Transforming Children's Care
COLLABORATIVE

The Role of the Social Service Workforce in Children's Care and Care Reform

THEMATIC BRIEF

Introduction

A strong and effective social service workforce plays an essential role in protecting children and strengthening families so they can care for their children safely, preventing family separation whenever possible. They also play a key role in providing a range of suitable alternative care options, and in working with children and their families to support family reintegration whenever possible. In doing so, they ensure that children and families are involved in decisions on their care, and that the plans made for children's care and protection are always in the best interests of the child.

At national level, social service workers play a critical role in helping reform child welfare systems, and in doing so, helping states fulfill their obligations to support families to care for their children, and to transition away from institutional forms of care to alternative care in families.[1] Their role includes developing care reform strategy and plans, helping develop or expand the range of approaches to family strengthening and family-based alternative care, supporting the transition of residential care facilities to community-

1 Article 18, Convention on the Rights of the Child (1989)
https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
Guidelines for the Alternative Care of Children, adopted by the United Nations General Assembly (2009)
https://bettercarenetwork.org/guidelines-on-alternative-care

based family services, raising public awareness of the care reform vision and strategy, and mobilizing and coordinating support from community-based organizations and service providers.[2]

However, care reform is more than the transition from residential to family-based forms of care. To be truly effective, care reform requires the transformation of the goals, structures and practices of the surrounding systems that underpin child welfare, including the child protection system. Such holistic transformation depends as much on the principles and ways of working of the social service workforce, as it does on the adoption of new laws and policies. This includes the role of the workforce in addressing the factors that push children into the care system, such as the lack of child- and family-centered services at the community level, including services that are inclusive of children with disabilities and their families. It also includes setting up and running mechanisms for gatekeeping, which is the term used in many countries for the process of multi-agency assessment and decision making that prevents unnecessary admission of children to alternative care, and ensures, when alternative care is required, that they are always placed in the most suitable form of care, including family care wherever possible.[3]

The social service workforce includes professional social workers, para professionals and trained volunteers working together to deliver and facilitate access to social services to enhance child and family well-being and identify and manage risks.[4] A well-planned, developed and supported social service workforce, with sufficient training and resources, is essential for countries to achieve lasting child care system reform. States therefore need to commit adequate investment to ensure they have the workforce required for them to provide care and protection for children in line with the international standards and rights enshrined in the UN Convention on the Rights of the Child (UNCRC), the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the UN Guidelines on the Alternative Care for Children, the 2019 General Assembly Resolution on Promotion and Protection of the Rights of the Child and national laws and frameworks.

---

2 'Care reform refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available'. Better Care Network and the Global Social Service Workforce Alliance (2015) The role of social service workforce development in care reform. BCN: New York. P.47. https://socialserviceworkforce.org/resources/the-role-of-social-service-workforce-development-in-care-reform/

3 Better Care Network. (2015). Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems.
Accessed at: https://bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/gatekeeping-making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in

4 Global Social Service Workforce Alliance and UNICEF. (2019). Guidelines to Strengthen the Social Service Workforce for Child Protection.
https://socialserviceworkforce.org/resources/guidelines-to-strengthen-the-social-service-workforce-for-child-protection/

Audience

This thematic brief was developed to help government policy and decision-makers understand this essential role of the social service workforce and how to strengthen that workforce in line with their national commitments to care reform and regional and global conventions. This brief includes high level guidance, recommendations and practical examples from diverse contexts for policy and decision-makers to consider in developing, supporting and strengthening the social service workforce. The following recommendations detail some of the key ways in which the attitudes, practices, behaviors and approaches of the workforce often need to change to achieve the goals of care reform and comply with international norms. They also outline the significant systemic changes needed for care reform to be sustainable.

The Social Service Workforce

The social service workforce is defined globally as 'a wide range of professionals, para professionals and volunteers, who are in both paid and unpaid, governmental and nongovernmental roles, (who) work to ensure the well-being of children, youth, adults, older persons, families and communities. The social service workforce provides preventative, responsive and promotive services that alleviate poverty, challenge and reduce discrimination, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect and family separation.'[5] The workforce includes:

Professionals: governmental and non-governmental social service workers with the required educational background and experience. Professional qualifications generally involve tertiary level education in social work, or other disciplines relevant to the social service workforce, based on courses of 3 to 4 years (with opportunities for further studies at Honors, Master and Doctoral levels). Professional roles in the social service workforce are generally regulated through systems of accreditation and licensing, and supported by professional associations.

5 Definitions sourced from:
https://socialserviceworkforce.org/the-workforce/defining-the-workforce/
https://socialserviceworkforce.org/resources/briefing-paper-on-the-definition-of-the-social-service-workforce/
https://socialserviceworkforce.org/resources/para-professionals-in-the-social-service-workforce-guiding-principles-functions-and-competencies-2nd-edition/ and https://alliancecpha.org/en/community_volunteers

Para professionals and volunteers: social service workers who do not necessarily have formal educational qualifications but have the experience, commitment and ability to deliver social services to vulnerable groups given their knowledge of and proximity to the local community. They could include para social workers, youth or community development workers, welfare officials, and social or cultural animators. The skills and knowledge required by para professionals vary widely, but it is best practice for para professional training to be regulated by law, and a requirement is often their proximity and social connection to the community members to be served. The para professional workforce is often supervised and/or mentored by the professional cadre.

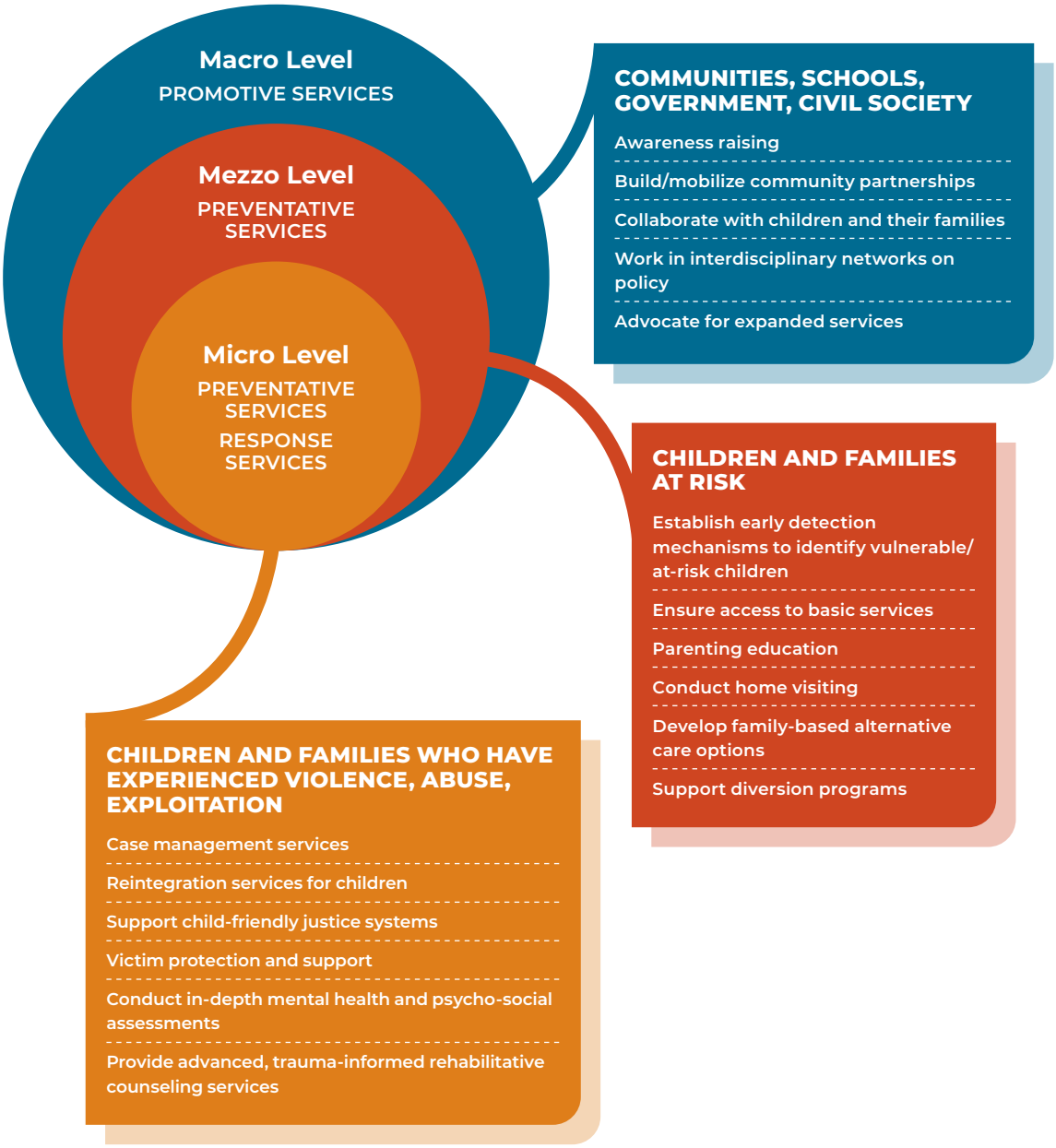
Social service workers operate at the following levels (see figure 1 below):

Micro level: working on individual cases, including **identifying** children and families at risk in the community, **referring** them to services and **following up** to ensure the services are received and helpful.

Mezzo level: preventive work, **educating groups of people** on risks and protective factors affecting children and families; collaborating with the community to identify vulnerabilities and establish networks of support.

Macro level: working with and advocating to governments (including ministries and judicial bodies), funders and international organizations, as part of **national or regional** policy making and program development, by drawing on their knowledge of, and engagement with, people and communities in need.

Figure 1: Diagram of levels at which social service workers operate (UNICEF & GSSWA, 2019)[6]



6 Global Social Service Workforce Alliance and UNICEF. (2019). Guidelines to Strengthen the Social Service Workforce for Child Protection. p.10

International Commitments and Obligations

UN Convention on the Rights of the Child

Article 18 (2) *For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.*

Article 3(3) *States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.*

Article 19(2) *Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

UN Convention on the Rights of Persons with Disabilities

Article 19(a) *Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement.*

Article 23(3) *States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.*

A/RES/74/133 2019 UNGA Resolution on the Rights of the Child urges States to:

31. Strengthen child welfare and child protection systems and improve care reform efforts, which should include increased multisectoral collaboration, inter alia, between child welfare and health, education and justice sectors, active coordination among all relevant authorities, improved cross-border systems and improved capacity-building and training programs for relevant stakeholders.

34. Take effective action to provide support to families and to prevent the unnecessary separation of children from their parents, including by:

(a) Prioritizing investments in child protection services and social services to support quality alternative care, including families and communities in order to prevent the separation of children from their families, with the best interests of the child as the primary consideration.

(b) Adopting and enforcing laws and improving the implementation of policies and programs, budget allocation and human resources to support children, particularly children with disabilities and children living in disadvantaged, stigmatized and marginalized families, to address the root causes of unnecessary family separation and ensure that they are cared for effectively by their own families and communities.

(k) Ensuring that all decisions, initiatives and approaches related to children without parental care are made on a case-by-case basis, by suitably qualified professionals in a multidisciplinary team, through a judicial, administrative or other adequate and recognized procedure, with legal safeguards, taking into account the best interests of the child, and regularly reviewed, with a view to ensuring the child's safety, security and participation, and grounded in the best interests of the child concerned, including through incorporating a gender perspective and in conformity with the principle of non-discrimination.

35 (e) Ensuring adequate and systematic training in the rights of the child, including by encouraging States to take the Guidelines for the Alternative Care of Children into account for professional groups working with and for children, including with children without parental care, including specialized judges, law enforcement officials, lawyers, social workers, medical doctors, care professionals, health professionals and teachers, and coordination among various governmental bodies involved in the promotion and protection of the rights of the child.

UN Committee on the Rights of the Child, 2021 Day of General Discussion on Children's Rights and Alternative Care concluded with recommendations that States should:

33. Substantially increase investment to ensure the availability of a trained, qualified, accredited, mandated and supported social service workforce to work directly with children and families and across sectors to prevent family separation and oversee the quality of alternative care, in line with human rights standards.

34. Expand the social service workforce, improve the working conditions, minimize staff turnover, create stable placements and relationships between children and care workers and increase support for workers' mental health and well-being.

35. Establish and implement mandatory reporting of violations of children's rights by social service workforce personnel and adopt anti-retaliation legislation and policies.

UN Committee on the Rights of Persons with Disabilities, Guidelines on Deinstitutionalization (2022)

B (60) Proper mapping of existing laws, regulatory frameworks, policies, budgets, formal service structures, informal community-based support, new elements of support and the workforce is essential to inform comprehensive reform of laws and policies in support of deinstitutionalization. Mapping processes should be undertaken to accelerate deinstitutionalization, and not to delay closure of institutions.

5(66) States parties should map the workforce, including demographic and employment trends and the impact that these trends may have on deinstitutionalization. States parties should establish priorities for improvement, assessing the feasibility of workforce transformation to ensure the provision of services that comply with the Convention. Services should be provided solely under the direction of the persons with disabilities concerned, or the parents or guardians of children with disabilities, with due weight given to the child's views. Those responsible for human rights violations should not be licensed to provide new services.

The Global Social Service Workforce Alliance's 'Framework for Strengthening the Social Service Workforce' organizes the key actions to strengthen the workforce into three elements: ***planning***, ***developing*** and ***supporting***.[7] This framework outlines how, in order to strengthen the workforce for effective child protection and care systems, governments and their partners should take the following interrelated and interdependent actions, but adapted to the specific country context and needs:

7 Social Service Workforce Strengthening Framework (GSSWA, 2013) https://socialserviceworkforce.org/resources/social-service-workforce-strengthening-framework/

Figure 2: Social Service Workforce Strengthening Framework (GSSWA, 2013)

These three core groups of actions, under the headings of planning, developing and supporting, are incorporated into the more specific recommendations outlined below.

Recommendations to strengthen the social service workforce for children's care and care reform

1. Develop legal and policy frameworks for workforce strengthening

The international legal and policy frameworks outlined above recognize that all children are best cared for within families. This includes children with disabilities and other children who are socially excluded and often over-represented in alternative care. These frameworks call for prioritization of family strengthening, family- and community-based care and the deinstitutionalization of the alternative care system. **Recognizing and strengthening the social service workforce is an essential part of care reform efforts to ensure these systems and services can be delivered and operate effectively.** While this brief focuses on the social service workforce (including professional social workers and other social service workers with child and social protection responsibility), it recognizes that this social service workforce is multi- and cross-sectoral. Members of the social service workforce with essential roles and responsibilities relevant to children's care and care systems are found in child protection, education and early childhood development, social protection, health and nutrition, and other sectors.

A whole government approach[8] is needed with a clear intent to define, structure, regulate, protect, support, resource and monitor the role of the social service workforce throughout the care reform process and in a clear and comprehensive human resource policy. Such a whole government position gives direction to the workforce strategy within the care reform process. To support care reform through workforce laws, policies and plans governments must:

- **Establish an inter-sectoral leadership group** with a funded secretariat to drive the assessment, planning, costing, resourcing and strengthening of the social service workforce.

8 'Whole of government' refers to working across all government sectors (protection, education, health, justice, etc.) and levels (national, sub-national, local).

- **Map and assess the social welfare, support and protection needs of children and families,** particularly those with disabilities and those facing exclusion or marginalization, and those children at risk of family separation and loss of family care.
- **Map and assess laws, regulations, policies, budgets, and service structures** (both formal and informal or community-based) for the social service workforce working in child protection, alternative care and care reform to identify local capacity and innovative solutions, weaknesses, gaps and areas of misalignment with international norms and standards.
- **Map the current social service workforce** responsible for children's care and protection, in preventive and responsive roles across sectors and in both community-based settings and in alternative care services (both institutional and family-based). This should include mapping and assessing the numbers, geographical distribution, educational background, career path and professional capacity of the workforce. This should help determine the impact that current workforce numbers and capacity are having on care reform, including in the effectiveness of family strengthening, and in the development and support for high-quality family-based alternative care services including inclusive services for children with disabilities.
- **Assess the knowledge, attitudes and practices of this workforce** to understand where training, supervision and other targeted capacity strengthening is needed and on what specific topics, including both in preventive roles (such as family strengthening), and in responsive roles including providing and supporting alternative care. This should also cover social service workers with responsibility for children with disabilities and their families and caregivers with disabilities, and for refugee and displaced children, children from minority groups and children who have been institutionalized, experienced chronic neglect, or other forms of abuse and violence.

Country examples of social service workforce mapping and assessment

Jordan - Social service workforce mapping

In 2022, the Minister of Social Development initiated a social service workforce mapping exercise to better understand the composition and status of the social service workforce in child protection, including those involved in alternative care. While the results of the assessment have not yet been officially released, initial findings show the social service workforce to have unreasonably high caseloads and are often required to spend a great deal of time on paperwork. The findings also show there to be a limited focus on preventative efforts and the need to develop and invest more in programs that are tailored towards families at risk of separation. In addition, the findings revealed a shortage of resources tailored towards working with families while their children are institutionalized.

Ukraine - a multi-stakeholder exercise to assess and define the social service workforce for better care

In Ukraine, UNICEF is supporting a social service workforce assessment under the Better Care reform initiative, which was launched in 2023. The assessment covers the numbers, location and role of the workforce, but also the existing competencies of professionals to provide services of prevention of family separation, prevention of abuse, responding to child protection issues, and alternative care. A broad stakeholder meeting kicked off the exercise and top of the agenda was how to develop a common understanding of what is meant by the social service workforce for children's alternative care and who exactly is doing what in the complex system. The participants found this a challenge owing to the many different roles within the workforce, with the demands on the workforce made even more complex by the war. However, the exercise helped stakeholders at all levels, including senior government, think through the types of support that children and families need and who can provide them, and gain understanding of why a professional workforce is needed for children's care and what competencies they need.

Resource for social service workforce mapping, assessment and planning:

Global Social Service Workforce Alliance (2019). Social Service Workforce Mapping Toolkit.
https://www.socialserviceworkforce.org/resources/social-service-workforce-mapping-toolkit

UNICEF and Global Social Service Workforce Alliance. (2022). Proposed Guidance and tool for Costing the Social Service Workforce.
Retrieved from: https://socialserviceworkforce.org/resources/proposed-guidance-for-costing-the-social-service-workforce/

- **Informed by the results of the mapping and assessment, identify and implement priorities and directions for reform and improvement** in the capacity and practices of the workforce for child protection and alternative care including through development of:

  i. **A clear definition** of the social service workforce roles and mandates required to implement these laws and regulations, within these structures, for the support of families, and protection and care of children. This should include defining the skills, experience, and accredited qualifications that this workforce requires.

  ii. **A regulatory framework** that can best ensure services and practices comply with international law and norms, national standards, norms and professional code of conduct; and one that can safeguard children's best interests, protect them from harm, and ensure that no groups of children are overlooked or left behind, including children with disabilities. This should include:

    - **Establishing or strengthening national regulatory bodies** mandated with regulating the qualifications, practice standards, professional licensing and registration and/or certification for para professionals.
    - **Developing and implementing a national safeguarding policy** that ensures that assessment of the suitability of all staff to work with children, including a criminal records check, rigorous references. This should also include a clear process of orientation and probation so that new staff develop safe practices and competencies and staff who are not suitable, or unsafe in their practice, are excluded from the workforce.

South Africa - regulating and setting standards and guidelines for the social service workforce

The South African Council for Social Service Professions (SACSSP) is the statutory body for guiding and regulating social work and child and youth care work, and setting and maintaining standards of education and practice of the social service workforce. It was established under the Social Service Professions Act 110 (1978). SACSSP publishes guidelines and documents to inform and guide both social workers and child and youth care workers. These documents include Norms and standards relating to the continuing professional development for social workers and social auxiliary workers (2019), outlining how professional development can be used for meeting standard conditions and licensing requirements of social workers, and the Guidelines on generic processes and tools for child and youth care work practice with individual children and families (2020). These sets of guidelines aim to standardize case management approaches in both government and non-government services. They align to the amended Children's Act 41 (2007), with specific regulations on social worker's responsibilities related to alternative care.

iii. **Governance systems and structures** for the child protection and alternative care system including a national coordinating body, the lead competent authorities, their responsibilities in relation to social services workforce and expectations and processes for multi-agency working and coordination, including in gatekeeping (see below) and inter-agency referrals.

iv. **A suitable workforce structure, decentralized where necessary to meet local needs.** In planning the structure of the workforce, it is important to take into account the extent to which its roles, responsibilities and resources will need to be decentralized, with sufficient staffing and resources both at local community and at district level. When roles, responsibilities and resources, including work on individual cases, are centralized in national ministries, or only decentralized to provincial / state level, this makes it harder for social services to be accessed by local populations, in particular in more remote areas. A decentralized, community-based workforce, in particular in countries with very dispersed populations, is therefore often essential for the social service workforce to be able to play an effective role in enabling and supporting family-based care.

v. **A national strategy for care reform,** which includes:

- A sub-strategy for workforce strengthening and development of minimum standards for family strengthening and alternative care services, and practice guidance,

- A plan for deployment of social service workers to family-focused community services and family-based alternative care services, including redeployment of social service workers from residential care-based services to child and family centered services.
- Ensuring the social service workforce are consulted, engaged and informed of the care reform agenda, and the important role they have in care reform and in transition from residential care services to community-based services.

Examples of countries that have developed national systems of child protection and alternative care, that help define the role and structure of the social service workforce

India - developing and strengthening a national system or children in need of care and protection

The Ministry of Women and Child Development is implementing a centrally sponsored scheme for children in need of care and protection, known as Mission Vatsalya[9], with the aim to ensure comprehensive child welfare and protection through state governments and Union Territory Administrations on the basis of a shared public budget. Mission Vatsalya has schemes for preventive, statutory care and rehabilitation services for children who are in need of care and protection and those in conflict with law as defined under the Juvenile Justice Act 2015 (amended in 2021). The vision of this new scheme is to complement the Juvenile Justice Act and "secure a healthy and happy childhood for each and every child in India and ensure opportunities that enable them to discover their full potential and flourish in all aspects of life." Mission Vatsalya promotes family-based non-institutional care of children based on the principle of institutionalization being a measure of last resort. It includes: a robust monitoring framework for the different implementation levels (central/national, state and district); clarification of the roles and responsibilities for different members of the workforce; establishment of child protection committees; all within an overall focus on prevention and gatekeeping. Mission Vatsalya specifically facilitates and ensures inter-sectoral convergence and coordination between government departments at all levels on child protection and care.

9 https://missionvatsalya.wcd.gov.in/public/pdf/children-related-law/vatsalyaguideline.pdf

Rwanda - scaling a community-based model of para professionals

Under the leadership of the National Child Development Agency, the 'Inshuti z'Umuryango' (IZU) or 'Friends of the Family' initiative was introduced in Rwanda in 2016 as part of national child protection system strengthening and care reform efforts.[10] Conceived as an innovative approach to building stronger community support and structures, IZU are community-based volunteers mandated to assist in the protection of all children and their families from violence, exploitation, and neglect. While initially the IZU initiative made slow progress due to funding constraints, a scale-up effort from 2017 to 2018 and the implementation of an 'Operationalization Plan' in 2019 has expanded the IZU across all 30 districts in Rwanda and increased the skill levels of the volunteers. To date, 29,674 IZU have been selected with the aim to have one male and one female IZU volunteer in each local community. Although a formal evaluation of results achieved by IZU has not taken place, ongoing monitoring has shown they play a critical role in providing continuous monitoring and support to children who are at risk of separation from their families, were separated and have been reunified or who have been placed in alternative family-based care. They also play a key role in identifying the root cause of separation and addressing them through either direct support or by referring cases to local government and non-government services.

10 UNICEF. (2023). The Inshuti z-Umuryango: The volunteers helping keep children safe in Rwanda. Access at: https://www.unicef.org/rwanda/media/4921/file/2023-IZU-Result-Brief.pdf

2. Develop social service workforce capacity and competencies through training, education and practice guidance

- **Develop a competency framework for the social service workforce** supporting children and families and working in alternative care, with clear expectations in terms of competency (knowledge, skills, practices and values) across roles, across sectors, and at all levels of professional development, from student to supervisor and manager.
- **Develop specific and culturally relevant standards, guidelines and indicators for good practice, aligned with international norms and guidance.** The guidelines should help staff apply laws and policies in practice, in particular those adopted for the purpose of care reform. Practice standards should clarify what is required for services to be of sufficient quality and sufficiently accessible to uphold children's rights, meet the essential needs of children and families and deliver good outcomes. As well as complying with international rights and norms, such standards should be realistic, enforceable and informed by local culture and positive traditions for supporting families, recognizing and building on existing best practices and capacity in the country, rather than relying on imported practice models. To ensure standards are contextualized in this way, the local social workforce should be engaged in developing them. The standards once adopted should then inform not only how services are designed and delivered, but how new social service workers are trained. Such training should include cultural competence - social service workers should learn how to design and deliver services in such a way that they respond to the needs and context of local communities.
- **Coordinate with universities and training institutes to develop national curricula and programs for social service workforce education and pre- and in-service training.** These should be aligned to the vision for care reform in the country, and the care roles, competencies and practice standards required to achieve this vision, as well as being informed by current best practices and local, indigenous knowledge. To do so, universities will need to work closely with practice settings in the community to ensure suitable placements are available, with competent workplace supervision. This should provide opportunities to help residential care staff develop the competencies required to transition to roles focused on prevention of family separation and family-based alternative care roles, while recognizing and drawing upon the significant and relevant knowledge and experience these workers already have.

Examples of collaborative approaches to developing and improving social service workforce training and education

Jamaica

In 2021, the Government of Jamaica accessed funds from the Caribbean Development Bank's Basic Needs Trust Fund through the Jamaican Social Investment Fund and partnered with the Mico University College to design and deliver a six-month in-service course in Clinical Social Work to thirty social workers employed by the Child Protection and Family Services Agency (CPFSA). This government agency has responsibility for alternative care and the aim of the course was to build the capacity of the practicing social workers, not all of whom have social worker university degrees. The course built their capacity to carry out clinical assessments and interventions with children in the state care system.

Romania

The Government of Romania's General Directorate of Social Work and Child Protection partners with the non-governmental Resource and Information Center for the Social Professions (CRIPS) to provide training and education to the public social service workers involved in alternative care and the child protection response throughout the country. Founded in 1997 at the beginning of child protection and care reforms in Romania, CRIPS has developed and delivered training and education programs that build the human resource capacity to deliver the various new types of services that have been developed and to scale them nationally. Based on this experience, CRIPS has also become a 'go-to' support for the government to evolve new practice methods in line with policies as they are developed.

Moldova

In March 2022, Moldova's Ministry of Labor and Social Protection (MoLSP) launched a working group for strengthening the social service workforce, with support from Changing the Way We Care, engaging government, academia, civil society, and private sector stakeholders. The group was set up with 15 members, quickly growing to 30. This initiative followed an assessment in 2021, which identified challenges in child and family protection training. Recommendations from the assessment were integrated into Moldova's National Child Protection Program (2022 – 2026). The working group formed smaller technical groups to address specific tasks: curriculum development, academic-government cooperation, supervision standards, and evidence-based training. After nine months, they had already achieved a milestone with an agreement signed between MoLSP and four universities to improve social work education and support. Initiatives under the agreement included student internships within government social services, academic input in policy evaluation and development, and a focus on community-responsive training systems for the social service workforce.[11]

- **Consult children, care leavers, persons with disabilities, and family members with lived experience of care to identify the strengths, challenges and gaps in the current practices and attitudes of the current workforce.** Transition from residential based services to family and community-based services requires not only development of new services and the capacity of the workforce to deliver them, but also significant shifts in attitudes, behaviors and ways of working with children and families. Consulting those with lived experience of care will help ensure that such services are always equitable and beneficial, and provided in a way that upholds the rights of children of all ages and with different developmental needs. This must include children's right to grow up in a family, and the rights and needs of children with disabilities.
- **Develop and facilitate communities of practice to enable social service workers across all levels and roles to come together, locally, nationally and internationally, to exchange learning and updates on good practice, and support each other in their professional development.**

11 Changing the Way We Care. (2023). Insights from Moldova: Role of Collective Impact in Workforce Strengthening. Access at: https://bettercarenetwork.org/sites/default/files/2023-06/moldova_insights_role_of_collective_impact_in_workforce_strengthening_final.pdf

3. Support and promote the workforce and improve its status and conditions

- **Provide adequate conditions of work,** including adequate remuneration and benefits, safe and suitable workplace facilities, equipment and transport, and mechanisms to protect staff wellbeing and increase motivation, retention, reward and recognition of workers in all roles and settings supporting families and providing alternative care services. Such improvements should in particular be targeted at ensuring recruitment, retention and professional development of the social service workforce needed to serve remote communities and marginalized groups, as without locally based and accessible services it will be impossible to address the causes of family separation, and to support family-based alternative care and reintegration of children to families in such communities
- **Provide regular and supportive supervision for social service workers,** and training for supervisors, as part of a national supervision framework that enables the development of reflective practice and continuous professional development, and ensures more intensive and frequent supervision during the first year in practice for both professional and para- and professional workers. The lack of suitably experienced senior social service workers may constrain the capacity to provide supervision of sufficient technical quality in the early stage of development of new family-based alternative care services, and when new child protection and family support services are first established in previously underserved communities. It will therefore be important to devote resources to training and if necessary redeploying supervisors at the same time as recruiting and training the new frontline workforce needed.

Guatemala - multi-sector collaboration in mentoring pairs of social service workers

In Zacapa, Guatemala, a model has been developed that involves direct mentoring and accompaniment for pairs of social service workers known as 'duplas'. A dupla is made up of a social worker and a psychologist, who work together to assess cases, develop case plans, and seek solutions for children, particularly those in the process of being reintegrated with their families from residential care facilities (known as protection homes). In the Zacapa model, each dupla working in a government protection home is paired with a highly skilled dupla from a local NGO. By working together with the more skilled and experienced duplas, the government duplas have been able to develop and strengthen their core competencies. The model has since been adapted for use by the Municipal Office of Child Protection in its prevention service, working with families assessed to have a high risk of separation. The combination of collaboration between the disciplines of social work and psychology, and mentoring by skilled duplas, has enabled the development of more comprehensive case management practices, integrating diverse perspectives to help strengthen family relationships. It has also helped the social service workforce to make more appropriate referrals, and provide more monitoring coverage. Finally, the approach has improved community engagement, with more people becoming aware of what social service workers do as they have been more visible in the community spending time with families.

- **Engage all forms of media to increase public recognition of, and support for, the social service workforce,** in particular in supporting families and ensuring family-based alternative care. This will need to involve not only direct public information campaigns, but support for independent bodies best placed to speak up for the workforce in the long run, in particular professional associations of social workers and others in the workforce, and workforce development champions. As well as informing the wider public, it is important to raise awareness among professionals in other sectors and government ministries of the key role the workforce plays in developing and delivering new family and community-based services. This should include deliberate efforts to overcome opposition and enlist support from directors and other senior staff in the types of service that will need to be closed or transformed to achieve family- and community-based care and support, in particular the directors and staff of residential institutions.[12]

12 As an example, In Moldova, when the first multidisciplinary foster care panel was set up as part of a pilot project in Chișinău in 2001 (for approving selection of foster carers and matching children to foster placements), the director of the local infants home, who had previously been opposed to foster care, seeing it as unsafe and unsuitable for the children in her care, was invited to join the panel, and in time, through taking part in its governance, became a strong advocate of foster care, as a suitable alternative care option when needed, well assessed, supported and monitored, and in the best interests of the child. (Source EveryChild / P4EC Moldova, interview with former Executive Director)

- **Support professional associations and other groups of social service workers to come together to develop and promote professional codes of ethics and conduct, and to enable them to have a collective voice in advocating for better recognition, support and resourcing for the workforce,** enabling them to play an effective role in care reform and developing and delivering services that strengthen families and family forms of alternative care.

South Africa - raising public awareness of the role of social service workers

Protect Children and Help them Heal is a booklet of information for parents and caregivers of children who have experienced trauma and abuse. It helps families to understand trauma, healing and circles of care. The information contained within is designed to be family and child-friendly in explaining the alternative care and child protection system in South Africa. It has been used to raise awareness and understanding in communities about the role that social services workers play related to children's alternative care. It explains the role and responsibilities of the different people working in the system, including social workers, alternative caregivers, child and youth care workers, counselors, magistrates and other social service workers. For example, the booklet explains that, "child and family social workers work with children's courts to put together a plan of action to protect the child. The magistrate must listen to all the facts about a case to see what is best for your child."

4. Set up and implement systems of monitoring and accountability

- **Set up systems for independent monitoring,** through national human rights bodies and Ombudspersons, and involving other relevant expert bodies such as professional associations of social workers,to monitor the extent of development of the social service workforce, both in terms of quantity of posts filled and quality of services as experienced by children and families connected to the care and protection system. This should also serve to evaluate the extent to which governments are meeting commitments and implementing national laws and policies.
- **Ensure active participation of staff, children and families with experience of such services in monitoring the quality of practice and services.** Mechanisms to achieve this kind of participatory monitoring and evaluation can include public surveys and feedback mechanisms for specific services, as well as campaigns to widen consultation to include the communities that such services should reach. These consultation mechanisms must be child-friendly and accessible for persons with disabilities.
- **Establish mechanisms for complaints regarding professional practice,** including a process for investigation, and mandatory reporting to ensure transparency and accountability. These processes should enable redress in the case of suspected cases of abuse and violations of children's rights. Deliberate efforts should be made to ensure such mechanisms and judicial processes are accessible and equitable for all potential complainants including victims of abuse and malpractice, children and persons with disabilities, and both current and former residents of care institutions and other forms of alternative care such as foster care.
- **Ensure performance data, and evidence of outcomes and impact of workforce strengthening, are regularly collected and analyzed** through these monitoring and evaluation mechanisms. This should ideally include partnering with research institutions, to build up a rigorous and continually updated evidence base for sustained improvement in workforce capacity and performance, and in the way services are structured and delivered, so as to best meet the assessed care needs of children and support needs of families. This will need to include data from the evaluation of pilot projects and practice innovations delivered by NGOs and community groups, and ensuring this data can be used to inform scale-up of these services when proven to be effective and adapted in line with lessons learned.

5. Allocate adequate budget and resources, and ensure long-term investment

The 2019 UN General Assembly Resolution on the Rights of the Child calls on governments to prioritize investment in child protection systems, redirecting resources to support families, community-based services, family-based alternative care, and the social service workforce and oversight mechanisms to deliver these services effectively. A key mechanism to enable sufficient finance and long-term investment is through the creation of 'fiscal space', through the downscaling and closure of residential institutions, and reallocation of these funds to family- and community-based services and the trained and supervised workforce to provide them.[13] To achieve this, governments must:

- **Allocate sufficient budget in national medium term frameworks** for all the activities and mechanisms for planning, developing, supporting and monitoring the workforce listed in the recommendations above.
- **Plan for reallocation of funds** from residential models of care to family- and community-based services and the trained and supervised workforce to provide them, and help those who donate to private, non-government residential care models understand how to redirect their resources to family strengthening, and family and community-based forms of alternative care.
- **Decentralize funds, resources and responsibilities for planning and decision making.**

13 Changing the Way We Care. (2023). Investing in Family Care for Moldova's Future: The case for meeting Moldova's human capital needs. https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova's-future-the-case-for-meeting-moldovas-human-capital-needs and Maestral International. (2022). Guidance on Costing Child Protection Policies and Advocating for Increased Investment. https://maestral.org/wp-content/uploads/2022/06/Maestral-PF-and-Costing-External-Summary-FINAL.pdf

6. Strengthen the practice of the social service workforce in delivering high quality family and community-based services

Clear practice models, and a social service workforce with the competencies and resources to apply them, are needed for child protection laws and policies to be translated into effective practice. In the context of care reform, effective practice means working in a way that upholds children's rights and enables children to be cared for by their family of origin or relatives wherever possible, and, if that is not possible, in a safe and stable family environment.[14] Clear practice models ensure consistency in how social service workers engage, assess, and work with families. They inform the development of standard operating procedures (SOPs) and tools, and need to be accompanied by suitable job descriptions and training plans.

The competencies needed for effective practice are the product of knowledge, skills and values.[15] In the context of care reform they include:

- **knowledge** of human development and child development,
- **skills** to build relationships of trust, and to listen, engage and communicate effectively with children and families, including with children and persons with disabilities,[16] and use strengths-based[17] and ecological systems[18] approaches to identify and build on family and community strengths and resources,
- **values** through upholding the principles of a rights-based approach, and of non-discrimination, social inclusion, relationship-based and family-based care and support, and for children and persons with disabilities in particular, person-centered, rights-based and strengths-based (not deficit-based) approaches.[19]

14 Chapin Hall at the University of Chicago. (2024). Building a practice model. https://www.chapinhall.org/project/building-a-practice-model/

15 CCETSW 'Assuring Quality in the Diploma in Social Work - 1, Rules and Requirements for the DipSW' (Revised 1995). Part 2 Requirements for Qualification (Central Council for Education and Training in Social Work, England & Wales)

16 This should ideally include social service workers being trained in disability specific specialized communication skills such as sign language, braille, and Augmented and Alternative Communication (AAC) among others.

17 Social Care Institute for Excellence. (2024). Strengthed-based approaches. https://www.scie.org.uk/strengths-based-approaches/

18 Simply Psychology. (2024) Bronfenbrenner's Ecological Systems Theory. https://www.simplypsychology.org/bronfenbrenner.html

19 Noting the submission of the Special Rapporteur on Disability: A/HRC/52/32 https://www.ohchr.org/en/documents/thematic-reports/ahrc5232-transformation-services-persons-disabilities

Critical child protection and care services in the context of care reform include family strengthening and preventing separation, case management and the making and coordinating of referrals. A further essential element of practice is gatekeeping, which relies on best interests decision-making, care planning and review, ensuring children receive alternative care that meets the requirements of necessity and suitability,[20] and is provided in a timely manner. Another key element of this practice is taking a trauma-informed approach, as understanding the trauma that children have experienced and its impact helps determine the type of services they need and how they should be provided. The quality of these services and the outcomes they achieve all depend on a competent and adequately resourced social service workforce.

FAMILY STRENGTHENING

To fulfill the wider aim of preventing unnecessary family separation, and enabling family reintegration without re-separation, social service workers need to first strengthen families' capacity to provide stable and safe care for their children. This is commonly achieved through community programs that not only help families build coping skills and resilience, but which reduce the likelihood of family separation, or re-separation after reunification, by identifying and addressing the root causes that lead to family separation. More detail is provided in the thematic brief on family strengthening, however in summary, these programs offer a range of inclusive and accessible services that must be delivered by a competent social service workforce.

Social service workers have the key role to play in assessing the need for these services, then planning, supporting and monitoring their delivery. For them to be able to do so effectively, they need to be able and committed to:

- **Assess at regular intervals the different needs and risks of separation faced by families, to plan and carry out interventions where needed, and tailor the different support that is needed for different families.** For example, families providing kinship care, as a key family-based form of alternative care, may be headed by older adults who are no longer employed, so they may need help to ensure they have adequate household income, and to plan the support and additional caregiver(s) they might need in case of illness or incapacity. In general, the needs of families providing kinship care, as a form of alternative care for children who cannot remain in their original family, may differ from the support parents and caregivers need to safely retain care of the child in the original family.

20 These are the 'suitability' and 'necessity' principles essential to apply the Guidelines for the Alternative Care of Children, as outlined in: Cantwell, N., Davidson, J., et.al. (2012). Moving Forward: Implementing the Guidelines https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/moving-forward-implementing-the-guidelines-for-the-alternative-care-of-children

Practices around family strengthening, therefore, need to be sufficiently flexible to accommodate these differences.

- **Mobilize and ensure access at local level to the full range of support services that families may need to cope with poverty, discrimination and marginalization that are driving factors leading children to be separated and placed in alternative care.** These include:
  - universal services of education, healthcare, and community-based rehabilitation, including mainstream and targeted services for children with disabilities.[21]
  - ensuring integration with wider services to alleviate poverty and strengthen families' livelihoods in their community, including through social protection schemes of cash assistance, vocational training and employment, and advice for small business development.
  - specialized services for families, including those of children with disabilities, such as creches and day care facilities, in order to empower families and enhance their resilience.

  In doing so, the social service workforce needs to **coordinate with other key sectors** such as health and education, and with NGOs and community-based services, to ensure joined up service provision for families based on an agreed assessment of their needs and strengths and with a focus on enhancing their capacity in the context of their community and natural support network.

- **Innovate practices targeted to vulnerable populations,** including children in street situations and families from deprived or marginalized communities, who are at higher risk for placement in alternative care. For such families, or families of children with disabilities, it may be necessary to overcome barriers of stigma and discrimination to ensure they can access the full range of services available to the wider community, and are provided with the additional help or specialist support they may need.

21 https://www.unicef.org/sites/default/files/2022-10/GIP02115_UNICEF_Children-with-Disabilities-Factsheet-final%20-%20accessible.pdf

CASE MANAGEMENT

The purpose of case management is to ensure consistent, ongoing and coordinated support to the child and family, based on their assessed needs, whether the aim is to prevent family separation, to prevent or intervene in cases of child abuse, neglect or exploitation, to ensure safe and long-term reintegration after a separation or to arrange and support a suitable placement of the child when alternative care is necessary. Case management involves a multi-step process, from initial referral, assessment, planning, service provision and monitoring to review and case closure. Case management needs to be well documented, coordinated and supervised. The core values of case management include strengths-based, child-centered and trauma-informed practice, the participation of children and families, upholding the best interest of the child in all decisions and the principle of do no harm.

To be able to provide effective case management, the social service workforce need the following resources and systems:

- **Suitable specialist training and supervision,** including professional education, pre- and in-service training and ongoing supportive, technical supervision to enable them to develop the sufficient competencies and commitment, to be able to reflect on and overcome personal and professional challenges arising from complex cases, and plan suitable interventions together with their supervisor and colleagues. Training and supervision is also vital for the workforce to have a complete understanding of the additional needs of children with disabilities, children who have experienced trauma, and children from marginalized backgrounds.
- **Sufficient numbers of social service workers** to ensure each child and family has an allocated caseworker with responsibility for making decisions and ensuring those are implemented, that all relevant actions in the case plan are implemented and coordinated with the other stakeholders involved, and to prevent undue stress, burnout and excessive attrition (when the rate of staff leaving the workforce exceeds the numbers that can be recruited), which is often the case when there are too few staff resulting in excessive caseloads.
- **Comprehensive case management tools and SOPs,** providing social service workers with clear guidelines, practice tools and forms for thorough assessments, individualized care plans, ongoing reviews, monitoring and case closure.
- **Resources, systems and training to enable appropriate use of technology,** including digital case management tools such as

Child Protection Information Managements Systems (CPIMS) that can save time on paperwork to free up social service workers to spend more in-person time with children and families, while enabling more efficient and reliable storage, analysis, retrieval and sharing of critical case information, where necessary among stakeholders, to enable both more reliable case assessment and planning at practice level, but data-informed decisions, when data is aggregated across cases, at the policy level.[22]

Kenya - strengthening child protection officers through a digital case management tool

Kenya's Department of Children's Services, under the Ministry of Labour and Social Protection, worked with NGOs and software companies to design the VuruguMapper. First piloted in 2014, this first of its kind application enables the child protection officers to capture, report, document and monitor cases of violence against children and digitize case management and data collection, including when a child needs emergency removal, as part of the overall national CPIMS. It was first piloted in 2014 and is now under nationwide rollout. The application helps Child Protection Officers (CPOs) to manage cases in a timely manner and helps ensure referrals to emergency or temporary alternative care are immediately responded to. VuruguMapper brings efficiency by allowing CPOs to work across sectors, for example it alleviates the cost of traveling to the police to report in person by allowing direct and confidential communication with the police. The system is designed with a self-triggering escalation mechanism that continues until the case is closed by an authorized user. Updates done by either the police, hospital staff or protection workers are summarized and automatically sent to the user who reported the case.

- **A system and resources for safe travel and logistics** to enable monitoring visits to families and alternative care placements, and regular case conferencing and reviews, bringing stakeholders together to discuss complex cases and make informed decisions collaboratively.

22 UNICEF has developed and supports an information management system, CPIMS+, for child protection case management known as Primero https://www.primero.org/

Indonesia - integrating para professionals into community-based child protection case management

Between 2010 and 2018, the Indonesian Ministry of Social Affairs embarked on a comprehensive initiative to enhance child protection across the country. Their efforts focused on capacity building for child protection responses, including alternative care and best interest decision making, and establishing a case management system tailored to individual needs of children and families, including those in alternative care. This case management system, eventually adopted by the Ministry of Women Empowerment and Child Protection, now operates in 30 provinces, despite challenges such as a shortage of qualified social workers and an inadequate referral system that hinders work across districts. Policy reforms, including the 2022 Child Protection Law, aim to strengthen legal frameworks for alternative care and parental rights. In an effort to improve implementation of those laws para professionals are being integrated into the community-based child protection systems and there are a number of ongoing initiatives to improve the competencies of the social service workforce. To sustain progress, advocates such as Save the Children Indonesia and their partners are working for accreditation of social services, and more focus on community-based care solutions.

COORDINATION OF SUPPORT AND REFERRALS

The social service workforce has a key role to play in helping families and children to access the services they need, both universal services such as health, education and social protection in the community and support and interventions from specialist providers. Equitable access to quality services in the community is needed across the spectrum of child protection and family-based care: to prevent separation or re-separation, to support the family when children are reintegrating from alternative care, and to support family-based alternative care for children without parental care. It is also essential that these services are fully inclusive, to ensure they are accessible, suitable and tailored to the needs of children with disabilities and their families.

The crucial and central role of social service workers in enabling families to access these services is in:

- Making and coordinating referrals to the different service providers,
- Accompanying them to the service when needed, and,
- Following up on referrals to ensure the service was received and addressed the family's needs.

Referrals are the formal process of requesting a service for a child, young person, or adult.[23] To fulfill this role, social service workers require:

- A functional referral mechanism and standard operating procedures
- Knowledge of the services that are available to which children and families can be referred.
- Clear pathways for referrals across government and non-government service providers.
- Regular training on effective referral practices, ideally together with professionals from the other sectors to whom referrals need to be made, e.g. health and education.

GATEKEEPING

Gatekeeping is a recognized and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs.[24] When it is not possible for the child to be protected from harm in their family of origin, even with family support and child protection interventions, it can be necessary to place the child in appropriate alternative care for a temporary period whilst more permanent family based solutions are found.[25] Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, matched by an assessment of whether the placement can meet these needs based on its functions and objectives.[26] Gatekeeping is therefore an essential mechanism for applying the two key principles of ***necessity*** and ***suitability*** underpinning the Guidelines for the Alternative Care of Children: ensuring that children are placed in alternative care only when **necessary**, and if so, in the most **suitable** form of care.[27]

Social service workers need clear roles and responsibilities, competencies, training and tools to be able to fulfill their role and responsibilities for gatekeeping. The social service workforce, particularly its frontline workers,

23 Better Care Network. (no date). Glossary of key terms. https://bettercarenetwork.org/sites/default/files/attachments/glossary.pdf

24 Better Care Network. (2015) ibid

25 The Guidelines for the Alternative Care of Children (2009): Article 2, outline the obligations of authorities to:

(a) To support efforts to keep children in, or return them to, the care of their family or, failing this, to find another appropriate and permanent solution, including adoption and kafala of Islamic law

(b) To ensure that, while such permanent solutions are being sought, or in cases where they are not possible or are not in the best interests of the child, the most suitable forms of alternative care are identified and provided, under conditions that promote the child's full and harmonious development

26 Ibid.

27 The 'suitability' and 'necessity' principles outlined in: Cantwell, N., Davidson, J., et.al. (2012). Moving Forward: Implementing the Guidelines for the Alternative Care of Children: https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/moving-forward-implementing-the-guidelines-for-the-alternative-care-of-children

often know the child and family well and therefore have an essential role to play in effective gatekeeping, in particular through engaging with the child, assessing and representing the child's best interest in the decision-making process with gatekeeping bodies, or courts if applicable, and through working in close partnership with the parents and family members, wherever possible.

FAMILY REINTEGRATION

Reintegration has been defined in inter-agency guidelines as, 'the process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life'.[28] Social service workers have a vital role to play in upholding the right of children to reunify with and fully reintegrate into their family and community, as long as it is safe to do so. This includes children who have been separated from their family through conflict, natural disaster, other forms of displacement, abandonment due to stigma or as a result of placement in alternative care.

To ensure the social service workforce can help achieve safe and lasting reintegration that is in the child's best interests, they need to be trained, equipped and resourced to be able to support, accompany and monitor the child and family through the main stages of the reintegration process in a trauma-informed way. The main stages are family tracing, assessment and planning, preparation of the child and family, supporting the child's initial contact with their family, supporting the act of reunification, post reunification support and family strengthening, and case closure.

Safe and lasting family reintegration does not only depend on the direct support of the social service workforce. It also requires an integrated set of services in the community, which the workforce has a key role in assessing, planning and coordinating. These services include all the elements of family strengthening outlined above, including social protection and economic support, health and education. Families may also need specialist services such as psychosocial support, family counseling and parenting advice or programmes to help the child and family rebuild trust, boundaries, routines and caring relationships, all of which are likely to have been damaged or lost as a result of the earlier separation and the factors that caused it.

28 Inter-agency on Children's Reintegration. (2016). Guidelines on Children's Reintegration. https://resourcecentre.savethechildren.net/document/guidelines-childrens-reintegration/

Social service workers' other key role in supporting reintegration is wider community outreach and engagement with the public. This can include promoting understanding of the reasons for reintegration and the need for the community to support the families of reintegrated children, and identifying and addressing harmful social norms. The workforce may be needed to counter stigma and discrimination, as this is sometimes experienced by the families of children who have been in institutional care, in particular if their children have disabilities or special educational needs and have not previously been integrated into mainstream schooling. In such cases, teachers and other parents often at first resist their inclusion in school, in particular if there is no preparation or additional resources provided in advance. Community rejection can also be faced by children who have been sexually abused, exploited or trafficked and their families, so the social service workforce will need to be trained and supported both to raise awareness of the rights of survivors and their need for acceptance and support as part of their recovery and reintegration, and to counter the stigma and exclusion through sharing positive messages and success stories.

SUPPORT AND MONITORING OF ALTERNATIVE CARE PLACEMENTS

Safe and suitable forms of alternative care are an essential component of any country's care system. Alternative care must be planned for and supported by a capacitated social service workforce. They play a wide range of key roles in supporting and monitoring alternative care. In doing so, it is important that they:

- **Prioritize family-based care options over residential care placements,** emphasizing the importance of stable and nurturing family environments, and making available to the child the full range of alternative care models, including kinship care, foster care, plus adoption when other options are not possible, tailored to the unique needs of children. The role of the social service worker is to thoroughly assess the situation, determine the need for alternative care, and help to determine the most appropriate placement for that individual child.

Country examples of community para professionals supporting family-based alternative care

Zimbabwe

In Zimbabwe, unlike other forms of alternative care, kinship care is informal - the placements are not registered. The reason for this is that the government does not have the capacity to assess and register the high number of children who receive this culturally traditional model of kinship care. A review of the 1997 Orphan Care Policy led to a National Policy for Children without Parental Care, which was approved in 2024. Kinship care is part of the policy, being seen as a critical part of the continuum of alternative care for children without parental care in Zimbabwe. This new policy will lead to more definition of how the government social workers will interact with alternative care families, including informal kinship carers. The inclusion of kinship care will help kinship care families to be recognized when it comes to accessing services and supports. Child Care Workers, who are volunteers in the community, can now link kinship care families to the available government schemes and programmes when needed. In more complex issues, or when there are protection issues, they will refer the case to the probation officers, who manage protection cases and are qualified social workers.

Nigeria

Humanitarian situations across Nigeria - particularly in Borno, Adamawa and Yobe (BAY) states in the north-east of the country - are complex and widespread. While the government has the mandate to support unaccompanied or displaced children in such contexts, they lack the human resources capacity to address the urgent influx of cases when conflict arises. To address this gap, NGOs recruit and train community-based caseworkers to support the government caseworkers. The community-based caseworkers often identify unaccompanied or displaced children and then work with the government caseworkers to secure a placement, often with a pre-assessed foster family. Thanks to recruitment efforts, the number of community-based caseworkers has increased over time and most communities now have a community-based caseworker and a government caseworker. Further, the government now has a pool of already-trained case workers that can be recruited.

- Assess and develop individualized care plans and tailor packages of support to meet the needs of the child and caregivers, depending on the specific needs, situation and background of the child, and adjusting to the different types of alternative care. This should enable social service workers both to plan, monitor and review the support needed, but also to respond flexibly and sensitively with nuanced support as and when the need arises.

- Plan and implement trauma-informed approaches, for which social service workers need to be trained, so that they better understand and respond to the unique needs and challenges faced by children and young people who have experienced separation, loss, violence, institutionalization, and neglect, as well as when they face the challenges of transition from alternative care to independent living in the community.
- Plan, support and, if necessary, supervise safe family contact that is in the child's best interests. This firstly requires assessing the benefits and risks of a child in care maintaining contact with their parents and / or other family members. Then, if contact is assessed as in the best interest of the child, it involves planning contact that meets the child's needs based on mutual agreement with all parties, including the child, and addressing any barriers to contact. Contact agreements and plans may be negotiated through a court process, or through voluntary agreements, but a written and agreed contact plan is preferable so that adherence to it by all parties can be monitored. The form of contact can vary from informal home visits, or family visits to the child's placement, to structured meetings in a safe, neutral but child-friendly location, where certain risks to the child have been identified in the family or community. In both cases, the visits or meetings need to be supported and monitored. They may also need to be supervised by a social service worker, or other suitable figure trusted by the child such as foster carer, to ensure the child always remains safe, and is not distressed by the experience. The practicalities of contact also need to be sustained through assistance such as covering family members' travel costs. Finally, it is important to provide support for children to continue to express their views on contact arrangements over time, in line with their evolving capacities and best interests.
- Uphold children's right to knowledge of their family identity and origins. This includes helping children learn about, and feel positive about, their family history and key family relationships. This requires a strengths-based, non-judgmental approach by social service workers, coupled with a commitment to openness about a child's origins. This may entail the caseworker or caregiver carrying out 'life story work' with the child,[29] and / or, if this information was not shared initially, the caseworker enabling children in alternative care, and young people who have left care, to have access to their case records. During this process they will need support and counseling to help them understand difficult aspects of their case history and family background. This should be done in a way that upholds the

29 'The process through which the worker helps children learn about events in the past, present and future in order to make sense of their care placements. It involves a series of individual sessions with the child and a trusted worker, where they discuss negative and positive events in the child's life and collate factual information relating to the placement into care.' Better Care Network glossary, https://bettercarenetwork.org/glossary-of-key-terms https://www.celcis.org/knowledge-bank/search-bank/blog/2021/02/how-life-story-work-can-help-care-experienced-children

child's right to privacy, and to maintain control of their information, so they can have control over who knows about sensitive issues from their past. This also requires consideration of the child's age and evolving capacity, as well as sensitivity to the impact on all parties of tracing and reunification with family members, if that is what the child chooses having gained access to information about their origins.

- Recognise, affirm and support children's cultural origins and identity. This requires social service workers to be trained and supervised to develop skills in, and to promote, cultural competence[30] and principles of non-discrimination. This is particularly important as in many contexts children from indigenous backgrounds, families of color, and minority ethnicities are over-represented in alternative care. Hence, conscious efforts are needed by social service workers to overcome the bias and discrimination that leads children from these backgrounds to be more quickly placed in alternative care, with less effort to support their family or explore kinship care, as well as less support for contact and / or family reintegration. For some children with disabilities there are specific cultural aspects of their family and community that need to be recognized, with a need to identify and overcome stigma, ignorance and other barriers (this, for example, applies to Deaf culture and community). The social service workforce therefore needs to be trained and supervised to ensure it is culturally competent at all times, which also means recognizing their own biases, being able to work in a non-judgmental and strengths-based way, and making conscious and active efforts to overcome barriers of stigma and discrimination.

- Carry out regular reviews of alternative care arrangements. Social service workers play a critical role not only in planning of alternative care placements, but also in ensuring regular reviews of those care plans and placements. The process of planning and review should include child participation and family group decision making wherever possible. It also should be focused on ensuring alternative care placements are always necessary and suitable, that they last no longer than is necessary and that family reunification or long-term kinship care options are explored, assessed and supported where possible. When care by the original or extended family is not possible, the focus should be on helping the child benefit from long-term stable care, which may involve supported and timely transition to an appropriate permanent placement in a family based environment, either through adoption or long-term foster care, or, for an older child, supported transition to independent supported living in the community.

30 NASW (National Association of Social Workers, USA) Practice Standards https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Standards-and-Indicators-for-Cultural-Competence-in-Social-Work-Practice

Conclusion

Strengthening the social service workforce is essential to help countries help meet their national commitments to care reform and regional and global conventions. This thematic brief has been developed by a global taskforce to help government policy and decision-makers understand the essential role of the social service workforce in achieving care reform, including family-based care, and how to strengthen that workforce in terms of its structure and competencies. In doing so, it has summarized the main policy and practice issues and made key recommendations, with accompanying country examples. This brief is designed to be read alongside the full set of thematic briefs currently being developed by other task forces under the Transforming Children's Care Global Collaborative, in particular those on family strengthening, reintegration and transitioning residential care. More in-depth exploration of the role of the workforce in care reform and ensuring family-based care, and fuller country examples, will also soon be available in the 2024 State of the Social Service Workforce Report currently being developed on this topic by the Global Social Service Workforce Alliance.

Additional Resources:

Better Care Network and UNICEF Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems (2015) https://bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/gatekeeping-making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in

Disability Inclusive Child Protection Competency Framework for the Social Service Workforce (2023) https://www.unicef.org/media/147396/file/Disability%20Inclusive%20Child%20Protection%20Competency%20Framework%20.pdf

Guidelines on Children's Reintegration (2016) https://familyforeverychild.org/resources/guidelines-on-childrens-reintegration/

Strengthening and Supporting The Early Childhood Workforce: Training and Professional Development (2018) https://r4d.org/wp-content/uploads/Training_Professional_Development.pdf

Children in alternative care in the Child Guarantee National Action Plan (2021) https://www.unicef.org/eca/media/28581/file/Children%20in%20alternative%20care%20in%20the%20Child%20Guarantee%20National%20Action%20Plans.pdf

Global Standards for Social Work Education and Training (2020) https://www.ifsw.org/global-standards-for-social-work-education-and-training/#1educators

Inter-Agency Guidelines for Care Management and Child Protection (2014) https://alliancecpha.org/sites/default/files/technical/attachments/cm_guidelines_eng_.pdf

Inter-Agency Guidance on How to Support Kinship Care: Lessons from around the world https://familyforeverychild.org/wp-content/uploads/2024/01/2559-FEC-Kinship-Care-Guideline_web.pdf

National Social Work Competency Framework (2015) https://ethicalsocialwork.wixsite.com/ethicalsocialwork/nswcf

Let's call it a retention review (2022) https://corp.smartbrief.com/original/2022/04/lets-call-it-a-retention-review?utm_source=brief

Gender Intersectionality and Family Separation, Alternative Care and the Reintegration of Children (2021) https://resourcecentre.savethechildren.net/document/gender-intersectionality-and-family-separation-alternative-care-and-reintegration-children-0/

Strengthening of the role of Social Service Workforce in Social Protection Systems (2022) https://socialserviceworkforce.org/blog/strengthening-the-role-of-social-service-workforce-in-social-protection-systems/

This thematic brief is part of a series of briefs being developed under the Global Policy and Advocacy Working Group (GPAWG) of the **Transforming Children's Care Collaborative** to be part of a global toolkit to support policy and decision makers at national, regional, and international levels to actively implement global commitments relevant to children's rights and care.

Each thematic brief is developed by a Task Force led by members of the Collaborative through an inclusive process which includes the contributions of actors who have relevant experience and expertise to share, including from different regions and contexts, and from groups and communities who are particularly concerned or affected.

The briefs aim to articulate a set of practical measures that should be taken across different areas of care reform in order to achieve system change. They are framed by international standards and principles but seek to go beyond those to articulate what needs to be done to implement them, based on evidence and practice learning about implementation in a range of contexts and regions. Each brief includes country case examples illustrating efforts to implement these measures and lessons learnt from those.

Once finalized the thematic briefs are approved by the GPAWG before being published as a joint document of the Collaborative. Aspects of children's care and implementation that are cross-cutting between different thematic briefs will be highlighted within each brief with links to other relevant briefs.

The thematic briefs should be seen as part of an evolving Toolkit that helps clarify and guide implementation and advocacy. They will be updated and refined in light of evidence and evolving standards and practice, and new context specific examples will be added. **If you have learning or examples to add to these briefs or would like to actively contribute to their development, we encourage you to reach out to the co-convenors of the Global Policy and Advocacy Working Group at: contact@transformcare4children.org**