STATE OF THE SOCIAL
SERVICE WORKFORCE 2020

RESPONDING, ADAPTING AND INNOVATING DURING COVID-19, AND BEYOND

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Director

GLOBAL
SOCIAL SERVICE WORKFORCE
ALLIANCE
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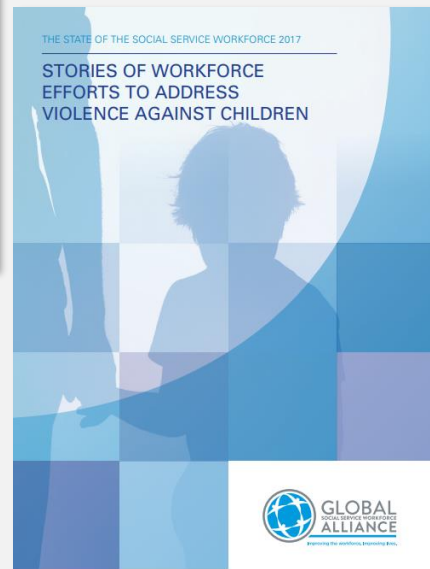
STATE OF THE SOCIAL SERVICE WORKFORCE 2020
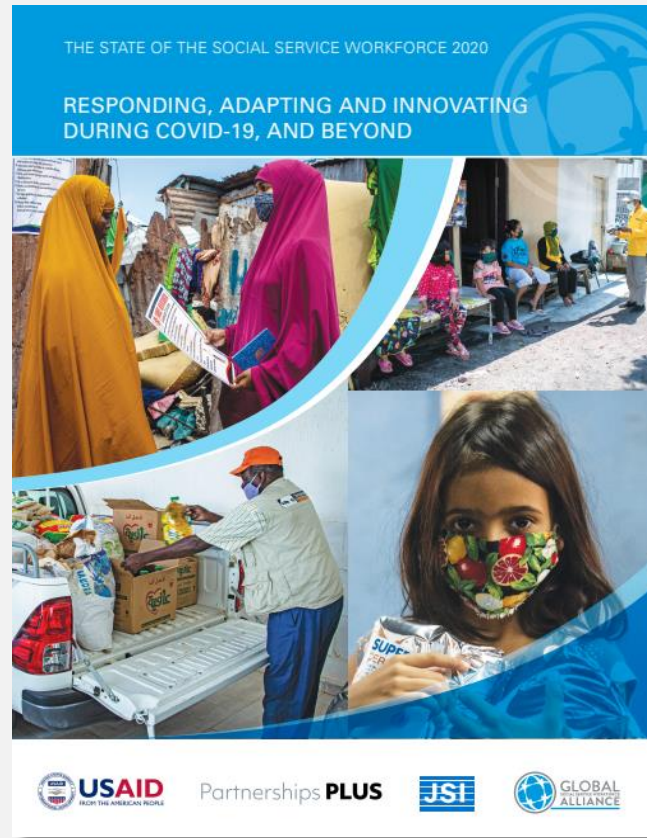
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METHODOLOGY
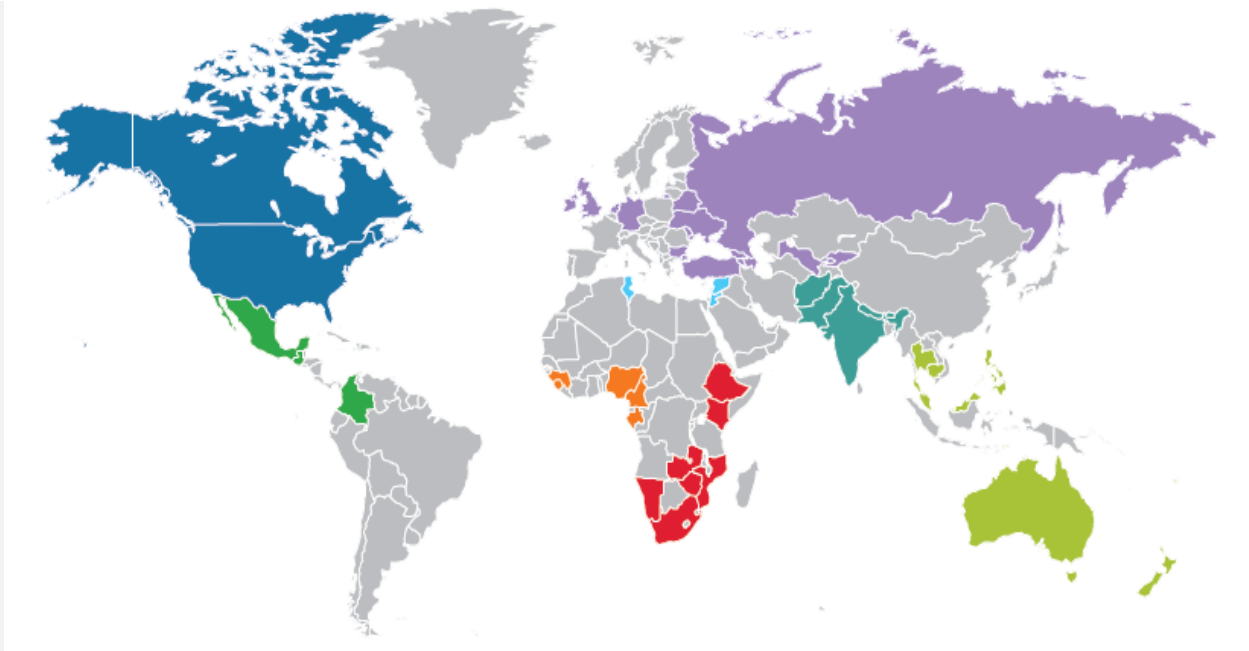
East Asia and the Pacific . . . . 12 respondents across 8 countries

Eastern and Southern Africa . . . . 95 respondents across 7 countries

Europe and Central Asia . . . . 21 respondents across 16 countries

Latin America and the Caribbean . . . . 3 respondents across 3 countries

Middle East and North Africa . . . . 5 respondents across 4 countries

North America . . . . 30 respondents across 2 countries

South Asia . . . . 39 respondents across 5 countries

West and Central Africa . . . . 25 respondents across 6 countries

ESSENTIAL ROLES OF THE SOCIAL SERVICE WORKFORCE DURING COVID-19

- The workforce has performed preventive, responsive and promotive roles

- Providing direct assistance and psychosocial support to individuals, families and communities

- Enabling access to services and advocating for the most marginalized and vulnerable

- Supporting children and families, and protecting children, especially with school closures

- Building resilience of individuals, families and communities

- Providing public information and raising awareness

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HOW THE PANDEMIC CHALLENGED THE WORKFORCE

Increased demands:

- Increased caseloads and greater complexity of cases
- Increased levels of occupational stress and burnout
- Insufficient number of staff to cover increased demand
- More reliance on volunteers, often without adequate training or supervision
- Increased demand outstripped resources, and often funding was cut

In many contexts, the workforce was not initially deemed essential:

- Left workers unable to perform many of their key roles
- Made many workers ineligible to receive PPE or access testing

In countries where the workforce *was* classified as essential,

- Workers were given new responsibilities to support larger response efforts, e.g. raising community awareness and contact tracing in cases of infection

Many organizations shifted to remote delivery with no prior experience/training:

- Hindered effective and appropriate case management services
- In some contexts, insufficient access to electricity, internet, devices
- Also seriously affected groups who lack ability or confidence using technological devices

HOW THE PANDEMIC CHALLENGED THE WORKFORCE

"Nurses and doctors were given protecting materials immediately, but no one cares about social workers and community workers. Support to vulnerable families was not considered urgent."

Community and Family-based Support Specialist, Rwanda

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ANSWERING THE CALL:
HOW THE WORKFORCE RESPONDED

Supporting continuous, effective service provision for both workers and clients:

- Choosing communication channels based on client preference
- Creative use of helplines and distribution of devices to help isolated people keep in contact online
- Finding safe ways to meet in-person when necessary

Strategies to address caseload concerns:

- Task-shifting, upskilling, staff hiring, increasing use of volunteers
- E.g. in Somalia, UNICEF supported a one-week training to enable deployment of 235 recent social work graduates to provide services to vulnerable women and children.
- Case studies for increased use of volunteers: Ethiopia – HIV services; Kyrgyzstan – Babushka Adoption Foundation
- Collaborating and referring to other organizations and community structures

Advocating for the workforce (e.g. Iran, Philippines, South Africa, Uganda:

- Raising recognition and support of the workforce as essential (which increased access to personal protective equipment, tests, vaccines)
- Ensuring inclusion in official policies
- Developing practice guidelines to protect personal safety

Supporting workers health and well being:
- Virtual training and learning events, including on self-care
- Increased communication amongst staff, using various means, both formal and informal, to overcome sense of isolation, build team morale
- Online management and mentoring
- Other self-care techniques such as maintaining a work - life balance, rest, recreation, prayer and meditation
- Some organisations provided financial support or other compensation for increased work
- Better personal protective equipment
- Recognition in the media about the work of frontline staff

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ANSWERING THE CALL:
HOW THE WORKFORCE RESPONDED

"We created general information and social support lines, a psychological support line, an elderly support line and provided isolated people with shopping services."

Social Worker, Portugal

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LOOKING AHEAD

Lasting impact of the pandemic on the social service workforce:
- Increased use of online platforms and technology in service provision, case management and conferencing, supervision and training
- Enhanced cross-sectoral collaboration around social service delivery
- Continued flexibility and readiness to adapt

Future role of social service organizations:
- Strengthening social protection, linking with social services
- Addressing worker needs, including well-being, work conditions, pay
- Advocacy for the social service workforce in future pandemics or similar humanitarian situations

Future workforce needs:
- Training, capacity building, resources, coordination
- Greater recognition and support among leaders

LOOKING AHEAD

" **The trauma and stress of the social services workforce is largely ignored. Where addressed, it is fragmented and piecemeal, it is not located within a risk management strategy.** "

Consultant, South Africa

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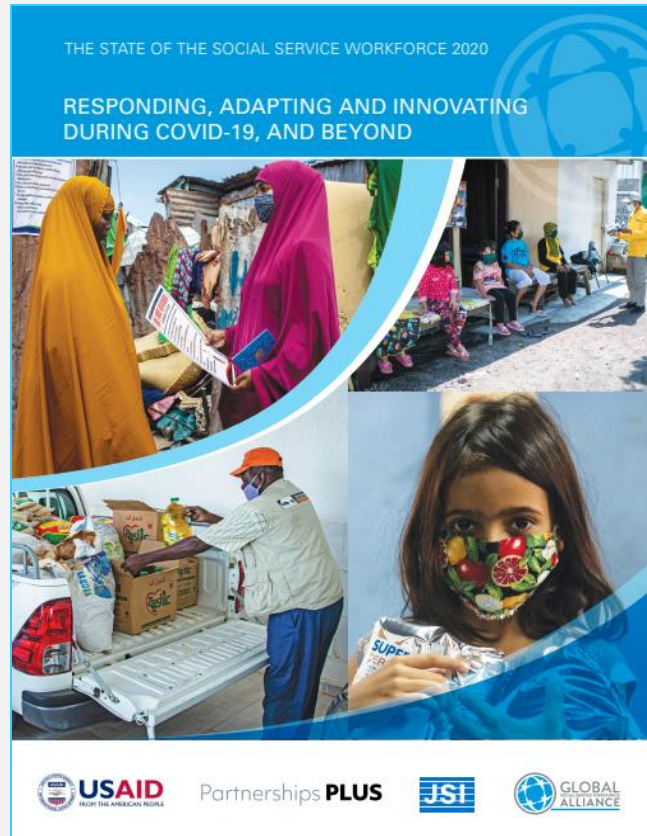
RECOMMENDATIONS

GOVERNMENTS SHOULD:	ORGS & ASSOCIATIONS SHOULD:
▪ **Recognize the workforce as essential** and prioritize access to PPE/vaccinations. ▪ **Recognize, support, and develop policies** to enable integration between the full range of social services that the workforce provides. ▪ **Earmark funding and resources** for capacity building of workforce in readiness for future emergencies. ▪ **Develop and provide technological infrastructure** and cover costs.	▪ **Develop guidelines/tools** for safe, ethical service delivery during COVID. ▪ **Strengthen cross-sectoral collaboration**, networks, and partnerships. ▪ **Monitor the well-being of workforce and volunteers**, offer ongoing psychosocial support, and limit individual caseloads to manageable levels. ▪ **Leverage and build on existing technology.** ▪ **Prepare for rapid surge** in emergency response when needed (training, stipends, supervision, skill development). ▪ **Document and disseminate** experiences.

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www.socialserviceworkforce.org