

STATE OF THE SOCIAL
SERVICE WORKFORCE REPORT 2022:

The Vital Role of the Social Service Workforce in Humanitarian Contexts



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ABOUT THE GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE

VISION AND MISSION

The Global Social Service Workforce Alliance, referred to as ‘the Alliance’, works towards a world in which a well-planned, developed and supported social service workforce engages people, structures and organizations to strengthen and build individual, child, family and community well-being and resilience. Our mission is to promote and strengthen the social service workforce to provide services when and where they are most needed, alleviate poverty, challenge and reduce discrimination, promote social justice and human rights, and prevent and respond to violence and family separation. To achieve this, we work to build and channel the political will, actions, resources and structures necessary for a social service workforce that is knowledgeable, capable, critically reflective, resilient and committed.

HISTORY

The Alliance marked its official launch as a network in June 2013. The development of the Alliance is a direct result of participant feedback and expressed needs arising during a global conference held in 2010 to highlight the challenges facing the social service workforce and to explore strategies for addressing these challenges at a country and global level. The conference brought together teams from 18 countries to review this body of knowledge, share experiences and promising practices, and develop concrete action plans for strengthening the workforce. The Alliance was proposed to facilitate ongoing support and dialogue for strengthening the social service workforce.

STRUCTURE

The Alliance is an inclusive network of more than 3,000 individual members affiliated with a range of organizations and institutions across 145 countries. A globally representative Steering Committee, composed of 15 members, oversees and guides the direction and development of the Alliance, supported by a small secretariat. The Alliance is currently funded jointly by the U.S. Agency for International Development (USAID), under the Partnerships Plus project implemented by JSI Research & Training Institute, Inc., and by the United Nations Children’s Fund (UNICEF) through projects at global, regional and national level. The Alliance is a fiscally sponsored project of Tides Center, a U.S. registered 501(c)(3) non-profit organization.

STATE OF THE SOCIAL SERVICE WORKFORCE REPORTS

The Alliance produced its first annual State of the Social Service Workforce Report in 2015 to shed light on key social service workforce trends, showcase innovative and effective workforce strengthening initiatives, and highlight this fairly new area of focus. Reports have been subsequently issued for 2016, 2017, 2018 and 2020 that include both qualitative and quantitative analyses of the workforce and make recommendations for future efforts to strengthen the workforce. Previously, reports were dated the year prior to when they were released. Given that the reports are not intended to provide a snapshot of the social service workforce during the specified year, from hereafter, reports will be dated with the year they are released.

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IMPROVING THE WORKFORCE, IMPROVING LIVES.

For more information, please visit www.socialserviceworkforce.org

Acknowledgements

This report was written by Alena Sherman, Global Social Service Workforce Alliance Communications and Advocacy Manager, and Emily Kaplan, an independent consultant. Hugh Salmon, Director of the Global Social Service Workforce Alliance, provided significant support in shaping this report through content, input and review. Pennie Barbel provided the graphic design for the report. The following members of the Steering Committee provided valuable input and review throughout the development of the report: Dr. Rebecca Davis, Dr. Kathryn Conley Wehrmann and Dr. Vishanthie Sewpaul. Additional review was provided by: Dr. Martha Bragin, Associate Professor and Chair, Silberman School of Social Work at Hunter College; Severine Chevrel, Children in Adversity Senior Technical Advisor, USAID; Laurent Chapuis, Senior Child Protection Specialist, UNICEF; Elizabeth Drevlow, Humanitarian Protection Advisor, USAID; Camilla Jones, Coordinator, Alliance for Child Protection in Humanitarian Action.

The authors would like to thank the following individuals for taking part in interviews and correspondence, following our members' survey: Natalie Simbini and Mercy Sakanya of the Child Protection Society in Zimbabwe; Melba Manapol of the Social Work Department of Ateneo de Davao University in the Philippines; Farida Tiboron Mangcaan of Community and Family Services International in the Philippines; Alexandre Bweng of Christian Action for Aid and Development in République Démocratique du Congo; Ericsson Ng'etic of Liverpool John Moores University; Nurul Eka Hidayati of the Indonesian Association of Social Workers and the Indonesian Social Work Consortium; Jamila Akhter and Natalie McCauley of UNICEF Bangladesh.

CSPT	Counseling Support Professional Team
CMFT	Case Management Task Force
CPET	Community Participatory Evaluation Tool
DFAT	Department of Foreign Affairs and Trade (Australia)
FEMA	Federal Emergency Management Agency (United States)
IDP	Internally displaced person
IRC	International Rescue Committee
MHPSS	Mental health and psychosocial support
NASWEI	National Association for Social Work Education in the Philippines
NGO/INGO	Non-governmental organization / International non-governmental organization
SEE_PET	Stepwise Ethnographic Exploration Participatory Evaluation Tool
SOP	Standard operating procedure
UN	United Nations
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
USAID	U.S Agency for International Development

Suggested citation: Global Social Service Workforce Alliance, 'The State of the Social Service Workforce 2022: The Vital Role of the Social Service Workforce in Humanitarian Contexts', 2022.

Disclaimer: This report is made possible through the generous support of the American people through the U.S Agency for International Development (USAID) by the Global Social Service Workforce Alliance, under Partnerships Plus cooperative agreement number 7200AA18CA00032, funded September 28, 2018, and implemented by JSI Research & Training Institute, Inc. The contents are the responsibility of Global Social Service Workforce Alliance and do not necessarily reflect the views of USAID or the United States Government.

Executive Summary

In recent decades, escalating and protracted conflicts, natural disasters and extreme weather events often exacerbated by climate change, and major health emergencies, such as COVID-19, have resulted in rapid increases in the numbers of people and communities in need of emergency social assistance and support. These crises often compound existing problems of poverty, inequality and social injustice, disproportionately impact women and children, and increase hardships for those already predisposed to vulnerability.

Social service workers play a crucial role in helping individuals, families and communities respond to and recover from humanitarian emergencies. They also help individuals, families and communities build their resilience to withstand future emergencies. However, despite their critical role at the frontlines, they largely remain undervalued and unrecognized.

Drawing from a review of global reports and case studies, as well as from information sourced from Global Social Service Workforce Alliance members, this report brings to light the critical role of the social service workforce in different humanitarian contexts—including those related to armed conflict, natural disasters and widespread disease outbreaks—and across the emergency management cycle. It further highlights the challenges and key areas of learning in deploying social service workers in humanitarian contexts. Informed by these findings, the report makes key recommendations to ensure the social service workforce is better able to support communities and individuals in humanitarian situations.



1

Introduction



A child plays at a child friendly space in Ukraine. The spaces allow children to play and learn while also offering access to protection, psychosocial support and social services.

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In recent decades, escalating and protracted conflicts, natural disasters and extreme weather events often exacerbated by climate change, and major health emergencies, such as COVID-19, have resulted in rapid increases in the numbers of people and communities in need of emergency social assistance and support. These crises often compound existing problems of poverty, inequality and social injustice, disproportionately impact women and children, and increase hardships for those already predisposed to vulnerability.

Global armed conflict has been on the rise over the past decades, resulting in an increase in the number of refugees and internally displaced persons (IDPs). War in Ukraine has forced 5.8 million to seek refuge across Europe and has displaced 6.2 million internally.¹ In northern Ethiopia, millions are struggling to survive as a result of a devastating conflict.² Protracted conflict continues to impact millions in parts of the Democratic Republic of the Congo, the Central African Republic, Myanmar, Syria, Yemen, and elsewhere.³ These conflicts and others have pushed the number of forcibly displaced individuals over 100 million for the first time in history.⁴

At the same time, the climate crisis presents an immediate threat to the lives and livelihoods of many. The number of people affected by climate change-related events and phenomena, the length, scale and complexity of these events, and their intensity and frequency, are projected to continue to increase.⁵ In 2020, nearly 16 million people in 15 countries experienced food crises because of extreme climatic and weather events, which in turn fueled violence and exploitation of women and children.⁶ It is predicted that up to 216 million people may have to relocate within their own countries by 2050 due to the effects of climate change.⁷

COVID-19 continues to have a wide range of adverse effects in many countries, often compounded by a lack of access to vaccines in remote areas of low- and middle- income countries, and persistent vaccine hesitancy among certain groups and in certain countries. Since its onset, COVID-19 has not only caused severe illness, death and trauma, but control measures put in place to mitigate its impact have devastated economies

and livelihoods, pushed millions into extreme poverty, and exacerbated social tensions and conflicts.⁸ Future pandemics should be expected, as history shows that on average an influenza pandemic takes place roughly every 10 years.⁹ In the 21st century, in addition to COVID-19, several pandemics have occurred, including SARS in 2003, H5N1 (the bird flu) in 2006, and H1N1 (the swine flu) in 2009.¹⁰ Recent decades have also seen the global AIDS pandemic as well as regional epidemics, such as Ebola, that continue to impact low- and middle-countries.

Types of humanitarian emergencies

Humanitarian emergencies can be categorized by three main types:¹¹

1. Human-made emergencies, such as armed conflicts and industrial accident;
2. Natural disasters, such as earthquakes, tsunamis, floods, droughts, cyclones, hurricanes and health-related epidemics;
3. Complex emergencies, resulting from a combination of natural and human-made elements, including food insecurity, armed conflicts, and displaced populations. Complex emergencies generally include extensive violence and loss of life, displaced populations, widespread damage to societies and economies, the need for large-scale humanitarian assistance, the hindrance or prevention of humanitarian assistance by political and military constraints, and significant security risks for humanitarian relief workers in some areas.

Categorizing the distinct type of humanitarian emergency is important because it shapes how interventions and response plans are developed and implemented. Interventions must take into consideration the type of disaster in addition to the phase in which the interventions will be delivered (i.e., acute, long-term), the geographic area(s) affected by the emergency, and the scope of the emergency (i.e., number of people killed, injured, the level of destruction).¹²

While often unrecognized and undervalued, social service workers around the world play a critical role in helping individuals, families and communities to respond to and recover from emergencies. They are called upon at the onset of emergencies to mitigate the impacts of the emergency and address unmet needs. They ensure individuals, families and communities have access to basic goods such as food, shelter, clothing, blankets, hygiene products and medicines. They facilitate access to emergency relief and social protection benefits and provide case management, to ensure thorough assessment, planning, coordination of services and follow-up, which is particularly important for the individuals, children and families who are most at risk or have complex needs. They reunite displaced family members and identify interim care arrangements for

unaccompanied children. They identify potential mental health and psychosocial concerns and facilitate individual and community recovery. They provide critical information and help dispel myths that can prevent people seeking help. They also serve as advocates, raising concerns with authorities and funders, so that communities receive the support and essential services they need.

Social service workers also help individuals, families and communities build their resilience to withstand future shocks, building on their strengths and resources to prepare and adapt so as to reduce their risk of exposure and the potential impact of future adverse events.

Defining the social service workforce¹³

The Global Social Service Workforce Alliance defines the social service workforce as an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. The social service workforce focuses on preventative, responsive and promotive services that are informed by the humanities and social sciences, Indigenous knowledges, discipline-specific and interdisciplinary knowledge and skills, and ethical principles. Social service workers engage people, structures and organizations to: facilitate access to needed services, alleviate poverty, challenge and reduce discrimination, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect and family separation.

Social service workforce constitutes a broad array of practitioners, researchers, managers and educators, including but not limited to: **social workers, social educators, social pedagogues, child care workers, youth workers, child and youth care workers, community development workers/community liaison officers, community workers, community volunteers, welfare officers, social/cultural animators and case managers.**

Working in humanitarian settings presents many challenges, which are exacerbated by the high level of complex needs that arise in crises, lack of inclusion of the workforce in disaster planning and response efforts, and lack of emergency-specific training and professional development. However, when well-placed and well-equipped, the social service workforce can and does make a critical impact on affected communities and those most vulnerable in the face of emergencies.

The aims of this report are to 1) examine the optimal role of the social service workforce in different humanitarian contexts (including those related to armed conflict, natural disasters and widespread disease outbreaks) and across the emergency management cycle, through desk-based research, a survey and interviews; 2) in doing so, explore challenges and learning associated with deploying social service workers in humanitarian contexts; and 3) informed by these findings, make key recommendations and issue a call for action to ensure the social service workforce is better able to support communities and individuals in humanitarian situations.

A community worker in the Socoura displacement camp in Mali leads a sensitization session with children about COVID-19 prevention.

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Methodology

This report draws from a review of global resources and literature examining the role of the social service workforce in emergencies, including armed conflicts, natural disasters and widespread disease outbreaks. Documents included peer-reviewed publications and gray literature, which included organizational and governmental reports, blog posts, technical reports and toolkits. The report also draws from information sourced from members of the Global Social Service (hereinafter referred to as the 'Alliance'), many of whom work or have worked across a wide range of humanitarian contexts. Data was collected through a survey disseminated in April/May 2022 to Alliance members and across social media platforms, which provided further insights into the ways the social service workforce are involved in emergency mitigation, preparation, response and recovery. Survey questions covered:

- the country(ies) respondents have experience/expertise working in, in a humanitarian context;
- the type of emergencies respondents have experience in;
- the role of the respondents or other social service workers in the humanitarian setting;
- the greatest perceived challenges the social service workforce face(d) in these settings;
- specific interventions to address such challenges; and
- positive examples/success stories of social service workers when working in humanitarian settings.

As a result of the specific nature of the survey subject matter, the number of respondents who felt able to reply to this survey was somewhat smaller than in previous surveys the Alliance has conducted, on broader topics: a total of 41 responses were received. Respondents included social service workers, managers, policymakers, and technical experts with experience working in 28 different countries. These responses have been used to provide information supplementary to the desk review, giving direct insights from the field. After reviewing the survey responses, Alliance staff undertook follow-up interviews with eight respondents to develop country-specific case studies or worker profiles. In addition, four interviews were carried out with other Alliance contacts and with colleagues referred to the Alliance for this purpose.

While many of the survey responses offered valuable information on their own, it is acknowledged that the overall data set from the survey was not sufficiently large or widespread to enable comprehensive analysis yielding statistically significant or generalizable conclusions. Hence, the majority of the findings and recommendations in this report are informed by the findings of the desk review and key informant interviews, though still supplemented by the additional insights and useful contacts derived from the survey.

2

Optimal role of the social service workforce



An internally displaced child interacts with his social worker in northern Cameroon. Boko Haram entered the child's village, forcing him to flee without his siblings and parents.

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Emergency management is typically divided into a series of phases focused on response, recovery, mitigation and preparedness. Mitigation and preparedness interventions typically take place pre-disaster, while response and recovery usually take place in the aftermath. Social service workers have important and distinct roles to play in each of the phases. During the emergency response and recovery phases, social service workers typically serve as case managers, administrators of social protection, counselors, community mobilizers and advocates. In emergency mitigation and preparedness, social service workers have a key role to play as educators, community workers, disaster planners and advocates.

In some cases, social service workers may be simultaneously working in different phases of the emergency management cycle, with response or recovery from one humanitarian emergency leading into mitigation and preparedness for an impending emergency. For example, in a flood or drought prone area, they could be working on helping people recover from the last emergency while also helping build the resilience and coping capacity of families and communities in preparation for a similar future emergency. Equally, these activities may be in response and preparedness to different types of humanitarian emergencies. COVID-19 is a prime example of this, as many social service workers were working to respond to or prepare for other emergency situations at the onset of the pandemic.

Four phases of emergency management¹⁴



MITIGATION

Mitigation involves reducing or eliminating the likelihood of an emergency happening or reducing the damaging effects of unavoidable emergencies.

PREPAREDNESS

Preparedness involves actions to increase the ability of individuals, communities and authorities to deal with the damaging effects of an emergency.

RESPONSE

Response involves actions taken to reduce or eliminate the adverse impact of emergencies that have occurred or are currently occurring, in order to prevent additional loss of life or suffering.

RECOVERY

Recovery involves actions taken to return to a normal state following an emergency. The recovery phase typically begins after the immediate response has ended and can persist for months or years thereafter.

Survey responses: Roles of the social service workforce

In the Alliance survey, respondents were asked what key roles they or other social workers/social service workers have played in an humanitarian context. Sample responses included:

“

Identification and registration/documentation of child protection cases...Organising and leading interagency partners meetings to discuss the complex cases that need intersector[al] interventions. *–Child protection specialist, Kenya*

Distribution of food items, providing counseling services and making necessary referral at health facilities, contact tracing, awareness creation on preventing spread of pandemic. *–Program Manager, Nigeria*

Distribution of food and non-food aid to people displaced by the floods in the Mutimbuzi commune. This aid consisted of helping children, the elderly and people living with disabilities. We also rehabilitated houses in sites built for the displaced in the communes of Gihanga and Bubanza. We distributed health insurance cards to the elderly to enable them to receive free medical care for one year. *–Legal representative, Burundi.*

As a Program Manager in the organization, I was involved directly in conducting assessment on the households in the villages affected by floods in 2020. Registered and offered them emergency support. In the same practice, I led a team of over 15 members who helped foster the activities. [My team] assessed these villages and suggested possible intervention measures to the government, relevant stakeholders, other partner organizations and the affected households as well. *–Program Manager, South Sudan*

Identification of survivors, planning and doing case management, linking clients into services, reporting, data management etc. *–Specialist, Ethiopia*

Visiting children on their caseload and those in affected areas to offer support - case management, delivery of non-food items designed to promote children's mental well-being, telehealth/tele-counseling, supporting referrals of children who needed specialized support. *–Senior Associate, Fiji*

Provided multidimensional services like protection, [mental health and psychosocial support services], etc. *–Protection officer, Bangladesh*

”

Emergency response and recovery

Social service workers are called upon at the onset of all types of humanitarian emergencies to help mitigate the impact of the emergency and address unmet needs. In some ways, the roles of social service workers at the onset of an emergency are an extension of their roles when there is not an emergency, but with larger and more complex caseloads. They work to ensure basic needs are met, provide case management services, reunite displaced family members, facilitate access to social protection benefits, provide mental health and psychosocial support (MHPSS) services, mobilize peer and community support networks, and provide critical information and dispel myths.

Depending on the size and scope of the emergency, many affected will require social service support long after the initial onset of the emergency.¹⁵ This is particularly true if they are subject to long-term displacement, job loss, and/or loss of family or other social networks. Many services provided by social service workers during the response to the initial impact of the emergency continue into the recovery phases, such as case management and ongoing psychosocial support. At this point, social service workers often start to work with individuals and communities on reestablishing normalcy and gaining self-sufficiency.¹⁶

Ensuring basic needs are met

A key priority for social service workers is to ensure those impacted have their basic needs met at the onset of an emergency. This includes advocating for and ensuring individuals, families and communities have access to basic goods such as food, shelter, clothing, blankets, hygiene



A social service worker helps an internally displaced woman unpack a newborn kit for her newborn daughter in the Roj camp in northeast Syria.

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products and medical prescriptions.¹⁷ In some cases, this may mean facilitating contact with governmental agencies and non-governmental organizations (NGOs). In other cases, it may mean collecting, delivering and distributing the food and material themselves. Since the onset of the war in Ukraine, social service workers have provided practical support by delivering food, medications, hygiene products, blankets and clothes. As well as meeting essential needs, such practical help serves an important psychosocial function, in helping create an environment in which people feel safe and valued.¹⁸ Throughout the COVID-19 epidemic, and especially when communities were in lock-down, social service workers in many countries provided or organized home

delivery of groceries, meals, medications, and, in some cases, self-protection equipment such as masks.¹⁹

Social service workers are also often involved in the process of organizing emergency shelters, in coordination with other governmental and non-governmental groups.²⁰ In situations of mass casualties, workers may also help families to arrange for funerals.²¹ This was the case in the aftermath of an earthquake that devastated Bam City in Iran in 2003. Social service workers took part in the rescue efforts, digging out corpses from under debris, conducting funerals, and collecting and distributing food and supplies among many other roles.²²

Providing case management

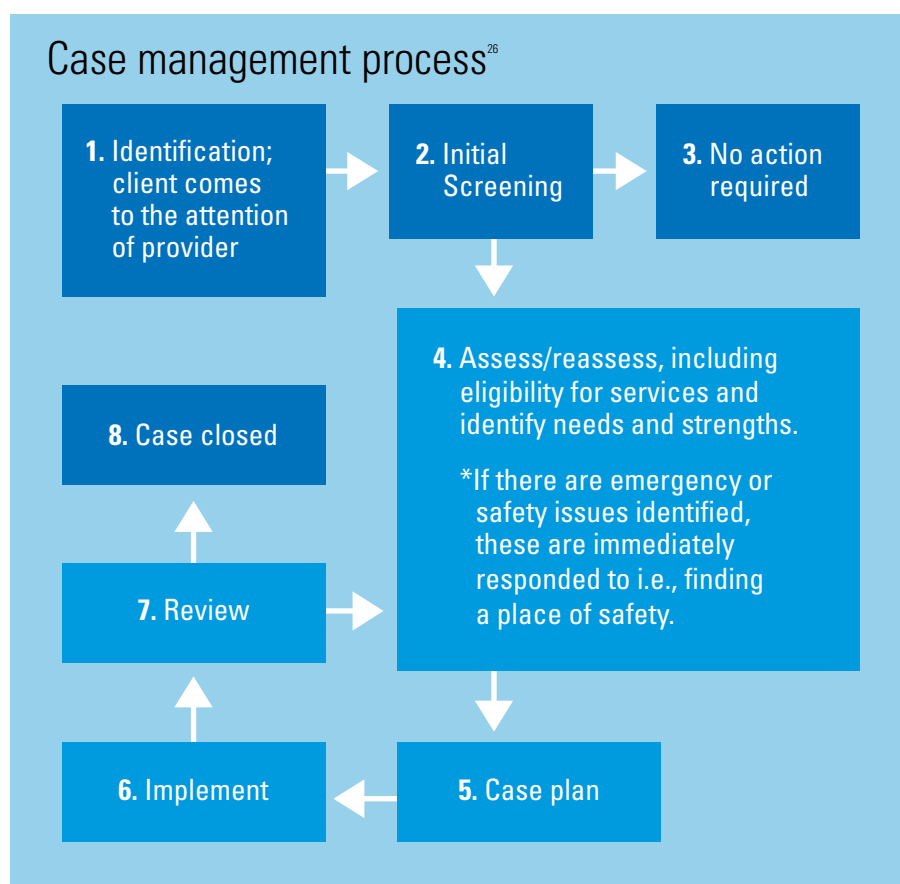
Defining case management²³

Case management is a process practised by social service workers that supports or guides the delivery of social service support to vulnerable children and families and other populations in need. The use of quality case management practices has been shown to improve decision-making and service delivery, and effective case management practices can empower clients to understand and access multiple services, with the end goal of promoting greater autonomy, safety and well-being. The process begins when a case manager or worker is assigned and opens a case with a person or family, often times one that has been identified as having a vulnerability or is in a difficult situation requiring support or assistance. Case management involves a social service worker or para social service worker who, through the development of a trusting relationship, assesses the needs of a client and arranges, coordinates, monitors, evaluates and advocates for a package of services to meet the client's needs. This may require the social service worker to link the client to a variety of support systems and other service providers, as appropriate, by liaising with and involving community members and leaders, non-governmental and faith-based organizations, as well as representatives of education, health and justice sectors.

Case management is practised by social service workers in humanitarian contexts to engage, assess and respond to the vast needs of the affected individuals and communities. If delivered effectively, it further helps make emergency response systematic and effective and ensures that affected individuals are linked with the services and resources they need to properly recover. In emergency situations, where important layers of protection are often diminished and certain populations are placed at heightened risk, case management is also a crucial component of preventing and responding to cases of violence, abuse, neglect and exploitation.²⁴

In the case management process, social service workers play a lead and coordinating role in all steps:

- identifying and registering vulnerable individuals and populations;
- doing a screening and/or initial assessment to determine the client's eligibility for services, safety risks, and severity of needs;
- providing an in-depth assessment to identify exact needs;
- developing case plans aimed at facilitating resilience, rehabilitation and short- and long-term recovery;
- initiating case plans including direct services and referrals to other resources and programs; and
- doing follow-up visits and case reviews.²⁵



Certain children, individuals and families require more assistance and support during the case management process than others. This includes but is not limited to: the elderly, unaccompanied children, children in alternative care (including foster care or institutional care), people with disabilities, those with acute or chronic illnesses, those in extreme poverty and the mentally ill. For such populations, social service workers often provide additional outreach, coordination with a wide range of agencies and organizations, and more tailored services.²⁷

Children separated from their families because of conflict, displacement or natural disaster are at increased risk of violence, abuse, exploitation and neglect. Family tracing and reunification is thus a key priority for social service workers during the case management process.²⁷ An essential role is often to identify and register unaccompanied children, locate and reunify the children with their parents or primary caregivers, identify interim care arrangements as needed, and ensure children have access to all available provisions for their survival and protection.²⁷ Interim care serves several purposes including protecting the child while tracing is taking place and reunification options are examined. Social service workers also work to identify longer-term alternative care placements, ideally in the form of family- or community-based care, for children whose family cannot be traced or where reunification is not in the child's best interests.³⁰

CASE STUDY:

Providing case management to flood victims in Iran³¹

In March 2019, Western and Central Iran was hit with heavy rains and flash flooding, triggering a critical situation. Twenty-six out of Iran's 31 provinces declared an emergency, with an estimated 10 million people affected, including two million people in immediate need of humanitarian aid and roughly 500,000 people displaced, half of whom were children. In the city of Poldokhtar, an assistant professor at a local university in Tehran led a team of social workers to design and implement a case management system to meet the affected population's needs.

The team of social workers first conducted a field visit and interviewed emergency service providers in Poldokhtar to identify the target groups and geographic area for intervention. Based on interviews with key informants, the team of social workers decided to intervene in the Sazmaniha community where the flood destroyed nearly all buildings but residents were choosing to remain near the collapsed buildings, rather than moving to safer areas.

The team then identified those affected by the flooding in the community and conducted interviews to determine their desired outcomes and needs. Ultimately, the team identified 565 affected individuals in 147 households that required psychosocial interventions. People reported difficulties accessing water and sanitation, and securing basic needs for hygiene, as most were living in tents in front of their destroyed houses. They reported physical symptoms of stress including lack of energy and chronic headaches, gastrointestinal disorders, aches, pains, tense muscles, rapid heartbeat and chronic diseases. They also reported suicidal thoughts and suicide attempts, substance use disorder, stress and anxiety, and sleep problems. Further, domestic violence and violent relationships among the household residents were commonly reported over the course of the three months services were provided.

The social workers used a triage approach to determine the priority of services and then tailored each client's plans around their needs and preferences. This included referring their clients to services, increasing their client's awareness of resources, and providing follow-up. The social workers also educated caregivers of children, elderly people, and those suffering from psychological distress to strengthen emotional regulation and coping skills. The team also ensured that each affected individual and family had access to food and supplies to meet their basic needs. To make sure that each individual's needs were met, the social workers conducted advocacy inside and outside the city to identify and coordinate resources and services. They used their connections and mobilized citizens in other parts of the city to provide shelter and support for those impacted and even got local service providers, including physicians, to provide services free of charge. Occasionally, the social workers sought the assistance of people and organizations from other cities in response to privacy concerns from clients worried about receiving services locally, particularly in cases of mental health concerns.

Social service workers continue to provide case management well into the recovery phase of an emergency for those who require it. A lack of employment and affordable housing coupled with trauma and feelings of uncertainty about the future can present major barriers to long-term recovery. During the recovery phase, the focus of the case management may shift focus from addressing immediate needs to helping clients adjust to changes in life circumstances and building clients' capacity for resilience and self-sufficiency.³² Social service workers need to continue to assess and reassess the needs of their clients throughout the recovery process, as needs may have shifted since the initial onset of the emergency. Additional issues may also arise during the long-term recovery period that will require additional attention, such as health issues, and social and interpersonal issues such as violence, abuse and neglect, which may have been triggered or exacerbated as a secondary consequence of the stresses or vulnerabilities caused by the emergency.³³

WORKER PROFILE: Orlando Monteiro Mozambique



Orlando Monteiro is a volunteer case worker with Plan International in his hometown of Ocuca, Mozambique. In his role, Orlando works to identify children in need of protection, particularly those in camps for IDPs. He then carries out a comprehensive assessment of their needs, develops case management plans and provides basic psychosocial support. He works with the family to ensure the children's needs are met, while also observing the ethical guidelines and case management principles. For issues that are beyond Orlando's role, he refers them to other service providers including the police, the World Food Program or health service providers. Orlando was trained by Plan International on child protection in emergencies and community case management.

Orlando says that seeing children's rights being violated, especially those in IDP camps, is what motivated him to volunteer.

"It was one of the things that really pained my heart," he explains. "I have a passion for helping others and the IDPs coming from the conflict areas are the ones who need the most support because they are starting from scratch and have lost all their belongings," he continues.

Orlando hopes Plan International continues to work in this area because he feels that the interventions have a positive impact on the children and families in the camps. He also notes that the use of volunteers allows more people to be served. In fact, he notes that Plan estimates that 700 children benefit from the volunteers' activities each week.

Facilitating access to social protection

People living in poverty tend to be more exposed to and affected by emergencies of all types, including health emergencies, natural disasters and armed conflict. Social service workers, therefore, play a key role when they can help vulnerable populations access social protection benefits aimed at providing relief to those affected.³⁴ In some countries in Latin America and the Caribbean, including Chile, Belize and Dominican Republic, emergency response protocols stipulate that part of the social worker's role is to gather information on the ground,

apply instruments to measure the level of structural and material damage, determine the most urgent needs among affected populations and support the delivery of post-disaster social protection benefits.³⁵ The role of social service workers in administering social protection became increasingly important during the COVID-19 response, which saw an expansion of social protection systems in over 200 countries, including to millions of vulnerable people across humanitarian contexts.³⁶

CASE STUDY:**Assessing social vulnerabilities of emergency-affected families in Chile³¹**

In Chile, the Ministry of Social and Family Development has developed a tool called the Basic Emergency Sheet. Since 2015, the tool has been used to assess the social vulnerabilities faced by emergency-affected populations in a quick and precise manner. The form provides an overview of how a specific family has been impacted by an emergency, including which family members have been affected, the impacts on employment or income and access to basic services. It also assesses damage to family housing and other key household assets. It further identifies individuals who may be disabled, elderly, migrants, or chronically ill, and pays attention to the needs of people from Indigenous communities.

Through the form, families can report their needs first-hand to help guide which temporary benefits each family will receive. Temporary benefits include subsidies such as food vouchers, emergency housing support, utility subsidies and rent support. In addition to working with the municipal departments responsible for emergencies to provide immediate protection and support to affected families, such as evacuating people to shelters or safe sites, social service workers are also a key part of the local teams that conduct the family assessments and distribute the temporary benefits. They help families complete the forms, provide specific background information on the families they support, and deliver the benefits to the families in a personalized manner.

Providing mental health and psychosocial support

Emergencies can place significant psychological and social stress on affected populations. Emergencies destroy or degrade normal protective supports, increase the risks of violence and intensify pre-existing problems of social inequality and injustice.³⁸ The psychological impact of emergencies can be severe in the short term, and can continue to affect people months, and often years, following a humanitarian emergency.³⁹ The stress caused by evacuation, relocation, and disruption of routines as well as the grief associated with catastrophic loss often continue to affect people even if their homes and the community's physical infrastructure are restored relatively quickly—left unattended or unmanaged, this stress can have significant impacts far beyond the emergency, leading long-term to increased risks of emotional distress, psychosocial problems and mental disorders.⁴⁰ Protecting and improving the mental health and psychosocial well-being of affected populations is therefore a vital component of emergency response and recovery.

As frontline responders, social service workers are critical in identifying potential mental health and psychosocial concerns and facilitating individual and community recovery.⁴¹ In fact, it is estimated that nearly half of emergency mental health services in the United States are delivered by social workers.⁴²



A teenage girl speaks with a social worker in a camp for internally displaced people in Nigeria. As an internally displaced person himself, the social worker provides psychosocial support to children, helping them overcome the effects of the violence they have witnessed from attacks by Boko Haram.

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Social service workers may provide MHPSS services directly or make referrals to other trained professionals or organizations. Through MHPSS interventions, social service workers aim to:⁴⁴

- improve the emotional, mental and social well-being of affected populations;
- enhance resilience and empower individuals to tackle emotional reactions to critical events;
- manage stress to prevent development of more severe mental health problems;
- restore social and cultural networks in communities or activate new support networks;
- increase mental health awareness as well as awareness of positive coping mechanisms; and
- ensure provision of MHPSS services to address more severe mental problems.

To ensure interventions are safe and accessible, social service workers must ensure interventions are non-stigmatizing and non-pathologizing.⁴⁵

One such approach used puppetry as a means for creative and emotional expression in the context of the Syrian crisis.⁴⁶ Social service workers, psychologists and artists worked with survivors of extreme cases of massacre, torture, rape and abuse to create puppets, which participants then used as a medium to express their feelings and tell their stories in a less stigmatizing manner.⁴⁷

During major public health emergencies, such as COVID-19, helplines have proven critical for providing MHPSS services remotely. In Zambia, when access to in-person psychosocial support services was reduced due to the pandemic, Save the Children strengthened the capacity of national helpline staff by providing training and psychosocial support to counselors and by increasing the number of personnel.⁴⁶ This enhanced the quality of essential tele-support to children and others experiencing mental health and psychosocial concerns. It also increased the number of calls reporting cases of abuse and violence in the absence of an in-person reporting mechanism.

Mental health and psychosocial problems in emergencies⁴³

The Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2017) define mental health and psychosocial support in emergency settings as ‘any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder’.

The guidelines highlight the following mental health and psychosocial problems in emergencies.

Significant problems of a predominantly social nature include:

- Pre-existing (pre-emergency) social problems (e.g. extreme poverty; belonging to a group that is discriminated against or marginalized; political oppression);
- Emergency-induced social problems (e.g. family separation; disruption of social networks; destruction of community structures, resources and trust; increased violence within households and communities, including gender-based violence); and
- Humanitarian aid-induced social problems (e.g. undermining of community structures or traditional support mechanisms).

Problems of a predominantly psychological nature include:

- Pre-existing problems (e.g. severe mental disorder; alcohol abuse);
- Emergency-induced problems (e.g. grief, non-pathological distress; depression and anxiety disorders, including post-traumatic stress disorder); and
- Humanitarian aid-related problems (e.g. anxiety due to a lack of information about food distribution).

WORKER PROFILE:**Ericsson Ng'etich**

Kenya



Ericsson Ng'etich is a Child Protection Assistant with the Danish Refugee Council and is also working to complete his masters degree in psychology from Liverpool John Moores University. He works within the Kakuma refugee camp in Northwestern Kenya, one of the largest refugee camps, which houses more than 160,000 refugees and asylum seekers from countries such as South Sudan, Somalia, Ethiopia, Burundi, the Democratic Republic of Congo, Eritrea, Uganda and Rwanda.

Ericsson began his career in 2010 as a community household volunteer, coordinating services for vulnerable children located in the mountainous region of Western Kenya. He went on to volunteer with the International Committee of the Red Cross as a youth coordinator in Bungoma County. In this role he worked with youth on climate-change advocacy, coordinated sexual and reproductive health programs, coordinated activities to help youth generate income and provided psychosocial support. Realizing his interest in helping others through his volunteer work, Ericsson decided to obtain his bachelor's degree in counseling and psychology.

In his current role, Ericsson provides psychosocial support and case management services for unaccompanied minors, works on gender-based violence prevention and response activities, helps empower youth through the development of life skills, and facilitates activities to help all communities residing in the camp to live and respect one another.

Ericsson notes that the most difficult component of his job is the high number of cases and the issues they present, which occasionally leave him feeling overwhelmed. Most cases he deals with are complex and need to be completed in a timely manner. Such cases are often related to issues such as drug and substance abuse, all forms of violence, abuse and neglect, and suicidal thoughts and attempts. These are coupled with issues related to scarcity of basic necessities and continual conflicts among the different communities within the camp. Despite such challenges, he is thankful to the Danish Refugee Council for the immense and continuous support provided to him, to ensure that all cases are solved in a timely, appropriate and effective manner.

A particularly challenging case Ericsson recalls was that of a 15-year-old girl who had fled her country of origin because of conflict. Upon arriving to the camp, the girl was seduced into a sexual relationship with a 21-year-old male, which she felt she could not resist because of her vulnerable situation. The child conceived and experienced a traumatizing delivery resulting in the death of the baby and the removal of her womb due to infection and excessive bleeding. With support from the Danish refugee Council, Ericsson initiated immediate psychological first aid and trauma counseling over the course of several weeks as well as ensured that the girl had all of her basic needs met (including food, clothing, medicine, etc.).

"It took time but eventually the girl began to smile again and even returned to school," Ericsson says, "I see her in school smiling and interacting with others every time I conduct follow-up visits, and that is the most fulfilling part for me. Because I also smile and I feel successful."

CASE STUDY:

Use of “Blue Dots” in the Ukraine response⁴⁹

The war in Ukraine has resulted in more than 6.8 million people fleeing into the neighboring countries of Czech Republic, Hungary, Moldova, Poland, Romania and Slovakia. Almost all of those arriving are women and children.

The Blue Dots are locations, coordinated by UNHCR and UNICEF, where professional, trained case workers, MHPSS workers and legal aid providers are available to identify and address social service and protection needs among those arriving. Workers at the Blue Dots also provide support or referrals for individuals or families with specific needs, such as older persons and persons with disabilities, and protection services for those who may have experienced gender-based violence, violence against children or separation from family. The Blue Dots are also critical for sharing reliable, updated and accurate information with new arrivals, including information on available services, documentation and family reunification.

The Blue Dots are mainly located along anticipated routes of major refugee flows in strategic urban areas or transport hubs. The Blue Dots are often established in coordination with local municipalities and are linked to the national and local referral pathways and services.



The minimum services to be offered at Blue Dots are:

1. Identification, rapid assessment and referral of children at risk to appropriate services;
2. Identification and referral of other persons who need support to appropriate services;
3. MHPSS;
4. Legal aid and counseling;
5. Information and advice;
6. Restoring family links; and
7. Child- and family-friendly spaces, including for breastfeeding.

Facilitating peer and community support and mobilizing communities

Past emergencies have shown that personal support networks (including families, neighbors and others) are critical in helping individuals and families recover.⁵⁰ Therefore, the work of social service workers in reuniting families, neighbors, and those with social ties who have been separated as well as in helping individuals and communities create new social ties, is a critical component of the disaster response and recovery phase. Social service workers may also work with the community to develop community-led support groups which can assist in relaying information about recovery resources as well as encouraging individual recovery and resilience.⁵¹

Social service workers are also well placed to serve as organizers, facilitators and capacity builders to mobilize communities to help themselves. Further they can help mobilize community volunteers to aid in the emergency relief efforts, who may then mobilize a wider network of support.⁵² In China, for example, social workers have adopted a community-based approach to disaster response and recovery.⁵³ This approach was used very effectively during the 2014 Ludian earthquake in Yunnan Province, in which social workers and communities mobilized together with the government to provide immediate response and later reconstruction of damaged communities.⁵⁴

Providing critical information and dispelling myths

In addition to providing individuals and communities with information about the services and resources available to them, social service workers play a critical role in informing and educating people about the emergency and associated relief efforts. As trained community mobilizers and, in many cases, trusted community members, this includes creating awareness of stigma and dispelling myths that may have emerged as a result of the emergency. In addition, social service workers often use these awareness-raising opportunities to respond to other

myths that may stem beyond the immediate emergency itself, but may lead to increased risks for vulnerable communities that are exacerbated by the emergency, including social norms that contribute to gender-based violence and violence towards children. In many instances, this includes dispelling myths and providing critical information around gender-based violence, trafficking, violence against children, domestic violence, etc.

During the Ebola outbreak in West Africa in 2014, when the stigma associated with the disease was preventing individuals from accessing care and support and, ultimately, contributing to the spread of the disease, social service workers played a key role in building awareness and combating myths about Ebola.⁵⁵ In Liberia, social service workers were trained by the International Committee

of the Red Cross and carried out awareness-raising and sensitization campaigns in communities, marketplaces and homes.⁵⁶ In Sierra Leone, social service workers worked with homeless youth in Freetown, a population not included in the government's home-to-home Ebola education campaign. They visited other marginalized communities that would not otherwise have received basic information about the disease.⁵⁷

Social service workers have been critical throughout the COVID-19 pandemic in providing education to help restrict the spread of the virus and in dispelling myths associated with different causes and cures of the virus.⁵⁸ Additionally, social service workers have served as contact tracers. In many countries, the initial response to COVID-19 included setting up hotlines to offer support and referrals via phone or text.⁵⁹ In some scenarios, this also

created an opportunity for social service workers to serve as contact tracers, warn people if they have had contact with an infected person, as well as provide up-to-date, accurate information regarding the evolution of the virus. In Malaysia, such a system was established in March 2020, using the Ministry of Women, Family and Community Development's pre-existing 24-hour helpline. Social workers provided services for individuals experiencing emotional distress while working closely with authorities at quarantine surveillance centers to assist with contact tracing. Once engaged with the caller or referral, the social worker would 1) assist sharing relevant data with the Ministry of Health and its partner agencies, and 2) provide factual information about the virus and educate clients on social distancing, hygiene and the movement control order.⁶⁰



A community worker delivers messages on prevention of COVID-19 as well as provides referrals for health services to rural villages in Yemen.

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Advocating for those they serve

Social service workers play a critical role in advocating for the rights of those they serve throughout emergency response and recovery efforts, given that emergencies tend to make disadvantaged members of society more vulnerable and marginalized.⁶¹ In such situations, certain individuals and communities may not receive equitable access to basic services including education, food, water and sanitation, or shelter. Social service workers advocate for equitable and just treatment for all affected by the emergency as well as to ensure that those impacted by discrimination have fair access to all resources and services offered.⁶²

During emergencies, social service workers also carry out advocacy activities to call for the additional resources needed, as existing social organizations might be destroyed or functioning at limited capacity. New social organizations might need to emerge to help with the response, or the support of international organizations may also be needed.⁶³ In their advocacy role, social service workers work to ensure the service delivery system is resourced in such a way that it can adapt as the needs of the population they serve change. They do so by preparing and submitting up to date needs assessments and recommendations to national authorities, international organizations and donors.

WORKER PROFILE: Nurul Eka Hidayati Indonesia



Nurul Eka Hidayati currently works as the second chairperson for the Indonesian Association of Social Workers and as Secretary General for the Indonesian Social Work Consortium. With over twenty years' experience as a social worker in emergency settings, Nurul now helps coordinate response efforts—specifically those focused on mental health and psychosocial support—by identifying, training, and coordinating teams of social service workers and allied professionals.

Nurul's education and training

Nurul graduated with a bachelor's degree in social work but found that she lacked a strong understanding of the social work opportunities in Indonesia. After school, she went on to work in banking, but found that it didn't bring her a sense of happiness or purpose in her professional life. She shifted back to social work, transitioning to work at a small social foundation focused on helping street children and poor families in eastern Jakarta. There, she found great satisfaction (albeit with a lower salary than she had in banking) helping people address the real problems they face daily.

Nurul went on to do a master's degree in social work and is currently working towards her doctorate degree in social work and social welfare sciences. In addition, she completed a special training course on MHPSS given by the psychology department of a private Indonesian university through a partnership with Caritas Germany, and then joined an MHPSS working group composed of a range of professionals, including social workers, psychologists, psychiatrists and mental health nurses. This passion for MHPSS in emergency settings and working closely with allied professionals would go on to influence the whole of her career trajectory.

The power of a well-equipped team

In her current role, Nurul has a major hand in preparing teams of social service workers and others to implement coordinated response efforts. At the onset of a disaster, she explains, it is critical to immediately build a strong response team that understands MHPSS and has the skills and expertise necessary to bring it to those most in need, which of course varies based on the emergency at hand.

Nurul has found that not only must she identify relevant team members, but they must develop an up-to-date intervention plan based on information from authorities that takes into consideration the local resources available. The plan must be clear and outline the relevant roles for all involved, detailing who is doing what and when. Nurul uses technical guidelines to steer the MHPSS intervention and ensure high-quality, consistent and harmonized delivery across the selected team. Her work overseeing the team extends beyond just initial

implementation to ensuring team members are safeguarded. She makes sure they are given supervision throughout and undergo stress debriefing prior to leaving the site of the emergency.

Advocating for her work

In order to increase recognition of the importance of MHPSS, it has been necessary to raise awareness within the government. In 2013, Nurul and her colleagues introduced MHPSS in emergency settings to the Ministry of Social Affairs, which plays an influential role in planning for and enacting legal policy around disaster management. While Nurul noted there's still a long way to go—namely in terms of strengthening local resources, involving and empowering local actors in response to emergencies—it seems this advocacy work did have an impact on the ministry's understanding of the importance of the social service workforce. In response to COVID-19, the Indonesian Professional Social Workers Association and the Indonesian Social Work Consortium developed new guidelines

for social workers in the pandemic, and set up a hotline dedicated to MHPSS support; a few weeks later, the Minister of Social Affairs went on to adopt the program, supporting the training of hundreds of workers and resourcing the operation of the hotline, 24-hours-a-day for three months.

Inspired by those she serves

Nurul notes that there are heartbreaking challenges that remain prevalent in emergency settings. These include human rights violations, particularly those committed against refugees forced to live in camps for years on end, as well as frayed social cohesion and loss of trust in authorities in times of disaster. However, she also recognizes the enormous resilience she has witnessed in the communities she has served, and how inspiring she finds it.

“The hope, the unending goodness, the will to survive—that is why I love my job, they make me appreciate life more day by day,” Nurul says.

CASE STUDY:

Social survey workforce supporting response into recovery⁶⁴

In 2017, the Marawi Siege—an armed confrontation between government forces and a pro-ISIS group in the Philippines, which lasted for five months—resulted in the displacement of the entire population of Marawi City and nearby municipalities, approximately 470,000 people. In response, the Philippines-based humanitarian organization Community and Family Services International (CFSI) launched an effort to support affected populations of displaced people. Within the first week of the onset, CFSI mobilized an expansion team made up of social workers, volunteers (including those from the affected communities), and young professionals from a number of backgrounds. With the support of senior management, CFSI project coordinators—who included professional social workers—provided comprehensive orientation and onboarding to field team members. This included daily briefs to: help responders understand the complex social, cultural, and political context of the situation; provide insight into safety and security concerns, given that the siege was actively underway; identify field team members' individual strengths, skills, and expertise, as well as their training needs; and offer an understanding of key perspectives and policies including

child protection and child rights, basic psychological first aid, a 'person-in-environment' and a 'do no harm' approach. In addition, they offered a daily debriefing, to help the field team manage their stress and vicarious trauma, as well as to provide emotional support for those who were serving as volunteers while also experiencing trauma as members of the affected community themselves.

Working in coordination with UN partners, other NGOs, and various government agencies including the Department of Social Welfare and Development, CFSI conducted an on-the-ground needs assessment, identifying displaced people that were most vulnerable, including the sick, pregnant, elderly, those living with disabilities, those living with mental health conditions, and unaccompanied and separated children. They conducted interviews to learn about strengths and resources existing within the affected populations, as well as listen to their thoughts on what they needed to be better supported—both among their own community and from humanitarian actors like CFSI. From there, CFSI was able to conduct psychological first aid while linking them to service providers on the ground to offer further support.

When a ceasefire was declared after five months, CFSI shifted its attention to recovery, partnering with the Australian Government’s Department of Foreign Affairs and Trade (DFAT) to establish the Marawi Recovery Project. The aim of the project was to bolster psychosocial and economic recovery and protection for at least 6,500 households (32,500 persons) affected by the Marawi crisis. The project had three components:

1. **Livelihood supports:** aimed to restore or create more viable livelihoods for affected persons through assistance including livelihood packages, agricultural inputs, community-based livelihood support, and capacity-strengthening activities like financial management and bookkeeping, alongside boosting access to financial institutions and relevant opportunities;
2. **Protection:** aimed to allow those affected to exercise their full rights without fear of retribution by obtaining protection documents and identification cards to help IDPs access social services, enroll in school, register for healthcare, and access government assistance programs; and
3. **Psychosocial support:** aimed to ensure healthy emotional, psychological and physical health for IDPs through various MHPSS interventions, as well as increased access to specialized health services.

From October 2017 through December 2021, the project provided livelihood assistance to 7,850 households (47,280 persons) in Marawi City and six surrounding municipalities; reached 2,238 persons through tailored psychosocial support activities; and provided 27,114 civil registry documents (birth certificates, marriage certificates) to people displaced by the crisis.

The onset of COVID-19, and the new needs arising from its adverse impact on the population, prompted CFSI and DFAT to continue their support longer-term, assisting with local people’s livelihoods, psychosocial well-being, and protection through the Marawi COVID Recovery Project. New activities included helping IDPs adapt to new work limitations and opportunities caused by COVID-19, offering increased access to medical supplies like nebulizers to help safeguard the well-being of those with health comorbidities, and supporting collective efforts in fighting COVID-19 through a vaccine campaign.

Emergency preparedness and mitigation

In addition to the critical roles social service workers play in disaster response and recovery, social service workers can also play a key role in working with communities during the emergency preparedness and mitigation phases. However, they are often not utilized to their full potential in these phases. This section, therefore, explores the critical roles social service workers could play—and in some contexts do play—in emergency preparedness and mitigation.

Educating and promoting awareness

Social service workers have a critical role to play in providing public information and educating the public on key emergency risks and how to prepare for or mitigate them given their close proximity to the communities in which they work. This is particularly the case for individuals and families located in areas at greater risk of natural disasters or climate-related impacts.

Social service workers have a particularly significant role to play in educating communities about the causes and effects of climate change-related disasters, such as droughts and floods. They can educate communities about the factors that



A para social worker teaches a couple in Uganda about how to better prepare for flooding in their village.

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contribute to the occurrence of such disasters and how the community can prepare ahead of time using indigenous knowledge systems. This includes educating people about the risk of settling in floodplains given the potential of loss of lives, properties and livelihoods.

Mobilizing communities

To adequately prepare individuals and communities for disasters, it is not enough to identify contexts that may cause a disaster or increase exposure, but it is also critical to identify and employ measures to minimize risk, as the level of resilience in a community or group is a crucial factor in the level of impact that a disaster event will have.⁶⁷ Social service workers frequently serve in the role of community workers in this regard. Given that community work involves working with communities to address shared problems, social service workers work with people to harness community resources to prepare for or mitigate the impact of a potential disaster. In Zimbabwe, social service workers work with communities dealing with persistent drought by embracing the traditional Zunde raMambo (King's granary) concept, in which community members work together to grow crops which are collectively owned.⁶⁸ As a measure of adaptive social protection, the produce is then stored to ensure food security during an emergency situation.

In the Dominican Republic, part of the role of social service workers is to identify and train communities in risk reduction.⁶⁹ They do this by facilitating collaboration among communities and by identifying community leaders who will lead all mitigation and support activities in the event of an emergency.

Developing emergency preparedness plans and interventions

It is also critical that social service workers be included in the preparation of disaster preparedness plans. Leveraging their knowledge and experience working with vulnerable individuals, families and communities, social service workers can ensure emergency preparedness efforts and interventions will effectively serve such populations. Further, they can help ensure proper evacuation plans are in place for specific groups at higher risk, such as the disabled, children and the elderly.⁷¹

CASE STUDY:

Building resilience to climate-related shocks in northern Kenya⁷⁰

Communities in northern Kenya, which are largely pastoral, deal with climate change on a daily basis. The pastoral systems face increasingly frequent and severe droughts and floods, erratic rainfall and higher than average temperatures, negatively impacting the resources that provide livelihoods to most households. This has led to high poverty rates and exacerbated violent conflict among the communities, with many women and children being killed, displaced and/or raped. Increased food insecurity has also caused many households to resort to harmful cultural practices—such as child marriage, child labor, child prostitution and female genital mutilation—and many children have been left to adapt and fend for themselves. Loss of indigenous biodiversity, which has until now provided a natural support system for maintaining a multi-functional landscape, is also leaving the area more vulnerable to climate-related disasters.

This crisis has prompted the social service workforce and the community to take action, with climate adaptation and resilience becoming a top priority. This has been done by working on initiatives that support communities in developing resilience to climate change-related shocks. These initiatives focus on land and forest restoration, improved natural resource management, diversification of livelihoods through the adoption of alternative natural resources, and the development of community-based disaster risk reduction action plans.

The role of the social service workforce has been critical in each of these initiatives. They have trained communities on innovative ways of coping with climate change and have helped communities develop disaster risk reduction plans. They have helped communities mobilize resources to allow them to build back better after the disasters. They have created community awareness of climate change issues and built the capacity of the local community to ensure the sustainability of the programs they run. Lastly, the social service workforce has become the community's voice for advocacy efforts focused on the development of resources to address climate-related risks and the development of climate-related policies at the local and national levels.

Climate change mitigation and the social service workforce

Although climate change will affect all people, it is those that the social service workforce seeks to help that will suffer the greatest impacts—the marginalized and disadvantaged. This includes, but is not limited to, women, children, older adults, those with chronic illnesses or disabilities, and those living in poverty and in deprived rural areas.⁷²

Given their close proximity to the affected populations and their training and skills in social policy, advocacy and community organizing, social service workers have the potential to play an important role in mitigating the negative effects of climate change.⁷³ However, many argue social service workers are not as directly involved in climate change mitigation as they should be.⁷⁴ Largely, this is because it has not fallen into the profession's purview in the past and has not previously been widely integrated into training opportunities.⁷⁵

Nevertheless, the social service workforce is starting to consider the practical ways they can contribute to efforts to adapt to and mitigate the impacts of climate change, at macro, mezzo and micro levels.

At the macro-level, social service workers can add a social perspective to debates and policies on climate change, including bringing attention to the social issues that may arise as a result of climate change and the social work interventions that will be needed to address such issues.⁷⁶ Further, social

service workers can use their mediation skills and understanding of existing inequalities and social justice, to facilitate discussions on climate change issues.⁷⁷

At the mezzo-level, social service workers can mobilize action (and support those already taking action) to reduce pollution and carbon emissions at the community level, and promote more sustainable use of resources, in the absence of action at the national level.⁷⁸ In addition, social service workers can engage with communities and raise awareness about climate change issues in relation to their local context, particularly among communities that may deny or are skeptical about its occurrence.⁷⁹ As this report has shown, social service workers also play an important role in responding to communities that have experienced climate-related disasters and in helping communities prepare for and mitigate the potential impact of future disasters.

At the micro-level, social service workers may focus more generally on the connections individuals have with the environment and how they may be impacted individually by climate change issues.⁸⁰ Social service workers can also work with disadvantaged individuals and families to explore how they can use closer contact with nature as both a practical and psychological coping or recovery mechanism, such as through gardening or growing their own food, or consciously spending more time immersed in and aware of the natural environment.⁸¹



A woman stands beside a camel in Ethiopia where severe drought is drying up water wells, killing livestock and pushing communities to the brink.

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3

Challenges and learning



A child protection volunteer discusses COVID-19 prevention with mothers in a village in Bangladesh.

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Despite the critical role of the social service workforce in emergency response and recovery, key challenges often hinder the workforce's contributions and achievements in emergency settings.

Major recurring challenges include coordination difficulties, limited training opportunities, and lack of adequate recognition from governments and other response actors. However, many members of the social service workforce are working to directly address these challenges, including leveraging the circumstances created by emergencies themselves to build capacity within the workforce, its partners, and relevant systems to support its work.

Survey responses: Challenges faced by the social service workforce

In the Alliance survey, respondents were asked what they considered to be the greatest challenges social workers or other social service workers have faced in the humanitarian context in which they have served. Sample responses included:



SAFETY AND WELL-BEING

- In some instances, providers face life threatening situations, absence of data, lack of service providers, shortage of resources to facilitate linkage and monitoring, etc. –*Monitoring and Evaluation Specialist, Ethiopia*
- ...funds to facilitate self care and debriefing for case workers [are] insufficient and donors are not willing to fund it. –*Child Protection Specialist, multiple countries*
- [Social service workers] themselves and their families are also affected by the same issues of those in affected areas. [They] also have to take on a greater workload during emergencies and may not have the option to have “relief” from their tasks due to limited number of staff and resources. They are often “on” 24/7... There is also limited or no supervision offered during times of crisis and referrals for MHPSS support are non-existent in some contexts, thus leaving workers at a disadvantage when they are faced with direct or vicarious trauma. –*Senior Associate, Fiji*

LACK OF TRAINING/SKILLS

- The challenges are multiple, starting with the local language, mobility, identification tools sometimes not well done, salaries are low, a lack of training in reinforcement. –*Social Worker, Mauritania*
- Lack of requisite skills and competencies on the part of para social workers and volunteers... –*Social Welfare System Strengthening Specialist, Nigeria*
- Lack of specific skills around [alternative care of unaccompanied and separated children]... Overall lack of understanding of legal frameworks to work with. –*Coordinator, multiple countries*

OTHER

- Lack of financial resources. –*Organization Vice President, Jordan*
- Staff turnover while in the middle of implementation; logistical challenges (e.g., difficult access, poor connectivity). –*Project Coordinator, Philippines*
- Emergency aid workers do not understand the role and potential of social workers and substitute them with untrained extension workers that end up performing tasks mainly administratively. They do not see that social workers can empower rather than simply ‘provide’.... Social workers are also often absent from MHPSS interventions. –*Consultant, multiple countries*
- Lack of belief in community-designed programs rather than foreign-designed programs. –*Manager, multiple countries*
- Weak capacity for adaptation and climate risk management...Lack of financial resources for climate change adaptation projects...Insufficient consideration of gender, youth and vulnerable groups in the fight against climate change. –*Legal Representative, Burundi*



Lack of research

One of the foremost challenges facing the social service workforce operating in emergencies is an underdeveloped body of research about the role and contributions of social service workers in humanitarian contexts, and effective, evidence-based interventions the social service workforce can employ. With a growing number of people experiencing emergencies globally, it is important to be clear about the specific roles social service workers have, or could have, in all phases of emergency response—including response, recovery, preparedness and mitigation—and the ways in which the social service workforce can use their special skills to best serve those most affected by each emergency context. Moreover, studies by local researchers in emergency-affected countries are notably absent, with one review noting this to be particularly the case in the Middle East and North Africa.⁸² While this report is helping to fill this gap by providing an overview of documented examples of social service workforce roles and successful practices, much more research is needed to strengthen and deepen the evidence base, including through evaluations of the outcomes of different types of interventions, and different approaches to recruiting, training, deploying and supporting the workforce in humanitarian contexts.

In particular, there is limited research pertaining to the social service workforce and emergency preparedness and mitigation and their role addressing or mitigating the impacts of climate change. A scoping review conducted by Mason et al. examined social work research on global environmental change from 1985 to approximately 2017 and found that while there has been growth in that particular area, many studies looked at coping mechanisms or response/interventions in the aftermath of a disaster.⁸³ The study concluded that new social work research is needed to examine “how to prevent or mitigate consequences before crisis events occur.”⁸⁴

Some past projects offer helpful models for how research can be undertaken by the social service workforce in tandem with critical needs assessment processes in the field. In response to a 7.0-magnitude earthquake that hit China’s Sichuan Province in 2013, a multi-sectoral team involving representatives from social work, environmental design, architecture, and other fields, in collaboration with community workers, undertook participatory action research to conduct needs assessment, values identification, and asset-mapping.⁸⁵ Using the fundamental principles of



A social service worker helps children make crafts from recyclable materials at a drop-in centre for children in Djibouti. The centre provides a package of social services to children, many of whom are refugees, including providing food, clothing and other essential items as well as psychosocial support services.

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participatory action research, the process intentionally centered on the indigenous knowledge of locals while drawing on the specialist skills of the research team to ensure that the resulting findings could be developed into culturally-relevant action plans.⁸⁶ Furthermore, it provided a framework for community-centered reconstruction based on principles of environmental and spatial justice, creating a key resource that can be replicated as appropriate by social service workers—in partnership with other professionals and community workers—in response to future emergencies.⁸⁷

A few participatory monitoring and evaluation methods that social service workers have used to engage communities in obtaining evidence of the effectiveness of local emergency programs that include the Community Participatory Evaluation Tool (CPET) and the Stepwise Ethnographic Exploration Participatory Evaluation Tool (SEE_PET).⁸⁸ The CPET is a rapid participatory method that can be used to develop indicators of children’s psychosocial well-being as part of a plan to support community level child protection and psychosocial support activities in accordance with local vision.⁸⁹ The SEE_PET is a rapid participatory method that can be used to develop indicators of psychosocial well-being in a cultural context and is designed to be part of a baseline program assessment, to develop indicators of program effectiveness against which a program can be assessed.⁹⁰

Coordination issues and use of top-down approaches

Communication and collaboration between relevant actors, as well as information and resource-sharing, are critical for multidisciplinary teams to be effective in response efforts, ensuring more coordinated efforts that meet the complex needs of those most affected.⁹¹ When done well, multisectoral responses that work across systems can provide affected communities and individuals with access to an array of services, and ensure referral to more specialist sources of help for those who need it. However, coordination amongst various actors—particularly between those overseeing external humanitarian or government-led response mechanisms and local actors including local NGOs and community groups—takes significant effort.

Coordination issues can have profound impacts on both the social service workforce and those they aim to serve. Social service workforce efforts, resources, and morale are unnecessarily drained, and life-saving resources unnecessarily depleted, when a lack of accurate information-sharing leads to duplication of effort, and interventions that are not in line with the most up-to-date needs of those on the ground.

Multi-sector teams can help support coordinated efforts, working in collaboration to provide multifaceted services to respond to a wide range of on-the-ground needs simultaneously. However, multi-sector teams can also be hindered by a lack of shared understanding about emergency response strategies, which is exacerbated by the frequent exclusion of social service workers from the development of emergency preparedness and management strategies. Agencies and settings that employ multi-sector teams can be intentional about offering joint training and creating protocols to support the collaborative work of multi-sector teams that include social service workforce members. For example, Singapore hospitals train social workers alongside medical staff to be part of emergency responses. When the SARS outbreak occurred in the early 2000s, Singapore's hospital social workers already had a baseline understanding of critical emergency response and recovery tasks, and a shared understanding with their multidisciplinary team about relevant hospital policies and protocols.⁹²

The social service workforce can also help ensure a coordinated resource, when possible, by tapping into existing community resources, systems, spaces and capacity.

Working with local actors, including local NGOs, community groups, community leaders, case workers, and/or community volunteers can help mobilize a coordinated response that involves those living closest to the population in need—closest in the sense of having shared cultural knowledge and lived experience, as well from living close by.⁹⁵ Such approaches, based on active involvement of the local population, rather than relying solely on external resources and 'experts', have often been found to be more effective in meeting the needs of the affected community. Based on this experience, some countries frequently affected by natural disasters, including Australia and Bangladesh, have established national strategies which focus primarily on such 'bottom-up' approaches.⁹⁶



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Despite the clear advantages of doing so, local resources and capacities are often not adequately recognized or incorporated. In particular, the vital role of community volunteers is frequently overlooked, and those who are involved, are often not adequately trained, supervised, acknowledged or safeguarded.⁹⁷ Not only does this oversight make for unsustainable and unethical solutions, but it undermines or hinders the contributions of the social service workforce, of which community volunteers are often a key component, and potentially puts both the volunteers and the individuals they are serving at risk. Further, social service workers tend to have increased roles and responsibilities in humanitarian contexts, as shown in section two. Some of these roles might not be in the worker's standard mandate, which increases their already heavy workload. Therefore, it is critical to have clear roles and responsibilities across the multi-sectoral teams as well as appropriate support and resources (increased staff, training, supportive supervision, etc.).

CASE STUDY:

Professional associations leading a multi-sector response in Fukushima, Japan⁹³

In March 2011, the area of Fukushima, Japan faced simultaneous emergencies: a 9.0-magnitude earthquake triggered a tsunami that killed over 18,000 people, which in turn sparked a major disaster at the Fukushima nuclear power plant, necessitating that more than 150,000 people be evacuated from the area as radiation leaked from the plant.

At the beginning of this complex situation, municipal governments lacked clear guidance as to how to deal with the overwhelming state of disaster, which destroyed whole towns, led to unprecedented loss of human resources and infrastructure, and left a huge population displaced. Approximately 2,500 evacuees were relocated to the public convention center. Members of the social service workforce such as social workers, and allied professionals like paramedics, conducted immediate, on-the-ground needs assessment of evacuees to the best of their abilities—though a lack of working mobile phones hindered coordinated response efforts. Throughout the month of March, responders from different professional organizations continued to encounter coordination challenges, limited systematic and effective referrals, as well as the challenge of evacuees having to answer the same questions multiple times from different workers.

In April, as municipal governments began to relocate evacuees, six professional associations joined together to provide robust and coordinated support: the Fukushima Association of Certified Social Workers, the Fukushima Association of Medical Social Workers, the Fukushima Association of Psychiatric Social Workers, the Fukushima Care Manager Association, the Fukushima Physical Therapy Association, and the Fukushima Association of Occupational Therapists. Each association contributed financial resources (100,000 yen each) and they formed the Counseling Support Professional Team (CSPT).

Over the next few years, this joint team, the CSPT, provided support for evacuees as their needs evolved. CSPT began by providing information and referrals to those located in the convention center on medical care, including long-term nursing care, offering emotional support, and coordinating referrals and services. CSPT then dispatched its services to other areas: municipal governments and other organizations placed requests and CSPT would then send workers with relevant expertise to provide services. Once evacuees were settled in temporary housing, CSPT distributed supplies and coordinated social gatherings to rebuild a sense of community and help those affected in supporting each other. CSPT continued to provide support until all the evacuees were able to move out of temporary housing.

A significant factor in the success of this joint team, both in its ability to form and its ability to work cohesively, was that there was already a good basis for multi-sectoral work prior to the 2011 emergency. Japan has several relevant professions, all of which have some kind of licensing or certification process, including certified social workers and psychiatric social workers (nationally licensed), care managers (certified), medical social workers, physical therapists and occupational therapists (nationally licensed). While the licensing and certification processes differ based on the profession, many of these workers were already used to working side-by-side in particular settings like hospitals, creating a sort of informal network amongst helping professionals. In addition, the fact that each profession had its own professional association helped build trust and credibility. Ultimately, CSPT's work was recognized via official endorsement by the government, which also provided a supplementary budget to support it as a formal project. Together, these factors helped support a formal collaboration across professions to realize the team's multi-sectoral approach.

Best practices in the use of community volunteers in child protection case management in humanitarian settings⁹⁸

Community volunteers have a critical role to play in child protection case management in humanitarian settings. They have a deep understanding of their communities, and help to identify children who are at-risk, have experienced harm, or have been separated from their family. However, there is often a reliance on community volunteers without a clear understanding of their capacities and limitations with regard to case management, which can put children, communities, and volunteers themselves at risk. The Alliance for Child Protection in Humanitarian Action is working on a project to promote evidence-based best practices for the use of community volunteers in child protection case management in humanitarian settings.

The Alliance for Child Protection in Humanitarian Action recommends the following 7 best practices to support community volunteers:⁹⁹

1. **Get to know the community:** There are always natural helpers in a community who help children and their families. Seek out the community's natural helpers, and spend time listening to them about how they are protecting children.
2. **Work with the community to select volunteers:** Include girls, boys, and young people in the process of identifying and selecting volunteers. Invite caregivers, community groups and leaders, and marginalized community members into the process. When selecting volunteers, be sure to prioritize trusted people who have communication and interpersonal skills.
3. **Think carefully how to work together with volunteers:** Talk to different groups and the volunteers themselves about the tasks they could take on and the time they have to give. Keep in mind that volunteers are also members of a vulnerable community and will need time for their families and for economic activities. If a community member is doing full-time work, and expected to take responsibilities for child protection case management, they are no longer a "volunteer," and should be considered a caseworker. They must be trained, provided supportive supervision and paid a fair wage.
4. **Support ongoing learning with volunteers:** According to the tasks agreed with volunteers, develop a learning plan together. Child protection staff and volunteers should share learning according to complementary expertise. Ensure regular support, supervision and coaching to volunteers.
5. **Link volunteers to the child protection team:** Incorporate volunteers as members of the child protection team, consider ways to manage the power dynamics between staff and volunteers. Involve them in decision making and team discussions, incorporating the valuable insight and knowledge community volunteers bring to the team. If volunteers support the identification or monitoring of cases, they must be continuously supported by a trained caseworker.
6. **Ensure adequate resources for volunteers to be successful:** Child protection actors must have suitable funding for volunteer programming. This includes funds for ongoing training, coaching and supervision. If sustained funding is not available, child protection actors should carefully reconsider the recruitment of community members, and the need to avoid disrupting existing community mechanisms such as 'natural helping'.
7. **Prioritize volunteer safety and well-being:** Community volunteering can be risky. Make sure community volunteers are safe and protected. Set up regular dialogue groups to listen to volunteers, and encourage support circles where volunteers meet regularly to share knowledge and support each other. Hold regular 'appreciation' activities so volunteers know they are valued by the child protection organization and the community.

CASE STUDY:**Developing Standard Operating Procedures for child protection case management in humanitarian settings¹⁰⁰**

A united approach to case management promotes equity of service and improved quality, and enables better coordination between agencies to provide critical and timely support to vulnerable children and their caregivers. This approach aligns with Standard 1 of the Minimum Standards for Child Protection in Humanitarian Action: “Relevant and responsible authorities, humanitarian agencies, civil society organizations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response”.

In 2019, the global Case Management Task Force (CMTF) under the Alliance for Child Protection in Humanitarian Action embarked on a process to create guidelines on how to develop interagency Standard Operating Procedures (SOPs) for child protection

case management in humanitarian settings. While many achievements had been made on a country by country basis, the scope and quality of the SOPs varied widely, thus affecting how they were applied in practice. After receiving a multitude of requests from humanitarian contexts to share sample case management SOPs and a standard process, the CMTF decided to come together to develop practical guidance and a template SOP to support local, international and governmental child protection agencies to harmonize and standardize case management services for at-risk children.

One recent example of how the global SOP guidance documents have been used to coordinate and improve the child protection case management system is in Venezuela. In 2020, as a result of the widespread economic

crisis, the government and various child protection organizations joined forces to strengthen the social service workforce and standardize case management services across the country. Nationwide consultations were held to assess case management practices in every region. This included reviewing case management forms, eligibility criteria, service mapping, referral mechanisms, information sharing, data protection protocols and staff capacity building plans. It also covered important processes to harmonize tools for safe referrals, transfers, family support and reunification, analysis and reporting. The SOPs are currently in their final stage of development and are nearly ready for national approval. This interagency collaboration between government and humanitarian actors demonstrates how protective systems for children can be transformed during a humanitarian crisis.

Intentionally locating interventions and service delivery in places like schools can further help ensure that those affected are aware of and feel safe accessing provided support. In addition, delivery location can have a significant impact on the ability to offer service in a non-stigmatising way. In America, for example, in the aftermath of Hurricane Katrina, a majority of families accessed mental health services through schools rather than community clinics.¹⁰¹

However, it should be acknowledged that, while, based on this experience, the ideal approach to future emergency response should be to tap into existing systems, these systems may already be under significant strain.¹⁰² In addition, emergency responses can sometimes enhance the level of services available in a particular area beyond what the pre-existing systems can maintain, limiting the sustainability of their impacts, though the scaling down of services after the response and recovery phase is over can also be planned for as part of a responsible exit strategy.¹⁰³

The involvement of the social service workforce in emergency responses should, therefore, ideally be based on building capacity for longer term recovery. As an example, when high levels of abuse, emotional distress and trauma

were reported among children in the Kakuma Refugee Camp in northwest Kenya, a program was created which focused on parental capacity building to enhance community-driven child protection activities. Parents within the refugee community participated in a 7-day training, with the goal to equip community members to sustainably respond to child protection risks and issues with minimal agency presence. Training topics included psychological first aid, parenting skills, and nutrition, alongside leadership and team-building activities; parents were also educated about child protection issues and gender-based violence, and made aware of relevant referral pathways.¹⁰⁴

Despite the complex challenges at play in these scenarios, post-emergency phases can offer tremendous opportunities for ineffective systems to be overhauled and strategically transitioned into more effective, united systems.¹⁰⁵ The UN Disaster Relief Organization has echoed this observation, noting that, “disasters often create a political and economic atmosphere wherein extensive changes can be made more rapidly than under normal circumstances.”¹⁰⁶ If the social service workforce can effectively leverage these moments, they can help strengthen local systems and human resource infrastructure in ways that can greatly enhance their work and the lives of those they serve beyond the moment of emergency.

Limited recognition

Despite their critical role in humanitarian contexts, the contributions of the social service workforce are, as noted, largely overlooked—a problem that is likely exacerbated by the research gaps previously noted.¹⁰⁷ This lack of recognition for the social service workforce is not tied solely to those working in humanitarian contexts, in many sectors and settings and in nearly all parts of the world. This invisibility often hinders social service workers’ ability to be thoroughly incorporated in all stages of the emergency cycle—mitigation, preparedness, response and recovery— processes for which their unique skills could add immense value.

In many cases, this lack of recognition can be seen at governmental levels. For example, at the onset of the COVID-19 pandemic, when countries first started defining which professional roles qualified as essential, the social service workforce was often not included. In these cases, workers were often unable to carry out their key responsibilities, such as conducting home visits or providing counseling. In addition, it limited the extent to which members of the social service workforce were eligible to receive personal protective equipment or timely access to vaccines, which would have offered protection to those who were able to continue conducting their work in person.¹⁰⁸ One survey respondent also noted the need for more awareness of the role of the social service workforce on the part of high-level,

A social service worker visits with a family in Indonesia. The children’s father, who was the primary earner for the family, died from COVID-19, making it difficult for her mother to support and take care of the family.

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non-governmental entities: “much work is needed in terms of raising the profile of social workers amongst aid workers—the UN, INGOs, etc. who often ‘control’ the agenda.” This same respondent called attention to the need for financial workforce investments, which may indeed be limited in some cases by lack of recognition of the workforce’s vital role and contribution in supporting individuals, families and communities: “financing of the social service workforce is essential—as part of the wider effort to improve social protection programs’ financing... the separation of these two issues is detrimental to the potential that social protection can have in terms of economic and social integration and rehabilitation after an emergency.”

Building on these overall workforce strengthening strategies, a major step to alleviate the lack of high level recognition specifically within humanitarian contexts would be for national governments to intentionally and explicitly incorporate social service workers in emergency response and preparedness planning, as well as actors like the UN incorporating social service workers centrally within its humanitarian strategy more largely.¹⁰⁹ In Barbados, the government has established the Central

Emergency Relief Organization, and government-employed social workers are direct participants in the organization’s disaster planning and response teams. While limited training has hindered social workers’ contributions, this process outlines one way in which country governments can establish specific, defined roles for social service workers within disaster management systems and promote their critical work in this arena.¹¹⁰

COVID-19 has allowed for tremendous strides in countries around the world as social service workers, agencies, and relevant professional associations have advocated for further governmental recognition in response to the pandemic. For example, in Uganda, such efforts by the National Association of Social Workers Uganda—along with UNICEF and other partners—resulted in official recognition of social service workers as essential. This later contributed to the decision to prioritize social service workers for COVID-19 vaccines when they became available.¹¹¹ The social service workforce can continue to build on this established momentum in many countries to fight for recognition of its essential role beyond COVID-19.

CASE STUDY:

Workforce strengthening throughout and beyond COVID-19 in Bangladesh¹¹²

For UNICEF Bangladesh, COVID-19 opened a door for immediate expansions within the social service workforce, laying the groundwork for longer-term workforce strengthening. When the pandemic first began, there were significant increases in the number of calls to the child helpline operated by the Department of Social Services within the Ministry of Social Welfare in Bangladesh with UNICEF support. In addition to this, there was an observable rise in children on the streets, left alone without adequate water or support, and a lack of qualified social workers to respond to these issues—at present, it is estimated that to adequately address the needs of vulnerable children in Bangladesh would require over 100,000 social workers, but the country has only 3,000. UNICEF Bangladesh therefore undertook an advocacy campaign in partnership with the Department of Social Services targeting policymakers, including high-level officials from the Ministry of Social Welfare and Ministry of Finance, to promote the essential role of the social service workforce in responding to increased child protection issues due to COVID-19.

The impact of this campaign was evident: the Ministry of Social Welfare allocated more social service workers, nearly doubling the number on the ground (prior to COVID, there were only about 50 child protection workers located in small pockets of the country through UNICEF support), and the government granted these workers the ability to move throughout the country during its lockdown to provide services (including psychosocial support, case management follow-up, and referrals) to over 200,000 children. In addition, the government expanded the area reached by its Child Helpline, increased the number of call center officials, and supported upgrades to the online case management system. Since April 2020, social workers under the Department of Social Services have also coordinated the release of more than 5,000 children from detention centers and facilitated family reunification.

These advocacy efforts also helped the Department of Social Services recognize pre-existing, critical gaps in the country’s social service workforce. Currently, social work is

not a recognized profession in Bangladesh. It lacks a functioning professional association and a licensing mechanism—for example, the social workers within the Department of Social Welfare are not qualified, but rather are para professionals mostly focused on administrative tasks related to administering cash transfers. Indeed, social work is generally viewed as a voluntary service. As such, despite social work courses existing in many of the country's universities and colleges, students do not necessarily pursue social work as a career after graduating. UNICEF Bangladesh therefore conducted an advocacy campaign to promote the importance of the social service workforce beyond COVID-19, to increase respect, demand, and opportunity for professional workers and to encourage workforce investments in the country.

To guide workforce strengthening, UNICEF is currently engaging in a mapping process in Bangladesh to assess all social work (or other relevant) courses offered at the university-level throughout the country, to identify educational gaps and determine ways to achieve professionalism and uniformity. These workforce strengthening efforts will focus on increasing the presence of the workforce within the most vulnerable areas first. Mapping has also led to the creation of a multifactorial vulnerability index charting occurrence and risk levels of issues like child marriage, school dropouts, child labor, and violence towards children. Critically, UNICEF will overlay this map with another map tracking areas of the country that are most affected by and vulnerable to the impacts of climate change—areas that overlap almost entirely with other vulnerabilities. This will allow UNICEF to target workforce strengthening efforts in areas that need them most, to safeguard children from a number of child protection risks, including those related to natural disasters and climate change.

Lack of training and capacity building opportunities around emergency response

In tandem with enhanced governmental recognition for the social service workforce, there is a critical need for additional training investments to thoroughly capacitate social service professionals in emergency response. While many core skills of social service workers—including engagement, assessment, case management and advocacy—can be directly applied to emergency settings, there are also skills specific to emergency response and recovery that, with adequate training, could enhance social service workers' capacities to serve in these phases.¹¹³ Enhancing the capacity of the social service workforce at the local level would allow for a more localized workforce to

emergency response and recovery efforts, limiting the need for external humanitarian actors.

A number of studies support the need for emergency response training on the part of social service workers. A survey of social work students and practitioners in Barbados reported that a majority of respondents (84 per cent) said they believed disaster management training is very important for social workers and other social service professionals, and 94 per cent said they would participate in such training if it were available. In addition, nearly all respondents said that this area of practice has continued to become more urgent, owing to the number of disasters that have recently hit the country.¹¹⁴

Training could be situated in a number of places: within educational programs for social work, within workshops designed for current practitioners, or within continuing education courses. At the same time, experiential training is critical, and field placements can offer real-time education for interested and prepared students while adding local capacity to emergency responses—as seen in the case of U.S. graduate social work students responding to Hurricane Sandy in New Jersey (see case study on page 39).¹¹⁵ When such hands-on training is not appropriate or available, simulations may help fill the gap: social work students tasked with responding to SARS in Singapore noted that crisis simulations games can be a worthwhile addition to educational curricula.¹¹⁶ Further, such hands-on training and field placements should ideally cover good practice in mitigation and preparedness, not just in response and recovery.



A social work student reads through her school work in Sierra Leone.

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respond to emergencies. This would allow those with a deeper knowledge of the impacted communities to lead

CASE STUDY:

Enhancing social work case management capacity in the Philippines¹¹⁷

In 2014, social workers throughout the Philippines enacted a program to help enhance the case management skills in areas that had been affected by Typhoon Haiyan (also referred to as Typhoon Yolanda), one of the most powerful tropical cyclones ever recorded. The two-year program was designed and conducted in partnership by UNICEF and NASWEI—the National Association for Social Work Education in the Philippines—who also worked closely with the Department of Social Welfare and Development and local social welfare officers in typhoon-affected areas. In particular, the program focused on typhoon-devastated areas in the Visayas, one of the Philippines' three main island groups. Early in the aftermath of Typhoon Haiyan in 2013, the Department of Social Welfare and Development conducted a needs assessment. During this process, social workers expressed the need for additional skills and capacity in the area of case management: this program was created to speak directly to that need.

NASWEI pulled resources from member schools across all regions of the country, deploying teams of social workers sitting as active members of NASWEI into those affected areas to provide training and mentorship. The program began with a series of training modules, for which participating social workers gathered in one place to undergo collectively. The modules were sequenced to include critical social work skills. The first module began with the social workers themselves, focusing on self-awareness and assisting them in identifying and processing the secondary trauma they were experiencing. From there, the training moved to understanding children in emergencies, especially their complex losses. Subsequent training modules then covered theoretical perspectives relevant to case management, including the resiliency model, strengths-based approach, and empowerment perspective, finally moving into the case management process to enhance skills related to assessment (including intake and interviewing), planning for interventions, and implementation as well as gender-responsive case management.

In response to the requests of participants, the partners also added a session focused on technical writing. Throughout, the training modules focused on taking a micro, mezzo, and macro-level approach to case management, including extending outside the child themselves to identify ways to also support the family and address relevant child protection risks that



Families take shelter at an elementary school following the pre-emptive evacuation before Typhoon Rai/Odette made landfall in the Philippines. © UNICEF/ San Mateo

increase in times of emergency, including abuse and trafficking. From there, the teams of NASWEI social workers provided personalized coaching and mentoring for the participants, traveling to their places of work to review their case files and help support implementation of their learnings into practice.

The program's implementation was not without challenges, however. Since participants were spread out in different areas, it sometimes proved difficult to find a common time for coaching. This challenge was deepened by the overwhelming caseloads experienced by social workers, a problem that predated and extended beyond the typhoon, but is exacerbated in the aftermath of calamities like it: in some municipalities, only one social worker may be assigned by the local government, making their workload such that it is difficult to find time to step away from practice to undergo training.

Despite these hurdles, the program was able to support training and mentorship for approximately 70 social workers. In addition, it also supported about the same number of para professional participants. Para professionals play a critical role in the case management process, handling intake and initial interviews before the social worker takes over the case. Based on findings from the program, NASWEI produced a case management handbook and manual for social workers, as well as one for para professionals, which they have submitted to UNICEF and are hoping to publish in the future. These materials can provide guidance for future efforts to enhance skills and capacity in times of emergency, as well as overall child protection and case management systems, both in the Philippines and elsewhere.

In addition to enhanced training in emergency mitigation, preparedness, response and recovery itself, additional education in relevant knowledge for those working in specific areas can help address preparedness gaps—in particular, those working in health settings and responses. A major challenge for social service workers situated in integrated health care settings is a lack of adequate medical knowledge.¹²⁰ Additional education, again within degree and postgraduate social work programs, workshops, or professional development courses, could supplement knowledge that could greatly enhance social service workers’ ability to serve on multi-sector teams alongside other medical professionals in responses to health crises. Field placements in integrated health settings can also allow young professionals to observe first-hand the way in which such a team collaborates.¹²⁰

Enhanced medical training can also allow social workers to assist in identifying and making referrals surrounding medical needs in humanitarian contexts. One survey respondent, who was deployed through the U.S. veterans administration in Louisiana to help locate displaced veterans during Hurricane Ida, described such a contribution. “Because of my experience as a medical social worker, I was able to also identify medical needs that individuals were experiencing in the shelter. One gentleman in particular I could tell had a very foul odor to him and it wasn’t because he wasn’t showering it smelled like infection. I was able to get a combat paramedic to look at his foot which ended up being a trench foot. I feel social workers have a large scope or we are able to identify many needs, not just mental health and we were able to direct veterans to many different disciplines during my two week deployment to Louisiana.”



A social worker visits a family in the Democratic Republic of Congo, whose parents tested positive for Ebola. The social worker comes by to provide psychosocial support as well as to see if the children have all the necessities. ©-UNICEF/UN0542094/Bashizi

CASE STUDY:

Experiential learning to train and increase disaster response capacity in social work students¹¹⁸

In late 2012, members of the Rutgers School of Social Work developed a response strategy to address the devastating impacts of Hurricane Sandy on their state of New Jersey. Within several weeks of the hurricane, the school worked in partnership with a funder to devise a new program that would offer real-time education and training in disaster response for qualified master's level social work students, to expand capacity to deal with mental health and disaster relief needs in the hardest-hit counties.

The program integrated graduate social work students through their supervised field placements into clinical and non-profit agencies that had shifted or focused their work in responding to the hurricane's impacts. A dedicated team of Rutgers faculty coordinated the program, and began by contacting nearly 400 social services agencies that the university used as field placement sites to assess the impact of the storm on the agency and its served communities. Recognizing that many of these agencies were significantly affected by the storm, and would not necessarily have personnel resources to devote to the project, the project budget included stipends for student supervision.

Rutgers then recruited "disaster fellows" from its graduate social work students for participation in the program—students were recruited by the Field Office based on interest, and the school focused on recruiting students with adequate emotional maturity and commitment. Students received three weeks of intensive training prior to starting their field placements, including specific classroom education on disaster response and disaster mental health counseling, as well as crisis techniques such as psychological first aid and crisis intervention, and students also participated in an additional training

on disaster response and trauma via the Federal Emergency Management Agency (FEMA)'s online Emergency Management Institute courses. All student participants received stipends to reflect the additional commitment beyond a "traditional" field placement experience.

Once in their field placements, the disaster fellows received ongoing supervision from their project directors, who were Rutgers faculty and staff members.

Over the course of an 8-month period, the disaster fellows engaged nearly 850 affected individuals. Much of the students' work was conducted through door-to-door visits and follow-up calls to residents in heavily-impacted areas: this on-the-ground outreach proved vital as many residents were homeless due to the storm and needed immediate assistance. The disaster fellows provided mental health and support services, case management and referrals. In many situations, a key role of the fellows was that of an educator, providing their clients with information and resources to bolster their stress management and self-care, both now and in the future.

In addition, the project incorporated a widespread media campaign promoting a toll-free telephone line that residents could access for information and referrals—especially critical for those living in areas the fellows could not physically access. The telephone line fielded more than 2000 calls and, in recognition of the resource's importance, the state mental health association partnered to enhance capacity for the line to be answered throughout evenings and weekends.

Survey responses: Overall workforce strengthening and its impact on the workforce in humanitarian settings

While many of the challenges faced by members of the social service workforce in humanitarian settings are specific to emergencies, survey respondents pointed to a number of challenges that limit the social service workforce's utility more generally, including:

“

- Lack of regulatory framework for the workforce...Absence of professional social work association. –*Social Welfare System Strengthening Specialist, Nigeria*
- In countries of intervention the social service workforce is often under-considered and underpaid; this doesn't help in helping them gain visibility in the midst of an emergency. –*Consultant, multiple countries*
- [Lack of] social service workforce development with international standards. –*Vice Director, Indonesia*

”

Similar themes emerged in the literature review, as well as through interviews with key informants, some of whom spoke of the limitations placed on the social service workforce—in and beyond humanitarian settings—when countries lack licensing mechanisms and normative frameworks, amongst other components.

The Alliance recognizes these overarching workforce challenges and continues to take steps to ensure peer organizations, professional associations, and other social service workforce strengtheners around the globe have the political will, structures and resources they need to effectively address these gaps. For example, our *Results Matrix for Social Service Workforce Strengthening* and *Guidelines to Strengthen the Social Service Workforce for Child Protection*, prepared by the Alliance and UNICEF, outline the key indicators for social service workforce strengthening and provide a tool to measure progress to help steer forward motion. Tools like these can help workforce strengtheners make and advocate for critical investments to create a social service workforce that is well-placed and well-equipped to serve in any setting.

Safety and well-being for the social service workforce

The social service workforce plays a critical role in humanitarian settings and, with additional training and recognition, is poised to significantly grow its contributions within emergency mitigation, preparedness, response and recovery. As social service workers continue to serve in this capacity, it is vital to consider how to protect workers' physical and emotional well-being, to ensure they can function sustainably in these roles and continue offering support to those most vulnerable in emergencies.

Workers in these scenarios may be exposed to considerable, repeated, vicarious trauma through exposure to the trauma experienced by those they are serving; as well as

through direct personal exposure as they may be part of the affected community themselves.¹²¹ In addition, given the complex needs and size of the impacted populations—as well as increased caseloads—practitioner workload and burnout may be a significant challenge, as has been observed during the prolonged COVID-19 response.¹²² Additionally, the physical safety of workers may be at risk. Social service workers in emergencies, as well as in regular contexts, may make recommendations or take actions perceived to be against the interests of individuals and or groups. Their protection must be ensured through adequate legal and policy frameworks as well as within individual mitigation and safety measures and general awareness raising.

Agencies working in response to emergencies should, to the extent they are able, increase supervision.¹²³ Targeted activities to support staff care (setting up support groups, mentorship programs, utilizing external debriefers for staff, etc.) can prioritize worker well-being.¹²⁴ For example, one survey respondent recalled benefiting from this kind of support: “we discussed burnout and self care techniques.” In some cases, simply raising awareness of the importance of personal well-being may help workers prioritize it and be more attuned to signs of burnout and/or trauma in themselves or their colleagues.

In addition, organizations can conduct training to safely mobilize community support and build localized capacity

in a way that safeguards the well-being of the workforce. The International Rescue Committee (IRC) conducted Program Management Plus training for IRC partners’ frontline staff in women’s protection centers and in health clinics in Syria to increase the number of trained community mental health practitioners available. Crucially, the training also included three months of structured remote group supervision.¹²⁵ Remote interventions like these can provide vital capacity building and support in emergencies, particularly in scenarios when the emergencies or ongoing conflict make the site of intervention difficult to reach, or when health crises like COVID-19 limit in-person responses.

CASE STUDY:

Caring for the carer in humanitarian settings¹²⁶

A conversation with the Director and Impact and Programs Coordinator from Child Protection Society, a Zimbabwe-based NGO, highlighted ways in which social service workforce organizations can take steps to ensure members of the workforce are well-equipped and protected in humanitarian settings.

Zimbabwe has encountered multiple successive emergencies since 2017, including cholera outbreaks in 2017 and 2018, Cyclone Idai in 2019, food insecurity in 2019 and 2020, and the ongoing COVID-19 crisis. Social workers from Child Protection Society have responded to each in turn, offering family tracing and supporting family reunification; providing case management for separated or unaccompanied children, as well as children on the move; coordinating recreational activities for children living in temporary places of safety (like quarantine centers) to support their mental health and psychosocial well-being; setting up child protection mechanisms; and ensuring that basic needs in terms of health and sanitation are being met.

Being situated in an area vulnerable to disasters, Child Protection Society has focused on applying learnings from these crises to allow the organization to be better prepared for future emergency scenarios, which are likely. Critical among these applied learnings has been their commitment to “caring for the carer.” The organization found that in all of the diverse emergencies they were responding to, their social workers needed a dedicated space to unload, process their experiences, and receive mental health/psychosocial support themselves to ensure they were able to effectively serve the most

vulnerable. While Child Protection Society noted that they find this to be true in all of their work, including ongoing child protection programming they conduct in the country, they have found it is an especially critical need in emergencies, when their workers face trauma, complex stressors and profoundly hard circumstances.

Following Cyclone Idai, the Child Protection Society began arranging for their social workers to engage in weekly psychosocial sessions from trained professionals, to ensure they were receiving the necessary support to continue to serve and protect others. In addition, they created a rotating work schedule, which allowed social workers to have periods where they could leave the site of the emergency and their temporary accommodations nearby, returning home to be with their own families. Child Protection Society emphasized that this kind of support for the social service workforce is vital, and they are planning to continue learning in this area, with plans to further explore how they can ensure their workforce members are well-supported in emergencies.

Child Protection Society, with support from funding partners, has also worked on improving its response systems, including prepositioning supplies—such as tents, charging systems, protective equipment and clothing—to ensure that social workers have access to adequate equipment and supplies immediately upon deployment. The organization has also developed protocols for social workers to follow when deployed to emergency sites.

4

Key recommendations



A social worker in the Banguétaba informal settlement in Mali plays games with displaced children who have fled the increasing violence in central Mali.

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Build the evidence base

Further research is needed to showcase the roles social service workers have, or could have, in all phases of emergency response—including response, recovery, preparedness and mitigation—and the ways in which the social service workforce can use its unique skills to best serve those most affected by each emergency context. Research must focus on social service workers at all levels, including para professionals and community volunteers.



Incorporate social service workforce in multisectoral response mechanisms

Humanitarian/refugee and government-led coordination mechanisms should include the social service workforce in their planning and implementation to ensure that response strategies effectively leverage the workforce's unique skills and contributions in humanitarian settings. Ministries of social affairs, social work associations/unions and social work training institutions can serve as the voice of the social service workforce in this regard. Clear roles and responsibilities across the multi-sectoral teams must be determined to ensure the social service workforce is not overstretched and appropriate support and resources (training, supportive supervision, etc.) must be provided to the workforce.



Focus on bottom-up approaches that incorporate local actors and resources

Response efforts conducted by experts outside the local community are generally less effective in meeting the affected communities' needs. Actively incorporating local actors, including NGOs, community groups, community leaders, case workers, and/or community volunteers can help mobilize a coordinated response from among those closest—in terms of cultural knowledge and lived experience—to the most vulnerable. Further, efforts should be made to promote employment opportunities within the social services among vulnerable communities, youth, IDPs, refugees and migrants and to ensure suitable candidates receive adequate education and training and long-term professional development opportunities, not just short-term volunteer roles.



Recognize the essential role of the social service workforce in all phases of emergency management

Limited recognition of the essential role the social service workforce play in emergency response and recovery efforts hinders their ability to be incorporated within larger humanitarian response mechanisms. Further, it excludes them from the preparedness and mitigation stages, to which their unique perspectives could add immense value. National governments should more intentionally and explicitly incorporate social service workers in emergency planning, and actors like the UN must incorporate social service workers more centrally within its humanitarian strategy. This will require ministries of social affairs and civil society actors to be included in such efforts to speak on behalf of the social service workforce. Additionally, ongoing advocacy efforts are needed to encourage national governments and donors to invest in the planning, development and support of the social service workforce.



Equip social service workers for emergency response

Investments in training and education must be made to thoroughly equip social service workers, particularly those located in crisis prone or high-risk settings, to respond to emergencies and help in emergency preparedness and mitigation efforts. Emergency response and recovery requires unique skills that, with adequate training, could bolster the ability of social service workers to serve throughout the emergency management cycle. Training and education must go beyond one-off in-service trainings and instead focus on incorporating emergency-related curricula into pre-service education requirements to ensure all new graduates have exposure.



Ensure the safety and well-being of all social service workers

The physical and emotional well-being of all social service workers, including volunteers, must become a key priority. This includes increased supervision and targeted activities to enable staff to better prepare for and cope with stress and trauma. This also includes ensuring risk mitigation measures, community awareness raising, and adequate legal and policy frameworks are in place to ensure the physical safety of social service workers whose work can be perceived as going against the interests of certain community members (such as in the case of gender-based violence, child abuse or trafficking).

Overarching

The Sphere Handbook | Sphere

Found at: <https://spherestandards.org/handbook-2018/>

The Sphere Handbook is the oldest initiative in the field of humanitarian standards. It has been field-tested over twenty years and regularly updated to ensure it remains fit for purpose in a changing world. What does not change is its rights-based foundations: people have the right to assistance, the right to life with dignity, the right to protection and security, and the right to fully participate in decisions related to their own recovery.

Child Protection in Humanitarian Action Frontliner Getting Started Learning Package | Alliance for Child Protection in Humanitarian Action

Found at: https://alliancecpha.org/en/Frontliners_Getting_Started_Learning_Pack

This package is designed to rapidly onboard new team members in the wake of a new emergency or crisis and aims to ensure that frontline workers are introduced to the minimum competencies to work in a safe, effective, accountable, and professional way with children, families, and communities. The learning package has been designed to be delivered in modules through both face-to-face and remote facilitation. The package is currently available in Arabic, English, French, Polish, Spanish and Ukrainian.

Minimum Standards for Child Protection in Humanitarian Action | Alliance for Child Protection in Humanitarian Action

Found at: https://alliancecpha.org/en/CPMS_home

The Minimum Standards for Child Protection in Humanitarian Action (CPMS) have become one of the key resources for humanitarian workers since its launch in 2012.

The CPMS have been developed to support child protection work in humanitarian settings by:

- Establishing common principles between those working in child protection;
- Strengthening coordination between humanitarian actors;
- Improving the quality of child protection programming and its impact on children;
- Improving the accountability of child protection programming;
- Defining the professional field of child protection in humanitarian action;
- Providing a synthesis of good practice and learning to date; and
- Strengthening advocacy and communication on child protection risks, needs and responses.

MHPSS

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) | Interagency Standing Committee

Found at: <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>

These guidelines reflect the insights of practitioners from different geographic regions, disciplines and sectors, and reflect an emerging consensus on good practice among practitioners. The core idea behind them is that, in the early phase of an emergency, social supports are essential to protect and support mental health and psychosocial well-being. In addition, the guidelines recommend selected psychological and psychiatric interventions for specific problems.

MHPSS Emergency Toolkit (2019) | The MHPSS Network

Found at: <https://www.mhpss.net/toolkit/emergency>

The aim of the 2019 Mental Health & Psychosocial Support Emergency Toolkit is to provide MHPSS practitioners, policy and decision-makers easily accessible information on resources and tools related to mental health and psychosocial support (MHPSS) that are useful in the case of an emergency. The toolkit contains general technical guidelines and resources; assessment resources, tools, and examples; program implementation resources.

Case management:

Inter Agency Guidelines for Case Management and Child Protection (2014) | Child Protection Working Group

Found at: https://resourcecentre.savethechildren.net/pdf/cm_guidelines_eng_.pdf/

Case management is complex in any setting; it is even more complicated in a humanitarian context where risk, injuries, and violence are amplified. These guidelines have been developed at an inter-agency level through the Child Protection Working Group to complement the agreed standard 15 on Case Management in the Minimum Standards for Child Protection in Humanitarian Action. They aim to provide a common understanding and step-by-step guidance on how to do case management in emergencies.

The associated Child Protection Case Management Training Manual for Caseworkers, Supervisors and Managers is based upon and provides guidance for conducting training on these Guidelines.

Inter-agency Child Protection Case Management Standard Operating Procedures | Alliance for Child Protection in Humanitarian Action

Found at: <https://alliancecpha.org/en/child-protection-online-library/inter-agency-child-protection-case-mangement-standard-operating>

Inter-agency Standard Operating Procedures (SOPs) guide Child Protection Case Management programming in humanitarian settings by enabling service providers to harmonize and standardize services and approaches for children and families. The aim of this guide is to encourage a structured approach to developing SOPs for child protection case management in humanitarian settings.

UNHCR Best Interests Procedure Guidelines: Assessing and Determining the Best Interests of the Child (2021) | UNHCR

Found at: <https://casemanagement.alliancecpha.org/en/child-protection-online-library/2021-unhcr-best-interests-procedure-guidelines-assessing-and>

The application of the Best Interests principle is formalized in the Convention on the Rights of the Child (1989). The 2021 Best Interests Procedure Guidelines are designed primarily for use by UNHCR and partners in refugee settings but may be adapted for work with IDPs and/or returnees. The 2021 version retains the core contents from previous iterations while providing stronger guidance on working with national child protection systems, strengthening alignment with and reference to the Interagency Guidelines on Child Protection Case Management, and revising the structure and consolidating content to make the guidelines more easily accessible to field colleagues.

Core Concepts and Principles of Effective Case Management: Approaches for the Social Service Workforce | Global Social Service Workforce Alliance

Found at: <https://www.socialserviceworkforce.org/resources/core-concepts-and-principles-effective-case-management-approaches-social-service-workforce>

The aim of this document is to support the social service workers responsible for implementing a case management process, by articulating the main principles and concepts of case management. It includes foundational definitions and descriptions of the basic components or steps of a case management process. This paper is not meant to be prescriptive, but rather to serve as a guide to help inform or reflect upon local and contextualized approaches. It is the hope of the Global Social Service Workforce Alliance that the information provided herein can help to inform case management practices and processes at all levels including community as well as statutory processes as implemented by professional and para professional social service workers.

Alternative care/unaccompanied minors:

Alternative Care in Emergencies Toolkit | The Interagency Working Group on Unaccompanied and Separated Children

Found at: <https://bettercarenetwork.org/toolkit/protection-and-care-in-emergencies/alternative-care-in-emergencies-toolkit>

The Alternative Care in Emergencies Toolkit is designed to facilitate interagency planning and implementation of alternative care and related services for children separated from or unable to live with their families during and after an emergency. It's the responsibility of those implementing care and protection programmes to assess carefully what is appropriate and feasible, given the context, and to develop placement options that are rooted in community norms and that meet a minimum level of quality standards.

The Handbook and Toolkit on Unaccompanied and Separated Children | Alliance for Child Protection in Humanitarian Action

Found at: <https://alliancecpha.org/en/uasc>

The Handbook on Unaccompanied and Separated Children provides operational guidance for child protection practitioners and other actors involved in prevention and response to family separation in emergencies.

The Handbook includes:

- Summary Guidance
 - Overview of the Foundational Elements of UASC programs in section one.
 - Detailed guidance for working with Unaccompanied and Separated Children in section two.
-

Inter-Agency Guiding Principles on Unaccompanied and Separated Children | International Committee of the Red Cross

Found at: <https://www.icrc.org/en/publication/1101-inter-agency-guiding-principles-unaccompanied-and-separated-children>

This set of comprehensive guidelines outlines a framework and set of principles intended to ensure that the rights and needs of separated children are effectively addressed. Created through close inter-agency collaboration, the guidelines aim to promote and support preparedness, coordination and good practice based on lessons learnt. The document addresses all aspect of an emergency from preventing separations, to family tracing and reunification through to long-term solutions and encourages the pooling of complementary skills and expertise.

United Nations Guidelines for the Alternative Care of Children | United Nations

Found at: <https://resourcecentre.savethechildren.net/document/united-nations-guidelines-alternative-care-children/>

The present Guidelines are intended to enhance the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children who are deprived of parental care or who are at risk of being so. The Guidelines seek to ensure that, firstly, children do not find themselves in out-of-home care unnecessarily and, secondly, that the type and quality of out-of-home care provided is appropriate to the rights and specific needs of the child concerned.

Use of community workers/volunteers:

Community Volunteers and their Role in Case Management Processes in Humanitarian Contexts: A Comparative Study of Research and Practice | Alliance for Child Protection in Humanitarian Action

Found at: <https://alliancecpha.org/en/child-protection-online-library/report-community-engagement-case-management>

Community volunteers are an integral part of preventing and responding to cases of violence, abuse, neglect and exploitation of children in humanitarian settings. They have a deep understanding of their communities, and help to identify children who are at-risk, have experienced harm, or have been separated from their family. Following global and field research conducted in 2020, the Alliance has produced key resources related to the roles of community volunteers in Child Protection case management in humanitarian settings. The resources include: exploratory study report, study brief, policy brief and seven best practices poster.

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