

Literature review



Making social work work

Improving social work for vulnerable families and children without parental care around the world

EveryChild.

Acknowledgments

This report has been prepared for EveryChild by Dr Andy Bilson, Professor of Social Work, and Dr Joanne Westwood of the University of Central Lancashire.

Andy started work as a child care social worker in 1972. He managed offender services and campaigned on juvenile justice in the UK. Following this, Andy was a senior manager in non governmental organisation and local authority social work. He became an academic in 1990. Andy has been involved in consultancy internationally since 1996 when he was the director of UNICEF and Council of Europe's Observatory on European Children's Rights – the Centre for Europe's Children. As part of the team working on the *Changing Minds, Policies and Lives* project, Andy was co-author of toolkits on gatekeeping and standards. He has worked in many countries on the development of social work systems before undertaking the project reported herein.

Joanne Westwood is a senior lecturer in social work at the University of Central Lancashire. Prior to this Joanne worked in social and community work for 15 years, starting in play and youth work with children, young people and their families. Joanne's practice experience is in statutory and voluntary sectors, in both residential and field social work, in family placement, child protection and children with disabilities teams. Joanne has managed community-based preventative programmes, and worked with child welfare programme managers to develop and implement evaluation, monitoring and reporting systems. Her specialist research interest is in child trafficking in the UK, child migration and the history of the development of child welfare policies.

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Front cover image

Pictured on the front is Tabita, a para-social worker who works for SATHI, one of EveryChild's partners in India, rescuing children living and working on the platforms of Bangalore's railway station. She is pictured talking to 12 year old Samendra, encouraging him to accompany her to the safety of a nearby shelter – the first step in getting him back to his family.

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Summary

This report provides an overview of the role of professional social workers in relation to children without parental care (CWPC). It outlines the approaches to and the functions of social work across resource constrained countries found in a literature review and through consultations with EveryChild and its global partners. From this study the report provides a typology of the range of approaches to social work that have been developed and implemented in relation to CWPC and the requirements for each of these. The typology is designed to support analysis and strategy development in relation to social work and help to answer the question, what role is social work playing and how can this be improved? We hope that this analysis will enable consideration of how best to respond to the challenges for social work and the possibility of learning between countries and regions.

The study

The study defines CWPC as any child not in the overnight care of at least one of his/her parents, encompassing children in residential care, foster care and kinship care or living with employers, independently or on the streets. The focus of the paper is on the first three of these categories as this is where the bulk of the evidence base on social work practice can be found. Children in detention are not included. The study is primarily a literature review; over 350 academic articles, reports, guidelines and other documents focusing on 163 papers, of which 62 were published in peer reviewed journals and a few of which were research papers, have been considered.

Focus groups and a small number of detailed interviews also informed the study. The groups were made up of 25 senior staff from EveryChild and its partners, who work in 13 countries worldwide. In general, the study has found that the evidence base for the impact of social work is mainly limited to project and pilot-based evaluations.

A review of international legislation and guidance shows that although there is no specific mention of social work in the UN Convention on the Rights of the Child (CRC), it is assumed that this will be a key mechanism in many international standards, and it is also reflected in international and state investments in child care reforms.

Four broad approaches to social work

The study found four main approaches to the provision of social work operating in different countries.

Case work – The traditional approach of social workers directly providing psychosocial support.

Case management – This operates in a market system where the role of case manager purchasing services is separate from the role of service provider. Here the social worker's role is to assess needs and design and manage packages of services.

Community engagement – Social workers work with CWPC through engaging with communities to provide support and services.

Social protection – In a number of countries, particularly in Africa and South America, social work involves social protection. Public initiatives provide income transfers in order to protect marginalised people with the objective of reducing their economic and social vulnerability. Here the role of social work can include administration and, in some programmes, providing support aimed at promoting wellbeing. This is sometimes termed 'accompaniment'. This function directly addresses social exclusion but can involve considerable administration. There is also a risk that the focus on economic needs can crowd out social needs.

Five functions of social work

Within the discussed four ways of working, social workers can perform several different functions. Five functions were highlighted by the study representing different and sometimes overlapping activities:

- 1. Support and care** is a key function of social work for CWPC, and this includes support to parents, kinship carers, foster carers and others who care for children. The aim is to strengthen the capacity of carers and families and to protect and support children's social, emotional and psychological functioning. This function also supports children to return to their parents and families, or enables them to lead a productive life as an adult.
- 2. Protecting children.** The focus within 'protecting children' in a number of reviewed studies was on ensuring that community measures are adopted and that protection systems are resourced adequately. However, many reviewed papers discuss the transfer to developing countries of anglicised child protection approaches. Given the serious and varied nature of, and extent of the potential harm in, developing countries, and the lack of state social work resources, the implementation of anglicised child protection approaches should be approached with caution. It was argued that while individuals subject to harm or exploitation need support and protection, a focus on prevention and education to promote supportive communities should be prioritised.
- 3. Gatekeeping and care planning.** Social workers carry out assessments; provide reports for courts or commissions making decisions about children's cases; develop and monitor packages of care; and review and plan for children not living with their parents. Effective gatekeeping and care planning supports parental care and ensures that wherever possible children remain without parental care for the shortest possible period. Many studies point to children unnecessarily placed

in institutions and having long stays because of lack of this function.

- 4. Service management, development and quality control** can also involve social workers. This includes ensuring there is a range of community-based alternatives to residential care through developing and managing services such as foster care and support for kinship care. In many countries social workers are involved in protecting children's rights with an inspectorial function, as well as in quality control where services are monitored against quality standards.
- 5. Supporting para-professionals.** Para-professionals are individuals trained and skilled in social work who perform in that capacity but have not received professional certification. A number of schemes, particularly in Africa, demonstrate the possibility of social work providing services to CWPC through training, managing and monitoring paid or volunteer para-professionals.

Key challenges and debates

There are key challenges to the successful implementation of social work responses to CWPC. The study found common themes that cut across countries as well as the different approaches and implementation of functions discussed above. In particular in many countries there remains a **low level of social services provision** although there are examples of rapid development of national systems in some countries and other more localised initiatives. Even where social work is developing, **human resources** remains a key problem. There is limited training and capacity building of social workers as well as widespread difficulties in recruitment and retention often associated with low status and pay.

Debates include concern for the **organisation and remit of social work**. There is uncertainty about whether specialisation or a generic approach is most effective, and clear gaps between policy and practice. In addition the study found wide agreement about problems

caused by high levels of bureaucracy, particularly the lack of time to work with children and families. Whilst decentralisation has the positive aspect of bringing decision-making to a more local level it can also be used to remove central government responsibility for funding and it can be devolved to such a small population that service provision becomes ineffective or inefficient.

The **dominance of western models of social work** was often seen and felt to be inappropriate to the economic, social and political context of more resource constrained countries. Whilst there is much to be gained by cross-fertilisation of ideas and learning from different approaches, the wholesale adoption of systems from different cultures has many drawbacks. This issue was frequently commented on and studied in Africa, Asia and Latin America but there was relatively little written about this 'cultural imperialism' in relation to states formerly within the Soviet Union.

The review also highlighted **limited child participation** even in fundamental areas such as the decision about which relatives a child should be placed with in kinship care. Social work needs to develop initiatives and support for child participation.

Another common theme in the literature was the **lack of focus on preventing** the loss of parental care. Social work can be involved in identifying areas of need and problems in local communities; advocating for or helping those suffering from specific problems to advocate for improved services; carrying out consultations and need assessments; developing and implementing local programmes to address local problems and so on. In many countries this would require a shift in emphasis of current social work functions. However, there is a danger that unfocused preventive work will be ineffective and consume available resources.

Finally there is a **lack of adequate information**. The ability to plan services and develop strategies is severely limited due to the lack of even basic data on who is without parental care and data on entries and exits to and from alternative care. The relevance of research from wealthier nations is questionable and

there is limited local research and little at all on the impact of strengthening social work at a national level. The need for funding partnerships to develop local research skills and evaluation of strategies is therefore crucial.

Towards a typology of approaches and functions of social work

Based on the literature reviewed we propose a typology of approaches and functions of social work. We hope this can be developed further to provide a framework for assessing how best to support the development of social work for CWPC. The table on page 7 is a first attempt at an overview of the prerequisites for the approaches and functions as well as the possible roles and responsibilities that professional social workers might take. In our review it has become clear that the development of different approaches is often regional. For example, the CEE/CIS have more initiatives in casework, case management and gatekeeping, while Africa and Latin America have more development of social protection, community work and para-professionals. It is our hope that the typology provides a basis for readers to consider and learn from different approaches to social work between regions and countries.

Conclusion

We hope that this study provides a useful resource on social work as well as stimulating reflection on the appropriate approach and functions to support CWPC. There is a strong need to develop models of support for families and children that are appropriate to the conditions, culture and resources available, and to avoid attempts to simply translate western practices. It is our wish that laying out the debates and challenges stimulates new initiatives and approaches to better meet the very real and varied needs of CWPC. It is envisaged that further work will be undertaken so that the proposed typology can be further refined and developed to provide a tool for countries to analyse their current responses to CWPC and to plan for future programming.

Typology of approaches to social worker activity with CWPC

Approach or function.	Social work roles and responsibilities.	What is needed for this approach to be effective in preventing the loss of parental care and providing effective care planning.
Approach		
Casework	<ul style="list-style-type: none"> ■ Individual advocacy. ■ Collaboration. ■ Prevention. ■ Engagement. ■ Comprehensive service planning. ■ Child protection. 	<ul style="list-style-type: none"> ■ Legislation for state to assist families and protect children. ■ Directly provided or ability to purchase services. ■ Extensive professional social work training. ■ Social work agency to provide management and administrative support. ■ Guidelines and standards. ■ Culturally appropriate casework models.
Market-based case management	<ul style="list-style-type: none"> ■ Case manager. ■ Assessment and review. ■ Market development.¹ ■ Monitor service quality. ■ Budget holder. ■ Community needs assessor. 	<ul style="list-style-type: none"> ■ Market of services or potential for market development. ■ Empowerment of NGOs and civil society. ■ Local case management organisations with budgets to purchase services. ■ Legislation for state to purchase or provide services. ■ Social work training for case management. ■ System for assessment of local needs.
Community development	<ul style="list-style-type: none"> ■ Community worker. ■ Advocate for resources/ policy change. ■ Mediator. ■ Coordinator. ■ Initiator. ■ Enabler. 	<ul style="list-style-type: none"> ■ Community work training. ■ Resources for community development. ■ Corporate approaches to economic and social development planning and implementation at regional and local level.
Social protection	<ul style="list-style-type: none"> ■ Accompaniment. ■ Assessment and registration. ■ Information provision. ■ Supporting microfinance and microcredit. ■ Link to social assistance or other services. ■ Job-related work including training, work placement, urban and rural development programmes. 	<ul style="list-style-type: none"> ■ Cash transfer schemes relevant to CWPC/ vulnerable families. ■ Budgets for cash transfers. ■ Linkages of cash transfer and social service programs. ■ Dedicated system for administration. ■ Understanding of specific problems of poverty and how they affect CWPC. ■ Political commitment to long term measures to combat poverty. ■ Indicators of quality of life, for example in providing identification/documentation, health, education, family dynamics, housing, work and income and culture.

¹ Market development is the process of supporting independent providers (NGOs, not for profit organisations and/or private companies) in order to ensure there are a sufficient range of services to meet local needs.

Approach or function.	Social work roles and responsibilities.	What is needed for this approach to be effective in preventing the loss of parental care and providing effective care planning.
Functions		
Support and care	<ul style="list-style-type: none"> ■ Promoting social and emotional development. ■ Dealing with trauma. ■ Enabling child participation. ■ Supporting carers. ■ Preparing children and families for return home. ■ Preparing for and supporting independent living. 	<ul style="list-style-type: none"> ■ Social work training (specifically on key skills need to provide psychosocial support and promote participation). ■ Legislation and standards. ■ Psychosocial services and programmes. ■ Supervision and support of social workers.
Protecting children from harm	<ul style="list-style-type: none"> ■ Preventing a loss of parental care. ■ Campaigning. ■ Supporting community child protection mechanisms. ■ Assessment of risk and harm. ■ Providing reports to courts. ■ Supervising and supporting families. ■ Child protection planning. 	<ul style="list-style-type: none"> ■ Legislation, implementation plans, regulations and funding to implement the legislation. ■ Inter-agency frameworks. ■ Research. ■ Public awareness campaigns. ■ Preventive community-based services. ■ Protective services.
Gatekeeping and care planning	<ul style="list-style-type: none"> ■ Assessment and review. ■ Court work. ■ Case planning. ■ Community needs assessment. ■ Service developer. 	<ul style="list-style-type: none"> ■ Legislation, implementation plans, regulations and funding to implement the legislation. ■ Process of decision-making based on assessment. ■ Range of services. ■ Information systems. ■ Agency to manage social work assessment and review.
Service management, development and quality control	<ul style="list-style-type: none"> ■ Assessing community needs. ■ Developing services. ■ Managing services. ■ Quality assurance. ■ Defining standards. ■ Service review. ■ Training and support. 	<ul style="list-style-type: none"> ■ Legislation for purchase or provision of community services and to monitor quality of state and non-state services. ■ Budgets for new services. ■ Empowerment of NGOs and civil society. ■ Standards and guidance. ■ Systems of licensing, accreditation or certification. ■ Evidence based community needs assessment. ■ Local research into 'what works'.
Supporting para-professionals	<ul style="list-style-type: none"> ■ Manager. ■ Supervisor. ■ Trainer. ■ Quality assurance. ■ Technical support. 	<ul style="list-style-type: none"> ■ Locally relevant and culturally attuned training programmes. ■ Certification and quality assurance systems. ■ Management systems. ■ Finance for training, management, payments and expenses. ■ Monitoring mechanisms.



1 Introduction

As an organisation working with children without parental care, EveryChild has long engaged with social workers working in the field of child protection. In several of its country programmes in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) it has supported the wider use and capacity building of social workers. In other settings, where social workers are much more limited in number, EveryChild has had only partial engagement with social workers. This report has been produced to develop strategic thinking around the topic of the role of social work in responding to children without parental care (CWPC), both within EveryChild and more broadly. This is not a simple issue. In some countries state social work is rapidly developing and has a key role in work with CWPC. In many other resource constrained settings social work departments are woefully under-funded, often with one or two social workers dealing with vast populations with complex needs. This report aims to consider what is currently known about the role social workers could usefully play and to what extent the solution to the growing numbers of children outside of parental care lies in increasing and building the capacity of social work.

The report is based on a review of literature supplemented by data from interviews and focus group discussions with experts employed by EveryChild and its partner agencies. The study was funded by EveryChild and carried out by Professor Andy Bilson and Dr Joanne Westwood between December 2010 and October 2011.

1.1 Defining social work

There are problems with the definition of social work (Davis 2009: 5). Pinkerton (2008) has noted that there are a large number of interpretations of the word 'social' as it is used in terms like social services, social welfare, social care, social protection and social assistance, with each use and situation having a different meaning. In addition to the problem with 'social' there are a wide range of terms used in different countries for social work services of the type defined by Pinkerton. These include child protection², family support, social assistance, social welfare, social care, child rights, probation and so on. This proliferation of terms complicates any literature search.

Pinkerton and Muhangi (2009: 56) define social welfare services for children for their literature review as,

▲▲ **A wide range of measures including: family support services aimed at strengthening family functioning, prevention of family separation/breakdown and early intervention for at-risk families and children; child protection services provided to children who have been abused, neglected or exploited; out-of-home care provided to children who are removed/displaced on a temporary or long-term basis from their birth family.** ▲▲

Similarly Davis (2006: 6-7) defines social services broadly with specific examples whilst Bosniac and Stubbs use the simple definition,

▲▲ **The provision of services other than cash benefits, to meet the social needs of the most vulnerable individuals, families and groups in society.** ▲▲ (Bosniac and Stubbs, 2007: 40)

2 In the CEE/CIS child protection as a term generally covers all social work with children rather than work specifically on children suffering from violence or neglect.

Martin and Sudrajat (2007) take a different position, defining social work as an approach in terms of a basic activity of cross-sectoral professional case management. However there are challenges to the case based approach, which is seen as a western paradigm, and a call for social development as an alternative (eg Osei-Hwedie, 1993; Gray and Coates, 2010; Hugman, 2009; Bar-On, 1999; Parad, 2007). This difference in approaches to social work will be discussed later in section 4. Hare (2004: 417) states,

▀▀ **Social work – with its common nucleus – encompasses a wide range of methodologies, from clinical interventions with individuals, families and small groups, to community-based interventions, policy practice and social development.** ▀▀

For this study of social work with CWPC we use a broad definition to include services aimed at preventing children from losing parental care; supporting CWPC; and the reintegration and support in the community for those previously living without parental care. We focus on those services provided or supported by the state as part of their responsibility towards children without parental care. These services include the following support to vulnerable children and their families and communities:

- Gatekeeping.
- Identification of appropriate placements.
- Care planning, assessment and review of CWPCs situations.
- Provision and support of alternative care, including support to guardians/extended family carers, foster care and residential care.
- Support to child headed households.
- Adoption services.
- Services aimed at preparing children for leaving care or living independently and support in local communities (e.g. help with housing, employment, education) for those previously placed in alternative care.

In addition, social services include community-based interventions and advocacy to support children and their families. Social workers will be the staff who provide, assess for, review or case manage social services. For the purpose of this review approaches are included if they are relevant to issues concerning CWPC.

1.2 Scope of the study

The study aims to answer the question: What is the role for social workers in responding to children without parental care? The focus is on social workers employed or contracted by the state and will consider both professionally trained social workers and para-social workers³. The study covers regions EveryChild operates in and therefore focuses on Africa, Central and Eastern Europe and Central Asia, Southern Asia and South America.

A further focus of this study is on children without parental care, and this is limited to children in the following situations:

1. Children in residential care.
2. Children in alternative family-based care, including kinship and foster care.
3. Children in child only households.
4. Children living with employers or exploiters.
5. Children living on the streets.

The focus of the paper is on the first three of these categories of children outside of parental care as this is where the bulk of the evidence base on social work practice can be found. It is recognised that more work needs to be done in understanding social work provision for especially vulnerable children, such as those living on the streets or with employers. A greater understanding is also needed of social work provision for CWPC in emergency contexts. It is hoped that some of these limitations will be addressed in the next phase of this work, which will involve primary research. Due to the wide scope of this undertaking and the generally separate systems for offenders, children in the juvenile justice system are excluded from the study.

³ Para-social work is discussed by Linsk et al 2010 in the context of meeting the needs of vulnerable children in Tanzania. Para-social work mirrors developments in other professions that draw on trained and supervised community and voluntary workers to deliver elements of professional practice, in this case social work.

1.3 Methods

The study is primarily a literature review supplemented with interviews with experts from Russia, Moldova, and Georgia, together with email correspondence with EveryChild partners in Kenya and Malawi. Interview participants were recruited at EveryChild's Global Meeting in the UK in December 2010 with follow-up interviews arranged thereafter. It had been hoped to interview more widely but this was not possible.

There was also an opportunity to conduct focus group sessions at EveryChild's Global Meeting. This involved 25 participants from 13 countries exploring social work issues related to CWPC. Participants were asked to discuss questions and issues related to social work for children without parental care from their country perspective and to identify key issues, record points in poster format and report back to the wider group. Groups were facilitated employing the world café⁴ method and their discussions were recorded by members of the research team or EveryChild central staff. The groups' posters identifying key points were then analysed along with the interview data and literature. These focus groups and the interviews with EveryChild staff and partners produced themes and raised particular issues that the researchers were able to use to develop and refine the focus of the literature review.

Literature searches⁵ were carried out initially in November 2010 and in March 2011 (EBSCO and OVID). Searches were also made of grey literature (NGO and IGO reports on social work and policy issues related to CWPC) throughout the study period. An extensive search was undertaken of the Better Care Network's website and the Social Care Institute for Excellence's database and a range of other materials were identified through web searches and identifying materials referred to in other documents. We also received information about publications from EveryChild Programme

Managers and partners. The literature considered for the survey has been limited to that published in English and a small number of articles were excluded because they could not be accessed electronically. However despite this extensive search it is unlikely that all relevant literature has been identified.

In total, over 350 academic articles, reports, guidelines and other documents were considered during the search. This was reduced to 163 papers that have either small references or fuller discussions of social work related to CWPC. Out of these papers the minority (62) are published in peer reviewed journals and amongst these there are few research papers with the majority being theoretical or descriptive.

The publications not in peer-reviewed journals fall into a number of categories, including international and national guidelines, which sometimes have a section giving data or comment on the current situation; evaluation; policy and consultancy reports published by inter-governmental organisations (IGOs), non governmental organisations (NGOs) and international non governmental organisations (INGOs) and websites of professional organisations. Some specifically relevant papers in this group include the studies carried out by Davis for USAID (Davis 2005, 2006, 2009) that lay out a framework for assessing social services for all client groups and then provide case studies and overviews of developments at country level in Africa and CEE/CIS. A second group of reports, sponsored by UNICEF, provide overviews of the situation of reform in child protection across groups of countries in the CEE/CIS and Turkey (Lyalina and Severinsson, 2009a, 2009b; Holiček et al, 2007; Malanchuk, 2009) and a review of gatekeeping in Bulgaria, Kazakhstan and Ukraine (Bilson, 2010). Parry-Williams and Dunn have carried out a third group of studies that look at the strengths of social work in Southern Africa and Indonesia (Parry-Williams 2006; 2007a; 2007b; Dunn and Parry-Williams, 2008).

4 For details of the approach see <http://www.theworldcafe.com>.

5 See appendix for table showing details of literature searches/search terms.

In all the literature reviewed there are no papers which have carried out formal research into the outcomes of strengthening social work for CWPC. There is an overview of systems of child protection in the Caribbean (Lim Ah Ken, 2007) and the regional studies of UNICEF (Lyalina and Severinsson, 2009a, 2009b; Holiček et al, 2007; Malanchuk, 2009; Bilson, 2010), USAID (Davis, 2005, 2006, 2009) and Parry-Williams (Parry-Williams, 2006; 2007a; 2007b; Dunn and Parry-Williams, 2008) mentioned above. There are occasional evaluations providing statistics at country level (O'Brien and Chanturidze, 2009; Petrova-Dimitrova, 2009; Bilson and Carter, 2008) and some evaluations of pilots of strengthening social work (Bilson and Markova, 2007; EveryChild Consortium, 2007; Carter, 2006). Thus the evidence base for the impact of social work is limited mainly to project and pilot-based evaluations.

1.4 Structure of the report

Following on from this introductory section, the report places the study within the international legal frameworks and guidance. It goes on to analyse the different approaches to social work, followed by its functions or potential functions with respect to work with children without parental care. This is followed by discussion of challenges and debates about the application of social work and an attempt to provide a typology of approaches and functions of social work with CWPC. The report has the following sections:

1. Introduction
2. International legal frameworks and guidance
3. Approaches to providing social work
4. Functions of social work
5. Challenges and debates in social work
6. Towards a typology of approaches and functions of social work
7. Conclusions

2 International legal frameworks and guidance

This section briefly reviews the international legal framework as it relates to social work with children without parental care. It is not intended to consider regional frameworks such as those of the Council of Europe or African Union. The key international framework is the Convention on the Rights of the Child (CRC). The preamble to the Convention provides that every child 'should grow up in a family environment in an atmosphere of happiness, love and understanding.' Every child also has a right not to be separated from parents unless it is in their best interest (see article 9 and article 3). Countries that are signatories to the CRC have the primary duty to promote children's rights and best interests.

There are a number of areas relating to the duty of countries to protect children's rights. In many countries this duty falls to statutory social work. This includes, but is not limited to, provision of special protection for CWPC (article 20); periodic reviews of CWPC placed in residential care (article 25); provision of foster placement, kafalah of Islamic law, adoption (article 20) and so on. However, the CRC does not make any specific references to social work.

Alongside the convention are a number of guidelines. Whilst again there is no specific statement that a country must have a state-run social work agency, there are several references to social work having a role within these guidelines. The *Guidelines for Alternative Care of Children* (2009:14) states in articles 43 and 44 that where a public or private agency is approached by a parent or guardian wishing to relinquish care of a child the state should ensure that the family receives counselling and social support to encourage and enable them to continue to care for the child. In article 43 concerning permanent placements, it goes on to say that where this fails, 'A social work or other appropriate professional assessment

should be undertaken to determine whether there are other family members who wish to take permanent responsibility for the child, and whether such arrangements would be in the child's best interests.' Thus the state is expected to ensure that families receive 'counselling and social support', which in many countries is provided to or purchased for the family by statutory social work agencies. The guidelines also state in article 48 that decisions to rehabilitate the child should be 'based on rigorous assessment, planning and review... by suitably qualified professionals in a multidisciplinary team, wherever possible.' This again is a role frequently undertaken or led by social workers.

The guidelines also make reference to social work with child headed households in article 36 (2009: 12). This section states that such households should 'benefit from mandatory protection from all forms of exploitation and abuse, and supervision and support on the part of the local community and its competent services, such as social workers, with particular concern for the children's health, housing, education and inheritance rights.' Here the reference is both to the participation of social workers in protecting children from exploitation and abuse and providing supportive services.

Similarly the UNHCR Guidelines on Determining the Best Interests of the Child specify the need for 'social work with the family' and an assessment of the best interests of the child before separation (2008: 36). They state,

▶▶ To ensure that the separation is a measure of last resort, social work with the family should first be undertaken, before any separation is considered. ▶▶

UNICEF's Child Protection Strategy, which predates some of these guidelines, shows how this UN agency sees the centrality of social

work to its promotion of children's rights. It aims to 'strengthen the social welfare sector' and specifically to 'support systematic improvements in the quality and use of social work, including its professionalisation' (UNICEF, 2008: 7 article 19).

From this international legislation and guidance it is clear that the state has responsibility for ensuring a range of professional assessments and a process of planning and review for children without parental care. The state is

also required to provide a range of services to support family life as well as alternative family care for those unable to stay with their own family and friends. The state must also protect children from exploitation and harm. All of these duties fall within the scope of social work, either as direct service providers or purchases of services from NGOs or other service providers. In much international guidance there is direct inference that these duties should involve professional social workers.

3 Approaches to providing social work

In this section we discuss the various social work approaches that have been developed and implemented in various countries. There are four main approaches case work; case management, community engagement and social protection, and we discuss the strengths and weaknesses of these. The very different contexts social work might be provided in different countries dictate the need for flexibility in the application of these approaches.

3.1 Casework

The term casework is used here to denote the traditional role of social work in child welfare. In its standards for social work practice in child welfare, the US National Association of Social Workers (NASW) (2005: 9) suggests this work includes programs and policies focusing on the protection, care, and healthy development of children, and defines the goals of this work as,

▲▲ **Ameliorating conditions that put children and families at risk; strengthening and supporting families so they can successfully care for their children; protecting children from future abuse and neglect; addressing the emotional, behavioural, or health problems of children; and when necessary, providing permanent families for children through adoption or guardianship.** ▶▶

Casework is carried out by qualified social workers, which requires programmes of professional training. According to NASW key aspects of the social work role include:

Advocacy – The social worker will advocate for resources and system reforms that will improve services for children and their families.

Collaboration – The social worker will work effectively with other agencies and professionals.

Focus on prevention – This involves identifying and promoting the use of services to strengthen and enhance family functioning in order to avoid the need for protective services.

Engagement – The social worker works in partnership with families in assessment and service provision.

Comprehensive service planning – Social workers collaborate with the family to develop a service plan to strengthen the family's ability to care for their children. This focuses on meeting children's developmental needs, and enhancing their overall functioning.

Child protection – Assess imminent risk and ensure that arrangements are made to protect the child in line with the child's best interests.

The extent to which this model is relevant to developing countries is subject of debate but there are some examples. Social work in South Africa has taken this general approach and, for example, has developed 'one stop shops' to provide child protection services (Dunn and Parry-Williams, 2008). Similarly this professional model is being developed in a number of CEE/CIS countries such as Bulgaria, Romania and Ukraine (Dumling, 2004; Bilson, 2010). There can be problems with implementing western approaches such as casework in other countries and this is discussed in section 5.4.

3.2 Case management

This section looks at social work as case management within a market model of social work provision. The market model generally involves a quasi-market in which there is a separation between the role of case manager, who purchases services, and the role of service provider. The role of the social worker as a case manager in such an approach (Fox and Gotestam, 2003) is to assess people's needs and

find the appropriate care and service for them; work out a care plan; manage the budget for the care purchased; ration care according to policy guidelines; monitor outcomes; and understand the care market, knowing best practice. The United States National Association for Social Work defines this form of case management as,

▀▀ **Social work case management is a method of providing services whereby a professional social worker assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs. A professional social worker is the primary provider of social work case management. Distinct from other forms of case management, social work case management addresses both the individual client's biopsychosocial status as well as the state of the social system in which case management operates. ▀▀ (NASW, 1992)**

The case manager plays a key role in assessing the need for services and monitoring care plans. On the other hand, case managers ration services and ensure that an adequate range of services is developed; in some instances this includes developing alternative care systems and services.

An increasing number of countries in the CEE/CIS aspire to a market approach (eg Holiceket al 2007). In some of these countries, the legislation is already in place for a market oriented approach (eg The Law on Social Services in Lithuania⁶; Romania see Dümpling, 2004; Kazakhstan and Bulgaria see Bilson, 2010). While this approach is aspired to in many countries, its application in CEE/CIS is often

limited. Holiček et al (2007: 18) talk of a 'top down' implementation with a lack of ownership at several levels. They suggest that in the countries of south Eastern Europe, covered by their report, there is a 'lack of understanding of this important distinction' between purchaser and provider (2007: 31) with both established and new social work services being both purchasers and providers. Bilson (2010) points to the lack of development of an adequate and independent range of services and to the fact that residential care is still funded on an input basis (based on the number of places). This means there is no market operating on this area, and as such, a lack of emphasis in developing alternative care provision.

The limited application of the case management approach in CEE/CIS may in part be attributed to the fundamental reforms and investments needed to make this approach work. Fox and Gotestam (2003: 7-8), in their review for the World Bank and UNICEF, suggest the need for four main changes to be made in order to implement a market framework in the CEE/CIS. These are:

1. The establishment of a purchasing organisation.
2. Budget reforms that puts all the public funds for social services in the hands of the purchaser.
3. Market-making reforms that ensure prices paid to service providers are based on explicit and transparent opportunity costs⁷ and involve tendering processes that include contracts to specify the services outputs and their costs.
4. Provider market reform that includes ensuring all service providers, including state services, participate on an equal basis.

⁶ Downloaded from the following address on 17/03/2011

http://www.socmin.lt/get_file.php?file=RTpcXEIuZXRwdWJcXFNTYXJ0a2VlL3NvYy9tL21fZmlsZXlMd2ZpbGVzL2ZpbGU5ODYuZG9jO3NvY2lhbCBwYXNsYXVndSBpc3QuZG9jOzs=.

⁷ The opportunity cost is the monetary value of the resources used in providing a specific set of social services, valued in terms of forgone alternative uses of those resources. For example, if a building is used for day care, the opportunity cost is the amount it could have raised if used for the next best purpose.

3.3 Community engagement

The above approaches to social work are aimed at the direct provision of services to individuals. A third approach is for social work to engage with communities rather than individuals. Benham's research (2008) provides a model of four fundamentally different ways that agencies engage with communities, each having particular strengths and limitations, and establishing (explicitly or implicitly) certain roles and responsibilities for the agency and the community. The four types of approach are summarised in Box 1. Benham suggests that the main difference between them is the extent of ownership on the part of the community, with category 4 having the highest levels of ownership including a capacity building emphasis.

There are a number of promising examples of community-based approaches in Africa, such as those using volunteers (discussed below) and para-professionals – described in section 4.5. At the level of community-owned and managed activities, Pawar (2004) describes a project to enable social workers across a number of countries in the Asia-Pacific region to form a network and work together on developing,

supporting and stimulating 'community informal care and welfare systems.' These are defined as,

▀▀ **Systems in which individuals, families and communities come together, without any formal requirements and without any professional intervention, to meet felt or expressed needs and/or to resolve issues in a self-reliant and sustainable manner.** ▀▀
(Pawar, 2004: 439)

Pawar (2004) reports some successful outcomes of this international network of social workers in promoting and developing work with informal care and welfare systems.

A key mechanism by which statutory social workers can engage with communities is through support to community-based child protection mechanisms. Wessells defines such community-based child protection groups as a 'collection of people, often volunteers, who aim to ensure the protection and well-being of children in a village, urban neighbourhood or other community' (2009: 13). These front-line child protection supports have various names including 'child protection committees, child welfare committees, child protection networks, local anti-trafficking groups, orphans and vulnerable children committees, and community care groups' (Wessells, 2009: 13).

Box 1: A typology of approaches for engaging with communities

- 1. Direct implementation by agency:** The agency is a service provider, and community members are beneficiaries.
- 2. Community involvement in agency initiative:** The agency is a promoter of its own initiative, a planner and a trainer, and community members are volunteers and beneficiaries.
- 3. Community-owned and managed activities mobilised by external agency:** The agency is a catalyst, capacity builder, a facilitator of linkages, and a funder after community ownership has developed. The community members are analysts, planners, implementers, assessors, and beneficiaries.
- 4. Community-owned and managed activities initiated from within the community:** The agency is a capacity builder and funder. Community members are analysts, planners, implementers, assessors and beneficiaries.

Source: Benham's Four categories summarised by Wessells, 2009: 16

Box 2: Examples of community-based child protection mechanisms

In Sub-Saharan African countries experiencing large numbers of orphans and other vulnerable children, social welfare and educational resources and structures vary. Sewpaul (2001) provides an example of the way South African communities have developed regulated and officially sanctioned Child Care Committees, who offer a wide range of support to CWPC, and families and supervise placements for the care of children. Similarly Nyambedha (2001), in an ethnographic study of support systems for orphans in Kenya, found that local Nyolouro groups, run by women, that manage community credit schemes are well positioned to deliver and manage services to CWPC locally.

Wessells found that these groups operated in a range of settings across Asia, Africa and Latin America including in emergencies. However the report found limited formal evidence for the effectiveness of these approaches to child protection and called for further research. The focus group participants at the EveryChild Global Meeting in December 2010 supported community-based child protection initiatives in areas where the state is unwilling or unable to provide resources, especially where statutory/state social work is perceived as 'policing' or 'dampening community activity' and there was agreement that strengthening the support networks immediately around children was most effective. Box 2 below provides an example of such community-based mechanisms relating to CWPC.

Social workers adopting a community engagement approach can engage with community-based mechanisms in a number of ways. For example, in Sierra Leone, foster care programmes have been developed which rely on community child welfare committees to identify foster carers, match children and monitor placements. These committees are monitored and supported by statutory social workers. Recognising the limits of such community mechanisms (committees refer more complex cases of child abuse to the police (Gale 2008) has been found to be important. In Namibia, the value of community-based approach to social work involving strong liaison with community structures and leaders has been acknowledged in relation to the development of foster care programmes. Here again it is felt to be important to recognise both the strengths and limits of community

engagement in child protection, highlighting the importance of social workers prioritising and retaining management of complex cases (Ministry of Gender Equality and Child Welfare 2009).

The development of skills and attitudes to carry out effective work with communities is no simple matter. Davis (2009: 6) states that evaluation documents show a theme of disconnection between government and community initiatives. Davis also notes tension between state social work and community programmes. Wessells (2009) suggests a range of issues that may prevent effective engagement in his report of a study of community-based child protection mechanisms in humanitarian and development settings. It is suggested that these are more widely relevant across community approaches to social work with CWPC,

External child protection agencies and workers lack the full range of attitudes, values, and skills that are needed to work in a respectful, engaged, dialogical manner with local people. In fact, they may have had negative attitudes that demonised or dismissed local culture, or framed it as the problem that needs to be changed. Alternatively, they may have seen themselves as the 'experts', who were in the best position to address harmful cultural practices. (Wessells, 2009: 78-9)

Wessells (2009) suggests that there is a significant challenge in selecting, preparing, and supporting agency staff and community workers in order to work effectively on community change. This will be equally true where social work is to be involved in community-based responses.

The value of a community-based approach to social work can be seen in analysis of social work provision which suggest that current approaches often make limited references to the communities in which they operate. There have been criticisms of approaches that are too centralised (e.g. Bošnjak and Stubbs 2007; Bilson and Markova, 2007; Bilson and Gotestam, 2003). Services also need to be culturally attuned and have the commitment of local communities (Tolfree, 2003), especially if they are to succeed in areas where state services are weak or where communities are affected by HIV (Plan Finland, 2005). As noted in the final report from the Joint Learning Initiative of Children Affected by AIDS (JLICA), there is often limited recognition of the strength of existing community responses to children without parental care (2009: 12):

▀▀ **The focus on orphans in the global response has encouraged the view that orphanage care and other forms of non-family care are a needed and appropriate remedy to Africa's 'AIDS orphans crisis'. Beyond the known negative impacts of non-family care, the myth that most orphans and vulnerable children lack family and social networks has created a damaging legacy.** ▀▀

The Joint Learning Initiative on Children and HIV/AIDS (JLICA) (2009) report on studies which found that many orphans were in fact living with a member of their family and, in some cases, the child has a surviving parent. The impact of focusing initiatives on the 'AIDS orphan crisis' suggests that children's care needs arising from the disease trajectory are not addressed. The claims that the extended family is falling apart as a result of HIV are over-emphasised – families actually continue to take on the bulk of care of children affected by HIV. However, they get very little support and without it may be pushed to breaking point. Also, there is a dual trend that sees the epidemic being used as a rationale for building more and more residential care facilities.

In many parts of the CEE/CIS there is a centrally controlled approach with little or no community involvement, as discussed above this requires work with the NGO, community and other providers to develop a market of services. It also requires assessment of the needs of local

communities in order that the state can tender for appropriate services. There is little evidence showing that either of these prerequisites are effectively undertaken.

Across these studies, issues arise about the engagement of communities in the definition of their needs and as partners and initiators of responses to their problems. Within this the voices of children are only heard faintly, if at all. Good examples of community involvement are available but, as in the case of community-based child protection (Wessells, 2009), the evidence base is thin or non-existent. There is some evidence that social work can have a positive role in working with communities but much needs to be done in developing culturally attuned approaches in this area and addressing the issues laid out by Wessells above. The roles for social workers will vary with the approach to community engagement they take as laid out in Benham's typology above.

3.4 Social protection

Given these links between children losing parental care and poverty, social workers are increasingly involved in work linked to cash transfers and social protection (Temin, 2008). The most commonly used definition of social protection, according to Temin (2008), is that of the UK Institute for Development Studies (IDS),

▀▀ **Social protection describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.** ▀▀

(IDS cited in Temin, 2008: 3)

Temin has carried out a review of social protection in selected countries (Ghana, Malawi, South Africa, Uganda, Zambia, Ukraine, Brazil, and Chile). One of her conclusions is that, 'there is a risk that the enthusiasm about cash transfers detracts attention from social services and leads to lost opportunities to strengthen capacity and delivery systems.' For example, in South Africa state social workers are actively involved in cash transfers. In particular a large number of informal care placements are

formalised and children brought into care primarily to obtain a foster care allowance. This means the child and family are assessed and a court order confirms the placement. While this provision is seen as positive, it impacts considerably on social work resources and on workloads, having an impact on the ability of social workers to provide social services (Temin, 2008: 11),

📌 **One aspect of social protection that imposes an enormous workload on social workers is the foster care grants to relatives which are allocated to about 449,000 families (88% are with relatives). The process involves court orders, regular supervision, and returning to court to reapply after two years.** 📌

Meintjes and colleagues (2003: 11) note that orphaned children in South Africa are also eligible for the Child Support Grant, which requires much less administration, but the foster care grants provides higher benefits and are generally 'touted'. They go on to argue for alternative arrangements, stating that the use of foster care allowances to alleviate poverty effectively compromises the child protection function of the system as social workers are tied up with administering funds.

Integration of social protection and social services is also a key area in Chile and Brazil where social workers are involved in conditional cash transfers through social worker accompaniment and family contracts (Lindert et al, 2007). In the Chilean case the social work role of accompaniment is described by Lindert and colleagues (2007: 102) as,

📌 **The program offers psychosocial support through social worker accompaniment for a period of 24 months, with decreasing intensity after the first six months. The counsellor and the family develop a strategy (contract) based on a 'game' methodology to meet 53 minimum conditions grouped into seven pillars: health, work, education, family dynamics, housing, identification-documentation and income. The counsellor works with the family to establish interim objectives. Families are not treated as 'passive' recipients but as pro-active participants in the struggle to improve their lives.** 📌

In Moldova, social workers are widely involved in the administration of cash benefits. Following EveryChild's engagement in reforms of the system, social workers identify vulnerable families, informing them of their rights to state benefits, and help them to access the system. Social workers carry out assessments but do not decide which families should receive benefits to ensure transparency. Social workers support families during the six month period they are eligible for payments aiming to increase access to services and enhance household incomes. Anecdotal evidence suggests this is helping to reduce loss of parental care.

Social workers can have a role in social protection that either works to prevent a loss of parental care through practices such as accompaniment, or that directly provides support to CWPC through funding for alternative forms of care including supporting independent living. This role also involves administering the system, assessment, and providing psychosocial support. There appear to be several potential advantages and disadvantages to social workers engaging in social protection. On the one hand, it represents an attempt to respond to issues of poverty and social exclusion that lie behind children losing parental care – efforts to address these underlying structural issues are often absent from state responses to children without parental care (for example, in South America see Relaf, 2010; Bilson and Cox, 2007, outline this in Sri Lanka, Georgia and Bulgaria). On the other hand, it can provoke a focus on economic responses, denying social workers the time to address other factors. Davis, (2009: 3-4) states that it 'is critical to balance economic responses with broader psychosocial supports and prevention services. Otherwise, economic needs will crowd out social needs.' Her fear is that an emphasis on social protection will lead to social work being further marginalised. One further danger for CWPC is that they may not benefit from social protection directly and lose out further in the diversion of the limited state social services into work on cash transfers.

It seems clear that the role of social workers in supporting cash transfers needs to be well defined and would require devolution of resources to local levels – minimising the

bureaucratic functions that cause delay – and efforts to address the impact of administrative or regulatory functions on workloads. It may be that para-professionals could undertake the administrative elements of this work leaving trained social workers to focus on specific tasks that require staff professionally trained in child protection and care.

3.5 Other approaches to social work

The four approaches described previously are the approaches to social work in relation to support given to vulnerable families and CWPC that most commonly appear in the literature. There may of course be other approaches used, or could be developed to provide more effective social work provision.

For example, an approach that focuses not on the case management of the child, but on building on the strengths of families may be appropriate in contexts where kinship care is wide-spread (Aldgate and McIntosh 2006). From a perspective of empowerment and rights, there may also be approaches which place greater power in the hand of clients to select and purchase appropriate services. Building on a community-based rehabilitation model, which recognises that disability is a social, rather than purely medical, issue can help develop specific social work services for children with disabilities (EveryChild and BCN 2011). In assessing appropriate approaches it is important to be open to innovation and consider other strategies that may not be widely used, but may be equally or more effective than the approaches outlined above.

4 Functions of social work

Within the four ways of working discussed above: case work; case management, community engagement and social protection, social workers can perform several different functions. This section goes on to explore these functions and offers some analysis of the issues around social workers engaging with communities and the roles that other actors can play in supporting CWPC. It should however be noted that while there are a vast range of studies that explore the various ways CWPC, especially child orphans, are supported by community-based initiatives, within these there is little mention of the role of social workers, state or otherwise. In addition in many instances the social work has been developed through NGO programming, and social workers are employed by the NGO's rather than the state (Tolfree 2011, personal correspondence).

4.1 Support and care

Traditionally in wealthier countries a key role for social workers in work with children without parental care is to provide support and care for children and their families. This can take many different forms but best practice includes:

- Psychosocial support to promote and support the child's social and emotional development and programmes to deal with children who have suffered trauma.
- Encouraging and supporting child participation in decision-making and planning.
- Supporting carers to provide effective child care.
- Preparing children and families for children to return home.
- Preparing children for and supporting them in independent living.

While there is research that shows the limited success of social work in wealthier countries to effectively address these issues, as discussed in earlier sections, the capacity of social work to undertake these roles in developing countries is even more limited. Despite this there remain many examples of good practice and indicators of need.

4.1.1 Psychosocial support for children

There are numerous examples of the value of psychosocial support for children without parental care, many of whom have suffered traumatic past events, such as parental death or exposure to abuse and exploitation. Social workers in these types of situations can be involved in providing counselling as well as ensuring children have support from adults, mentoring schemes and working with local communities to reduce stigma.

For example, UNICEF report on a social work programme in Rio de Janeiro that achieved 90% reintegration of children from foster care over a six year period. They highlight the importance of follow-up and the need to retain well-trained professional staff to provide psychosocial support (UNICEF 2005a: 7). Other studies in Jordan (Melville 2005); Namibia (Ruiz-Casares 2009); Rwanda (Horizons 2007); Kenya (Fotso et al 2009) and South Africa (Cluver et al 2007) also highlight the value of providing psychosocial support to children outside of parental care.

4.1.2 Supporting child participation

Child participation in decisions that affect them is recognised as a right in the CRC (UN 1989) and acknowledged in the Guidelines for the Alternative Care of Children (UN 2009). Participation may be at the level of individual

children being involved in decisions about their own care, or about children collectively influencing policy or practice to make it more relevant to their needs. It can also involve children supporting each other through activities like children's clubs or peer education. In relation to children without parental care, these types of activities have proven to be especially effective in providing support to child headed households (Save the Children, 2007, Mclvor and Myllenen, 2005).⁸ As acknowledged by agencies such as The International Foster Care Organisation (IFCO, 1995 section B2) social workers can play a central role in promoting child participation, consulting directly with children or organising and supporting structures and mechanisms to enable their participation.

Despite the recognition of the importance of child participation, evidence from around the world suggests that the participation of children without parental care is rare (Evans 2010). For example, a study of children in institutions in Bosnia and Herzegovina provides a bleak picture, which, in the authors' experience is repeated in a number of countries in CEE and CIS,

🗨️ **In one children's home, during the focus group discussion on children's rights, children commented on article 25 in CRC and told researchers that social workers and psychologists from their Centre for Social Work visit them only when a television crew wants to make a documentary on their institution, or when somebody wants to visit the home for the purpose of research or making a donation. ... Children often appeared to be puzzled about the reasons for their placement, including the decision to remove them from the care of living parents. Their views seem not to be taken into consideration in these decisions, in violation of Article 12 of the CRC.** 🗨️ (Cehajic et al, 2003: 95)

Many countries have included participation in reviews and planning in their legislation or in procedures but there is little evidence of this leading to effective involvement.

4.1.3 Support to caregivers

Kuo and Operario (2009) conducted a systematic review of studies about caregivers and identified 33 empirical studies, 21 of these in developing countries (South America and Africa). They found that many caregivers were older females (i.e. grandparents) with the exception of child headed households, though there was limited evidence of these arrangements in the studies reviewed. Caregivers required different types of support depending upon their situation and the willingness to care was determined by children's health, behaviour, education and food security. Carers of orphaned/vulnerable children were found to have less time to provide for their own children and caring for a child living with HIV had an extra economic cost. Carers own health and well-being also affected their ability to care, and carers in some studies had unmet health and well-being needs. Recent research by EveryChild and the Better Care Network (2011) further highlights the challenges carers face in looking after children with disabilities, especially in resource constrained settings where rehabilitation and other services are sparse. Support to carers in western contexts assesses them and provides help directly or through range of community resources (training, financial allowances, respite and so on). This type of support is clearly not readily available in developing countries, but it is an important area for social work practice if the aims are to keep children in family/kinship placements.

The levels of support for carers directly impacts on the wider family, Schenk et al (2008) surveyed over 1,500 households in Zambia and reported that fostering children often brought material benefits from NGO's that benefitted the whole family. Schenk et al conclude that there should be caution when developing community-based support interventions in setting rigid eligibility criteria, and a recognition of the complexity of fostering decision-making amongst extended families and communities. The effectiveness of support for guardians providing care was also highlighted in Nyangara et al (2009), who studied

⁸ We are indebted to Claire O'Kane for providing these examples.

support programmes for orphans and vulnerable children in Kenya and Tanzania. They found that the participation of the guardians or carers in support groups promoted positive outcomes for the whole household, including positive psychosocial outcomes for the guardians or carers, a reduction in household abuse, and an increase in the pro-social behaviour of the children. In South Africa social workers are involved in payments to carers who are classified as foster parents (see section 3.4 above). With regard to more formal foster care schemes, such as those of NGOs like EveryChild and ARK, as well as in some national schemes (e.g. in Romania and Uganda), social workers are involved in selecting, training and supporting foster carers. There is a range of ways social workers support carers to ensure placements are stable and children's needs are met.

4.1.4 Preparing for reintegration

The International Foster Care Organisation's guidelines on foster care (IFCO, 1995, section A16) stress the need for written care plans to promote family reunification with parents involved in the planning process,

▀▀ **This case plan should be reviewed at regular intervals and in case conferences involving the child, the foster carer, the biological parents and whoever else is involved in the child's development.** ▀▀

(IFCO, 1995: 5)

It also stresses both the parents' and the child's responsibility to work towards resolving family conflicts.

One project in Bulgaria that significantly reduced the number of children (Bilson and Markova, 2007) in a large infant institution stressed the need for prompt work on reintegration as soon as a child entered the institution. The report (Save the Children UK, Bulgaria Programme, 2010: 8) states that it is important that, 'the case is not allowed to drift, but that purposeful assessment and case work is done with both the child and the family to promote family reintegration (where this is in the child's best interests).' The report provides guidelines for promoting reintegration of children from institutional care.

In Africa, Nyangara et al's evaluation of four programmes in Ghana and Tanzania considered the impact of home visiting on the households of

Box 3: Mary's story

Mary was a (grade) two girl who had been looking for her mother, longing to live with her as most children do at her age. Upon admission at the (Nairobi Children's Remand Home) she claimed to have lost her way. The reality was that she had run away from home because her mother from Mathare slum had transferred her to the grandmother residing in Kibera.

After tracing, the grandmother and an uncle visited the child in (the home) while the mother took some weeks to appear and accept to disclose her problems. She used to work most hours of the day and she had a new boyfriend who could not accept the child. Mary had just run away after visiting the mother, refusing to go back to the Grandmother.

Slowly, the project staff helped the mother to reconsider the parental care and attachment needs of her daughter. A family conference was held and relatives alongside with neighbours attended. Also two school teachers were present. There was a mutual understanding that the child had run away due to the forced separation from the mother and that their relationship needed to be improved. The mother accepted to live with the daughter and to provide for her emotional and attachment needs. She separated from the boyfriend who could not accept her past life and her child. A school close by providing psycho-social support was found in the area and the child soon enrolled stabilising quite well.

Source: Ottolini et al, 2011: 8

orphans and vulnerable children. They found only limited evidence of impact stating (2009: 5) this 'may be explained by the level of training and skills' of home visitors. In their study of group foster care homes for orphaned children in Burkina Faso, Sanou et al (2009) reported on the programme requirement that required family members to visit children regularly and allowed children aged two and over to have holidays with relatives in order to assist in preparing them for reintegration into the community once they had left the programme.

In Kenya a well-researched project evaluated the impact of family group conferences on the reintegration of children following their placement in a remand home – where many children entered for social reasons (Ottolini, 2011). The research into 73 families showed a significantly higher success rate in long-term family permanency than the control group of 42 families returned through government repatriation practices. An example of the work of this project is shown in Box 3 above.

4.1.5 Support to care leavers

A study of children 'aging out' of care in 16 countries (Lerch with Stein, 2010) across Europe and Central Asia found that there were some limited support systems for these children in 12 countries studied. Young people, particularly those leaving large institutions, face many serious problems such as homelessness, being unemployed and there is,

▀▀ **Little evidence of young care leavers being offered skilled counselling to help them overcome the often persistent psychological problems caused by institutionalisation, including a sense of isolation, difficulties in forming personal relationships, and more problems regarding more general social integration in their communities.** ▀▀ (Lerch with Stein, 2010: 133)

In a workshop of 19 care leavers from NGO institutions in Kenya, young people reported that the majority lacked key documentation, such as birth certificates, and two were as yet without ID cards. Amongst an array of very relevant and insightful recommendations, they concluded that,

▀▀ **There should be minimum requirements for care givers and social workers in (Child Care Institutions). Social workers and care-givers should be trained on how to deal with, meet the needs, communicate with, and to enhance the normal development of orphaned, abandoned, or street children.** ▀▀ (Magoni and Ucembe, 2009: 18)

Some of the key roles for social workers can be seen in their recommendations for the Services for Children (see Box 4). Challenges faced by young care leavers may be exacerbated if these children have disabilities and are entering communities where support services are limited (EveryChild and BCN, 2011).

Pinkerton (2011) reports encouraging results based on a small scale mentoring project with young people gaining independence in South Africa. Vocational initiatives to support children aging out of care have been developed by NGOs in many CEE/CIS countries though there is little evidence on the outcomes (Davis 2006: vi).

4.2 Protecting children from harm and exploitation

The nature and degree of harm and exploitation faced by children in resource constrained countries is different and significantly wider than that found in wealthier countries. Harm includes failure to meet even basic needs for food and shelter as well as those stemming from the impact of diseases such as HIV and AIDS, child abuse, violence and exploitation. Protection from harm and exploitation has to cover a wider spectrum than the predominant focus on harm within families of social work child protection systems in the USA and other wealthier countries. Therefore social work protection from harm and exploitation needs to have a different approach than these predominantly western systems. Loffell (2008), for example, warns that western approaches need to be 'approached with care' suggesting that some strategies are not appropriate to the environment of a resource constrained country. She cites problems with the introduction of mandatory

Box 4: Recommendations by care leavers in Kenya

- There should be policies in place to support care leavers with the objective of integrating them into the community, helping them to become independent, supporting them in the achievement of their dreams, and protecting them from abuse and mistreatment.
- The government, together with local NGOs, should launch a special job program for care leavers in order to ensure that they can at least meet their basic needs and avoid being exploited.
- The government, together with local NGOs, should launch a special education program for care leavers in order to complete their basic education and go to college on merit.
- The government should establish national minimum standards of care for residential institutions.
- The care leavers should temporarily be included in the Cash Transfer Program, especially those who have left care and have no one to support them, at least for the first year after they have left care.
- The government should provide care leavers (particularly double orphans) with legal assistance in matters of inheritance and in obtaining birth certificates, death certificates of the parents and identity documents. (Child Care Institutions) should encourage the government to produce these documents on behalf of the children.
- The government should ensure that children abandoned or rescued in a specific area are placed in an institution in the same or neighboring area. Children are often rescued and in placed in care in different area/neighborhood. This makes the promotion of the family reunification difficult, as well as the possibility of establishing a bond with the extended families or neighbours, and contributes to the loss of the culture and traditions of the area.

Source: *Recommendations to Services for Children Department in Magoni and Ucembe, 2009: 19*

reporting and registration of child abuse in South Africa as an example saying that without a substantial increase in social work resources for more general support and protection of children,

■ **Reporting and registration will be at best an expensive source of false reassurance to the public and decision-makers, and at worst a source of increased vulnerability of children whose abuse is exposed without the necessary protective elements being in place.** ■■ (Lofell, 2008: 88)

Similarly Sossou and Yogtiba (2009) found insufficient resources in western Africa to protect children and call for African research to inform policy and practice saying that social workers armed with research could effectively lobby for

policy changes and effective implementation. Likewise Davis (2010: 3), in her review of human capacity in social services in Africa, speaks of 'commitment without results' and, citing a UNICEF study, she says that 'less than one-third of the countries with laws to protect children from violence, abuse, and all forms of exploitation had the resources to enforce them, and only 14% had confidence in the legislation.'

There is also a high level of violence against children in Latin America (UNICEF, undated). In Buvinic et al's (1999: 43) widely cited report on violence in Latin America and the Caribbean; the authors suggest a need for an increased focus on prevention of violence and abuse. Here, as in other resource constrained settings, there may need to be greater reliance on community-based child protection mechanisms.

Buvinic et al (1999: 43) argue that community-based child protection mechanisms could prove effective and outline other low-cost, high-productivity interventions including:

■ ■ **Mother/child health, early childhood development, alcohol and substance abuse prevention programs, and situational crime prevention measures, including gun control or exchange programs, street lighting and other public security measures, and restriction of alcohol sales during certain high-risk periods. Well-crafted and targeted media campaigns, including commercial media programming, can significantly help reinforce civic values, alter prevailing views of acceptable behaviour between the genders, and aid in the prevention of domestic and social violence.** ■ ■

Children with disabilities may be especially likely to suffer from violence and abuse in many settings (EveryChild and BCN, 2011). Social work can play a part in providing or lobbying for programmes to protect all children, including those with disabilities, and in monitoring their effectiveness. These approaches need to be based on a more comprehensive body of research that identifies specific target groups for intervention. The aim should be to develop communities that support and protect children. In supporting community mechanisms, it is also important to recognise potential limits of such mechanisms. Professionally trained social workers may be needed for formal child protection investigations, court applications for out of family placement, and to determine the best interests of the child. For example, in Sierra Leone and Namibia it is recognised that while community mechanisms can do much work to protect children, complex cases of child abuse require social work and/or police referral (Gale, 2008; Ministry of Gender, Equality and Child Welfare, 2009).

Another aspect of child protection is cultural practices that support harm or exploitation of children. Again there is a need for preventive approaches providing education and challenges to such practices, which social workers could be involved in. Another role for social work in relation to protection from harm

is to protect children in alternative care and this issue is discussed in more detail below.

Thus, the issue of protecting CWPC, or those vulnerable to a loss of parental care, is central to social work development. Given the nature and extent of potential harms, the study suggests that a wide focus on prevention and education to promote supportive communities should be prioritised. The point is raised that, while individuals subject to harm or exploitation need support and protection, the implementation of anglicised child protection approaches should be approached with care. Community mechanisms can also have a central role to play in child protection, but social workers continue to be needed to support and monitor these mechanisms and to deal with more complex cases.

4.3 Gatekeeping and care planning

It is widely accepted that a system of gatekeeping is required to ensure that children are not unnecessarily deprived of parental care and placed in alternative accommodation, and in order to ensure a child has the shortest possible stay outside of parental or family care, consistent with their best interests (Bilson and Harwin, 2003; Gudbrandsson, 2004; Davis, 2006; Evans, 2009; UAFA, 2007; O'Brien and Chanturidze, 2009). This is the area where the UN CRC requires the state to ensure the assessment and review of the child's best interests.

Gatekeeping is a process with a number of elements. In their review for UNICEF and the World Bank, Bilson and Harwin (2003:19) define the basic elements needed to implement effective gatekeeping as:

- An agency responsible for coordinating assessment of a child's situation.
- A range of services in the community providing help and support to children and their families.
- A decision-making process based on a systematic approach to the assessment and review of children's needs and family circumstances.

- Information systems providing feedback on the operation of the system and able to monitor and review decisions and their outcomes.

In gatekeeping and care planning, the 'agency' provides an organisational structure to employ, manage and develop professional staff; to carry out assessments, provide or purchase services, keep records and review plans for children. Social workers in this field carry out assessments; provide reports for courts or commissions making decisions about children's cases; develop and monitor packages of care; and review and plan for children not living with their parents. Gatekeeping is important for all children, but may be especially important for some groups of children who are particularly vulnerable to institutionalisation, such as those with disabilities in some regions of the world (EveryChild and BCN, 2011).

In many settings, there is an absence of any form of effective gatekeeping or care planning. In many countries once a child is placed in an institution there is little case planning and the child's right to regular reviews of their situation is not effectively supported. The Ministry of Gender Equality and Child Welfare (2008: x) in Namibia state,

More problematic is case management by social workers once children have been placed in the homes. Children appear to be permanent residents and they have limited contact with social workers. In many homes there are no care plans for the children and the placements are not periodically reviewed. Estimates by managers of some homes suggest that between 25% and 35% of children have been inappropriately placed and could be reunited with their families.

Relaf's study (Relaf, 2010: 15) concluded that across South America measures were usually indefinite because of the lack of follow-up and processes to reunite children. This study notes that neoliberal policies throughout the region in the 1990s meant that, 'Child protection was privatised by handing the responsibility over to NGOs' (2010: 25). This has led to placement of children in a large number of unregulated institutions and in many cases children's rights are not guaranteed.

UNICEF's (2009: viii) review of child protection covering Malawi, Swaziland and Zambia concludes that the main problem concerning children in institutional care is, 'The absence of formal processes of prevention, assessment, "best interest" decision making, care planning, review, and reunification.' In South Africa, Swaziland and Zambia informal placement of children in kinship care is widespread (Dunn and Parry-Williams, 2008) and entry of children into residential homes is largely unregulated with the exception of some children on court orders. Cases of home administrators going out 'harvesting' (looking for children to fill places) are described. When a parent dies in Malawi and India the family decides who will care for the child (Long, 2010).

In Kazakhstan, Bulgaria and Ukraine (Bilson 2010: vi) children tend to stay in care until aged 16 or over. They are often ill prepared for leaving care because of 'a severe problem in care planning and preparation for independence' (Bilson 2010: vi). Likewise in Ethiopia, 63% of institutions said they did not carry out an individual care plan (FHI, 2010: 39). In his study of gatekeeping in Bulgaria, Ukraine and Kazakhstan, Bilson (2010) identifies the lack of gatekeeping mechanisms in all these countries for children entering residential boarding schools for educational reasons. A lack of a social input in many children's assessments and plans for children with a disability, where a medical model is often applied, are also noted.

Despite the general absence of effective gatekeeping and care planning in many settings, there are a number of examples of good practice in developing gatekeeping through strengthened social work agencies. Evidence can be found both at the pilot studies level and in national reforms. A small project in Bulgaria was successful in reducing entry to an infant institution by strengthening the local state social work team with training and supervision, as well as providing a small budget for emergency support (Bilson and Markova, 2007). Carter (2006) describes an EveryChild project in Moldova that developed gatekeeping commissions alongside providing training and consultancy to social work in three localities. Again considerable success was had in

reducing the entry of children into institutions. In Ukraine, another EveryChild project worked with municipalities in Kyiv Oblast to set up integrated social services with strengthened state social work. Alongside this, a decision-making process for children at risk of entry to institutions was introduced. This involved a multi-disciplinary team of senior staff responsible for health, education, social work and so on. The project successfully reduced entries to institutions (Sparks, 2007). Similarly O'Brien and Chanturidze (2009: xii) suggest that work on gatekeeping in Georgia has had beneficial outcomes,

▀▀ **The focus of child welfare reforms on reducing the reliance on state-run residential care has resulted in many positive outcomes such as the creation of the social work profession, the establishment of gatekeeping commissions, the closure of some residential facilities and the emergence of foster care. In many of these areas the government demonstrates good practice.** ▀▀

Dunn and Parry Williams note that in South Africa, the involvement of social workers in formal gatekeeping does lead to different outcomes than in Malawi, Swaziland and Zambia, where social services are weaker and social workers are not routinely engaged in gatekeeping,

▀▀ **The fact that many South African children homes are not full is probably because gatekeeping is practiced by the state, an authorised social worker, or by the homes themselves (as funding for the placement is provided by the state). Elsewhere, the absence of care planning and reviews result in children staying longer than necessary. With the exception of South Africa, social workers tend to visit homes only to place children. The lack of monitoring can also lead to children being trafficked.** ▀▀

(Dunn and Parry-Williams, 2008: 12)

In Rio de Janeiro an NGO programme developed a partnership between the municipal administration and NGOs. Through the programmes NGOs provided specialised training and supervision to municipal social workers

and psychologists. Who were supported in making weekly home visits to children, foster families and families of origin, with the possibility of giving similar support to families of origin for up to 18 months after reintegration. Over a six year period, 90% of children were reintegrated into their families of origin (ISS, 2005: 14). Implicit in this study is acknowledgement of the need for long-term commitment to achieve effective social work responses to CWPC, and a corresponding acknowledgement that placing children in alternative forms of care cannot be achieved without careful planning, monitoring and evaluation. Also, and crucially, the active participation of children is vital if their rights are to be promoted in decision-making about placements.

Although these examples suggest a key role for social services in gatekeeping and care planning, there are also critiques of this approach. In some countries, particularly in the CEE/CIS region, a very tight focus on gatekeeping entry to institutional care has led to a gap in services around prevention and limited responses to violence and maltreatment (see Bilson, 2010 for a discussion of these issues in Bulgaria, Kazakhstan and Ukraine). O'Brien and Chanturidze (2009: xii) in their study of Georgia conclude that,

▀▀ **... The rather narrow focus has brought about a risk that people who do not fall within the defined boundaries will be overlooked in the reform process. The concentration on delivery of social services only to children in difficulty limits the possibility of intervening to support the needs of a parent early enough to prevent the child from being exposed to risk of neglect or abuse.** ▀▀

Evans (2009:10) notes that gatekeeping does not have to be the sole remit of statutory social services and can be achieved by NGOs around particular institutions and cites UAFA and Save the Children's work in Azerbaijan as an example (UAFA, 2007). Thus the state has a duty to ensure there is proper gatekeeping but it can contract this out to NGOs or even the private sector.⁹

⁹ In England there are currently pilot projects of establishing social work teams in the private, not for profit and NGO sector to carry out state duties in providing case planning for children in state care.

Similarly there has been some use of para-professionals to undertake work relating to children entering care (see Box 5 on page 33). The extent to which para-professionals can undertake the assessment of children's situations, provide reports for courts or similar bodies when a child is being removed against parental wishes, and undertake care planning, will depend on the complexity of particular problems as well as on the quality of training and supervision provided to them. Para-professionals need the support of an effective agency and require greater safeguards than qualified social workers undertaking similar tasks.

Gatekeeping and care planning are key roles requiring appropriate legislation and an effective agency, which may include statutory social services or other professional bodies. The developments in some countries discussed above illustrate that when there is a motivation and willingness to do so the structures needed for gatekeeping can be speedily implemented. Though much will depend on the capacity and role of both the state and NGOs in addition to state commitment.

4.4 Developing or managing community-based alternative care and monitoring quality

Social workers are involved in developing and managing community services, including foster care and small group homes, and in monitoring the quality of service provision. In many parts of the world, residential care continues to be widely used, including residential care in large scale facilities known to be harmful to children (EveryChild, 2011a). The role of social workers in restricting entry into residential care, placing children in appropriate facilities and in monitoring and care planning, all essential functions for ensuring high quality appropriate residential care (see EveryChild, 2011a), was discussed in the section on gatekeeping above. Another key issue here is the lack of regulation and even registration of residential care. This is a problem across Latin America (Relaf, 2010) and in other regions (IACR, 2005; Lim Ah Ken, 2007;

UNICEF, 2009; Bilson and Cox, 2005). For example, a study in Sri Lanka found that, despite the existence of regulations that required the registration of homes, many went unregistered. National statistics reported a total of around 11,000 children in institutions across the whole country, the study however found over 15,000 in just four regions. In many of the institutions, children were maltreated, poorly fed and badly cared for (Jayathilake and Amarasuriya, 2005). This suggests a lack of emphasis on enforcement of protection measures for children in institutions and a lack of clarity in social workers' role in relation to monitoring these.

In some countries foster care is being developed by social services departments (see for example Gale, 2008; Ministry of Gender Equality and Child Welfare 2009). However, in many regions of the world there continues to be an over-reliance on residential care with limited investments in foster care (EveryChild, 2011b). Social workers potentially have a key role to play in developing foster care programmes, including recruiting and assessing carers, matching children to carers, monitoring placements and reviewing care plans of children in foster care. However, as noted above, there is some evidence to suggest that community mechanisms can, and are, play an important role in delivering foster care. Though there remains a need for professional staff to monitor such mechanisms and deal with more complex cases (EveryChild, 2011c). In general, research suggests that having a functioning workforce of social workers to, at the very least, oversee community-led foster care programmes is an essential prerequisite for high quality, safe foster care programmes (EveryChild, 2011b).

One example of community engagement in the delivery of foster care is offered by Sewpaul. She describes the development of a volunteer scheme in South Africa called Task Two, 'Redefining the role of social work and the use of volunteers' (Sewpaul, 2001:581), where the volunteers effectively undertook many tasks relating to foster care. Sewpaul suggests that they were effective in developing support services for caregivers, recruiting foster parents, and linking foster care to relief programmes. Whilst she describes this work she does not give

details of any evaluation of the quality, which it would be useful to assess. In this use of volunteers and community placements Sewpaul also notes,

▀▀ **Social workers also need to be mindful that in practice, community care is often translated into care by women, thus reinforcing women's traditional positions as unpaid caregivers. This adds to the burdens that women, the majority of whom are single and poor, already experience in their communities.** ▀▀ (Sewpaul, 2001: 582)

In developing foster care it is important to ensure that a role wider than long-term placement is developed, this requires recruitment of foster carers willing to undertake short-term placement as well as a system of effective planning for children in foster care (EveryChild, 2011b, Bilson, 2010; Dona 2001; Lee and Henry, 2009).

Kinship care is common across all regions of this study. In the CEE/CIS region kinship care often takes the form of legal guardianship though increasingly many children are informally placed with relatives as parents migrate for employment. In some CEE/CIS countries, governments provide financial support to guardians but the main role is regulatory. Elsewhere in the world, particularly in resource constrained settings, kinship care is informally organised, with no or minimal inputs from the state or social services (JLICA, 2009). Arguably, the fact that children are known to carers offers them a degree of protection and suggests a more limited role for social workers in kinship as compared to foster care. However, as observed by Tolfree (2003: 13) children living with wider kin rather than families, or living with distant relatives, may be vulnerable to abuse and 'while legislation may confer responsibility upon government structures, the reality is that sometimes these are not, and have limited potential to be, effective in supporting potentially vulnerable children.' He goes on to lay out a framework for quality control of foster, including kinship, care which could be undertaken with inputs from statutory social work. Our research here has noted that children's views are often not taken into account in decisions about informal care and we propose an extension to Tolfree's model to incorporate this important aspect.

Broad (2007) suggests a number of areas social work can be involved in supporting kinship care in addition to financial aid. These include,

- Finding and assessing a member of the family willing and able to care for the child.
- Preparing the child and family for the placement.
- Facilitating adequate housing to support the placement.
- Referring the carers and/or children to, or providing directly, services and other support to enable adequate care, e.g. healthcare, access to schooling, financial services, parenting classes, daycare.
- Monitoring the placement to ensure the child is protected and to reassess the level of support required. (Broad, 2007: 6)

It is noticeable that the list does not stress the duty to have due regard for the child's views and opinions, unless this is involved in 'preparing the child'. There is limited research that examining children's views of kinship care, (see Broad, 2004; and Kuyini et al, 2009), suggesting again a lack of emphasis on children's rights as central to care planning, and on addressing the changing needs of children, and their capacity to participate and secure their rights over time.

As with foster care, support to extended families does not just have to come from social services, but can also be delivered through community structures or para-professionals (see section 4.5 for a wider discussion of para-professionals). Indeed, the community embedded nature of kinship care may mean that this form of care is especially suited to community support. For example, in Malawi, EveryChild initiated child welfare committees monitor children in extended family care, and provide support to vulnerable families in an effort to prevent early marriage or migration for work. If such support is to come from social workers, it may be necessary for them to change the way they operate, focusing less on case managing children, and more on supporting and building the strength of families. This may require negotiation and mediation skills, though social workers will still need to fulfil their obligation to protect children (Aldgate and McIntosh, 2006).

Adoption is another area where development is needed in cases where children need to find permanent families. Many of the conclusions above regarding the role of social workers in supporting foster care also apply to adoption. However, given that adoption is a permanent, legal arrangement, often involving children severing ties with families of origin and taking on a new name and identity, it can be argued that adoption processes require even more time and support from professional social workers than foster care. Once children have been adopted, they are in parental care and may need less support than those in foster care, who remain in the care of the state. However, it is increasingly being recognised that follow-up support is crucial to the success of adoption, and that many children who are adopted have complex needs that will require some support from social services and others for many years.

There is much evidence to suggest that existing adoption interventions are lacking, both in relation to inter-country and in-country adoption, and that there is a need for improvements to protect children's rights. For example, there is a prevailing practice in which adoption is seen as a service for infertile couples rather than one focusing on the rights of children (Sossou and Yogiiba, 2009; Rossetti-Ferreira et al, 2008; Harber, 1999). The state therefore has a role to play in ensuring that adoption is more ethical and appropriate, and that social workers are used in many countries to provide this safety net.

4.5 Supporting para-professionals

Social work para-professionals are individuals trained and skilled in social work, and who perform in that capacity, but have not received a professional certification in that field (UNICEF, 2006). According to UNICEF (2006) the large number of children in informal care requires active monitoring of arrangements and protection at the community level. This creates a crucial role for para-professionals, in addition to work with community leaders, professional social workers and other service

providers. With training, para-professionals can recognise the risks associated with informal care and prevent, respond to and refer violations. Linsk and colleagues (2010: 991) describe para-professional social workers operating in Tanzania, Namibia, Ethiopia, Nigeria, Vietnam and India. They report that the different projects (Linsk et al, 2010: 991),

... Each have specific functions and names, however all use social work methodology to educate previously untrained community workers in skills that go beyond visiting and home care tasks to include some assessment, support and referral to other services. In each case, the workers complete an established set of training experiences along with supervised practical experience, commensurate with local laws and practices. Ongoing quality improvement, technical assistance and periodic additional training follow initial training.

While the emphasis in UNICEF (2006) is on child protection, there are some cross cutting features of para-professional social work that also apply to informal care, and family support/kinship care. UNICEF (2006) discuss the importance of developing structures that are linked to and supported by local government officials and require staff skilled in social policy development, strategic planning, child welfare and coordination. Those working with communities directly from both government and non-government sectors need social work skills and culturally appropriate child development knowledge. Where highly trained staff are not available, governments are encouraged to partner with NGOs and academic institutions to develop para-professional training in social work, and fund district-level positions that are supervised by social work experts (UNICEF, 2006: 32). Local community workers and volunteers, who can be trained to become para-professional, understand the local context and culture, speak the local language, are known and trusted by other community members and are therefore a valuable resource to support children, families and communities, and extend the reach of more expensive, high-demand professionals.

Box 5: The Isolahantwanal Eye on the Children Project

NGOs have also undertaken creative efforts to manage the problems of child abuse and neglect. The Isolahantwana Eye on the Children Project ... provides a 24-hour child protection service and operates in seven impoverished areas in the Western Cape (a province in the south west of South Africa). The project was initiated on account of lack of resources in the organisation, high caseloads, and the unavailability of social workers after hours. The social worker provides training, supervision, and support for volunteers. A task team of volunteers functions as the Management Committee, increasingly taking on the roles of the social worker. The 'Eyes' or volunteers deal with reported cases of abuse. They are authorised by the Commissioner of Child Welfare to remove children through an official Form 4 application, when necessary. Community members provide safe houses for children removed after hours and on weekends by the Eyes.

Source: Sewpaul, 2001

Linsk et al (2010) report on the evaluation of a para-social work training programme in Tanzania where 500 participants have undertaken training and development to support their work. They suggest that this provides an evidenced-based social work training model in a resource restrained context,

Our conclusion is that experimenting with a diverse array of sub professionals tied to social and governmental structures can result in improvements in care and services for children at risk, while also supporting family and community structures. Supervised para-professionals providing social services may make significant contributions to address burgeoning problem of vulnerable children, in the context of the existing pandemic of HIV/AIDS and the lack of sufficient social workers to address it at the grass root level.

(Linsk et al, 2010: 996)

Community capacity building is a key plank of para-professional social work approaches and, as well as providing support to CWPC, such schemes focus their efforts on developing preventative services, training and education for local workers, international practice exchanges and macro level social work skills (e.g. Linsk et al, 2010). Manful and Manful (2010) discuss similar approaches in Ghana where alliances between social workers, NGOs and community-based organisations adopted the training of other workers as a key aspect of their role, alongside

participatory research with local communities. Sewpaul (2001) describes a number of similar initiatives in South Africa (see Box 5 above).

Para-social work programmes are often more culturally attuned, which is an important factor for supporting kinship networks. For example Wiseman (2002), in his study of Malawian orphan care, shows how knowledge and understanding of poetry and music traditions, is crucial to effective support.

Linsk et al (2010: 991) reviewed a range of programmes across Africa and Asia, concluding that they all use 'social work methodology to educate previously untrained community workers in skills that go beyond visiting and home care tasks to include some assessment, support and referral to other services.' These programmes also involved ongoing technical assistance and quality control. All have training supplemented by periods of supervised practice. Linsk et al (2010) see the reason for the use of para-professionals as being to extend the reach of their more highly paid and professional social work colleagues. Davies (2009) highlighted that a key problem for para-professionals is the low status and low pay, which results in high vacancy levels and turnover. She also notes that an increase in para-professionals is often associated with an increase in the number of social workers, who support and often supervise them. Thus the para-social work approach must be a cautious one with realistic objectives,

■ ■ **Community volunteers can be effective only if continuously supported and linked to wider networks. Rather than allowing for a proliferation of NGO-supported volunteers working on single issues, there should be a system for joint training and accreditation with government, with agreed roles and pay across area.** ■ ■ (Witter et al, 2004: 49-50).

In summary the evidence discussed in this section suggests that para-professional social work has some potential for community-based initiatives in regards to CWPC. Crucially para social work cannot replace, only complement, professionally trained statutory social work. Professional social workers can have a role in developing, training, capacity building, quality assurance and managing such initiatives.

5

Challenges and debates in social work

Whilst the research discussed in the study has highlighted the different models, functions and approaches to social work, there are some common challenges and debates regarding the effectiveness of social work to keep families together and support CWPC.

5.1 Low levels of social service provision

There are wide variations between countries in their provision of statutory social services. These differences stem from the history of social work in the country as well as the widely varying cultures, social and political systems, and the willingness of states to invest resources. However across many settings, state social services are very limited in size and development (e.g. see Lim Ah Ken, 2007, for a review across the Caribbean; Davis, 2009, for Africa; Davis, 2006, for CEE/CIS).

Davis (2009: viii) says that Africa had a 'historically rich social work profession' built on a community ideology and particularly focused on combatting poverty. She goes on to say,

▀▀ **The loss of community in social work methods, the lack of indigenous knowledge and the underdevelopment of the profession, and the need to build the capacity of child welfare and social work education systems in Africa are consistent themes in this analysis.** ▀▀

Parada (2007) suggests that the neo-liberal agenda in Latin American countries has profoundly changed the nature of state social work with many social workers losing jobs as state services were reduced. He calls for social work to find a new role for itself in order to align with the social movements across Latin America that are resisting the diverse new forms of exploitation and oppression and to develop emancipatory goals.

In the USAID Social Transition Team's review of social service delivery systems in Europe and Eurasia, Davis (2006: 5) states that social work 'is not clearly understood and not well-developed. Job functions tend to be highly bureaucratized and administrative, rather than process and treatment-oriented.'

The India Alliance for Child Rights (IACR) sums up the situation in India by saying that the country lacks adequate mechanisms and services to intervene on children's behalf where both family and community fail to operate in their best interest. The paper then says,

▀▀ **It can be assumed that this inadequacy would be true of many developing countries. In countries which have 'transited' out of previous welfare systems, services and supports may still endure in name, but no longer exist in fact.** ▀▀ (IACR, 2005: 2)

There are some ongoing attempts at reforms to develop state social work in a number of countries with the aim of increasing levels of provision (e.g. Davis, 2005; Lee and Henry, 2009; Russia see Trygged, 2009, and Penn, 2007). There has been rapid development of national social work agencies or major steps towards this in some countries of the CEE/CIS. In some of these cases national systems have been established within the space of only a few years though still have many limitations (Romania REF; Bulgaria and Ukraine, Bilson, 2010; Moldova, Lyalina and Severinsson, 2009b; Georgia, O'Brien and Chanturidze, 2009). In addition to national level reforms there are some piecemeal reforms taking place (Davis, 2006; UNICEF Sudan, 2007; Reichenberg and Nordmark, 2006). In general despite these initiatives in many countries, the level of provision falls far short of what is required to support CWPC.

5.2 Human resources

A key element of the general low levels of social service provision in many countries is that social services are overwhelmed. There are very few social workers in comparison to the level and range of responsibilities that they face. This was raised in a number of focus group discussions at the EveryChild meeting in 2010. The actual figures for numbers of social workers are hard to find and require some reading between the lines in reports (Davis, 2009). Davis suggested the issue is widespread in Africa and gives information from human resource reviews to outline problems of capacity in Botswana, Lesotho, Namibia, Tanzania and South Africa. Similarly in a study of the Caribbean countries Lim Ah Ken (2007: 34) states,

▀▀ **Data gathered during the assessment on all countries visited showed there were only between two to 85 government social workers per country working on child care and protection and caseloads climbed up to 16,000 cases per social worker per year.** ▀▀

A key issue therefore is the sheer lack of social work staff. There are a number of factors beyond simple lack of posts that lead to this position. Davis' study of human resources in Africa raises a number of issues that are not restricted to the continent. She firstly points to lack of qualified social workers and training and development (discussed below). However there are also high vacancy rates and levels of staff turnover. Factors which lead to this are:

- ▀ **Low salaries: Disempowering working conditions**
High caseloads and levels of paperwork and facilities for undertaking even basic work, such as space for meetings, is inadequate.
- ▀ **Low status**
Morale is low because of negative opinions of social workers by the public and other professionals.
- ▀ **Confusing language and practice definitions**
There are few guidelines and overlapping practice mandates.

▀ **Mismatch between the social development model and child welfare practice**

In Africa policies reflect a social development model but workers rarely get opportunity to undertake community development in practice.

The development of social services in those countries where staff can become professionally qualified are, however, undermined when staff are leaving for more competitive posts elsewhere. This was reported in South Africa (Khumalo, 2009) and in Botswana (Abebe, 2009). In Russia gaining the diploma was perceived as a stepping stone to a better paid job, this, together with the low status of social work, has resulted in low numbers despite the number of courses developed between 1995 and 2005 (Penn, 2007).

Elsewhere, as discussed throughout this study, the lack of trained personnel is a key challenge. The demand for child-focused, family-centred assistance has grown, as have the number of children being received into care. Meaning that training and staff development are a second issue. The lack of resources for the development of social workers is reported as an international issue (Dominelli, 2008). This is discussed in relation to India (Desai, 2004) and O'Brien and Chanturidze (2009) discuss the need for increased investment in social work in Georgia.

In Africa, Abebe (2009) reports on the limited numbers of social workers, westernised social work education curriculum and generic skills/training programmes that are not specialised enough to respond to the needs of CWPC. According to Sossou and Yogiiba (2009: 1227) only 17 of Africa's 50 countries have social work educational programmes. Ghana and Nigeria are the only two Anglophone countries in west Africa that have some form of social work education at bachelor's degree level (Sossou and Yogiiba, 2009). International alliances between social work educators and trainers have been developed in a number of countries; including Ghana, Nicaragua (Keitzen and Wilson, 2010) and Russia (see Larskaia-Smirnova and Romanov, 2002, and Johnson, 2004). There is also evidence of staff training in Malawi (UNICEF Malawi, 2009) where it was recognised that there was a need for capacity building and training amongst frontline staff,

■ ■ **This particular programme offers a certificate in Child Development that, perhaps uniquely, requires no internet access. Instead, participants meet with a mentor, who is trained in the course content. In Dedza District, the DSWO acted as a mentor to all the Social Welfare Assistants and some Community Child Protection Workers taking the course. ■ ■**

(UNICEF Malawi, 2009: 13)

Davies (2009) sums up the situation of social work education and training in Africa in Box 6.

Post-Communist Russia has experienced growth of state social services in a variety

of forms under different ministries. However the development of social services has been problematic given the institutionalised and hierarchical practices that persist. These have implications in terms of the outdated techniques being employed by under-trained social workers (Larskaia-Smirnova and Romanov, 2002). These findings were also borne out in a interview with EveryChild's Programme Manager in Russia, who commented particularly on the lack of effective supervision, which is needed by social workers. Indeed where there is limited status attached to the profession of social work, this may be further compounded by an absence of post qualifying mechanisms for additional training and specialism.

Box 6: Social work education and training

Imported practice theory and literature – A divide over the historical roots of African social work and the impact of colonialism raises concerns about what African social work is and should be. The – western/remedial versus – social development discussion reflects what some have called a crisis of confidence in the profession and the need to indigenise it.

Mismatch between curricula and skills needed for family-centered child welfare practice – Graduates of African social work schools have limited indigenous knowledge because many faculty have been trained in western schools and are more familiar with western literature, which emphasises individual casework.

Lack of incentives for community practice – Although students see the value of community practice, they hold negative perceptions of it due to the vast geographical areas to be covered, limited access to transportation and communication modes, and professional and personal isolation.

Limited data on the capacity of social work schools – The data that are available are anecdotal and self-reported. Getting accurate and current information on the numbers of schools, students, and graduates is difficult. The shortfalls of graduates projected suggest the need for systematic evaluation of the capacity of African social work education.

Underdeveloped social work teaching – Teaching methodologies are lecture-based. Absent are the participatory models necessary to engage students in active problem-solving and empowerment processes consistent with the philosophical approach of community social work and social development.

Curriculum development and instructional needs – There is a great need for curricula dealing with community development and specialised areas of practice (child protection, health, mental health, schools, and juvenile justice) based on emerging child welfare practice standards, supplemented by quality field education experiences in rural community settings.

Source: Davis, 2009: vii-ix

5.3 The organisation and remit of social work

This section will consider issues regarding how social work is organised and the remit that it has. This covers the debate about whether social work with CWPC should be specialised or generic but also a number of other issues about widening remit and bureaucratisation.

5.3.1 Specialisation or genericism

There is debate in the literature about whether social work for CWPC is best provided through an agency specialising in children or as part of generic social work providing services to people regardless of age. The Ministry of Gender Equality and Child Welfare (2008) suggest this should be subject of a public debate in Namibia. The West Indies, Jamaica, Belize, Guyana, Barbados, St Lucia and Grenada have specialised children's services and Lim Ah Ken (2007) argues that this has 'assisted greatly in improving technical expertise in this area as well as being more efficient and organised in its response.' Similarly Witter and colleagues (2004) argue for specialised social work linked to community volunteers.

However there can also be problems when specialisation is too tightly defined. For example, Bilson (2010) found that there was too much specialisation in Ukraine, where the demarcation between the two child protection agencies – Centres of Social Services and the child rights based Services for Children – created overlaps and duplication. Similarly O'Brien and Chanturidze (2009) argue, as mentioned in section 4.3, that too tight a focus means that there are gaps in the services.

Davis (2005: 4) argues that across the CEE/CIS,

▀▀ **The service delivery system across the region is fragmented, and the ability to target the most vulnerable is limited. There is little understanding of what a continuum of care means or the benefits of providing family and community supports across the life cycle. While segments of the range of services are being developed, there tends to be an overemphasis on the development of the protection system over the prevention mode.** ▀▀

5.3.2 Coordination

Child protection and care services are often the responsibility of several departments, including those focused on education, health and justice. Social work services may sit within a department or span several departments, leading to potential problems with coordination, planning and resource allocation (EveryChild, 2011a/b).

5.3.3 Gap between policy and practice

That there is often a gap between policy and legislation and its implementation is a common issue across all regions studied. Davis (2009: 3) talks of 'commitment without results' across children's services in Africa. Relaf (2010) says Latin American states fail to protect children's rights because they are unable to carry out the outsourcing policies they have adopted. Similarly Lim Ah Ken (2007: 35) says of social work across the Caribbean,

▀▀ **The situation of social work practice is a good reflection of what happens when legislation and policy is not supported for implementation. The mandate given to the social work practice is far beyond its actual capacity. The lack of adequate regulations, finances, human resources and administrative organisation has made social work practice inefficient, overburdened and chaotic.** ▀▀

5.3.4 Bureaucracy

A common problem for social work is an emphasis on bureaucratic and administrative procedures (Davis, 2006, 2009; Bilson, 2010; Bilson and Cox, 2005). This often reduces the time available to work with children and families, or may inhibit the choice of approaches. For example, research in Sri Lanka showed that child welfare officers were discouraged from using community alternatives to support families because of the bureaucratic burden that made it easier to place a child in an institution (Jayathilake and Amarasuriya, 2005).

5.3.5 Decentralisation

A key issue in the organisation of social work is to ensure the 'transfer of rights, duties and responsibilities as close as possible to local populations' (Bošnjak and Stubbs, 2007: 139). Bošnjak and Stubbs suggest that this type of decentralisation is more complex than it first appears because it depends on both sectoral reform and empowerment of service users and civil society. It could be achieved through 'shifts in mandates and fiscal authority to local self government and their executive bodies (devolution), to local units of central government (deconcentration); and/or to semi-autonomous agencies (delegation)' (Bošnjak and Stubbs, 2007: 143). It should move governance to the lowest level of government with the capacity to carry out the role effectively and efficiently. This latter issue is very important. For example, in Bulgaria child protection has been devolved to the municipal level and many municipalities are so small that running an effective child protection service is inefficient as service provision deals with too small populations to, for example, employ a full-time social worker (Bilson, 2010). While there are many benefits in decentralising, it needs to be done with care and within a framework of governance and fiscal responsibility.

5.3.6 Other factors affecting the organisation and remit of social work

There are a number of other factors that affect the way social work can be organised in a particular country. The particular focus of social work will depend on existing traditions of care for children outside of the family. For example, where care is predominantly in institutions issues such as gatekeeping will be more relevant. Another key factor is the nature of the problems that lead to children being without parental care, affecting the type of social work support required. Other factors include the economic situation; current social work capacity and reach; and the strength of civil society. A wide range of social and political factors will therefore have an effect on the remit and the approach to social work provision.

5.4 Dominance of western models

In addition to debates related to the human resources, capacity building and training of social workers, a body of literature has developed which seeks to promote authenticised and indigenised approaches, which draw on elements of social development theory. Hugman (2009) discusses the work of Walton and Abo El Nasr (1988) who distinguish two important processes in the post-colonial contexts of the south. The first has been termed in the literature 'indigenization', which occurs when social work is rendered appropriate for local needs. This is,

▀▀ **A process whereby a western model of social work is transplanted into another environment, making some modifications which enable the model to be applied in a different cultural context** ▀▀ (Walton and Abo El Nasr, 1988: 136).

Against this, Walton and Abo El Nasr argue for a process of 'authenticization',

▀▀ **... The creation or building of a domestic model of social work in the light of the social, cultural, political and economic characteristics of a particular country.** ▀▀ (Walton and Abo El Nasr, 1988: 136)

In 1993, Osei-Hwedie discussed the need for the indigenization (though this term is used more in the sense of authenticization used above) of social work based upon the realisation that social work in Africa has failed to respond appropriately to the major social problems confronting the region,

▀▀ **The social work profession is heavily influenced by western theory and no meaningful attempts have been made to ensure that the profession fits into the social, economic and practical environment in which it operates.** ▀▀ (Osei-Hwedie, 1993: 19)

Osei-Hwedie (1993) also emphasised the need for the social work profession to redefine itself, assume a new character and adopt a development approach. This would require social workers to play a variety of roles within the framework of social development. This article

suggests that there should be a re-orientation towards the training of social workers that includes reappraisal of the knowledge, values and skills necessary for meaningful and appropriate social work intervention. It draws attention to the social work agenda being set by others, especially politicians, and how social work training is dictated by the nature of employment, in almost all cases offered by governments and NGOs, and argues that the indigenization of the field of social work must resolve the agenda-setting question and remove the content of practice from the political to the professional arena.

Bar-On (1999) discusses the arguments that Africa might require a form of social work of its own, and explores the chances of such indigenization, concluding that,

▀▀ **It might be nigh impossible unless research involving reflective learning by African social workers with their clients is placed at the centre of social work practice.** ▀▀

(Bar-On, 1999: 5).

In an examination of the increasing number of calls to develop a non-western-based form of social work, Bar-On (1999) outlines various reasons for this appeal and some of its counterarguments, and argues that the debates are largely misdirected because they deal with the means of intervention that western social work has developed, propagating 'values that are essentially alien to Africa.' Bar-On (1999) is highly critical of the continued application of western social work in Africa, 'which perpetuates the work of the missionaries who sought to remake its people in their own image and, in this sense; it furthers Africa's colonisation by the west' (1999: 6). The argument goes on to suggest that social work theory and social work intervention approaches embody normative assumptions about what is desirable and good. It is at this level that Bar-On illustrated that, 'Applying one indigenously developed form of social work in dissimilar contexts is not only misdirected, but, where Africa is concerned, also celebrates the triumph of colonialism' (1999: 22).

Gray and Coates (2010) in their analysis discuss the two streams of literature related to indigenous social work, and both relate to contexts where there is a history of colonisation,

▀▀ **Regardless of origin, an indigenous social work that results from indigenised knowledge development processes is not necessarily only a social work of and for Aboriginal or First Nations People, nor is it exclusive to developing countries (Gray et al, 2008). It refers to a form of social work which seeks effective culturally appropriate research, education and practice. It also refers to attempts to make dominant or mainstream, in developed western contexts, models that are relevant to culturally diverse client populations. Family group conferencing, which originated in New Zealand, is an example of an indigenous social work model that has enjoyed cross-cultural application.** ▀▀

(Gray and Coates, 2010: 615-6)

In Gray and Coates' (2010) discussion, 'indigenization' is also a naturally occurring process when foreign and local cultures come into contact with one another and, as such, an exclusively ethnocentric form of indigenous social work would be counterproductive to forms of practice that incorporate knowledge and interventions from other cultures. Indigenization engenders a variety of approaches to deal with diversity in social work, such as culturally sensitive and culturally competent social work practice, but these are criticised as addressing minority issues in western contexts rather than the development of culturally relevant social work education and practice in non-western contexts (Gray et al, 2008; Gray and Coates, 2010: 615).

Within the international social work literature there is increasing acknowledgement of the limitations of western models of social work education and training (see Chou, 2005, for example in Taiwan). Culturally relevant models of social work education and training are also discussed in relation to social work standards (in India – Alphonse, 2008; in Africa by Bettmann, 2009; and in Asia by Kwok, 2008). There is some evidence that practice exchanges promote more culturally informed education and strengthened capacity (Krietzer and Wilson, 2010 and Johnson, 2004). However when westernised methods and approaches are imposed, these may not be relevant to the contexts where social work is being practiced with CWPC in Africa

(Abebe, 2009), Botswana (Bettmann, 2009), Ghana and Nicaragua (Kreitzen and Wilson, 2010). In this vein, and as Bar-On (1999) states,

▲▲ **While it is the role of the western family to prepare future generations for independent living and of western policy to facilitate this behaviour, the African ideal is to draw children and other family members closer to home. Likewise, whereas in the west community development arose in response to particularistic needs, in Africa it was originally conceptualized in terms of cultivating national responsibility.** ■■ (Bar-On, 1999: 15)

As this and other studies have evidenced, many traditional kinship networks and family care-giving systems appear to be capable and non-discriminatory. However it is also widely acknowledged that the HIV and AIDS epidemic will stress the extended family system and social services to the limit if proper assistance is not provided (Masmas et al, 2004).

Not understanding the contextual factors diminishes the effectiveness of programmes for CWPC as they do not engage fully with, nor fit the complex, traditional local networks of support that do exist. Authentic and indigenised locally based community-led approaches supported by NGO/government/state agencies may have the capacity to intervene in a way which strengthens communities, assisting them to become sensitive to the support needs of children and families, prior to entry into care. Pressure caused by issues like HIV and AIDS and poverty stretches traditional systems and more innovative solutions are required to address the family/community stressors. These can only be achieved by using models that respond to the changing environmental context and adapt to the fragmentation of families and community networks. The discussion in the focus groups also illustrated a number of examples of such culturally attuned programmes. Local knowledge that social workers often have in the community and capacity building/empowerment emphasis appears to be key requisites for this approach.

Finally, while this issue has been extensively discussed in the literature relating to social work in Africa and Latin America, there is little discussion of it in relation to the rapidly developing sphere

of social work in the CEE/CIS, where the direct import of western models can often be seen. We would assert that these issues of blindly adopting western models are just as important in the former soviet states as they are in the former colonial states in Africa and Latin America. The uncritical adoption of western social work models is subject to criticism in the literature as these may not be effective in local contexts. Careful planning and understanding of the specific context is required to ensure models of social work are adopted that fit the local culture.

5.5 Limited child participation

One area that was less evident than anticipated in the literature review was an orientation towards children's rights in planning for CWPC support and interventions, specifically in regard to children having their voices heard (article 12) and, at the very least, a say in where they live and who they live with. Doubt about the role statutory social workers might play in this was evident in one focus group at the EveryChild meeting in 2010. The group questioned whether or not statutory social workers would support children in child headed households, in these circumstances it was felt social workers would impose their own views of what was best. Whilst there are a number of studies (see section 4.1) that are grounded in participatory approaches, a key overarching issue is the need to ensure active participation from children in any approach taken by social workers.

5.6 Lack of focus on prevention

A regular theme across the studies was a lack of focus on early intervention and prevention of a loss of parental care or of abuse and neglect. Davis (2005: 6-7) highlights the need for preventive services and suggests that prevention might include providing information such as parent education, drug awareness, and youth peer counselling. She also calls for a shift in focus of programmes to a strengths-based approach and to support families to be economically viable. She states (Davis, 2005: 28),

📌 **Service delivery systems must provide vulnerable populations with assistance in becoming self-reliant. Loss of employment due to layoffs, illness, or personal problems also results in loss of motivation, personal self-esteem, and money. To meet these challenges, assistance programs need to incorporate services such as vocational training and retraining, small business training, and microenterprise development programs, including technical assistance and individual and group credit.** 📌

Bilson (2010) proposes a hierarchy of prevention within his model for the range of services needed to implement gatekeeping. Since many children enter care because of the failure of universal services such as education, health and housing as well as social assistance, he suggests the need for strengthening and targeting universal services. This would include a range of options, for example strengthening health services targeted on issues that lead to high levels of children being born with a disability in some communities such as the poor maternal nutrition in Bulgarian Roma families (see Bhutta et al, 2008). A second level of prevention is problem-focused services targeted on specific problems associated with the reasons for loss of parental care in particular neighbourhoods and communities. These problem-focused approaches need the sort of community involvement discussed in section 4.4 on developing community approaches. This sort of approach to prevention also requires effective information systems to identify communities with high levels of children without parental care and the nature of the problems that lead to loss of parental care. For example, such an approach might be used to develop specific services for problems such as poor housing or adult alcoholism in communities where there are high rates of children entering institutions because of these problems. In Bilson's analysis of Kazakhstan, Ukraine and Bulgaria he found a number of examples of strengthening or targeting universal services but very few problem-focused approaches. One exception was work undertaken by ARK who conducted a community needs assessment in Stara Zagora, Bulgaria, and used it to design specific community-based services (ARK, 2009).

In a South African study, Moses and Meintjes (2010) propose a model in response to the situation of orphans affected by HIV and AIDS where,

📌 **A global and local preoccupation with orphans as being the children most severely affected by HIV, and as the primary category of children requiring alternative care as a result of the HIV epidemic, may have diverted attention away from the extent to which HIV positive children populate institutions in South Africa. Furthermore, we suggest that adjustments are required to both decision-making regarding placement of HIV positive children requiring alternative care and the provision of HIV-related interventions in residential facilities in order to ensure an adequate response to children's health and wellbeing.** 📌 (Moses and Meintjes, 2010: 107)

Social work may have a number of roles in this type of prevention. These include identifying areas of need and problems in local communities; advocating for or helping those suffering from specific problems to advocate for improved services; carrying out consultations and need assessments; developing and implementing local programmes to address local problems and so on. In many countries, this would require a shift in emphasis of current social work functions. There is also a danger that unfocused preventive work will be ineffective and consume available resources.

5.7 Lack of adequate information

A further overarching issue mentioned in almost all areas is the lack of adequate information on which to base strategic planning. This includes information about the numbers of CWPC and those at risk of losing parental care, through to information on the problems that lead to children losing parental care. Any strategy needs this information both at a national level in order to identify resources required and at a local level to identify the most appropriate and culturally attuned strategy. Demographics and changing environments in many countries make this a challenging task and one which must have the support of the state before planning can be developed.



Towards a typology of approaches and functions of social work

The study showed that the state has key duties with regard to CWPC and the prevention of children losing parental care. It should ensure that, where needed, families receive support to prevent breakdown, that decisions about a child's welfare are informed by a determination of that child's best interests, and that children receive protection from exploitation and abuse. In particular any decision to separate a child from his or her parents should attract a range of support and counselling for parents and children, and be only done on a determination of the child's best interests. Similarly the reviews of children's situations when placed away from parents should be part of a planning process. While the state may provide this support directly through state employed social workers, the key requirement is that it ensures these things are done. Professional social workers employed by NGOs or the private sector, para-professionals and community-based child protection mechanisms, can all work with the state to ensure the rights of vulnerable children, including CWPC, are met.

The study has highlighted a number of often overlapping ways that these duties of the state

might be undertaken. Some could be through direct state intervention and others through a more enabling approach, in which NGO or private sector professional social workers, para-professionals and community child protection mechanisms play a greater role. The table below is a first attempt at trying to draw these together in a typology of social work functions and approaches and to consider the prerequisites for them and the possible roles and responsibilities that social workers might take in each. Overall, a casework approach would require a more sizable, professional statutory workforce than a market based approach, which would rely more on out-sourcing services to NGOs or the private sector. A community development approach is likely to rely more on community mechanisms and para-professionals, and relies on building on or developing collective responsibility for child-rearing. As noted above, it should not be assumed that all of the functions of social work listed overleaf have to be fulfilled by professional social workers; some of these functions can be fulfilled by para-professionals or community mechanisms.

Typology of approaches to social worker activity with CWPC

Approach or function.	Social work roles and responsibilities.	What is needed for this approach to be effective in preventing the loss of parental care and providing effective care planning.
Approach		
Casework	<ul style="list-style-type: none"> ■ Individual advocacy. ■ Collaboration. ■ Prevention. ■ Engagement. ■ Comprehensive service planning. ■ Child protection. 	<ul style="list-style-type: none"> ■ Legislation for state to assist families and protect children. ■ Directly provided or ability to purchase services. ■ Extensive professional social work training. ■ Social work agency to provide management and administrative support. ■ Guidelines and standards. ■ Culturally appropriate casework models.
Market-based case management	<ul style="list-style-type: none"> ■ Case manager. ■ Assessment and review. ■ Market development.¹⁰ ■ Monitor service quality. ■ Budget holder. ■ Community needs assessor. 	<ul style="list-style-type: none"> ■ Market of services or potential for market development. ■ Empowerment of NGOs and civil society. ■ Local case management organisations with budgets to purchase services. ■ Legislation for state to purchase or provide services. ■ Social work training for case management. ■ System for assessment of local needs.
Community development	<ul style="list-style-type: none"> ■ Community worker. ■ Advocate for resources/ policy change. ■ Mediator. ■ Coordinator. ■ Initiator. ■ Enabler. 	<ul style="list-style-type: none"> ■ Community work training. ■ Resources for community development. ■ Corporate approaches to economic and social development planning and implementation at regional and local level.
Social protection	<ul style="list-style-type: none"> ■ Accompaniment. ■ Assessment and registration. ■ Information provision. ■ Supporting microfinance and microcredit. ■ Link to social assistance or other services. ■ Job-related work, including training, work placement, urban and rural development programmes. 	<ul style="list-style-type: none"> ■ Cash transfer schemes relevant to CWPC/ vulnerable families. ■ Budgets for cash transfers. ■ Linkages of cash transfer and social service programs. ■ Dedicated system for administration. ■ Understanding of specific problems of poverty and how they affect CWPC. ■ Political commitment to long term measures to combat poverty. ■ Indicators of quality of life, for example in providing identification/documentation, health, education, family dynamics, housing, work and income, and culture.

¹⁰ Market development is the process of supporting independent providers (NGOs, not for profit organisations and/or private companies) in order to ensure there are a sufficient range of services to meet local needs.

Approach or function.	Social work roles and responsibilities.	What is needed for this approach to be effective in preventing the loss of parental care and providing effective care planning.
Functions		
Support and care	<ul style="list-style-type: none"> ■ Promoting social and emotional development. ■ Dealing with trauma. ■ Enabling child participation. ■ Supporting carers. ■ Preparing children and families for return home. ■ Preparing for and supporting independent living. 	<ul style="list-style-type: none"> ■ Social work training (specifically on key skills need to provide psychosocial support and promote participation). ■ Legislation and standards. ■ Psychosocial services and programmes. ■ Supervision and support of social workers.
Protecting children from harm	<ul style="list-style-type: none"> ■ Preventing a loss of parental care. ■ Campaigning. ■ Supporting community child protection mechanisms. ■ Assessment of risk and harm. ■ Providing reports to courts. ■ Supervising and supporting families. ■ Child protection planning. 	<ul style="list-style-type: none"> ■ Legislation , implementation plans, regulations and funding to implement the legislation. ■ Inter-agency frameworks. ■ Research. ■ Public awareness campaigns. ■ Preventive community-based services. ■ Protective services.
Gatekeeping and care planning	<ul style="list-style-type: none"> ■ Assessment and review. ■ Court work. ■ Case planning. ■ Community needs assessment. ■ Service developer. 	<ul style="list-style-type: none"> ■ Legislation, implementation plans, regulations and funding to implement the legislation. ■ Process of decision-making based on assessment. ■ Range of services. ■ Information systems. ■ Agency to manage social work assessment and review.
Service management, development and quality control	<ul style="list-style-type: none"> ■ Assessing community needs. ■ Developing services. ■ Managing services. ■ Quality assurance. ■ Defining standards. ■ Service review. ■ Training and support. 	<ul style="list-style-type: none"> ■ Legislation for purchase or provision of community services and to monitor quality of state and non-state services. ■ Budgets for new services. ■ Empowerment of NGOs and civil society. ■ Standards and guidance. ■ Systems of licensing, accreditation or certification. ■ Evidence based community needs assessment. ■ Local research into 'what works'.
Supporting para-professionals	<ul style="list-style-type: none"> ■ Manager. ■ Supervisor. ■ Trainer. ■ Quality assurance. ■ Technical support. 	<ul style="list-style-type: none"> ■ Locally relevant and culturally attuned training programmes. ■ Certification and quality assurance systems ■ Management systems. ■ Finance for training, management, payments and expenses. ■ Monitoring mechanisms.

Currently, the development of different approaches are often regional with, for example, the CEE/CIS having more initiatives in casework, case management and gatekeeping while Africa and Latin America has more development of social protection, community work and para-professionals. It is our hope that this paper opens up possibilities of raising awareness of and possibilities of implementation of approaches used in other regions and countries. It is important to note that the social work approaches and functions often overlap with agencies applying different approaches, and undertaking more than one function, to different aspects of their work.

It is also hoped that this typology offers a framework that will allow the possibility of identifying and considering the approaches and functions of social work that are being

undertaken within a country. It aims to provide the possibility of assessing whether the requisites for a particular approach are in place. As noted above, other actors are also necessary for the successful application of the approaches, and may be engaged in fulfilling the functions listed. In the future, it may therefore be necessary to expand this framework to consider where the roles and responsibilities can be undertaken by para-professionals and community mechanisms alongside professional social workers.

In considering the approaches and functions of social work, it is also necessary to put the framework alongside factors, such as the nature of problems that face families and children; capacity and nature of the community; culture; existing strengths, approaches and measures; as well as research and evidence-based community needs assessments.

7 Conclusion

This study has explored the vast literature on social work with children without parental care through a study of over 350 academic articles, reports, guidelines and other documents. It shows the many ways that the state has responsibility for responding to CWPC and that professional social work is a mechanism through which it can fulfil this responsibility. In fact, it is assumed that social work will be a key mechanism in international standards as well as in investments in national and international child care reforms. However the study found a significant under-investment in social work in many parts of the world, leading to limited and low quality coverage. It also found a lack of research into the impact of strengthening national systems of social work and the best models for doing this in resource constrained countries. Thus there is a need for donors who are funding these types of approach to build in to their plans research and evaluation in this area.

Social work currently involves four main approaches: case management, case work, community engagement and social protection. Alongside these ways of working it can fulfil different functions in responding to CWPC including social protection, gate-keeping services, developing or providing alternatives care, and support to community-based child protection mechanisms and para-social workers.

The study shows how social work is not the only way to fulfil these essential functions for CWPC, and that other actors and mechanisms can also do so in many cases. For example community-based child protection mechanisms can monitor child well-being and can even help deliver alternative care services. However, professional social workers are often best placed to fill several functions and alternatives have limits. For example, professionally trained social workers may be needed for formal child protection investigations, court applications for out of family placement or to determine

the best interests of the child. This suggests a continued need for investments in professional social services even if community mechanisms are strong.

The study identifies several key challenges to the successful implementation of social work responses to CWPC regardless of the approach or functions that social work undertakes. These issues cut across countries as well as the different approaches and implementation of functions discussed above. These include,

- Low levels of service provision and limited appropriate investments in human resources.
- Dilemmas regarding the organisation and remit of social work, particularly in relation to the extent to which social work should be specialised or generic, and the decentralisation of social work.
- The over-bureaucratisation of social work, limited access to information and research and a general gap between policy commitments and practice.
- A dominance of western social work models.
- Limited child participation.
- A lack of focus on prevention.

The typology outlined in section 6 of this study draws together the approaches and functions of social work and provides a starting point for understanding the various ways in which social work can address the rights of CWPC. The choice of function and ways of working will lead to different roles and responsibilities for social workers and consequently differing support needs, education and training, policy and laws and so on in order for social work to be effective. Our findings suggest that each country has to choose appropriate approaches and functions depending on context. As we have reiterated throughout this report, and have tried to address

through the development of the typology above, it is essential for social work models, practices and services for CWPC to be culturally sensitive and attuned. Approaches that simply translate western models and practices may seem a quick answer to pressing problems, but there are strong warnings in the literature about the inappropriateness of such an approach and the investment in time to develop local solutions will pay dividends in the longer term.

Choices between which functions and ways of working depend on a range of issues including; existing traditions of care for children outside of the family; social work capacity and reach; and the strength of civil society. It is planned that further work be undertaken so that the proposed typology can be further refined and developed to provide a tool for countries to analyse their current responses to CWPC and to plan for future programming.

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Appendix 1:

Literature search terms and databases used

Date	Key words	Database
11th November 2010	Social work CWPC and associated terms.	EBSCO
5th March 2011	Statutory social work and associated terms: countries, orphans, orphans in developing countries, Africa, India, South America.	EBSCO
5th March 2011	Statutory social work and associated terms: countries, orphans, orphans in developing countries, Africa, India, South America.	OVID

EveryChild

4 Bath Place, Rivington Street, London EC2A 3DR

Email: policy@everychild.org.uk

Tel: +44(0) 20 7749 2490

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