

THE STATE OF THE SOCIAL SERVICE WORKFORCE 2017

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# STORIES OF WORKFORCE EFFORTS TO ADDRESS VIOLENCE AGAINST CHILDREN



**GLOBAL**  
SOCIAL SERVICE WORKFORCE  
**ALLIANCE**

Improving the workforce. Improving lives.

Children at a community center in Avdiivka, Ukraine, receive psychosocial support.

Photo by Save the Children.



## THE GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE

### Mission and Vision

The Global Social Service Workforce Alliance envisions a world where a well-planned, well-trained and well-supported social service workforce effectively delivers promising practices that improve the lives of vulnerable populations. The mission of the Alliance is to promote the knowledge and evidence, resources and tools and political will and action needed to address key social service workforce challenges, especially within low- to middle-income countries.

### Our History

The Alliance was conceptualized during a conference in Cape Town in 2010 that brought together multi-sectoral stakeholders from 18 countries to identify challenges and successes in building social service workforce capacity. Participants recognized a need to continue dialogue and information sharing across borders and sectors. The Alliance was officially launched as a network in 2013.

### Our Structure

Since 2013, the Alliance network has grown to include more than 1,700 individuals from NGOs, government, UN agencies, donors, academic and research institutions and professional associations spanning over 120 countries. The

Alliance is a non-profit entity funded by the United States Agency for International Development (USAID) through The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), GHR Foundation and UNICEF and is hosted by the Tides Center. The Secretariat of the Alliance is based in Washington, DC, and a globally representative Steering Committee provides strategic guidance. Alliance Ambassadors help to advocate for workforce-inclusive policies nationally and regionally.

### Our Membership

Membership in the network is free to anyone who is interested in supporting efforts aimed at strengthening the social service workforce. There are many ways members can engage with one another and the global community to help strengthen the workforce.

The Alliance is a forum to convene members for networking and collective learning. Members can:

- Recommend topics and join in webinars and annual symposia
- Participate in workforce-focused panels in conferences
- Exchange ideas in online discussion boards
- Connect with members through an online directory and private messaging

The Alliance advances knowledge by producing, organizing and disseminating critical evidence-based materials informed by members. Members can:

- Participate in member-led thematic interest groups to collectively develop new tools and resources
- Utilize resources, tools, research and case studies from the Alliance resource database
- Initiate or join conversations via blogs and social media

The Alliance brings members together to advocate for greater attention, funding and workforce-supportive policies at the local, national and global levels.

Members can:

- Champion efforts for greater recognition and inclusion of the workforce in national policies, especially by using the Global Advocacy Toolkit for the Social Service Workforce
- Add your voice to support Social Service Workforce Week
- Contribute to and circulate annual State of the Social Service Workforce Reports and other workforce data to stakeholder groups
- Encourage more people to become a part of our growing network

IMPROVING THE WORKFORCE, IMPROVING LIVES.  
For more information, please visit [socialserviceworkforce.org](http://socialserviceworkforce.org)

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# LIST OF ACRONYMS

CDC	The Centers for Disease Control and Prevention
CYCW	Child and Youth Care Workers
CRC	Convention on the Rights of the Child
NGO	Non-government organization
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
SSA	Social Service Agency
SDGs	Sustainable Development Goals
UN	United Nations
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Violence against children
WHO	World Health Organization

# EXECUTIVE SUMMARY

This report aims to improve understanding of the role of social service workers in preventing and addressing violence against children.

Violence against children (VAC) is a tragic global epidemic that affects approximately half of all children around the world across diverse contexts and circumstances.<sup>1,2</sup>

The United Nations Children’s Fund (UNICEF) and partners have defined VAC as physical, sexual, and emotional/psychological violence and neglect.<sup>3</sup> A growing body of global evidence describes the damaging short- and long-term effects of observing and experiencing violence on children’s physical and mental health and well-being. These effects can persist through adulthood.<sup>4,5</sup>

The social service workforce—paid and unpaid, governmental and nongovernmental professionals and paraprofessionals—support children and families in communities in a myriad of ways and play a key role in preventing and responding to violence against children and families. Strengthening this frontline workforce is a key element of any strategy to achieve the Sustainable

Development Goals (SDGs), which identify protection of individuals from all forms of violence as a fundamental human right.<sup>6</sup>

This report uses qualitative analysis of survey data and a story telling approach to depict how the social service workforce impacts the lives of children and families in positive and real ways. Personal stories from social service workers across the globe describe their work and the positive impact they have made in the lives of individuals affected by violence or family separation. A thematic analysis of this data provides insight into the workers’ background, preparation and support as well as describes the services they provided and organizational factors that support children and families affected by violence.

Through these stories, the report demonstrates the value of multidisciplinary approaches to addressing violence against children and the key role of social

service workers in facilitating this approach.

The report begins by providing an overview of VAC through a summary of available data on its scope, scale, cost implications and impacts on the lives of children and adults. The report briefly describes global initiatives and policy frameworks that underpin national approaches to address VAC. This report also describes the social service workforce, highlights their critical role in preventing and responding to VAC and explores current ways in which the workforce is currently supported to do their work and how they could be supported better. Building on the findings from individual stories, this report also draws from the global evidence base on social service workforce strengthening to suggest practical interventions that might be used to strengthen the workforce and ultimately improve the lives of children and families.

**A female student at Makambako Secondary in Southern Tanzania reads about violence against girls during a youth festival.**

© 2005 Felicity Thompson, Courtesy of Photoshare.

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## GLOBAL SUMMARY OF VIOLENCE AGAINST CHILDREN

In the past year approximately **one billion children** between the ages of two and 17 were exposed to some form of violence or neglect.

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## OVERVIEW

Violence against children is a problem of epidemic proportions that has no global or societal boundaries. It affects children of all ages and in a wide range of contexts across the globe.<sup>7</sup> A child's first experience with violence usually takes place in their own home by a caregiver.<sup>8</sup> According to recent research conducted across 96 countries, in the past year approximately one billion children between the ages of two and 17 were exposed to some form of violence or neglect.<sup>9</sup> This translates into about half of all children in the world experiencing physical, sexual or emotional violence or neglect.<sup>10</sup>

Violence against children takes multiple forms. The United Nations Children's Fund (UNICEF) defines violence against children as physical, sexual, and emotional/psychological violence and neglect or neglect treatment.<sup>11</sup> The following is a summary of definitions of each type of violence drawn from UNICEF's recent "Hidden in Plain Sight Report."<sup>12</sup>

- Physical violence against children refers to "any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light" as well as "all other forms of torture, cruel, inhuman or degrading treatment or punishment as well as physical bullying and hazing by adults or by other children."
- Sexual violence encompasses "any sexual activities that an adult imposes on a child, for which the child is entitled to protection by criminal law."

- Emotional or psychological violence includes "psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect" as well as threats/fear or actual abandonment.
- Neglect or negligent treatment involves "failure to meet a child's physical and psychological needs; protect them from danger or obtain medical, birth registration or other services when those responsible for their care have the means, knowledge and access to services to do so."

In most cases, violence against children remains hidden, unrecognized or overlooked and left to continue without being reported to authorities or stopped through an intervention.<sup>13</sup> According to one global study, child abuse and physical abuse are 30 and 75 times more common, respectively, than the levels documented in official reports.<sup>14,15</sup> Violence against children can occur wherever children are present and

spend their time, whether it be at home, at school, in the community or online.<sup>16</sup> Children living in institutions such as orphanages or juvenile detention facilities are at an increased risk of violence compared to children in family-based care.<sup>17</sup>

There is no typical profile of a perpetrator of violence against children. A wide range of perpetrators, including parents, immediate and extended family members, friends, teachers, religious leaders, neighbors, strangers and other children can commit violence against children. Violence against children often ignites a cycle in children of learning about violence, normalizing it and then passing it on to the next generation.<sup>18</sup> According to UNICEF, "Children who experience or witness violence are more likely to develop aggressive tendencies and become perpetrators themselves, continuing the cycle of violence."<sup>19</sup>

## IMPACTS OF VIOLENCE

Research from around the world confirms the harmful short and long term impacts that experiencing and witnessing violence can have on children's physical, emotional, social, other development and economic status—impacts that often extend beyond the time when violence ends.<sup>20,21</sup> According to a recent report on violence in the lives of children and adolescents by UNICEF, "Exposure to traumatic experiences can produce toxic stress—defined as prolonged, strong or frequent adversity in which the body's stress-response system remains activated. This can alter the structure and functioning of the brain during the formative early years."<sup>22</sup> Consequences from exposure to violence can include sometimes irreversible problems with depression, self-esteem, behavior, sexual and reproductive health, physical health, mental health, post-traumatic stress, anxiety, eating disorders, substance abuse, academic performance, job performance, overall functioning and an increase in an individual's vulnerability to further and different types of violence.<sup>23</sup> Experiences of violence have also been linked to higher risk of HIV/AIDS.<sup>24</sup>

A growing body of research acknowledges the important role that family plays in a child's development and well-being. Family separation and institutionalization of children exacerbates the effects of violence and at times institutions are an additional source of new violence.<sup>25</sup> The negative health impacts and developmental delays caused by institutionalizing children increase in severity with the duration a child spends in an institution.<sup>26</sup> The impact of

institutionalization is particularly greater on children below three years of age.<sup>27</sup>

## THE SOCIAL AND ECONOMIC COSTS OF VIOLENCE AGAINST CHILDREN

There are multiple social and economic costs associated with violence against children. Studies from the US have explored and confirmed the link between violence experienced while growing up and at school and its harmful impacts on academic success, such as increased risk of dropping out of school, decreased anticipation of attending university, lower grades, increased frequency for special education referral, poor classroom learning behavior and absenteeism.<sup>28,29,30,31,32,33</sup> Studies from the US have also explored the individual economic impacts of violence against children who as adults experience a range of economic consequences that include lower likelihood of having a job and owning assets; reduced earning potential; higher risk of employment and financial challenges; higher likelihood of falling below the poverty line; and disproportionate impact on women's overall economic well-being.<sup>34,35</sup> Finally, studies in the US have also explored the economic and societal impact of childhood violence and neglect with estimated costs ranging from \$80 billion annually<sup>36</sup> to \$124 billion for life-time economic costs in 2008.<sup>37</sup>

The ChildFund Alliance estimates the global costs of physical, psychological and sexual violence against children between 2-8% of the global gross domestic product.<sup>38</sup> The estimated costs include healthcare, social

services and judicial expenditures, among others, and are estimated to be as high as \$7 trillion.<sup>39</sup> Research commissioned by UNICEF explored the cost of maltreatment in East Asia and the Pacific and estimated this cost to be \$209 billion a year.<sup>40</sup>

Evidence supports the cost-effectiveness of preventing violence against children, yet current levels of government spending on preventive and responsive actions in relation to violence against children remain very low and are frequently not documented. The ChildFund Alliance study emphasizes the urgency to generate stronger evidence about the magnitude, different forms and consequences of violence against children; the associated costs and economic implications; and research on good practices for prevention of violence in children and the associated costs of implementing these programs to make stronger arguments for policy-making.<sup>41</sup>

## SUMMARY OF GLOBAL VAC DATA

There is a limited but growing body of data on violence against children. Existing sources of data on VAC include nationwide surveys, administrative records, and qualitative studies. The following is a summary of the global data on physical, sexual and emotional/psychological violence and neglect and negligent treatment drawn from multiple recent reports. There is considerably more data available on physical and sexual violence than on emotional/psychological violence and neglect.



## KEY STATISTICS ON DIFFERENT TYPES OF VIOLENCE AGAINST CHILDREN

### PHYSICAL VIOLENCE

- Every 7 minutes, an adolescent in the world is killed from violence.<sup>42</sup>
- Three out of every four children aged 1-14 years have experienced violent discipline at home in the previous month.<sup>43</sup>
- Almost 25% of girls worldwide said they were the victims of some form of physical violence since age 15,<sup>44</sup> while data related to boys' exposure to violence is more limited than girls; one study across five countries found the prevalence of physical violence in adolescent boys to exceed 40% in all but two countries.<sup>45</sup>

### SEXUAL VIOLENCE

- More than 10% of girls worldwide have experienced forced sexual intercourse or other sexual acts with levels of risk varying in different parts of the world.<sup>46</sup>
- In one study across 21 countries, in 18 countries the majority of girls reported their first experience with sexual violence between ages 15-19 and in 16 countries at least 20% of girls reported their first experience between ages 10-14.<sup>47</sup>
- Data from four countries suggest that boys experience sexual violence to a lesser extent and incidents most often occur for the first time between the ages 15-19.<sup>48</sup>
- Ninety percent of adolescent girls across 28 countries reported their first experience with sexual violence with someone close to them.<sup>49</sup>

### EMOTIONAL/PSYCHOLOGICAL VIOLENCE

- Sixty to 70% of boys and girls experience emotional abuse by a caregiver or other household member from ages 2-14, with rates as high as 80% at the age of nine.<sup>50</sup>
- Findings from VAC Surveys in Kenya, Swaziland, the United Republic of Tanzania and Zimbabwe carried out between 2007 and 2011 suggest that across countries the most common types of emotional violence that children experienced from adults include humiliation, name-calling and feelings unwanted.<sup>51</sup>

### NEGLECT OR NEGLIGENT TREATMENT

- In a 2011 population-based study in the United Kingdom 16% of young adults ages 18-24, said they experienced neglect at home at some point in their childhood.<sup>52</sup>
- In 2011, there was an estimated 15% prevalence of neglect among children under age 17 in the United States.<sup>53</sup>

### INSTITUTIONAL VIOLENCE

- Studies from different global contexts indicate increased levels of violence in residential institutions as compared to foster care; compared to children living in family-based care, children living in group care are four times more likely to experience sexual abuse.<sup>54</sup>
- In a Tanzanian study on children in institutional care, 93% of children and 87% of caregivers reported physical and emotional violence perpetrated by institutional caregivers.<sup>55</sup>
- In a study from Kazakhstan, more than 63% of children in homes for children reported being subjected to violence and 28% reported experiencing this violence regularly.<sup>56</sup>



Due to poverty, Atikah felt she had no choice but to send her youngest son, Rizki, 6, to live in an orphanage. She was haunted by the decision. Thanks to the Child and Family Support Service in Indonesia, Rizki has now been able to return home.

Photo by C J Clarke/Save the Children

## INTERNATIONAL LAWS AND POLICIES

International human rights treaties and standards identify protection of children from all forms of violence as a fundamental human right. For example, the Convention on the Rights of the Child (CRC), a human rights treaty that defines civil, political, economic, social, health and cultural rights of children, includes articles specifically addressing violence against children. Article 19 of the CRC condemns “all forms of violence against children, however light” as “unacceptable” and disparages the use of “frequency, severity of harm and intent to harm” as “prerequisites for the definitions of violence.” It goes on to say that states’ or nations’

definitions of violence must not detract from a child’s “absolute right to human dignity and physical and psychological integrity by describing some forms of violence as legally and/or socially acceptable.” Article 19 also emphasizes that state parties must have laws in place to prohibit violence and implement administrative, social and educational measures to protect children from violence. It outlines actions that governments should take, including implementing social programs and mechanisms to address cases of child maltreatment.<sup>57</sup> In addition, the UN Committee on the Rights of the Child General Comment No. 19 identifies states’ obligations to ensure that public budgets support the realization of children’s rights.<sup>58</sup>

## GLOBAL INITIATIVES TO PREVENT AND ADDRESS VIOLENCE

In 2006, a consortium of UN agencies, governments, NGOs and civil society and individuals came together to produce the UN Secretary-General’s Study on Violence against Children.<sup>59</sup> This study helped to launch a series of global initiatives, including the Violence against Children National Surveys, many of which were led by the Centers for Disease Control and Prevention (CDC) as part of the Together for Girls partnership.<sup>60</sup> Data on the nature and impact of different forms of violence against girls and boys have been gathered in 20 countries and now forms the basis for several recently issued reports referenced in this report. The Global Partnership to End Violence against Children was launched in 2016 as a public private partnership to encourage stakeholder groups to work together to prevent and respond to violence against children. The Partnership currently supports 13 pathfinding countries to develop and implement action plans to address violence against children and provides guidance to other countries.

The Sustainable Development Goals (SDGs), a set of 17 goals and 169 targets, were created through a process led by the United Nations (UN) and involving civil society, governments and other stakeholders. The SDGs serve as a call to action to realize the human rights of all and to achieve gender equality and the empowerment of women and girls.<sup>61</sup> Four of the 17 SDGs, as well as multiple targets, address violence against children. SDGs and targets related to violence against children are summarized in **Box 1**.<sup>62,63</sup> UN

member states have committed to achieving the SDGs by 2030, including ending violence against children.<sup>64</sup>

INSPIRE is a resource of seven strategies based on evidence and created for stakeholders working in different sectors and dedicated to preventing violence against children and adolescents and responding to it.<sup>65</sup> The INSPIRE strategies provide a tool for countries, communities and stakeholders to identify and harness

proven, complementary prevention and service strategies that have the greatest potential impact to reduce violence against children. The evidence-based strategies are intended to be implemented in combination, as part of a multi-sectoral plan and in partnership. The seven strategies include: implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support

services; and education and life skills. A forthcoming implementation handbook will outline effective and proven social services and social service workforce strengthening interventions that help to prevent and address violence against children. The development of these resources has been led by WHO with collaboration across multiple UN agencies and US government departments, the World Bank and the Global Partnership to End Violence.

**Box 1: SDG targets related to violence against children**

SDG	TARGET	DESCRIPTION
<b>4</b> QUALITY EDUCATION 	<b>4a</b>	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
<b>5</b> GENDER EQUALITY 	<b>5.2</b>	Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
<b>8</b> DECENT WORK AND ECONOMIC GROWTH 	<b>8.7</b>	Take immediate and effective measures to eradicate forced labor, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labor, including recruitment and use of child soldiers, and by 2025 end child labor in all its forms
<b>16</b> PEACE, JUSTICE AND STRONG INSTITUTIONS 	<b>16.1</b>	Reduce all forms of violence and related death rates everywhere
	<b>16.2</b>	End abuse, exploitation, trafficking and all forms of violence and torture against children

The Global Social Service Workforce Alliance supports the SDGs.

**Source:** United Nations. 2017. Sustainable Development Goals: 17 Goals to Transform Our World.

**Accessed at:** <https://sustainabledevelopment.un.org/topics/sustainabledevelopmentgoals>

2

# OVERVIEW OF THE SOCIAL SERVICE WORKFORCE



Probation officers with the Kenyan government conduct trainings on working with children in conflict with the law.

Photo by John, a senior probation officer, featured on page 35.

The **social service workforce** is defined as paid and unpaid, governmental and nongovernmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families. The social service workforce focuses on preventative, responsive and promotive programs that support families and children in our communities by alleviating poverty, reducing discrimination, facilitating access to needed services, promoting social justice and preventing and responding to violence, abuse, exploitation, neglect and family separation.<sup>66</sup> Social service workers are often the first responders to address the multiple forms of violence against children, which is a major cornerstone of their work. This workforce is evolving and its definition, worker competencies and roles vary within and between countries.<sup>67</sup>

### THE SOCIAL SERVICE WORKFORCE IS CRITICAL TO PREVENTING AND RESPONDING TO VIOLENCE AND TO ACHIEVING SDGs RELATED TO VIOLENCE

The social service workforce is fundamental to implementing the complex eco-system of child protection services.<sup>68</sup> They provide services that position social service workers at the frontlines of preventing and responding to violence against children in its multiple forms.<sup>69</sup> Their multiple roles include carrying out strengths-based assessments, connecting children and families to protection services, providing or referring children and their parents to family support services, monitoring children separated from their families who are living in institutions and home placements and supporting their reintegration, investigating cases of violence and neglect and providing direct counseling and psychosocial support. In addition to direct service provision, the social service workforce plays a key role in preventing violence against children by mobilizing communities and being

cultural mediators to address cultural beliefs related to violence. They also support the development of policies and legislation, manage social service agencies and carry out policy and programmatic advocacy among other areas.<sup>70</sup> The social service workforce is the key implementing actor on the ground to achieve the SDGs related to violence against children.<sup>71</sup> See page 22 for more details.

### THE NEED FOR WORKFORCE STRENGTHENING

A well-coordinated, efficient, resourced social service workforce is essential to supporting children and providing critical assistance when violence occurs.<sup>72</sup> However, the impact of their work depends on receiving commitments from national governments, donors and society to provide the necessary political, financial and moral support needed to effectively provide services. It also requires ongoing commitments to plan, develop and support the workforce to ensure that they are empowered and equipped to support families and children to reach their

full potential and better recover from violence and related trauma.

Workforce planning entails multiple approaches, including carrying out workforce mapping exercises to assess systems and services around the worker and identify human resource gaps. This human resource data can then be used in decision making about financing and to improve recruitment, hiring, deployment and retention, including better defining workforce roles through clear job descriptions. Advocating for dialogue among different government ministries and departments and increasing coordination will help to generate political will and predictable resource allocation. This will help ensure that workforce strengthening is underpinned by legislative frameworks, including uniform definitions and policies.

Workforce development involves providing effective pre-service and in-service training and education aligned with needs and gaps identified by workforce assessments. It also entails ensuring that curricula

incorporate both local/indigenous knowledge as well as international best practices for improving the well-being of children and families. Training opportunities for workers should align with in-country credentialing or accreditation systems that are broadly recognized and endorsed across government, university and nongovernmental actors. Faculty and teaching methods should be regularly updated to establish a pipeline of future social work educators.

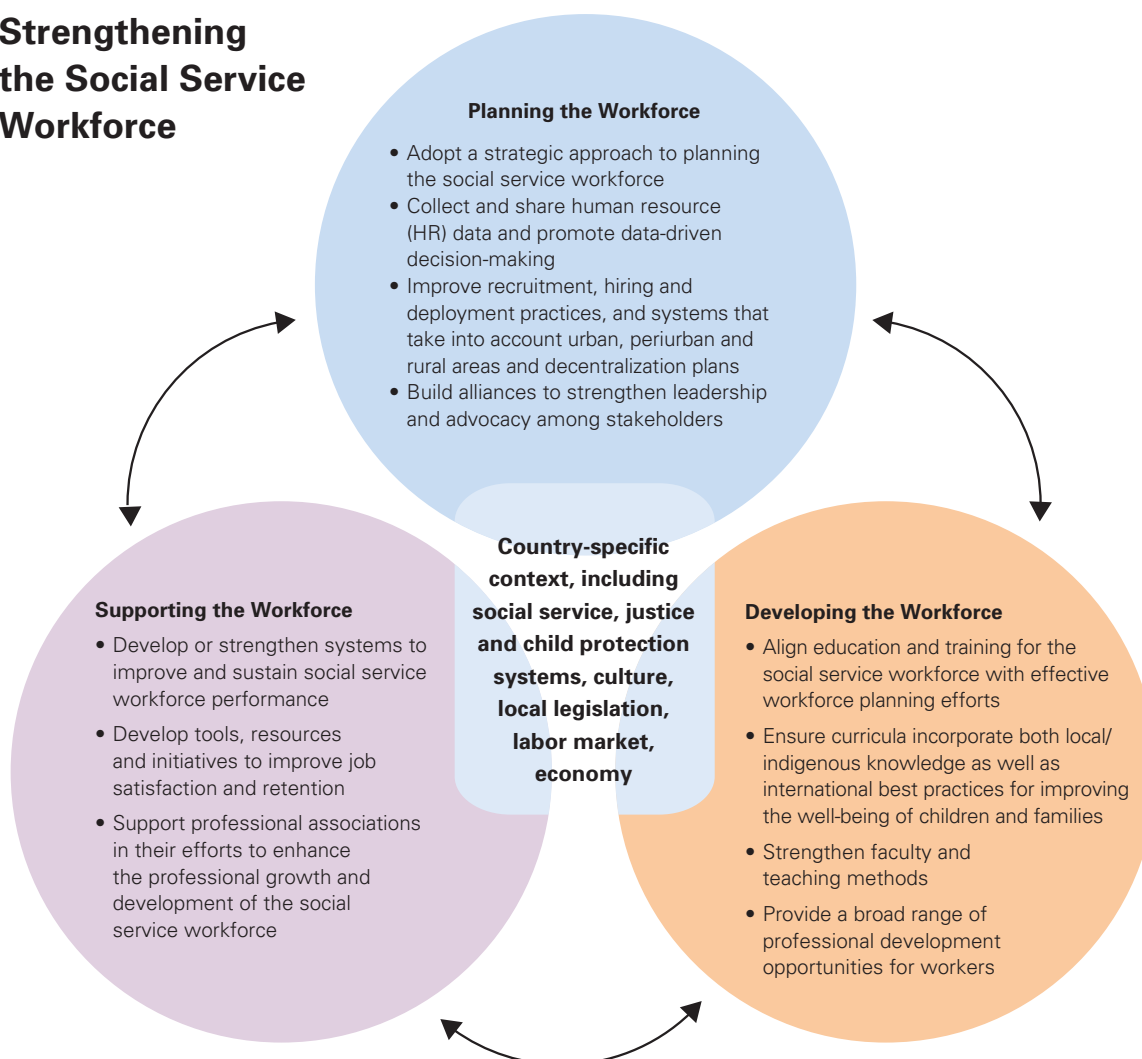
Supporting the workforce includes efforts to improve job satisfaction and retention, such as through incentives,

ensuring they have the tools and resources that they require to carry out their jobs and clearly outlining career ladders and opportunities for advancement. Comprehensive onboarding procedures, ongoing supportive supervision and continuing education can help to improve worker performance and prevent burn out and associated high turnover. Lastly, raising public awareness about the important services provided by social service workers helps to increase morale, recruitment, performance and retention.

## SUPPORT FOR WORKFORCE STRENGTHENING EFFORTS

Efforts to train and support workers who provide social services date back more than a century. The past five years have witnessed substantial growth in efforts to improve systems of care for children, with a focus on the central importance of the workforce in providing that care. UNICEF and USAID/PEPFAR, as well as other donors and regional bodies such as the Association of Southeast

### Strengthening the Social Service Workforce





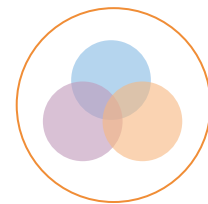
A Community Resource Person in rural Malawi enrolls a community member into the One Community Project.

© 2016 Nandi Bwanali/ONE COMMUNITY, Courtesy of Photoshare.

Asian Nations (ASEAN), Open Society Foundations (OSF) and many others, have supported countless projects to strengthen child protection and social service systems across the globe.

In 2013, the Global Social Service Workforce Alliance was formed to serve as a forum to convene members for networking and collective learning; to advance knowledge by producing, organizing and disseminating critical evidence-based materials informed by members; and to collectively advocate for greater attention, funding and workforce-supportive policies at the local, national and global levels. Since 2013, the Alliance network has grown to include more than 1,700 individuals from NGOs, government, UN agencies, donors, academic and research institutions and professional associations spanning over 120 countries. As a network, all of the work of the Alliance is undertaken through a process of collaboration with others, whether members or entities such as NGOs, government, UN agencies, donors, academic and

research institutions and professional associations. For example, the Alliance has published annual State of the Social Service Workforce reports since 2015; produced 24 webinars to advance knowledge and increase dialogue on themes central to strengthening the workforce; held four Annual Symposia; organized dozens of events, conferences and panel presentations; produced dozens of resources and reports with broad input from members on promising and innovative efforts underway in workforce strengthening undertaken at the country-level as well as regionally and internationally; and has helped members advocate for workforce-supportive reforms, such as by developing a global advocacy toolkit and ways for members to raise awareness and increase engagement and interest in workforce strengthening initiatives. The Alliance website is a hub for members to participate in discussion topics as well as share upcoming conferences, resources, blogs and other updates relevant to this workforce.



The social service workforce is defined as paid and unpaid, governmental and nongovernmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families.

# 3

## METHODOLOGY



In Georgia, six children have been reunited with their family after receiving financial support from Save the Children to help improve their living conditions, provide for household appliances, and purchase basic furniture, clothes and toys.  
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The methodology for this annual report included a document review, collection of primary data through a questionnaire administered to global partners, qualitative analysis and synthesis of completed questionnaires and follow up interviews with some of the respondents selected for featured profiles.

## DOCUMENT REVIEW

This annual report included a document review that examined different aspects of the global epidemic of VAC and the social service workforce working at the frontlines to prevent and respond to VAC. Documents reviewed included global reports on violence against children; peer-reviewed literature (original research, meta-analyses and systematic reviews); technical reports, conference reports; non-governmental and other organizational reports and gray literature.

## QUESTIONNAIRES

A questionnaire was designed to gather information about social service workers in different contexts. The questionnaire collected information about social service workers including their background, work-setting and nature of work, education, motivation for entering the social service workforce, perceptions of support received, and an overview of their VAC-related work and services they provide.

It was administered with the assistance of Alliance members, UNICEF and other partners with the goal of receiving 50 completed questionnaires. Primary data was collected from 53 individuals who are part of the social service workforce

across 29 countries through completion of the questionnaire online, a paper-based format or through an oral interview. Respondents had the option of completing and submitting the questionnaire in English or another language. Data was received in three languages.

## ANALYSIS

Qualitative analysis was conducted on questionnaires received from 53 respondents across 29 countries. Responses to each question were analyzed, categorized and tallied in excel using thematic analysis.

## FURTHER INTERVIEWS

Selected respondents, identified to include their profile and story in the report, were interviewed further, as necessary, to obtain additional information about their stories.

## LIMITATIONS

It is important to highlight the limitations of this analysis. Piloting and adaptation of the questionnaire for different contexts was limited. Survey respondents represented a limited and non-representative sample of the social service workforce. While there is insight to be gained from respondents' collective feedback and perceptions, it is not appropriate to generalize the information collected

through the survey or extrapolate these findings to any specific context. For that reason, the final recommendations also draw on broader evidence and research. Various relevant factors may differ substantially between contexts. Feedback was not systematically balanced in terms of geography and different characteristics of workers.

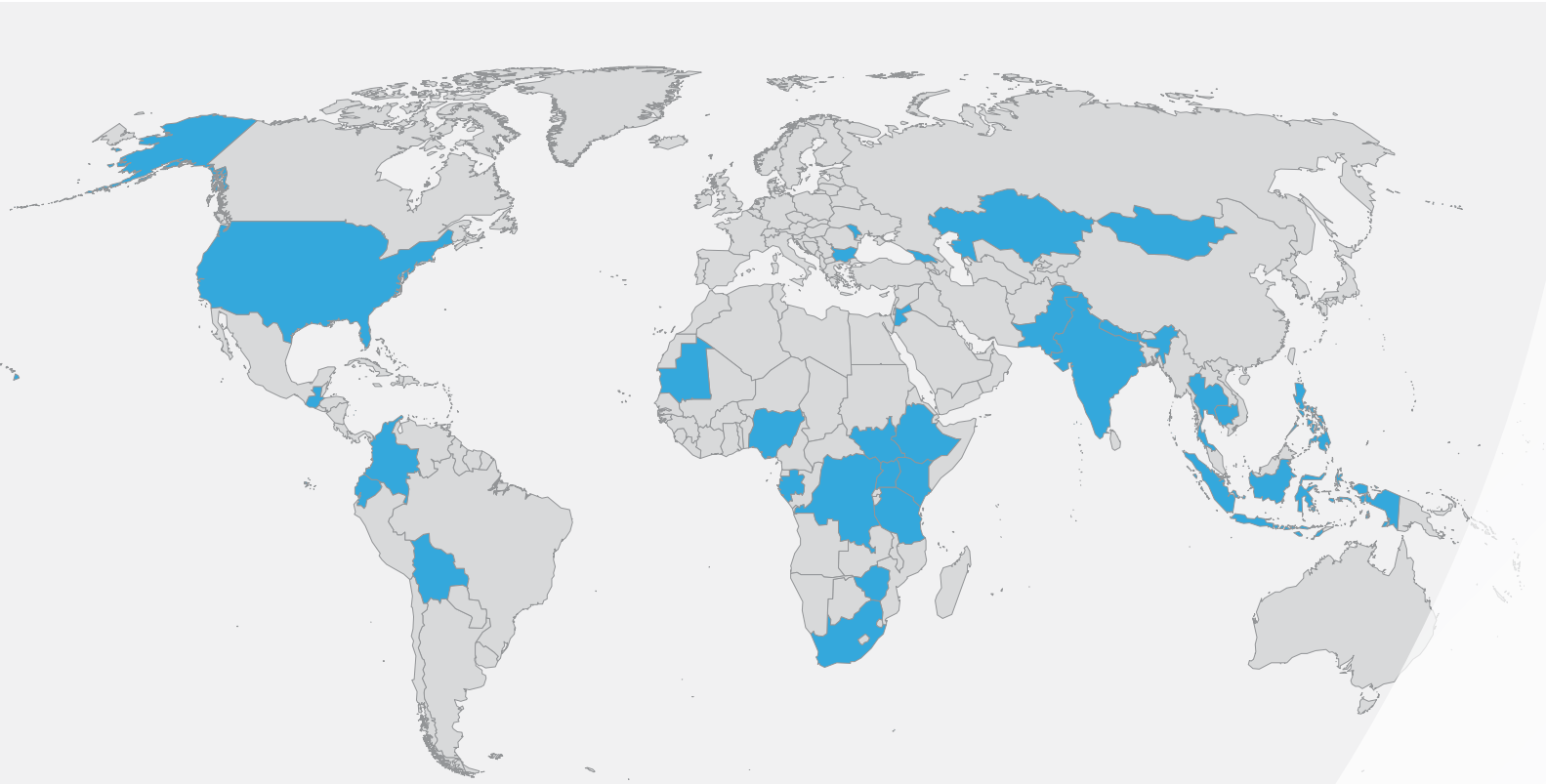


Rural women receive information on legal rights regarding violence against women as part of an awareness program by the state government of Jharkhand, India.  
© 2016 Pranab Basak, Courtesy of Photoshare.

*Primary data was collected from 53 individuals who are part of the social service workforce across 29 countries.*

# 4

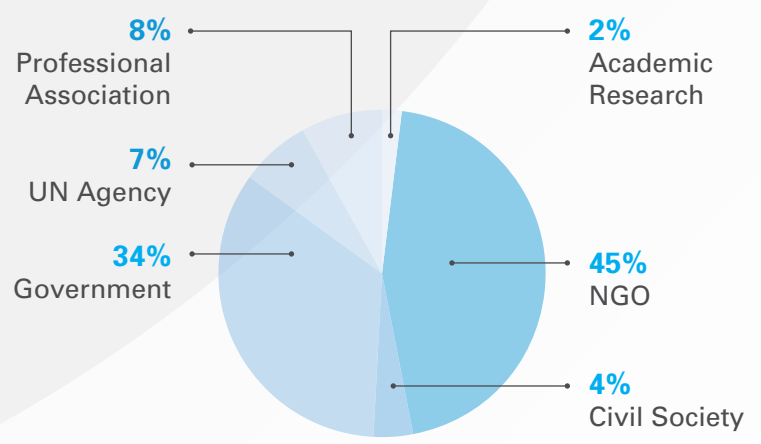
## SURVEY FINDINGS



**Figure 1: Geographical representation of respondents**

<b>Americas</b>	<b>Middle East and North Africa</b>
Bolivia . . . . . 1	Jordan . . . . . 1
Colombia . . . . . 2	
Guatemala/Ecuador . . 1	<b>South and Southeast Asia</b>
US . . . . . 1	Cambodia . . . . . 1
	India . . . . . 1
<b>Eastern and Central Europe</b>	Indonesia . . . . . 5
Bulgaria . . . . . 1	Mongolia . . . . . 1
Georgia . . . . . 2	Nepal . . . . . 3
Kazakhstan . . . . . 1	Pakistan . . . . . 1
Moldova . . . . . 1	Philippines . . . . . 5
	Thailand . . . . . 1
<b>Eastern and Southern Africa</b>	<b>Western and Central Africa</b>
DRC . . . . . 1	Gabon . . . . . 1
Ethiopia . . . . . 1	Mauritania . . . . . 1
Kenya . . . . . 2	Nigeria . . . . . 2
South Africa . . . . . 5	
South Sudan . . . . . 1	
Tanzania . . . . . 1	
Uganda . . . . . 5	
Zimbabwe . . . . . 4	

**Figure 2: Employer types**



The next section describes a summary of findings from qualitative analysis of questionnaires, some fully completed and a few partially completed, received from 53 respondents across 29 countries. Potential respondents were identified and approached through the assistance of Alliance members, UNICEF and other partners. Questionnaires were completed through a combination of online format, paper-based questionnaires and interviews. Four categories of information were gathered from each social service worker as summarized in **Table 1**. The sample of respondents was not representative of the workforce in general. However, as highlighted in the subsequent discussion of findings, their responses convey useful information that, combined with other evidence, provide insight for potential workforce strengthening, outlined in the final section of the report.

## RESPONDENT PROFILES

A total of 53 social service workers (30 females and 23 males) from 29 countries responded to the survey.

### Titles in the Social Service Workforce

Of the 53 respondents, all except one provided their title, identifying themselves as fulfilling over 16 diverse roles—ranging from direct service provision to supervisory or management roles to organizational leadership roles to specialized advisory roles. One-fourth of the respondents identified themselves as front-line social workers and one fourth described themselves as

managers (e.g. serving as project manager, supervisor, project director or chief of party). Other titles respondents provided included child and youth care workers, project officers (reintegration, social welfare, health education and child protection), para social workers, mentors, advisors (foster care and case management), senior officers (probation and district welfare) and volunteers.

### Employer types

Six different types of employers, including academic and research institutions, NGOs, civil society, government, UN agencies and professional associations were mentioned as employers. **Figure 2: Employer types** shows a breakdown of the percentage of respondents who work for each type of employer and reveals that the majority of respondents work for NGOs (45%) and the government (34%).

### Work Setting

The majority of respondents reported working in a combination of settings (36%), while 32% reported working in an urban context, 19% in a rural and 13% in a peri-urban context.

### Types of education and training

When asked about the types of education and training they received in preparation for their roles, respondents described a range of different education and training experiences. Sixty-six percent of respondents reported having a bachelor degree or higher. Of these, 40% of respondents reported their highest form of education as a bachelor's degree in fields

## Table 1: Summary of information gathered from respondents through questionnaire

### Profile

- Country
- Role in the social workforce
- Employer type
- Work setting
- Type of education and training
- Motivation for entering the social service workforce

### Overview of work

- Case load
- Types of violence
- Types of services
- Engagement in community-based programs

### Perceptions of support

- Adequate preparation and support
- Types of support identified as most helpful

### Analysis of stories

- Type of violence
- Nature of support provided to the child(ren) and/or family
- Collaborators
- Perception of intervention success
- Major challenges
- What worked well
- Most helpful factor
- Key outcomes

that include social work, child development, psychology, education, law, social science, economics and public health. Twenty-six percent of respondents reported their highest form of education as a master's degree in subjects such as social sector planning, management, social work, child rights, public health, humanitarian action, guidance and counseling, public policy and child development. Thirteen percent reported non-degree certifications and trainings in areas that include social work, training and counseling, child and youth care, community development and midwifery. Finally, four percent reported diplomas (business administration and child and youth development) and one reported secondary education as their highest forms of education and training. In addition to reporting their highest levels of education, many respondents reported obtaining additional recognized certifications in topics such as social work, child and youth care work, basic qualification in child care, lay counseling, risk management, crime prevention, case management, mediation, community development, gender-based violence and violence against children, child rights, child protection, psychosocial support, drug abuse, orphans and vulnerable children case management and referral, human rights, social welfare and family support services. For a smaller number of respondents, the level or type of training and education was unclear or not provided.

### Motivation

When asked to describe the main reasons that they entered the social service workforce and the aspects of their jobs that they most

enjoy, respondents most frequently mentioned the desire to help people. Other respondents described their own personal experiences with abuse, growing up without parental care and institutionalization, and how that motivated them to enter the social service workforce to help others who encounter similar experiences. Other key reasons included the desire to drive change and a personal passion for this work.

## OVERVIEW OF WORK

### Caseload

Respondents were asked to identify the total number of cases that they worked on in the last month and provide an estimate of the number of those that involved some form of violence. Eighteen respondents provided a complete response with the total number of cases that they worked on last month and the number of those cases that involved violence. For these respondents, 73% of their total monthly case load of 13.5 cases involved violence. Twenty-three respondents reported only their total monthly case load, which was on average 15 cases a month. Thirty-four respondents reported only the total number of cases involving violence that they work on, which averaged seven cases a month.

### Types of Violence

More than 13 different types of violence were identified when respondents were asked to describe the main types of violence against children that they encounter through their work. The most common types of violence mentioned in order of frequency were sexual violence, physical violence, neglect, psychological and emotional violence

and child labor. Other types of violence mentioned, but with less frequency were domestic violence, trafficking, civil war and armed conflict, child marriage and other forms of gender inequality.

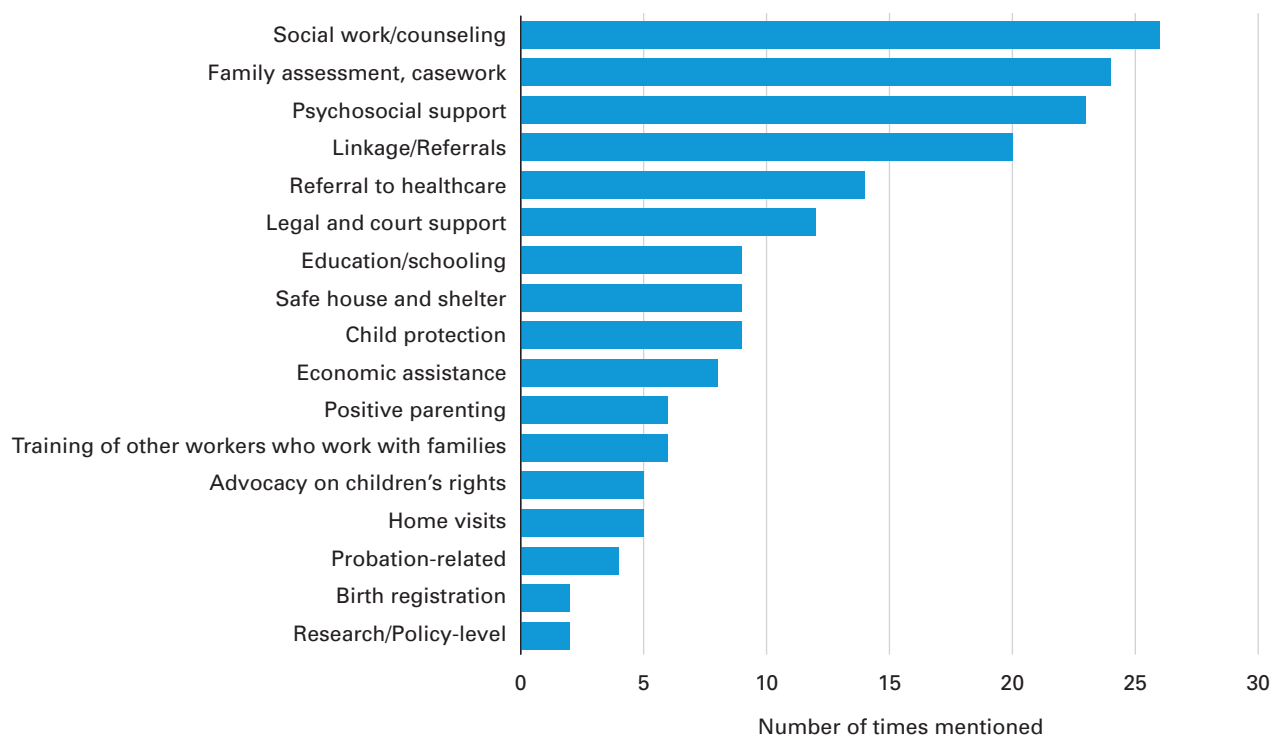
### Types of Services Provided

Respondents were asked to describe the types of services they provide to children/families affected by violence in their own words and terminology. Respondents reported providing 17 different types of services, with the most frequently reported services including social work/counseling, family assessment/casework, psychosocial support and linkage/referrals to other services. **Figure 3** shows the spectrum and frequency of reported services provided.

### Engagement in community-based programs

Respondents were asked about their engagement in community-based programs related to violence against children outside their specific case work. Nearly half of the respondents mentioned involvement in community awareness raising or sensitization campaigns. Other common themes, in order of frequency mentioned, included capacity building of children, youth or adults to become ambassadors against violence and engagement in school-based violence prevention programs. Media advocacy for violence and other community-based programs, including positive parenting and economic strengthening, victim empowerment, training and mentoring of community volunteers, and advocacy for child protection and child protection laws, were also listed multiple times.

Figure 3: Types of services provided to children and families affected by violence



## PERCEPTIONS OF SUPPORT

### Perception of adequate preparation and support

When asked whether they feel adequately prepared and supported to carry out their work focused on children and families affected by violence, more than half of the respondents indicated feelings of adequate preparation and support. Multiple other respondents reported feeling adequately prepared and supported, but their responses were accompanied by descriptions of concerns and/or additional needs related to preparation and support. The following is an example of one of these responses,

*“To some extent I am prepared and supported by the organization, but at times these cases become very overwhelming. Focused training in trauma counseling would be helpful for us as staff and refresher training in our areas of service delivery. In terms of resources, there is need for adequate facilitation in terms of ongoing training for foster caregivers, so that they are equipped to remain relevant to the needs of the children as they grow up...both the children and the foster caregivers need ongoing support to help keep the children stable in families. Currently this kind of support is very minimal.”*  
 — Foster Care Advisor, Uganda

One fourth of respondents expressed that they do not feel adequately prepared and supported to carry out this work. Specific challenges they

mentioned include lack of transport, financial and human resources; a need for more education and training, particularly on trauma counseling and navigating socio-cultural challenges with recognizing violence against children at the community and interpersonal level; insufficient government support for people in need; no recognition of social workers from other sectors; and public-sector institutions not equipped to deal with these cases.

### Types of support identified as most helpful to social service workers

Social service workers face multiple challenges in their work. Respondents were asked to describe the type(s) of support that they would find most helpful in providing services to children/families affected by violence. The theme that emerged

most frequently was increasing the availability of support services to children and families. In order of frequency these included counseling or therapy, case management, psychosocial support and legal support as well as increased family and community awareness of ways to address violence. Another prominent theme was support required by workers themselves, including additional training and capacity building; supervision; higher compensation; reduction in work load; transportation assistance and secondary trauma counseling. Finally, coordination was also mentioned multiple times as a potentially helpful form of support, including coordination and collaboration between stakeholders and knowledge sharing.

## ANALYSIS OF STORIES

This section contains a synthesis and key themes from respondents' stories of helping a child or family affected by violence.

*47% of respondents reported engaging in community awareness raising campaigns as part of their roles to address violence against children.*

### Types of violence

Respondents' stories were analyzed in terms of the type of violence described in the story. Sexual violence was the most frequent type of violence described while physical violence and neglect were also prominent themes. Multiple stories focused on emotional and psychological violence and fewer stories focused on other forms of violence, including child labor, child marriage and unspecified violence in institutional care. It is notable that one third of the stories featured a child or children experiencing multiple forms of violence concurrently.

### Support provided to children and families

In descriptions of how respondents helped the child or family in their story, in almost all cases, respondents mentioned providing multiple forms of support to children and families affected by violence. The following quote from one respondent whose case involved sexual violence, illustrates the multiple services that the respondent provided for the child and family:

*"The first step was to refer the girl to the hospital for treatment and then support was given to the girl to present her case to the police. After the matter was reported the police, our office offered pre-trial counselling to the child and family members (mother and uncle) in order to prepare them for trial. Our office also assisted the police officers with transport to find the perpetrator. While dealing with this case, it was found that the child had dropped out of school due to financial challenges at home and was enrolled back to school with financial support from*

*the education assistance program in our office. The family was also linked with the drought relief program since they were facing food security challenges."*

*— District Social Welfare Officer, Zimbabwe*

Respondents highlighted the important role that the social service workforce plays as connectors or facilitators, enabling clients to access other important services. Of the services they described, respondents most frequently mentioned referring or connecting children and families to other services (mentioned 52 times), such as medical and legal services and directly providing counseling/ psychosocial support for the child and/or family (mentioned 42 times). Provision of assistance to press charges/file a complaint also emerged as a theme as did, in the order of most frequently mentioned, ongoing follow-up and monitoring; returning a child to school and temporarily removing a child from home/situation of violence. Other types of help that were mentioned multiple times but less frequently were: development of case plans; skills development; building parenting skills; placement in temporary shelter, reintegration with their families or placement in a new home.

### Collaborators

The key role that social service workers play as central actors facilitating other actors to respond to violence emerged as respondents described the other stakeholders with whom they collaborated to help the child and family described in their story. In most cases respondents listed multiple groups with whom they facilitated collaboration.

Stakeholders played different roles in various contexts. **Figure 4** provides a summary of the most frequently mentioned collaborators and the frequency that each of these collaborators was mentioned in responses.

**Evaluating intervention success**

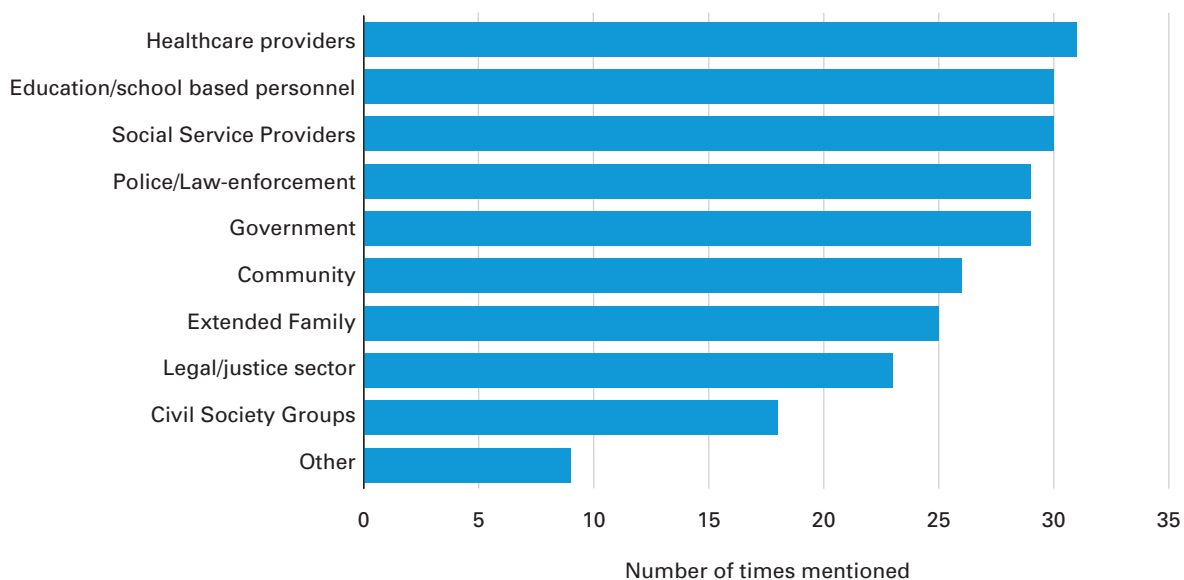
When asked how they would evaluate the success of their intervention to the child/family affected by violence on a five-point scale, on average respondents rated the success of their intervention with a score of “3.97.” The majority of respondents gave themselves a score of “4.” While this fairly high average score may indicate that most respondents feel that they are equipped and able to respond with a high level of support and effectiveness to cases, the score may also reflect the complexity of cases and challenge to identify an ideal solution in many situations of violence against children.

**Major challenges**

Similar challenges/obstacles encountered in their cases emerged across multiple respondents. *Institutional inadequacies* were mentioned by multiple respondents as a major challenge that came up in their case, including reluctance or slowness to act, involving too many actors with poor coordination and communication between them, frontline staff ill-equipped to communicate and deal with children and lack of critical (reporting) structures. *Negative parental attitudes and behavior*, such as refusal to collaborate, defensiveness, lack of support for their children and continued alcoholism and perpetration of violence were obstacles in many cases. Multiple respondents alluded to negative children’s behaviors, such as inconsistent accounts of abuse, running away, substance abuse, distrust and suicidal behavior, as challenges they encountered in their cases. Another challenge that

hindered many cases was silence/fear of disclosure, when children and families refused or declined to report or press formal charges in the context of violence because of the stigma or fear associated with sharing or reporting the case. An additional challenge that was raised by multiple respondents, but less frequently, was *local cultures and traditions*, a challenge in terms of traditional culture perceived by the worker as a barrier to handling a case (such as families not agreeing with the worker to enroll girls in school) and difficulty understanding and working within different cultures and traditions. Other challenges identified included *poor parenting skills* because of parents’ lack of understanding of their child(ren)’s needs or how to care for their children; the *absence of identity cards* preventing direct service provision and referral to other services such as a medical care; *poverty* as a factor motivating violence in the case of child labor, generating stress

**Figure 4: Number of times that different collaborators were mentioned**



## Examples of Social Service Workforce Collaboration with Others

### Collaboration with healthcare providers:

- Referrals for health exams and treatment for children who experienced violence as well as for their parents experiencing mental health or other problems

### Collaboration with schools/educators:

- Reintegration of children into school
- Communication with teachers to assess and better understand the scope and impact of violence on the child
- Sensitizing teachers and school administration to a child's situation
- Providing additional support at school to a child experiencing violence

### Collaboration with other social service providers:

- Facilitating family reunifications
- Monitoring and providing guidance for cases
- Providing counseling
- Supporting social integration
- Providing temporary placement for children
- Identifying additional needs for children and families
- Providing referrals
- Developing individual and family plans

### Collaboration with police/law-enforcement:

- Investigating, apprehending and charging perpetrators of violence
- Providing emergency protection

### Collaboration with the legal/justice-sector:

- Providing legal advice and representation on behalf of victims of violence
- Facilitating foster care
- Supporting legal status determination
- Networking and advocating for the child's rights

### Collaboration with government:

- Registering children's births
- Establishing identities
- Assisting with family tracing and follow up
- Facilitating family reunifications
- Facilitating foster care
- Providing financial assistance to children and families

### Collaboration with extended family:

- Providing emotional support to children and their immediate families
- Facilitating alternative living arrangements and safety to children experiencing violence

### Collaboration with communities:

- Helping to identify perpetrators
- Helping to identify and report cases of violence
- Spreading advocacy and awareness to prevent violence against children
- Engaging with community/traditional leaders and influencers to improve prevention efforts and address harmful socio-cultural norms related to VAC

### Collaboration with civil society groups

- Providing various assistance to families such as living, education, childcare and food assistance
- Advocating for children's continued education
- Advocating for human rights

on families that caused violence and as a factor that contributed to neglect and institutionalization; and *lack of organizational resources* as a challenge to providing much needed services and support for families and in some cases resulting in social service workers paying for services for children and families themselves to address urgency and need.

### What worked well

In describing what worked well as they supported the child/family/community described in their story, multiple respondents emphasized the *strength of families* (loving relationships, the willingness to cooperate and provide support to one another and family involvement in interventions) and *family strengthening work* (coaching, raising awareness and facilitating successful relationships) as pivotal aspects of their work that facilitated success. Another theme that emerged from respondents is the importance of *building a connection and relationship* with children and families through developing trust, maintaining confidentiality and offering consistent support. *Working in partnerships* was mentioned as a success factor by multiple respondents, including coordination between government and private agencies and organizations, collaboration to assess children's needs and provide necessary services. Many respondents described *provision of/referral for multi-disciplinary services for families* to address diverse, but often inter-related needs as an important factor that went well in their work. Other areas that respondents identified as going well as they worked with children and families included seeing



transformation in clients, following up with clients, removing children from harm, placing them in alternative care or returning them to families, team support and community support.

**Most helpful factor**

Respondents were asked to select among factors that they thought helped the most in working with the child/family and/or community that they described. **Figure 5** shows the frequency at which different factors were selected by respondents.

Worker/self-related factors were the most frequently mentioned helpful factor for their cases identified by respondents. As a trained social worker acting as a Health Education Officer in Pakistan described, “I noticed that the most important factor is the sensitization, knowledge, skill and training of the social worker who then can train the parents/ guardian/

*professionals working with children. Organized, planned and continuous work can bring good results and the social worker can create a protection network for the child, which can expand further.”* Many other respondents described worker/self-related factors that included skills, training and education, knowledge, prior experience, attitude and passion.

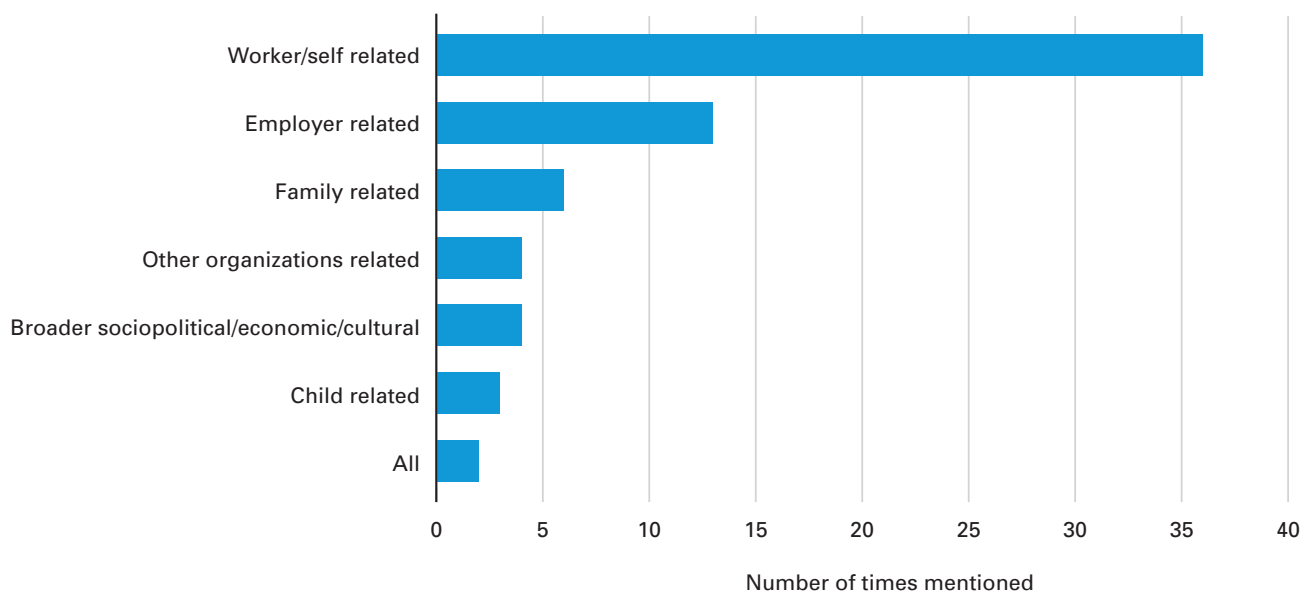
A substantial number of respondents also identified employer-related factors as the most helpful factor in their case as exemplified by a Community Linkages Intern in Zimbabwe, “My supervisor at work also played a crucial role as his guidance ensured that the case followed the right channels and was handled promptly. The organization provided all the resources required for the case follow up.” Other respondents alluded to employer-related factors such as employer

provision of professional training and development opportunities, resources, support from colleagues and mentorship and guidance from senior staff.

**Outcomes**

Respondents were asked to describe the positive changes over time that the child/family experienced as a result of their work. These were categorized into six areas where they reported seeing significant, positive outcomes that catalyzed lasting changes for children and families affected by violence. They appear on the following pages by type of outcome, a description of that outcome and sample quotes that further describe that outcome. The chart starts with the most frequently described positive outcome, which was increased self-esteem, self-worth and morale of the child.

**Figure 5: Factors respondents identified as most helpful in cases**



TYPE OF OUTCOME

**Increased self-esteem, self-worth and morale of child**

Respondents described clear outcomes of establishing and strengthening child and families' self-worth, self-confidence and independence; facilitating behavior and attitude changes; and catalyzing personal transformations.

SENIOR PROBATION OFFICER, KENYA



*"The boy got reassurance. He began to raise his self-worth... The fact that the boy is now more future focused, I am very optimistic that giving him a chance to regard him as important, as a worthy person has worked well to make all the difference."*

SOCIAL WORKER, MONGOLIA



*"I usually worked with the clients to identify their positive sides rather than seeing negative sides... they have desire to change if someone helps and supports them."*

DIRECTOR, CIVIL SOCIETY GROUP, SOUTH AFRICA



*"The child, he is totally transformed. I remember the first time he laughed during play therapy I thought that my heart would fly around the room! He is now restored to his fitting place among his peers and within the community and he takes the lead in familial matters relating to his younger siblings. His father is incredibly proud of him."*

COMMUNITY SOCIAL WORKER, MOLDOVA



*"Girls changed their behavior and attitude toward themselves and to others. They learned basic life skills, how to look after themselves and after each other. Girls became more independent."*

FOSTER CARE ADVISOR, UGANDA



*"The child has changed tremendously: at first she had no prospects for the future, she did not see any reason to be alive at all, she was very angry and aggressive, she had no interest in studying ...However, right now this child is a very beautiful story. She picked interest in studying...she has every reason to be alive, and looks forward to a very successful life as she aspires to become one of the best designers in the city."*

COUNSELOR/DIRECTOR, PHILIPPINES



*"...Empowerment in the context of not internalizing the shame and stigma of the abuse, overcoming the feeling of powerlessness and betrayal."*

PROGRAM MANAGER, UGANDA



*"...More confidence for the child and mother."*

SOCIAL WELFARE OFFICER, PHILIPPINES



*"The child's self-confidence is now evident. She is hopeful that everything will be okay. She shares her talents and skills and is proud of them. She knows how to take good care of her appearance and hygiene."*

CHILD AND YOUTH CARE SUPERVISOR/ PROGRAMME COORDINATOR, SOUTH AFRICA



*"As this child is an adult now, and developed personally and professionally, he found a family and home in the social services sector, he remains a stable and caring individual, continuing to advocate for those living on the margin of society."*

## TYPE OF OUTCOME

**Family strengthening, strengthened family relationships**

Workers described the results of facilitating trust, communication of feelings, attachment and emotional bonds among family members, as well as coordinating family reunification after either abandonment or institutionalization for various reasons.

CHILD AND YOUTH  
CARE MENTOR,  
SOUTH AFRICA



*"The children were able to trust their grandparents again and know how much they loved them. They also felt safe to share their feelings with each other and their grandparents. The children also knew who to talk to if ever they had challenges that they felt they were too much for their grandparents."*

SOCIAL WORKER,  
GEORGIA



*"The family members re-united and young children were prevented from institutionalization. The family was empowered and strengthened its coping skills, increased income and regained respect in the community."*

HEALTH OF CHILD  
PROTECTION  
SECTION, GABON IN  
CENTRAL AFRICA



*"The relationship between the girl and her father changed a lot. I always remember the day the father came to pick up his daughter to go home, she smiled and jumped. The transit center was like a prison when children stay for a longer period."*

FACILITATOR,  
THAILAND



*"Parents and children changed their behavior, stopped violence and have a better relationship."*

MANAGER AND  
PSYCHOLOGIST,  
BULGARIA



*"At this stage, the child experiences a partial change in attitude towards the mother and willingness to communicate with her... There are several mediated meetings between them, which are jointly planned by me and the specialist who supports it, in order to mediate the broken communication between them and to provide a basis for rebuilding the connection."*

PROJECT CHIEF OF  
PARTY, DEMOCRATIC  
REPUBLIC OF CONGO



*"The family became inclusive, supportive and opened to other approaches."*

DIRECTOR, CIVIL  
SOCIETY GROUP,  
SOUTH AFRICA



*"The family unit is now strong and unified."*

COMMUNITY  
LINKAGES INTERN,  
ZIMBABWE



*"...The mother was now accepting the situation and pledged to support her daughter through her pregnancy as well as going to school."*

CONSULTANT,  
KAZAKHSTAN



*"Positive change was in building the emotional supportive bonds within the family and restoring the trustfulness and attachment between parents and minor."*

CHILD AND YOUTH  
CARE MENTOR,  
SOUTH AFRICA



*"The relationship between the family and child grew stronger and the child felt cared for by her family as something was being done about what had happened to her."*

TYPE OF OUTCOME

**Parenting skills/parental awareness**

Workers described the outcome of caretakers being able to better understand how to engage with and care for the children in their care

CHILD AND YOUTH  
CARE MENTOR,  
SOUTH AFRICA



*"The grandparents understood how to engage with their grandchildren without reprimanding them ... The children were involved in decision making which will affect them."*

CHILD PROTECTION  
OFFICER,  
PHILIPPINES



*"Parents learned anger management and communication with their children. Substance abuse in the family gradually stopped."*

PROGRAM  
MANAGER,  
UGANDA



*"Positive parenting from mother."*

SOCIAL WORKER,  
INDONESIA



*"The family got parenting education so the family gives more attention to the children."*

TYPE OF OUTCOME

**Community transformation**

Workers described facilitating community dialogue about different forms of violence against children and ways that communities provided greater support and resources to families and children affected by violence

SOCIAL WORKER  
AND CHILD  
PROTECTION  
OFFICER, ETHIOPIA



*"The communities started to speak boldly about various forms of child abuse. They surely got an important lesson from the process and concerning the child, he knew his rights and found a safe environment to live and continue his education. The families started to take care of the child and looked after him."*

PROGRAM  
MANAGER,  
UGANDA



*"The community gave more support to the mother, in terms of looking out for the child and sharing their resources where the family lacked (initially family was isolated)."*

HUMAN RIGHTS  
VOLUNTEER  
OBSERVER,  
COLOMBIA



*"It was a short time to be working with the community but it was good to see that there was more general awareness of what was happening to communities in rural areas."*

SENIOR SOCIAL  
WORKER, GEORGIA



*"This particular case has changed lives of not only members of this family, but also of the entire community. It raised the awareness about the social services and a role of a social worker and increased people's trust in the state system and NGOs. Strengthening of a young family of 8 revived a small and constantly diminishing remote village and preserved a nearby school which was facing a risk of closure."*

## TYPE OF OUTCOME

**Educational Achievement**

Workers reported outcomes of children reintegrating back into school to continue their education and supporting children with education materials

PARA SOCIAL  
WORKER, NEPAL

▶ *“The little girls were supported with education materials and reinserted into formal schools.”*

REGIONAL CASE  
MANAGEMENT  
COORDINATOR,  
ZIMBABWE

▶ *“The Child Care Worker also worked with the Ministry of Education and the local school to have the child reintegrated into school and continue their education.”*

PARA SOCIAL  
WORKER, NEPAL

▶ *“She started regular study; family members also supported her study.”*

SENIOR SOCIAL  
WORKER, GEORGIA

▶ *“Children received basic education and have an opportunity to continue studies.”*

COMMUNITY  
SOCIAL WORKER,  
MOLDOVA

▶ *“Both girls are happy that they were integrated in school with children of their age. Both have friends and feel good at school. With teachers’ support, both girls are already showing progress during the education process.”*

## TYPE OF OUTCOME

**Coordinated provision of multisectoral services**

Workers described clients benefiting from various services, such as health and nutrition, shelter, birth certificates and becoming empowered to earn income to support themselves and/or their families

SOCIAL WORKER,  
CAMBODIA

▶ *“The family is stronger because we built a house for victims, provided adequate food and regular health support and treatment of malnutrition.”*

SOCIAL WORKER,  
INDONESIA

▶ *“The child had an identity, birth certificate.”*

NGO PRESIDENT,  
MAURITANIA

▶ *“A decision was made to temporarily relocate the family to a safer location where they could also easily get access to government and NGO assistance. The family was provided with basic support to meet some of their daily needs. Further individual assessment of each child was done to identify the type of support needed and link them with child protection services provided through the national child protection system.”*

SOCIAL WORKER,  
JORDAN

▶ *“Health care for advanced medical intervention.”*

CASE  
MANAGEMENT  
ADVISOR, KENYA

▶ *“The young mother of two is now able to earn enough to support her children and mother by doing the work she enjoys. Many see her as a role model for other girls in the community.”*

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## Social Service

# Workforce Profiles

To highlight the varied roles of the social service workforce, the report includes nine selected profiles that consolidate the details of their stories as told by the workers themselves. They include men and women, professional and para professional workers, volunteers and paid workers, in roles with the government and NGOs. They are reflective of workers around the world, committed to improving lives of their fellow community members.

Their stories share their inspiration for becoming a social service worker. Some faced violence as children and are committed to ensuring no other child faces the same trauma. Their stories also describe the challenges they face and overcome daily in this difficult work, and the positive impact they've had on one specific child or family. As they recount how they have helped children and families facing violence, their stories also detail the importance of coordinating a multi-sectoral response for the best outcome.

*Please note that for each of these stories, the storytellers have provided approval for their names and organizations to be used. All names of children have been changed to protect their identities and some details associated with their circumstances have been removed.*

## — ADDRESSING CHILD RAPE AND SOCIETAL CHALLENGES —

# Saleem

*Saleem is a Professional Social Worker in Punjab, Pakistan.*

## THE INSPIRATION

Saleem became a social worker because he loves working with people, especially children. Protecting children is very important to him and he feels that competent human resources in society are critical to protecting children from abuse and neglect. Yet Saleem is overwhelmed by challenges working on child abuse in his context, *“I try my best to provide best services (as I am trained and qualified) although I am not satisfied...it is really hard to work on child abuse when discussing child sexual abuse is a taboo, and due to culturally influenced patterns, even parents consider it as their right to hit/beat the children.”* Saleem has developed training modules for parents, health professionals, teachers and other professionals working with children. He says, *“Such trainings aimed at building multi-disciplinary teams can pave the way for protecting children and providing justice to the perpetrators.”* Saleem has also conducted studies on measuring prevalence of child abuse and understanding sexual violence against children within families in Pakistan.

## THE CHALLENGE

Saleem recalls one case of a child who was being sexually abused by a relative living in the same home. The child’s mother did nothing to prevent or disclose the sexual abuse, despite having other children who were also at risk of abuse from the same perpetrator. When the mother could no longer deal with the child’s continuous painful cries, she opted for treatment, but would still not disclose the perpetrator and delayed several days in reporting the case. Saleem alludes to contextual challenges that complicated the case, *“There is no specific mechanism of mandatory reporting within Pakistan to report child abuse. Moreover, only clear signs of injury/evidence can prove abuse at hospital/police station. If there is no clear evidence or evidence is wasted the perpetrator cannot be prosecuted and the case is discharged.”* He also describes a lack of training for capacity building of professionals at the frontlines dealing with child rape survivors in the country, *“The health professionals / police are not provided with training to manage the cases of child abuse and communication with children.”* He feels there is a need to train all the professionals working with children on conducting forensic interviewing with children and the special skills required in this context to help the children and families to gain justice and prosecution of the perpetrators.

## APPROACH

Saleem’s main intervention was focused on counseling, *“Sexually abused children and their parents are always found in a depressed and traumatic situation...A counselling session with them always helps them in their struggle for justice and rehabilitation of children... stimulates them to take steps.”* Saleem counseled the mother to make a complaint to the police, but the stigma and potential damage to the family’s reputation prevented her from moving forward to make a formal complaint. Saleem kept counseling her until she at least agreed to keep the perpetrator away from children to protect her child and other children from abuse. In another case where a powerful person was involved in abusing a child, Saleem reached out to a community leader for support, who, with the help of other people, protected the family from further abuse.

## OUTCOME

In this case of child abuse, ultimately the child and his siblings were protected from further sexual abuse from the perpetrator because of the counseling. *“Mostly, a child or family going through the painful situation cannot find a solution due to the pressure, stigma and constant worry. A social worker can help them find the solution that meets their needs. As in this specific case the mother was worried about her child but simultaneously she feared to disclose the abuse. She was avoiding the confrontation within the family but ultimately she agreed that not addressing the situation would only keep her child suffering from the abuse and put her other children at risk of abuse.”*

## REFLECTIONS

Saleem prioritizes training and counseling parents, guardians, teachers, and professionals working with children on child protection as these are the people in the position to protect or abuse children. He also emphasizes the importance of multi-disciplinary teams/programs and multi-sectoral approaches in child protection at primary, secondary and tertiary levels. Saleem highlights the importance of cultural sensitivity in dealing with child protection cases, *“People want the solution to their problems in a manner that suits their situations/culture.”* He feels that working with influential people in the community is key to being effective in protecting children in the community, *“I usually conduct meetings with socially and politically influential people of the locality on why child protection is important and how to protect the children... I especially seek their support when it is needed in the case of vulnerable families...mostly they agree to stand with the families.”*

— COORDINATING SERVICES —  
AFTER CHILD RAPE

## Niswati

*Niswati is a Satuan Bakti Social Worker for the Social Affairs Office in South Sulawesi Province, Indonesia.*

### THE INSPIRATION

Niswati became involved in social work when she shadowed a friend who worked as a social worker. She then became a social worker herself and loves providing services to children and families.

### THE CHALLENGE

Niswati worked on a case of a four-year-old girl who was raped by a neighbor when she went alone to a nearby shop to buy candy. The girl's mother became aware of the incident when the girl complained about pain. The girl's father reported the case to the police. When he did not see the police properly following up the case, he reported the situation to Child Integrated Services in the Social Affairs Office. The little girl was then referred by a social worker to a doctor. Niswati did further assessment to identify the kinds of services the girl and her family needed.

### APPROACH

Niswati collaborated with multiple stakeholders. She referred the girl to a psychologist and healthcare provider. Niswati assisted the family to obtain a birth certificate for the girl from the Office of Population and Civil Registration. She arranged for the parents to receive parenting education to provide care for their daughter. Niswati also worked with the police, justice sector and law enforcement.

### OUTCOME

The girl received medical and psychological care. Her parents became more empowered to take better care of her. In the end the girl obtained an identity and birth certificate.

### REFLECTIONS

The most important factors that prepared Niswati to deal with this case were her solid prior training, development of specific skills and continued training/education.

— SUPPORTING APPREHENSION —  
OF PERPETRATOR AND  
FAMILY STRENGTHENING

## Kananelo

*Kananelo is a Mentor Child and Youth Care Worker (CYCW) in South Africa.*

### THE INSPIRATION

Kananelo was drawn to social service work from his own experiences growing up. *"I grew up seeing many children suffer because of my own parents abusing alcohol and neglecting their own children and children being abused and not cared for... It was then that I realized that I could become a tool in helping these children and families. I enjoy being a role model and building up the resiliency of children and their families by using basic elements of child and youth care work such as trial and error learning; using a strength based approach; and working in a multidisciplinary team."*

### THE CHALLENGE

Kananelo received a referral from a teacher of a 17-year-old girl repeating seventh grade for the second time and unable to concentrate in school. The teacher heard that the child had been sexually abused by her step-father.

### APPROACH

Kananelo spoke with the child and her mother individually, both of whom were open to discussing the situation. He learned that a case had been opened with the police when the incident of sexual abuse happened. However, when doctors examined the child, they did not find physical evidence of sexual abuse and the case was closed. Kananelo and other child youth care workers (CYCWs) educated the child protection officer that there are other forms of sexual abuse without penetration that can still be proven.

### OUTCOME

As a result of their advocacy, the case was reopened, the perpetrator was apprehended and the child was put in temporary safe care with support from a crisis social worker. Kananelo ensured that the child was in communication with her mother while in safe care. Kananelo organized a case conference with the child and her mother, the social worker, and her teacher to follow up on the child's progress at school. The child was enrolled in structured therapeutic programs held at safe spaces at school and received ongoing counselling from a social worker. The relationship between the family and child grew stronger and the child felt cared for by her family as something was being done about what had happened to her. The child is back at home, and the step father is not currently living with them.

### REFLECTIONS

*"Having a strong support system in the form of my supervisors and management team enabled the process to run more efficiently."*



— MEDIATING FAMILY SUPPORT —  
FOR A CHILD LIVING ON THE STREET

## Zemetegela

*Zemetegela is a social worker and child protection officer for Retrak, a non-governmental organization in Ethiopia.*

### THE INSPIRATION

Zemetegela was inspired to become a social worker because he felt compelled to help children. *“There are a number of children who are living in extremely difficult conditions without getting help. I enjoy the final part of the process (rehabilitation) where these children get reunited with families or caregivers. The happiness they convey is astounding.”*

### THE CHALLENGE

Zemetegela worked with an 11-year-old boy who lost his mother at the age of seven and ended up living on the street in poverty. The boy’s father remarried when his mother died and his new wife started abusing the boy. She punished him for days without food and burned him with fire, leaving him with big scars on his hands and stomach. With no one to look after him, the boy was vulnerable and got raped by a neighbor in his forties. Neighbors heard the boy screaming when he got raped, rescued him and took him to the hospital, where he received stitches to treat his injuries from the rape. He also experienced abuse at school. One of his teachers stapled one of his ears with a stapler because she said that he disturbs the class too much. These experiences led the boy to run away from home and live on the streets of Addis, where the outreach team found him when they brought him in to a transition center.

### APPROACH

One aspect of the boy’s rehabilitation involved dealing with his emotions and behaviors. Through counseling, creative and other behavioral therapies, Zemetegela worked with the boy on his confidence, social skills, depressions and outlook on life. He harnessed skills and training he had received from his employer, his colleagues with complementary skills and additional resources from the organization, community and government through the process.

It was also important to address the boy’s other needs and the perpetrators of the boy’s abuse. Zemetegela described collaboration with multiple agencies to accomplish these goals, *“These groups (extended family, civil society groups, social service providers, health care providers, school support, legal/justice sector and law enforcement), with our facilitation, tried to cover the needs of this child, mainly his security needs.”*

Through his work, Zemetegela meets with many members of the community to help support and meet the needs of children and families.

Photo courtesy of Retrak

### OUTCOME

Through the rehabilitation process, and the counseling and therapy he received, the boy became much happier. He was happy to have someone to look after him and protect him.

Zemetegela describes how the collaborating agencies were instrumental in confronting the boy’s perpetrators to seek justice and prevent further abuse. *“They traveled to [the boy’s] home and talked with the step mother, told her about the rights of the child and related parenting issues... The legal sector tried to handle the case of the man (neighbor) who raped the boy. He was imprisoned after our discussion with the bureau. The women and children’s affair (WCA) went to the [boy’s] school and spoke with the school principal and teachers about child protection and abuse. They pushed the school to terminate the teacher from the school to teach others. The social service providers identified the boy’s parents as people who need economic support and started to support them economically.”*

### REFLECTIONS

This case was also instrumental in the WCA initiating dialogue and targeted work in the community where the boy lived.



# Nino and Maia

*Nino is a Senior Social Worker/Project Manager for Save the Children in Georgia and Maia is a Social Worker for the Social Service Agency (SSA) in the Ministry of Labor, Health and Social Affairs of Georgia.*

## THE INSPIRATION

Both Nino and Maia were inspired by their personal experiences to become social workers. In early 2000, while working at an NGO in her home town, Nino attended a seminar about social work, a new profession being introduced in Georgia. This seminar made her aware of the potential she could have as a social worker to help and empower vulnerable families and children. Maia was orphaned early in life, which made her highly aware of the importance of receiving and providing support to others. Both women are motivated by feedback from their clients; the ability to make a positive difference in peoples' lives; and creating hope and opportunities for vulnerable people.

## THE CHALLENGE

Save the Children, funded by the UNICEF and USAID, supported the Government of Georgia to reform and deinstitutionalize the child care system. Nino and Maia were brought together to create a joint strategy to support a troubled family. The family of eight (parents and six children) lived in a small village of 50 people in a remote location with severe winters. The mother had mental health issues requiring multiple medications and the father was chronically unemployed with agriculture as his sole income source.

While the parents loved and cared for their children, their limited resources, education and parenting skills often put the children at risk of neglect. Three of the children were enrolled in the state institution in a nearby city where they spent several days a week and winter months. The father recently approached the institution asking to also enroll the younger children, a decision which by law had to be made by the state authority, based on the assessment of the SSA social worker, who was Maia.

## APPROACH

Maia did an assessment of the family, the children and resources/services available through the local and central authorities and referred the family to the Targeted Social Assistance Program administered by her Agency (SSA). However, she realized that the SSA cash assistance and reintegration benefit were not enough. Nino and a social work team from Save the Children also visited the family and the state institution where the children were enrolled. She and her team supported reintegration despite resistance from institution administration and staff. With additional resources from Save the Children, Nino and Maia collaborated to start preparing the children for reintegration and developed individual plans.

The joint team took multiple actions (summarized in **Box 2**) for over one year. In addition, with resources from Save the Children designated to improve living conditions of vulnerable families, the old family house was refurbished to a basic standard. The family was granted a washing machine, a stove and some other appliances, beds and basic furniture, second-hand clothes, toys, etc. The support prevented the establishment of a small group home there.

## OUTCOME

Currently, all six children live with their parents. The three school age children attend school regularly while the older children (now >18 years) earn income through farming. One of them is considering receiving vocational training in agriculture. The mother is in a stable health. The older siblings said that if any child in their village ever needs to be separated from their family, they will foster that child rather than allow that child to be placed in a group home. Maia continues to visit and monitor the family.

## REFLECTIONS

According to Maia and Nino, *"This particular case changed the lives of not only the family members, but also the community. It raised the awareness about social services; the role of social workers; and increased people's trust in the state system and NGOs. Strengthening the family revived a diminishing village and preserved a nearby school facing a risk of closure."*

### BOX 2: Steps taken by joint team to facilitate reintegration

- Ensured involvement of the mental health specialist and supported regular monitoring of mother's condition
- Worked with parents to educate them on children's developmental stages and corresponding needs
- Helped parents to strengthen parenting skills
- Motivated the father to work more and supported him in obtaining required tools
- Worked with the community to better mobilize their support; the neighbors were demotivated by observing institutionalization of the children
- Closely worked with the nearby school to ensure that the children would receive individual attention and get support with the textbooks, homework, etc.
- Advocated with the local authorities to grant the family cash benefits

## — GETTING A FAMILY BACK ON THEIR FEET —

# Tserensodnom

*Tserensodnom is a social worker for the government in Ulaanbaatar City, Mongolia.*

## THE INSPIRATION

Tserensodnom always wanted to help people since her childhood. She derives great joy from observing life changes in the people whom she has helped and provided services. Tserensodnom feels that the most important traits in a social worker are *“to observe and identify the positive in clients and work with them on building their strengths.”*

## THE CHALLENGE

Tserensodnom supported a family of seven, with a father who was addicted to alcohol and verbally and physically abusive to his five children and wife, who also had issues with alcohol. When Tserensodnom started working with the family, the mother and children were living with extended family to seek refuge from the father’s abusive behavior. To make a living, the whole family picked and sold trash. The children did not have birth certificates and left school as their parents could not afford the necessary supplies and clothing. As they were living in squalid conditions and neglected, the children often ran away and lived on the streets.

## APPROACH

Tserensodnom collaborated across multiple sectors, including civil society, the government, social service, health care, education and law enforcement, to address the complex needs of the family. *“I found several strengths in the mother and children and that they have desire to change if someone helps and supports them.”*

First Tserensodnom requested shelter and food assistance for the family from World Vision. She liaised with the education authorities to enroll all five children in school, the Social Welfare Agency to secure unemployment assistance for the mother and the Civil Registration Agency to obtain official documentation for the family.

## OUTCOME

Tserensodnom intensely counseled the mother and was ultimately able to support her to stop drinking alcohol, work on building self-esteem and help her get a job. The children stayed enrolled in school and while Tserensodnom was still working with the family, one of the older children matriculated at a university. The family was eventually able to secure official documentation.

## REFLECTIONS

Supporting this family was challenging and at times caused considerable stress and feelings of depression. She faced personal safety risk in interacting with clients that were violent, under the influence of alcohol and behaving badly. *“This situation required huge effort and patience from me as a worker at that time.”* Tserensodnom encountered negative attitudes among law enforcement personnel toward the family that were counter-productive to supporting the family. Lack of resources were also a challenge, *“It was hard to help the clients when they don’t have money. Therefore, I’ve paid from my own pocket for the transportation, costs for documentation, etc.”* Tserensodnom found emotional support and empathy from her co-workers and friends.

# Dinah

Dinah is a Foster Care Advisor for Retrak, a UK based Charity that operates in Uganda and other African countries. She leads a foster care program that supports children who cannot be reintegrated with their biological families.

## THE INSPIRATION

Dinah's inspiration comes from her love of helping children in need. *"I have a passion for supporting vulnerable persons especially children, to attain justice and/or to come out of their vulnerability."*

## THE CHALLENGE

Dinah supported a girl whose mother died and her surviving father, an abuser of drugs and alcohol, attempted to rape her three times and ultimately drove her out of her home. The girl witnessed her own step-sister die of HIV that she acquired from her father sexually abusing her. Living on the streets of Kampala, she experienced further physical, sexual, emotional abuse and neglect. The girl was connected to one of the Retrak's Transit Centers by another child connected to the organization.

## APPROACH

When the girl first came to the Center, she was very traumatized, angry and did not want to share her story. She was immediately moved to a girls' center. The intake and collection of basic information was an emotional process. It took several sessions for the girl to share information about her life story with a staff member who had specialized training in counseling. Eventually, it became apparent that the girl required more specialized care from a psychologist. A clinical psychologist was hired and worked with the girl through many sessions until she opened up about her life and the challenges she had experienced with her father especially, and other family members.

Once the girl was ready to face her family members, including her father, the staff at the Center facilitated family visits. Through visits with extended family, the staff confirmed and gained more insight on the girl's home life. Relatives also provided more information about the girl's father and how alienated and disconnected from other relatives the family had become because of the father's bad behavior. Ultimately none of the girl's extended family was willing to help the girl in terms of giving her a home.

The Center began to prepare the girl for foster care placement. Staff explained the foster care program to her in detail and gave her time to make an informed decision on whether she wanted to pursue this. The girl agreed to go into foster care and a formal process through the Probation and Social Welfare Officer (PSWO) was initiated to further assess the prospective foster family and the child to match the two. After completion of this exercise the child was placed in a foster family. There were some challenges with the foster

care placement initially, which required intensive support for both the girl and the foster parents. The girl has since lived with this family for four years now. The girl's father has since passed away from HIV.

## OUTCOME

The child went through a major transformation in counseling, working with the clinical psychologist and foster care. She became very interested in school and completed a certificate of secondary education. She is now pursuing a course in tailoring and design and is one of the best students at her vocational school. The girl aspires to become one of the best designers in Kampala City. The girl has also been selected among Retrak beneficiaries to participate in the 2018 Street Child World Cup to take place in Russia ahead of FIFA 2018 World Cup. She is overall in charge of her life, well behaved both at school and at home, works well without any supervision and is a good leader.

## REFLECTIONS

According to Dinah, *"Every child, however vulnerable, deserves an opportunity in life."* She feels that this is especially true for girls. *"Vulnerable girl children especially, require much more urgent attention, once they are in contact with someone to help them, but at times this is curtailed by limited resources."* She feels it is important to prioritize interventions and programs for girls.

Dinah and Retrak Uganda staff hold a Child Care Review meeting.

Photo courtesy of Retrak Uganda



## — SUPPORTING YOUNG PERPETRATORS —

# John

John is a Senior Probation Officer in a government department providing probation and aftercare services in Kenya.

## THE INSPIRATION

John loves his work because it positions him as *“a bridge between hopelessness and achievement of great potential. I am proud that my work makes me awaken dreams that are inherent in each individual, whether children, youths or adults.”* He loves that social work *“gives one the ability to remain focused on problem solving and not fault finding. As a result, all the parties become assets to the solution to the problem.”*

## THE CHALLENGE

John supported a 16-year old boy who was charged with allegations of assault by his older sister. As the youngest in his family, in the absence of proper guidance and supervision, the boy was associating with bad company and using drugs that his sister purchased for him. The children’s father told the boy’s sisters to file a complaint against him in court if they felt threatened by him. The boy faced rejection from his own family, which intensified with his sister’s charges. Upon his older sister’s charge of assault, the boy was taken to the police and put in a remand or pre-detention cell.

## APPROACH

John’s first step was to recognize the violence that the boy had experienced himself and establish trust. *“The first thing I did when I met the boy was to reassure him that I was his friend and that I believed in him and his potential. With that assurance, the young boy gave me his side of the story. I understood his mental anguish and then suggested options.”* After counseling the boy, John took him to a Probation Hostel that provides highly supervised temporary housing, care and services such as links to education to juveniles. It took several months of John working with the boy to help him start taking responsibility for his actions.

Once John realized that the boy had a deep desire to succeed, he began working with the boy’s family. *“I had long sessions with the parents and all the siblings to explain to them what I wanted to achieve with their boy. Initially, there was division, anger and resentment among some of the family members who thought I was taking their boy to prison. In the long sessions, I showed them why their boy had become what he become and the role of each family member in refusing to understand the innermost cries of the boy.”* Finally, the family agreed to support John’s plan for the boy. They visited him at the hostel and had moments of connection and bonding.

## OUTCOME

John saw great progress with his counseling and the boy’s placement at the hostel, *“I am very optimistic that giving him a chance to regard him as an important and worthy person has worked well to make all the difference.”* The boy adopted a more positive outlook on life with heightened self-esteem and self-worth. The family became more cohesive and started seeing their son as a person with a bright future.



John conducts a mentorship and training for children from SOS Buruburu, taking them through No To Prison program, a lifeskills program empowering children to avoid criminal activities.

Photo courtesy of John

## REFLECTIONS

For John the major obstacle in the case was helping the boy to see the big picture of John’s actions. He accomplished this by connecting with the boy, *“The moment I managed to get...him understanding that I did not label him like the others (unconditional personal regard) he warmed up to me and made the whole process easy.”* John relied on his wealth of experience and competence to navigate the family relationships and address the latent violence that was happening against the boy. According to John this case underscores the importance of support for parenting, *“We should make parenting classes one of the remedies that the courts can use so that parents are taught how to parent their children and save them from being in contact with criminal justice system.”*

# Mervyn

Mervyn is the Child and Youth Care Supervisor/ Program Coordinator at a Child and Youth Care Centre in the Eastern Cape Province, South Africa.

Mervyn was inspired to become involved in and eventually devote his career to social service work because of his own experiences growing up with deprivation, abuse and neglect. *“Our living conditions almost seemed primitive... food was scarce and as children we learned to seek the assistance of family members or neighbors... As time went on dad stopped coming home and our situation became dire. Mother started to drink more heavily... she was always under the influence and soon I had to learn to rely on an older sister and at times myself.”*



Child and youth care workers interact with children at Safe Parks throughout South Africa.

Photo courtesy of the National Association of Child Care Workers (NACCW), South Africa

Without parents to rely on, Mervyn sought support and ended up being raised by different extended family, with whom he experienced further physical and psychological violence and neglect. *“I was literally the housekeeper, nanny, cook and the punching bag of an uncle wanting to make a man of me.”*

From an early age, Mervyn felt compelled to help others struggling like himself or worse off.

*“I was the president of the Knights Community Club at school, a charity club focusing on doing service to the poor... Was I not poor? I had to do something to improve the lives of those less fortunate. I now know this is where my passion as a social services worker began. But I had to do more...”*

Mervyn describes a pivotal moment when he found himself at the Child Welfare office in a different role than usual, *“One day I found myself standing at the door of Child Welfare... This day however was different, I did not need any welfare help... I told the receptionist that I was here to help.”*

Mervyn's first project involved working with street children, *“I began my career as a volunteer collecting data for research on street-children, which at the time was a new phenomenon for the region. I was young and naïve and thought I could make a difference... We were successful in establishing the first shelter for street children in the Eastern Cape.”*

Through his current work at the Child Care Centre, a registered temporary safe care facility that provides care and protection to children and young people with an identified need, Mervyn regularly interacts with children experiencing physical abuse, neglect and abandonment. Mervyn feels compelled to ensure the best outcomes for anyone he encounters who is suffering negative impacts from abuse and neglect. He draws strength and confidence from his own experiences, *“By wanting to help others in similar circumstances as myself, a process begun to navigate my life to a better future without abuse and violence. The fact that I get to interact and possibly bring about social change in any individual in a residential care setting, is what I enjoy most... I helped myself by understanding that I can live a better life... Although trapped in utmost poverty, it was not meant for me. I did not allow my situation to determine my future... Because I could change my life around, it is possible for any young person living on the margin of society to do so... I will be the tool or instrument ensuring just that... I believe I am called to CARE!”*

Mervyn is registered as a Child Care Worker with the South African Council for Social Service Professions. He currently holds the position of Chairperson of the National Association of Child Care Workers in the Eastern Cape.

## 5

## IMPLICATIONS FOR COMPREHENSIVE WORKFORCE STRENGTHENING

The role of the social service workforce and its impact on preventing and responding to violence against children is not always easily understood by the public and other professionals. Narratives describing the impact of the social service workforce on children and families experiencing violence help to improve this understanding. The stories included in this report provide valuable insight on the role of social service workers in these efforts from around the world. Their real-life stories of how they have helped children and families experiencing violence brings their work to life and raises awareness about their role. Combining these stories with additional research and evidence on effective interventions to address violence and strengthen the workforce is useful to better understand how to support and strengthen the social service workforce. The discussion below highlights some of the key implications for workforce strengthening that can be drawn from these stories and other evidence.

### ENSURING WORKFORCE PREPARATION AND TRAINING FOR THEIR VARIOUS ROLES

The stories shared by 53 social service workers from 29 countries, working in different contexts and responding to many types of violence, illustrate the level of commitment and the positive impact they are able to make on the lives of children and families. The stories indicate that, particularly in resource- and service-constrained areas, the social service workforce has

to play multiple roles and needs to be adequately trained to carry out their diverse array of functions.



**Community volunteer Tharcissia Mutungirehe takes care of children playing at a child development center in Huye, Rwanda.**

© 2017 Riccardo Gangale, Courtesy of Photoshare.

#### Accessibility and availability of training

It is important to ensure that social service workers have access to pre- and in-service training. The majority of the respondents felt that they were adequately prepared to carry out their work despite the demanding working environment, high workload (over 15 cases per month) and limited resources. When describing their educational background, 66% of the respondents reported having an undergraduate degree or higher. Regardless of education level, most social service workers listed many additional in-service training opportunities that they valued and from which they had benefitted.

While many received training, it is difficult to know if this number is skewed higher among those who responded to the questionnaire and who had positive stories to tell. Likely, on average, workers need more training, which is aligned with clearly defined competencies. The evidence shows that quality training, recognized by a certificate and linked with career advancement opportunities, improves capacity of the social service workforce and the impact they are able to make on their clients.<sup>73</sup>

#### Linking training content to key micro, mezzo and macro functions and competencies needed

As has been documented in several reports and conveyed by survey respondents, the social service workforce carries out important roles at the micro, mezzo and macro levels.<sup>74</sup> Providing direct counseling (listed as the most common service provided by the workers), parenting and psychosocial support and connecting the clients with other services are some of the technical areas identified by respondents that require workforce training within and across sectors. It is important to recognize the frequency with which respondents reported that violence led to family separation and how their role focused on mitigating the negative impacts of this. Workers frequently mentioned the importance of family counseling, family strengthening and positive parenting. Indeed, one of the most frequently cited positive changes in the family was an increase in trust, attachment, communication of feelings and emotional bonds among family members. Training in these

micro level skills is needed for all groups of the social service workforce in order for them to effectively work with families toward these positive outcomes.

A number of respondents emphasized community-based aspects of their work and positive outcomes, such as increased community dialogue about different forms of violence against children and ways that communities could provide greater support and resources to families and children affected by violence. Competencies, such as community mobilization and awareness raising, community organizing and working with community leaders, are needed to carry out mezzo level functions that are important to addressing violence and social norms.

The social service workforce is also comprised of those who carry out functions at the macro level, such as developing policies and legislation, managing social service agencies, evaluating programs and carrying out policy and programmatic advocacy. Recent reports highlight that education programs for the social service workforce often do not include training to prepare the social service workforce for macro level roles and that this area needs more focus in training curricula.<sup>75, 76</sup>

#### Linking training to a strengths-based, culturally competent approach

It is also critical for training to focus on a strengths-based approach. Respondents described many positive outcomes due to being able to see beyond the tragedy of violence to identifying strengths of families and how they hold the solutions within themselves. They reported positive outcomes such as improving child and

families' self-worth, self-confidence and independence and catalyzing personal transformations.

In addition, respondents recognized the importance of being aware of one's own cultural biases and being able to facilitate constructive dialogue with families. They were often called upon to navigate the challenges that arise from cultural differences between the worker and the family, or among the family members. These areas require specific training and attention. Research has shown that cultural competency is one of the most important competencies, producing four times more effective results than generic approaches.<sup>77</sup> One of the few statements to reach 100% consensus in a recent Delphi study was, "The social service workforce should be provided with knowledge, skills and support to understand cultural variations in relationships between children and their families (e.g., nuclear vs. extended family vs. communal living arrangements)."<sup>78</sup> A skilled social service worker needs to be adept at navigating his or her own cultural biases and the social norms of the community to facilitate constructive dialogue around cultural issues related to violence against children and children's rights. These skills and cultural competence can only be obtained through training and guided practice.

## PROVIDING ONGOING SUPPORT TO SOCIAL SERVICE WORKERS TO INCREASE MOTIVATION, RETENTION AND PERFORMANCE

Respondents indicated that their skills, drive and passion to help people were the most critical factors of success in helping families and in motivating them to remain in challenging jobs. This provides hope that with adequate planning, development and support, the social service workforce will continue to be at the forefront of supporting the most vulnerable children and families. Support such as professional supervision, career advancement opportunities, effective organizational leadership and availability of tools and resources to carry out the work empower the social service workforce and prepare them for their challenging roles. In addition, addressing secondary trauma and incorporating a caring for the caregivers approach into organizational culture can effectively support worker well-being and retention.

The impact of supervision in the social service sector, and particularly the supervisory relationship, has been well documented in different countries to enhance motivation, worker performance, job satisfaction and retention.<sup>79</sup> The studies also identify social recognition, low caseloads, good working conditions and transportation support as major contributors to increased motivation.<sup>80</sup>

*The social service workforce should be provided with knowledge, skills and support to understand cultural variations in relations between children and their families.*



## INCORPORATING THE ROLE OF THE SOCIAL SERVICE WORKFORCE INTO LEGISLATIVE AND POLICY FRAMEWORKS, PARTICULARLY AS COORDINATORS OF MULTI-SECTORAL COLLABORATION

It is important to recognize that social service workers are not only key service providers rendering multiple services, but also coordinate many services for the children and families whom they support. They serve as a primary point of contact for the clients, working closely with professionals from other sectors, many of whom have higher recognition and authority. Their placement at the center of coordination necessitates increasing their recognition and support. Clear legislative frameworks need to outline and define the roles of the social service workforce to coordinate with health, justice and education sectors. This clearer definition may also support the investment case for public allocations, as government leaders who are not qualified social workers will have the information available to describe the often “invisible” role and impact of the social service workforce.

Evidence suggests that focusing on establishing a sound basis for professional social work not only increases the authority and quality of services provided by these professionals, but is also critical to the technical support and strengthening of other social service workers, including the para-professional workforce.<sup>81</sup> Establishing practice standards for services and a system monitoring their implementation

enables the social service workforce to have a clear role in multi-sectoral collaboration and ultimately helps connect children and families affected by violence to effective multi-sectoral support.

## UTILIZING QUALITATIVE DATA TO BUILD THE EVIDENCE BASE FOR WORKFORCE STRENGTHENING

The human stories shared by the practitioners shed light on the positive outcomes of their work and make the role of the social service workforce more tangible and understandable for the public. These stories help to show a causal link between the strength of the social service workforce and positive outcomes for children and families that is at times more challenging to prove through quantitative measures. A combination of qualitative and quantitative approaches, including theory-informed research and documenting practice wisdom, personal experience, and the values and practices of clients can act as a strong foundation for evidence-based practice in social work.<sup>82</sup>

## INCREASING ACCESSIBILITY AND AVAILABILITY OF SERVICES TO CHILDREN AND FAMILIES AFFECTED BY VIOLENCE ALSO REQUIRES GREATER COMMITMENT TO WORKFORCE STRENGTHENING

Availability and accessibility of services remains a problem in many countries. In a 2014 WHO study on violence prevention in 133 countries,

only 33% of low-income countries reported availability of child protection services. This was confirmed by respondents in this study, who reported that increasing the level of support available to families would improve their work and ultimately bring even more positive changes to families. They listed counseling or therapy, case management, psychosocial support, legal support and increased family and community awareness raising of ways to prevent and address violence as types of additional support services needed.

Evidence shows that packaging services, or ensuring a range of services is available to a particular family, improves family outcomes, although the types of services studied vary slightly from those recommended by respondents.<sup>83</sup> Specific types of services found in research studies to have positive effects on reducing violence and maltreatment include positive parenting, linking social services with other supportive interventions such as cash grants (cash + care), linking case management to an integrated package of nutrition, health, education and access to complementary social services.<sup>84, 85</sup>

However, it is important to note that an adequate response to violence against children requires a comprehensive system of care. This entails addressing the accessibility and quality of services as well as increasing the availability of trained and supported workers.

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[contact@socialserviceworkforce.org](mailto:contact@socialserviceworkforce.org)

[www.socialserviceworkforce.org](http://www.socialserviceworkforce.org)

Twitter: @SSWAlliance

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