter-ministerial coordination (Wiart, et al., 2010). A situational study (Davis, 2009) of child welfare workforces in Africa found that despite the African Union's resolve to accelerate its effort to address children's issues, the member countries' commitments to reform have not been realized due to limited resources, lack of a systematic assessment of workforce capacity linked to service outcomes, lack of human resources management information systems and "brain drain." It also found that cash transfers and social insurance programs often crowded out psychosocial services for children because social workers/social welfare officers are often responsible for entitlement programs (e.g., cash transfers, education grants) that require more administrative work—and the "softer" psychosocial services including case management often did not get much attention, partly due to high caseloads, long travel distances and these services not being a priority (Davis, 2009). Similarly, Akesson (2016) found in southeast European countries that while mandates and job descriptions on the provision of social assistance were clearly laid out in policy documents, child protection mandates were less clear (with the exception of Moldova). This disparity was reflected in the general perception of the social service workforce as primarily agents of economic assistance. Child protection work done by social workers, even when acknowledged, was often perceived as being limited to removing children from their families.

A working paper developed by the Better Care Network and the Global Social Service Workforce Alliance (2015) focusing on care reform efforts in Moldova, Indonesia and Rwanda concluded that effective planning of the workforce requires not only a regulatory framework but also an understanding of the current workforce and a projection of future need, as well as engaging the workers in the planning and change process (p. 27). A country-level case study in Tanzania (United Republic of Tanzania, 2012) showed that although there were adequate policy instruments to develop the social service workforce (National Social Welfare Training Institute Act, 2002), implementation was very weak, resulting in

under-capacitated and inadequate numbers of workers. This was partly due to the shortage of qualified instructors with master's and doctoral degrees in the training institution. Further, the low wages and support for the workforce were resulting in declining numbers of social work graduates and many district welfare officer posts were filled by staff with inadequate training. Finally, a study in Kenya (Republic of Kenya, 2011) demonstrated a low level of awareness on the part of the government regarding the expertise required of child protection workers and there were more vacancies (557) than filled positions (406) in the primary ministry responsible for children's issues.

An entirely different picture emerges in China, where the central government has been extremely active in promoting and facilitating the development of the social service sector (Gao & Yan, 2015). Since the late 1980s when social work was legally recognized as a profession, more than 250 university-based programs, including 61 with master's programs, have been established. In 1991 the Chinese Association of Social Work Education was established with government support. In 2010 the central government reconfirmed social work as one of the six professions that China would expand and strengthen and set the target of generating three million social workers by 2020. This target number was modified in 2012 to 1.45 million with specific quotas for social workers (200,000) and senior social workers (30,000). The government also redefined the field of social work to include 17 specific areas of practice. The government's approach to the provision of social services has been described as "a closely watched social engineering process" (Gao & Yan, p. 98) and the social work profession's agenda cannot stray from national policy. No research has shown the impact of such centralized governance, but this is a country to watch for large scale data in the near future.

The four major elements of community-level workforce building in South Africa have been identified as: 1) political will and articulation with government priorities; 2) a clear legislative framework defining services and roles of each profession in the integrated social service workforce; 3) information systems that enable decision-making based on accurate data; and 4) a participatory implementation model of service delivery (AIDSTAR Two, 2013). Raising the political will was assisted by the huge gap left in

Comparing China's experience with that of South Africa may be useful as models with similarities and significant differences. While both countries have led workforce development with strong national policies and implementation structures, China's policy is heavily centralized and top-down (Gao & Yan, 2015) while South Africa has embraced the bottom-up developmental approach (Patel, 2005). China is focused on producing a large cadre of degree-level professional social workers who will carry out the government's social service agenda, while South Africa's primary drive has been focused on partnering with community-level organizations as outlined in the Children's Act, to identify and serve vulnerable populations through local channels and by local people. This bottom-up approach in South Africa has fueled the development of community-based cadres, most prominently the child and youth care workers. The government's role has been to provide support to local efforts through establishing a comprehensive national strategy for workforce planning, setting targets, establishing work parameters and professional legitimacy, maintaining national data systems and providing overall guidance for development (National Department of Social Development, "the DSD," 2012).

the trained social work sector that was handling the increased foster care caseload under the Children's Act that required formalizing kinship care, as well as by the argument that such community cadres, mostly consisting of women, would help to ease the burden of unemployment and the associated gender disparity in earning power. Having specific mandates in the Children's Act led to the drafting of implementation strategies, norms and standards for service delivery and, importantly, gave the DSD leverage with the National Treasury with its budget requests. The participatory process where community members are involved in all the major decisions with regards to service delivery has increased ownership at the local level and with the workers (AIDSTAR Two, 2013). With this framework, the national DSD was mandated to ensure sufficient social welfare service coverage to meet the needs of children in every province. Priorities were also placed with communities where the greatest number of families lacked the means of providing adequate shelter, food and other necessities for their children. The development of child and youth care workers (CYCWs) accelerated under a plan to increase the cadre from 800 to 10,000 by 2018. As of May 2016, 5,540 CYCWs had been trained.

Research related to the impact of the South African effort described above is still in early stages. In a recent national study (Kvalsvig & Taylor, 2015) of the Isibindi program, the authors found that significant progress was being made toward expansion goals and that both client services and community strengthening efforts were more effective at established sites compared to newer sites. In terms of client outcomes, the Isibindi program has produced two studies. An evaluation (Visser, Zungu & Ndala-Magoro, 2015), based on data collected at 12 project sites in 4 provinces, compared 427 young people who had participated in the Isibindi program to 177 control group members who had not. The participants, now young adults, were receiving social grants at a higher rate and had a slightly better rate of employment (7.5% compared to 3.4%). They also reported significantly more positive family relationships and community support and less risky behavior—particularly having less multiple partners, alcohol use (for males) and unwanted pregnancies (females). They also scored higher in terms of self-esteem and problem solving. The participants did not show significant difference in health or other aspects of psychological wellbeing. A two-year longitudinal evaluation (Thurman, Kidman, Taylor & Chiroro, 2013) focusing on Isibindi programs in KwaZulu-Natal similarly found that program participants had greater access to grants, higher obtainment of material resources and more positive family support from adults in their home compared to those enrolled in a different program. However, no program impact was found with regard to outcomes on HIV knowledge and child protection, food security or physical and psychological health.

A major evidence gap exists with regard to financing the development of the social service workforce. The South African experience highlights the value of using economic arguments to raise political will to gain leverage (AIDSTAR Two, 2013), but little else is known about that process. Financing workforce development inevitably requires inter-ministerial coordination and resource sharing and that can be very complex and challenging. A study (Wiart, et al., 2010) of inter-ministerial coordination to serve children with disabilities in Canada identified some of the factors involved in the nature and quality of the coordination. Much of the difficulty was found to be due to different

mandates of government ministries and their need to account for their resources, their basic philosophy and values regarding public service, differing mechanisms of authority/accountability and communication, their central/local government structures and relationships vis-a-vis their roles for service delivery and their inter-ministerial budgetary processes and timelines.

In LMIC contexts some of these same challenges are likely present although evidence is lacking. However, a few anecdotal cases of financial and resource sharing can be found. In Zimbabwe several ministries pool their resources together to operate the One Stop Centers for victims of sexual abuse and domestic violence. The Ministry of Health provides the staff, equipment, space and medical personnel, while the Ministry of Social Affairs and the Ministry of Justice assign designated staff to provide social and protective services (Maestral International, 2015). In Ethiopia, several ministries are engaged in creating social work training curricula, competencies and measurement tools and standards for certification/licensing (IntraHealth, 2013).

Government regulation of the workforce can take different forms and result in varied impact depending on context, but focusing on the workforce while ignoring the entire system seems unadvisable. For example, in the UK, the child protection system governance has been challenged by increased attention to the human errors made by workers while the dynamics and problems of the overall system leading to those errors have been largely ignored (Munro, 2005). The result has been over-regulation of the child welfare workforce, often diffusing the system's ability to serve the best interests of the child as a whole system. This fragmented approach to governance has resulted in worker disillusion and rapid staff turnover (Munro, 2011). Research in health also shows that effective planning must focus on the system as a whole in the context of a comprehensive policy (Manthorpe, Martineau, Moriarty, Hussein, & Stevens, 2010) and the limited evidence reviewed here suggests that governance must consider all components.

Mapping and assessment of social service needs

Mapping and assessing the social service needs of a country is an essential step to balance the supply and demand sides of the need/workforce equation; however, it is often a neglected step in the planning and development process (Hiller, 2007). In many countries, perceived service needs are often prioritized by political objectives or cultural interpretation of what constitutes an urgent social issue, as seen most clearly in Latin American and Caribbean countries (Pereyra, 2008), as well as issue-based funding for governments and NGOs. Needs assessments can provide essential information on the actual service needs and priorities of the community or country, aid in raising and targeting funds toward priority service areas, reduce unnecessary or ineffective services and increase critical and effective ones (Chow & Peng, 2015).

Although rigorous outcome studies on the impact of needs assessments in social services in LMICs are lacking, illustrative examples begin to form the knowledge base. For example, the DSD in South Africa has a special unit to assess social service needs in the country. This unit utilizes national data collection as well as international databases such as the Demographic and Health Surveys to identify service needs. It also reviews research data from all reliable sources, some of which are commissioned by the DSD. In addition, the Minister solicits information in direct engagement with the public through community consultations (AIDSTAR Two, 2013). The rapid

expansion of the social service workforce has been attributed to these efforts to map the needs.

In another example of needs mapping as a workforce planning measure, the SUNRISE-OVC project in Uganda (USAID, 2015) began a child protection system strengthening exercise by mapping the target population of orphans and other vulnerable children. An estimated 1.5 million children were identified as eligible for comprehensive social services in 72 districts, 680 sub-counties and 4,200 parishes (representing 64% national coverage). The data were used to develop and inform priority activities to influence budget allocation and human resource development in the districts and to direct civil society organization resources. The evaluators urged regular mapping to track the shifting risks and service needs of vulnerable children and their families, rather than using a quota system (e.g., 10 per parish). An additional benefit of the mapping was that having government officers go into the communities during the mapping process provided means by which key actors met the people they served: for many officials it was the first time they had visited some remote areas of their district. Many government representatives reported having felt a greater sense of reality on the ground and a sense of ownership for the wellbeing of those they were mandated to serve.

In other examples, a state government in the US commissioned a study (n=822) to determine the mental health service needs of children in the state. The findings were utilized to develop an appropriate state budget and increased workforce planning, as well as to refine the service coordination and pathways among key service agencies (Zahner, Pawelkiewicz, DeFrancesco & Adnopoz, 1992). Another study (Huxley, Evans, Webber & Gately, 2005) conducted in England and Wales showed that there was a dramatic decline of over 50% in the rate of approved social workers (ASWs) per 100,000 people in a ten-year period, showing a need for increasing the number of mental health social workers.

Needs assessments can also examine service access and availability as well as patterns of coordination between allied agencies. Such assessments must take into account the geographic, cultural and socio-economic diversity of the country. Carter and Beaulieu (1992) discussed five major approaches for conducting needs assessments: 1) key informant interviews, 2) public forums, 3) nominal group process technique, 4) Delphi method and 5) survey approach. Gamache & Giard (2004) indicated that several techniques should be used in combination to yield a reasonably accurate picture. It is also important to collect information from grassroots community members and service receivers as well as community leaders and service providers (Williams & Yanoshik, 2001). Geographic information system software may be useful in mapping needs and has been shown to be feasible in LMIC settings (Hiller, 2007). In the health sector, planning has often involved the use of location-allocation models for positioning health service outlets (Rahman & Smith, 2000). This approach utilizes mathematical formulations and transportation algorithms to ensure access to health providers by end users and has been used in LMICs such as Guatemala, Zambia and remote parts of India. This type of a model analysis may also be applicable in deploying social service workers, including community-based social service agents and home visitors or frontline case managers.

Needs assessment can also rely on national data. For example, the government of South Africa relies on routinely maintained data from both the private and public sectors and independent databases, along with key expert interviews to identify gaps in skills and make ongoing plans for developing the social service workforce. The data are also used to align sector skill development with the national development priorities. The government has recently recognized the growing need to provide social services across multiple sectors and an increased focus at the community level requiring a dramatic increase in community-level trained child and youth care workers (HWSETA, 2014). As well, it has identified major gaps in the workforce in early childhood development, juvenile probation, substance abuse and supervision and management. These findings will guide the government's plan in developing the national workforce for the period covering 2015-2020.

Numerous academic studies in LMICs have focused on mental health, substance abuse, domestic violence, economic strengthening and many other social service needs, but their impact in planning or developing the workforce is not known. These are potentially important tools that could guide policy and practice as well.

Finally, social service needs may be informed by large nationally representative datasets such as the Multiple Indicator Cluster Survey (MICS) administered regularly through contract by UNICEF and the Demographic and Health Survey (DHS) administered by USAID, in most of the LMICs (Martin & Zulaika, 2016). Both sets of data are highly reliable and can guide policy and programming as well as the planning, development and deployment of the workforce on issues of child protection, child labor, domestic violence, substance abuse and other indicators at national and regional levels. In their recent analysis of MICS and DHS data from 77 countries, Martin and Zulaika (2016) conclude that these datasets should be better mined to inform policy and practice with regard to children's care arrangements. As another example, Roby, Erickson and Nagaishi (2016) examined DHS data in five African countries (n=124,592) and found that while orphans were no longer at a disadvantage overall in attending school compared to other children as most studies showed a decade ago, children living with non-relatives were at a significant disadvantage independent of their orphan status. The authors stressed the relevance of the findings in guiding research, policies and programming targeting these vulnerable children about whom little else is known.

Mapping and assessing existing cadres of social service workforce

Related to the assessment of social service needs, planning requires a baseline knowledge of data on the current available workforce (BCN & GSSWA, 2015). The definition of the social service workforce may vary from one country to another, even in the same geographical region and they are likely to be contained in national laws (GSSWA, 2015). Mapping may entail assessing the number of cadres and the number of workers within cadres, educational and other qualifications, geographic and service sector location, recruitment and retention factors, the vacancy rates and the ratio of designated and available trained workforce to population (GSSWA, 2015). Having such information, paired with data on future needs, helps in the planning, development and deployment of the workforce. This baseline is in constant flux, necessitating an updated database of the workforce.

Several technical reports describe assessments of the workforce in Africa and other low- and middle-income regions. In the case of Tanzania, the government commissioned a study to inform their human resources decisions (United Republic of Tanzania, 2012). The study used a purposive sample in four regions, using two surveys and focus group discussions. While the study found a comprehensive legal and policy framework for an effective social welfare service delivery system, there was a lack of understanding about the policies among the cadres delivering the services. The study also found a general shortage of staff and the need to increase their technical capacity as well as their morale. Another study by Bunkers, et al. (2014) focusing on high HIV-prevalence countries, found that there are numerous titles describing various positions and roles and the educational and training requirements also vary significantly from country to country, although standardization is emerging. The study also noted that there is increasing interaction between the social service workforce and other allied sectors such as health and education. Study recommendations included human resources capacity assessments, planning for a multi-faceted workforce across the ecological system, clarification of terminology and licensing and certification processes (p. 12-13).

A recently released study of the social service workforce in eight southeastern European countries documented the various cadres of social service workforce (Akesson, 2016). Moldova, which has perhaps the most cadres among the eight countries, employs three types of social workers: social assistants, home care social workers and community social assistants (CSAs). While social assistants are focused primarily on economic assistance and home care social workers focus on people with disabilities and the elderly, the CSAs focus mostly on child protection work at the case level. Romania has developed a new cadre of "child protection specialists" who work with the CSAs with alternative care, reintegration and other frontline child protection case work. Additionally, there are other allied social service professionals such as psychologists and pedagogues (p. 17).

Worker density is another planning issue. In the health sector, a large study (Anand & Barnighausen, 2004) was conducted using the WHO dataset, Estimates of Health Personnel, to examine the link between health worker density and health outcomes in 117 countries. It found that density of human resources for health (doctors and nurses) was significantly related to the maternal mortality rate, infant mortality rate and under-five mortality rate, even when controlling for income, female adult literacy and income poverty.

In social services, the ratio of service provider to the number of clients as related to client outcome has been an important topic of research in developed countries. In the US, the Children's Bureau (2012), the federal agency overseeing child welfare services, has emphasized the need to reduce caseloads to increase the frequency of visits by social workers. Yamatani, Engel and Spjeldnes (2009) reported on a number of negative impacts when the caseload is too high, including the failure to meet service standards for the clients. In the LMIC context, the SUNRISE-OVC project in Uganda (USAID, 2015) suggested that the increase in para-social workers at the community level was associated with a decrease in child abuse cases. In South Africa, the leading ministry targeted the expansion of the community level workforce based on the target caseload of 38-45 children per worker (AIDSTAR Two, 2013). Worker density can be mandated by law as aspirational goals that are often difficult to

achieve. Akesson (2016) reported that in Romania, the law requires one university level social worker for every 300 cases, although it allows for filling these positions with non-social workers without specific reasons.

Retaining adequate numbers of qualified workforce, or retention of the workforce, is also a major planning and development issue. Some loss occurs through brain drain, such as in Zimbabwe (Zimbabwe Department of Social Services, 2010), where worker shortage is creating a crisis due to the outmigration of professional workers to other countries. Better remuneration, material support, task shifting, use of IT systems to aid in communication and information dissemination and the development of a strategic plan and the streamlining of administrative processes were recommended as potential remedial methods. Retention will be discussed in more detail under the section on *supporting the workforce*.

There is a critical need to know more about the non-formal "workforce" that may constitute the largest yet undefined group of those who provide support and services to vulnerable children and families, particularly in LMICs. These include extended family members (both caregivers and others with decision-making authority), religious and traditional leaders, and community-based support groups (e.g., mothers' clubs). For example, Nguyen (2015) has written extensively about the stigma of mental disorders in Vietnam, contributing to the general avoidance of western-style mental health services while seeking guidance from a Buddhist monk is considered a natural form of coping with life's difficulties. Likewise, many other faith-based organizations often engage in providing care, education and social services either as their express mandate or as incidental to their religious services. Another example of the services rendered by the non-formal workforce is caregiving by informal agreements or in crises within extended families or in the community by non-relatives, constituting the largest form of alternative care for children (Roby, 2011). Research on the informal sector would help identify the current roles of these culturally determined structures and networks as well as their motivations and challenges and facilitate their inclusion and support. It would also be important to learn how these so-called non-formal (or informal) social support systems overlap and intersect with the more formal para-professional workforce at the community level and the statutory system.

Systems to improve recruiting, hiring and deploying practices (including attention to the urban-rural disparity)

The importance of recruiting the "right" people for the social service sector has gained some attention due to the high turnover rate, especially in the child protection field. Frontline workers in social services typically must have the knowledge, skills and values to perform complex assessments and make decisions at multiple levels, have interpersonal skills as well as personal resources for coping with stress and trauma, understand policy and linkages to various programs and services, and have coordination and facilitation skills (Social Work Policy Institute, n.d.). Graef, Potter and Rohde (n.d.) found that a 25-minute video based on the realistic portrayal of what the job entails contributed to the recruitment of those who were likely better fit for the job.

One of the major challenges in workforce planning and distribution is the urban/rural disparity. While no published studies could be found regarding the urban/rural distribution of

social service personnel in LMICs, there is ample evidence from the health sector documenting critical worker shortages in the rural areas of many LMICs including in Latin America, Asia and Africa (Dussault & Franceschini, 2006). Research has also documented that health professionals prefer large metropolitan centers for career and educational advancement opportunities, better employment prospects, lifestyle-related services and amenities and better access to educational opportunities for their children. The low social status often associated with rural and remote areas has also been found to contribute to the divide. Focusing research in producing a more equitable distribution of trained workforce in the underserved areas is a priority issue.

In addition, decentralization in many countries may add bureaucratic complexities such as seen in Tanzania in a small exploratory study (n=21) where decentralization led to severe delays and sometimes failure to get health workers in the remote districts (Munga, Songstad, Blystad & Maestad, 2009). However, decentralized recruitment was perceived to be more effective in improving retention of the lower cadre health workers within the districts largely because the recruitment was targeting local people or those with local ties already. In contrast, the centralized arrangement was perceived to be more effective both in recruiting qualified staff and balancing their distribution across districts, but poor in ensuring the retention of employees. Authors explain that much of this was due to local politics and in some cases demands by members of the human resource council who wished to place their relatives in the available positions even when they were not appropriately qualified. A study (Faguet, 2004) in Bolivia was more optimistic in reporting that devolution helped poor local governments choose their highest priorities and corruption was very low. Empirical studies generally support increased investment in social services after decentralization.

The point in planning the workforce is how these issues can be addressed so that the urban/rural disparity can be minimized. Dussault and Franceschini's (2006) review found five factors that impact a health care worker's decision for location: individual, organizational, health care and educational system, institutional structures and the broader sociocultural environment. Some of these factors (e.g., salaries and management style) may be manipulated to attract competent workers to rural areas. For example, a qualitative study among health workers in Vietnam showed that workers were willing to be placed in rural areas if they received comparable remuneration, continuing training and appreciation by the community and their colleagues (Dieleman, Cuong, Anh & Martineau, 2003). In a discrete choice experiment (DCE) in the Lao People's Democratic Republic, 256 nursing students and 249 practicing nurses were both strongly influenced by salary and direct promotion to permanent staff. But while housing and transportation allowance were important to students, nursing staff had lower preference for those in favor of a higher salary (IntraHealth International, 2013a). A similar study in Uganda (Rockers, et al., 2012; n=485) also showed that there were some differences between cadres of students in the medical fields but all were strongly influenced by salary, facility quality and manager support, relative to other attributes. Similar research models may be relevant to the study of the social service workforce and the urban/rural distribution issue.

In the meantime, many countries are developing community-level social service para-professional and volunteer cadres in the underserved areas and realigning their workforce through task

shifting (see section on development). In Ethiopia, some provincial governments have initiated social work training programs that involve rural communities in selecting the trainees, who will return to their communities upon completion of their training (IntraHealth International, 2013b). This program has trained approximately 3,000 para-professional workers (personal communication with Kelley Bunkers and Daniel Hailu, May 2, 2016). Similar recruitment and deployment strategies were used with the Tanzania project (Linsk, 2010) and the SUNRISE program in Uganda (USAID, 2015).

Shared HR data and promotion of data-driven decision-making

Data-driven decision-making (DDD) has been accepted as an evidence-based practice in business (Brynjolfsson, Hitt & Kim, 2011), education (Marsh, Pane & Hamilton, 2006; Park & Datnow, 2009), health (Braa, et al., 2007) and virtually all industries. In LMIC contexts, experts agree that use of data and ICT systems have high potential in both urban and rural settings in delivering critical services and that the demand for such systems will grow rapidly. Among the most important steps recommended by the Joint Learning Initiative (Chen, et al., 2004), a consortium of more than 100 global health leaders, was the development of an information and data management system as part of planning and policy/program development. Although published over a decade ago, these findings and observations are similar to the challenges and opportunities faced today by the social service sector.

However, research has consistently shown that common barriers exist among developing countries in adopting ICT systems, including IT infrastructure, legislation, security and privacy, IT skills and organizational and operational costs (Ebrahim & Irani, 2005). Assuming these can be dealt with at the systemic level, user factors also must be considered. A study in India (Gupta, Dasgupta & Gupta, 2007) among the employees (n=102) of a government agency found that expectation of IT use as part of one's job, the ease of use and social influence (the degree to which an individual perceives that it is important that others believe they should use the system) were the main factors in the employee's willingness to use the ICT system, along with facilitating conditions (technical support) to a less significant degree. Beyond overcoming the initial barriers and increasing usage, experts on health information systems in developing countries have recommended standardizing terminology and coordinating data collection systems to avoid gaps and overlaps (Braa, et al., 2007).

Cross-sectoral social service integration is increasingly highlighted as a promising strategy in LMICs, providing opportunities for coordinating human resource data as well as client data. So far, the impact of ICT systems in coordinated social services is lacking and the evidence is mainly through observation. Such an example can be seen in Rwanda where the social protection sector is leading the way in creating a database of vulnerable children and families they serve and there is some discussion about a shared database to avoid duplication and gaps in services (report submitted to UNICEF ESARO by Maestral International). Community health workers (CHWs) are already using SMS messaging for tracking client records, to send reminders, for supervision and other uses to strengthen the workforce and its performance. Although research in this area is nascent in social services, the health sector has been discussing and using integrated information systems for several decades (Haux, 2006; Braa, et al., 2007).

Having this type of a system is so essential that some in the health field have called the information system "the foundations of public health, the glue of a unified health system" (AbouZahr & Boerma, 2005).

Building alliances to strengthen leadership and advocacy among stakeholders

In a landmark study published in the Lancet (Chen, et al., 2004), the Joint Learning Initiative reviewed the urgency of the workforce crisis in health care and recommended a framework for overcoming the crisis, especially in the poorest countries. The study noted that the global health crisis was being exacerbated by three major forces assailing health workers: 1) the devastation of HIV/AIDS, 2) accelerating labor migration and 3) the chronic underinvestment in human resources. Their recommended solutions included building national alliances to formulate country-specific strategies and building national capacity, which should include health and education sectors at minimum. Further, the group emphasized the need for international collaboration and global alliances to energize and sustain national efforts and the need for ICT systems for data management and information sharing.

Within the social service sector, the formation of the Alliance and its efforts to reach out to stakeholders globally (with members in 86 countries as of May 2016) is an important sign of interest in strengthening the workforce around the world, as is the CPC Learning Network. Specifically, the Alliance's approach to strengthening the workforce includes:

- Serving as a convener for an inclusive, representative network of stakeholders including government organizations, nongovernmental organizations, academic institutions, donor groups, professional associations and community practitioners to create a form for discourse and collective learning
- Advancing knowledge by deriving, organizing and disseminating critical evidence-based research, resources, tools, models and best practices
- Advocating for workforce-supportive policy reforms at the global and national levels ((http://www.socialserviceworkforce.org/about-us).

Available research on the effectiveness of alliances tends to focus mostly on business alliances (e.g., commercial airlines) with the profit margin as the unit of impact. However, a review by Gillies (1998) found that alliance or partnership initiatives do work to promote health across sectors, across professional and lay boundaries and between public, private and non-governmental agencies. At the local level, strong alliances were shown to positively affect families and communities. Durable structures such as local committees and councils were found to be key factors in successful alliances to support the sharing of power, responsibility and authority for change, maintenance of order and programmatic relevance. These findings may be helpful in guiding country efforts to form and sustain such alliances.

DEVELOPING THE SOCIAL SERVICE WORKFORCE

The key concepts discussed in this section are:

1. Aligning education and training with effective workforce planning efforts
2. Competency-based curricula and training, including a balance of local/indigenous knowledge and international best practices
3. Promoting evidence-based training and education
4. Field education and exchanges for students and faculty
5. Professionalization: certifications and licensing requirements
6. Linking the workforce from the informal/formal strata
7. Task shifting.

Aligning education and training with effective workforce planning efforts

Harmonizing the objectives of the national social service system and workforce planning involves alignment of appropriate and deliberate workforce training. An example of this effort in the US is the Title IV-E partnership between state governments and hundreds of university-based social work programs to train and channel social work students into child welfare careers (Scannapieco & Connell-Corrick, 2003). A longitudinal study of 289 bachelor's level alumni of such a training program showed that graduates were less likely than other caseworkers to leave their positions, reported greater satisfaction with their work and intended to stay in the child welfare field (Falk, 2015). Some of the findings were related to having realistic expectations of the populations they would deal with, training in working with hostile parents and being trained in self-care. The study suggested that there was likely a more positive response from the parents who felt listened to and understood by the workers who were trained in these skills and in turn the workers felt more successful. It may also have been related to the natural motivation of the workers who chose to undergo the training in the first place.

A recent working paper developed by the Better Care Network and the Global Social Service Workforce Alliance (2015) also explored the theme of supporting government policies to strengthen the social service system in Indonesia, Moldova and Rwanda, three countries in the process of care reform. The report underscores the common finding in all three countries that care reform requires government partnership with training institutions to prepare a workforce trained for jobs under a new national reform agenda and that the training must be focused on both strong theory and practice foundations, along with assessment and research capabilities to provide a complete package. Further, the report emphasized the need to engage the faith community and faith-based organizations that provide services which, under the reform agenda, will be eliminated. It was noted that the faith community and faith-based organizations that funded and managed these services need to be redirected in the same way that the workforce needs to be redirected.

Example: Strengthening Workforce as a Part of System Building in Uganda

The SUNRISE-OVC project in Uganda (USAID, 2015) provided pre-service training to 6,549 community health and para-social workers between 2010 and 2014. Staffing coverage of frontline community service positions was increased from 41% of approved positions to 57% (an increase of 1,301 positions) across 80 districts out of 112 total districts. In addition, the project provided 15-day in-service training on child protection to 1,347 district Probation and Social Welfare Officers (PSWOs) and sub-county Community Development Officers (CDOs).

The combined impact of systems strengthening at the household level was evaluated to be significant. The project resulted in the provision of 368,000 direct services—with each beneficiary likely receiving multiple services. In addition, there was a decline in the number of child defilement cases in one sub-county from 238 in 2012 (before the introduction of PSWOs) to 36 in 2014. A Lot Quality Assurance Sampling (LQAS) of the project identified a decrease (from 26.9% to 20.1%) in child abuse cases from 2011-2014 as reported by children 5-17 years of age in their interviews during the evaluation. The presence of trained para social workers and the advocacy work by social welfare officers and CDOs were associated with these outcomes, although the evaluators acknowledge that many other factors may be involved.

Another issue in developing the workforce is the alignment of the training curricula with national strategic plans, with clearly articulated roles and the requisite education/training to fill those needs among the various cadres of social welfare workforce. A research report (n=253) using structured interviews and group discussions compiled by the CPC Learning Network (2014) in Burkina Faso, Cote d'Ivoire, Ghana, Nigeria and Senegal, noted that most countries lacked clear sets of job descriptions for the different categories of social workers, making it difficult to develop appropriate training curricula. Laws and regulations had been in development for many years, but the blurry boundaries between government social workers, NGO workers and the populations they serve and the lack of clear role parameters continued to be a major challenge (p. 6) in developing the workforce.

A publication from Ethiopia (Hailu, 2014) examined efforts to develop and manage the social service workforce to comply with the country's new National Social Protection Policy. Most of the services envisaged in the policy are anticipated to be delivered by the social service workforce (although the country does not yet have specific legislation to regulate the development and management of social service professionals). The paper provides an analysis of Ethiopia's current efforts to develop the social workforce against the author's six-pronged conceptual framework for the planning and development of the social service workforce: 1) legal mandate through legislation; 2) an assigned institution for the development of the workforce—often a professional association; 3) competencies leading to participation in the job market; 4) a regulatory body to accredit training institutions; 5) a system of measuring graduates' competencies prior to graduation; and 6) a system of continuing professional development. The author concluded that Ethiopia was in the very early stages of developing a comprehensive system for the development and management of professional social workers. At the present time this holistic system of professional social work

education has not progressed, but in the meantime large numbers (estimated at 3,000-4,000) of community level workers are being trained by NGOs supported by foreign development partners (Personal Communication with Daniel Hailu and Kelley Bunkers, May 2, 2016). An additional paper (Kebede, 2014) from Ethiopia discussed the rebirth of social work education fueled by a high demand for trained social workers both by government and civil society and the government's policy to expand higher education.

Competency-based curricula and training, including a balance of local/indigenous knowledge and international best practices

In high-income countries, competency-based social work education has gone through an evolutionary process. Initially it was challenged by global social work leaders (e.g., Dominelli, 1996) as buckling to the demands of the job market at the cost of true client-centered social work. However, the approach has gradually become increasingly popular and prevalent within training institutions. There are no data indicating how many countries are using a competency-based approach to educate and train the social service workforce, or what the overall impact of the approach has been on the quality of educational outcomes, but competencies presumably provide measurements and guidelines for training the workforce.

At the global level, the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW), define social work as:

> "…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 knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national

Education and Accreditation Standards (EPAS) for Social Work Education in the US

The social work education and accreditation system in the US is based on nine core competencies (measurable outcomes) that must be demonstrated before a student can graduate at the bachelor's or master's levels (CSWE, 2015). These are:

1. Demonstrate ethical and professional behavior
2. Engage diversity and difference in practice
3. Advance human rights and social, economic and environmental justice
4. Engage in practice-informed research and research-informed practice
5. Engage in policy practice
6. Engage with individuals, families, groups, organizations and communities
7. Assess individuals, families, groups, organizations and communities
8. Intervene with individuals, families, groups, organizations, and communities
9. Evaluate practice with individuals, families, groups, organizations and communities.

and/or regional levels" (IFSW & IASSW, 2014).

The IASSW—the global social work education association—does not require specific competencies for social work educational programs, although it does list a number of areas of educational standards to be considered by every social work program in its Global Standards for the Education and Training of Social Work Profession ("the Global Standards"), with a heavy emphasis on human rights and capacity building (IASSW, 2004; Healy & Wairire, 2014; Nikku & Pulla, 2014). These standards span 12 pages of detailed text covering the major themes of:

1. The school's core purpose or mission statement
2. Program objectives and outcomes
3. Program curricula including field education
4. Core curricula
5. Professional staff
6. Students (admission, participation, non-discrimination, etc.)
7. Structure, administration, governance and resources
8. Cultural and ethnic diversity and gender inclusiveness
9. Values and ethical codes of conduct of the social work profession (IASSW, n.d.).

In a recent publication, Wang and Chui (2016) reported on a competency scale developed and validated in China for social work students to assess their own competence and for educators to improve field education. The Perceived Social Work Competence Scale (PSWCS) consists of 48 indicators within nine subscales. The validation process (n1=291) demonstrated an excellent internal consistency, acceptable test-retest (n2=300) reliability, satisfactory factorial validity and correlation with the student's grade point average and satisfaction with the field experience. It appears that competency-based social work education will be widely used in China producing millions of social workers in the foreseeable future.

Competency-based social workforce training is also being applied by state governments in the US and elsewhere. Hoge et al. (2016) detailed the development of a set of cross-sector core competencies for training direct care workers in the state of Alaska who are not social work trained but nevertheless provide services in the fields of mental health, addictions, developmental and physical disabilities and long-term care of adults. The paucity of trained professional workforce is especially acute in rural and remote areas of the state.

Cultural competence, perhaps the most widely agreed-upon form of competence, has a limited track record for producing good results when applied to practice. However, promising evidence is emerging. For example, a meta-analysis of 76 mental health intervention studies in the US by Griner & Smith (2006) demonstrated that interventions targeted to a special cultural group were four times more effective than the generic version; and interventions delivered in the client's native languages were shown to be twice as effective. On the other hand, Bhui and colleagues (2007) found that very few studies were published on teaching and learning methods for cultural competence, although those few showed significant change in attitudes and skills of the professionals thus trained. They also noted the dearth of studies outside of North America.

Outside of North America, the discourse is largely focused on observations and practice wisdom as the foundation for training—not insignificant sources of information. For example, Kebede (2014) emphasizes the need to balance

local knowledge and international standards in social work training in Ethiopia. With over 80% of the Ethiopian population living in rural communities with long held traditions and views specific to them, "indigenous social work perspectives and training models are of paramount importance" (p. 164). However, there is also a high level of rural-urban migration, requiring a wide range of knowledge and skill sets for the social worker. Nikku (2010, 2014), a social work educator in Nepal, discusses the importance of incorporating the local history and social context into social work education and helping students in becoming an integral part of the change process while adhering to the global agenda.

Over time, competency-based training is beginning to be exported to LMICs. For example, Linsk et al.'s (2010) training of para-social workers in Tanzania was based on competencies and utilized a skills workbook to accompany the training in building the competencies. The impact of the training was measured by a 25-item multiple choice and true/false questionnaire on the six-step social work process taught during the training. Across the seven training districts, all trainees showed statistically significant improvements. The participants were generally satisfied with the training, but expressed the need for more training, more tools, greater connection to community-based and national networks and follow-up programs that could lead to a career ladder in the field.

Cultural competence and the incorporation of local knowledge are part of the effort to contextualize educational and training curricula to build a locally relevant, locally owned and sustainable social service workforce. Contextualization must consider the prevalent social issues that arise from the historical, political, religious/cultural and environmental realities of the country or region, which are often dynamic, not static. For example, Pereyra (2008) notes the rapid political and social changes occurring in Cuba and how each phase has required different skill sets on the part of social service workers. Countries dealing with conflict or the intergenerational impact of genocide will need to tailor the training to address those issues and dynamics.

Unfortunately, available evidence also shows that many countries still rely on western curricula and textbooks with little or no modifications to fit the local context (e.g., Hailu, 2014). According to Mwansa (2010), an African social work educator, the Euro-centric social work education is an export of the colonial era and social work education in Africa lacks relevance in terms of its philosophical, value and ideological bases. His concern is that students trained in such a system are unfamiliar with indigenous knowledge to some degree and are thus unprepared to apply locally relevant knowledge in their work. Likewise, Gray and Coates (2010) argue that social work must go beyond taking Western models and adapting them to local contexts, but must generate "indigenous" knowledge, theories and methodologies for practice and research. However, they also warn that Western and indigenous models are not mutually exclusive, but can complement each other for specific cultural, political and social contexts. As an example, some Western frameworks of research may be useful in collecting and applying local information.

Such blending of Western methods and locally generated knowledge is beginning to emerge. One quasi-evidence-based method of creating a locally developed training curriculum is the DACUM (Develop-A-Curriculum) method, which uses participatory action research for input by local practitioners and informants. Bragin and

colleagues (2014) used this method in Afghanistan to learn about Afghan-specific theory and practices and to identify the knowledge, skills, tools and personal qualities needed to develop the social work curriculum. This method has been used for similar purposes in Sri Lanka (Conway & Jeris, 2006, as cited in Bragin, et al., 2014) and Baldwin (2012) added a focus group to help develop culturally relevant social work curricula in Ghana. Although typically used in developing training manuals rather than university-level curricula, context-appropriate modifications by Bragin et al. (2014) were shown to retain the competency-based model for social work education. The Sustainable Outcomes for Children and Youth program in Uganda is applying a combination of the para-social work training material utilized by the SUNRISE program and the best materials from several other local sources, ensuring incorporation of insights gained and more complete contextualization over time (personal communication with Lucy Steinitz, May 16, 2016).

Another driver of curriculum development is the conceptualization of roles and responsibilities for the social service workforce. The CPC Learning Network's study (2014) in West and Central Africa demonstrated that without a clear set of job descriptions for the various cadres of workers, the objectives for the professional development of social workers were not well defined in some countries. The lack of standardized theories or practice methodologies also influenced curriculum development. The scope of practice outlined for the child and youth care workers in South Africa is an effort toward clarifying job descriptions and defining work parameters (AIDSTAR Two, 2013, p. 5). Akesson's research (2016) in southeastern European countries documented varying degrees of specificity on the roles and responsibilities of the different cadres of social service workers.

Promoting evidence-based training and education

Evidence-based Practice (EBP) is a "new paradigm that promotes more effective social interventions by encouraging the conscientious, judicious and explicit use of the best available scientific evidence in professional decision making" (Howard, McMillen & Pollio, 2003, p. 234). According to Edmond and colleagues (2006), EBP is being advocated in social services as an alternative to practice models based solely on experience or consultation (p. 377). EBP is increasingly called upon to hold practitioners and instructors accountable to governments and funding sources. An example of a systemic application of EBP is the home visiting program of the Isibindi model by child and youth care workers in South Africa (Thurman, Kidman, Taylor & Chiroro, 2013). As the country anticipated the national roll-out of various programs, the impact of programming was scrutinized using key indicators of child wellbeing. The beneficiary households were found to have greater access to social grants and higher obtainment of resources compared to a comparison group enrolled in a different program. More positive psychosocial support was also shown for the adults in the Isibindi-served households. However, no impact was found along the lines of physical and psychological health, food security, HIV knowledge and child protection, indicating that supplemental programming was necessary to address these needs.

EBP has been widely accepted in other fields and in general in the social sciences and social work. Indeed, both the Educational and Program Accreditation Standards (EPAS) of the U.S. social work accreditation system (CSWE, 2015) and the

IASSW's Global Standards emphasize EBP as part of the training curricula for social workers. Evidence of the impact of EBP on the workforce is beginning to emerge, as seen in a study by Aarons, et al. (2009), a randomized study of child welfare workers (n=99) who delivered an EBP method, compared to the control group who delivered the "care as usual" service. The EBP group reported experiencing a significantly lower level ($b = -.477$, $p < .05$) of emotional exhaustion. This may be the result of better fit between the service and client need, the perceived effectiveness of EBP, or the structure of EBP.

Howard, Allen-Meares and Ruffolo (2007) have offered a set of pedagogical principles in teaching EBP to social work students, such as training students in information science methods, exposing students to a wide array of evidence, teaching students the skills to evaluate the scientific merit of research findings and having a committee of faculty charged with tracking scientific developments. These principles may prove difficult to implement in LMICs and so far they have not been supported by evidence. Others have pointed out additional difficulties with teaching evidenced-based approaches to practice, the primary one being the paucity of scientific evidence examining the efficacy of many social service interventions (Edmond, et al., 2006). Further, randomized controlled trials, the gold standard for producing evidence, are time- and resource- consuming and require expertise often not present in social service agencies or teaching institutions. The lack of EBP training on the part of instructors also poses a major obstacle (Howard, et al., 2007). This lack of training is also a challenge in the field agencies as demonstrated by a survey of 283 field instructors in the US, which found that while the majority considered EBP a good idea, agencies adopted EBP infrequently due to lack of time allotted for educational activities and access to the literature (Edmond, et al., 2006). A review of empirical studies examining the implementation of EBP produced a list of barriers, including inadequate agency resources, skills and knowledge of practitioners, organizational culture, the research environment, practitioner attitudes and inadequate supervision (Gray, Joy, Plath & Webb, 2013).

In addition to the above challenges, it should be noted that there is a counter argument cautioning against over-reliance on EBP. In a frequently cited (606 times) article, Webb (2001) challenged the validity of EBP in social work and the underlying "scientific assumptions." The author argues that social work involves decision-making processes that are indeterminate, reflexive and often transcend mere objective "facts" in a highly contextualized milieu. The positivistic model of EBP, the author cautions, can restrict social work to a narrow ends-means rationality, undermining professional judgement and discretion. In view of the evidence-relevance dilemma presented by the global drive for EBP, Petersen and Olsson's (2015) suggestion for a praxis-based knowledge (knowledge based on practice experience and wisdom) approach may be a serious consideration in developing training curricula for the LMIC context, especially given that the most effective curricula are value-based, context-dependent, sensitive to power relations and grounded in practical experience. These arguments have been countered in turn (e.g., Gibbs & Gambrill, 2002) and adherence to a model of evidence-*informed* practice rather than exclusive reliance on evidence-*based* practice seems to be widely accepted (see CSWE, 2015).

All of these studies and discussions raise questions about the best methods of incorporating evidence into the training in the LMIC context—and creating a culture of

ownership for producing local knowledge for the social service educational institutions. One potential model is mentored research partnership between universities in LMICs and developed countries, such as the one involving the University of Nairobi and two universities in the US (Osanjo, et al., 2016). The partnership leveraged resources to develop an institutional program that provides training and mentoring and identified local research priorities for implementation science. Partnered research projects addressing LMIC's urgent local issues are often welcomed and contribute to the training of the workforce. Another consideration is financial support for locally produced textbooks that combine time-honored social service methods that have been tested for local validity and application (Gray & Coates, 2010).

Field education and exchanges for students and faculty

Field education

Field-based experience (often referred to as field practicum or internship) is considered the "signature" pedagogy for training in social work (CSWE, 2015, p.12; Wayne, Bogo & Raskin, 2010). Most of the applied sciences such as medicine, teaching and even business, rely on such educational arrangements. According to Daresh (1990), a field practicum is an opportunity for students to:

- Apply knowledge and skills in a practice setting
- Progressively develop competencies through participation in a range of practical experiences
- Test their commitment to a career
- Gain insight into professional practice
- Evaluate progress and identify areas where further personal and professional development is needed.

Most research in this area—which measures the effectiveness of field practica in developing professional skills—was generally conducted in the 1980s and 1990s in North America and most showed that there is value gained through internships (see Ryan, Toohey & Hughes, 1996 for a summary of reviews). Internships were considered a very important, if not *the* most important, aspect of training teachers (p. 357). Some research findings indicated that internships could have been improved by better efforts to integrate theory and practice, organizing better experiences of trainees, a better exposure to a wider understanding of the systems and organizations, better preparation of supervisors and taking precautions against exposing students to exploitation (Rayn, Toohey, & Hughes, 1996, p. 359-360). More recently Simons, et al. (2012) found, with a small (n=38) group of psychology students and using a pre-post survey design, an increase in students' multicultural, personal, civic and professional skills through internships.

Increasingly, field work is considered an essential mode of training for the social service workforce. Linsk, et al. (2010) described a partnership intended to develop a cadre of para-professional child protection workers in Tanzania, which incorporated a six-month field practicum after 8-10 days of instruction, with the assumption that the bulk of the learning would come from supervised work in the field. With such a heavy reliance on the field experience, students/trainees would be expected to experience all three of Lynch and Cornwall's (1992) typologies of field experiences: the apprenticeship (mastery of relevant skills with supervisor as role model and guide), the

academic practicum (linking theory and practice) and the growth practicum (personal growth of the student/trainee).

Finding qualified field agencies and supervisors is a major challenge in much of the world. A study (n=263) from Australia showed that approximately half of students did not regularly have the opportunity to observe social work practice, have their practice observed by a supervisor, or have the chance to link theory with practice (Smith, Cleak, & Vreugdenhil, 2014). Sometimes students are caught in value conflicts with supervisors who don't share social work values (Cimino, Rorke & Adams, 2013). In England and Wales, some social work educators are urging consideration of non-traditional, non-statutory agency placements as alternative field placements (McLaughlin, Scholar, McCaughan & Coleman, 2015). Hailu (2014) notes that in Ethiopia, the willingness of an agency to accept interns becomes the main driver of the placement decision without regard to the quality of supervision or the student's interest in the agency's work. Contractual arrangements with NGOs—wherein experienced workers within the organization can provide the learning experiences and supervision for the students—can sometimes supplement this need, but the lack of appropriate placement opportunities continues to be a major obstacle. Increasing the availability and capacity of field agencies to accommodate students or trainees is a critical area of research and advocacy, as is the link between the capacity of social work training programs and the availability of appropriate local field placement options.

Partnerships and Exchanges

North-south partnerships have become a common method of increasing the capacity of the social service workforce in LMICs. An example is the "twinning" program between the American International Health Alliance and Ethiopia, Tanzania and Nigeria. The partnership aims not only to create a new cadre of para-professional social workers in the host country but also to strengthen each country's schools and institutions of social work for long-term sustainability. The program uses a core training model that is adaptable to a range of contexts and utilizes local training staff. According to the program's situational analysis (Guyer, Singleton, & Linsk, 2012), both southern and northern institutions are being strengthened. An impact study was beyond the scope of the report.

Many articles on north-south collaborations in social work education exist but it is unclear if and how such exchanges strengthen the workforce.

Partnerships and exchanges have also taken the form of short trainings of trainers in the field setting, certification programs, or more sustained, ongoing collaborations between academic institutions. Data from these efforts tend to be gathered from participant evaluations and are more descriptive than experimental, but they do shed some light on aspects of cross-cultural training. For example, a four-day training of the trainer program delivered by a US-based team in China indicates the need to allow time for cultural rituals such as opening and closing ceremonies and group photos, as well as time for explaining concepts unfamiliar in China such as non-profit organizations (Behan, et al., 2014). Translation needs should also be considered (e.g., sequential or concurrent) and subtle lines of authority need to be observed. Training methods (e.g., didactic or interactive) and seating arrangements to encourage group interaction should also should be taken into account.

Degree programs require extensive planning and investment. For example, the Royal University of

Phnom Penh (RUPP)'s bachelor's degree program in social work in Cambodia was initiated by a collaboration between RUPP and the University of Washington in the US (Hirachi, 2014). The master of social work (MSW) program, on the other hand, was initiated in partnership with Ewha Women's University from South Korea (http://www.rupp.edu.kh/master/socialwork). For the BSW program, Cambodians with social work experiences were supported to receive MSWs from the University of Washington to return and teach at RUPP, with continuing partnership with University of Washington School of Social Work. In the MSW program, faculty are deployed from Ewha for a few weeks at a time to teach courses. In Myanmar, universities in Myanmar, Australia and India collaborated to develop training modules (Costello & Aung, 2015). In the absence of current updates on graduates, it is difficult to gauge the success of these efforts.

There is much discussion on international student exchanges, but very few studies are available to demonstrate the effectiveness of this approach. Generally, they describe the linguistic and cultural difficulties of students and some caution against academic "imperialism" in international exchanges. The Better Volunteering, Better Care report (Better Care Network, 2014) advised that social work students volunteering, including those using it as an international exchange experience, should consider the impact on the children. Cheney and Rotabi (2014) similarly warn against the so-called "orphan rescue" as a form of international social work experience that undermines family-based care, mostly based on anecdotal evidence.

Professionalization: certification and licensing schemes

The MEASURE Evaluation tool (USAID, 2013) for assessing the social service system of a country lists registration and licensing as an important indicator of a strong social service workforce. Perhaps the most direct route to establishing a professional qualification, beyond the degree, is the certification or licensing process. This process is different in each country, but there is no repository of information on certification and licensing at the global (or even regional) levels. A 15-country report by the Alliance (GSSWA, 2015) found only three countries (South Africa, Namibia and Indonesia) had developed a system of social worker registration, each separate from the professional association. Usually, the terms registration, certification and licensure refer to different steps and mean different things depending on the country. *Registration* may refer to the first step to enrollment in a system tracking entrance into the profession. *Certification* generally verifies that an individual has received pertinent training and has demonstrated competencies, while *licensure* refers to the legal approval to engage in the professional practice of social work. Usually certification requires some form of a degree and examination and licensure require practice experience. In some countries the government regulates all three steps, while in other countries the professional association(s) may be given this responsibility.

Linking the informal and formal sectors

The social service workforce is often described as consisting of formal and informal sectors, although definitions and usage vary. "Formal" is often equated with government workers delivering statutory services while "informal'" often refers to volunteers, para-professionals, or even community leaders, faith leaders, neighbors and friends with an interest and role in ensuring the well-being and protection of vulnerable populations at the community level (e.g. GSSWA,

p. 17). Informal social service workers are often linked with local civil society organizations, village level governance, or other volunteer groups and are generally not employed by the government; however, some cadres within the informal sector may be recognized and regulated by the government. Generally, formal and informal workers collaborate to carry out key functions under the law. For example, in Zimbabwe nearly 10,000 community child protection workers (CCPWs) serve at the ward level, conducting intake of cases and dealing with many of the non-statutory issues that vulnerable populations face, such as connecting vulnerable populations with needed resources. However, when there are statutory issues such as concerns involving child sexual abuse or a youth in conflict with the law, the case is referred to the district level government social work office (Maestral International, 2015, submitted to UNICEF ESARO).

Regardless of how the two sectors are defined, the point of analysis for this report is how the two groups are trained, linked and coordinated and whether the form of structural arrangement and referral pathways make a difference in service delivery and related client outcomes. For example, the SUNRISE project in Uganda (USAID, 2015) provided pre-service training to para-social workers and in-service training to government workers on handling child protection cases and strengthened the coordination mechanisms. The roles and coordination between them were also clarified. As a result, the para-social workers dealt with many of the cases, leaving government social welfare workers with more time to manage the serious cases as well as provide supervision to the para-social workers. This was partially verified by the professional employees' decreased case load records and in interviews. In turn, the para-social workers stated that the government officers gave them "clout" or status in the eyes of community members when they came to the community for supervision. The participants also expressed that due to the training and strengthened linkages between the government and volunteer cadres, child abuse cases were being handled much more efficiently and effectively. A law enforcement officer stated: "Para-social workers act as a bridge between communities and LG structures (duty bearers). Para-social workers ensure that the child abuse cases are reported to police and that they follow-up to ensure justice for victims. People are now less reluctant to report abuse case to the police" (p. 37).

Task shifting

Task shifting originated in the health sector around the height of the HIV/AIDS pandemic when services were rapidly increased and the demand for doctors outstripped the supply. Task shifting can be done vertically to shift tasks from some higher trained personnel to those with less education or training, or horizontally to other professionals with different but equivalent education. In the LMIC context, vertical shifting is the primary focus to maximize existing resources. For example, in rural Rwanda, an outcome evaluation (n=1,076) found that trained nurses correctly prescribed antiretroviral medication in all cases and the survival and adherence rates were similar to patients being seen by doctors only. The conclusion was that nurses can effectively and safely prescribe ART when given adequate training, mentoring and support (Shumbusho, et al., 2009). Similar results were found in a much larger study using experimental design in South Africa (Fairall, et al., 2012). Task shifting has also been shown to be effective in the use of health workers to improve access to maternal and newborn health interventions (Lewin, Gulmezoglu, Lavis & Alvarez, 2012). In

order to further guide task shifting efforts, the World Health Organization (2008) has developed a set of 22 recommendations to guide task shifting and these may be relevant in the child protection and social protection sectors at the community and district levels.

The impact of task shifting is an important area of research in social services, especially in the LMIC context due to its potential to expand the workforce capacity to deliver higher level functions at lower costs and to offer easier access to clients. Indeed, vertical task shifting was the genesis of the huge cadre of child and youth care workers in South Africa (AIDSTAR Two, 2013). Much of the work of professional social workers has already been shifted to community-level workers or even volunteers (e.g., Linsk, et al., 2010; AIDSTAR Two, 2013) and encouraging, albeit tentative, evidence is emerging. In the SUNRISE-OVC project in Uganda, early reports by government officials suggested that task shifting had made it possible for professional government workers to focus on the more serious cases of child protection and that cases were being handled more efficiently and effectively; however, more systematic research was urged by the evaluators of the project (USAID, 2015). In Côte d'Ivoire, a sequential mixed design study (Muriuki, Andoh, Newth, Blackett-Dibinga, & Biti, 2014) demonstrated that the 512 households who received community caregiver support had significantly better clinical and social outcomes than the 219 households that did not. In Zambia, trained voluntary care workers administered a locally validated version of the Post-Traumatic Stress Disorder-Reaction Index (PTSD-RI) and the SHAME measure, tools to identify orphans and vulnerable children who met criteria for moderate to severe trauma symptomatology. Trained lay counselors then implemented Trauma-Focused-Cognitive Behavioral Therapy (TF-CTB) to 48 children. Pre- and post-assessments showed significant reductions in severity of trauma symptoms ($p<0.0001$) and severity of shame symptoms ($p<0.0001$). These findings suggest, among other things, that with appropriate training, volunteers and lay counselors may be able to carry out the assessment and treatment of trauma symptoms, supporting the effectiveness of task shifting in mental health treatment (Murray, et al., 2013). Further research is needed to explore the strengths and limitations of task shifting to ensure that the quality of service is not compromised.

SUPPORTING THE SOCIAL SERVICE WORKFORCE

This section discusses the evidence around supporting the workforce including:

1. In-service training and supportive supervision as methods of strengthening the workforce
2. Organizational support to the workforce through reasonable salary/wages, upward mobility and social recognition
3. Job satisfaction and retention (including burnout, secondary trauma, self-care and family/work balance)
4. Supporting professional associations in their efforts to enhance the professional growth and development of the SSW.

In-service training and supportive supervision

In-service Training or Continuing Education

The evidence is surprisingly lacking in this area, not only in the social science sector but across the board. The most prominent publication (Forsetlund, et al., 2009; cited 1,277 times) comes from the health sector and evaluated 81 trials that reviewed the effects of medical continuing education meetings. The authors concluded that the meetings alone or combined with other interventions could improve professional practice and the achievement of patient treatment goals. But the effect on professional practice tended to be small and varied. Higher attendance was associated with greater effects and mixed interactive and didactic instruction was more effective than either one alone.

In social services, evidence is limited to one review of 20 studies between 1974 and 1997, showing that although training may have an impact on trainees' satisfaction and knowledge gained, training resulted in little behavioral change back on the job. The author suspects the initial designs of the studies may have impacted the results and urged a more rigorous study (Clarke, 2001). Since considerable resources are invested in in-service training in LMICs and training is required in many countries for maintaining licensure, such studies are highly recommended. The roles of transport allowances and food and lodging offered in tandem with continuing training are of special interest in the LMIC context.

Supportive Supervision

The impact of supervision in social service settings has been well documented but is limited to developed regions. In a leading work—a meta-analysis of 27 qualified research articles published in academic journals between 1990 and 2007—Mor Barak and colleagues (2009) reported on a sample of 10,867 child welfare workers, social workers and mental health workers in the U.S. Their statistical analysis resulted in a 3 x 2 framework (three supervisory dimensions and two outcomes). The three supervisory dimensions emerging from their study included 1) task assistance, 2) social and emotional supervisory support and 3) supervisory interpersonal interaction. Task assistance deals with supervision directly related to job functioning, including a supervisor's tangible, work-related advice and instructions to a supervisee. Providing education, resources and learning opportunities also fall into this category. Social and emotional supervisory support is focused on responding to the worker's emotional needs and job-related stress through listening,

showing understanding and making supportive statements. Supervisory interpersonal interaction looks at the worker's perception of the supervision experience based on the quality of the supervisory experience in general and the worker's satisfaction with their supervisor or supervision.

The two outcomes were organized as beneficial or detrimental for the workers. The beneficial outcomes included positive impacts on the workers' cognitions, attitudes and behaviors leading to greater job satisfaction and organizational outcomes. Detrimental outcomes were linked to job stress, role conflict, role ambiguity and role overload, impeding worker effectiveness and service quality. Clearly, this meta-analysis demonstrates that the effectiveness of supervision can impact individual and organizational goal achievement and client outcomes. On the negative side, lack of clarity regarding role boundaries and role overload can impede effectiveness, similar to the findings from the CPC Learning Network study (2014) in west and central Africa cited earlier. The findings of the meta-analysis also provided some specific content for supervisor training.

Kilminster and Jolly (2000) produced an influential review (cited 482 times) of the literature on supervision in medicine, with some implications for the social service workforce. They found that the supervision *relationship* was the single most important factor for determining the effectiveness of supervision, over the supervision methods used. They emphasized the importance of clear feedback, taking sufficient time for supervision and providing the trainee with some control over the supervisory process.

Other studies have demonstrated that participants showed preference for individual feedback and supervision over group supervision (Ray & Altekruse, 2000; n=64); although group supervision is described as having the capacity to increase cultural competence among multi-ethnic students (Lassiter, et al., 2008). A qualitative study of supervisors and supervisees in child and family practice settings from Australia highlighted safety as a critical dimension of supervision, in which the supervisee felt "safe" in discussing troublesome issues and exposing their lack of experience. In addition, the supervisor's knowledge and leadership skills encouraged confidence in the supervision process and the relationship was further strengthened by a supportive organizational and community environment (McPherson, et al., 2016).

More specific to the LMIC setting, in the study by Akesson (2016) covering eight southeast European countries, most participants identified supervision as a key element of effective job performance. However, only in Moldova, workforce members felt that supervision was relatively effective, although the lack of social work training and licensing requirements for the supervisors reduced effectiveness. For the remaining countries, supervision was largely reported to be inadequate and ineffective. A qualitative study (Sandu & Unguru, 2013) of 20 social workers in rural Romania led to the formation of a grounded theory of supervision. The theory consists of ideas such as supervision as a method to control and evaluate, rather than to provide resources and support, and supervision as being most needed in cases of abuse, neglect and abandonment and counseling clients and some aspect of statutory services such as reintegration and foster care. In an even more resource-scarce setting, a group of child protection workers in Myanmar agreed that in the absence of available agency-level trained

supervisors, a peer group supervision model, where case mangers met together regularly to discuss cases and exchange ideas and made joint case decisions, made the most sense. In extremely complex cases, the case would be submitted to a multi-disciplinary child protection committee that met once a month in the regional capital, but a combination of these approaches was devised to fill the supervision void at the agency level (Maestral International report to UNICEF Myanmar, 2015). So far, no research data are available on the effectiveness of peer supervision. In Uganda, the implementers of the Sustainable Outcomes for Children and Youth program have found that the provision of supportive supervision and retention have been among the most serious challenges with the workforce. With little or no incentives, the para-professional workforce is difficult to keep motivated and sustained (personal communication with Lucy Steinitz, May 16, 2016).

In an important development, there is currently an ongoing Delphi study (Beddoe, et al., 2015) to come to international consensus on an agenda for research on and development of supervision in social work. Consisting of faculty from universities in New Zealand, Finland, UK and China, the findings from Phase One demonstrated clear enthusiasm for research on supervision, generally pointing to gaps in knowledge regarding supervision, particularly the lack of empirical evidence on effectiveness, the anecdotal support base for supervision and the need for more resources for practice. This study has great potential for application in LMIC settings.

Motivation in the workforce

Much of the research in this area comes from the business sector, examining evidence from corporate America. Although some application could be found, the vast differences between the American business environment and the social service environment in developing countries creates a challenge for efforts to apply findings to LMICs social service workforce.

An Italian study (Borzaga & Tortia, 2006) involving 228 public and private (mostly non-profit) agencies providing social services may also be relevant. This study has been quite widely cited (356 times), as it explored a dataset of 2,066 social service workers and identified the degree to which job satisfaction and loyalty to the organization were linked to the incentive mixes offered. The study found that while workers motivated by economic interests were less satisfied working in the social service sector, intrinsic and relational attitudes toward the work exerted the greatest influence on job satisfaction. Loyalty to the organization was linked to satisfaction with economic and process-related aspects of the job. The study found that workers in public organizations were the least satisfied, despite monetary incentives.

A study of child welfare workers in California (Merit System Services, 2006) found that the overwhelming majority of workers (70.5%) left the job within the first five years, suggesting the need for concentrated retention efforts during these critical years. The recommendations for increasing retention included: using a continuous HR data system to track vacancies and turnover, including exit reasons; providing prospective casework applicants with a realistic job preview; offering support for furthering training and education; offering extra incentives to the newer employees; and providing more promotional opportunities, among others. Reducing paperwork requirements may also be helpful: in a study of 447 employees in 13 child welfare

agencies, McGowan and Aueback (2009) found that career satisfaction and satisfaction with the amount of required paperwork were key determinants in a worker's decision to stay on the job.

Potentially more relevant evidence on motivation and incentives for workers can be found within the health sector in LMICs. Willis-Shattuck, et al. (2008) conducted a systematic review of what motivates health workers in developing countries, based on 20 studies consisting of both quantitative and qualitative data. They found that workers were motivated by financial rewards, opportunities for career development (upward mobility), continuing education opportunities, good hospital infrastructure, the availability of resources (equipment and supplies needed to do the work), good management and recognition/ appreciation for their work. The authors were not able to differentiate motivations at different cadre levels. In resource-scarce settings, an exploration of low-cost, high-impact methods of rewarding the social service workforce may be productive. For example, community-level child protection workers often mention that they are motivated by the recognition they receive from community leaders in community gatherings and even by small outward tokens of status such as a bag or badge identifying them as having designated roles. These alone, however, are not likely to sustain long-term volunteer work but may have the potential to increase motivation and longevity. It is also quite common to see that community-level volunteers are invited to form a savings and loan group or have the opportunity to move up to more visible levels. These "informal" incentives have the potential to assist in workforce building and retention at the entry level.

Job satisfaction and retention at personal level: burnout, secondary trauma and family/work balance

There is a high rate of burnout among human service workers, although the current evidence is mostly limited to North America and Europe. A systematic review (Lizano, 2015) of 19 empirical studies between 1970 and 2014 in the US found that job burnout had a detrimental effect on the wellbeing of workers and had affective/psychological, physiological and behavioral dimensions. Large caseloads, low pay, lack of recognition and job stress were all found to be significant factors impacting job satisfaction and retention. In addition, there seems to an interactive link with the quality of supervision, discussed above. In their most recent work, Lizano and Mor Barak (2015) conducted a three-wave longitudinal study of child welfare workers in California (n=361) based on a conceptual model wherein job demands such as role conflict, role ambiguity and work/family imbalance can lead to job burnout. They found that these job demands were moderated by job resources such as supervisory support and specialized training (such as the Title IV-E training), which can positively impact job satisfaction (p. 20). Work-family conflict was the only job demand that had a significant direct effect on emotional exhaustion, which in turn was a predictor of depersonalization—a sense of being an anonymous cog in an impersonal social machine. Mor Barak et al.'s earlier study (2001) had found that the strongest predictors of turnover or intention to leave were burnout, job dissatisfaction, the availability of employment alternatives, low organizational and professional commitment, stress and lack of social support.

The nature of motivation also may be related to job stress and turnover. Akesson's qualitative study (2016) found three classes of child

protection workers in Bulgaria (n=52) in terms of their motivation: 1) those who were internally motivated and continued to stay motivated; 2) those who started out highly motivated but lost their enthusiasm due to the stresses of the work; and 3) those were not internally motivated and were largely ineffective. Combined with low threshold requirements for entering child protection work, low motivation was believed to lead to high turnover. The study also identified lack of social recognition as a major contributor to decreased motivation, as well as high caseloads and tangible problems such as lack of office space and transportation support.

Secondary trauma is another area of research focus for social service workers dealing with people who have been traumatized. A meta-synthesis of 20 qualitative papers (Cohen & Collens, 2013) found that impact of trauma work can increase short- and long-term levels of distress and can be managed through personal and organizational coping strategies. In a study of 160 social workers in public agencies treating clients who were victims of trauma, Gil and Weinberg (2015) found that several workers factors heightened their risk of experiencing secondary trauma due to avoidance of coping strategies, previous history of exposure to traumatic events and high exposure to traumatic material through client interactions. On the other hand, a disposition of optimism, emotional mastery and steady supervision on a weekly basis were associated with reduced symptoms. These findings are likely to have direct application to the social service workforce, especially those workers who support populations that have experienced trauma and violence.

Working with people in crises while also living in a traumatological environment can induce "*shared* trauma"—such as experienced by mental health professionals living and working in New Orleans during Hurricane Katrina (Tosone, Bauwens & Glassman, 2016; n=244). The new tool developed by these researchers—the Shared Traumatic and Professional Posttraumatic Growth Inventory—may be of interest for those working in conflict zones or disaster areas and refugee camps, where the clients and workers are experiencing shared trauma, so that secondary trauma can be assessed and leveraged as a tool for personal and professional growth for the worker.

Important to this review, research suggests that job satisfaction is linked to the culture in which one works because culture often attaches importance to different job characteristics. Therefore, job satisfaction is "likely to be, in part, socially determined, being embedded in the network of meanings and values of particular

Self-Care and Burnout

Self-care has been promoted as a coping strategy for workers experiencing high levels of burnout and secondary trauma in response to exposure to traumatized clients. The most recent thread of research in this area—trauma-informed self-care (TISC), explores a worker's coping patterns with job stresses through the use of self-initiated methods. In their study of 104 child welfare case managers and supervisors, Salloum, Kondrat and Johnco (2015) found that the four most commonly endorsed TISC practices included requesting supportive supervision or consultation, accessing peer support, attending regular safety training and working within a team. They also suggested that burnout may be linked to lower levels of compassion satisfaction (sense of pleasure from helping others).

cultural tradition" (Warr, 2007, p. 283). Social service work may be viewed differently depending on the values and social statuses attributed to it in the culture of a given country or community and these are likely to impact recruitment, job satisfaction and retention levels for the workforce.

There is a growing trend toward preventing and managing job stress and burnout in LMIC social service contexts. The Inter-Mission Care and Rehabilitation Society (IMCARES), a faith-based NGO headquartered in Mumbai, India, with 40+ staff members, uses the "Whole Person Care for persons providing Whole Person Care" model (p. 9) to support their staff. In practice this approach is founded on attention to transparency regarding salaries and entitlements in line with government guidelines and the resources of the agency. Within an overall atmosphere of the organization as a "family," the staff participate in writing project applications and concentrate on nurturing leadership, and prayer and devotion are at the core of daily life at the agency (UNAIDS, 2007). In South Africa, a psycho-social support model is used among the child and youth care workers. The Care for Caregivers (C4C) model consists of group and individual counseling sessions facilitated by a clinical psychologist once per month over a six-month period (Thurman, Yu & Taylor, 2009). The program strives to enhance team dynamics among CYCWs, prevent burn-out, promote stress reduction and help workers resolve their own personal crises. In turn, it is expected to enhance the support CYCWs offer to beneficiaries. Similarly, in South Africa, a curriculum has been designed to prevent and reduce job-related stress through psychosocial support for community caregivers (Coulsen, 2009). There are no data from these programs yet, but outcome research is anticipated on the C4C model.

How do Cultural Factors Moderate Job Satisfaction?

Hauff, Richter and Tressin (2015) have advanced a framework based on empirical studies in 24 countries, of how cultural factors moderate job satisfaction. These cultural dimensions include:
1) *power distance* (extent to which less powerful employees expect and accept that power)
2) *individualism vs. collectivism*
3) *masculinity vs. femininity* (extrinsic rewards such as high earning and advancement opportunities vs. intrinsic values such as good working relationships and cooperation)
4) *uncertainty avoidance* (the need for precision and formalization over creativity and independence).

Supporting professional associations

Is there evidence to suggest that supporting professional associations will strengthen the workforce or impact the outcome for the people they serve? According to a highly cited (2,025 times) article by Greenwood, Duddaby and Hinings (2002), professional associations do play a significant role in legitimating change through endorsing local innovations and shaping their diffusion. Another well regarded article (Frankel, 1989) from the business sector asserts that professional organizations can, primarily through their ethical codes, enable the profession to self-regulate in a manner transparent to the public, socialize its members, enhance the profession's reputation and public trust, preserve professional values and deter unethical behavior. However, it should be noted that although this article claimed to be based on evidence, neither the evidence nor the references to the evidence were offered in the article. In social work, Healy and

Meagher (2004) pointed out that the impact of social work associations in the broader context has been neglected and argue that social workers must unite to elevate the professional status of social work, thereby impacting its constituency and clients. Similar hopes were reflected by social workers in Namibia who believed that national organizations could help contribute to the nation's social development and raise the profession's status (Ananias & Lightfoot, 2012).

Social work associations are quite widespread by now. The International Federation of Social Workers (IFSW, n.d.), a global network of social work associations, reports that it has 116 country members around the world. In some countries there are multiple associations, such as in South Africa where there are various types of social service associations. However, in other countries social workers have combined with allied professionals, as in Ethiopia where sociologists, social workers, and anthropologists have formed a joint association to amass more critical numbers for higher visibility (see Hailu, 2014; GSSWA, 2015, p.24).

While the organizational and monitoring roles of professional associations appear widely accepted, there is little research on the roles, aspirations, experiences, or impact of professional associations. Even in the U.S. with a 130,000-strong National Association of Social Workers (NASW) and large scale efforts to influence policy and support credentialing and membership services, an impact study could not be located. One small study concluded that the NASW failed in its role as a disseminator of practice-friendly research information (Borah & Aguiniga, 2013) but no other studies on the impact of social work associations were found. Still, it should be noted that the NASW promulgated the Code of Ethics (NASW, 2008), which is required to be taught in every accredited social work program and the Code is either adopted into state laws or incorporated by reference in state laws in almost every US state and territory (Rome, 2013). The result is that the Code serves as the foundational document for state regulations to monitor the competency and conduct of all social workers in the US, estimated at 650,000 individuals (NASW, n.d.); therefore, the reach of the Code is well established. These overarching parameters provided by the Code are likely to have indirect impact on client outcomes as well through monitoring the conduct of the practitioners, although the evidence has not been established through research.

There seems to be a clear prevailing belief in LMICs that professional associations will increase visibility and influence of the social service disciplines. The Indonesia Association of Professional Social Workers joined with the Ministry of Social Affairs, the Indonesian Social Worker Association and the National Council of Social Welfare to accomplish a number of credentialing tasks, including setting up a social work certification body, a competency-based social work exam, a code of conduct and a national social work curriculum (GSSWA, 2015, p. 24). The Ethiopian Society of Social Workers, Sociologists and Social Anthropologists (ESSSWA) has struggled to gain recognition as a body capable of regulating its members (Hailu, 2014). Most recently the society is fortifying its own capacity and engaging in dialogue with the government to advocate for increasing the autonomy of the association. The Zimbabwe Association of Social Workers recently engaged in efforts to develop a code of ethics, enforce ethical violations, draft modules and train community child care workers and is actively involved in registering and licensing workers

(Maestral International, 2015, internal report to UNICEF ESARO). Most of the countries in southeastern Europe studied by Akesson (2016) have formed professional associations and the report recommends strengthening such associations to develop a political and budgetary advocacy strategy to strengthen the social service workforce; make current research, policy and practice knowledge available to its members; and facilitate exchanges among its members as the primary roles of the association.

It should also be kept in mind that the social service sector is composed not only of social workers but also many others trained in allied disciplines. In reality, in any given LMIC, it is likely that the majority of people delivering social services are not trained in social work, or even in any of the social sciences and they may not be welcome or inclined to join professional associations for social workers. In addition, the inclusion of volunteers and para-professionals in delivering essential services in the social service sector has not yet been widely addressed, except in a few countries, such as South Africa where the National Association of Child Care Workers (NACCW) is 3,800 members strong. The NACCW provides psychosocial support through the C4C program (Thurman, Yu and Taylor, 2009; described elsewhere in this report), supports a culture of nurture and care for its members, provides leadership development opportunities, develops best practice models, develops knowledge and disseminates it and engages in advocacy (AIDSTAR Two, 2013). In Uganda, a group of para-social workers from a specific district have organized themselves into a village savings and loan association as a "…way to build team spirit and be recognized in the community" (USAID, 2015, p. 37).

ARRIVING AT RESEARCH PRIORITIES

This report has highlighted findings from the most relevant and current evidence related to planning, developing and supporting the social service workforce. While the report was intended to identify research gaps, the review process revealed that there is very little evidence within the social service sector in low- and middle-income countries—the gaps are huge. Although there are a few studies using rigorous research methods, the transferability of that evidence to LMIC contexts has not been established. More robust research was found in allied sectors such as health and organizational behavior, some of which may be useful for application to the social service sector. Given the limited research available in the social service sector, there was a need and an opportunity for engaging in dialogue toward identifying the most urgent and essential information that needs to be researched in order to strengthen the workforce.

The Social Service Workforce Evidence Forum

To generate further discussion and build broader collaboration, an evidence forum was held on June 4, 2016 in Washington, DC, among researchers, academics, policy/decision-makers, field experts, implementers and workforce leaders to further ensure an accurate assessment of "what we know," "what we don't know" and "what we must know" in order to strengthen the social service workforce. Through this process it was hoped that the most critical research topics could be identified and agreed upon, to move the effort forward. It was also hoped that as the evidence-gathering moves forward, the involvement of the local end users—vulnerable children and families—would be incorporated as one of the core elements in the process.

The forum attendees were requested to preview the evidence report and the preliminary questions listed in Appendix A, generated by the Building Evidence Interest Group of the Global Social Service Workforce Alliance as potential questions the forum participants could consider. They were also requested to submit any additional evidence they were aware of and were informed that they would participate in a process to identify priority research questions.

On the day of the forum, after a short plenary session the participants were split into three groups to discuss the current evidence—each group addressing one of the three major topics of planning, developing, or supporting the workforce. In the afternoon they were requested to agree upon 3-5 priority research questions on their respective topic area and post their priority research questions on the board and provide an explanation for them. Each forum participant then used their six stickers to vote for their choices of priority questions. These have been summarized in Table 1 on the following page.

While some of the priority research questions contain only one point of inquiry, many contain multiple points of inquiry. When selecting priority research questions to conduct on the ground, it will be important to "unpack" some of these questions into the research design.

It is hoped that this evidence review and forum will serve as catalysts for focused research and advocacy efforts to strengthen the social service workforce worldwide and particularly in low- and middle-income countries grappling with widespread needs and scarce resources, including human resources.

TABLE 1: PRIORITY RESEARCH QUESTIONS (IDENTIFIED BY FORUM ATTENDEES)

Topic	Priority Research Questions
PLANNING the Workforce	• What are effective strategies for changing the public perception of the social service workforce? (12 votes) • What are or should be the economic cost-benefit models to support advocacy to strengthen the social service workforce? (12 votes) • What are the status and effects of implementation of policies and legislative frameworks to strengthen the SSW? (7 votes)
DEVELOPING the Workforce	• How can policy, practice and programs—and the training schemes that underlie them—be designed in ways that truly embrace and fully integrate that which is culturally competent and indigenously accurate and genuinely incorporates people's voices? (13 votes) • What type and level of resources are available and required by the SSW (formal and informal) to improve service delivery and outcomes among clients? (11 votes) • What is the status of SSW mapping (e.g., numbers, job descriptions, career trajectory) and how has such mapping been used? (10 votes) • To what extent are social service workers (community workers) remunerated and what is the relationship between pay and retention? (motivation, creative incentives) (6 votes) • How can training paths be created to generate a diversified, formalized, stratified (multi-level) approach to workforce development? (6 votes)
SUPPORTING the Workforce	• To what extent does professionalization lead to better client outcomes? (12 votes) • What does an effective leadership and management system look like for the informal/para-professional workforce? (9 votes). (Note: This question should include details such as garnering buy-in, advocacy for increased national/local investment (including influence) and how such investments lead to improved retention, improved service delivery and better client outcomes.) • How can training models integrate multi-disciplinary workforce development that spans sectors (e.g., health, community development, social service, education)? (8 votes)

TABLE 2: PRELIMINARY LIST OF RESEARCH QUESTIONS (PRE-FORUM)

Topic	Research Questions (Pre-Forum)
PLANNING the Workforce	1. What is the state of policies/laws, frameworks and strategy plans in LMICs on the planning for, developing, utilization of, and supporting the social service workforce? 2. What are the types of data that are the most critical for informing workforce planning and deployment decisions? 3. What is the impact of developing costed plans to carry out national legislation and policy for meetings the needs of vulnerable children, in relation to strengthening the workforce? 4. What are the most effective strategies for strengthening mechanisms and capacity for financing, accountability and producing costed plans? 5. What are the most effective methods for identifying the numbers and cadres of human resources requirements? 6. What is the impact of developing a national advocacy agenda for the social welfare workforce, identifying the roles and responsibilities for government and non-government, national and local stakeholders in efforts to implement the agenda? 7. What is the evidence around the most effective models for intra-ministerial dialogue and coordination at central and district levels to improve governance (i.e. generating political will, legislative frameworks, and resource allocation to strengthen the social welfare workforce)? 8. What is the impact of Identifying champions and leaders who are willing and able to work together to advocate for needed change? 9. What is the impact of decentralization on investments in the social service sector, including in the workforce? 10. What are the most urgent and most prevalent social issues that need to be addressed by the social service workforce in the country? What are the variations by region? 11. What types of task shifting is occurring within social services and how does task shifting impact worker effectiveness and client outcomes? 12. What are the factors that inform best recruitment methods for attracting quality individuals into social services (including, cultural, rural/urban, and personal factors)? 13. What is the impact of Human Resources Information Systems (HRIS) and other technology on planning, developing and supporting the workforce? 14. What are the most effective models for developing clear job descriptions for social welfare workforce cadres and what is the impact of clear job descriptions on worker effectiveness? 15. What is the impact of developing a national advocacy agenda for the social service workforce, identifying the roles and responsibilities for government and non-government, national and local stakeholders in efforts to implement the agenda? 16. What is the impact of soliciting input from the social service workforce and the communities that they serve to link the formal and informal practices and system more closely together, and to contribute to national and local advocacy agendas and social welfare workforce strengthening strategies? 17. What are the factors that inform the process of building collaborative partnerships to strengthen the social service workforce?

DEVELOPING the Workforce	1. What is the impact of using competency based curricula to develop social work education and training programs for specific social service workforce cadres? 2. What is the evidence relating to social service education and training based on local/indigenous contexts? 3. How should each country determine training curricula, achievement indicators, and outcome evaluation mechanisms for the various cadres? 4. What are the current field placements—types, numbers, supervisory capacity, fit with curricula; and how compatible are these placements in meeting the country's social service needs? 5. What are the elements of good field placements for social service workforce training and how do they impact the effectiveness of the worker? 6. What are the impact, feasibility and cost-effectiveness of specialized training program development in specific areas of greatest need? 7. What is the impact and feasibility of developing a regulatory system for the workforce in partnership with government and civil society? 8. What is the impact of efforts to fast track social service education and training to meet urgent and critical needs versus more traditional longer training programs? 9. What is the impact of the job market for graduates/trainees, and the output of human resources from education programs (i.e. number of expected graduates, what level, gender and home region)? 10. What is the impact of organizing flexible courses and/or internet or smart phone based courses (where practical) for workers or community based caregivers living in remote areas or unable to leave their employment for full-time study? 11. What is the impact of establishing specialized credentials and in-country credentialing systems? 12. What is the impact of facilitating ways to recognize non-formal and on-the-job learning (e.g., by offering competency based assessments) as opposed to requiring that all credentialed workers complete more traditional training? 13. How can client input be best solicited in terms of the personal characteristics of effective social service workforce and priority social service issues?

SUPPORTING the Workforce	1. What are the extrinsic and intrinsic motivators and retention factors for the workforce? 2. What are the supervisory capacities, effective methods, and gaps for each of the social service cadres? 3. What are the most effective methods of identifying and nurturing good supervisors? 4. What are the factors that cause or exacerbate job-related stress/burnout and secondary trauma, do they differ according to particular work contexts (child abuse, emergency, etc), personal experience, education, or training, and what are effective strategies to prevent/cope with them? 5. What is the cost/benefit ratio of investing in continuing education, related to worker effectiveness and client outcome? 6. What is the potential utility and impact of using Human Resource Information System to track, support, and monitor the workforce? 7. What is the impact of training organizational leadership about staff burnout, in terms of incorporating institutional methods of stress reduction (e.g. flexible hours, expressions of appreciation, recognition)? 8. What is the impact of establishing a system of registration, certification, licensure; as well as establishing professional associations? 9. What are the most effective methods of integrating the informal with the formal cadres of social service workforce for more effective and efficient service delivery, and what are the resource needs to support such methods? 10. What are some effective incentives for retaining and motivating volunteer or para-professional cadres, and what are the resource requirements to implement such incentives? 11. How can M&E processes be used to monitor and support the workforce?

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