Review of the new technical note and country examples for social service workforce safety and wellbeing during COVID-19

Thursday, May 14, 2020
WEBINAR AGENDA

Welcome and outline of the webinar
Hani Mansourian, Senior Coordinator, Alliance for Child Protection in Humanitarian Action

Technical note overview
Amy Bess, Acting Director, Global Social Service Workforce Alliance

Learning from country examples
- Langanani Lucy Catherine Malamba, Registrar, South African Council of Social Services Professions
- Muhammad Rafiq Khan, Chief of Child Protection, UNICEF Ghana
- Natalie McCauley, Chief Child Protection, UNICEF Bangladesh
- Sayed Mawismi Sayed Mohamad Mustar, Assistant Social Development Officer, Department of Social Welfare, Malaysia

Questions and Answers
Aniruddha Kulkarni, Child Protection Specialist, UNICEF HQ (moderator)
SOCIAL SERVICE WORKFORCE SAFETY AND WELLBEING DURING THE COVID-19 RESPONSE • RECOMMENDED ACTIONS
WHO:
- Collaboration between UNICEF, the Global Social Service Workforce Alliance (GSSWA), the International Federation of Social Workers and the Alliance for Child Protection in Humanitarian Action (ACPHA)

HOW:
- Decision to make this technical note an annex to the ACPHA Technical Note: Protection of Children during the Coronavirus Pandemic
- Team of writers, reviewed by 50+ people, survey of frontline workers and managers
- Integration of global standards and guidelines

WHY:
- A well-supported, appropriately equipped, empowered, and protected social service workforce is essential to mitigating the damaging effects of the COVID-19 pandemic.
- The SSW has been severely impacted by COVID-19
The social service workforce is an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being.

The social service workforce constitutes a broad array of practitioners, researchers, managers and educators.
SSW ROLES

RECOMMENDED ACTIONS FOR THE SSW DURING COVID-19

Stay Informed

Ensure staff care

Advocate

Assess risks and ethics

Provide in-person services in high priority cases

Provide remote services and support

Train

Supervise

FOR MORE INFORMATION, PLEASE VISIT

TECHNICAL NOTE ON SOCIAL SERVICE WORKFORCE SAFETY AND WELLBEING DURING THE COVID-19 RESPONSE

AND

WWW.SOCIALSERVICEWORKFORCE.ORG
BRIEF HISTORY AND REASON FOR ESTABLISHMENT OF SACSSP

• 1998-2004 1\textsuperscript{st} SA Council for Social service Professionals established with a purpose to create an umbrella body to coordinate and regulate social service professions and to constitute professional Boards. The 1\textsuperscript{st} social Work Board was established.

• 2005-2009: The 2\textsuperscript{nd} Council advanced the work initiated by the 1\textsuperscript{st} Council. The 1\textsuperscript{st} Board child and youth care work was established.

• 2010-2015: It was during the 3\textsuperscript{rd} Council’s tenure that the Professionalisation of the child and youth care work was legislated.

• The 4\textsuperscript{th} Council, 4\textsuperscript{th} Board SW and 3\textsuperscript{rd} Board CYCW were inaugurated in June 2016 for a 5-year period 2016-2021.
VISION

Social service practitioners united in excellence.

NON NOBIS
MISSION

Serving the **best interests** of the social service practitioners, professions and service users by regulating, leading and promoting the social service professions in an innovative and responsive manner.

South African Council for Social Service Professions
To regulate the professions for which a professional Board has been established through the following mandates:

1) Registration
   - keeping of registers of fit to practice practitioners
2) Education, training and development
   - setting norms and standards for quality provision of education for the professions within its ambit
3) Professional conduct
   - monitoring compliance to the set of ethical code as prescribed
4) NB. Support the Professionalisation of any emerging occupations designated by the Minister. For example Community Development.
Social Service Workforce Strengthening During COVID-19 - Bangladesh
Social Service Workforce - Bangladesh

• Need to strengthen social service workforce before COVID-19
• Social Work and Case Work not considered critical and lifesaving
• 1 social worker for every 100,000 children
• More than a million children living on the streets
• Tens of thousands in institutions / detention
• No foster care or formal alternative care system
• 80,000 plus workforce needed… just over 3,000 currently
• Capacity needs are high at community up to tertiary level
• Urgent areas of need for COVID-19: Child Helpline 1098, field based social workers, and those working in institutions and places of detention
**Child Protection Concerns and Response**

- Violence against women and children is prevalent with an estimated 45 million children locked down in homes that use violent discipline (MICS 2019).
- An estimated 42% of respondents in the Inter-Agency Assessment said they had increased the “beating” of their children since lockdown.
- Child Helpline 1098 has received more than 36,000 calls, 4 times increase, across April although this is now significantly reducing.
- Via media reports there has been an increase in reports of child deaths via extreme acts of abuse.
- Birth Registration has largely stopped but needs to continue – UNICEF will continue its support of the CRVS through the Office of Registrar General.
- UNICEF has reached over 37 million people in Bangladesh with protection messages including parenting tips via social media this month.
- Increasing concerns on the psychosocial impacts of the emergency on women and children as well as the health and social welfare workforces.
- Information from the social service workforce highlights limited locations for women and children to flee to if they need to escape from violence.
- Quick release of children in overcrowded detention facilities is urgently needed to avoid further spread of COVID-19 and potential loss of life.
Increasing Case Load…
Our Approach

• Ensure social workers are seen as essential, critical, and lifesaving
• Increase number of social workers to assist on Child Helpline call centre
• Increase number of social workers in key urban and field locations
• Increase number of social workers in institutions and places of detention
• Develop guidance and technical support documents
• Conduct online learning and training including supervision / coaching
• Increase IT support for online follow-up and call centre
• Supply PPE for SSW varying those in health sector and community
#ENDviolence #ENDfamilyviolence #ItStartsWithMe #ForEveryChild #Protection
Our Approach

- Bi-Weekly case conference calls with social workers and child welfare boards in each area
- Virtual courts for access to justice and expediting release linking to SSW in return location
- Weekly capacity and coaching calls with social workers
- Document series based on assessed capacity gaps
- Place to sleep, eat etc for call centre team unable to go home
- Active case identification via different sectors and outreach
- Updating referral pathways to include other new services
Guidance and Support

CHILD PROTECTION PROGRAMME GUIDANCE SERIES

DOCUMENT 1 – SOCIAL WORK CASE MANAGEMENT FOR CHILDREN AND FAMILIES

Case management is one of the main methods of social work on providing services whereby a professional social worker assesses the needs of the children and their family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific child’s complex needs.¹

The case manager/social worker is allocated a case, to accomap and size of services, coordinate services provided by different as case management plan implementation, the case manager is exp that are available locally to meet their needs.

The COVID-19 Pandemic

Key Messages and Actions for Children in Alternative Care and in Institutions

Social Workers must...

Look, Listen, and Link to services
Next Steps

- Continue with the social service workforce strengthening through capacity building and increases in human resources
- Strengthen and build capacity of community based systems
- Increase messaging on importance of SSW
- Enhance access to justice measures linking with SSW including for CICWL and those in detention
- Reduce the numbers of children in institutions – tracing, reunification and reintegration
- Create service hubs in urban areas for families on the street
Next Steps

- Increase messaging on prevention and mitigating harmful practices through SSW
- Strengthen online systems of case management and referrals
- Engage adolescents and the Child Rights Facilitators to identify vulnerable adolescents and refer
- Engage education sectors and teachers to identify vulnerable adolescents and refer
- Coordination of CP Cluster and Sub-Sector to maximize non-gov’t SSW
Safety and Wellness of the SSW and the continuity of services - Ghana

Muhammad Rafiq Khan
Chief of Child Protection
UNICEF Ghana Country Office
COVID-19 in Ghana

Confirmed Cases: 5,408
Recoveries: 514
Deaths: 24

13 May 2020
GoG Social Service Workforce

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>1,173</td>
<td>1,249</td>
<td>2,258</td>
</tr>
<tr>
<td>2019</td>
<td>1,395</td>
<td>1,491</td>
<td>2,886</td>
</tr>
</tbody>
</table>

1,287 institutions are involved in child protection related interventions

58,786 Ghanaians full time employees comprising of 27,735 (47.2%) females and 31,051 (52.8%) males
### Yearly reach by UNICEF

<table>
<thead>
<tr>
<th>Geographical coverage</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Districts</td>
<td>61</td>
<td>72</td>
</tr>
<tr>
<td>Communities</td>
<td>1585</td>
<td>2057</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>5,820</td>
<td>2,056</td>
<td>7,876</td>
</tr>
<tr>
<td>2019</td>
<td>6,171</td>
<td>3,815</td>
<td>9,986</td>
</tr>
</tbody>
</table>

Presence of UNICEF supported field based programming related to social service workforce

<table>
<thead>
<tr>
<th>Year</th>
<th>Women</th>
<th>Men</th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>36,638</td>
<td>33,289</td>
<td>44,161</td>
<td>39,201</td>
<td>153,289</td>
</tr>
<tr>
<td>2019</td>
<td>106,195</td>
<td>88,574</td>
<td>185,529</td>
<td>127,405</td>
<td>507,703</td>
</tr>
</tbody>
</table>

Total number of children who experienced violence reached with UNICEF supported programme (case management services)

Total number of individuals reached with structured face-to-face prevention interventions
Continuity
How to ensure continuity, when? (1)

**Do you feel that your parents and caregivers are treating you more harshly than before?**

- **Yes** 32%
- **No** 52%
- **N/A** 17%

https://ghana.ureport.in/opinion/4198/

**Did your parents or caregivers shout, yell or scream at you or your siblings during the last two months?**

- **Yes** 46%
- **No** 38%
- **N/A** 16%

https://ghana.ureport.in/opinion/4198/
How to ensure continuity, when? (2)

Did this abusive and violent behavior increase over the last two months?
https://ghana.ureport.in/opinion/4198/

YES 33%
NO 67%

Do you know where and how to get help and support if you or someone experiences abuse or violence?
https://ghana.ureport.in/opinion/4198/

YES 37%
NO 63%
How to ensure continuity, when? (3)

The number of children and families physically accessing social welfare services has decreased considerably!

COVID-19 infections have forced the closure of a child-friendly gender based violence court in Accra (SER)
Bibiani UWR child protection team engaging leaders of market women on the need to keep children at home instead of bring them to the market
Guidance and Key Messages

Special Guidance for Child Protection Case Management
Preventing and Responding to COVID-19
April 2020

Key messages to support those working with vulnerable children and families in Ghana
Preventing and Responding to COVID-19
April 2020
# Remote follow-up and urgency

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>In case there is <strong>no indication</strong> of COVID-19 in the family or close community</th>
<th>In case there is <strong>confirmation</strong> of COVID-19 in the family or close community, based on the Government of Ghana guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>By phone</td>
<td>By phone</td>
</tr>
<tr>
<td>Medium Risk</td>
<td>By phone</td>
<td>By phone</td>
</tr>
<tr>
<td>High Risk</td>
<td>Visit with appropriate precautions</td>
<td>By phone, daily check-in to ensure that child/ family are ok. Once the family is cleared from COVID, a health actor and caseworker should visit immediately.</td>
</tr>
</tbody>
</table>

If restrictions are applied by the Government of Ghana requiring physical distancing, all follow-up should be done by phone.
Reaching out: Helplines

CHILD ONLINE SAFETY TIPS IN THE ERA OF COVID-19 PANDEMIC

Do your part to protect children. If you or your child spots:
- Child sexual abuse images or videos
- Inappropriate contact with child/grooming
- Indecent and obscene digital material sent to a child
- Cyber bullying against children
- Sextortion of a child

Don’t ignore it. Report it.

No violence against children is justifiable; all violence against children is preventable

COVID Hotline
Emergency: 112
General Information: 311

NCSC Online Abuse Hotline
292

GPS DOVVSU Hotline
05 5100 0900

MoGCSP Helpline of Hope
0800 800 800
0800 900 900

GACAGhana
GACAGhana

#GACA
Integrating Helplines in RCCE

All risk communication material being produced and distributed include CP and SGB hotlines.
Health and Hygiene
# Personal Protection Equipment

<table>
<thead>
<tr>
<th>PPE Item</th>
<th>Unit</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Masks</td>
<td>3000 packs</td>
<td>150,000</td>
</tr>
<tr>
<td>Latex Examination Gloves</td>
<td>3000 packs</td>
<td>300,000</td>
</tr>
<tr>
<td>Hand Sanitizers, 60%</td>
<td>3000 bottles</td>
<td>1,500 liters</td>
</tr>
<tr>
<td>Contactless Thermometers</td>
<td>200 pieces</td>
<td>200 pieces</td>
</tr>
</tbody>
</table>
New Ways of Working
Mixed with some old ways
SOCIAL SERVICE WORKFORCE SAFETY AND WELLBEING DURING THE COVID-19 RESPONSE – IN MALAYSIA

SAYED MAWISMI SAYED MOHAMAD MUSTAR
OVERALL VIEW

- **Malaysia under Movement Control Order (MCO) beginning March 18th 2020**
  - Under the provision of Prevention and Control of Infectious Diseases Act 1988 (Act 342)
  - Centralized action under National Security Council (NSC) and Ministry of Health (MOH)

- **Social Service Workforces under Social Welfare Department**
  - Among many authorities and agencies responsible
  - Part of essential services, gazetted under the Act

- **Focusing on clients**
  - 2 major clusters
    - **Non-Covid-19 cluster** - Existing clients (children, elderly, PWD, destitute, vulnerable groups, community etc.)
    - **Covid-19 related cluster** - PUI, PUS, family members, those directly/indirectly affected due to pandemic
ISSUES BEING ADDRESSED BY SSWs DURING THE COVID-19 RESPONSE

As SSWs...

- **Equipped with latest technology**
  - Allowing working remotely at utmost efficiency

- **Identifying clusters**
  - To provide appropriate intervention

- **Acquiring related knowledge**
  - To be used during interventions

- **Keeping abreast with latest information**
  - Well-versed with guidelines, instructions and protocols

- **Acquiring rapport and inter-personal skills**
  - To allow effective information transfer

- **Adhering Ethical Social Work Standard**
  - Based on ethical and moral obligation

- **Ensuring Safety and Good Hygiene Practice Standard**
  - Based on guideline, regulations and protocols imposed by WHO and MOH
## SSWs RESPONSE DURING COVID-19

<table>
<thead>
<tr>
<th>Online Intervention</th>
<th>(Non-Covid-19 Clusters)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Contact</strong></td>
<td></td>
</tr>
<tr>
<td>• Via referrals</td>
<td></td>
</tr>
<tr>
<td>• Contacting clients via calls/emails/social app platforms – to ensure genuineness, severity, etc.</td>
<td></td>
</tr>
<tr>
<td>• Acquiring ‘Informed Consent’ for further actions</td>
<td></td>
</tr>
<tr>
<td><strong>Online Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>• Clients own liberty to determine types of intervention – agreement on both parties (clients/SSWs)</td>
<td></td>
</tr>
<tr>
<td>• Platform interchangeably according to clients preferences and discretions</td>
<td></td>
</tr>
<tr>
<td><strong>Online Face-to-face Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>• Date set prior – conducted via teleconferencing mode in a private setting</td>
<td></td>
</tr>
<tr>
<td>• To ensure privacy and confidentiality</td>
<td></td>
</tr>
<tr>
<td><strong>In-person Intervention</strong></td>
<td></td>
</tr>
<tr>
<td>• Date set prior – adhere to safety protocols provided (good hygiene, PPEs, social distancing, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Documentation and Filing</strong></td>
<td></td>
</tr>
<tr>
<td>• Centralized documentation networking system – for administrative ease</td>
<td></td>
</tr>
<tr>
<td>• Could be logged in online and done remotely via Internet – could be updated from time to time</td>
<td></td>
</tr>
</tbody>
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SSWs RESPONSE DURING COVID-19

<table>
<thead>
<tr>
<th>Online Intervention (Covid-19 Clusters)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Contact</strong></td>
</tr>
<tr>
<td>• Via referrals of Malaysian Defense Civil Force (MDCF) / MOH</td>
</tr>
<tr>
<td><strong>Collaborative Networking</strong></td>
</tr>
<tr>
<td>• Involve collaborative work with MDCF / MOH front-liners - need to be reported to them</td>
</tr>
<tr>
<td>• Decision made collaboratively - SSWs have discretions to advise and provide suggestions</td>
</tr>
<tr>
<td>• Acquiring ‘Informed Consent’ from clients for further actions</td>
</tr>
<tr>
<td><strong>Zoning Area</strong></td>
</tr>
<tr>
<td>• Adhere to zoning (Green/Yellow/Red) to limit movement and avoid transmission</td>
</tr>
<tr>
<td>• Each zone - protocols and safety guidelines (hygiene practices/PPEs, etc.)</td>
</tr>
<tr>
<td><strong>Online Face-to-face Intervention</strong></td>
</tr>
<tr>
<td>• Date set prior - conducted via teleconferencing mode in a private and stricter setting</td>
</tr>
<tr>
<td>• Rooms specifically set - avoid transmissions and contact; ensure privacy and confidentiality</td>
</tr>
<tr>
<td><strong>Documentation and Filing</strong></td>
</tr>
<tr>
<td>• Work closely with NSC and MOH - responsible in decision making to adhere protocols</td>
</tr>
<tr>
<td>• Could be logged in online and done remotely via Internet - could be updated from time to time</td>
</tr>
</tbody>
</table>
SSWs PRACTICES DURING COVID-19

### Regular Remote Meeting

Supervising SSWs on daily basis:

- **Morning Sessions:**
  - 5 – 10 mins with SSWs under care
  - Communication delivered and conveyed
    - Related to latest updates, information, guidelines, protocols etc.
  - Setting goals, outcomes to be achieved

- **‘Casual Talks’:**
  - Further action needed for cases
  - Discussion conducted ‘casually’
  - On-going throughout daily CM

- **Debriefings:**
  - Discussing findings, issues, feedbacks
  - Setting plans for tomorrow

### Professional Collaborative Strategy

For cases with high complexity and solicitation, as Supervisors:

- **Supervised Intervention**
  - Online group discussion be conducted
  - Involve clients, SSWs and Supervisors

- **Monitoring**
  - Preparing online self-administrative report
  - Monitoring progress of CM

- **Networking**
  - Cross-silo / inter-agencies collaboration
  - Exchange ideas and expertise
## Self-care Practices
During Supervision, ensure SSWs to practice self care through:

- **Social Distancing**
  - At least 6 feet

- **3C Practices**
  - Remind SSWs to avoid
    - Confined spaces
    - Crowded places
    - Close-proximity conversation

- **Self-wellbeing**
  - Ensure good mental health / psychosocial wellbeing practices through ‘casual talks’

- **PPEs**
  - Donning proper PPEs

- **Zoning Area (Green/Yellow/Red)**
  - Adhere to zone specified

## Administrative Practices
Being administrators, Supervisors needs to provide:

- **Working Environment**
  - Encouraging remote models of services - WFH
  - Prioritize and delegate cases to be managed by SSWs
  - Minimizing # of staffs; flexible working hours

- **Training**
  - Providing on-going training for SSWs
  - Allowing SSWs to acquiring new skills and knowledge

- **Social Support**
  - On-going social support handling workforces workload, stress, etc.
  - Providing psychosocial support session to minimize health risk
For further enquiries:

Sayed Mawisim Sayed Mohamad Mustar
Assistant Social Development Officer
Social Welfare Department
Malaysia
adriyyan@yahoo.com
Please enter questions in the questions box. We’ll answer as many as time allows.

The recording will be available soon.

Aniruddha Kulkarni, Child Protection Specialist, UNICEF HQ (moderator)
Thank you for joining us today
Keep in touch!

@CPIE_Global @UNI CEFProtects
@IFSW @SSWAlliance