

SOCIAL SERVICE WORKERS IN HEALTH FACILITIES

Their Role in Addressing Social and Other
Determinants of Health Among Children
and Families

October 19, 2022



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AGENDA

Opening Remarks

Han Kang

Director, Office of HIV/AIDS, Bureau for Global Health, USAID

Types and roles of social service workers in health facilities, models of deployment, and related health outcomes

Alex Collins

Global Social Service Workforce Alliance Consultant and Senior Technical Advisor, Child Protection, Palladium

Spotlight on types, roles and functions, and health outcomes related to social service workers in health facilities

Richard Savo

Former Deputy Chief of Party for Pathways OVC project, Catholic Relief Services, Zimbabwe

Models of training, management, and supervision; costs and cost savings

Alex Collins

AGENDA CONT.

Spotlight on interprofessional training and team model

Dr. Bernadette Madrid

Director of the Child Protection Unit (CPU) of the University of the Philippines of the Child Protection Network Manila – Philippine General Hospital; Associate Clinical Professor of Pediatrics; Executive Director Foundation, Inc.

Summary of opportunities, challenges, and recommendations

Venera Urbaeva

Global Social Service Workforce Alliance Consultant

Audience Q&A

Venera Urbaeva

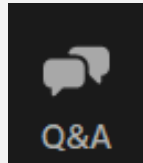
Closing remarks

Hugh Salmon

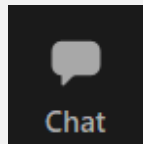
Director, Global Social Service Workforce Alliance

WEBINAR LOGISTICS

- ❖ Please submit questions for our speakers and panelists at anytime through the 'Q&A' button



- ❖ If you are having technical difficulties, please send a message to the host through the 'Chat' button



- ❖ This webinar is being recorded and will be made available via the Alliance website

OPENING REMARKS

Han Kang

Director, Office of HIV/AIDS,
Bureau for Global Health, USAID



IMPORTANCE OF SOCIAL SERVICE WORKERS IN HEALTH FACILITIES

- ❖ **Non-medical factors account for up to half of health outcomes and influence health inequities** within and between countries
- ❖ **Better health outcomes among countries' with greater total investment in health and social care spending** compared to health spending alone
- ❖ COVID-19 has only **emphasized inequities** in health care access, treatment, and outcomes
- ❖ **Social service workers plays a unique and powerful role in supporting individuals and communities in addressing these determinants**



IMPORTANCE OF SOCIAL SERVICE WORKERS IN HEALTH FACILITIES

- ❖ U.S. Government, including USAID, committed to identifying means of **strengthening the social service workforce and the systems in which it works**, including the health sector
- ❖ Partnered with the Alliance to develop technical report to highlighting **promising practice models for planning, developing and supporting this workforce**, particularly LMIC
- ❖ Aim to enable stakeholders to **better articulate the value of the social service workforce** in health systems and **advocate for domestic resources**



PAPER HIGHLIGHTS, PART 1

Alex Collins

Global Social Service Workforce Alliance Consultant
Senior Technical Advisor, Child Protection, Palladium



TYPES OF SSW IN HEALTH FACILITIES

Two scenarios influencing types and deployment of social service workforce in health facilities

Social work is a new discipline, or still in the process of professionalization

Paraprofessionals or community volunteers

Existing health worker cadres

Social work is an established and mostly well-known discipline, but still defining its place within health care

SSW assigned to facility or unit, solo or limited duty stations

SSW integrated into health care team

MODELS FOR DEPLOYMENT

1. Roving or liaison model
2. Permanent, on-site support model
3. Interprofessional team model

Traditionally, in health facilities and for clinical workers, there has not been much space for social worker contributions...Slowly and progressively, we see some appreciation and acknowledgement of their role...People are beginning to find each other and appreciate that nobody is coming to intrude in each other's space but to complement each other.

Richard Savo, Former Deputy Chief of Party, Pathways Project, Zimbabwe, on paraprofessional "points of contact" at health facilities

HEALTH OUTCOMES

❖ **Roving/liaison model:**

- reduced maternal mortality and increased birth weight,
- more symptom-free days for children with asthma,
- more use of contraception, and
- fewer births among adolescent mothers

❖ **Permanent, on-site support model:**

- increased resource access and lower psychological distress among patients with complex needs,
- reduction in depression and pain scores, and
- for a subset of HIV-infected male patients with depression, reduction in transmission risk behaviors

❖ **Interprofessional team model:**

- fewer symptoms of depression and anxiety,
- fewer emergency room visits, hospital admissions or shorter lengths of stay,
- more likely use of an appropriate and lower cost level of care, and
- reduced NICU admissions and improved birth weight and infant functioning

ROLES AND FUNCTIONS

- ❖ Behavioral or mental health specialist
- ❖ Care manager
- ❖ Community engagement specialist
- ❖ Multi-level advocate



Behavioral or mental health specialist	Care manager	Community engagement specialist	Multi-level advocate
<p>Apply standardized assessment tools</p> <p>Contribute to care plan, with focus on mental health needs</p> <p>Provide brief mental health interventions, or make referral, depending on level of training (e.g., psychosocial or emotional support, counseling, therapy)</p> <p>Enable patient and family coping with diagnosis / difficulties resulting from illness</p> <p>Facilitate communication across providers or team members and between patient/family</p> <p>Mediate between patients, families, and providers in cases of conflict or crisis</p>	<p>Apply standardized assessment tools</p> <p>Contribute to care plan, with focus on social, economic, and other environmental needs</p> <p>Monitor patient's progress on care plan</p> <p>Facilitate communication across providers or team members and between patient/family</p> <p>Coordinate discharge planning</p>	<p>Apply standardized assessment tools</p> <p>Identify needed resources and services outside of health facility based on patient assessment and care plan</p> <p>Support patients in navigating health and social service systems</p> <p>Assist patients in accessing financial resources (e.g., subsidized medicines, payment plans, supplemental income, rental assistance)</p> <p>Assist patients in accessing other resources affecting their access to care or adherence to treatment (e.g., mental health intervention, transportation, food, legal services)</p> <p>Develop and maintain wide range of community resources/referral networks</p> <p>Conduct home visits or other form of follow-up after discharge</p>	<p>Empower patients with information on their diagnosis, overall situation to be informed decision makers and take active role in their care</p> <p>Intervene with providers on patient's behalf when rights are ignored/overlooked</p> <p>Educate other providers on the role and contribution of SSW to person-centered care</p> <p>Engage with individuals, families, and communities to identify problems and promote dialogue and action around solutions</p>



SPOTLIGHT:

Use of “Point of Contact” Cadre

Richard Savo

Former Deputy Chief of Party for Pathways OVC Project,
Catholic Relief Services, Zimbabwe

PATHWAYS OVC PROJECT: ZIMBABWE

1. What types of social service workers have you been involved with in health facilities?
2. What roles do they play that are different from other service providers in the health facility?
3. How have you seen these social service workers making a difference in patients' health and wellbeing? Of that of their families or communities?



PAPER HIGHLIGHTS, PART 2

Alex Collins

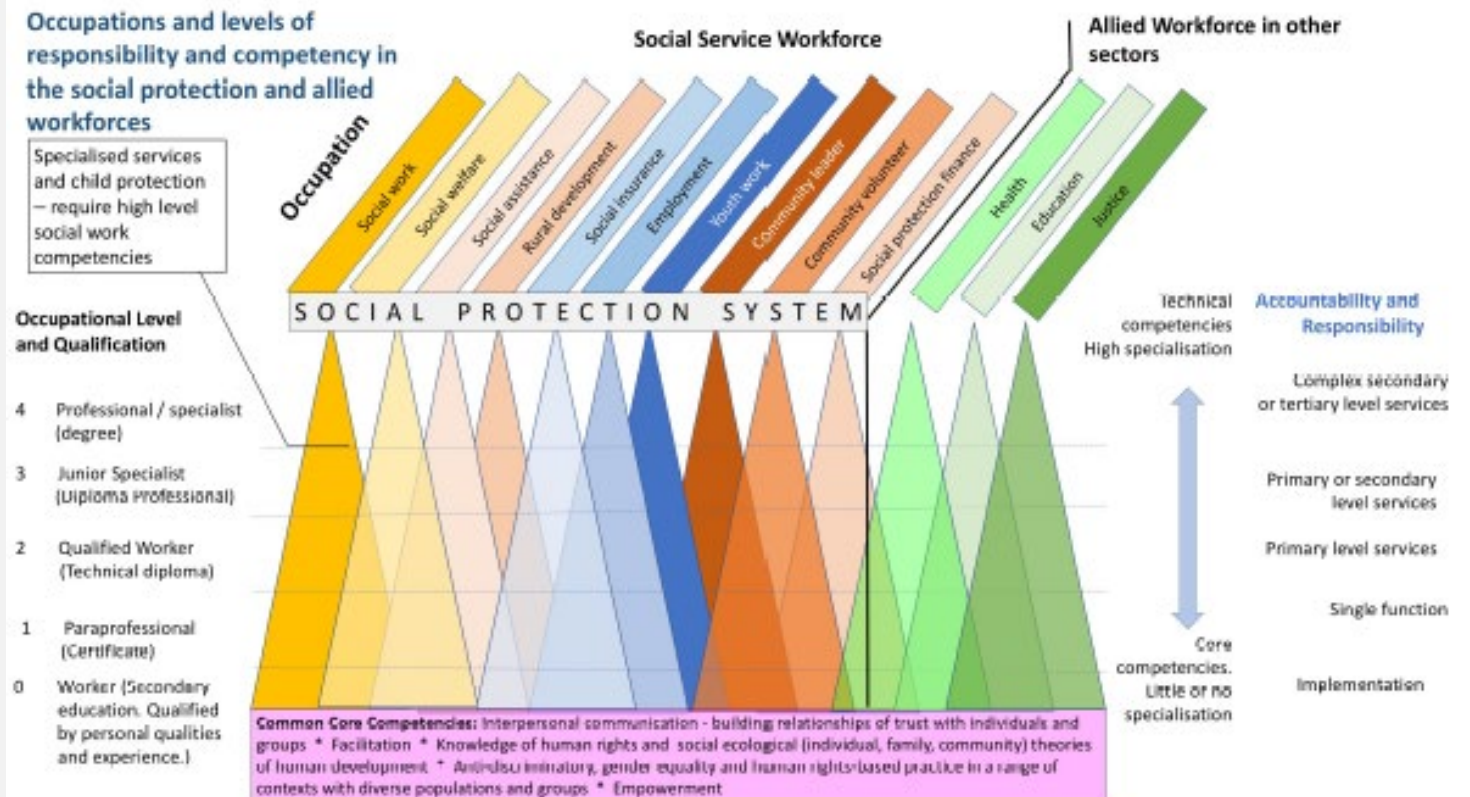
GSSWA Consultant

Senior Technical Advisor, Child Protection, Palladium

MODELS FOR TRAINING

- ❖ **Core competencies:** collaboration and teamwork, cultural humility, reflection, advocacy, partnership skills, interpersonal communication, and empathy
- ❖ **Systematic assessment** of whether students have acquired knowledge and skills for integrated practice

Figure 1. Qualifications and core competencies for selected examples of social service and allied workforce occupations

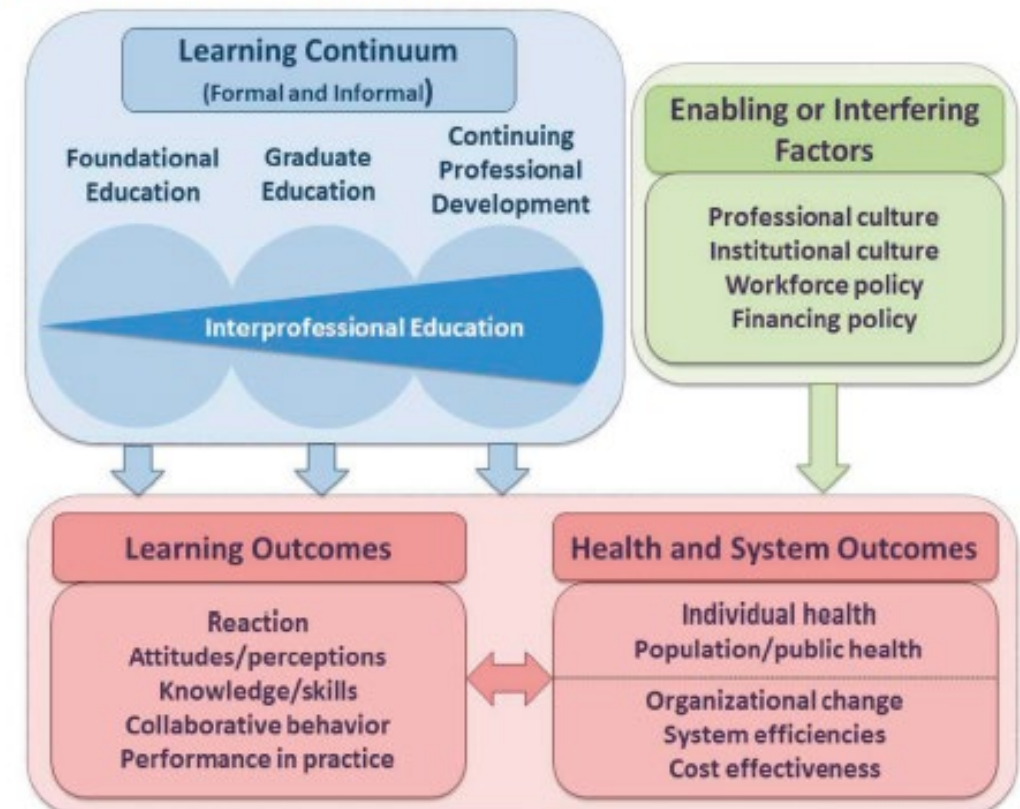


MODELS FOR TRAINING

Interprofessional education/training key to **demonstrating value of social service workforce** in health care teams, building mutual trust and cooperation

- ❖ Combined coursework with community- or facility-based field practice
- ❖ Increase “wider-lens” coursework on health equity, social determinants of health, prevention and promotion, and evaluation, not just on clinical skills

Figure 2. The interprofessional learning continuum model



FOUR OPTIONS FOR MANAGEMENT AND SUPERVISION

SSW recruited, paid, managed & supervised by social services department (SSD) but **linked with a specific service or cluster of services in the health sector**

SSW recruited, paid, managed & **supervised by the health sector** or service where they are deployed

SSW recruited, paid, managed, & supervised by SSD, but **physically deployed to a specific service in the health sector**

SSW recruited, paid and managed & supervised by the health sector or service where they are located, but **supervised by social worker from SSD**

COST SAVINGS

- ❖ In a review of three decades of international research on the effects of social work services on health and cost outcomes, nearly all studies reported cost savings, from **reduced emergency room and hospital visits among high-risk adults saving \$107,808/year** to **reduced NICU admissions among high-risk pregnant women saving \$1,875,463 over four years** or a \$2 estimated return on each dollar invested in the multidisciplinary, care management intervention.
- ❖ A review of integrated models of health and social care among primarily low-income populations showed **decreased health care costs linked to care coordination and community outreach interventions**, primarily based on decreased visits, admissions, and lengths of stay.
- ❖ A study of care coordination provided by an interprofessional team in eight primary care clinics serving low-income beneficiaries in the US saw **reductions in emergency room visits and admissions, with \$1,643 per patient saved** compared to controls.
- ❖ A study of the hospitalization rates of emergency room patients seen by social workers in a large, urban hospital in the US showed that **only 16% were admitted to the hospital, with larger proportions directed to more appropriate referral services.**



SPOTLIGHT:

Interprofessional Training and Team Model in the Philippines

Dr. Bernadette Madrid

Director of the Child Protection Unit (CPU) of the University of the Philippines Manila – Philippine General Hospital; Associate Clinical Professor of Pediatrics; Executive Director of the Child Protection Network Foundation, Inc.



Improving the workforce. Improving lives.

PHILIPPINES WOMEN AND CHILD PROTECTION UNITS

1. What is the thinking behind bringing different disciplines together in these units for women and child protection?
2. What initial resistance, if any, was there to setting up these units?
3. What kind of training is required? How has this training affected how the workers from different disciplines view each other and their contributions?
4. What have been some of the most important results of the WCPU on health and other outcomes?

OPPORTUNITIES, CHALLENGES AND RECOMMENDATIONS

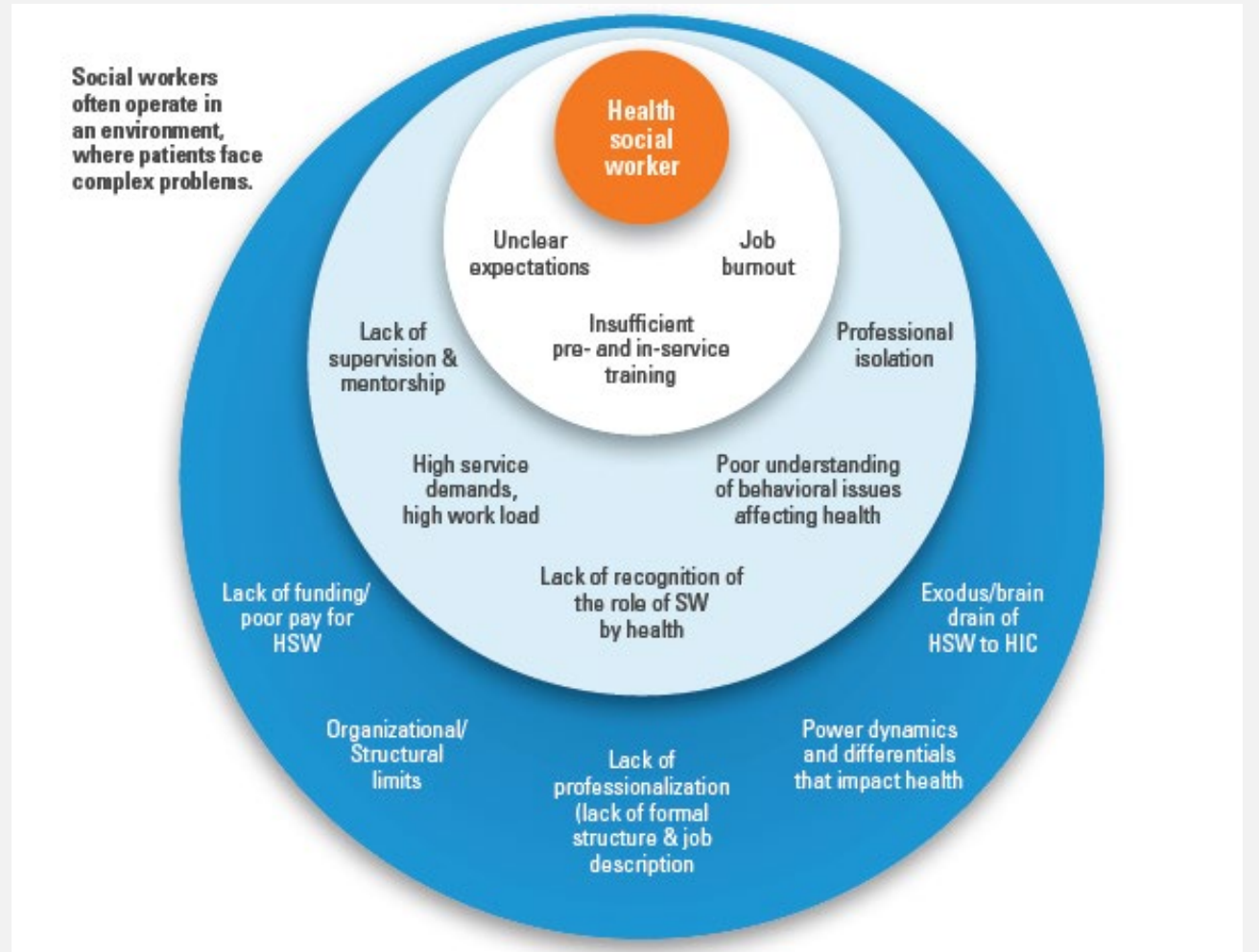
Venera Urbaeva

Global Social Service Workforce Alliance Consultant



CHALLENGES AND OPPORTUNITIES

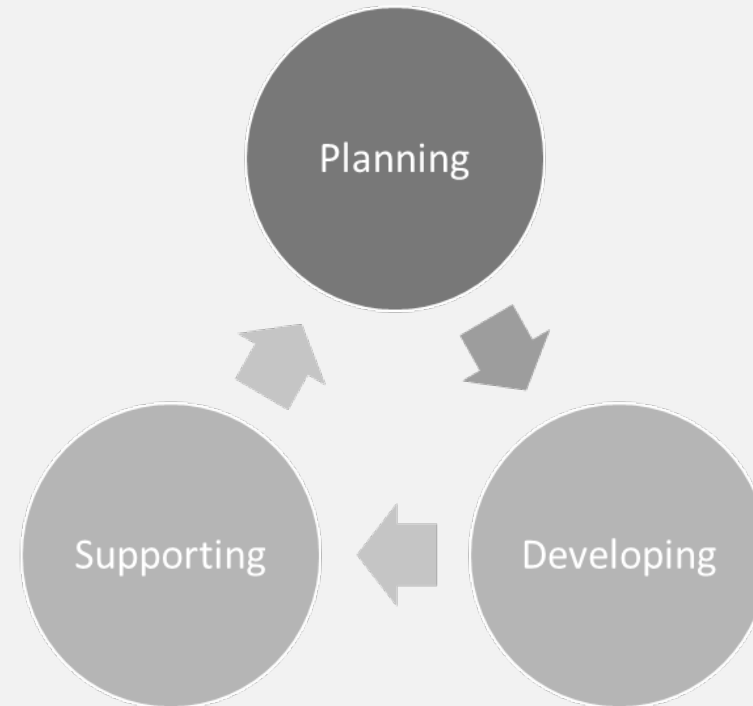
- ❖ **Individual level:** training in coping skills, formal or informal peer-to-peer supervision, physical changes to workplace
- ❖ **Organizational level:** interprofessional training and education, including field practice
- ❖ **Policy level:** advocacy for increased budget allocations for salaries and other resources, legislation or regulatory framework for social work and related cadres



RECOMMENDATIONS

Planning for the deployment of social service workforce in health facilities

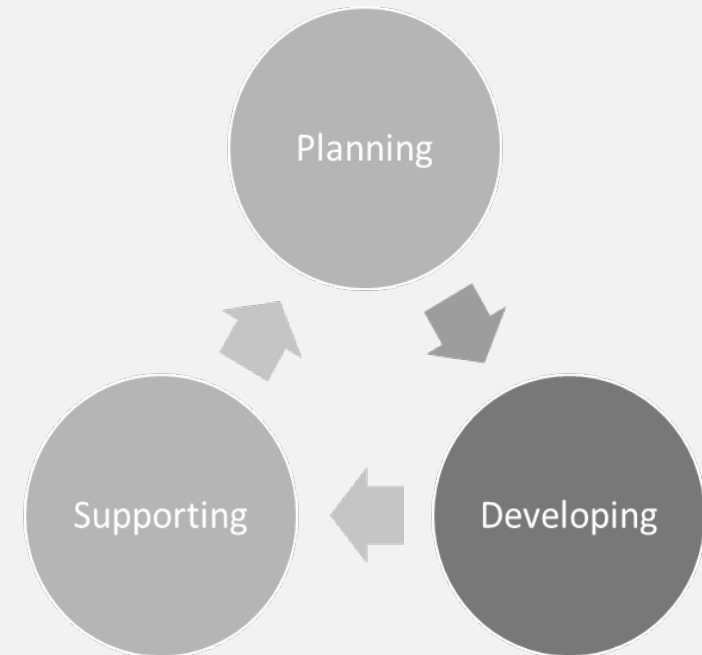
- ❖ Inter-ministerial leadership and coordination of “workforce for health” planning processes
- ❖ Adequate budget and other forms of resourcing



RECOMMENDATIONS

Developing the social service workforce for engagement in health facilities and teams

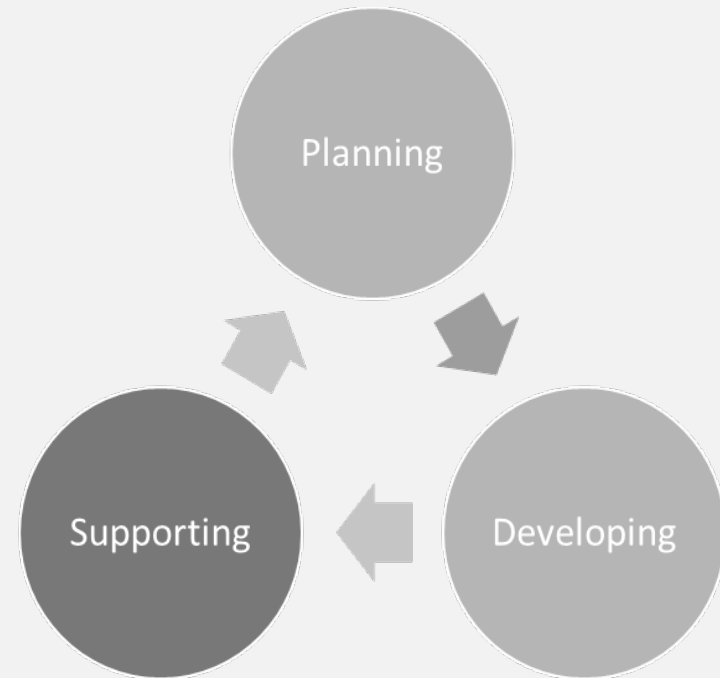
- ❖ Cultivation of interprofessional learning opportunities
- ❖ Increased availability of field placements (practicum) based in health facilities



RECOMMENDATIONS

Supporting the performance and recognition of social service workforce in health facilities

- ❖ Regular, supportive supervision for social service workforce in health sector
- ❖ Regulatory and policy framework to support professional recognition and quality assurance



Q&A

Please submit questions for any of our speakers through the 'Q&A' button

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20 October 2022 | 8-9am ET | 12-1pm GMT



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