

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





# 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.



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## 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, comprised of 13 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,<sup>1</sup> 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 data and trends, showcase innovative and effective workforce strengthening initiatives, and highlight this fairly new area of focus. Reports have been subsequently released in 2016, 2017 and 2018 that include both qualitative and quantitative analyses of the workforce and make recommendations for future efforts to strengthen the workforce.

<sup>1</sup> [www.tides.org](http://www.tides.org)

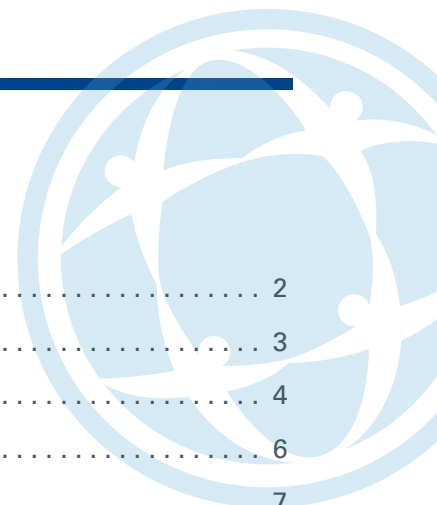
**IMPROVING THE WORKFORCE, IMPROVING LIVES.**

For more information, please visit [www.socialserviceworkforce.org](http://www.socialserviceworkforce.org)

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## LIST OF ACRONYMS

<b>ACPHA</b>	Alliance for Child Protection in Humanitarian Action
<b>HIV</b>	human immunodeficiency virus
<b>ICBF</b>	Instituto Colombiano de Bienestar Familiar
<b>IPV</b>	intimate partner violence
<b>NGO</b>	non-governmental organization
<b>PPE</b>	personal protective equipment
<b>SDG</b>	Sustainable Development Goal
<b>SMS</b>	short message service
<b>SOP</b>	standard operating procedure
<b>TOT</b>	training of trainers
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children’s Fund
<b>USAID</b>	U.S. Agency for International Development
<b>WHO</b>	World Health Organization

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## FOREWORD

The COVID-19 pandemic has placed great strain on the social service workforce. The virus and the measures adopted to contain it have required social service organizations and workers to reorganize the way they operate to ensure the health and well-being of the communities they serve.

Since the pandemic began, social service organizations throughout the world have shifted how they supervise and train their workers. In many countries, they have moved primarily to remote methods for delivery of services and supervision of staff. They have also devised means of dealing with increased levels of occupational stress and burnout resulting from a range of challenges, including workers' increased caseloads and increased complexity of cases, workers' fears of being infected with the virus or passing it on to a loved one, and, in some cases, workers' feelings of inadequacy in their ability to meet their clients' wide-ranging and evolving needs. In many countries, the social service workforce has needed to advocate with governments to be recognized as an essential service, and to obtain personal protective equipment to enable them to continue in-person services when necessary.

In most countries worldwide, social service workers have served at the frontline during the pandemic, adapting and innovating what type of services they offer and how. They have learned how to make best use of technology to provide remote counselling and support and, in doing so, have developed new ways to facilitate connections and build trust. In other contexts, they have risked their own safety to reach high-risk clients in-person, sometimes without access to personal protective equipment.

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 explores the key challenges social service organizations and workers have faced since the beginning of the pandemic and showcases how they have been able to adapt and innovate in response to

such challenges. It further considers the wide-ranging health, social, psychological, and economic impacts and magnified structural inequalities that have resulted from the pandemic. Finally, it explores the lasting impact of the pandemic on organizations and workers and the way they work, including their future needs, their changing roles and the opportunities they now have to further innovate and raise awareness of their work.

This is a challenging moment to compile a report seeking to draw firm conclusions on the times we are living through. The reality of COVID-19 as an ongoing crisis became apparent while this report was being developed and it could be argued that it is too early to attempt to process the entirety of the crisis and its impact on the social service workforce, owing to its pervasive and evolving scope. Nevertheless, this report is intended to provide a global perspective on the varied, challenging and often innovative ways that the social service workforce has reacted and adapted since this unprecedented crisis began. It concludes with recommendations for how to build on these adaptations and innovations in practice and strengthen advocacy for further reinforcing the essential roles of the workforce. The aim of these recommendations is to help ensure the workforce is better able to respond and adjust, not only to this, but to future pandemics and global crises, and to tackle the complex social problems and deepening social inequalities that result.

Hugh Salmon  
Director  
Global Social Service Workforce Alliance

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## IN REMEMBRANCE

We dedicate this report to the memory of those members of the social service workforce who have lost their lives to COVID-19, and in tribute to those who continue to work, despite the risks they face, to ensure the safety and well-being of those most in need during the pandemic and its aftermath.

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# 1 INTRODUCTION



Students studying social work conduct home visits in Somalia during the COVID-19 pandemic to deliver messages on child protection and link individuals to social, health and legal services.

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On January 30, 2020, the World Health Organization (WHO) declared the Coronavirus disease (COVID-19) a global emergency. At the time of publication, the WHO estimated there to have been 208 million confirmed cases, and 4.4 million deaths.<sup>1</sup>

Since its onset, the virus has caused severe illness, death and personal devastation. In addition, both the virus and the measures implemented to contain its spread—including lockdowns, shelter in place orders, social distancing regulations, mandatory non-essential business closures, school closures and isolation of specific groups, such as the elderly and those living in care or detention facilities—have had wide-ranging social and economic impacts that have magnified existing social inequalities. These have included increased poverty through loss of jobs and livelihoods, increased violence against children and intimate partner violence, reduced access to healthcare and limited access to education owing to school closures. In fact, the United Nations Development Programme (UNDP) projects that the COVID-19 pandemic could result in over one billion people living in extreme poverty by 2030, a huge setback to achieving the United Nations Sustainable Development Goals (SDGs).<sup>2</sup>

### Role of the social service workforce during COVID-19

Early on, it became apparent that a well-supported, appropriately equipped, empowered and protected social service workforce is essential to mitigating the damaging effects of the pandemic. The social service workforce—including government and non-government workers, professionals and paraprofessionals, and community workers and volunteers—has carried out a range of activities to support the safety, health and well-being of the communities it serves.

### What is the social service workforce?<sup>3</sup>

The social service workforce is a frontline workforce of paid and unpaid, governmental and non-governmental professionals and paraprofessionals working to ensure the healthy well-being of individuals and communities. The social service workforce is composed of a broad range of practitioners, researchers, managers and educators, that include, but are not limited to social workers, social educators, social pedagogues, child and youth care workers, community development workers, community liaison officers, community workers, community volunteers, welfare officers, social/cultural animators, and care workers/care managers.

The social service workforce provides 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. They engage people, structures and organizations to facilitate access to 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.

The Global Social Service Workforce Alliance, hereinafter referred to as 'the Alliance', in partnership with the United Nations Children's Fund (UNICEF), the International Federation of Social Workers and the Alliance for Child Protection in Humanitarian Action (ACPHA), developed a technical note on social service workforce safety and well-being early in the COVID-19 response.<sup>4</sup> The technical note provides illustrative examples of the roles different cadres of the workforce have played during the pandemic (see *Table 1*).

## INTRODUCTION

**TABLE 1.**  
**Essential roles of the social service workforce during the COVID-19 response**

PROMOTIVE FUNCTIONS	PREVENTIVE FUNCTIONS	RESPONSIVE FUNCTIONS
<b>Advocating</b> for the social service workforce to be an essential workforce during the COVID-19 response.	<b>Identifying vulnerable individuals and households</b> at high risk from COVID-19; ensure they receive support to help prevent illness, community food assistance and psychosocial support.	<b>Providing protection and support</b> for individuals and families affected by gender-based violence, violence against children or other forms of violence.
<b>Coordinating</b> work in inter-agency and interdisciplinary networks to establish and promote social service practice and service standards.	<b>Working with community leaders</b> to identify community needs.	<b>Identifying family-based alternative care</b> options for children who are abused, separated, orphaned, or when required to leave residential care or detention centres.
<b>Educating:</b> creating and running information campaigns to keep communities safe and reduce stigma.	<b>Providing remote psychosocial support,</b> via phone/online, for at-risk individuals and families.	<b>Carrying out case management processes</b> of assessment, planning, service delivery and coordination of referrals.
<b>Training:</b> providing remote training and mentoring to the social service workforce on practice adaptations.	<b>Reinforcing gatekeeping</b> mechanisms to support effective and exclusive targeting of services to specific end users.	<b>Providing psychosocial support</b> in cases of acute emotional distress.
<b>Managing:</b> ensuring supportive supervision is provided and services are adapted.	<b>Identifying and responding</b> to those at higher risk of violence (such as children, elderly, persons with disabilities and others) via hotlines.	<b>Providing material support, food and medicines</b> to impacted households and vulnerable individuals.
<b>Monitoring</b> and staying up to date on the pandemic and protocols to keep staff and communities safe.	<b>Carrying out contact tracing</b> to identify individuals at risk of COVID-19.	<b>Arranging alternative care</b> for children who have lost family care.
		<b>Enabling access to cash transfers,</b> both existing and emergency, for families in need.
		<b>Providing bereavement counselling</b> and enabling COVID-19-safe alternatives to traditional funerals.

## Challenges faced by the social service workforce during COVID-19

The social service workforce has faced a range of unprecedented challenges in the context of the pandemic, with some common themes but also considerable variation across contexts. Social service organizations and workers have had to cope with an increased volume of work, both in number and complexity of cases, and in the immediate need to use new tools and technologies for remote work. In many countries, most regular interactions with clients and fellow professionals and service providers have had to be conducted online. For clients needing in-person support, workers have adapted to providing services while wearing personal protective equipment (PPE), which has created a physical barrier to connection

and communication between them and their clients. Exacerbating these challenges, many workforce adaptations have had to be put in place despite decreased funding and, in many countries, without governmental recognition of the work of the social service workforce as essential.

Despite these immense hurdles, the Alliance's review of global literature, alongside input from our members who have shared their personal experiences, illuminates areas of promising and innovative practice. The findings provide insights to support both the workforce in areas of the world that are still responding to the immediate effects of the pandemic, and where the workforce is now looking toward the evolving challenges of the future.



*Children draw during an art therapy activity in a protection centre in Venezuela during the pandemic.*

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# 2 METHODOLOGY



*A para-social worker in Uganda conducts a training on positive parenting during the pandemic.*

© UNICEF/2021/Adriko



The methodology for this report included a global literature review, two surveys administered to Alliance members, analysis and synthesis of completed questionnaires and follow up interviews with some of the respondents selected for case studies.

### Global literature review

This report draws from a review of global literature examining the impact of the pandemic on the social service workforce. Documents included organizational and governmental reports, peer-reviewed articles, blog posts and technical reports. The review examined the challenges social service organizations have confronted in their operations and in the management and supervision of social service workers throughout the pandemic; the challenges social service workers have faced in trying to support individuals, families and communities throughout the pandemic; and the methods social service organizations and social service workers have used to adapt to such challenges.

### Surveys

The report also draws from information gathered from Alliance members, who work across a wide range of contexts delivering services on the frontline, managing services and supervising practitioners, and advocating for the social service workforce. Data was collected through two surveys, a year apart, both conducted electronically. The first was conducted in April–May 2020 and provided insights into how social service organizations and workers were adapting their methods to meet the needs of clients in remote environments; their involvement in the COVID-19 response; the steps they were taking to keep themselves and their clients safe from COVID-19; the self-care practices they were using or suggesting to their workers; and the methods they were using to better supervise workers. The second survey was conducted in March–April 2021 and was carried out with three specific groups: social service workers, social service managers and supervisors, and social service advocates and policy makers. The survey explored the challenges social service workers, managers and supervisors were confronting throughout the pandemic and the methods they were using to adapt to such challenges. It also explored what they anticipated their future professional and



*A community worker works with children at a child-friendly space in a displacement camp in Mali.*

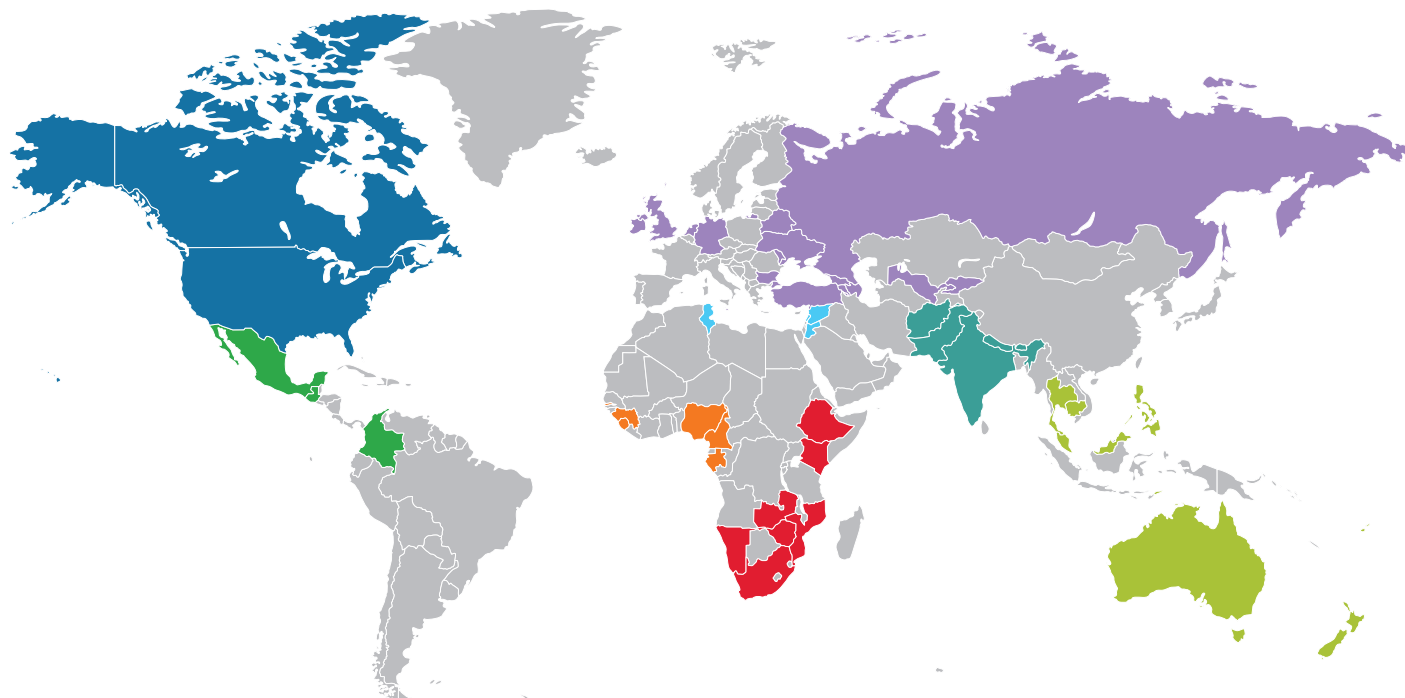
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organizational needs and priorities to be. In addition, the survey looked at examples of advocacy related to the social service workforce and COVID-19. Follow-up research was conducted with specific organizations that completed the March–April 2021 survey to obtain case studies on specific COVID-19-related adaptations and innovations within different contexts.

### Overview of survey respondents

Questionnaires were received from 219 respondents in the April–May 2020 survey and from 50 respondents in the March–April 2021 survey. Respondents came from a wide range of countries and regions; 35 countries in the April–May 2020 survey and 31 countries in the March–April 2021 survey (see Figure 1).

**FIGURE 1.**  
**Geographical representation of respondents**



<span style="color: #92D050;">■</span> <b>East Asia and the Pacific</b> . . . . .	12 respondents across 8 countries
<span style="color: #C00000;">■</span> <b>Eastern and Southern Africa</b> . . . . .	95 respondents across 7 countries
<span style="color: #800080;">■</span> <b>Europe and Central Asia</b> . . . . .	21 respondents across 16 countries
<span style="color: #008000;">■</span> <b>Latin America and the Caribbean</b> . . . . .	3 respondents across 3 countries
<span style="color: #00BFFF;">■</span> <b>Middle East and North Africa</b> . . . . .	5 respondents across 4 countries
<span style="color: #000080;">■</span> <b>North America</b> . . . . .	30 respondents across 2 countries
<span style="color: #008080;">■</span> <b>South Asia</b> . . . . .	39 respondents across 5 countries
<span style="color: #FF8C00;">■</span> <b>West and Central Africa</b> . . . . .	25 respondents across 6 countries

The number of responses across countries differs from the total individual respondents given that respondents who completed both the April–May 2020 survey and the March–April 2021 survey have only been counted once, some respondents indicated working across several countries and some respondents did not specify a country.



Respondents were working with a broad range of organizations. The largest group, 44 per cent, were with non-governmental organizations (NGOs), 32 per cent were in government bodies and nine per cent were with academic or research institutions. The remainder included consultants, and staff of United Nations agencies, professional associations, donors and private organizations.

### Survey limitations

While respondents represented a range of geographical areas and countries and came from a range of organizations, the low sample size in the second survey limited the scope to general conclusions. Nevertheless, their responses convey

perceptions and information that, combined with other evidence, provide insight into the challenges experienced, how these challenges changed over time, the adaptations and innovations to address these challenges, and the roles and needs of the social service workforce moving forward. In some instances, it was also not possible to confirm information provided, but efforts have been made to ensure that the examples described are based on both questionnaire responses and case studies sourced through the desk review, represent different countries and regions as well as different stakeholder groups, in order to be as reflective of the global situation as possible, within the constraints of the research.



*A 16-year-old girl in Bangladesh speaks with a care worker about the problems she faced during lockdown.*

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# 3 THE SOCIAL IMPACT OF COVID-19



*Nine-year-old Doriangeles draws her family during an art therapy activity in one of the protection centres supported by UNICEF in Bolívar state, Venezuela.*

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COVID-19 and the measures adopted to contain it have had far-reaching health, social, psychological and economic impacts and have threatened progress towards the goals and targets in the 2030 Sustainable Development Agenda.

### Magnification of social inequalities

COVID-19 has magnified social inequalities, and exacerbated the needs of many of the individuals, families and communities that social service workers serve, including children,<sup>5</sup> older people,<sup>6</sup> persons with disabilities<sup>7</sup> and individuals from disadvantaged ethnic groups.<sup>8</sup>

Prolonged or recurring school closures have had an immense toll not only on educational attainment, but on children's psychosocial well-being and mental health, as well as on the well-being of parents and caregivers.<sup>9</sup> Levels of violence occurring in the home have increased, as have reports of children being separated from their caregivers due to virus containment measures, and illness and loss caused by the virus. Higher levels of violence and separation were reported in households that experienced loss of income due to the pandemic, as well as in families that moved away from where they normally live due to an outbreak of the virus.<sup>10</sup>

The pandemic has had a disproportionate impact on older people and those with underlying health conditions. For example, at the time of the COVID-19 outbreak in Italy in March 2020, more than 95 per cent of people dying from the virus were age 60 years or older.<sup>11</sup> One regional study of the impact of COVID-19 on older people and their caregivers in Georgia, Armenia and Azerbaijan found that the ability of older people to cover basic expenses decreased throughout the pandemic, which, along with worsening health, and restrictions on movements, combined to produce indirect negative effects on their emotional well-being.<sup>12</sup>

For older adults and some persons with disabilities, social distancing requirements, restrictions on visits to care homes, general restrictions on movement and face mask requirements have created additional barriers to communication and social contact. Home confinement for safety has limited home visits by family, friends, social workers and other professionals who can offer support throughout daily life. A significant decrease in



*A volunteer with the International Federation of Red Cross in Maputo, Mozambique hears and addresses the main questions, concerns and rumours about COVID-19 from elderly populations.*

© IFRC/Matheus Bizarria

social contact with neighbours, community and family (especially in urban areas), as well as reduced mobility and deepening social isolation have also been linked to a deterioration in psychosocial well-being and lowered self-esteem.<sup>13</sup>

Persons with dementia and intellectual disabilities have faced challenges with social distancing and use of face coverings, placing them at greater risk of social isolation. Additionally, technologies that provide aid for older people and isolated individuals, including virtual support groups and telehealth counselling, may not be accessible to all.<sup>14</sup> People with disabilities who have limited access to services and informal support, have been at increased risk of institutionalization.<sup>15</sup>










Even though the pandemic has disproportionately affected people with physical, mental, intellectual or sensory disabilities,<sup>16</sup> their perspectives have typically not been included in efforts to address inequities.<sup>17</sup> In fact, the pandemic threatens to exacerbate already existing disparities between these individuals and people without disabilities, particularly in low- and middle-income countries, which are home to 80 per cent of people living with a disability worldwide, and where capacity to respond to COVID-19 is limited.<sup>18</sup>






### Threat to 2030 Sustainable Development Agenda

The efforts of the social service workforce are critical for achieving the Sustainable Development Goals (SDGs), especially in the context of the pandemic, the impacts of which have significantly eroded some of the progress that had been made and threaten making further progress (see Table 2).<sup>19</sup>




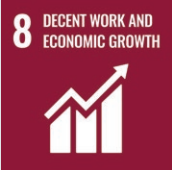








**TABLE 2.**  
**Impact of COVID-19 on the 2030 Sustainable Development Agenda**

ISSUE	IMPACT OF COVID-19	THREATENED SDGs
<b>POVERTY</b>	Government measures to mitigate the spread of COVID-19—such as stay-at-home orders, temporary closure of non-essential businesses, reduction of public transport and border closures to restrict population movement—have resulted in a substantial reduction or complete loss of income for many households. This has left the 55 per cent of people globally who lack social protection especially vulnerable. This has also led to a substantial increase in extreme poverty as well as increased food and housing insecurity. <sup>20;21;22</sup> One report predicts as many as 150 million more people may fall into extreme poverty by 2021 <sup>23</sup> and another study projects that in a ‘high damage’ scenario, the pandemic could bring the total number of people living in extreme poverty to one billion by 2030. <sup>24</sup>	    
<b>INTIMATE PARTNER VIOLENCE</b>	Stay-at-home, quarantine or lockdown orders have caused individuals who were already experiencing intimate partner violence (IPV) to remain at home with their abusive partners, leaving them isolated from protective social contact. <sup>25</sup> Loss of employment, increased poverty, school closures and increased parental responsibilities also intensified stress that contributes to IPV. <sup>26</sup> Where home visits serve as a means to identify and connect IPV survivors to services, the necessity to provide services online or via phone, has made safely carrying out screening and assessment more challenging. <sup>27</sup>	 
<b>CHILD LABOUR</b>	Household poverty has led to increases in child labour, as some children have been sent to work to help compensate for adults’ loss of income. This situation has been compounded by COVID-related school closures. <sup>28</sup>	 

**TABLE 2.**  
**Impact of COVID-19 on the 2030 Sustainable Development Agenda** *(continued)*





ISSUE	IMPACT OF COVID-19	THREATENED SDGs
<p><b>VIOLENCE AGAINST CHILDREN</b></p>	<p>In an extensive study on the impact of COVID-19 on child protection that was carried out across 46 countries, a child and/or parent in 32 per cent of households reported the occurrence of violence, including physical or verbal abuse, and 22 per cent of parents/caregivers reported an increase in negative or violent parenting methods.<sup>29</sup> Lockdowns and closures have resulted in children having either no contact or reduced contact with people mandated to report violence, such as teachers, child care providers, and healthcare providers, and fewer or no opportunities for such individuals to identify and report signs of violence against children.<sup>30</sup> However, in the absence of a means to report violence in person, calls to telephone helplines have increased dramatically in many countries. In Zambia, for example, a comparison of call rates and cases from January 2020, before lockdown, to July 2020 after lockdown, showed that calls from or about boys nearly tripled and calls from or about girls quadrupled <i>(see case study on p.34)</i>.</p> <p>In addition, residential institutions for children closed suddenly in many countries, which required the immediate and unplanned return of children to their families and communities without support for safe transitions or monitoring of children’s safety. While family reunification would normally be a positive outcome, the lack of time for assessment, planning, support and follow-up placed children at risk of emotional stress, violence and health complications.<sup>31</sup></p>	<div style="display: flex; justify-content: space-around;"> <div data-bbox="1117 493 1292 663"> <p><b>5</b> GENDER EQUALITY</p>  </div> <div data-bbox="1292 493 1468 663"> <p><b>16</b> PEACE, JUSTICE AND STRONG INSTITUTIONS</p>  </div> </div>
<p><b>MENTAL HEALTH AND SUBSTANCE ABUSE</b></p>	<p>COVID-19-related illness and death, as well as circumstances linked to measures to stop the spread of COVID-19—such as isolation, job loss, fear, school closures, increased pressures faced by parents and economic stress—have exacerbated existing mental health conditions and levels of substance abuse among some individuals, as well as caused others to experience such issues for the first time. The virus itself has also been found to cause certain neurological and mental complications.<sup>32</sup> As for access to mental health services, in a WHO survey of 130 countries, over 60 per cent of countries reported a disruption of mental health services for vulnerable people during the pandemic, including children and adolescents (72 per cent), older adults (70 per cent) and women requiring antenatal or postnatal services (61 per cent).<sup>33</sup> Some countries also reported partial disruptions of mental health services in schools (78 per cent) and workplaces (75 per cent).<sup>34</sup></p>	<div data-bbox="1117 1381 1292 1556"> <p><b>3</b> GOOD HEALTH AND WELL-BEING</p>  </div>

**TABLE 2.**  
**Impact of COVID-19 on the 2030 Sustainable Development Agenda** *(continued)*

ISSUE	IMPACT OF COVID-19	THREATENED SDGs
<b>HEALTH AND WELL-BEING OF OLDER PEOPLE</b>	<p>Given that older adults are at highest risk of experiencing severe illness from COVID-19, they have often been required to stay at home or in group care without visitors, isolating them from family and friends.<sup>35</sup> A global review of the impact of social isolation on the mental and physical health of older people during the pandemic found negative impacts on their mental and physical health, including anxiety, depression, poor sleep quality and physical inactivity, which led to additional mental and physical health complications.<sup>36</sup> Increased vulnerability of older people throughout the pandemic has also increased the risk of ageism,<sup>37</sup> and elder abuse, in particular in the form of physical violence and financial exploitation.<sup>38</sup></p>	 
<b>GENDER INEQUALITY</b>	<p>COVID-19 has had a disproportionate impact on women’s livelihoods, as they tend to work in sectors that have been more heavily affected by layoffs and closures.<sup>39</sup> The virus has also significantly increased women’s already disproportionate burden of unpaid care.<sup>40</sup> A comprehensive study across 46 countries on the impact of COVID-19 on child protection, found a higher percentage of girls reporting an increase in household chores than boys (63 per cent versus 43 per cent), which in turn has negatively impacted girls’ learning to a greater extent (20 per cent versus 10 per cent).<sup>41</sup></p>	 
<b>QUALITY EDUCATION</b>	<p>COVID-19 led to school closures for almost a full year for more than 168 million children globally, worsening a pre-pandemic learning crisis that most adversely affects the most vulnerable children.<sup>42</sup> A total of 214 million pre-primary to upper secondary education students globally across 23 countries have missed at least 75 per cent of classroom instruction time during the same period.<sup>43</sup></p>	   
<b>CHILD MARRIAGE</b>	<p>COVID-19 has increased some of the main drivers of early marriage, such as limited access to education, early pregnancies and poverty.<sup>44</sup> According to estimates by Save the Children, an additional 2.5 million girls could be at risk of child marriage as a result of the economic impacts of COVID-19 on poor households.<sup>45</sup> Countries which have reported a significant increase in child marriages include Ethiopia, Kenya, Malawi and Nepal.<sup>46</sup></p>	   



**TABLE 2.**  
**Impact of COVID-19 on the 2030 Sustainable Development Agenda** *(continued)*

ISSUE	IMPACT OF COVID-19	THREATENED SDGs
<p><b>ACCESS TO QUALITY HEALTH SERVICES</b></p>	<p>In addition to the immediate health impacts, there have been widespread indirect effects as health systems have struggled to deliver routine services and use of services has dropped as people have been afraid to attend clinics and hospitals. While maternal and child mortality rates as a direct result of COVID-19 have been low,<sup>47</sup> the disruption of routine reproductive, maternal, neonatal, child health and other services, have had negative impacts on women and children’s health, particularly in low- and middle-income countries, including devastating impacts on maternal and child mortality.<sup>48</sup> The United Nations Population Fund found that as of March 2021 nearly 12 million women had lost access to contraception because of interruptions caused by the pandemic, resulting in 1.4 million unintended pregnancies.<sup>49</sup> According to WHO, in July 2020, 24 countries had reported disruptions in supply, or critically low stock, of antiretrovirals to treat HIV,<sup>50</sup> which had implications on antiretroviral therapy adherence and treatment outcomes.</p>	
<p><b>INCREASED RISK OF INFECTION AND ISOLATION IN DETENTION FACILITIES</b></p>	<p>Prison and detention facilities have put inmates, the staff working at the facilities, and their families and communities at higher risk of contracting COVID-19 due to the confined conditions.<sup>51,52</sup> The abrupt closure of courts, suspension of criminal trials and limited access to lawyers for juvenile cases have also deprived many children of their liberty.<sup>53</sup></p>	  

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# 4 ANSWERING THE CALL: HOW THE PANDEMIC CHALLENGED THE SOCIAL SERVICE WORKFORCE AND HOW THEY RESPONDED



*Tuli works to identify vulnerable and disadvantaged children and families who are in need of care and protection in Dhaka, Bangladesh during the pandemic.*

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The social service workforce has faced unprecedented circumstances and challenges during the pandemic. Social service organizations and workers alike have faced increased caseload demands, both in size and complexity, and have needed to develop and apply tools and technologies to support remote work.

## Social service organizations

### Increased demands on the workforce

The pandemic has magnified social inequalities, exacerbating current needs and creating new problems among the individuals, families and communities that social service workers serve. This has placed greater demand on workers in terms of increased caseloads and greater complexity of cases. The USAID-funded 4Children project in Uganda, for example, found that the workforce in 30 districts worked on the same number of child protection cases during the first three weeks of the pandemic lockdown as it did in a three-month period prior to the pandemic.<sup>54</sup>

Social service organizations have confronted increased levels of occupational stress and burnout as a result of their workers' increased caseloads and fears of infecting themselves or a loved one with the virus due to occupational exposure.<sup>55</sup> Organizations have also faced workers dealing with psychological and mental health challenges arising from feelings of inadequacy from not being able to carry out their roles and adequately investigate cases of abuse; from the stress of trying to balance personal, family and work demands; and from anxiety related to addressing the increasing needs of their clients due to the pandemic's wide-ranging social impacts.<sup>56</sup> Such issues have made it even more important for staff to be able to meet virtually with their supervisors for support and guidance on both their casework and self-care issues.<sup>57</sup>

Organizations have dealt with their workers' occupational stress and burnout in different ways. A survey administered to 87 NGOs serving vulnerable children and families found that supportive practices—such as providing virtual training and learning events, creating routines for staff, and using prayer to ground and centre staff—helped staff feel connected and supported.<sup>58</sup> Another study found that increased communication—including calls, text messages, social media posts, audio clips and video chat—were critical



### ALLIANCE SURVEY RESULTS:

#### Increased levels of occupational stress and staff burnout

In the March–April 2021 survey, multiple social service workforce managers described the pandemic-driven needs of families and children as being overwhelming, which, in turn, led to increased staff workloads and staff burnout, and an insufficient number of staff to cover the increased demand. One social service workforce manager from South Africa also mentioned “personal and secondary trauma in social workers.”

for sharing information, creating a sense of community and reducing team member feelings of isolation.<sup>59</sup> Organizations in Hong Kong, China, have described providing financial and other rewards, better protective equipment and recognition in the media about the work of frontline staff to improve morale and create a sense of recognition.<sup>60</sup> To address and avoid feelings of disconnection, isolation and/or abandonment among their workers, organizations in the United Kingdom have reported holding daily or weekly staff debriefings online.<sup>61</sup>

To address caseload concerns, organizations have reported task-shifting, upskilling, hiring additional staff and using volunteers.<sup>62</sup> For example, in Somalia, UNICEF supported a one-week training to enable deployment of 235 recent social work graduates to work within government, district and civil society structures for three months and provide services to vulnerable women and children.<sup>63</sup>





### ALLIANCE SURVEY RESULTS:

#### Dealing with increased demand

In the March–April 2021 survey, social service workforce managers mentioned collaborating with and providing referrals to other organizations and community structures as well as using volunteers to deal with the increased demands placed on their workers.

- “We worked closely with the government officers and other community workforce to increase social workers and client coverage.”  
— Senior Project Officer, Kenya
- “[We increased] utilization of community structures like caregiver support groups, village case management committees, the para-social workers and other community resource persons like teachers.”  
— Gender and Development Officer, Uganda
- “[We] call for more volunteers to work with us.”  
— Field Supervisor, Nigeria
- “[We] delegate community volunteers [termed Friends of the Family], who are near to clients in their villages.”  
— Child Protection and Welfare Officer, Rwanda



### CASE STUDY:

#### Ensuring continuity of HIV/AIDS care and using community-level workers and volunteers

Programme:

Caring for Vulnerable Children activity

Country:

Ethiopia



Linking families with health services, ensuring HIV testing and programme enrolment, maintaining children’s adherence to medications and continuing monitoring and tracing initiatives have been challenging during the pandemic. The USAID-funded Caring for Vulnerable Children activity in Ethiopia has successfully managed continuity of HIV services during the pandemic through the use of community volunteers.

The activity supports households with children and adolescents living with HIV to improve HIV treatment retention and viral load suppression. More than 12,000 case workers, who are primarily

community volunteers, work alongside social service workers and HIV and health linkage coordinators to conduct case management at the household level. They monitor adherence, assess adherence barriers and provide adherence counselling during home visits. To ensure gains in HIV programming would not be lost during the pandemic, the programme has relied on an established referral network as well as community-level workers already within communities to continue home visit programmes to ensure access to and continuity of services.

The HIV and health linkage coordinators facilitate bi-directional referrals between health facilities and community-based orphans and vulnerable children service providers, enrolling children who are HIV positive into treatment, and then enrolling them into the programme, to support their retention and adherence through case management and comprehensive social services. During the pandemic, services and family enrolment has remained consistent without any decrease in performance. In fact, the programme’s success is reflected in its 2020 fourth quarter performance in which there was 100 per cent retention in treatment of the orphans and vulnerable children served in their programme.



## CASE STUDY:

### Systematizing and localizing volunteer support

Organization:  
Babushka Adoption Foundation

Country:  
Kyrgyzstan



Babushka Adoption Foundation works to improve the lives of elderly people in Kyrgyzstan. Babushka Adoption offers financial and social support to alleviate poverty and loneliness for nearly 700 older people, or ‘babushkas,’ annually. Their beneficiaries live alone and receive pensions of less than about \$74 a month.<sup>64</sup> Babushka Adoption offers a combination of services, including in-kind support, self-help groups and home care help, as well as the opportunity for individual sponsors to “adopt” a *babushka* or *dedushka* (literally, grandmother or grandfather). This involves providing personal connection and financial aid. In addition, on the regional level, Babushka Adoption establishes day and resource centres for older people, while on the national level developing and promoting laws to improve their quality of life and protect their rights.

When the Kyrgyz Republic implemented a national lockdown in response to COVID-19, transportation became extremely restricted, with driving privileges limited to police and doctors. This created an immense barrier to Babushka Adoption’s work, as staff could no longer access transportation to deliver services, including cash, to beneficiaries. To adapt, the organization recruited volunteers via social media and, after assessing the needs of each beneficiary, shared that information with the newly expanded network. These volunteers brought food, financial aid and medical supplies to beneficiaries within 1.5 kilometres of their location, to create a more localized delivery method that could work despite the transportation limitations of the lockdown.

Recognizing the emotional impacts of the pandemic and social isolation, particularly on older individuals living alone, Babushka Adoption provided psychological counselling over the phone to 280 elderly people, including offering the service to those who had not previously been beneficiaries of their service. The organization recruited volunteer psychologists from local universities to help meet this growing demand.

Babushka Adoption has identified several adaptations throughout this time that have been highly effective, and the organization plans to incorporate these lessons learned into

its work long term. Babushka Adoption has shifted from a mostly cash-based system of financial support, to enabling beneficiaries to sign up for bank cards to access funds from banks and terminals near their homes. For beneficiaries unable to do so, or who are homebound, Babushka Adoption has continued to deliver cash support directly.

In addition, Babushka Adoption has recognized the immense contribution of its volunteer network, including local students, and has systematized its process of working with volunteers to make it more sustainable. During the pandemic, Babushka Adoption developed a new written code outlining the responsibility of all volunteers, as well as the organization’s responsibilities to them, including training and transportation support outside of working hours. By formalizing the code in this way, Babushka Adoption hopes to create deeper ties to its volunteers to maintain relationships beyond the current crisis, provide guidance for their work and create a lasting volunteer system that can be utilized not only in the event of a future crisis, but to make the organization’s day-to-day work on behalf of elderly people more effective.



© Babushka Adoption Foundation

### Recognition of the workforce as essential

In many contexts, the roles and functions of the social service workforce were not initially deemed essential during COVID-19 lockdowns. When countries first started defining the most essential workers and services, the social service workforce was often not included. Without standard guidance, social service organizations were often left to determine if or when their workers could continue to provide in-person services and how to do so safely.<sup>65</sup> In situations where workers were not deemed essential, they were often unable to perform many of their key roles—including conducting home visits, completing case assessments, ensuring beneficiaries' access to services, providing counselling or attending court cases. Those that could carry out visits were often not eligible to receive PPE for in-person meetings.<sup>66</sup> Further, non-essential status limited the ability of the social service workforce to gain access to COVID-19 testing to protect their own health, as well as that of their clients and family members.

In countries where, at the start of the pandemic, the social service workforce was quickly classified as essential, other challenges arose from workers being called upon to adopt new responsibilities to support the government's larger crisis response efforts. In the Alliance's April–May 2020 survey, when respondents were asked how they or other social service workers were involved in COVID-19 support and response, 45 per cent of respondents indicated being involved in task sharing to ensure continued provision of services to vulnerable groups, 44 per cent indicated conducting community sensitization campaigns on COVID-19 prevention and safety, 28 per cent indicated supporting health staff and 17 per cent indicated conducting community tracing of identified cases needing quarantine.

A range of global advocacy efforts were launched to gain greater recognition and support for the essential role of the workforce during the pandemic. The campaigns included calls for social service workers to be recognized as essential and to ensure their inclusion in official policies allowing workers and organizations to assess and decide if an in-person service is necessary. These efforts also involved developing practice guidelines to ensure personal

safety, including access to and use of PPE, and, later, calls to ensure social service workers were given priority access to COVID-19 vaccines, as they became available.



### ALLIANCE SURVEY RESULTS:

#### Lack of essential status

In both the April–May 2020 survey and the March–April 2021 survey, respondents highlighted delays in, and lack of government recognition of the essential role of social service workers as major obstacles to their work. However, in the March–April 2021 survey, when asked whether social service workers were recognized as essential workers in their context by the end of 2020, most respondents stated that they were. Nevertheless, concerns included:

- “Lack of understanding about social work in the upper echelons of power.”  
— *Executive Director, The Russian Federation*
- “How can community volunteers handle the police force and make them understand, that, as staff working with children, they still need to have...face to face communication with children.”  
— *Senior Technical Lead, Zimbabwe*
- “Nurses and doctors were given protecting materials immediately, but no one cares about social workers and community workers. Support to vulnerable families were not considered as urgent issues.”  
— *Community and Family-based Support Specialist, Rwanda*
- “Shortage of PPE for frontline workers who are responding to child protection cases. Lack of standardised guidelines on safety and protection of frontline child protection workers.”  
— *Child Protection Manager, Zimbabwe*





## CASE STUDY:

### Social service workforce as crisis responders

*Organization:*  
Social Welfare  
Department

*Country:*  
Malaysia



On March 18, 2020, Malaysia implemented a movement control order—an imposed partial lockdown with most people ordered to stay at home and more than half of the government and private sector organizations advised to do so. Exempt from the order, however, was the Social Welfare Department, which the government recognized as essential in its work on behalf of public welfare and social well-being. In addition to adopting immediate innovations to continue child protection services using a range of technological platforms—giving each client the flexibility to self-select whatever method of contact was feasible and safest for them—social workers were called upon to assume new duties to support the government’s overall crisis response.

Social workers were called upon to help provide services for individuals experiencing emotional

distress because of the pandemic as well as to assist with contact tracing, using the Ministry of Women, Family and Community Development’s pre-existing 24-hour helpline and working closely with authorities at quarantine surveillance centres. Once engaged with the caller or referral, the social worker would 1) assist in acquiring relevant information to be shared as needed with the Ministry of Health and other agencies under the National Security Council that were working collaboratively with the Ministry, and 2) provide factual information about the virus and educate clients on social distancing, hygiene and the movement control order. The hotline reported a 57 per cent increase in call volume during the first week of the movement control order, a high proportion of which was requests for information on COVID-19, counselling and welfare assistance.<sup>67</sup>

Skills unique to the social service workforce were imperative for quickly building the trust and rapport necessary to accomplish the multiple objectives of these calls. At the same time, social workers were offered little to no training specific to contact tracing and had to personally ensure they were keeping abreast of the latest information and protocols regarding the virus. Identifying such training gaps can help inform government plans to deploy the social service workforce as crisis responders in future crises.



*A call centre was established in Mauritania for contact tracing. Call operators were quickly trained to support other calls to the centre focused on child protection and child rights.*

© UNICEF/2020/Pouget

### Role of professional bodies in advocacy during COVID-19<sup>68</sup>

Many professional bodies have advocated for social service workers to be considered essential and have raised awareness of their daily work.

Iran's Association of Social Workers has advocated for government support for social workers, including providing updates to Iran's President on social workers' responses during the pandemic to gain greater support.

In Malawi, 'Guidance for Social Workers During COVID-19 Response' was developed by the Association of Social Workers and UNICEF. This document lists categories of essential social services that must be continued to meet the needs of vulnerable people during COVID-19 and sets out the essential promotive, preventative and responsive functions of the social service workforce.

In the Philippines, advocacy by The Philippine Association of Social Workers resulted in inclusion of social workers in Proclamation No. 922, which authorized hazard pay to government personnel who physically report to work during quarantine for COVID-19. Public social workers were among the cadres of workers and personnel eligible to receive hazard pay for each day they were physically reporting for work.

In South Africa, the South African Council for Social Service Professions, representing social workers and child and youth care workers, advocated to relevant ministries to ensure properly licensed practitioners were considered essential service providers and could continue meeting the needs of communities. They also called for employers to consider the safety of workers. This resulted in high-level government recognition, including the following statement by the Western Cape Minister of Social Development, Sharna Fernandez: "I would like to pay special tribute to all our service workers, and particularly our social work professionals, all support staff as well as professional volunteers, who are out there every day, working hard to ensure that services to the most vulnerable continue, whilst dealing with the personal health threat of contracting the coronavirus."

In Uganda, successful advocacy efforts in the early days of the pandemic by the National Association of Social Workers Uganda, UNICEF and other partners resulted in reopening the national Child Helpline and official recognition of social service workers as essential. This also resulted in a decision to prioritize social service workers for COVID-19 vaccines when available in Uganda.

### Loss of funding

Social service organizations have commonly experienced either a loss of funding or a lack of additional funding despite having to deal with substantially increased caseloads. In July 2020, one qualitative study of 87 NGOs providing a variety of direct services to vulnerable children and families across 43 countries, 61 per cent of the NGOs reported changes in funding attributed to the pandemic and

all expressed funding concerns with the ongoing pandemic.<sup>69</sup> In the study, 42 per cent of organizations reported more than a 20 per cent decrease in funding since the onset of the pandemic, limiting the organizations' ability to adapt services to meet immediate needs. NGOs have also reported concerns about how the decrease in funding would impede their abilities to provide long-term support to families.<sup>70</sup>

Data obtained by the Alliance from governments, professional associations, UNICEF and NGOs in the Eastern and Southern Africa region revealed different strategies that organizations have used to address the lack of availability of additional funding despite increased demand.<sup>2</sup> Respondents from Burundi indicated that in the absence of additional funding, their professional social work association shifted to training community volunteers to deal with the increased workload. In Angola, respondents reported that due to lack of funding, their organization sought assistance from psychologists and social workers to provide services on a voluntary basis. With no additional funding available to address increased demands, the Ministry of Women, Children and Youth in Ethiopia negotiated with social service workers to provide voluntary services; task-shifted some of the current social service workers to support case management, including family tracing and reunification of returning migrant children; and revised programme budgets. In Rwanda and Botswana, survey respondents described how, with no significant additional funding to meet increased demand, the pandemic prompted greater flexibility both by government and donors in resource management, including human resource planning.

A few respondents from Africa reported receiving additional donor funding to help them cope with the additional demands placed on their workers during the pandemic. In Uganda and South Sudan, local NGOs reported securing funds to support the additional services and demands. One Uganda NGO secured funds for hiring additional staff for a Mental Health & Psychosocial Support Network helpline. In Zambia, UNICEF provided funding to the government for key social service workforce needs and supported the child helpline to recruit 17 additional phone counsellors to provide psychosocial support to children, including those in a refugee settlement. In Botswana, funding was shifted to support more vulnerable groups.

<sup>2</sup> Data were obtained as part of a project in cooperation with UNICEF Eastern and Southern Africa Regional Office entitled 'Supporting quality assurance systems and case management for the social service workforce for Child Protection in Eastern and Southern Africa, 2020-21'. The aim of the project was to examine the state of such quality assurance systems, and case management by the workforce, and identify gaps and priorities for their strengthening.



## ALLIANCE SURVEY RESULTS:

### Reduced funding

In the March–April 2021 survey, multiple respondents emphasized challenges that resulted from decreased funding due to donor withdrawals and reductions in support. They described various implications of the reduced funding on their organizations, including difficulty in continuing to provide services and delayed worker salaries.

Managers also described employing various strategies to address pandemic-related funding/resource reductions—including implementing fundraising efforts, minimizing and prioritizing expenses, cutting back paid workforces, and engaging and mentoring more volunteers.

### Shifting and adapting to operating remotely

In many contexts, social service provision stopped or was interrupted when social service organizations, along with organizations from health, education and justice sectors, had to shift most or all of their operations from in-person contact to remote work (online or by telephone), in compliance with government requirements and local government orders. These orders included enforced office closures, cessation of home visits and lockdowns. In some contexts, social service outreach work in communities was halted, either due to a lack of PPE and capacity to provide services safely in the pandemic, or because the workforce was classified as non-essential and not permitted to go out during lockdowns or curfews. Many organizations then had to rapidly shift to remote service delivery, never having previously used this way of working, which posed many complex challenges.



## ANSWERING THE CALL

A primary challenge in many low-resource contexts has been insufficient access to electricity, internet and information and communication technology devices. These shortages, affecting both social service workers and their clients or beneficiaries, made the initial switch to remote service delivery difficult, if not impossible, for many.<sup>71</sup> In Africa, where only five to 50 per cent of the population has consistent access to the internet, compared to 80 per cent and above in Europe and North America, this 'digital divide' posed major difficulties.<sup>72</sup> Challenges with switching to remote service delivery have also seriously affected groups who lack the ability or confidence to use technological devices for social contact, such as persons with intellectual disabilities or elderly populations, even in countries where internet and devices for virtual communication are readily available.<sup>73</sup>



*During the lockdown, trained counsellors at the nine call centres with ChildLine in South Africa responded to calls remotely from their homes to ensure continuity of services.*

© ChildLine

Even where there was adequate mobile phone or internet connectivity, social service workers have often lacked the training in the use of electronic devices to enable them to shift to remote service provision by phone quickly and effectively. It has also taken time for training of workers and volunteers, that was previously provided in-person, to be made available online, and once it has, learners have had to learn how to use new platforms,<sup>74</sup> in some cases without adequate technology support.<sup>75</sup>

Remote service delivery has hindered the ability of social service workers to provide case management services effectively and appropriately. Workers have faced difficulty assessing different aspects of their clients' situations remotely, including living conditions, relationship dynamics and overall well-being.<sup>76</sup> They have also faced challenges in their ability to maintain privacy and confidentiality for protection of the individuals with whom they work, since others in the household or close by could overhear sensitive conversations, especially with lockdowns and more people working from home. There have been notable difficulties in the context of IPV, with those experiencing the violence often lacking the space at home to speak privately by phone or computer with a social service worker, without the perpetrator overhearing.<sup>77</sup> Similar concerns were raised in an interview for this report about older people experiencing elder abuse and being "locked down" at home with a perpetrator.<sup>78</sup> Remote service delivery has also made it challenging for workers to build relationships with new clients and keep in contact with existing clients, particularly children.<sup>79</sup>



## ALLIANCE SURVEY RESULTS:

### Shifting to remote operations

In the April–May 2020 survey, when social service workers were asked if they were meeting with clients in-person, 68 per cent responded that they were not and 32 per cent responded that they were. When asked what alternative strategies they were using for case management and/or support of clients if they were not able to meet in person, 83 per cent of respondents indicated phone conversations, 63 per cent indicated WhatsApp or SMS, 46 per cent indicated email, 33 per cent indicated video conversations and 27 per cent indicated continuing to meet in-person at a remote distance.

In both the April–May 2020 survey and the March–April 2021 survey, managers described their struggles with the shift to remote operations due to lack of digital devices, unavailable or unreliable internet, cost of data and limited workforce capacity to use technology. Other challenges included a lack of policy or guidance on shifting supervision or meetings to a remote format and the challenge of continuing essential in-person visits with reduced staff, as a result of the need of many staff to self-isolate:

- “We adapted to meeting [online], though they were poorly attended with members who could not access internet.”  
— *Founder of a Civil Society Group, Kenya*
- “It’s hard because it is costly, need to constantly phone staff members, this means buying more airtime.”  
— *Control Social Worker, Namibia*
- “There is no standardized supervision policy in my country and there is [an] urgent need for

one. COVID-19 will cause serious burn out, and structured support will be required.”

— *Senior Technical Lead for Family Strengthening, Zimbabwe*

- “There is a tension between keeping safe practices and having to go out and assess for safety. There are less people to do face to face work as more and more staff have to self-isolate.”  
— *Assistant Vice President, USA*

In both the April–May 2020 survey and the March–April 2021 survey, social service workers described challenges associated with remote service delivery:

- “Online services are not utilized. Clients could not afford data and Wi-Fi networks are not available in some areas.”  
— *Practitioner, South Africa*
- “Major challenge is how to reach the most marginalized and vulnerable in remote areas with little to no technological options, particularly children and families where violence is present and likely to increase. How do our community social workers reach and monitor when they have fears for their own health and safety?”  
— *Principal Advisor Child Protection, Global*
- “Online/remote intervention/supervision are still new and not very well-received among clients... such approach depends on the attitude of the society in applying and participating in this new environment of intervention, whether they are really ready in embracing new approach and methods of intervention involving current technology.”  
— *Assistant Officer, Malaysia*

Social service organizations that have managed to adapt to new technologies in order to continue operations remotely, have done so through multiple adaptations and innovations, including online management and mentoring of staff and volunteers and online case management platforms.<sup>80</sup> In Zambia, UNICEF helped engage a consultant to set up remote working modalities and develop platforms to support remote case management for children in formal care and those with multiple vulnerabilities. The National

Association of Social Workers of Uganda developed standard operating procedures (SOPs) for visiting clients' homes during COVID-19 and a virtual case management guide for psychiatric social workers.<sup>81</sup> In Eswatini, UNICEF supported the Department of Social Welfare to develop an awareness package on how to adapt case management protocols and to provide mobile data and voice bundles to workers to ensure that they had resources to support remote service provision.<sup>82</sup>



### ALLIANCE SURVEY RESULTS:

#### Use of tools and technology for remote operations

In both the April–May 2020 survey and the March–April 2021 survey, managers reported developing various training courses, tools, technology and processes to adapt to remote operations:

#### Training:

- “We supported and trained frontline social workforce, [providing them] with internet data and skills to use technology like Zoom so as to promote resilience of individuals, families and communities.”  
— *National Coordinator, Uganda*
- “We developed trainings, education and counselling programmes to pivot the staff...to online modes.”  
— *Founder/Managing Trustee, India*

#### New tools and technology:

- “We introduced new modules and SOPs in helping staff to deal with case management issues.”  
— *Assistant Social Development Officer, Malaysia*
- “We designed a toolbox that will help client organizations to incorporate psychosocial issues and processes into their Occupational Health and Safety Management Systems.”  
— *Manager, South Africa*
- “We upgraded to new technology and got acquainted with a new platform.”  
— *Assistant Social Development Officer, Malaysia*
- “We provided social media counselling programmes for adolescents.”  
— *Child Protection Specialist, Gabon*

#### New work processes:

- “We have set time and dates for department meeting and entire office meetings. Apart from that, we regularly check in on each other’s mental and emotional well-being through calls and messages. It is a gradual process.”  
— *Child Advocacy Officer, Nepal*
- “Daily telephone breakfast meetings (WhatsApp, Teams).”  
— *Child Protection Manager, Namibia*

#### Connecting with clients and beneficiaries:

In both surveys, social service workers also described the different ways they facilitated client connection to overcome challenges associated with remote interactions:

- “Enrolment of beneficiaries [in] a closed user group where participants could make and receive calls for free.”  
— *Gender and Development Officer, Uganda*
- “We created general information and social support lines, a psychological support line and an elderly support line and provided isolated people with shopping services.”  
— *Social Worker, Portugal*
- “We translated child protection messages into a drama series and aired them on radio stations.”  
— *Gender and Development Officer, Uganda*
- “Using community radio and social media distance learning.”  
— *Child Protection Specialist, Gabon*



To overcome the challenges presented by remote service delivery, social service workers have sought innovative ways to facilitate connections and build trust.<sup>83</sup> For example, if a family was not comfortable interacting through a video conference, workers have used other communication methods, such as text messaging, phone calls or email. Social workers in Ireland have developed a new way to maintain in-person contact with older people by offering ‘walking appointments,’ meeting the clients outside and walking at a physically safe distance, which also encouraged physical activity while decreasing social isolation.<sup>84</sup> Social service workers have also used creative strategies to maintain client relationships in a remote setting, including texting or emailing activities or websites to clients,<sup>85</sup> or playing online games with isolated families or children in residential settings.<sup>86</sup> Social service workers have also continued to support caregivers in their carer roles by providing information and links with agencies and resources, as well as through advocacy, and emotional support. Where home visits have largely ceased, social service workers have been finding new and innovative ways to support carers who are facing challenges.<sup>87</sup>

Many remote innovations and adaptations prompted by COVID-19 are likely to remain useful in the long term. For example, when social workers from the non-profit organization DOROT in New York City, USA, were forced by the pandemic to reduce home visits to older persons, they set up a telephone bank of student volunteers available to talk once or twice a week with seniors living alone.<sup>88</sup> On an even wider scale, advocacy efforts by social workers prompted a mobile communications company to disperse 10,000 tablets and internet connections to as many seniors living in public housing. The company also provided free technology training to the recipients. Such innovations and adaptations are likely to continue, helping otherwise isolated and often vulnerable older people to stay connected to people close to them and to different sources of help.<sup>89</sup>



*When the child-friendly centre closed in a northern rural area of Syria during lockdown, volunteers delivered child rights and child protection messages through songs and fun activities by phone, then followed up with home visits to answer questions and discuss the materials.*

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**CASE STUDY:**

**Rapid shift to remote service delivery**

*Organization:*  
**Mi Familia**

*Country:*  
**Colombia**



Mi Familia is a psychosocial-based family support programme designed by the Instituto Colombiano de Bienestar Familiar or Colombian Family Welfare Institute (ICBF), Colombia’s governmental body providing services to children, adolescents and families. The programme aims to prevent violence and unnecessary family separation, through home visits to strengthen parents’ and caregivers’ abilities to parent in positive, developmentally appropriate ways. Trained family support workers have conducted weekly home visits, following a 9 to 13 week schedule, depending on the needs of the family. These visits are supplemented by four group sessions. The programme had the aim of reaching 64,000 families in all regions of Colombia in 2020.

In March of 2020, ICBF had to rapidly adapt Mi Familia to remote service delivery due to the national lockdown caused by COVID-19. With support from the USAID-funded HRH2030 project, ICBF adapted its in-person curriculum to simple protocols that

their staff could use to support families over the phone. Technical assistance professionals developed guides for virtual visits that were adapted from ICBF’s existing manuals. Mi Familia’s operational structures remained the same, maintaining the same number of family support workers to ensure high quality services and personalized attention. ICBF invested the programme’s savings in transportation costs in technological resources to facilitate remote operations.

Mi Familia’s virtual implementation was assessed with three monitoring tools. More than 95 per cent of families surveyed felt satisfied with the programme. Nearly all family support workers (98 per cent) surveyed responded that they almost always achieved session objectives and 91 per cent reported that families almost always understood key lessons and information in sessions. Both families and their support workers felt the information and topics were relevant for parenting roles and helpful for children and adolescents. Despite the rapid shift to virtual service delivery, family support workers reported feeling supported and prepared to deliver the virtual model. A total of 99 per cent of the support workers felt prepared to answer the family’s questions, and 96 per cent of the households confirmed this by reporting that they considered their support workers able to respond to their questions.



## CASE STUDY:

### Adapting and scaling up training for social service workers

Organization:

Ministry of Labour and Social Protection

Country:

Kazakhstan



Kazakhstan lacks a system of multi-level training for practitioners working in the social welfare system. As a result, roughly 80 per cent of Kazakhstan's 12,000 social workers lack the competencies and skills necessary for their role. In December 2019, under the Ministry of Labour and Social Protection, and with support from UNICEF, a training of trainers (ToT) course was conducted to build the capacity of master trainers, to train the social service workforce to provide care, support and protection services, alongside social protection assistance, in particular cash transfers. It was intended that these master trainers would then conduct face-to-face training with groups of 28 to 30 trainers, in their respective

provinces. However, due to COVID-19, the programme had to quickly shift to an online format.

To facilitate the new approach, additional ToT classes were held to train master trainers on how to deliver interactive, online courses. A mobile app was also developed to deliver content on eight topics. Online presentations were supplemented by discussions, individual and group tasks and case studies. Videos were added to YouTube, and all materials were translated into Kazakh and Russian. At the end of each course, participants took an assessment through the app to demonstrate that they had retained the necessary information. A total of over 2,000 social workers, social assistants, social work specialists and psychologists from different regions of Kazakhstan participated in the online courses.

To ensure the sustainability of these achievements and to maintain quality in innovation and adaptation of social work education, a new organization, named 'Partnership for Social Service Development ONEGE' was developed. The organization will convene key experts and organizations to oversee and ensure the sustainability of this process going forward.



Civil society volunteers in India discuss perceptions and experiences with violence and safety to educate children on gender-based violence.

© UNICEF/2020/Panjwani





**CASE STUDY:**

**Enhancing psychosocial tele-support**

*Organization:*  
**Save the Children**

*Country:*  
**Zambia**



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 counsellors and by increasing the number of personnel. This enhanced the quality of essential tele-support to children and others experiencing increased anxiety and protection concerns.

As COVID-19 cases began to increase in Zambia, the number of reported cases of abuse and violations against children increased as well. Data on calls to local helplines reflected this with an increased number of calls about child marriage, child labour, and emotional, sexual and physical abuse.

In comparing data on calls in January 2020 (before lockdown) to those in July 2020 (after lockdown), the organization noted that calls from or about boys had nearly tripled, and calls from or about girls had quadrupled.

Save the Children consulted call centre counsellors and supervisors to assess their knowledge gaps, as well as to track the types of cases that were becoming more common during the pandemic. Twenty-five call centre counsellors were then trained virtually on how to conduct child and gender sensitive counselling via telephone and online chat and how to support distressed children. They were also trained how to report cases of abuse to the national regulator, and how to work with police to track legal violations reported or detected online. Psychosocial support was also provided to the counsellors to support their own well-being.

Save the Children also provided the call centre with additional funding so that staff could be given transportation to and from the call centre. This reduced travel times and the risk of infection from use of public transport.<sup>90</sup>

**Individual social service workers**

**Increasing number and complexity of cases**

During the pandemic, many survey respondents indicated that they and their colleagues in the social service workforce have faced significantly increased caseloads, as well as more complex cases, as a result of the pandemic. Furthermore, social service workers have often not been able to conduct detailed assessments or home visits, due to restrictions on movement. These restrictions have also limited their ability to keep in contact with certain vulnerable groups, such as migrants or those in institutions or detention facilities. Faced with an increase in the number and complexity of cases, many social service workers have adopted a ‘triage’ approach to case management, assessing and responding to cases with more urgent needs prior to others.<sup>91</sup>



*A social worker in Ethiopia interviews a young girl who was recently repatriated from Saudi Arabia amid the COVID-19 crisis.*

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## ALLIANCE SURVEY RESULTS:

### Greatest social service worker challenges

In both the April–May 2020 survey and the March–April 2021 survey, social service workers described key challenges faced during the pandemic, including difficult and stressful working conditions, a reduction in the quality of services they could provide due to increased caseloads and difficulty referring and connecting clients to other services. Practitioners also noted funding and resource constraints as a challenge given the increase in the number and complexity of cases. Those who cited financial concerns described receiving irregular payment of services, searching for funds to run activities themselves and receiving delayed salaries. Some of the comments included:

- “High caseload compromised the quality of service to the client due to the rise in demand for services.”  
— *Senior Project Officer, Kenya*
- “Minimal referral systems.”  
— *Children Officer, Kenya*
- “Client difficulty accessing health services.”  
— *Senior Associate, Guatemala, Colombia, Mexico*
- “Limited access to services since service providers were not at [duty] stations.”  
— *Gender and Development Officer, Uganda*
- “Demoralizing working conditions.”  
— *Children Officer, Kenya*
- “Some service providers are not taking new clients making it hard for children to access needed services, some are even closed.”  
— *Case Management Assistant, Zimbabwe*
- “There is a high volume of vulnerable people who need support and protection; while there are few social workers to attend to different cases. Thus, some vulnerable individuals might not be reached.”  
— *Control Social Worker, Namibia*
- “Challenges are mainly related to displacement and pursuing psychosocial follow-up in an ordinary frame where a child can play and be free in the session in a private setting other than his/her house if he/she cannot come to the office.”  
— *Social Worker, Lebanon*

### Increased stress

Social service workers have also faced their own mental health challenges, and are experiencing an increased need for psychosocial support. Their stress has been compounded by feelings of inadequacy from not being able to carry out their usual essential duties, such as investigating cases of abuse, anxiety from the increased workload and the increased needs of clients, and conflicting personal and professional demands.<sup>92</sup>



*The Children’s Hotline, founded by UNICEF and the Government of Georgia in April 2020, strengthened support to children with disabilities and their parents on any problematic issues related to COVID-19.*

© UNICEF/2020/Blagonravova



### ALLIANCE SURVEY RESULTS:

#### Social service worker self-care

In the April–May 2020 survey, when respondents were asked what self-care practices they were using or suggesting to those they supervised, 82 per cent indicated video and phone conversations with family, friends and colleagues; 62 per cent indicated getting enough sleep and healthy eating; 58 per cent indicated conversations with others about their feelings and 43 per cent indicated prayer or meditation.

In the March–April 2021 survey, social service workers added further examples of how they managed stress from increased workloads:

- “I engaged with colleagues to find out how they were coping.”  
— *Social Services Consultant, Namibia*
- “Ensuring self-care at utmost priority.”  
— *Assistant Social Development Officer, Malaysia*
- “I started doing yoga and meditation.”  
— *Social Worker, Bulgaria*

### Personal safety of social service workers

Social service workers have often risked their personal safety to address the urgent needs of their clients during the pandemic. For example, workers have occasionally needed to visit a suicidal client or transport a child to emergency foster care, placing the worker and their families at greater risk of contracting COVID-19.<sup>93</sup> This risk has been greater when social service workers have not been provided PPE or have been required to acquire it on their own. In the absence of receiving PPE or standardized COVID-19 safety guidelines, social service workers have been forced to make decisions regarding their personal safety and the needs of clients.



### ALLIANCE SURVEY RESULTS:

#### Personal safety and PPE

Concern over personal safety and lack of PPE emerged as a key theme among survey respondents in both the April–May 2020 survey and the March–April 2021 survey:

- “There was no adequate PPE for the social workforce among the government and child care institution social workforce. The government partners relied on the NGOs to support this as they were under a lot of resource constraints.”  
— *Senior Project Officer, Kenya*
- “I was afraid to engage with clients directly because my organization did not prioritize my personal safety when operating during the pandemic.”  
— *Social Services Consultant, Namibia*

Respondents also described how they navigated their own safety:

- “We provided PPE for ourselves.”  
— *Counsellor, Nigeria*
- “I continuously read about the virus and how to keep myself safe when dealing with clients, which assisted in overcoming anxiety.”  
— *Social Services Consultant, Namibia*
- “I obtained sanitizers, masks and cleaning materials for my office from my employer.”  
— *Social Services Consultant, Namibia*
- “I improvised ways to protect myself against infection.”  
— *Child Protection Officer, Kenya*



### Increased reliance on community volunteers

In many countries, volunteers have been involved in social service delivery in a wide range of roles and settings and in greater numbers—particularly at the community level—during the pandemic. Programme managers have taken this decision to increase capacity to match the increased level of need, especially when funding constraints has prevented recruitment of more paid staff. Increasing recruitment and involvement of volunteers in local communities has also been an approach taken to reach the increased number of individuals and families in need, particularly in the most remote or marginalized communities, when restrictions on movement have prevented professional social service workers from reaching those communities. However, recent research conducted by the ACPHA,<sup>94</sup> has found that while more volunteers may have been engaged to make up for gaps in service provision during the pandemic, they often have not received adequate recognition, training or supervision for this work. This has placed them at risk of stress and burnout, of feeling exploited, and of entering situations that they felt neither equipped nor supported to deal with.

The ACPHA research, which included interviews with a range of implementing organizations, experts and local practitioners, revealed that there can be a range of risks and challenges in increasing the use of volunteers. Many of these challenges have been accentuated in the pandemic by the scarcity of resources and restrictions on travel and in-person contact. The first key finding, especially in humanitarian contexts and in response to emergency needs, is that it is common for programme managers to welcome and appreciate the willingness of volunteers to serve their community without payment, other than reimbursement of expenses or a small stipend, but in doing so they often fail to consider the difficulties arising from the power imbalance experienced by volunteers working alongside paid staff. Managers also frequently fail to offer the different types of support that are needed to keep volunteers motivated, feeling included and valued. These include respect and recognition of the importance of their role, skills, experience and unique insights as community members, and the need to

involve them, alongside professional colleagues, not only in outreach and service delivery, but in programme design, planning and decision making.

The ACPHA research therefore found that, while many community members might be willing to volunteer to help provide services, raise awareness, or identify those in need and connect them to services, their volunteer spirit should not be taken for granted. As members of the same communities as the vulnerable individual and families they support, the research concluded that community volunteers need recognition and some compensation for their time away from family care duties or from earning a living, for the stress and effort of combining their volunteer service with daily challenges to survive and keep their families safe and well, and for facing risks to their own safety and even threats of violence. An expected form of reward and recognition might be the opportunity to move into a paid role with greater responsibilities, but the research found that these opportunities, and the training and education opportunities that would enable volunteers recruited from local communities to progress in this way, are rarely available.

In addition, volunteers—especially addressing child protection or outreach to other vulnerable groups—often face complex, sensitive and risky situations, for which they need not only initial training in the core competencies of the role, but also the opportunity for further training and professional development as their responsibilities increase. Such training can be both motivational and a means to enhance the quality of services, but it also needs to be accompanied by regular supervision to enable volunteers to reflect on the complex situations of risk and vulnerability that they face and to receive guidance.<sup>95</sup> To minimize these risks, the ACPHA research<sup>96</sup> has found, it is also important to ensure community engagement in all aspects of the volunteer role to build understanding and acceptance of their role and contribution.



# 5 LOOKING AHEAD: SUSTAINING INNOVATIVE PRACTICE AND POSITIVE ADAPTATION



*A community worker visits a family in a rural village in Yemen.*

© UNICEF/2020/Gabreez



While the lasting impact of the pandemic on the social service workforce remains unknown, input gathered from the Alliance’s March–April 2021 survey provides insight into how innovative practices and positive adaptations made during the pandemic could lead to new ways of working long after the pandemic is over.

### Lasting impact of the pandemic on the social service workforce

In the March–April 2021 survey, social service workers and organizations were asked how they foresee the pandemic impacting their role and how they will operate in the future. Their responses can be summarized through the following categories:

#### Increased use of online platforms and technology

Respondents highlighted the likely continued use of online platforms and technology to do their work. A child protection officer from Kenya noted that, “[We have] proven that working remotely is possible and a good practice. Investment in technology is important.” A programmes director from South Sudan pointed to the cost savings associated with use of virtual platforms, “The social service workforce has already adopted affordable means of communication such as virtual meetings. This should be continued because humanitarian organizations have been spending huge funds in traveling and meeting. These funds can be channeled to other areas of capacity building and needs.” In general, the Alliance and partners have observed how more members of the social service workforce have been able to participate in online learning exchange events and conferences than was previously possible when such events were in-person, given barriers of travel distance, cost and visa restrictions, and so the pandemic has catalysed wider participation in exchange of learning and strengthening of practice, an effect which is likely to be long lasting, given the positive effects noted by donors and programme providers.

#### Adoption of new policies and guidelines

Respondents noted the importance of the social service workforce continuing to adapt policies and guidelines to ensure it is responsive to the pandemic as it evolves. According to a founder of an organization

from Kenya, “Both old and new organizations will have to update themselves with policies and guidelines, several of which were developed or launched during COVID-19 to increase responsiveness.” These policies can also help guide organizations as they respond to other communicable diseases and future health crises.

#### Policies and guidelines produced during the pandemic

A range of new policies and guidelines for the social service workforce were developed during the pandemic. This include, but are not limited to, the following:

##### Ethical practice and decision making:

- *Ethical Decision-Making in the Face of COVID-19*, The International Federation for Social Workers<sup>97</sup>
- *Practising During Pandemic Conditions: Ethical guidance for social workers*, The International Federation for Social Workers<sup>98</sup>

##### Workforce safety and well-being:

- *Social Service Workforce Safety and Well-being During the COVID-19 Response: Recommended Actions*, ACPHA, the Global Social Services Workforce Alliance, UNICEF and the International Federation of Social Workers<sup>99</sup>

##### Care provision:

- *Special Guidance for Child Protection Case Management: Preventing and Responding to COVID-19*, UNICEF Ghana<sup>100</sup>
- *Technical Note: Protection of children during the coronavirus pandemic*, ACPHA<sup>101</sup>
- *Guidance for Alternative Care Provision During COVID-19*, The Better Care Network, Save the Children, ACPHA and UNICEF<sup>102</sup>

Please see the COVID-19 Resources page of the Alliance website for additional policies and guidelines.



### Enhanced collaboration

Both leaders of social service workforce organizations and individual social workers emphasized the need to strengthen cross-sectoral collaboration, networks and partnerships around provision of social service delivery. According to a national coordinator from Uganda, “Partnerships and collaborations will continue even to address other social challenges of our time along the continuum of social protection.” A founder of an organization from Kenya shared a vision of “a platform for networking and collaborative activities across the globe so that organizations complement [each other] rather than duplicate.” A global technical director emphasized the need for “improved service connections, including connecting social services with education, health and justice.”

### Continued flexibility and readiness to adapt

Respondents highlighted the importance of flexibility by members of the social service workforce. An assistant development officer from Malaysia mentioned the need for the social service workforce to embrace “new methods and approaches of intervention involving current technology.” Respondents also noted the need for capacity building among workers in the areas of mental health, trauma and advocacy and mentioned the importance of workshops and trainings to assess lessons learned from the pandemic, navigate changes to the social service workforce, refine job roles and build new skills.



*A social worker uses the Child Protection Information Management System Primero™ to support unaccompanied and separated migrant children in Guatemala City, Guatemala*

© UNICEF/2021/Mussapp

### Future role of social service organizations

In the March–April 2021 survey, leaders of social service organizations were asked to consider the roles social service organizations have played during the pandemic and reflect on what they anticipate will be the most important roles for social service organizations following the pandemic. Their responses can be summarized through the following categories:

#### Strengthening social protection

Respondents highlighted the need for social service organizations to support clients and communities by strengthening social protection. A technical director, who works globally, articulated the role of social service organizations as “ensuring that families have [the] supports and resources to come back strong.”

### Linking social services with social protection

Governments around the world have provided emergency cash transfers to families during the pandemic to help them endure resulting economic shocks, including loss of jobs and livelihood, closure of small businesses and restrictions on movement preventing labour migration or forcing migrants to return home without work.<sup>103</sup> The pandemic has reminded policy makers of the importance of strong adaptive social protection systems to help build resilience to shocks, but economic shocks are not unique to the pandemic and have increased in occurrence over the last 50 years. Adaptive social protection is a special focus area in the field of social protection that aims to build resilience to shocks by identifying how social protection systems can be prepared and improved before such shocks occur.<sup>104</sup>

The United Nations, inter-governmental bodies, governments and policy experts worldwide have expressed that to 'build back better', there is a need to establish not only emergency schemes, but more lasting, comprehensive social protection systems, integrated with social services, and supported by both domestic expenditure and international assistance. One study found that the pandemic reinforced inequalities in terms of access to social protection in labour markets among the 27 European Union Member States, and that governments in this region had to urgently create new schemes without which thousands of people would have been left without any income support.<sup>105</sup> However, such temporary schemes should not replace long term efforts to expand sustainable social protection for all, which, in the light of the likely long term socio-economic impact of the pandemic, are needed more than ever.

### Advancing mental health and psychosocial services as an integral part of social services

Respondents emphasized the need for social service organizations to provide continuous mental health and psychosocial support services, and help address compounding and overlapping dynamics that are confronting whole communities and individuals due to the pandemic.

### Addressing social service worker needs

Respondents emphasized the importance of prioritizing the well-being of social service workers. According to a consultant from South Africa, "The trauma and stress of the social services workforce is largely ignored. Where addressed, it is fragmented and piecemeal, it is not located within a risk management strategy." Respondents also stressed the importance of social service organizations improving working conditions and advocated for higher wages.



*A trained para-social workers leaves her house in Uganda to attend a meeting where the whole para-social worker community briefs itself about ongoing or upcoming trainings.*

© UNICEF/2020/Abdul

### Advocacy for the essential role of the social service workforce in future pandemics or similar humanitarian situations

Survey respondents highlighted the need for social service organizations to advocate to governments to cultivate awareness and formal recognition of the importance of social service workforce roles and responsibilities during the pandemic. They indicated that the most important roles of social service workers in the context of the pandemic, recognition of which will need to be the focus of future advocacy, included:

- **Providing direct assistance and psychosocial support:** Respondents described the role of social service workers as frontline professionals and volunteers during the pandemic, maintaining the well-being of communities and providing psychosocial support to clients. An assistant social development officer from Malaysia explained that social service workers have helped communities “deal with the social issues escalating during the pandemic.” Multiple respondents also alluded to the role social service workers played in supporting clients dealing with financial stress as a result of the economic fallout associated with the pandemic.
- **Enabling access to services:** Respondents highlighted how social service workers, both paid and unpaid, have helped clients navigate services during the pandemic. Respondents mentioned the role of workers in identifying the needs of the most vulnerable community members, and ensuring they are able to access information on how to keep safe and then access services to meet their needs.
- **Supporting children and families:** Respondents described how social service workers were crucial to supporting children, assessing and responding to child protection risks, supporting families and linking children and families with necessary support and referral services, especially in the context of school closures.
- **Building resilience:** Respondents emphasized the role of social service workers in supporting families to be resilient and to learn how to navigate unexpected situations. A respondent from India noted the role of social service workers in

addressing “the health, nutrition, mental health and educational needs of communities” and a senior project officer from Kenya mentioned that they could “create demand for viable solutions that enable communities to live with or overcome their challenges.”

- **Providing public information and raising awareness:** Respondents emphasized the role social service workers played in disseminating important public information around COVID-19, as well as in raising awareness of the availability of relevant services.
- **Advocating for the most vulnerable or marginalized:** Respondents highlighted the role of social service workers as advocates for those unable to seek assistance in their communities, ensuring their needs were recognized. This has included advocating for recognition and support for informal, unpaid caregivers who provide critical support in collaboration with the workforce, many of whom are dealing with extreme emotional and mental health tolls due to the pandemic.<sup>106</sup>

### Future social service workforce needs

When both social service organization and workers were asked about their greatest needs as they look to the future, they highlighted the following:

#### Training and capacity building

Both social service organizations and workers highlighted the importance of capacity building among the social service workforce given everything that has transpired with the pandemic. They noted that academic programmes and formalized training curricula can and should incorporate lessons from COVID-19 to prepare the workforce for future crises. Social service organizations referred to the need for more general training and capacity building for leaders and for adjusting to the ‘new normal’. Social service workers described more targeted training needs focused on response during large-scale emergencies, including contextually-appropriate support for children and families, and provision of targeted support for social service workers, including training on self-care. Both social service organization leaders and individual social service workers



highlighted the need for improved capacity in the area of technology. Organization leaders such as one from Kenya described the overarching “need for greater normalization of technology use in communications and interactions.”

### New policies and involvement in policy-making process

In addition to noting the need for advocacy efforts to raise government awareness about the roles of social service workers during the pandemic, both social service organizations and workers mentioned the need for new policies related to social service workforce roles and responsibilities as well as their involvement in the policy-making process. A founder and chief executive officer from the Philippines specifically mentioned the need for “active participation in the policy and implementation of [an] inclusive and transparent mental and health care programme for everyone.”



A woman receives counselling during the pandemic from a volunteer child protection worker in Bangladesh.

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### Additional resources

Social service organizations and workers both described the need for greater resources moving forward. Organizations emphasized the need for increased funding to address social challenges resulting from the pandemic. A programme director from South Sudan articulated the need for a “‘build back better’ fund like that of Global Fund for Malaria, TB and HIV/AIDS.” Social service workers mentioned broader resource needs, including an increase in the number of available social workers and the general availability of PPE.

### Improved employment conditions/care for workers

Key themes related to better employment conditions and support for social service workers emerged from both sets of stakeholders. Some examples included:

- “Position worker stress and trauma within the business risk management strategy.”  
— *Consultant, South Africa*
- “Supervision, coaching, mentorship and debriefing support service in place for the care of the caregiver.”  
— *Lead, Namibia*
- “Align systems to manage the risk of personal and vicarious/secondary trauma in social services workforce.”  
— *Consultant, South Africa*
- “Professional psychological support.”  
— *Social Worker, Bulgaria*
- “More time for rest and time to process the challenges of the pandemic.”  
— *Social Worker, Bulgaria*
- “Empowering workers on their rights and roles so that it minimizes abuse from employer[s].”  
— *Social Services Consultant, Namibia*

### Improved coordination mechanisms

Another theme that emerged from both sets of stakeholders was the need for coordination. Leaders of social service organizations mentioned the need for organization and coordination of the workforce through professional bodies. Individual social service workers described the need for well-established coordination mechanisms, particularly in emergency settings.

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# 6 CONCLUSION AND RECOMMENDATIONS



*A girl in Cambodia talks to a UNICEF Child Protection Officer about her challenging recent experiences.*

© UNICEF/ 2021/But

While it is still too early to draw definitive conclusions on all the ways in which the COVID-19 pandemic has impacted the social service workforce, this report documents some key lessons learned, from which key recommendations can be made on how to ensure that the workforce is better able to respond and adjust not only to this but to future pandemics and global crises.

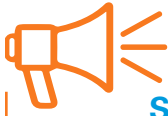


### Governments should:

1. Recognize the social service workforce as essential and provide the workforce with priority access to PPE and vaccinations to protect the safety of individual social service workers and the clients with whom they work.
2. Recognize and support the full range and diversity of the social service workforce, which operates at individual, family, community, institutional and national levels, and includes professionals, paraprofessionals and community volunteers, working for both governmental and NGOs, in both community-based services and a range of specialized settings and institutions.
3. Recognize and support the full range of social services that the workforce provides for which there has been, and will continue to be, a high level of need. This includes psychosocial care and support, assessment and referral services for children and families (including children at risk of violence and children separated from their families in alternative care), and support and care for children and adults with mental health needs, children and adults with disabilities, and older people.
4. Support and enable integration and coordination between the full range of services provided by the social service workforce, listed above, with social protection, health, education and justice services.
5. In recognition of the critical role the social service workforce plays during emergencies, earmark funding and resources for capacity building of the social service workforce, including community volunteers—through pre-service and in-service training—in readiness for future public health emergencies, as well as natural disasters and other humanitarian crises.
6. Encourage and direct humanitarian actors to recognize and work with existing social service workforce and structures in prevention, mitigation, response and recovery from such emergencies.
7. Develop policies and provisions for greater integration and co-location of the social service workforce within public health services, with a recognized role for the social service workforce in the frontline response.
8. Develop and provide the technological infrastructure, and cover both initial and recurring costs, for a range of robust and accessible platforms and tools to enable remote and online connection between social service workers and the individuals, families and communities they serve.<sup>3</sup>
9. Provide targeted, adequate investments and coordination across all levels of government, in particular in integrated social protection and social services, to enable recovery from the pandemic followed by continued progress towards the goals and targets in the 2030 Sustainable Development Agenda.

<sup>3</sup> This would be useful if, for any reason, in-person contact becomes difficult or impossible again as well as to overcome barriers to service access by remote or marginalized individuals and communities. However, before wider investment is made to deliver services in an online format even when face-to-face contact is possible, further research is required into the advantages and disadvantages, and costs and benefits of both approaches. It will be necessary to ensure a switch to online provision only when and where it is proven to achieve added value and impact, while retaining sensitivity to culture and context, within a person-centred, child-centred, rights-based and needs-led approach.





### Social service organizations and professional associations should:

1. Develop guidelines and tools to support social service organizations and workers to operate and deliver services safely and ethically in the context of the pandemic. These guidelines and tools should address physical safety of workers and clients including provision of PPE, technology needs as well as workers' navigating privacy and confidentiality issues under evolving service delivery contexts and circumstances. In addition, they should ensure strong online supervision mechanisms.<sup>107</sup>
2. Strengthen cross-sectoral collaboration, networks and partnerships to facilitate coordinated social service delivery, both within the social welfare sector, and in collaboration with health, education, justice and other allied sectors.
3. Monitor the well-being of social service workers and volunteers by providing ongoing psychosocial support, limiting individual caseloads to manageable levels and providing opportunities for mutual sharing on how to navigate challenges.
4. Leverage and build on technology already in place to enable, when required, seamless shifting between in-person and remote provision of care, and to ensure no interruption in the provision of supervision, training or continuing professional development.
5. Prepare for a rapid surge in emergency response when needed, e.g. through rapid training and deployment of personnel and volunteers (supported by appropriate stipends, quality supervision and opportunities for skill development), or redeployment of spare capacity from under-utilized sectors of the workforce.
6. Ensure that in addition to recruitment and deployment, additional staff and volunteers are also provided with regular supervision, training and professional development opportunities.
7. Document and disseminate organizational experiences and innovations in operations, as well as individual social service worker experiences and innovations in practice, in delivering services to individuals, families and communities.

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