2ND ANNUAL GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE SYMPOSIUM

June 10, 2015
United States Institute of Peace
Washington DC and Live Webcast
Welcome and Overview

AMY BESS
COORDINATOR, GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE
STRENGTHENING THE SOCIAL SERVICE WORKFORCE FRAMEWORK

Planning the Workforce
- Adopt a strategic approach to planning the social service workforce
- Collect and share HR data and promote data-driven decision-making
- Improve recruitment, hiring, and deployment practices and systems that take into account urban, periurban, and rural areas and decentralization plans
- Build alliances to strengthen leadership and advocacy among stakeholders

Developing the Workforce
- Align education and training for the social service workforce with effective workforce planning efforts
- Ensure curricula incorporate both local/indigenous knowledge as well as international best practices for improving the well-being of children and families
- Strengthen faculty and teaching methods
- Provide broad range of professional development opportunities for workers

Country specific context, including social service, justice and child protection systems, culture, local legislation, labor market, economy

Supporting the Workforce
- Develop or strengthen systems to improve and sustain social service workforce performance
- Develop tools, resources, and initiatives to improve job satisfaction and retention
- Support professional associations in their efforts to enhance the professional growth and development of the social service workforce

Strengthening the Social Service Workforce
ABOUT THE ALLIANCE

Vision
The Global Social Service Workforce Alliance works toward a world where a well-planned, well-trained and well-supported social service workforce effectively delivers promising practices that improve the lives of vulnerable populations.

Mission
To promote the knowledge and evidence, resources and tools, and political will and action needed to address key social service workforce challenges, especially within low to middle income countries.

Approach

Serve as a convener for an inclusive, representative network of stakeholders to create a forum for discourse and collective learning

Advance knowledge by deriving, organizing and disseminating critical evidence-based research, resources, tools, models and best practices

Advocate for workforce-supportive policy reforms at the global and national levels
DR. KARIN HEISSLER
DEPUTY, CHILD PROTECTION SECTION, UNICEF HEADQUARTERS
DR. JENNIFER ADAMS

DEPUTY ASSISTANT ADMINISTRATOR, BUREAU FOR GLOBAL HEALTH, POPULATION AND REPRODUCTIVE HEALTH, OFFICE OF HIV/AIDS, OFFICE OF HEALTH SYSTEMS, USAID
Planning the Social Service Workforce

Moderator:

Dr. Jini Roby, Professor, Department of Social Work, Brigham Young University

Speaker 1:

Strengthening the workforce at the community level: Results of strategic planning in Namibia

Ms. Joyce Nakuta, Deputy Director, Namibia Ministry of Gender Equality and Child Welfare, Directorate Child Welfare Services, Division Child Care
Strengthening the Social Service Workforce

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Systemic View of Social Welfare Sector

Implementation Structures
Role

Monitoring & Evaluation

POLICY FOUNDATION

Resources
Financial
Material
Human–SSW

Programs
WHAT IS THE “SOCIAL SERVICE WORKFORCE”? 

• Social Service Workforce, collectively, is the cadres of trained workers who implement the services addressing economic and social vulnerabilities.

• Across many sectors—child protection, social protection, health, justice system, education, gender, community development, immigration, labor, humanitarian, etc.

• Governmental, civil society, or community actors; formal/informal.
WHAT DO SSW DO?

Provide one or more of the following types of benefits and services:

1. **Tangible assistance** (cash, food, medication, school supplies, clothing)
2. **In-kind assistance** (medical services, issuing access cards, doing birth registration, housing support)
3. **Social services** (case management, referrals, psychosocial support, counseling, parenting skills courses, community empowerment, etc).
4. **Administrative/Managerial**—supervising, coordinating, advocating, mediating, planning
1. ESTABLISH OR REVIEW CURRENT POLICIES

**National Documents**
- Laws & Regulations
- National Plans
- Development Strategies
- Guidelines

**Sub-national Documents**
- Regional/district level planning documents
- Community level SSW plans

**IDENTIFY and ADDRESS GAPS in POLICY**

**Envisaged need for trained SSW**
- In Government ministries (national and sub-national)
- In Civil Society (national and sub-national)
- At Community level

**Identify the cadres and respective roles**
- By sector?
- By type of services provided?
- By training?
- Managerial pool (often neglected)

**Multi-sectoral**
- Participation, Ownership, INVESTMENT
2. ASSESS SERVICE NEEDS & RANK PRIORITIES

- What are the most pressing social vulnerabilities? (Urgent vs. Important; Short Term vs. Long Term; Balancing)
- What types of assistance do these groups need?
- What are the differential needs of urban/rural populations? Ethnic areas?
- Geographic challenges?
Identifying and Prioritizing Most Pressing Social Needs

Most Pressing

Most Urgent; Short Term
- Survival Needs (food, medication, etc)
- Safety Needs
  - Physical/sexual violence, humanitarian emergencies

Most Fundamental; Long Term
- Long term sustainability of the individual and society:
  - Attachment, Education, Gender equality, Employment security, etc.
3. ESTABLISH SSW TARGETS TO MEET NEEDS

Based on Priority Social Service Needs, what should be the composition of the SSW?

• Identify necessary cadres and roles of each
  • Community-based, “Trickle-up” approach (developmental)
  • Vertically-driven “Top-down” approach
  • Combining the two

• Estimate necessary numbers for each cadre

• Identify minimum pre- and in-service training needs and career mobility for/between each cadre

• Outline roles and responsibilities for recruiting and developing these cadres of SSW: Government, Civil Society, Private Sector, Communities.
How many different cadres of SSW are currently working?
What is their training level?
What is their distribution?
- By Sector
- Ratio of worker per population
- Underserved areas
What is the current structure for recruiting, training, and retaining the SSW?
How many more are needed and in what configuration?

Assess ‘push’ and ‘pull’ factors for recruiting, training and retaining SSW.

Consider:
- Government policies ‘assigning’ secondary graduates into SSW
- Comparative salaries at similar educational levels among graduates
- Comparative salaries for SSW at various levels and locations
- Upward mobility issues
- Incentives for underserved areas
ASSESS “WHOLE OF SYSTEM” CAPACITY FOR DEVELOPING SSW

- Policies—regulatory frameworks
- Resources (Training facilities, Trainers, Material Support, Dedicated Funding)
- Educational/Training Programs and Monitoring Mechanisms
  - Government/Civil Society/Private Sector
  - Institutions of Higher Education/Foreign Partners
  - Professional Associations
- Data Collection and Evaluation Capacities
- Multi-sectoral Participation, Collaboration and Investment including: Professional associations (if any).
5. DRAFT A NATIONAL SSW DEVELOPMENT STRATEGY DOCUMENT

Stakeholders include:
Social Welfare/protection
Child welfare/protection
Gender/minorities
Education (IHEs)
Health
Finance/Accountability
Labor (Licensing, Professional Associations)
Justice
Local Development
Civil Society
Community Representatives
External Partners
WHAT DOES THE STRATEGIC PLAN LOOK LIKE?

“BUSINESS PLAN’ lays out:

• BASELINE ASSESSMENT
• TARGET GOALS
• INCREMENTAL STEPS
• ROLES and ORGANIZATIONAL STRUCTURES
• HUMAN RESOURCES NEEDED
• HUMAN RESOURCE DEVELOPMENT PLAN
• RESOURCES NEEDED TO RECRUIT, DEVELOP, and RETAIN the HUMAN RESOURCES
• PLANS TO REVIEW, EVALUATE and IMPROVE SYSTEM PRODUCTION
STRATEGIC PLANNING FOR SSW

1. **Establish or Review Policies**
2. **Assess Service Needs & Priorities**
3. **Establish Outcome Targets**
4. **Assess Current Capacity of each System Component**
5. **Draft National SSW Development Strategy Plan**
6. **Implement Plan**
7. **Evaluate**
Strengthening the Workforce at Community Level: Results of strategic planning

MS. JOYCE NAKUTA
DEPUTY DIRECTOR – CHILD CARE DIVISION
MINISTRY OF GENDER EQUALITY AND CHILD WELFARE
NAMIBIA
2ND ANNUAL SYMPOSIUM OF GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE
WASHINGTON DC
Overview of strategic planning process in Namibia

- High level initiatives
  - Vision 2030
  - National development Plans
  - Medium Term Expenditure Plans
  - Strategic Plans
Workforce at community level

- Community Child care workers (Administrative Officer) – MGECW – as a result of skills shortage in the area of social serves related work. Front line community based service providers (constituency levels)
- Youth Officers and Sport Officers – MYNSSC – majority of population young people that need recreation and development beyond school interventions
- Health Extension Workers (HEW) in MHSS
REPUBLIC OF NAMIBIA
Ministry of Health and Social Services

National Strategy for Community Based Health Extension Program in Namibia

3. Strategic Themes: Service Provision

4. Strategic Objectives: Provide adequate structure and formalized community based health structure

5. Metrics (PIs & Targets) % of community health workers on establishment met requisite training

6. Initiatives & Resource Requirements

7. Structure Review

8. Cascading the Strategic Plan

9. Executing the Strategic Plan

High Level Statements – Vision 2030, NDP
Initiatives & Resource Requirements

1. Develop a formalized and structured plan for Community Based Health Services
2. Mobilize resources
3. Advocate for implementation of decentralized services
4. Establish a monitoring system
Lessons learned through program development stage

- Strategic advocacy from MHSS to GRN Cabinet for domestic financing
- Strong leadership by MHSS in establishing vision and coordinating response internally among with DP
- Collaborative relationship with development partners to mobilize the necessary technical assistance
- Ministry expressing leadership – not fragmented approach – NGO’s & CBO’s providing these services
- Utilize domestic structures – training, administration and M&E systems of MHSS
Human Resources

- National Census data used to estimate number of HEW required
  - 1 HEW per 100 households (approx. 500 people)
  - Increase number of HEW in sparsely populated regions
  - Increase the number of HEW in regions with poor transport
- Criteria used include:
  - Total number of population served
  - Distribution or sparseness of population
  - Availability of public transport
  - Availability of basic services
<table>
<thead>
<tr>
<th>Financial Year</th>
<th>No. of Regions</th>
<th>No. of HEW</th>
<th>Incremental budget est for salary</th>
<th>Training cost</th>
<th>Supply cost</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014/2015 (Phase II)</td>
<td>11*</td>
<td>1,100</td>
<td>31,982,400</td>
<td>7,400,000</td>
<td>4,400,00</td>
<td>6,852,000</td>
<td>120,674,400</td>
</tr>
<tr>
<td>FY 2015/2016 (Phase III)</td>
<td>12</td>
<td>1,200</td>
<td>93,059,900</td>
<td>84,480,000</td>
<td>4,800,00</td>
<td>7,752,000</td>
<td>190,091,900</td>
</tr>
<tr>
<td>FY 2016/2017 (Phase IV)</td>
<td>12</td>
<td>1,237</td>
<td>159,689,900</td>
<td>87,084,800</td>
<td>5,092,000</td>
<td>7,752,000</td>
<td>259,618,700</td>
</tr>
<tr>
<td>Already trained HEW</td>
<td></td>
<td>576</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>4,113</td>
<td>284,732,200</td>
<td>249,004,800</td>
<td>14,292,000</td>
<td>22,356,00</td>
<td>570,385,000</td>
</tr>
</tbody>
</table>
Rationale for HEW

- Vision 2030, 4th National Development Plan and National Health Strategic Plan contains ambitious health and social targets requiring additional efforts from all sectors in society towards better health and welfare for all Namibians
- Equity and accessibility of affordable health and social services are among the key principles guiding the health sector development
- This led to the Ministry identifying HEW as a critical strategy toward ensuring access to services, especially in sparsely populated and hard to reach areas
Health Extension Program contributes to individuals, families and communities playing a greater role in the improvement of their own health status.

Contributes significantly towards attainment of national and health related goals.
HEW Role

Screen
Provide minimal support
Educate
Refer
Follow up
Integration of social services and disabilities

- Understanding of social welfare and services in the community
- Essential knowledge on different services across the sectors
- Link social services needs of community to appropriate services, such as:
  - Substance abuse and prevention
  - Effective parenting
  - PSS support
  - Prevention of violence and abuse
  - Family strengthening eg grants
Monitoring and evaluation

- Clear target with results based on MHSS Strategic plans 2013-2017
- Process and identify implementation gaps and challenges and how to overcome
Gaps and challenges

- Big gaps on oversight and supervision generally in health sector
- Addition of 200 staff members to supervise per region
- GRN reluctant to have NGOs to assist in supervision
Thank you
Developing the Social Service Workforce

Moderator:

*Mr. Ummuro Adano, Senior Principal Technical Advisor, Management Sciences for Health*

Speaker 1:

Preparing a professional workforce through university degree programs: Issues and considerations

*Dr. Robin Sakina Mama, Professor and Dean, Monmouth University School of Social Work*

Speaker 2:

How competency frameworks help to inform the development of community level workers

*Ms. Zenuella Sugantha Thumbadoo (Zeni), Deputy Director, National Association of Child Care Workers – South Africa*
PREPARING A PROFESSIONAL WORKFORCE THROUGH UNIVERSITY DEGREE PROGRAMS: ISSUES AND CONSIDERATIONS

Dr. Robin Mama, Dean, Monmouth University
School of Social Work
AGENDA

- Overview – Types of education programs
- Implications
- Faculty recruitment and retention study implications
Education and training of the global social service workforce

Education programs identified:

1. University degree programs
2. Diploma programs
3. Certificate programs

- Range of educational opportunities provides basic foundation and support skills to the development of career ladders in some countries.
- Also helps to ensure standards of practice
**Degree programs:**

- Officially recognized by the country and provide University level training; usually the bachelor’s degree in 3 - 5 years of study
- Master’s degrees range from 2 – 3 years
- Doctoral programs are far fewer
- Social work is the primary profession
- All 13 countries had at least one degree program available
## DEGREE PROGRAMS

### Table 3: Number of Social Service Related Degree Programs in 13 Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Bachelor of Social Work</th>
<th>Master of Social Work</th>
<th>Doctorate in Social Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>120</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Georgia</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ghana</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Indonesia</td>
<td>35</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Kenya</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Moldova</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Nepal</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>18</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Tanzania</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vietnam</td>
<td>11</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>821</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
DEGREE-RELATED IMPLICATIONS

• Smaller number of master’s and doctoral programs point to the challenge in preparing faculty for the bachelor’s programs;
• Lack of adequately prepared Ph.D. holders in a country has implications for the implementation of research, and carrying out of country-specific, evidence-based curricula and interventions that are less reliant on Western knowledge and approaches;
• Also has implications for long-term planning at the systems level
DIPLOMA PROGRAMS

- Shorter than degree programs
- Can be taken in lieu of a degree program or offered as a postgraduate program
- Offered by Universities, vocational schools or other accredited training centers
- 12 countries reported having diploma programs through a variety of training institutes
- Typically are thematically focused and fell into the following categories: community oriented, social work focused, and then other subjects
CERTIFICATE PROGRAMS

- Generally offer less training than a diploma (also usually shorter than diploma programs)
- Are certified by the government or a university
- Are critical to ensuring standardization, continuity and regulation of curriculum
- 5,090 certificate holders trained vs 3,481 individuals who completed diploma programs
- Certificate programs often target training in a specific area in either macro or micro work
CHALLENGES – FACULTY RECRUITMENT AND RETENTION

- Recruitment Challenges:
  - Shortages of Social Work Faculty
  - Competition
  - Regulations and Policy Restrictions

- Retention Challenges:
  - Overburdened Staff
  - Regulations and Restrictions
• A strong university workforce is needed to prepare the next generation of social work practitioners as well as to create a pipeline of future faculty.

• Share resources and best practices on faculty recruitment and retention by deans and program directors with their colleagues around the world, especially with those in new programs and schools.

• Encourage faculty to create research and/or scholarship projects that involve collaboration with colleagues in other institutions where opportunities arise to support mutual learning across institutions or countries.
HOW COMPETENCY FRAMEWORKS CONTRIBUTE TO THE DEVELOPMENT OF PARA PROFESSIONALS IN THE SOCIAL SERVICE WORKFORCE

ZENI THUMBADOO, NACCCW (ON BEHALF OF THE ALLIANCE INTEREST GROUP ON PARA PROFESSIONALS)
INTEREST GROUP ON PARA PROFESSIONALS IN THE SOCIAL SERVICE WORKFORCE

- Identified as priority area in initial review of member interests
- Initially convened in **October 2013**
  - Currently there are **35** participants on our member list from **10** different countries in North America, Europe and Africa
- Survey of interest group participants identified **developing competencies of para professionals** as key issue
- Group has developed a set guiding of principles for para professional social service workers.
- Generic/Core functions developed to strengthen service programs and training programs for para professionals working as direct care workers in the social service sector
- **Para / Auxiliary Child and Youth Care Worker competencies for the Para Social Services**
KEY ISSUES MOTIVATING THE NEED FOR COMPETENCY FRAMEWORK

- To date, there is no agreed upon and recognized definition for a paraprofessional social service worker at either the global or regional level.

- This is especially true within the African context, where a range of different kinds of paraprofessionals have rapidly been trained and deployed to fill existing gaps of professional social service workers.

- Paraprofessionals take on a myriad of titles and roles within the larger social welfare system (Davies, 2009, Bess, Lopez & Tomaszewski, 2011, Mendenhall, 2012; Mwansa, 2012).
GUIDING PRINCIPLES FOR THE DEVELOPMENT OF PARA PROFESSIONAL SOCIAL SERVICE WORKERS
BACKGROUND

- Represent a base for the development of programs and activities for training, development, deployment and support of para professional social service workers

- Recognizing country-specific context, they promote the **planning** of the para social service workforce, the **development** of the para social service workforce and **support** of the para social service workforce
Example:
The strengths perspective, which views the wisdom, assets and knowledge of individuals, groups and communities as potential resources, should be at the core of the competencies being sought for para professional social service workers.
Example:
Clear descriptions of **functions, roles and the skills** necessary to fulfil the responsibilities at each level in each field should be outlined in job descriptions.
Example:

A career ladder should be accessible to all social service para professionals. It should be underpinned by further education where credit for prior training and work experience is given, and which leads to professional advancement. This includes the ability to take on higher level roles and increased salaries when demonstrating the necessary abilities and competencies.
Example:
All para professionals should work under supervision of qualified para professionals or professionals. Supervision helps to ensure that the practice and performance of para professionals stays within any policy or legislative framework that clarifies roles and responsibilities and guarantees accountability and rights.
PARA PROFESSIONAL FUNCTIONS AND COMPETENCIES - EXAMPLES OF GENERIC COMPETENCIES
### Function: Communication Skills

<table>
<thead>
<tr>
<th>Para Professional Functional Areas</th>
<th>Para Professional Practice Competencies</th>
<th>Para Professional Training Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicating with families and other workers in the unique cultural context</td>
<td>• Shows cultural competency through the correct use of body language, greetings and who is addressed first (protocol)</td>
<td>• Demonstrates cultural competency in various settings, especially related to the local context</td>
</tr>
<tr>
<td></td>
<td>• Understands ethical values and cultural practices of the local community and uses this understanding to facilitate effective communication</td>
<td>• Demonstrates ethical values at the community level</td>
</tr>
<tr>
<td></td>
<td>• Gathers, conveys, and receives information, along with completing assigned written information under direct supervision</td>
<td>• Demonstrates clear, concise and correct verbal and written communication</td>
</tr>
<tr>
<td></td>
<td>• Communicates child protection, violence and abuse messages effectively to families and groups</td>
<td>• Demonstrates basic listening and responding skills</td>
</tr>
<tr>
<td></td>
<td>• Uses child/client friendly basic communication methods</td>
<td>• Demonstrates the use of child-friendly communication methods</td>
</tr>
<tr>
<td></td>
<td>• Identifies and applies relevant information</td>
<td>• Explains how communication with children differs from adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Demonstrates ability to promptly and appropriately following instructions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Demonstrates ability to communicate regarding available services</td>
</tr>
</tbody>
</table>
EXAMPLE OF PARA/AUXILIARY CHILD AND YOUTH CARE WORKER COMPETENCY
### Function: Implementing basic life-space work

<table>
<thead>
<tr>
<th>Para Professional CYCW Functional Areas</th>
<th>Para Professional CYCW Practice Competencies</th>
<th>Para Professional CYCW Training Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implements basic life-space work practices in order to ensure routines and basic developmental activities take place, under the guidance of a supervisor</td>
<td>Implement everyday activities and routines to help children/youth and their families feel a sense of belonging, learn skills, make choices and care for others</td>
<td>Able to describe routines and activities in the life space and give basic examples of how these can help children and youth develop.</td>
</tr>
<tr>
<td>Implements specific life-space work within routine interactions with children, youth and their families to ensure that routines, developmental and basic therapeutic activities take place, under the guidance of a supervisor</td>
<td>Under supervision, and based on the child/youth’s individual development plans, allocates and adjusts routines, tasks and activities to children, youth and their families, in a way that suits their individual developmental strengths and needs, within the context of individual or group interactions</td>
<td>Shows an understanding that the life space constitutes the container within which all developmental and therapeutic work takes place</td>
</tr>
</tbody>
</table>

- Can explain how life-space work can be developmental and therapeutic
- Can explain the concept of individualized responses to children and youth
The Child and Youth Care competencies were validated at the FICE Kenya Child and Youth Care conference in Kisumu which took place between the 7th – 11th April 2015.

“We’ve had lots and lots of trainings, if you ask people to bring out their certificates they will bring out a box. But at the end of it all you are nothing, you have no identity, you can’t be forceful or powerful. We need to direct training to a profession and give a good career development path for people working in care.”

(Kazi Ngumu Focus Group)
THE SOUTH AFRICAN EXPERIENCE

- BQCC initial basic training
- Accredited Further Education and Training Certificate – Level 4
- Isibindi Ministerial scale up
  - 400 Isibindi Projects
  - 10 000 CYCW’S
- 309 (77%) Isibindi projects established
- 4 402 (44%) CYCW trainees
- 181 484 children serviced

- CYCW degree – University of South Africa (UNISA), Durban University of Technology (DUT)
- Statutory regulation of Child and youth Workers with South African Council for Social Service Professions (SACSSP)
  - more than 6 000 in the process of being registered
SOUTH AFRICA: DEVELOPING A CAREER LADDER FOR CYCW – BOTTOM UP

- Para/Auxiliary/CYCW
- Degree
- Masters
- PhD
SOUTH AFRICAN GRADUATES: PROFESSIONAL AND PARA PROFESSIONAL
Supporting the Social Service Workforce

Moderator:

Silke Felton, Interim Senior OVC Advisor OGAC / Impact Mitigation Specialist
PEPFAR Swaziland

Speaker 1:

The Role of the Professional Associations in Supporting Statutory Social Work Systems
Dr. Natia Partskhaladze, UNICEF CEE/CIS and Chairperson, Georgian Association of Social Workers and Iv. Javakhishvili Tbilisi State University, Georgia
The Role of the Professional Associations in Supporting Statutory Social Work Systems

Natia Partskhaladze

June, 2015
Georgia – Country Background
Population – 3.8 million
Child population – 800,000
GDP – USD 3,700
Georgian Association of Social Workers

Mission:
- Fostering the development of Social Work profession in Georgia

Goals:
- Lobbying for the development and implementation of the necessary legal and policy infrastructure
- Development of academic education
- Setting the professional standards and ethics
- Providing professional expertise to the local social service providers
Georgian Social Workers’/GASW Members’ Profile

- Qualified Social Workers (BA, MSW)
- Other professionals (doctors, teachers, psychologists) retrained as Social Workers

Chart Title

- # SW per 100,000 Children
- Academic Degree
- Employed as Statutory SWs
- GASW Membership
Partnerships

State Bodies

Non Statutory Services

Academia

Service Users

International Federation of Social Workers

International Council on Social Welfare

Membership of International Organizations
Support to Child Care Reform in Georgia – Strengthening Statutory Social Work Services

1. Social work assessment forms – Statutory decree
2. Gatekeeping policy guiding principles – Statutory decree
3. Guardianship and care panels – Statutory decree
4. In-service trainings for SW and Panels
5. Case conference and family conference practice
6. Child care service standards – Statutory decree
7. Monitoring and inspection system – MoLHSA unit
8. Social work professional supervision and performance appraisal systems – Statutory decree
Social Work Professional Supervision and Performance Evaluation System

**Administrative Function**
Ensures that service objectives and practices are in line with the local legislation, policies and standards

**Supportive Function**
Provides personal and professional support in dealing with job-related issues, burnout

**Case Supervision Function**
Review and evaluation of case work

**Educational Function**
Continuous training and practice skills development; strengthening of professional values

- Internal supervision – by the senior social workers and managers
- Professional Regulation – not in place
The State of Social Work in CEE/CIS (UNICEF CCE/CIS RO)

Uniform legal definition of social work

- Yes: 29%
- Social work definition varies in different legislative documents: 19%
- No legal definition available: 48%

Standard qualification requirements for state child welfare social workers

- Yes: 14%
- No: 33%
- NA (No state CW SW available): 48%

Registration and regulation requirements

- No regulation of social work workforce: 24%
- Registration of social workers: 10%
- Licensing/certification of social workers: 62%

Mandatory minimum standards for the state child welfare social workers

- Yes: 14%
- No: 33%
- NA (No state CW SW available): 48%
DR. JIM MCCAFFERY

ALLIANCE STEERING COMMITTEE CHAIRPERSON
AND SENIOR ADVISOR, TRG