

**Supporting Families,
Building a Better
Tomorrow for Children:
The Role of the Social
Service Workforce**

April 29, 2014 | 9:00am – 12:30pm EST | National Press Club in
Washington DC, USA and Live Webcast

SYMPOSIUM
REPORT

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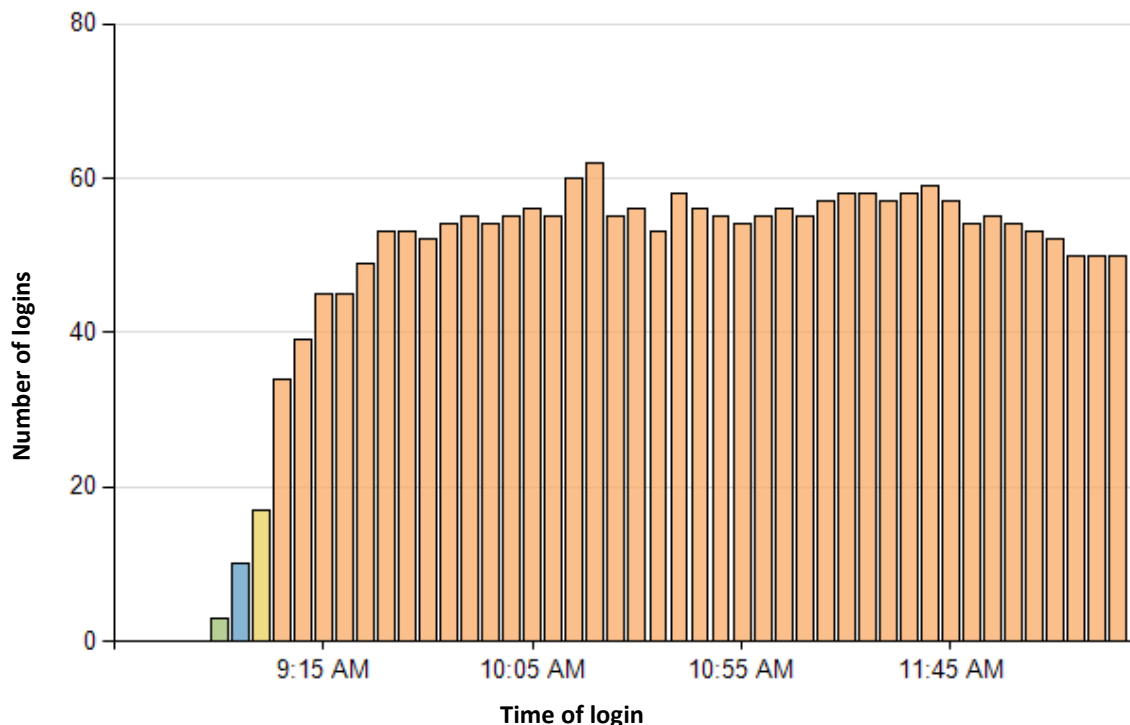
Introduction

Hosted by the Global Social Service Workforce Alliance with support from PEPFAR/USAID and the National Association of Social Workers Foundation, the symposium “Supporting Families, Building a Better Tomorrow for Children: The Role of the Social Service Workforce” was held at the National Press Club and via live webcast on April 29, 2014.

The goal of the Symposium was to contribute to the growing body of knowledge regarding the role of the social service workforce in promoting strong families and better futures for children. Expert presenters discussed current initiatives underway to strengthen the social service workforce and improve systems and services that keep families and children at the heart of the work and promote wellbeing, protection and healthy development.

The Symposium was structured to review the many different roles of the workforce and the different levels at which they work to improve the lives of children and families. The first panel addressed the role of workers at the micro-level providing direct supports and services to families and highlighted the role of para social workers in Tanzania, child and youth care workers in South Africa, and how community caregivers in Cote d’Ivoire are improving child well-being outcomes. The second panel focused on the role of mezzo-level workers, or those who support community groups such as child protection committees. The third panel of speakers described efforts at the macro level and discussed ways in which workers affect policy changes and make critical linkages to enhance cooperation between various elements of social service systems and with allies in other sectors.

In order to reach the global membership of the Alliance, individuals could attend the symposium in person or via a live webcast of the event online. The Symposium engaged 64 participants through the in-person event and a total of 93 individual logins over the course of the live webcast. On average, online participants tuned in for the live webcast for 115 minutes.



Symposium Welcome and Overview

Speaker:

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

Amy Bess extended a warm welcome on behalf of the Global Social Service Workforce Alliance and its Steering Committee to participants attending the symposium in person and online. She thanked the symposium's sponsors, PEPFAR/USAID and the National Association of Social Worker's Foundation, for their support. She explained that the event would focus on the way in which the social service workforce supports families and children. She shared some background on how this focus has intensified due to increased awareness of the need to collaborate and coordinate across organizations to strengthen social service systems and improve the lives of vulnerable populations. Efforts related to this focus on the social service workforce have included country-level human resources gap analyses, workforce strengthening strategic plans, development of training programs for para professionals, and establishment of associations and councils dedicated to professionalizing cadres within the social service workforce through registration, licensure and advocacy, to name a few. She introduced the topics that would be discussed on the panels, hearing from workers from the micro-, mezzo-, and macro-levels, with the main message being that this is the workforce that keeps children and families at the heart of their work. Before introducing the keynote speaker, Ms. Bess touched on the vision of the Alliance and its progress to date. She noted the important timing of the symposium in the run up to "Social Service Workforce Week" during the week of May 5 and also remarked on Social Work Day at the UN and the 20th Anniversary of the International Year of the Family.

Opening Remarks

Speaker:

- **Dr. Caroline Ryan**, Deputy Coordinator for Technical Leadership, Office of the Global AIDS Coordinator

Dr. Caroline Ryan began by thanking the Alliance for the invitation to speak and by highlighting PEPFAR's role as the largest funder of programs for vulnerable children in the world. Over the past ten years, PEPFAR and its implementing partners have provided critical care and support to over five million children worldwide affected by HIV and AIDS. Much of this work has relied on strengthening health and social service systems and the workforces supporting them. She recognized the importance of the social service workforce in PEPFAR's programming and the challenges, both similar to and distinct from health workers', that these workers' face such as high caseloads, staff turnover, funding constraints, lack of quality workforce data and opportunities for education, and weak human resources management systems. Dr. Ryan described how PEPFAR's sponsorship of the Cape Town Conference in 2010 helped to identify ways to address these challenges more effectively and briefly outlined progress made by the some of the country teams to date and results of

"The Global Social Service Workforce Alliance, which we are celebrating today... has changed the way that we understand and support social service workers – for the better... This has been a dynamic first year. This will be a hard act to follow but we know that the Alliance is well-positioned to continue to grow its membership, raise the profile of the workforce worldwide, and enable the workforce to support children affected by HIV and AIDS as well as other vulnerable children as effectively as possible."

– Dr. Caroline Ryan, Office of the Global AIDS Coordinator

initiatives in social service workforce training, education, and association strengthening, all stemming from the conference and PEPFAR's support.

She also called attention to how the Alliance, which originated as an idea at the conference, has changed the way that we understand and support social service workers – for the better-- and has provided us with a common language and framework for talking about the workforce and what they do. Dr. Ryan proceeded to shed light on some of the key activities of the Alliance, including the webinar series, resource library, and others that have new tools, resources, and methodologies and provided a forum for sharing ideas across countries, identifying common struggles, and promising solutions. Her final message to the symposium participants was PEPFAR's pride in being a founding member and supporter of the Alliance and how it looks forward to continued partnership.

Keynote Address: *The Social Service Workforce, Bigger, Better, Stronger...for Children and Families*

Speaker:

- **Dr. Susan Bissell**, Associate Director, Chief, Child Protection, Programmes, UNICEF

Dr. Susan Bissell addressed the audience by reminding everyone that other sectors such as health and education can be seen as having a lot of supplies, from vaccinations and equipment for cold chains to school books and other materials, whereas in child protection, the most important resource is people. She acknowledged the contributions of PEPFAR and USAID, attesting that some of the most successful interventions in the field are thanks to the vision of these organizations as well as the National Association of Social Workers in the US. She encouraged symposium participants to see the social service workforce, across the many disciplines and sectors it encompasses, as a formidable team – and one that we will need to face the challenging reality of what it is to be a child in the world today. According to recent statistics, between 500 million and 1.5 billion children have endured some form of violence in their lives, 150 million girls and 73 million boys under 18 have experienced sexual violence and exploitation, and more than 400 million children are living in extreme poverty around the world. In addition, 160 million children between 5 and 17 are engaged in child labor, which accounts for close to 11% of the population of children globally, and 230 million children under the age of five worldwide do not have a birth certificate. Those working in child protection know what this last fact implies in terms of access to education, health, and social services. A large part of the solution to this challenging reality for children is building a bigger, better social service workforce.

Dr. Bissell continued by highlighting specific examples of initiatives undertaken by UNICEF and its partners in specific countries and on a global level to respond to violence and other child protection issues. She emphasized that systems are crucial to protecting children and that there is a strong need to move from issue-based interventions to prevention. A system approach is about addressing all children, shifting the focus from response to prevention. And protection of children starts with prevention within families. Although families should be seen as the first "port of call" in child protection, stressors such as poverty and substance abuse can compromise this and put severe strains on families. This is where a strong, multi-disciplinary child protection workforce can prevent harm from happening and respond when it does. She shared a quote from the UN General Assembly when it announced the first "Year of the Family" in 1994:

Programs should support families in the discharge of their functions rather than provide substitutes for such functions. They should promote the inherent strengths of families, including their great capacity for self-reliance and stimulate self-sustaining activities on their behalf. They should give expression to

an integrated perspective of families, their members, community and society.

Twenty years later, that commitment remains very true. Much remains to be done to strengthen the social service workforce, ensuring that training is aligned to community needs, that staff are retained, and its impact can be monitored. She described UNICEF's efforts around the world to support training of the social service workforce and allied workers such as judges, prosecutors, lawyers and police officers and UNICEF support for the development of two diplomas. The Harvard School of Public Health will offer a graduate-level Child Protection Certificate within the Masters of Public Health (MPH) program. And the University of KwaZulu Natal in South Africa will offer a Postgraduate Diploma in Child Protection in Emergencies (CPiE). All of these efforts should also keep in mind what harm can be done when people with the best intentions but little training or oversight go too far. To effectively function, the social service workforce must be multi-disciplinary and united; only then will the greatest impact be seen. Dr. Bissell reinforced the importance of raising the professional profile of social service workers and the recognition they deserve, citing the launch of Social Service Workforce Week organized by the Alliance on May 5-9, 2014. She closed by reiterating how our advocacy will lead to important outcomes for children.

Panel 1: How Social Service Workers Support Families to Promote Healthy Development and Well-Being of Children

Moderator: Dr. Kate Tulenko, MD, MPH, MPhil, Senior Director, Health Systems Innovation, IntraHealth International and Director, CapacityPlus Project

Speakers:

- **Dr. Nathan Linsk**, Midwest AIDS Training and Education Center, University of Illinois at Chicago
- **Ms. Zeni Thumbadoo**, Deputy Director, National Association of Child and Youth Care Workers, South Africa
- **Ms. Kendra Blackett-Dibinga**, Director, Child Protection, Department of Child Protection and HIV/AIDS, Save the Children

The first panel focused on the role of the workforce in providing direct support to children and families, specifically related to populations affected by HIV/AIDS.

Dr. Kate Tulenko opened the discussion by providing some background on how the USAID-funded CapacityPlus Project, which focuses on human resources for health, became involved in supporting the Alliance and other activities to strengthen the social service workforce. She underscored the need to expand the project's efforts to champion these workers as well, stressing how when you just focus on clinical health workers, you only address a fraction of what true health is. Dr. Tulenko went on to describe how HRH interventions have been applied to the challenges faced by the social service workforce in countries where the project works, such as developing career ladders for these workers and clear job descriptions, creating opportunities for formal training and continuing professional development, as well as advocacy through professional associations. To add further detail on how social service workers support families to promote children's healthy development and well-being, she introduced the three panelists.

Presentation by **Nathan Linsk: *Strengthening Families through Para Professionals in the Social Service Workforce***

Dr. Nathan Linsk presented on the community-based workforce of social service para professionals, outlining the critical work they do to strengthen families, the challenges they face and next steps in the

global contribution for strengthening this workforce. He started his presentation by outlining what is meant by para professionals in the context of the social service workforce, providing a definition of both para professional and para social worker/para social service worker and example tasks taken on by these workers. Through stories from his work with the American International Health Alliance in Tanzania and later Ethiopia and Nigeria, Dr. Linsk shared how para professionals are being trained and used to fill gaps in countries' social service workforces. To date over 4800 para social workers and supervisors have participated in the AIHA/Twinning Center program in Tanzania and over 2500 have completed the overall training program and been placed at the village level. Overall, the Tanzania case provides an example for how para professional training and placement can contribute to the creation of a career ladder for the social service system. Dr. Linsk also delved into efforts by the Alliance to recognize the work of para professionals and their role and responsibilities within the greater social service workforce through its interest group on para professionals. Co-chaired by Zeni Thumbadoo and himself, the interest group focuses on three cadres of para professional social service workers: para social workers, para or auxiliary child and youth care workers, and para professional community development workers. Alliance members involved in the interest group have identified key principles to consider when working with para professionals. They have also identified the need to develop a competency framework, which will help to guide others as they develop training for para professionals.

Presentation by **Zeni Thumbadoo: *The Isibindi Model: Introducing Community Child and Youth Care Workers***

Zeni Thumbadoo started her presentation by answering the question: who are community child and youth care workers (CYCWs)? CYCWs are frontline workers directly engaged in the life space of children and who use daily life events therapeutically and to encourage healthy development. They focus on children and provide family-centered and children's-rights conscious services. She discussed the Isibindi Model and demonstrated how the work of CYCWs in South Africa follows a comprehensive strategy, involves workers from other disciplines such as social work, health, education, and justice, and reaches even the most remote and rural areas. She explained how the Isibindi social franchise model has established program standards for replication and is being scaled up nationwide through accredited training and employment of local workers to be based in their home communities. Ms. Thumbadoo showed a series of photos of CYCWs serving children and families, showcasing how they engage in daily life events while preserving the family and providing for the basic physical and psychosocial needs of children. She also highlighted a selection of critical factors that have contributed to the success of the Isibindi model in the country, including cost effectiveness, adaptability, broad-based ownership, and linkages to core government strategies, to name a few. Within the next three to five years, the South African government aims to support the development of 400 Isibindi projects throughout the country, with 10,000 CYCWs serving close to 1.4 million children.

Presentation by **Kendra Blackett-Dibinga: *The Impact of Community Caregivers on OVC in Côte d'Ivoire: Making the Case for Expansion and Uptake of Para Social Workers for Vulnerable Children***

Kendra Blackett-Dibinga presented findings from a recent study looking at the role of community workers, specifically community caregivers, in the uptake of critical health and social services. It is one of the few research studies to look at clinical results of the efforts of community volunteers to successfully link families and children to services. Ms. Blackett-Dibinga began her presentation with background on HIV prevalence in Côte d'Ivoire among adults and children. She also outlined the role of community caregivers who provide care and support to children left vulnerable by the epidemic. The objectives of the study were to investigate the impact of community caregivers on access to health care and social services

by vulnerable children and families, to understand the barriers that these workers must overcome to provide quality care and identify a way forward for this workforce after the end of the project.

The Impact of Community Caregivers on OVC in Côte d'Ivoire

Using a mixed-methods approach and quasi-experimental approach, the study selected 724 households from 5 of 8 regions in Côte d'Ivoire to serve as part of the intervention or control group. **On average, those households being served by a community caregiver were:**

- 27 times more likely to access food and nutrition services;
- 48 times more likely to get psychosocial support;
- 21 times more likely to engage in a savings group;
- 3.2 times more likely to get tested for HIV, and
- 9.3 times more adherent to HIV treatment.

-Kendra Blackett-Dibinga, Save the Children

These results make a convincing argument for government uptake of the workforce, but in order to do so it must be able to address barriers that were identified in the study such as lack of remuneration, informal work status, insurance, and formalized linkages with social centers for supervision and support. Ms. Blackett-Dibinga closed with recommendations for tackling these challenges and why government and other programs should consider community caregivers to support adherence to treatment, improve psychosocial wellbeing, and increase access to needed services.

Questions & Answers from Symposium Participants

Given the results from this study showing the impact of community caregivers in Côte d'Ivoire, how can we help to increase formal uptake by governments?

Ms. Blackett-Dibinga suggested that we must present realistic ways for governments to take on these efforts, to evaluate the costs that ministries of finance must take into account to budget for these interventions as well as how to integrate them into existing social service structures. Dr. Tulenko emphasized how important economic data is in addition to telling the human stories of these interventions.

We've heard about the social welfare assistant model and the PSW model that were pioneered in Tanzania, and now replicated by Save the Children together with AIHA in Nigeria and Zambia. We've heard about the Isibindi project that Zeni described. Are we moving toward a franchisable model now? Do we have enough evidence that we could support this as an international standard and how would we go about doing that?

Dr. Linsk shared that while each of the models presented varies greatly in its scalability and availability of evaluation data, his experience has been that while there is often encouragement at the beginning from funders and government to implement a model as quickly as possible, a larger challenge is ongoing support for scale up, integration with other services, and further funding.

Ms. Thumbadoo commented that the Isibindi model was designed as a non-profit social franchise model,

with the intention that it be adapted in countries where it was decided that it could suit their needs and be aligned to current policy and strategy. At the same time, she stressed how there were certain non-negotiable replication principles, like the fact that everyone is trained in the same way with the same curriculum, that allow the model to stay true to its vision. It allows for standardization in service delivery, but is also sensitive to customization that would accommodate local nuances.

Panel 2: How Social Service Workers Support and Equip Community Members Engaged in Child Protection

Moderator: Dr. Nicole Behnam, Senior Orphans and Vulnerable Children Advisor at PEPFAR/ OGAC

Speakers:

- **Dr. Mike Wessells**, Professor, Columbia University Program on Forced Migration and Health
- **Mr. Patrick Onyango Mangan**, Country Director, TPO Uganda

Dr. Nicole Behnam opened the second panel by pointing out how often community engagement in child protection initiatives is talked about but then overlooked in implementation. She explained how the community can be a doorway to bring hope and healing to children or act as a bottleneck in providing needed services. With those observations, she invited the speakers to share their experiences on how social service workers can equip and support community members and encouraged symposium participants to engage in the Q&A following the presentation.

Presentation by **Mike Wessells: *How Can Community-Based Child Protection Mechanisms Be Supported?***

Dr. Mike Wessells presented on community-based child protection mechanisms and, with those in mind, how best to prepare social service workers to support communities in the work that they are already doing to protect children. He explained the need for humility since the evidence base is relatively weak. The focus in child protection has been on social workers or other cadres of workers that make up the formal social service system, yet some of the best support may come from natural helpers such as religious leaders, women's groups, youth groups, etc. In the context of social service system strengthening, one should be asking "what about the religious leaders, the youth, the grannies?" Community-based child protection mechanisms are formal or nonformal groups that work at the grassroots level to monitor, respond to, and prevent child protection issues. Some examples include child welfare committees, traditional courts of justice, faith-based groups, religious groups, women's and youth groups. A global review of the evidence regarding community-based child protection mechanisms found that the number one factor contributing to effectiveness and sustainability was community ownership and responsibility, which has allowed groups to thrive with limited funding yet high levels of commitment. Dr. Wessells suggested a number of roles that social service workers should play in their engagement with community-based child protection mechanisms to ensure their success and integration into existing systems. He highlighted the importance of deep listening, learning, and accompanying processes that would allow these workers to identify and support natural helpers, understand relevant social issues and local assets or resources, and advocate for local approaches to prevention and responsive action. He illustrated these roles and the need to rethink the orientation, skills, attitudes, and behaviors of social service workers through a story from his action research undertaken in Sierra Leone via the Interagency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems.

Presentation by **Patrick Onyango Mangan: *Community Based Initiatives: Building capacity of community groups and families in care and protection of children***

Patrick Onyango began his presentation on building the capacity of community groups and families to care and protect children with two examples. In Somalia, TPO Uganda and the CPC Learning Network endeavored to identify and build the capacity of 12 grassroots organizations and women's groups to deliver psychosocial support and child protection services. To do so, community mapping of individuals, associations, and informal groups involved in child care was undertaken and representatives were selected for an intensive 3-week field based course in Uganda, using non-accredited training materials adapted from the Ugandan context. A subset was further trained as community facilitators so that they could return to Somalia and manage local organizations. In the end, 12 organizations were formally incorporated and received subgrants from UNICEF; of these groups, 8 have registered as NGOs and diversified their funding sources after five years. In the example from Karamoja, Uganda, TPO built on its Somalia experience to build capacity of para social workers and support them in forming community-based organizations. REPSSI's Overseas Distance Learning Certificate in Community Based Work with Children and Youth was used and after the course, participants teamed up with other alumni to form groups that could be registered, open bank accounts, manage small grants, and engage in community work.

In addition to these two case examples, Mr. Onyango discussed the process undertaken by TPO Uganda and CPC Learning Network in developing a professional child protection course with participation from academia, practitioners, and policy makers, that has now been accredited by the Ministry of Gender in Uganda and three public universities. The course has been integrated as an elective into social work and other related master's level degree programs and has been adapted to train community-based caregivers within two flagship USAID OVC programs, so far training 1,300 community development officer and close to 2,000 para social workers. Mr. Onyango closed with thoughts on the lessons learned from these experiences in terms of trainee selection, need for refresher training, and how to best align the programs with communities' traditional practices and customs while still ensuring supervision for workers and function referral pathways and follow up.

Questions & Answers from Symposium Participants

About 1/3 of the cases of teenage pregnancy you suspected as forced [in the community in Sierra Leone] but the community's response was to provide reproductive health services, life skills, and counseling...How is the community looking at those situations where those interventions aren't going to help protect young girls?

Dr. Wessells commented that when we are doing community-driven work, we are faced with a lot of challenges like this. Child protection workers are trained to jump in and insist on stopping abuse that is occurring, but that kind of response does not encourage community ownership. In this particular case, the community had the presence of mind not to take on the abuse first, since it was mostly committed by older men in positions of power and to confront them head-on would have made things more difficult and perhaps dangerous. Instead, one village worked to pass a bylaw, which the chief took around to each head of household for them to sign. Later they were able to use this public commitment to confront a perpetrator of abuse and send him to the chiefdom jail, effectively changing what had until then been dealt with differently and without much punishment of the abuser. We need to help communities that have made these transformational changes from within share with others; they are the best teachers.

We've heard about all these programs to train social workers, but how do we get the trained formal workforce the understanding of community mobilization and the need for attributes of humility, co-learning, and patience? How are these training programs bridging the formal and informal, the traditional systems

and how can we do that better?

Mr. Onyango responded that we often see that the formal workforce has less of an appreciation for the role of the informal sector. That is a starting point for these efforts, to get them to see the importance of the youth groups, the women's groups, the informal groups that actually do a lot of work. They have day-to-day contact with the community, they do home-based care, they also do referral. This point is where it is important to link the two sectors, so that they can collaborate through referrals, through follow up and through community-based education. The challenge remains for these informal workers to ever ascend the career ladder that is being created to strengthen the social service workforce, since their training and qualifications are rarely recognized within the university system.

Dr. Wessells added that oftentimes the formal workers who are hired do not live in the communities they serve. Those highly educated segments of the population may even harbor deep prejudices against traditional beliefs and practices. In efforts to train workers, we often create a "workforce of outsiders" that engages in impositional behavior, rather than being comfortable as one of the people or navigating the dual worlds as needed to support community-based child protection mechanisms. We need to be mindful in the way we do capacity building.

Programs are accountable to donors and need to demonstrate results. In working with communities, where those engaged in child protection work were unable to write, it was very difficult to do reporting. Do you have any comments for how to get these community-based and informal groups to highlight their work?

Mr. Onyango stated how in working with these groups, there is no expectation of reporting but that the supervisory structure is critical for gathering the results and stories needed to submit to donors. For example a social worker would be in charge of visiting a community to supervise informal workers and through those visits, identify the key issues and gather the material needed for a write up.

Dr. Wessells described another option, which is to imbed individuals in the communities to engage in participant observation and prepare reports based on their findings after living there, going to the schools, religious gatherings, and farming alongside community members. Taking the reporting burden off individuals with low levels of literacy allows the work to remain about them and not impose a different world of written requirements on them.

Panel 3: How Social Service Workers Promote Integrated Service Strategies by Linking Institutions, Communities and Families

Moderator: Dr. Jim McCaffery, Alliance Steering Committee Chairperson and Senior Advisor, TRG and CapacityPlus

Speakers:

- **Ms. Joyce Nakuta**, Deputy Director, Ministry of Gender, Equality, and Child Welfare, Namibia
- **Ms. Patience Ndlovu**, Bantwana Initiative Country Director, Zimbabwe
- **Dr. Bernadette Madrid**, Executive Director, Child Protection Unit Network, Philippine General Hospital, University of the Philippines

Dr. Jim McCaffery introduced the panel discussion on integrating service strategies within the context of the two preceding panels, which had focused on service delivery through a diverse range of social service workers and how to best engage communities in child protection. He noted that while the work of supporting families happens at the individual practice level, it occurs within the context of a larger social service system and a supportive policy, legislative and financing environment. This system relies

on partnership and collaboration at all levels, between families, communities, and district and national government, community leaders, the private sector, universities, professional associations, and global stakeholders as well as other stakeholders in allied professions. With such a complicated web of stakeholders involved, the challenge is how best to have interventions and approaches that are coordinated, aligned and acting towards similar goals. He introduced the three panelists, all of whom have taken initiatives to increase cooperation in pursuit of program goals.

Patience Ndlovu provided background on the Bantwana Initiative in Zimbabwe and how the program is working across all levels and with different stakeholders to achieve common goals. She emphasized how linking the formal to informal systems has been one of the strengths of the program, along with leveraging donor funds to eventually result in government buy in and scale up. Based on the Isibindi model but modified to suit the Zimbabwean context, where case loads are high, resources are low, but the workforce is highly literate, the Bantwana Initiative has made strides toward improving the quality of service delivery to vulnerable children and families through the development of a community-level cadre of social service workers, called case care workers, that are equipped with case management skills and empowered by the government to make referrals so that their clients are effectively linked to district level structures. At the same time as the Bantwana Initiative is strengthening the community level, it also is targeting government level systems by working with the Department of Social Services on devising protocols and standards of care. Additional stakeholders such as professional associations, universities, and the private sector have been brought in, allowing the Bantwana Initiative to represent a truly integrated approach in service delivery and systems strengthening at all levels. Ms. Ndlovu noted how it takes humility on the part of all stakeholders to be able to rely on and work with each other to reach their common goals.

Dr. Bernadette Madrid started by recounting a few key questions that formed part of the needs assessment conducted by the University of the Philippines before initiating the first child protection unit. The findings indicated that abused children needed a range of services, from medical and psychosocial, to legal and social support for their families, and it was decided that all of these services would be housed “under one roof” in a pilot project. Bringing together professionals from all of these areas to work in a multi-disciplinary setting and respond to children brought into the hospital worked—reporting increased and the re-abuse rate was low. The next question was how to scale up from the pilot stage, knowing that resources varied across the country and that a number of ministries would have to sign on so that their workers could collaborate together in a child protection unit based in the local hospital. Dr. Madrid stressed that for such collaboration to happen, people have to see that there is mutual benefit or that there is a career path for them to take. There was also the danger that working in the child protection units would be viewed as volunteer work, jeopardizing the standards of care, accountability and monitoring. To counter this possibility, as well as ensure sustainability of this multi-disciplinary work, advocacy was needed at all levels so that the units were institutionalized into law and provided for in budget line items. As of now, the national goal regarding child protection units, which are now referred to as WCPUs as they have expanded to provide service to women who are victims of abuse, is that within 2 hours, any child or woman who has experienced abuse can access quality services provided by a trained professional. Geography remains a challenge for the archipelago, but Dr. Madrid announced that currently there are 62 WCPUs covering 68% of children in the population. By the end of 2014, it is expected that these units will reach 84% of the population and that almost full coverage should be achieved by 2017.

Joyce Nakuta represented Namibia’s Ministry of Gender, Equality, and Child Welfare. She described how the role of the ministry has shifted from one of direct service delivery to children to a more strategic, systems-building response. One aspect of this shift has been government seeking to cultivate stronger

partnerships, so that funds invested in an issue or area can be used for efficient and sustainable implementation. Another result of this shift has been the integration of services, so that they are sensitive to the needs of HIV patients and the rights of children. Ms. Nakuta delved into how, as a government, services are integrated, by explaining the work of the national task force on OVC which is a multi-organizational, cross-disciplinary group charged to follow the strategic direction of programming determined by the government and to ensure the proper links are in place for systems to work together effectively.

Questions & Answers from Panel Moderator, Panelists, and Symposium Participants

Can you describe some of the key inputs or actions that you have undertaken to help establish and solidify these partnership or relationships needed to work across disciplines and with multiple stakeholders?

Dr. Madrid: "The proof of the pudding is in the eating." Once people see the results of a model, it is easier to lobby for scale up and funding from government stakeholders and also encourages disciplines represented on the team to further invest personnel and increase their commitment to the initiative.

Ms. Ndlovu: Having a strong evidence base, or at least evidence that the intervention is working, is very important to forging these relationships. Also having the government, with representatives from all the relevant sectors of different ministries, involved as part of testing the model, its coordination, and seeing its effects on the ground is also essential for further scale up and investment.

Ms. Nakuta: In setting up the permanent task force, it took time before there was consistency among the people coming to the regular meetings but once that was achieved, it was easier to track progress and gain buy in from the governmental side. It takes time for strong partnerships to be built and to believe in the collaborative work that is being undertaken.

What kind of challenges did you face as you as you tried to establish and sustain cooperation within your context? How did you address them?

Dr. Madrid: For each discipline it was different. For doctors, it was a challenge for them to understand that child abuse was a health problem, not just a social work problem. For the police, changing practices within the force was difficult – until you are able to convince the top of the hierarchy. For lawyers, when the Supreme Court bought in, then the rest followed suit. Recognizing where the change should come from and leveraging that has allowed us to overcome these challenges.

Ms. Nakuta: When you bring people together to work on coordination, there needs to be consensus on what the agenda of the meetings will be and what the outcomes should be. To have this consensus, the task force was initiated with the important task of developing a national agenda for OVC and through their individual contributions, they bought into that multi-disciplinary mechanism and valued the effort.

Ms. Ndlovu: People are used to working in a silo-ed approach, so it is a challenge to rally them around a common vision and goal. It takes time for them to see the benefits of collaborative work at the community and national levels.

Dr. Madrid: No one has asked about the social workers. Ours are like the amoeba, they can take on any form. Doctors, police, lawyers are pretty well defined but social workers filled the gaps, where we are short in mental health resources, they have been able to glue everything together.

What the social service workforce does is a real art; what other professions do is normally well defined whereas social service workers are at the intersections of many different communities, speak the languages of informal and formal systems, and have to do so many different things. Could you help us think of a way to define what the social service workforce does and the art of their work?

Ms. Ndlovu: Social service work is a real art and the workforce is like an ecosystem of its own that links to all these different systems. It's the art of bringing everyone together, to rally around common issues, to be a coordinator of all of these players to ensure comprehensive child wellbeing. Reflecting this need to be a

jack of all trades and master of none, there is even an ongoing shift in social work education and curricula in Zimbabwe away from a focus on statutory and probation work to a more well-rounded exposure to the practice in other sectors, such as health, education, and community work.

Ms. Nakuta: The way social service workforce is perceived is different depending on the level; it is an art to get the importance of the workforce recognized among all of these different stakeholders and disciplines.

Dr. Madrid: Why can't social service workers be more like a pluripotent stem cell, so that depending on the context they can develop to be an agent of individual or societal change?

Closing Remarks

Speaker:

- **Dr. Jim McCaffery**, Alliance Steering Committee Chairperson and Senior Advisor, TRG and *CapacityPlus*

Dr. Jim McCaffery closed by restating the basic goal of the social service workforce, to promote the resilience of families and children, as mentioned in the keynote address. This positive approach to child protection was seen throughout all three panels and he encouraged participants to recall some other key messages, namely the need to recognize, celebrate and support the diversity of the workforce at its different levels and the importance of making appropriate linkages and cooperating for the achievement of common goals. Dr. McCaffery thanked the speakers and panelists, the event organizers, and especially PEPFAR/USAID, and the NASW Foundation for making the symposium possible through contributing their time, expertise, and funding.