



# Summary Report

## 3rd Annual Global Social Service Workforce Symposium

Strengthening the Continuum of Care for  
Vulnerable Children and Families

June 2nd, 2016



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## Introduction

The Global Social Service Workforce Alliance hosted its 3<sup>rd</sup> Annual Symposium on June 2<sup>nd</sup>, 2016. The event was held at the Birdsell House Conference Center in Washington, DC and also via live webcast. Just over 300 participants from 25 countries across NGOs, government, academia, donors and others joined the discussion in the room or online about ways of strengthening the social workforce to better support vulnerable families and children. The symposium enabled the exchange of information between members of the Alliance and other experts across countries and regions.

## Welcome

*Amy Bess, Coordinator, Global Social Service Workforce Alliance*

Ms. Bess opened the symposium by welcoming the online and in-person participants and thanking USAID/PEPFAR and GHR Foundation for their funding that made this event possible.

Ms. Bess gave an overview of the goals of the symposium and discussed the great strides made over the last five years to strengthen the social service workforce, particularly in the period since the Cape Town Conference in November 2010. She described the critical role the social service workforce plays in providing the continuum of care for families and children affected by HIV/AIDS, disasters, family separation, violence and conflict.

The Global Social Service Workforce Alliance was launched three years ago due to the recommendations made by participants at the Cape Town Conference and has since grown to over 900 members in over 85 countries. The Alliance has acted as a convener, helped to develop and disseminate knowledge and information on social service workforce strengthening and helped to advocate for more support and attention to the workforce. It has helped to build a community of people who are ardent supporters of improving services to children and families. The Alliance has promoted learning and information sharing through a webinar series, technical briefs and working papers, an online resource library, and has facilitated discussions at conferences and workshops. In addition to advocating for more support and attention to the workforce, the Alliance has been developing new tools through two interest groups. Ms. Bess also announced the selection of ten new ambassadors for the Alliance who will begin in their positions in September. She invited those who are not already members to join the network and share their experience and knowledge.

Ms. Bess announced the release of the State of the Social Service Workforce 2016 Report. The report features information on the ways 8 countries in sub Saharan African have advanced workforce strengthening efforts over the past five years in terms of ways to better plan, develop and support the workforce. It suggests future actions that can be taken to further strengthen the workforce to better serve vulnerable populations.

She concluded by thanking those who worked on putting the report together and gave a special thanks to the 13-member Steering Committee that provides guidance and direction for the Alliance's work.

## Opening Remarks

*Gary Newton, Former U.S. Government Special Advisor for Orphans and Vulnerable Children*

Mr. Newton opened with a story about his Uber driver who he engaged in conversation as they traveled to the Symposium that morning. “In my country (In Africa) social workers are the smallest group of government workers; they don’t put much emphasis on that because they don’t know the importance of childcare. It’s really sad. It should be one of the biggest priorities.”

He used this story to highlight the advocacy challenge facing the social service workforce, particularly the challenges that the new Alliance Ambassadors will face during their coming terms. He tried to imagine how in 30 seconds or ten minutes they would argue for funding social services when there are so many other important and competing demands on budgets.

Mr. Newton then walked the audience through imagining what the world would be like if children were made a priority, if more money were invested in their education, safety and security than in other areas. He asked the audience to imagine what the world would be like if “countries spent 6.5 times more on the young than on the old; in the U.S the opposite is true.” He led the audience to envision social work schools being as prestigious as medical schools and a world that has adopted a goal of ending abuse, exploitation and all forms of violence and torture of children.

Mr. Newton then reminded participants that the goal of ending violence, abuse and exploitation of children is a real one included in the United Nation’s 2030 Agenda for Sustainable Development. He posited that this goal cannot be achieved without strengthening the social service workforce.

The question was then raised as to whether we are any closer to this ideal world? The mass suffering of children makes it hard to imagine we are getting any closer to the vision of a child friendly world.

Mr. Newton emphasized that even in countries without conflict there is a chronic crisis of what he describes as “fragile and failing families.” There are families and children that are constantly besieged by everyday tragedies; Chibok, Nigeria is one such place. When Boko Haram kidnapped 276 girls from their school in 2014, a journalist went to interview the families and found it was just one of many misfortunes in a place where tragedy is a daily occurrence.

***“The workforce helps children and families construct the scaffolding they need for stability and growth. Stable, resilient families can lead to stable, resilient nations.”***  
**-Gary Newton**

Mr. Newton called the deep poverty, lack of schools and chronic lack of services man-made problems that were “a result of deliberate action, deliberate inaction, willful ignorance, real ignorance and bad policy choices.” Through investment in the workforce these problems can be solved. He went on to state that “the workforce helps children and families construct the scaffolding they need for stability and growth. Stable, resilient families can lead to stable, resilient nations. An investment upstream in a stronger social service workforce can avoid downstream costs of conflict and chaos. Somehow, not everyone sees the social service workforce this way, quite yet. The advocacy challenge for this workforce is formidable.”

The advocacy challenge, as he calls it, is to close the gap between lip service and real service to vulnerable children.

He highlighted three ideas when thinking about advocacy:

1. Advocacy for the social service workforce should be subjected to the same evidence standard we apply to all other interventions. There is a literature, an evidence base on how to advocate for impact, but this base is thin. Through the Alliance and the work of their evidence interest group, this base is growing. The report being discussed at an evidence review forum the following day hones in on evidence gaps. Ultimately, filling those gaps will help the ambassadors and others advocate from a “soapbox of facts.”
2. Be guided by the adage, “as children go, so goes the workforce.” Advocacy for the social service workforce must be done from a solid base of political support for children. Advocates will need to work on increasing politicians’ awareness of the magnitude of childhood violence, adversity and deprivation, its costs and the benefits of reducing it and building children’s resilience and potential.
3. Make ending the violence against children the main reason for improving the social service workforce. Making this a priority goal provides people with a clear and compelling answer to the question: Why is it important to strengthen the social service workforce? The gravity of the HIV epidemic led to the strengthening of the health workforce and the epidemic of violence should lead to the strengthening of the social service workforce. He stated that for the violence epidemic, social service workers are the intervention; the response to this epidemic is human resource heavy. The cost of responding to the epidemic with a surge of people with the special skills to meet this need is relatively inexpensive

Mr. Newton ended his remarks by adapting a quotation used by Martin Luther King Jr. to our sphere of work, stating that “the social service workforce is slowly but steadily bending the arc of the moral universe toward justice for children.”

## Opening Remarks

*Cornelius Williams, Chief, Child Protection Section, UNICEF Headquarters*

Mr. Williams opened by thanking the Alliance for their important work on child protection issues. He noted that almost a year has passed since the sustainable development goals were agreed upon and their development has great relevance to children and the Global Social Service Workforce Alliance. Mr. Williams emphasized that with the sustainable development goals in place, children are now better represented and the SDGs cannot be achieved without the success of child protection initiatives and the social service workforce.

Mr. Williams described what it was like when he first began working in the field and how at that time, he would not have called himself part of the social service workforce. When war broke out in 1993 in Sierra Leone, there were few people who knew how to deal with children and youth and due to his previous work with children, he was put in charge of organizing services for 300 former child soldiers. At that time there was no roadmap on what to do and there was minimal information on how to handle caring for the children. Since then the evidence base has expanded to include best practices and guidelines for the continuum of care.

Mr. Williams noted that the provision of social services has come a long way and the body of evidence continues to grow and expand. The many different programs around the world are adding to this body of knowledge and sharing these lessons learned is a vital part of the way forward.

He stated that it is imperative to use the lessons learned over the last five years to position the sector to contribute to the achievement of the SDGs and that we must build on the current momentum to do justice to the children that we have committed to serve.

He talked about the importance of the role of the social service workforce coordinating various services for vulnerable families. Today there is still a debate about the dynamic between addressing policy issues and providing services. However, Mr. Williams noted that the continuum of care model shows a promising way forward, as it highlights the importance of the workforce in programs providing services for children, working with communities and in turn affecting policy.

When discussing the importance of culturally appropriate responses, Mr. Williams stated, “what I like most about the Global Social Service Workforce Alliance is that pulls people from all over the world.” What motivates different people across countries is helping children and guaranteeing a certain quality of care for them. The Alliance allows people to share ideas, successes and failures from their work around the globe and to learn from one another.

He identified the three following issues:

1. Ensure national coverage of a diverse social service workforce that can address the scale and scope of the problems facing children. We need to move beyond small scale interventions to national action as part of child protection systems. Governments need to make the investment.
2. As a sector we need to strengthen capacity to apply results-based management and make results visible to policy makers.
3. Make investment in the social service workforce a value proposition that will make a difference for children and achieve the Sustainable Development Goals.

Mr. Williams concluded by stating UNICEF’s continued dedication to the Alliance in assisting it with developing the body of evidence and identifying effective approaches of workforce strengthening and child protection.

## **Video about the Role of the Workforce in Cambodia**

A short UNICEF-produced video was shown to highlight the work of a social worker in Cambodia who was tackling violence against children. The video follows the story of a social worker and looks at the impact she has had on the lives of the people she helps. The video touched on the notable gap in the number of social workers in Cambodia, with only one per 25,000 people and stressed the importance of the work this social worker is doing to address violence in her community. She notes “I will continue my work as a social worker forever, to help stop violence and improve lives.” The full video can be seen at:

<https://www.youtube.com/watch?v=HfPaVh1hVJo&feature=youtu.be>

## **Panel 1: Workforce strengthening in the context of preventing and addressing violence against children: Micro, mezzo and macro perspectives**

Moderator:

*Bernadette Madrid, Executive Director of the Child Protection Network Foundation, Philippines*

Speaker:

*Lorraine Sherr, Clinical Psychologist and Head, Health Psychology Unit, Research Department, Infection and Population Health, University College London*

Prof. Sherr opened by delving into an evaluation that was carried out on Community Based Organizations (CBOs) that care for children in South Africa and Malawi. The questions posed by the research are: Do CBOs make a difference? What do they contribute to the workforce?

Prof. Sherr recognized that there is not a lot of evidence around the impact of CBOs. While evidence based programming has become an accepted norm and studies have been conducted on it, generally there are few findings.

Prof. Sherr emphasized that one of the biggest workforce challenges for CBOs is around the overuse of “volunteers.” She pointed out that often people are volunteering in order to receive the benefit of the free t-shirt, lunch or transportation stipend that is offered. She argued that this raises concerns around low control of workforce, low quality of care, low job satisfaction and potential consequences of low skill.

The study was carried out with 28 randomly selected CBOs and 989 children cared for by those CBOs. The study collected base line and 12-15 month follow up data and looked at different outcomes for children such as health, nutrition, HIV status and mental health of the children. The CBO analysis looks at the care element of the cash plus care data. This builds on the research by Cluver, Orkin, Boyes and Sherr (2014) which examined adolescent risk behaviors and showed that while cash transfers alone had an impact on reducing adolescent girls risk behavior, when the cash transfer was combined with care it reduced risk even further for both boys and girls.

The Community Care study examined the makeup of the community organizations including the type of leadership structure, the demographics of the workers and funding sources. 22 of the CBOs measured had at least some paid staff, while the rest were unpaid.

The study explored a number of questions. Firstly, it aimed to determine if the CBOs were reaching the most vulnerable children when compared to children not in contact with CBOs (Yakubovich, Sherr et al 2016). Overall when comparing the children with CBO contact to those without over time, there was a significant benefit of CBO provision on the rates of violence, levels of mental health and psychosocial outcomes. The research concluded that the CBOs were meeting the needs of the most vulnerable populations though there were variances between the paid and unpaid staff in their success at meeting different needs. There was



resounding evidence that children that have contact with CBO staff no matter how specialized do better than those that don't.

Prof. Sherr then explored, "What happens to children over time when they've interacted with paid or unpaid staff?" When comparing child outcomes in several different emotional and developmental areas at baseline and again at follow up 12-15 months later, there were some significant differences in outcomes depending on whether they interacted with paid or unpaid staff. For example, children's emotional difficulties slightly increased with no paid staff but decreased with paid staff. However, in terms of cognition there were no systematic differences, suggesting that the unpaid staff may well provide interactions and stimulation for the children. Most importantly with the more serious mental health problems, such as trauma, both groups were fairly ineffective, suggesting the need for more specialized skills for more severe challenges.

In conclusion, "CBO's are well placed at the frontline to meet the needs of children and deprived families" and they are also effective at meeting those most at risk but need to build the workforce and expand to better meet those with more serious mental health issues.

#### Speaker:

*Amelia Peltz, Senior Gender Advisor and Acting Team Lead, Office of HIV/AIDS, Bureau for Global Health, USAID*

Ms. Peltz opened her presentation with some statistics about violence against children. The data originates mostly from the Together for Girls project. Both girls and boys experience high levels of sexual violence and over half experience physical violence before age 18. Sexual violence is also associated with a range of other health conditions including HIV and sexually transmitted infections, pregnancy complications and alcohol use.

She used this data to show the scope of the problem and to build understanding for the lingering impacts of violence against children and to demonstrate how it follows them into adulthood.

Ms. Peltz argued that what is needed to solve this is a coordinated holistic approach that includes safety, psychological support and medical treatment amongst others.

It was the recognition of the need for a holistic approach that led the AIDSTAR-One program to bring together several working groups of experts in 2012 to develop The Technical Considerations for Children Who Experienced Sexual Violence. The focus of these Technical Considerations is on the delivery of clinical post-rape care services and includes information on establishing services tailored to the unique needs of children.

Because the Technical Considerations focused on clinical/forensic management, a Companion Guide was created to address in detail how providers can better understand and facilitate linkages with critical social and community services for comprehensive care for children and adolescents who have experienced sexual violence and exploitation.

It's important to look at the different roles that various actors play in establishing this comprehensive holistic care for children impacted by violence. There are the primary service providers in combination with other professions that have periphery involvement. The



Companion Guide helps workers across fields to understand their own roles as well as learn about how others in their communities serve vulnerable children.

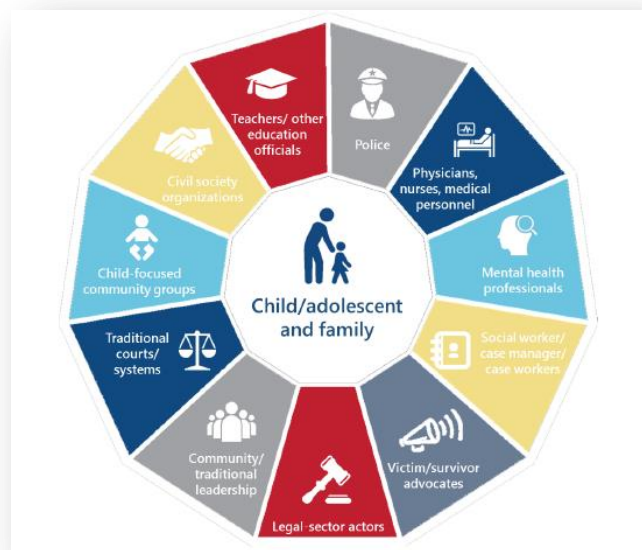


Figure 1: Levy, Messner, Duffy, Castro. 2015. *Strengthening Linkages between Clinical and Social/Community Services for Children and Adolescents who Have Experienced Sexual Violence: A Companion Guide*. Arlington, VA: Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project.

Ms. Peltz honed in on social service workers and their role within this guide. For many, case management is a large part of their role and they are often assisting children and families to access other services, while simultaneously providing them support with PEP adherence, legal case coordination and psychosocial support amongst others.

The companion guide also includes job aids for the social service workforce to help them in different work areas including: Case Management Flow, Illustrative Referral Pathway, a Framework of Needs that can be used for critical assessment, and a Referral Checklist to ensure the referral is followed up and the service provided.

She concluded by mentioning that all of these resources can be downloaded from the [AIDSFree](#) website. The goal is to make the guide a resource for providing comprehensive and compassionate care.

### Speaker:

*Sarah Stevenson, Acting Chief of Office, Global Partnership to End Violence Against Children*

Ms. Stevenson opened her presentation with remarks about the importance of the 2030 Agenda and the importance of having cross collaboration in order to reach the targets and end violence against children. The Millennium Development Goals did not specifically support child protection but within SDGs there are now a number of targets specific to violence against children and child protection. This will enable a range of stakeholders to come together and focus on ending violence against children because we are better equipped to advocate for budgets and programs. The Global Partnership to End Violence Against Children is a new partnership being launched on July 12<sup>th</sup>. It envisions a world in which every child grows up free from violence and exploitation. It is a child-centered, rights-focused, universal, inclusive, results-oriented, gender-sensitive and evidence-based partnership. Their three main goals are:

1. To build and sustain political will to end violence against children, promoting evidence-based strategies that will lead to significant, sustained and measurable reductions in violence.

2. To accelerate action to tackle the violence that children face, with a focus on 'pathfinder countries' who wish to lead the movement to end violence.
3. To strengthen collaboration among and between countries, and with civil society and other stakeholders, confronting shared threats and developing shared solutions.

Ms. Stevenson explained that "Pathfinder" countries are those that have demonstrated a strong commitment to accelerating efforts to make children safe. They are focused on solutions outlined in 'road maps' that describe the financing and evidence-based solutions to achieve SDG16.2 and other targets. The countries that have initially come forward and have been identified as potential Pathfinders are: El Salvador, Indonesia, Jamaica, Mexico, Paraguay, Philippines, Romania, Sri Lanka, Sweden, and Tanzania.

Ms. Stevenson spoke to the importance of the social service workforce in the Pathfinder countries and quoted Susan Bissell, the Partnership Director who said "social service workers are the unsung heroes as we protect children from violence."

The Global Partnership to End Violence Against Children will support Pathfinder countries and partners in accessing knowledge, receiving funding, experimenting and sharing experiences with other Pathfinders. They will help ensure that the bar is continually moving towards ending violence through analyzing violence trends, aligning partners, agreeing to indicators, producing reliable data and registering commitments from partners.

Ms. Stevenson concluded by mentioning the official launch of the Partnership on July 12<sup>th</sup> in New York. In 2017 there are plans to hold a solutions summit.



### Questions for Panel 1:

1. When developing programs what age of adolescents are you including?

They are guided by the Convention on the Rights of the Child that defines childhood as up to the age of 18.

The companion guidelines that were developed were for children up to the age of 18.

The Partnership also focuses on the age up to 18.

2. Political will is the number one goal and we've been seeing it in results frameworks under the assumptions columns. But how is political will motivated and generated? The pathfinder countries could be seen as countries already with political will? Should we look at these countries and how they build political will?

Images that pull on people's heartstrings and evoke guilt are not good for driving policy changes. The companion guide is looking to pilot and demonstrate effectiveness in different areas. The hope is that the increased measures and use of the companion guide will spur energy and political support in these different areas in countries.

Political will is a huge question. The Partnership has aligned with the SDGs, because it is something all these countries have signed on to and so they are relying on that to drive some political will. The focus is also on the evidence base to show how we can better implement. It's about us helping governments reach the goals they said they would reach.

3. [How are children with disabilities, especially those with invisible disabilities being incorporated into community care systems?](#)

The CBO study does measure disability, not only single disability but it is also looking at the spectrum of issues.

The companion guidelines do touch on disabilities and look at how to understand and respond to these.

The Partnership is looking at having a disability-focused organization second someone to the Secretariat so that we can have better representation.

4. [The speakers have touched on the issue of volunteers which borders on issues of social justice. Are we concluding that the volunteers do not contribute to the maximum possible outcome for children?](#)

The data speaks quite loudly on volunteers. Well-intentioned volunteering is a good thing, but at what cost? We need to be understanding if we are doing more harm than good. People would always prefer to have someone that is an "expert" than someone who is less trained. For example, if I have a dental problem, I would rather not have a volunteer pull out my tooth, but a trained dentist.

5. [How can we build the capacity of sustainable CBOs with the funding concerns we have?](#)

The social worker is the intervention in a lot of cases. Wouldn't it be the case that if they fund the Intervention, in many cases that would be the salary of the workers?

6. [When traveling in Cambodia found that there were minimal jobs for the trained workforce](#)

The level of the workforce feeds into the political cycle. When your workforce is volunteers then they are not at the table determining where funding is dedicated. There are qualified people that can't get jobs, it's not just that we don't have people; we have to train employers and the workforce. There aren't quick solutions.

From the partnership side they are having a solution summit in 2017 which is trying to bring together these different issues. They need evidence in order to make advances and informed decisions.

7. Are we designing projects with partners at the country level that can reduce gender based violence? Are they being designed and implemented in a way that they will actually lead to a reduction in all the issues around social welfare?

An event a few weeks ago highlighted PEPFAR work over 3-4 years in Mozambique, Tanzania and DRC on scale up of programs to address gender-based violence. It focused on quality clinical services as well as prevention within communities and looked at referral linkages. This project demonstrated some very positive results in terms of the number of people reached, but also looked at the qualitative data coming from governments, social workers, which showed a shift in norms. There were promising results in terms of number accessing services as well as the attitudes changing about the acceptance of violence.

There are other successful projects but there is always more that need to be done, but we are moving in the direction where we see the kinds of programs that do in fact work. We are also gathering better evidence about what doesn't work.

## **Panel 2: Promoting an intra-disciplinary response to strengthen the continuum of care for children and families**

Moderator:

*Gretchen Bachman, Senior Technical Advisor and Team Lead, Orphans and Vulnerable Children, Office of HIV/AIDS, USAID*

Speaker:

*Patrick Onyango Mangen, Country Director, TPO Uganda*

Mr. Onyango began by stating the work he is presenting on is done in part by TPO Uganda and also with other organizations in the country. He provided some background about the social service workforce in Uganda, explaining that 70% of social workers are employed by NGOs. There are many different titles of the workers and there is a lack of clarity in the qualifications, in part caused by the absence of a social work council. Considering these limitations the workforce is still essential for the creation of an effective system of social services that can improve care in Uganda.

The target population for interventions focuses on the most vulnerable children. 11.3% of children in Uganda are orphans and two thirds of new HIV infections are found among adolescent girls. At any one time there are over 10,000 children living on the streets and 1 of every 3 households has a foster child. Of the 500 registered child care facilities 85% have no proactive resettlement program. It is estimated that 55% of children's housing facilities operate illegally.

Poverty, economic hardships and complex social problems place more demands on the formal social service workforce. In Uganda there is reliance on family and community networks to provide care. Informal support groups can play a critical role in supporting children and families.

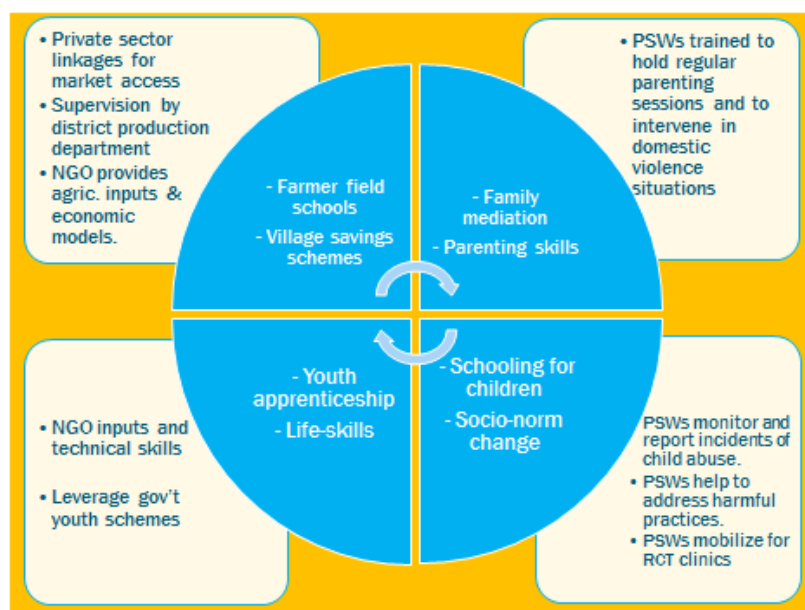
The pathways out of vulnerability are based on a holistic program approach and a skilled and well trained social workforce.

Pathway one was developed collaboratively with ChildFund. Its goal is to work on moving children from care facilities into home-based care situations. Each step has specific roles for different care providers, such as local government and para social workers. There are multiple support structures around each step and comprise the “Team Around the Child.” This team is made up of adults within the community, social workers, para social workers and probation officers who meet monthly and prepare the community and family to resettle the child.

Para social workers are an integral layer of this system. They help in sustaining HIV care and treatment knowledge within communities, provide home-based care, and register vulnerable children.

Due to the integral role of para social workers, there are important questions that must be answered around strengthening their work. Earlier the problems with volunteerism and the economic sustainability of these activities were discussed. But selection criteria and the role of

government and NGOs in managing them must also be considered. A key piece of this is to have their work legally recognized. It is important that the para social workers share their stories and that they are documented.



Mr. Onyango described the second pathway as an integrated program approach adapted from a multi care approach. In this model the para social workers are trained to work in family mediation, parenting skills training and socio-norm change. They live

within the communities and are well aware of what is happening in these spaces.

The diagram above shows the relationship between the para social workers providing parenting sessions in family homes and working within schools to monitor signs of abuse. In addition, this approach utilizes a youth apprenticeship program to mentor children and help them develop life skills.

Additional components include single day community outreach activities, such as the HIV care and treatment program. This is a community event where para social workers and volunteers provide a location for everything from legal support to counseling and HIV testing. While the para social workers are vital to success in these settings, there is also a need for the more highly skilled workforce to provide backstopping support.

**Speaker:**

*Zeni Thumbadoo, Deputy Director, National Association of Child Care Workers (NACCW), South Africa*

Ms. Thumbadoo opened by thanking Anita Sampson, the USAID South Africa representative who was in the room and who has helped to support the growth of the Isibindi project.

Zeni spoke to the importance of using a multi-disciplinary case management approach utilizing case conferencing and case consultations. A multi-disciplinary approach supports workers in not having to make discretionary judgements on their own but within teams so that decisions and plans are always in the best interest of children and families. The Isibindi model is informed by a development, strengths-based approach to deliver services to children and families in South African communities.

NACCW has been collaborating with the South African government on implementing Isibindi to train 10,000 child and youth care workers (CYCWs) within 5 years. Isibindi has already successfully trained 7,000 CYCWs, reaching 70% of their goal.

7,000 trained CYCWs are now registered and certified in South Africa and this has empowered them to fill important roles in the multi-disciplinary case management model. There are many different people that conduct case management, but in Isibindi the social workers and CYCWs are key multi-disciplinary role players. CYCWs undertake therapeutic life space work and supervise foster placement in addition to providing mentoring.

The model is a way of organizing and carrying out work in a holistic, systematic and timely manner. It brings together more staff with different professional backgrounds, including social workers, community development workers and allied professions like educators and police. There is a large focus on collaboration and teamwork. Part of the model's success is establishing underlying respect between professionals and building an understanding of expertise and then enabling an open discussion to determine who is best to lead different cases. They operate under a shared developmental framework.

Guided by the principles of a developmental approach, case conferencing is conducted between the different partners, is inclusive of the children and is guided by active listening, tolerance, problem solving and creative negotiation. This is where they agree on the developmental plan. It's a constant cycle of assessment, planning, implementation and review. They then carry out their work jointly and independently within this approach.

Case consultations among professionals can be carried out in multiple settings, but the case conferencing including families and children should usually take place in the home or community.

Ms. Thumbadoo described two case studies. The first described an orphaned child residing with the paternal family but who requested to move to the maternal family. In this example, the CYCW meets with the child at home and at school, in their home space and coordinates with the social worker who also meets with both maternal and paternal families to prepare them for the case conference and determine where is best for the child to be placed.



In the second case study, a young woman is HIV positive, has her own young child, lives in a rural area and is not receiving treatment. The CYCW engages with the multi-disciplinary team, nurse and social security to assist the mother child and family in an integrated response.

Ms. Thumbadoo concluded by quoting the song, "I believe that children are the future."

### Questions from Panel 2:

1. Are volunteers getting any type of pay or subsidies? There is a cost of the work and it is very considerable. How do you manage that cost?

Child and youth care workers are a distinct profession and the South African government is working on scaling this up. While in training they are receiving a stipend, but already two provinces have begun paying them salaries. Having the professionalization and the statutory regulation has brought status to them as an equal profession where they work alongside the social workers. We are currently walking that journey in South Africa for being paid fairly.

In Uganda you minimize the time requirements of the volunteers by only requiring an hour or two of work per week. There are instances where they have been used to collect data and they are paid. Several groups of para social workers are using various small scale economic models such as village savings and loans to support themselves.

2. Question for Ugandan speaker, to what degree do child soldiers factor into the work you do?

We are not working in areas that had previously seen the highest numbers of child soldiers, but we work with child protection committees, an effective approach used to support former child soldiers.

3. Speaking to the impact of refugees and migrants are there any special considerations that arise in serving unaccompanied minors in your areas?

The Isibindi model is easily adaptable to different contexts and NACCW is currently working with UNHCR to train refugees to be CYCWs and organize Safe Parks in refugee camps in Zambia.

4. In the case conferencing program I'm curious about the challenges you've encountered as well as the methods of bridging these distances between people on the teams, particularly with children and families so they can be participants in the work.

There are many challenges to get people to understand the common framework and bring people together. The solutions involve training workers together and developing the respect from the learning phase. The participatory approach is fairly entrenched in South Africa and there is a lot of work in preparing children and families to voice their opinions.



5. In both the models what would it look like in a low resource area, where there are challenges accessing health care or there may not be a lot of other INGO's.

Isibindi is focused in poverty pockets and the most disadvantaged areas of South Africa. We are in areas where there is no running water and minimal education structures. The role of the CYCW and multi-disciplinary teams is in achieving access for these groups and ensuring that they gain access to these resources.

The Ugandan model is also in remote areas, sometimes a para social worker has to come from miles to support the family. The primary point of entry is within existing community support structures.

It's interesting in low resource areas that you're not dependent on a formal approach. The best approaches are from community-based approaches and you need the community side to meet the formal structure. These models both demonstrate ways we can do that.

## Closing Remarks

*Dr. Jim McCaffery, Senior Organization Strengthening Specialist, TRG and Chairperson, Global Social Service Workforce Alliance Steering Committee*

Mr. McCaffery began his closing remarks with a big thank you to all of the panelists. He focused in on what he saw as some key messages from the symposium, primarily that the social service workforce plays a critical role in serving children and families. He also noted that context is important and acknowledged from Gary's opening presentation the description of the daily dire circumstances that many people live in and mentioned that this is the area where the social service workforce lives and works.

As another key message, the discussions during the Symposium raised questions about whether we need more practice-based evidence or evidence-based practice. During the Symposium, there was much useful discussion around gaps and potential solutions and growing the evidence base around the work that the Alliance is carrying out in helping to strengthen the workforce.

In terms of evidence, it is clear the base is growing and the Evidence Review Forum tomorrow will contribute to that. The challenge is how to grow the evidence base while realizing that life goes on and policies are there to made, influenced and advocated for. How do we determine when we have sufficient evidence to support what is happening at a local level? The tendency is to say is we need more research, but in the interim good work still needs to be carried out and we need to take the best evidence available to inform policies and practices in the short run while working to address research and documentation in the long run.

He concluded by thanking the people that worked behind the scenes and helped to make the event happen and to IntraHealth who hosts the Alliance. He left the audience with the reminder to take a look at the 2016 State of the Social Service Workforce Report and to join the Alliance as a member.