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PROPOSED GUIDANCE ON DEVELOPING MINIMUM SOCIAL SERVICE WORKFORCE RATIOS

Desk review findings and a step-by-
step guide

October 2022

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ACKNOWLEDGEMENTS

This project, initially conceived as development of Guidance for Developing Recommended Staffing Ratios and a Costing Tool for the Social Service Workforce, was initiated by the Global Social Service Workforce Alliance (the Alliance) in partnership with UNICEF, led by the Alliance director Hugh Salmon and the consulting team of Shar Kurtishi and Natia Partskhaladze. The development of this report would not have been possible without contributions made by the members of the Global Experts' Group, including the following who were interviewed: Chris Desmond (independent), Kendra Gregson (UNICEF), Rachel Harvey (UNICEF), Aniruddha Kulkarni (UNICEF), Maury Mendenhall (USAID), Joanna Rogers (independent), Guy Thompstone (independent) and John Williamson (USAID). The authors would also like to thank the other colleagues who participated in experts' group consultation meetings, or interviews, and provided relevant materials, namely: Lotta Anberg, Jowima Ang-Reyes, Songha Chae, Henrik Carl Ingrid, Kirsten Di Martino, Laura Fragiaco, Jamie Gow, David Jones, Robin Leake, Paul Marsden, Florence Martin, Fred Matovu, Yuko Okamura, Gun Olsson Ekstrom, Stela Rupa and Janestic Twikirize.

LIST OF ABBREVIATIONS

CoA	Chart of Accounts
FGM/C	Female Genital Mutilation or Cutting
FTE	Full-time Equivalent
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HMIP	Her Majesty's Inspectorate of Probation
HRH	Human Resources for Health
PTR	Pupil Teacher Ratio
SDGs	Sustainable Development Goals
SROI	Social Return on Investment
TB	Tuberculosis
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WISN	Workload Indicators of Staffing Need

1. INTRODUCTION



The main purpose of this guidance is to help governments and other policy makers plan the minimum social service workforce needed to provide the services and support required, both nationally and in specific local contexts, for people in need. This document includes both desk review and guidance on how to estimate a minimum recommended ratio of social service workers to population.

An adequately planned, developed, and supported social service workforce is critical to enable equitable access to social protection and basic social welfare for all, in both development and humanitarian contexts. An important step in planning the required workforce is to establish a minimum social worker to population ratio and allocate resources for workforce development and support until the minimum ratio has been achieved, with the aim of ensuring sufficient quality of services to protect clients' rights, promote their well-being and help them achieve their full potential.

This guide is intended to inform policy makers and workforce managers in ministries of social welfare, finance and planning, and, where applicable, provincial or district authorities and other relevant national bodies responsible for the recruitment, deployment, funding or regulation of the social service workforce. The guide can also be used by a national level leadership group tasked with defining an adequate level of resourcing for social services, and, on this basis, a minimum ratio of workforce to population, alongside other steps to strengthen the social service workforce.

It aims to serve as a step-by-step guide, outlining key considerations for estimating minimum workforce ratios at the country level or for a specific local context, to enable equitable access to quality social services for all. It can be applied in both development and humanitarian contexts. The guidance note is developed based on the findings of desk research and key informant interviews to document and analyse the existing evidence, models and approaches in the use of workforce ratios in different sectors and countries.

Establishing a minimum ratio is an important step in helping policy makers to cost the level and type of investment required to develop and support the required workforce. This guidance note therefore is accompanied with a costing tool that will enable government planners to develop a compelling evidence-based budget proposal and case for investment for increased resource allocation, in order to meet the identified social welfare needs of the target population.

This guidance has been informed by desk research, consultation with a global group of experts and a series of key informant interviews, to help identify and review the existing evidence, models and approaches to estimating minimum or optimal staffing levels, for the effective provision of social care and support services.

2. BACKGROUND



The need for this guidance was highlighted by a series of mapping and assessments of the extent and capacity of the social service workforce in many countries that have been conducted by the Global Social Service Workforce Alliance since 2017. The results indicate that, in most countries, social services are understaffed, and the number of social service workers is seriously inadequate to respond effectively to critical needs. There is, therefore, an urgent need to make the case for more robust and sustained investment in workforce planning and development. In order to make this case, it is first necessary to generate evidence, to be able to use it to advocate with national governments to invest adequately in qualified and trained social service workers to deliver quality social services. However, making the case for investment in workforce development is often hampered by the absence of a recommended target ratio of social service workers per population, per child population, or for other population groups in need. Furthermore, planners often lack a clear approach and tools to cost the level of investment required, including both initial investment and the ongoing costs of developing, supporting and sustaining the workforce and thus the essential services that social workers provide.

To provide evidence for the investment case for strengthening the social service workforce, the Global Social Service Workforce Alliance is developing a series of technical notes, in partnership with the United Nations Children's Fund (UNICEF) Child Protection Section, Programme Division in New York. These technical notes take the form of short briefing papers, and it was agreed they should include both guidance on how to develop recommended workforce ratios and an associated costing tool. The series of technical notes also includes papers examining the role of the social service workforce in social protection and in schools and an advocacy brief on the essential role of the social service workforce in child protection systems, which also explores the associated youth employment opportunities that can result from increasing social service workforce training, recruitment and retention.

This guidance builds on some initial work carried out by a group of experts from UNICEF and the Global Social Service Workforce Alliance, who developed a draft **Guidance Note on Developing a Ratio of Social Service Workers to Child Population** as part of an overarching **Toolkit on Strengthening the Social Service Workforce**. The Toolkit is intended to guide the implementation of strategies outlined in the **Guidelines to Strengthen the Social Service Workforce for Child Protection**. Workforce ratios are a key element of the **Results Matrix**, another part of the toolkit, and are also referenced in the **Guidance Note on Defining the Social Service Workforce**.¹

This more detailed guidance note seeks to review and document the wide range of existing studies and resources in this area, while consulting a global group of experts and partners in different countries, to enable a detailed and context-sensitive articulation of the steps required to:

- determine the current workforce ratio in a given country,
- set a target ratio to achieve in building and strengthening the workforce.

These two steps should prepare the way for a country to cost the initial investment (including for recruitment, education and training) and recurring expenditure required to plan, develop and support the size of workforce required. For this, a specific social service workforce costing tool has been prepared to accompany this guidance.

¹ All additional materials can be found at: <https://www.socialserviceworkforce.org/alliance-developed-resources>

3. CONCEPTS AND DEFINITIONS



To develop effective guidance for recommended workforce ratios, it is first important to clearly define the terms and concepts on which this is based. The following definitions are proposed, based on the existing work of the Global Social Service Workforce Alliance to date, in order to reach consensus on a broad inclusive global definition:²

Social Service Workforce. The social service workforce includes a wide range of governmental and nongovernmental professionals and para professionals and community volunteers, who work with children, youth, adult women and men, the elderly, families and communities, focusing on people with additional needs who are marginalised, in vulnerable situations or at risk, in order to protect and ensure their healthy development and well-being and the fulfilment of their rights. To do so, the social service workforce provides preventative, responsive and promotive services that are informed by the humanities and social sciences, indigenous knowledge, discipline-specific and interdisciplinary knowledge and skills, and ethical principles. Social service workers engage people, structures, and organizations to facilitate access to needed services, alleviate poverty, challenge, and reduce discrimination and social isolation, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect and family separation.³

The wider workforce includes practitioners, researchers, managers and educators. Social service workers include social workers, caseworkers, community workers and case managers, including those who work with specific groups or on specific issues (e.g., child protection and youth care workers), those who specialise in addressing violence against women and children, and those who work with people with disabilities, people with mental health problems, immigrants and the elderly. The exact job titles and functions vary from country to country, depending on local laws, policies, culture, traditions and the historical

² Adapted from Global Social Service Workforce Alliance: <https://www.socialserviceworkforce.org/defining-social-service-workforce>

³ Adapted from Global Social Service Workforce Alliance: [Definition-Social-Service-Workforce.pdf](#)

development of these roles and professions in each context. They include both statutory and non-statutory roles, and various forms of support, care and protection, through approaches such as case management and psychosocial support, as well as community engagement and mobilisation.

Social Work. The social work profession is the leading and core profession in the social service workforce. It is a practice-based profession and an academic discipline that promotes social change and development, social cohesion and participation, and the empowerment and liberation of people. The principles of social justice, human rights, gender responsiveness, cultural sensitivity, collective responsibility, and respect for diversities are central to social work. Drawing on theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and improve wellbeing.⁴

Social workers are professionals with academic qualifications. The most common professional entry requirement is a social work qualification at tertiary level (i.e. bachelor degree or university diploma) based on 3 - 4 years of study, or an equivalent advanced level national vocational qualification (i.e. training focused on developing core professional practice competencies). In many countries, graduates of these programmes can later pursue further studies at Master's and Doctoral levels.

Countries take different approaches to regulate the social work profession, but generally have a requirement that on receiving an academic degree, social workers are certified, and then may need to fulfil certain requirements before being nationally licensed and/or registered to practice. Other countries currently lack such a requirement but are moving towards establishing one.⁵ Accompanying such a requirement is usually the need for social workers to renew their licence or registration every few years, for which they need to provide evidence of continuing professional development.

The role of social workers is particularly central in assessing needs then providing, coordinating, managing, and reviewing the delivery of services to a specific individual or family. In addition to social workers, many other actors with different skills competencies and qualifications, play an important role in ensuring human well-being and development. Some of them are referred to as para professionals or community volunteers, owing to their auxiliary role in supporting the work of social workers and filling gaps in service provisions that cannot be fully covered by professionally qualified staff due to resource constraints.

Para professionals. Para professionals are qualified through non-degree training to perform certain social work tasks, working alongside or supporting the work of professionals in the same field. They strive to meet the needs of individuals in vulnerable situations and groups through outreach and support at community level and are critical to delivering social services particularly in low resource settings. Para professionals serve in various roles as

⁴ Adapted from IFSW and IASSW, 2014: <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>

⁵ A review by the Global Social Service Workforce Alliance for UNICEF E&S Africa Regional Office (2022, draft), found several countries to be 'in progress' in terms of mandating licensing and / or registration in legislation or policy, including Botswana, Kenya, Malawi, Uganda and Zambia. In addition, a UNICEF assessment of the state of the social service workforce in the 24 countries in West and Central Africa Regional (2022, draft), revealed that four countries in the region (Benin, Cameroon, Côte d'Ivoire and Gabon) have finalized and implemented a national system for licensing or accrediting social work professionals; seven countries (Cabo Verde, Central African Republic, Chad, Democratic Republic of Congo, Ghana, Mauritania and Nigeria) are in the process of developing a system, while about half of the countries in the region have not yet worked on a system of licensing and accreditation. Meanwhile, several countries in the East Asia and Pacific Region (e.g. Indonesia) are working towards strengthening social work certification mechanisms.

paid staff or as volunteers.⁶ In some countries, there is a specific category of para professional referred to as *para social workers*, though the exact status and level of training, qualification or licensing required of practitioners with the title of para social worker varies between countries.

Volunteers. Volunteers also often play a key role in the delivery of social services, but are not a homogenous group. While they are typically engaged and trained for a specific role or set of tasks, usually at community level, they may be or may not receive a stipend or other form of compensation, though by definition, unlike para professionals, they would not receive a salary. Community volunteers play a supportive role by filling gaps not covered by professional qualified professionals or para professionals, most often at community level. Volunteers in the social service workforce, when suitably engaged, trained, tasked and supported, are generally expected to adhere the core ethical principles that guide the social service sector, with the overarching value being 'do no harm'. It is the responsibility of organisations, professionals and para professionals who rely on the services of volunteers to regulate their conduct and ensure that volunteers have the requisite levels of competence, skills, training, support, and supervision, to engage safely in work in specific settings.⁷

Many professional social workers and other members of the social service workforce start their career having gained experience as volunteers. Voluntary service therefore acts as a stepping stone in to a professional role and career. To facilitate this transition, and help the workforce be consistently strengthened through new recruits with volunteer experience, it is important to have a competency-based and regulated career framework, that sets out a pathway and requirements for community volunteers to step up, having gained competency-based training and supervised practice, to higher levels of the profession.^{8 9}

Allied workers. Efforts should also be made to identify and recognise the roles of allied workers, who are not counted as members of the core social service workforce, because they work in other allied sectors, but with whom close collaboration and coordination is essential for effective planning, assessment, and delivery of services. Allied workers, in this sense, include doctors, nurses and other health workers, teachers, social protection personnel, and, in the justice sector, police officers, lawyers and judges. The diagram in Figure 1 well illustrates the relationship between allied workers and the different categories and specialisations within the social service workforce.

However, the exact definitions adopted in each country for these roles, while informed by global definitions, should be contextually adapted through a participatory process with key stakeholders including governments, non-government organisations, universities, professional associations, community-based civil society groups and religious entities.¹⁰ Adapted national definitions should take into account the diverse array of worker categories that fall under the social service workforce, based on the functions that they carry out.

⁶ Global Social Service Workforce Alliance (2017) Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies - 2nd Edition. Found at: <https://www.socialserviceworkforce.org/resources/para-professionals-social-service-workforce-guiding-principles-functions-and-0>

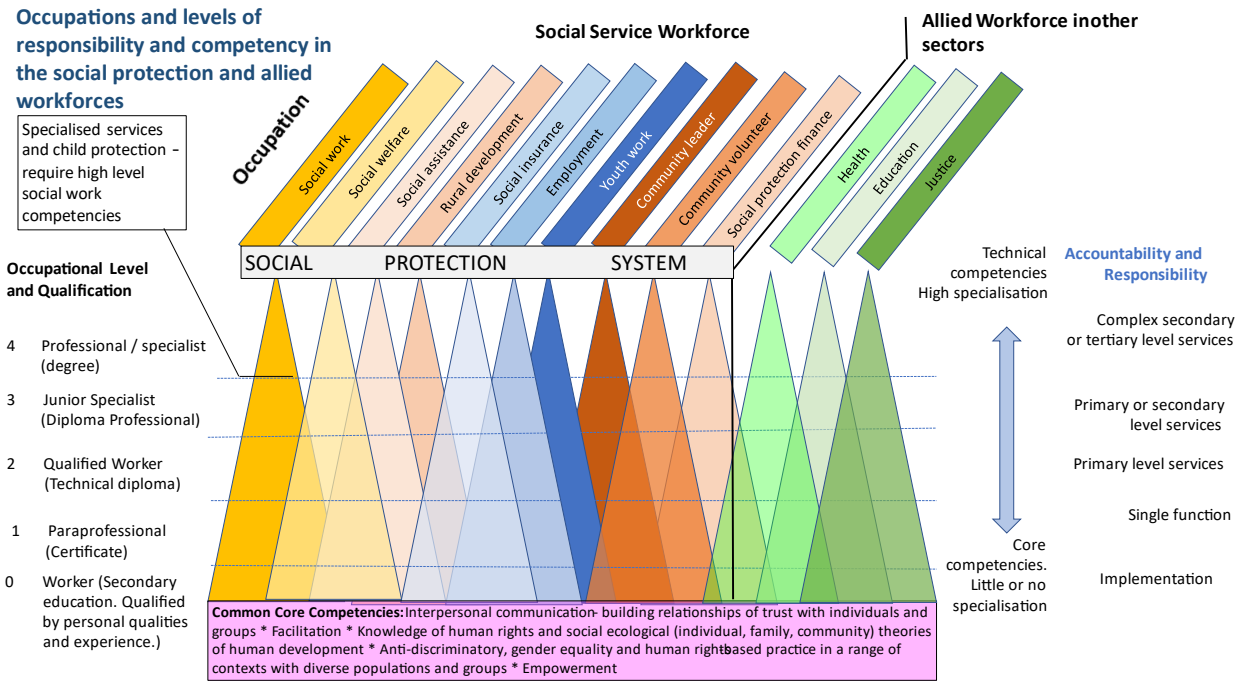
⁷ G Clacherty, ACPHA (2021). Community Volunteers and their Role in Case Management Processes in Humanitarian Contexts: A Comparative Study of Research and Practice. Found at: <https://alliancecpha.org/en/child-protection-online-library/report-community-engagement-case-management>

⁸ The Alliance for Child Protection in Humanitarian Action (2019). Child Protection in Humanitarian Action Competency Framework: Testing Version. Found at: https://alliancecpha.org/en/system/tdf/library/attachments/2019_cpha_competency_framework_testing_version_lowres_2.pdf?file=1&type=node&id=33387

⁹ Global Social Service Workforce Alliance (2015). Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies.

¹⁰ Global Social Service Workforce Alliance: [Definition-Social-Service-Workforce.pdf](#)

FIGURE 1. ROLES AND LEVELS OF RESPONSIBILITY AND COMPETENCY IN THE SOCIAL SERVICE WORKFORCE AND ALLIED SECTORS



Source: Adapted from UNICEF Europe and Central Asia Regional Office Call to Action on Strengthening the Social Service Workforce. Geneva. 2018, by J Rogers, Oxford Policy Management (2022) for *Regional Guidance on the role of social work and social service workforce strengthening for social protection*, for ASEAN Member States (SE Asia), Draft.

There is indeed a very wide range of titles, roles and functions that make up the social service workforce in different countries. The word cloud in Figure 2 depicts the titles of the workforce reported in response to several national workforce mapping exercises. The different roles need to be considered while developing a national definition of the workforce for which a worker to population ratio will be developed. This definition would also then need to be used in calculating the initial and recurring costs of developing and supporting this workforce.

FIGURE 2: WORD CLOUD DEPICTING THE DIVERSITY OF TITLES, ROLES AND FUNCTIONS IN THE SOCIAL SERVICE WORKFORCE



Source: Global Social Service Workforce Alliance (2019). State of the Social Service Workforce Report 2018.

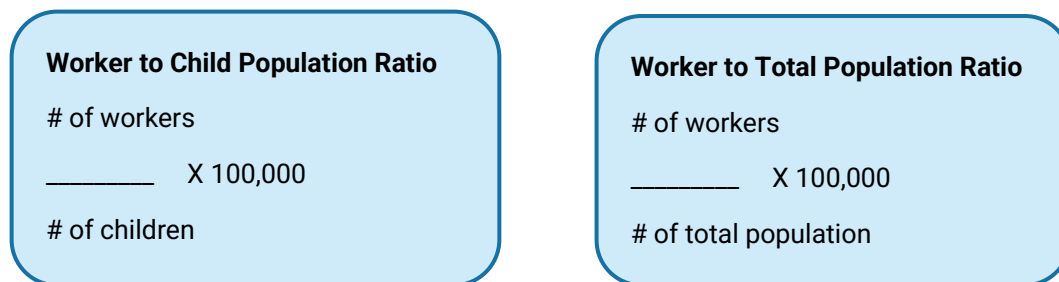
Further key terms used in this document include worker to population ratio, caseload and workload, which can be defined and distinguished from each other as follows:

Worker to population ratio. The number of social service workers employed during the latest calendar year per 100,000 population, based on a given country's definition of the social service workforce.

Caseload. The number of cases (children, families or other clients targeted by a service) assigned to an individual worker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area (e.g., agency or region).

Workload. The amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to (1) do the work required for each assigned case, broken down by specific activity and (2) complete other non-casework responsibilities such as training, supervision, and administrative tasks (e.g., meetings, community outreach, and/or reviewing policies).

FIGURE 3: RATIOS OF WORKERS TO TOTAL POPULATION OR CHILD POPULATION



4. REVIEW OF EXISTING LITERATURE ON RATIOS ACROSS SECTORS



Modern health, education and social welfare systems around the world face pressures to deliver services, for which they need sufficient human resource capacity, but also often experience severe budget constraints and limitations. To respond to this challenge, these sectors have been working over the past decade to determine whether client to worker ratios are a useful metric for planning workforce composition requirements for delivering quality services. In addition, these sectors are working to develop clear tools and approaches for estimating the additional cost implications that are required to complete the investment which includes recurrent expenditure required to build, sustain and motivate the workforce.

Evidence from education, health and social welfare sectors suggests that the overall use of staffing ratios to determine appropriate staff needs is a useful tool to inform and guide planning and delivery of services. Such ratios have already been developed and used extensively, for example, the ratios of physicians, nurses and teachers, per unit of population.^{11 12 13 14}

Education sector

In the education sector, the use of pupil to teacher ratios as a key indicator is well established, including globally in the Sustainable Development Goals (SDGs). SDG indicator 4.c.1 specifies the average number of pupils per trained teacher at each level of education

¹¹ Shipp P. (1998). Workload Indicators of Staffing Need (WISN). A manual for implementation. Geneva: WHO

¹² World Health Organization. (2016). Health workforce requirements for universal health coverage and the sustainable development goals. (human resources for health observer, 17).

¹³ Harrington, C., Choiniere, J., Goldmann, M., Jacobsen, F, Lloyd, L., McGregor, M., & Szebehely, M. (2012). Nursing home staffing standards & staffing levels in six countries. *Journal of Nursing Scholarship*, 44(1), 88-98.

¹⁴ Simoens, S., & Hurst, J. (2006). The supply of physician services in OECD countries.

(pre-primary, primary, lower secondary, upper secondary and vocational education) in a given academic year.¹⁵ The pupil-teacher ratio has been found to be one of the strongest indicators of student success and engagement, with lower pupil-teacher ratios being associated with better test scores, fewer dropouts, and higher graduation rates.^{16 17} However, the determined ratios depend on the definition of a teacher and how optimal class sizes vary by grade, as well as other variables, usually defined by education standards. It is also not the only factor in achieving desired educational outcomes. The literature also points to the importance of teacher effectiveness in improving pupil achievement and raising pupil attainments, as another key criterion for measuring system success.^{18 19 20 21}

Number of pupils per teacher (pre-primary staff allocation)

According to Eurostat, in 2019 for 24.5 million children aged 5 to 7 attending elementary school (ISCED level 1) there were 2 million teachers allocated in all elementary school in the EU member states. This amounts to a ratio of 1 teacher to 12.25 elementary school pupils, or 8,163 teachers per 100,000 population of elementary school students.

Across the EU, the average number of pupils per teacher at the primary level tends to be quite stable, decreasing only slightly from 13.6 in 2018 to 13.5 in 2019. The lowest number of pupils per teacher (i.e. highest ratios) were recorded in Greece (1: 8.7), Luxembourg (1 : 9), and Poland (1 : 9.6). At the other end of the spectrum, Romania recorded the highest number of pupils per teacher, i.e. the lowest ratio, (1 : 19.4). France and the Czech Republic followed with ratios of 18.8 and 18.7, respectively.

Source: Eurostat 2019

Healthcare sector

The SDGs also recognise the importance of investment in health services, in particular in human resources for health, through the recruitment, development, training, and retention of health workers. In the late 1990s, to help countries and health facilities determine staffing requirements for facilities, the World Health Organization (WHO) developed the Workload Indicators of Staffing Need (WISN) method.^{22 23} The WISN method is a human resource management tool that calculates staff requirement based on workload for a particular staff category and type of health facility. This tool can be applied nationally, regionally, or only for a single health facility or unit, provided relevant service statistics are available. It can estimate health workforce needs for a range of needs and scenarios, including workforce adjustments in response to implementation of new services, decentralisation, or reconfiguration of primary care services.

The use of a health workforce to population ratio is therefore a common approach to health service planning, where workforce roles and quality standards are quite consistently defined across countries and regions. The health workforce to population ratio is generally seen as a key determinant of a health system's ability to provide health services. The alternative to

¹⁵ Sustainable Development Goals (2015). United Nations <https://www.unsdgproject.com/>

¹⁶ Eurostat (2019). See <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20210907-1>

¹⁷ UNESCO Institute of Statistics (2021). Pupil-Trained Teacher Ratio by Education Level. <http://uis.unesco.org/node/3297546>

¹⁸ Burgess, S. (2019). Understanding teacher effectiveness to raise pupil attainment Teacher effectiveness has a dramatic effect on student outcomes— how can it be increased? IZA World of Labor. Evidence-based Policy Making

¹⁹ Hanushek E. (2011). The economic value of higher teacher quality. *Economics of Education Review* 30:3 p. 467

²⁰ Burgess, S. (2019). *Ibid.*

²¹ US National Council on Teacher Quality (2016). *Teacher Effectiveness Measure (TEM) Manual. 2015-2016 School Year*

²² Shipp P. (1998). *Workload Indicators of Staffing Need (WISN). A manual for implementation.* Geneva: WHO (WHO/HRB/98.2)

²³ The revised WISN user's manual describes both the WISN method and the WISN process. World Health Organisation (2010). *Workload Indicators of Staffing Need. User's Manual.* Geneva: WHO

setting a target ratio for number of health workers to a given population is to set a worker to patient ratio, which might be seen as a more accurate indicator of the capacity of the workforce to meet current needs, as healthcare services are not always utilized by the entire population.²⁴

At the global level, WHO recommends a minimum ratio of 445 health workers (counting only doctors, nurses and midwives) per 100,000 population.²⁵ This clearly presents challenges for making cross-country comparisons given the reliance on an aggregate ratio that combine three different types of workers. However, it is worth noting that wide variations in ratios for these health worker categories are often found across countries. For example, in terms of ratios of full-time equivalent (FTE) practising physicians (i.e. medical doctors) to number of patients, Australia has a benchmark of 205.1 per 100,000 population, while in England and the United States the corresponding target ratios are 557 and 600 - 800, respectively.²⁶ Meanwhile, a study of standards for nursing home staffing allocation in six countries (the United States, Canada, England, Germany, Norway and Sweden) has revealed that while some countries have nationally mandated standards, actual ratios generally vary at the subnational level.²⁷

The uneven geographic distribution of physicians and care staff is often most noticeable in remote and sparsely populated areas, resulting from the difficulty of recruiting and retaining specialised medical staff in such locations. In Europe, physician density is generally higher in urban regions, reflecting the concentration of specialised services such as surgery in urban centres and the preference of physicians to live and practice in cities. The differences in physician density between urban and rural regions are greatest in the Slovak Republic, the Czech Republic and Greece, which may reflect the particular difficult these countries face in offering sufficiently attractive pay and conditions to recruit rural health workers.²⁸

Across Europe, many countries do offer various types of financial and other incentives to attract and retain physicians in underserved areas. These include one-off grants to help them set up, as well as recurrent payments such as income guarantees and bonuses. Several countries have also taken measures to encourage students from underserved regions to enrol in medical schools.²⁹

The strengths, weaknesses, and appropriate conditions for applying the staff to population ratio method in health workforce planning and monitoring are summarised in Figure 4.³⁰

²⁴ Shannon, E.A., Brand, B.A., Ratcliffe, K.M., and Tranter, B.K. (2007). Developing metrics for hospital medical workforce allocation. *Australian Health Review* 31(3)

²⁵ World Health Organization. (2016). Health workforce requirements for universal health coverage and the sustainable development goals (human resources for health observer, 17).

²⁶ Simoens, S., & Hurst, J. (2006). The supply of physician services in OECD countries.

²⁷ Harrington, C., Choiniere, J., Goldmann, M., Jacobsen, F. F., Lloyd, L., McGregor, M., & Szebehely, M. (2012). Nursing home staffing standards and staffing levels in six countries. *Journal of Nursing Scholarship*, 44(1), 88-98.

²⁸ OECD (2019), *Health at a Glance 2019: OECD Indicators*, OECD Publishing, Paris, <https://doi.org/10.1787/4dd50c09-en>

²⁹ OECD (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264239517-en>

³⁰ Sirikanokwilai, N., Wibulpolprasert, S., and Pengpaiboon, P. (2004) Modified population-to-physician ratio method to project future physician requirement in Thailand

FIGURE 4: STRENGTHS, WEAKNESSES AND APPROPRIATE CONDITIONS FOR APPLYING THE STAFF TO POPULATION RATIO METHOD IN HEALTH WORKFORCE PLANNING³¹

Method	Strengths	Weakness	Appropriate Conditions
Population ratio	<ul style="list-style-type: none"> Well-established method Quick, easy to apply and to understand Requires little information 	<ul style="list-style-type: none"> Desired ratio is often unrealistic Difficult to assess feasibility Difficult to include other variables 	Best used in a country with good basic health conditions, a stable healthcare sector, but a limited capacity for planning.

Source: Sirikanokwilai, N., Wibulpolprasert, S., and Pengpaiboon, P. (2004) Modified population-to-physician ratio method to project future physician requirement in Thailand

The main disadvantage of using simple workforce to population ratios in health service planning is that it does not take into account other variables, aside from population size, which also influence the impact of health workforce performance on health outcomes in a given context. These variables include the population age and gender structure; epidemiology and burden of disease; patterns of service and provider utilisation; organisational efficiency; health policies, regulations and standards; technological capacity; distribution of the health workforce by occupation, place of work and socio-demographic characteristics; individual provider performance; public demand and expectations; and availability and means of financing.³²

A second drawback of setting workforce ratios in the health sector is that they have been found to be a blunt instrument for achieving employer compliance, as they are relatively inflexible and likely to be ineffective if calibrated incorrectly³³. To overcome this challenge, several authors have proposed methods for adaptation of a workforce to population ratio approach in Human Resources for Health (HRH) benchmarking. An approach that incorporates additional variables developed through an inter-cluster collaborative working group within WHO aimed at developing a methodology to estimate the HRH requirements for priority health interventions.

The WHO approach involves a series of six steps.³⁴ These could also be applied to other workforces, for determining an aspirational or long-term target ratio.

1. Identifying the needs for services, based on the incidence and prevalence of health problems, demographic characteristics of the population, and (internationally) the targets set forth by the SDGs, or (at country level) targets identified in health sector strategic plans
2. Identifying the interventions required to deliver these services, at each level of care, based on the strategies proposed by various programmes
3. Identifying the tasks and skills required to deliver those specific interventions, at each level of care, using a functional job analysis

³¹ Sirikanokwilai, N., Wibulpolprasert, S., and Pengpaiboon, P. (2004) Modified population-to-physician ratio method to project future physician requirement in Thailand

³² WHO (2008). Establishing and monitoring benchmarks for human resources for health: the workforce density approach. Spotlight on Health workforce Statistics, Issue 6 https://www.who.int/hrh/statistics/Spotlight_6_Nov2008_benchmarking.pdf?ua=1

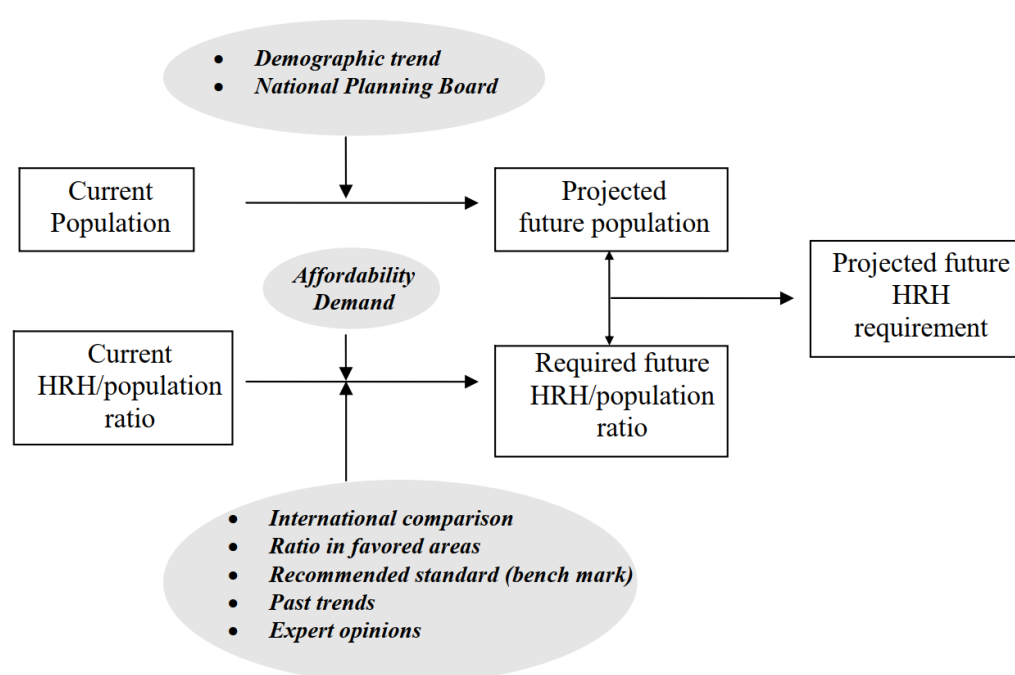
³³ Buchan J. A (2005). Certain ratio? The policy implications of minimum staffing ratios in nursing. J Health Services Research and Policy. 2005/10/4:239-44

³⁴ Dreesch, N. (2005). An Approach to Estimating Human Resource Requirements to Achieve the Millennium Development Goals. Oxford University Press and the London School of Hygiene and Tropical Medicine

4. Estimating the time requirements for each of the interventions, at each level of care, based on programme expert opinion or data provided by time-motion studies; express time requirements in full-time equivalents
5. Identifying possible overlap/synergies between skills and possible time-savings affected by combining various skills; build in productivity
6. Estimating adjusted full-time equivalent human resources required.

In addition to the WHO approach, the chart below, developed in Thailand, outlines a standard set of steps to develop a project staff to population ratio, for the health (HRH) workforce. The same steps could also apply to the social service workforce.

FIGURE 5: STEPS TO DEVELOP A PROJECT STAFF TO POPULATION RATIO, FOR THE HEALTH (HRH) WORKFORCE, THAILAND



Source: Sirikanokwilai, N., Wibulpolprasert, S., and Pengpaiboon p. (2004) Modified population-to-physician ratio method to project future physician requirement in Thailand

However, despite the obvious advantages of these more complex and flexible approaches to HRH benchmarking, which take into account additional factors, researchers and policymakers note that such complex methods are much more demanding in terms of data requirements and model specification, and therefore cannot be readily applied by planning departments that lack the resources or capacity for carrying out such an exercise.

Overall, it can be said that although more research and analysis is needed on the relative strengths and weaknesses of the different approaches to setting workforce to client ratios and other indicators in the education and health sectors, the work on ratios in these sectors is relatively advanced and these findings and experiences can be used to inform both the recommended process, and challenges to consider, in defining workforce ratios for the social service workforce.

Justice services

The justice workforce is critical for protecting rights and freedoms of individuals and for reaching the goals of the justice systems. However, this review could not identify examples of where minimum or optimal ratios have already been developed, of either justice workers to population, or justice workers to individuals targeted with justice services in different contexts.

As for actual (as opposed to target) ratios, the most recent Council of Europe Annual Penal Statistics (Council of Europe, 2019) on Member States found that the ratio of probationers (people on probation) per individual staff member varied from 4.7 in Norway to 240 in Greece with an average (median) ratio of 33 cases. Such wide variations in workforce ratio have implications for the caseload of workers but are also indicative of different roles and responsibilities the systems assign to staff working with probationers.³⁵

The European Probation Rules state that 'probation staff shall be sufficiently numerous to carry out their work effectively. Individual staff members shall have a caseload which allows them to supervise, guide and assist offenders effectively and humanely and, where appropriate, to work with their families and, where applicable, victims. Where demand is excessive, it is the responsibility of management to seek solutions and to instruct staff about which tasks are to take priority' (Rule 29).³⁶

In the UK, where there is no specific caseload benchmark for probation officers in legislation or policy, Her Majesty's Inspectorate of Probation (HMIP), England and Wales, did recommend in a Research and Analysis Bulletin a maximum caseload of 50 to 60 cases per probation officer.³⁷ This recommendation was based on evidence that when probation practitioners hold a caseload over this number, they are less likely to deliver high-quality work, meeting the aims of rehabilitation and public protection. However, the HMIP bulletin also states that a precise target number for caseload cannot be set as there are too many inter-connected variables in relation to case complexity, the available administrative support, and the interventions and services that can be accessed. Nevertheless, it did note some of the important variables that can have a positive effect on reducing workload pressures for the probation frontline workers. These are worth noting as they are relevant for the social service workforce as well. They include:

- Availability of administrative service hubs, which can relieve practitioners of many support functions and thus free up time for one-to-one work;
- Strong Management Information Systems facilitating faster access to case information, improving partnership working and avoiding duplication of administrative efforts;
- Improved access to wider services, particularly through co-location and the creation of community hubs which put individual service users at the centre of service provision;
- Employing support workers with lived experience, helping to engage service users;
- Evaluating the potential value of remote supervision and new digital interventions.³⁸

³⁵ Council of Europe Annual Penal Statistics (2019). <https://wp.unil.ch/space/space-i/annual-reports/>

³⁶ Council of Europe (2010). Recommendation CM / Rec (2010)1 of the Committee of Ministers to member states on the Council of Europe Probation Rules. <https://tinyurl.com/7gr523w>

³⁷ HM Inspectorate of Probation, Research and Analysis Bulletin (March 2021), Caseloads, Workloads and Staffing Levels in Probation Services <https://www.justiceinspectors.gov.uk/hmiprobation/wp-content/uploads/sites/5/2021/03/Caseloads-andWorkloads-RAB-LL-designed-RM-amends-Mar-21.pdf>

³⁸ Ibid

Social service workforce

Workforce planning by setting and measuring worker to population ratios

As for health and education, in the provision of social services the level of human resources is one of the most important determinants of effectiveness and impact. It is therefore important to identify the minimum social service workforce composition and numbers required to effectively deliver a minimum package of essential services in a given context. However, the use of ratios in planning the social service workforce is not as well researched and documented as it is in the health and education sectors, and is less well recognised in global advocacy, workforce ratios being mentioned as an indicator for strengthening health and education in the SDGs, but not in the case of the social service workforce.

Calculating the ratio of the workforce to client population, as a method of human resources planning, is also relatively new in its application to the social service workforce. However, given the attraction of using a single key indicator, it is increasingly cited as a useful workforce planning tool. It can also be used to make cross country comparisons. However, the value of direct comparisons is limited by differences in the definitions of the workforce in each country, lack of uniform quality standards, inaccuracy or lack of data available, the complex interplay of geography, population density and other contextual factors, such as community strengths and cultural traditions, which affect how social services are configured and the main social welfare needs and gaps.³⁹

Unlike other sectors, there is currently no globally recommended benchmark for the ratio of social service workforce to a given population, just as there is no single set of globally accepted quality standards for social services. However, over the past decade, progress has been made in assessing current worker to child population ratios in a number of countries, with ratios now calculated in nearly 50 countries, with an average of about 50 social service workers per 100,000 child population.⁴⁰ Mapping of the workforce in the Middle East and North Africa shows a variation in ratios across the region, from 18.7 social service workers per 100,000 children in Djibouti to 139.7 per 100,000 children in Palestine. In South Asia the results range even more widely from 0.3 social service workers per 100,000 children in West Bengal, India, to 781.2 in the Maldives. The East Asia and Pacific Region has ratios ranging from 13.8 in the Philippines to 280.8 in Mongolia.⁴¹ In the Eastern and Southern Africa region, country workforce ratios range from 1.99 workers per 100,000 children in Kenya, to 2.02 in Zimbabwe, up to 23.26 in Namibia, 53.57 in Botswana, and as high as 80 social services workers per 100,000 children in South Africa.⁴²

There is a similarly wide range of ratios across high income countries. In the United States, where the social work profession is well regulated, there are about 650,000 active social workers,⁴³ which equates to a ratio of 200 workers per 100,000 people. In Taiwan, by contrast, there were only 31 licensed social workers to 100,000 population in 2017, and in Singapore, there were 29 social workers per 100,000 population in 2016. These variations, though, are not necessarily indicative of overall differences in levels of resourcing, but rather

³⁹ GSSWA (2019). Key Considerations in Developing a Ratio of Social Service Ratio to Child Population. Unpublished

⁴⁰ For more information on these studies, please refer to: <http://socialserviceworkforce.org/resources/state-social-service-workforce-2018> and <http://socialserviceworkforce.org/resources/state-social-service-workforce-south-asia> and <http://socialserviceworkforce.org/resources/blog/mapping-and-planning-social-service-workforce-middle-east-and-north-africa>

⁴¹ According to the 2019 Multi-Country Review on the Social Service Workforce in the East Asia and Pacific Region, the Philippines reported only on qualified social workers, while Mongolia reported on all social service workforce in all sectors

⁴² Dhemba, J., and Nhapi, T., (undated) 'Navigating towards social work desired outcomes in resource constrained environment: Some Zimbabwean and Eswatini experiences'; Mukaro, G. (2013) 'Social service delivery system in Zimbabwe: The role of social workers in support to OVCs.

⁴³ George Washington University Health Workforce Institute (2017). Profile of the Social Work Workforce

can be explained by the differences in context, including different levels and types of social welfare needs, different level of resources available to meet these needs, as well as very different definitions, in national laws, policies, plans and budgets, of which occupations fit into the social service workforce, and what roles and functions they should perform.

Despite the contrasting picture in the data currently available, it is becoming increasingly recognised that workforce ratios impact the quality and effectiveness of services, and, in return, the types of services developed will impact the ratios required. While a higher ratio can raise the quality of services, low worker to population ratios have been shown to negatively impact staff morale, motivation, and level of recruitment and retention that can be sustained. Experts have observed in different contexts how low workforce ratios mean high caseloads, leading to an increased burden of work and risk of stress and burnout, contributing to high rates of attrition (numbers leaving the workforce early).⁴⁴ Staff attrition in turn has a negative impact on the ability of social services to provide a consistently high quality of care to people in need. It also often leads to a negative feedback loop, as the inadequate staff number and capacity of workers, and the lack of support and supervision of their work, leads to poor performance and outcomes in addressing the social issues they are expected to resolve. This leads to governments being less willing to invest in social service workforce.

Estimating the workforce ratio at different levels of need⁴⁵

In one example of an attempt to strengthen the workforce in a differentiated way for different types and levels of need, the Government of the Republic of Kiribati has developed a human resource strategy for social services for children and families by estimating the workforce ratio required for low, medium and high system usage scenarios.

Low system usage scenario:

This level of usage represents a system that is capable of fulfilling core essential functions in a stable and consistent manner. It is estimated that a minimum staffing threshold for a low system usage is 1 full-time social welfare officer per 5,000 people (= 20 social welfare officer to 100,000 population).

Medium system usage scenario:

Medium system usage is described as a scenario where either or both of the following apply:

- The demand for services is greater than anticipated and where core functions are no longer sustainable. For example, where the number of on-going child welfare/protection cases per social welfare officer is more than 10 serious cases.
- In the case of an outer island, the population of the island reaches more than 5,000 people.

High system usage scenario:

If it is found that the new system creates an exponential growth in demand for welfare and protection services, or needs to respond to a major increase in social welfare problems, a significant increase of human resources will be required to ensure essential system functions. High system usage will be reached where the number of complex or chronic ongoing child welfare / protection cases per social welfare officer is more than 15 serious cases.

All these levels of system usage must build in:

- Measures for unanticipated changes (e.g., maternity, illness)
- Natural disaster, emergencies and rapid deployment

⁴⁴ Observations on turnover by Global Experts' Group (consultation meeting, 14th December 2021): Average length of stay of new frontline workers in their first job in the United States is less than 2 years. In South Africa, the average number of years that social workers typically stay overall in the public sector is 7 years, a poor return on investment in pre-service training.

⁴⁵ Human Resource Strategy for the Children, Young People and Families Welfare System of the Republic of Kiribati, 2013-2018.

Workforce planning though setting standards for caseload or workload

Since the literature on the use of ratios in the social service planning is quite sparse, it is helpful to compare it with the somewhat more extensive studies and reports on caseload or workloads, both as means to assess and compare the level of work, but also to set standards or benchmarks, which can in turn help with workforce planning and budgeting. It is important to note, that many of these reports are concerning child protection cases, which are characterized with high complexity and require advanced competencies of the workers. With this in mind, the Minimum Standards for Child Protection in Humanitarian Action (ACPHA, 2019) recommend ensuring one caseworker for every 25 children, though these standards do not refer to a caseload maximum as such.⁴⁶ The Inter-Agency Case Management Guidelines⁴⁷, citing this recommendation, go on to advise that in some cases this number will be more than can be managed safely and effectively, and suggest that factors to consider in what is a manageable caseload should include:

- **Referrals:** Are caseworkers responsible for providing in-house services or are they only making and following-up on referrals made?
- **Responsibilities:** What is the scope of the caseworker's responsibilities (e.g., are they responsible for other tasks such as community liaison)?
- **Complexity:** What is the level of complexity of the assessments or interventions?
- **Administrative responsibilities:** Do caseworkers have significant administrative responsibilities? Is there data entry and administrative support available and access to technology?

One study to determine the average caseload for child welfare workers, in Pittsburgh, U.S., found caseloads ranging from 15 to 30, with an average of 24 cases held by each worker per month, which exceeded what was then considered a reasonable caseload limit of 17.⁴⁸ When measured in the number of children on the worker's caseload, the monthly number per worker was as high as 50 children, with an average of 31. The research paper indicated that a large share of the workforce were exceeding the caseload limit that had been set, and frequently had to work overtime under significant pressure, thus increasing the risk of burnout and attrition. The paper also noted the importance of having a manageable workload overall, one that balances casework with other non-case related duties, which may include community outreach, joint planning and coordination with other service providers, and professional development, depending on the role.

A report from Australia based on a review of the literature, supports the recommendation to limit the workload of social worker to no greater than 15 cases. The review identified the association between higher caseload and worker burnout.⁴⁹ The authors reviewed studies that found that social workers are at higher risk levels of stress and resulting burnout compared to other professionals with similar workloads, as a result of role conflict between advocating for their clients, while still needing to fulfil agency requirements and perform statutory duties (e.g., removing a child to state care if necessary).

⁴⁶ The Alliance for Child Protection in Humanitarian Action (2019 edition): Minimum Standards for Child Protection in Humanitarian Action, 18.1.7 (p. 198)
https://alliancecpa.org/sites/default/files/technical/attachments/cpms_2019_final_en.pdf

⁴⁷ Child Protection Working Group (2014): Inter-Agency Guidelines for Case Management & Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers, p.41.
<http://www.cpcnetwork.org/resource/inter-agency-guidelines-for-case-management-child-protection/>

⁴⁸ Yamatani, H., Engel, R. & Spjeldnes, S. (2009) Child Welfare Worker Caseload: What's Just Right? Social Work; Oct 2009; 54, 4; Research Library. https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right

⁴⁹ Lloyd, C. King, R. & Chenoweth, L. (2002). Social work, stress, and burnout: A review. Journal of Mental Health (2002) 11, 3, 255–265

A 2021 report on caseload and workload for child welfare staff within the Maine Department of Health and Human Services (United States), Office of Children and Family Service, presents a tool that assessed the factors that impact the work required of the Office’s child welfare staff based on federal guidelines, state statute and regulations, and policy.⁵⁰ It was found that work on family reunification significantly increases the workload of the staff, and that COVID-19 introduced additional complexity into the child welfare service, further adding to workloads. The report concluded that there was a need for a significant staff increase in order to be able to cope with this workload.

Recognising that the exact responsibilities and tasks of workers and managers affects the number of cases they can take on in that role, the Child Welfare League of America proposes the following table of differing workload and caseload limits, for different categories of worker:

FIGURE 6: CHILD WELFARE LEAGUE OF AMERICA TABLE OF DIFFERING WORKLOAD AND CASELOAD LIMITS, FOR DIFFERENT CATEGORIES OF WORKER

Service Type	WCHSA Recommended Caseload / Workload
Supervision	1 supervisor per 5 case carrying CPS workers.
Ongoing	10 active cases per case carrying CPS worker, with no more than 15 children .
Initial Assessment	11 active assessments per 1 worker at any given time with no more than 6 new assessments assigned during a one month period.
Access	8 newly assigned reports per day per worker.
Foster Parent Licensing	8 active home studies for general foster homes. 6 active home studies for relative homes (including “like-kin”).

Source: Wisconsin County Human Service Association (2018). Caseload Standards for Child Protection Services

Further complexity in comparing caseloads was revealed in a British Social Workers’ Workload Survey, which found frontline social workers in the UK to have between 10 and 30 cases, split evenly between children’s and adult’s services (most had fewer than 20 active cases).⁵¹ However, there were difficulties in measuring workload by the number of cases social workers had. This was due to the different definitions of a case (e.g., a family or each child in a family), the complexity of the cases and the specific responsibilities that social workers have in addition to cases. Almost half of the social workers felt that their workloads were influenced by factors such as sickness, leave, training and the restricted caseloads held by newly qualified social workers.⁵²

Given this complexity, some countries have taken steps to develop caseload weighting, whereby caseloads are not measured and compared simply in number of cases, but in the total of the relative ‘weights’, or levels of work involved, of different cases. Others have differentiated the suitable caseload limit for workers of different levels of experience. One example of promising practices in this respect is the Gothenburg model of tracking the caseload for individual case managers. The model developed by the social services of this Swedish city sets a score for each case assigned to a worker. Points are allocated for

⁵⁰ Maine Department of Health and Human Services Office of Child and Family Service (2021). 2021 Child Welfare Caseload and Workload Analysis. <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2021%20OCFS%20Workload%20Report.pdf>

⁵¹ Social Work Task Force (2010). Social Worker’s Workload Survey. Messages from the Frontline Findings from the 2009 Survey and Interviews with Senior Managers.

⁵² Antonopoulou, P., Killian, M., & Forrester, D. (2017). Levels of stress and anxiety in child and family social work: Workers’ perceptions of organizational structure, professional support and workplace opportunities in Children’s Services in the UK. *Children and Youth Services Review*, 76, 42-50.

different parts of the case management process applied by the agency and is updated on regular basis. The score cards with targets are defined for full-time and part-time staff for the junior (0-2 years), semi-experienced (2-5) and experienced social workers (>5 years). Respectively, target for these workers is 130-150, 150-180 and 180-200 points. The determination of the 'ideal points' is done through a participatory process involving a case manager and a supervisor.⁵³

In its ongoing attempt to plan the development of the social service workforce and calculate the workforce to population ratio for a new system of community based social services in Turkmenistan, a national expert group analysed needs for social work services for a) high risk cases; b) high and medium risk cases; and c) high, medium and low risk cases for promotion and primary prevention work. The expert group concluded that that it was necessary to limit the number of active cases of generalist community-based social workers to 25, and not exceeding 75 cases per year per worker.⁵⁴

It can be seen from these examples that, while there are a range of useful tools available for planning and monitoring levels of staffing, each individual workforce planning variable (whether ratio, workload or caseload) in itself can only provide a snapshot of the workforce from a particular perspective. To provide a more comprehensive picture, when planning the workforce benchmarks, such measures are best considered alongside other elements of workforce capacity and performance, such as skills and competency audits, assessments of access to and take up of suitable education and training, professional development, and supervision, within the context of the legislation, policies, plans, available services, and budget for the workforce. It is also important to consider that contextual elements are even more important in developing countries when the social service workforce can often be significantly under-resourced. Only through considering all these factors can a comprehensive approach to planning and developing the workforce be achieved, which identifies its most pressing needs, strengths and weaknesses, as a basis for effective advocacy and strategic planning for ongoing workforce strengthening.⁵⁵

⁵³ Webinar on Estimating Caseload for Social Workers. February 3, 2022. UNICEF Middle East and North Africa

⁵⁴ From key informant interview with Jo Rogers, P4EC CIS Consultancy Group.

⁵⁵ Case Management Society of America (CMSA) and the National Association of Social Workers (NASW). (2008). Case Management Caseload Concept Paper: Proceedings of the Caseload Work Group, a Joint Collaboration of CMSA and NASW.

5. GUIDE TO DEVELOPING RECOMMENDED SOCIAL SERVICE WORKFORCE RATIOS



Purpose and scope of the guide

This guide aims to provide advice to policy makers and planners on how to develop a minimum recommended social service workforce to population ratio, using a range of contextualised workforce and population variables. The guide also addresses certain fundamental questions related to the development of workforce ratios, including: the benefits and challenges of developing and using a single minimum ratio and using it for planning and advocacy at national level; the difficulty of estimating a suitable ratio that would be applicable across countries (even though this is often asked for), and the complex challenges of comparing ratios across countries or even across regions within a country; the need for ratios to be re-assessed and re-calculated over time and the need to differentiate the ratios suitable for different levels and functions of the workforce.

Contextual factors that need to be considered

The specific contextual factors that need to be considered, that would affect the ratio of frontline social service workers needed in one specific community, region or country, for a given population to receive essential social services, include:

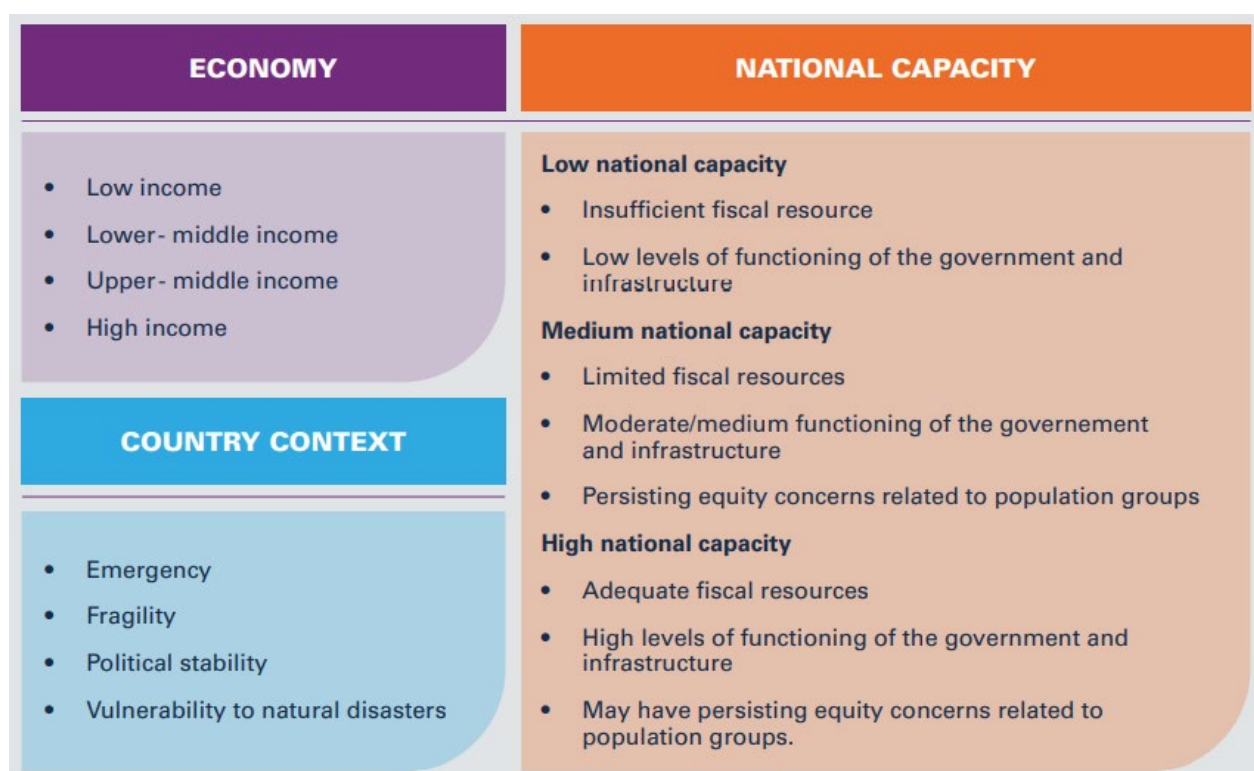
- **The national definition of the social service workforce.** Informed by the Alliance’s global guidance on defining the social service workforce each country aiming to develop a ratio needs first to agree on their own contextualised, national definition of the workforce, based on the unique structure and composition of their social service and child protection system.⁵⁶ After carrying out a workforce mapping exercise based on this national definition, countries can proceed to identify their existing ratio

⁵⁶ <https://www.socialserviceworkforce.org/who-social-service-workforce>

of workers to general population or target population (e.g., children, persons with disabilities or older persons).

- **National social service standards and other relevant legal frameworks** that already exist, and the different ways in which they define:
 - how needs of the population are assessed and classified,
 - the type and level of services guaranteed by the government, to meet these needs,
 - mandated social service workforce functions and minimum levels of qualification required for delivering the services and accompanying administrative tasks to meet assessed needs, as defined by these standards.
- **The various aspects of country contexts**, outlined in Figure 7, that may impact the number of workers required, including socio-economic and geographical considerations, and the level of national capacity.

FIGURE 7: UNDERSTANDING THE CONTEXT



Source: UNICEF Child Protection Systems Strengthening, 2021. Adapted from the UNICEF’s Strategy for Health (2016-2030)

In addition, it is important to consider:

- The extent, nature and complexity of social issues and challenges that individuals, children and families face in this context, including, conflict and humanitarian situations;
- Social and cultural norms, and the profile, structure and traditions of different social groups within the overall population (e.g., the role of the extended family in social

care and in care for children who have lost parental care, differences in gender relations, and in the extent and types of stigma, prejudice and discrimination).⁵⁷

- Geographical contexts including the density and distribution of the population across rural and urban populations, the distribution of services, and, as a result, the distances which people need to travel to access social services. The typical complexity of cases dealt with.
- The availability of resources and technology to enable and render more efficient the effective provision of services (including office space, meeting space, computers, case management database and secure data storage systems, internet connections, mobile phones and mobile data, access to vehicles or good public transport, condition of roads, limited access to some areas).
- Whether available, workforce data includes non-governmental staff and community volunteers (in the private sector and civil society organizations, including the most local community-based organisations), as data on members of the less formal social service workforce are often the most challenging to collect. Omitting them from mapping studies would mean that their key role in meeting the social welfare needs of the population, including identifying those in need who are otherwise hard to reach, and facilitating their access to services, would be overlooked.

Basic principles that should be considered

It is recommended that, in order to ensure a process that is not only effective, but also ethical and inclusive, the process of developing a minimum target workforce ratio should be:

- Participatory and respectful of multiple perspectives. The voices of social service workers, as well as individuals and groups served by them are central to this approach. The process of defining workforce ratios ideally should be guided by a participatory approach and engage representatives of the professional and para professional workforce targeted by the exercise.
- Reflective of and informed by relevant child and human rights instruments and international standards. The process should be informed by principles and definitions reflected in relevant international and regional framework documents and resolutions including the United Nations Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the UN Convention on the Rights of Persons with Disabilities, as well as international service standards, outlining minimum essential services for different at-risk groups and principles of offering quality services.
- Reflective of and informed by national legal and policy frameworks, strategic plans and service standards for targeted client groups.
- Built on what already exists. This process of defining minimum ratios should be informed by existing knowledge and experience in the use of workforce ratios, and by prior and current estimates of actual workforce to population ratios drawn from workforce mappings, other data collection efforts and findings of needs assessment of different groups of the population.

⁵⁷ Malde, B. Scott, M. and Vera-Hernández, M. (2015). Extended family networks and household well-being: evidence from Malawi. The Institute for Fiscal Studies; UNICEF (2010). The Dynamics of Social Change: Towards the abandonment of FGM/C in five African countries, Innocenti Insights: https://www.unicef-irc.org/publications/pdf/fgm_insight_eng.pdf

Steps for defining social service workforce ratios

1. Starting the process of defining social service workforce ratios

Before starting the process of defining minimum workforce ratios, the key actors in the field should identify and agree why a ratio is needed and for what purpose it will be used.

Countries in earlier stages of social service workforce development may choose to define one minimum ratio for the entire workforce, while countries with more established systems and more clearly defined categories of workers, may work to establish minimum or target ratios for different categories or geographical areas.

The success of such an exercise is dependent on the strategic leadership and ownership of the process by the key state agency(ies) responsible for the social service workforce. Equally important is the support, commitment and ownership of the process by a wider array of stakeholders in workforce development, commitment which needs to be secured at the outset. This consensus among all the key stakeholders will be crucial for successful implementation of the process, and ongoing advocacy on the use and application of the ratio.

2. Forming or repurposing the national leadership group

It is important to form or designate a national leadership group to guide, support and contribute to the process of defining minimum or optimal workforce ratios. Detailed guidance on how to set up a national leadership group is included in the Global Social Service Workforce Alliance (2019) Social Service Workforce Mapping Toolkit.⁵⁸ The national leadership group should also aim to develop an advocacy plan to secure government and donor commitment to the actions that need to follow the process of defining a minimum workforce ratio, including recruiting, training, employing and supporting the required workforce.

This group could stem from an existing committee or a group working on other aspects of social service workforce strengthening (e.g., mapping and assessing the current workforce). In case no such group already exists, it can be newly formed for this process, but ideally should not just be a one-off project group, but also tasked with a longer-term role of guiding and supporting workforce strengthening and quality assurance, in line with international standards or standards set in the country.

The national leadership group should ideally be led by senior staff of the government ministry overseeing social welfare, and should include high-level representatives from some or all of the following entities:

- State ministries responsible for social welfare, child protection, justice sectors and other authorities responsible for recruitment and deployment of social service workers.
- State entities responsible for setting service standards, supporting their application, and monitoring their implementation by state and non-state service providers.
- Ministries of planning, finance, public service/public works, local government/municipal development and relevant sub-national authorities responsible for supporting deployment of social service workers through costing, financing and commissioning of services.
- Civil society organisations, universities, multilateral and bilateral organizations, donors and others involved in supporting the country's social service workforce.

⁵⁸ Global Social Service Workforce Alliance (2019) Social Service Workforce Mapping Toolkit: <https://www.socialserviceworkforce.org/resources/social-service-workforce-mapping-toolkit>

- Representatives of the workforce as represented by professional associations.

This diverse group will need to work together to develop a common understanding of the process of defining workforce ratios and will take a lead in the components of the process outlined below. Some of the key roles of the national leadership group members are outlined below.

3. Agreeing on social service workforce definition

Although a global definition of the social service workforce has been developed through extensive input from practitioners and workforce champions from around the world, this definition will need to be adapted and extrapolated in more detail to fit the specific national context. Developing and agreeing this detailed national definition will be the first step to guiding and setting the parameters for defining a minimum workforce ratio or ratios.

While in many countries the core functions of the main cadres of the workforce may be similar, the exact job titles, and the types of organizations hiring people in these jobs will vary, ranging from government, civil society to private sector and religious entities. Social service workers are also likely to be deployed across several sectors, including child protection, social welfare, education, justice and health services, including mental and physical health.

Workforce mapping should take into account not only the workforce employed by NGOs and as community volunteers, as mentioned above, but also the social service workforce engaged in humanitarian response and employed by humanitarian actors, as the roles of social service workers in disaster response and recovery, as well as in prevention, risk reduction and mitigation, of both natural and man-made disasters and emergency situations, are becoming increasingly prominent and recognised, both in the wake of the COVID-19 pandemic, and in the light of the accelerating impacts of climate change.⁵⁹

The national leadership group should, therefore, examine the different possible components of the social service workforce in the country in great detail, in order to identify and define the full range of workers comprising the workforce in the country (disaggregated by function and responsibility, role and title, including professional and para professional and type of employer).

In countries which have a social work law or other legislation governing roles and functions of the bodies and personnel responsible for delivery of social services, then the definition of the workforce will be largely shaped by this legal framework. The national leadership groups should consider multiple laws and policies from different sectors, which can be complementary, or at times contradictory to each other. In the countries with no relevant legislation, the process of developing a national definition will first need to consider the international definitions of the social service workforce and social work, and then consider findings of any workforce mapping recently conducted, plus administrative data available in the agencies employing social workers, and data on the number and type of graduates of academic programs in social work and related disciplines.

⁵⁹ Global Social Service Workforce Alliance (2022): 'State of the Social Service Workforce Report 2022: The Vital Role of the Social Service Workforce in Humanitarian Contexts'. <https://www.socialserviceworkforce.org/resources/state-social-service-workforce-report-2022-vital-role-social-service-workforce>

4. Identifying nationwide information management systems, existing databases and other complementary sources of information

The availability of data on the existing workforce is an essential prerequisite for defining a minimum workforce ratio, but from one country to the next, these data can vary greatly in quality and will likely be drawn from quite a range of different sources. A key task for the National Leadership Group, therefore, will be to identify available nationwide Information Management Systems (IMS), including databases on the social service workforce, and on the distribution and strength of services of social protection and social welfare, child protection, education, justice and healthcare.

In some countries, a strong, centralised workforce database will be held by the relevant government ministry. In others where no such central government database exists, in particular in humanitarian situations, there may be alternative complementary sources of information providing useful data on the workforce targeting specific groups and sectors. These could include open-source information management software for case management, such as PRIMERO (Protection-related Information Management for Emergency Response Operations), MRMMIS (Monitoring and Reporting Mechanism on Grave Violations of Children's Rights in Situations of Armed Conflict), and the Gender-Based Violence Information Management System (GBVIMS+). The national leadership group will also need to work on consolidating data available at subnational levels and multiple agencies.

5. Identifying current status of the workforce and defining existing social service workforce to population ratio

The next stage, having identified existing data, and defined the workforce, is to map the status and deployment of the current social service workforce, in terms of its capacity, structure and distribution across different parts and sectors of the country. Workforce mapping can draw upon existing Human Resource Information Systems available in the country, as mentioned above. However, in the absence of such systems providing reliable and up-to-date data on the social service workforce, the national leadership group will need to set up a mapping process, such as that outlined in the Social Service Workforce Mapping Toolkit.⁶⁰

Such a mapping and assessment of the social service workforce provides baseline information about the size, scope and structure, qualification and functions of the workforce, as well as policy, legislation, education, professionalization mechanisms and systems within a country. Workforce mapping should also help inform an assessment of the foundational elements for workforce strengthening, as outlined in the Social Service Workforce Strengthening Results Matrix, organised under the headings of planning, development and support.⁶¹

The size of the workforce identified through regular data collection systems, or a specific mapping exercise, should be estimated as the number of FTE workers. Defining the FTE number of the workforce is important, as the workforce may consist of a large number of part-time workers, with different working hours, the variety and complexity of which, if staff were just counted on a simple headcount basis, would prevent a clear assessment of staffing levels. Use of an FTE number makes it easier to compare levels of staffing across different services. Individual FTE calculations from different services, when all added up together, should produce an overall FTE calculation for numbers of staff forming part of

⁶⁰ <https://www.socialserviceworkforce.org/resources/social-service-workforce-mapping-toolkit>

⁶¹ <https://www.socialserviceworkforce.org/resources/results-matrix-social-service-workforce-strengthening>

social service workforce, in line with the agreed national leadership group definition of the workforce.

Estimating the FTE Number

The key step in estimating the FTE number of the workforce is to work out what is considered a full working week, from which full-time equivalents can be calculated. Thus, with one person working full time (assuming that is 5 days per week or 40 hours) calculated as 1.0 FTE, working 2 out of 5 days a week, is $2 / 5 = 0.4$ FTE, or working 10 out of 40 hours per week is $10 / 40 = 0.25$ FTE.⁶² Similar calculations, when all added up together, should produce an overall FTE calculation for numbers of staff forming part of social service workforce, in line with the agreed national leadership group definition of the workforce.

6. Identifying needs of the population for social services

In line with a rights-based and needs-led approach to workforce planning, rather than an approach based on the continuation of the status quo, an assessment of the social welfare needs of the national or target population should first be carried out. For this, community needs assessment instruments which are locally available and suitable should be used, as well as other tools supported by scientific evidence. Needs assessed at community level in a participatory way should be considered alongside national statistics and indicators of social need, which are usually available in databases held by the national statistics body, relevant ministries, the World Bank or UN agencies. These include data collected for Multiple Indicator Cluster Surveys (MICS), household surveys and other sources, covering:

- Demographic data, including household size, age structure of the population (population pyramid), primary language, disability status, and dependency rates - ratio of children under 12 and older persons over 65 compared to the working population.
- Statistics on migration flows, and geographical distribution of the population by areas (urban-rural) and subnational regions.
- Employment data, including employment and unemployment rates, child labour.
- School attendance data - gross school attendance rates for children and youth, enrolment. rates by age, gender, area and income quintiles, primary school completion and dropout rates.
- Inequality indicators - Gini coefficient, income ratios, etc.
- Institutional care statistics on children, older persons and persons with disabilities.
- Data on Violence Against Children and other child protection data.

As a priority, assessment of the population's needs in terms of care, support and protection should emphasise the needs of the most vulnerable and at-risk groups (including children in need of alternative care (who lack the care of their family), children and women at risk of violence, persons with disabilities, older persons, those with mental health needs and migrants, internally displaced persons, refugees, and other people affected by humanitarian situations), from which a list can be drawn up of the essential services to address those needs.

⁶² A team of 5 staff working full-time, and 3 staff working 2 full days a week, would therefore be calculated as $5 + (3 \times 0.4) = 6.2$ FTE.

7. Identifying national social service standards and other regulations

As well as identifying the scope and role of the social welfare system and key social service workforce roles and responsibilities, the national leadership group will need to review national social service standards, which are usually enshrined in primary or secondary legislation or policy documents. Together they are referred to as the normative framework for the social service workforce. Ideally, the normative framework will outline social service responsibilities towards specific groups of individuals (i.e. those categories listed in the paragraph above, among others), including the forms and levels of services managed for those people in need, the extent and quality of the support that should be offered, as well as the required functions and qualifications of the social service workforce needed to deliver these services effectively and at a high standards of quality.⁶³

The normative framework may also specify the numbers and required qualifications for different roles and functions in the workforce, as well as specifying the responsible entities delivering these services and employing the social service workers required. These may be national or local government bodies, or they may be non-governmental or private providers commissioned by those state bodies to provide the required services. Ideally, the normative framework will stipulate a full structure of promotive, preventive, responsive and rehabilitative functions at all levels—macro (national / societal), mezzo (community or group) and micro (individual and family)—but where the normative framework only guarantees the most limited of services, these may be no more than basic responsive services.

Where current service provision is at a very basic level (i.e. only responsive, ad hoc and not informed by any needs assessment, or very limited in scope), but the normative framework stipulates a more comprehensive set of services, the national leadership group will need to consider the level of workforce planning, development and support needed to bring services up to the standard and scope envisaged, in line with the assessed needs of the population. Assessment of the level and type of social welfare needs currently not met by existing services is especially important if the normative framework was not itself initially informed by a needs assessment. In such a case, a legal reform process may also then be needed, to bring the current normative framework and related workforce specifications in line with the assessed needs of the population.

Where a normative framework containing workforce standards is entirely lacking, the national leadership group will need to build directly on any assessments of the needs of the population, as well as whatever has been defined in terms of the country's vision for the social welfare system and its scope. However, a logical sequence of steps would not be to proceed directly from needs assessment to defining the workforce required, but to first develop service standards and specifications based on assessed needs, and only then to start to define a minimum target workforce ratio or ratios, based on what is required to meet those service standards and specifications. The national leadership group should also assume the advocacy role in addressing gaps in workforce needs and specifications.

8. Defining the population denominator

The workforce ratios can be defined as the ratio of number of social service workers per unit of general population (e.g., 100,000) or a unit of a specific target population, which could include the total child population (all persons under age 18), the total number of children

⁶³ Examples include Law of the Republic of Indonesia Number 14 Year 2019 Concerning Social Workers; The Law on Social Work 2018, Government of Georgia; The Social Services Act 1982, Sweden

receiving a certain service, (e.g., those in alternative care), or an estimate of the number of children in a particular type of need (e.g., children in street situations). The ratio could also be defined in proportion to other specific population groups, e.g., people with disabilities, displaced populations in densely populated areas, or rural and urban populations. For example, in rural areas a higher ratio of workers to population may be needed to deliver the same level of service, given the amount of time spent in travel to and from remote locations, while in urban locations the workforce has to deal with a high population density. The national leadership group will therefore need to decide which population denominator to use for the workforce ratio: total national population or a specific population group.

This decision will also depend on the scope of the social welfare system and its priorities. Using the overall population as the denominator would be more useful if the main government priority were to strengthen the social service workforce as part of the national social protection system. However, if a more specific goal or goals were set, for example to increase the effectiveness and impact of child protection services, or to reduce poverty and material deprivation, then the ratio of workers to child population, or to the population of households below the poverty line, would more likely be used.

The wider country context would also influence the decision on population denominator. In a relatively stable country, with social welfare reform being carried out as part of long-term national development strategy, overall population would be a more suitable denominator. For a country facing one or several humanitarian crises or emergency situations, it may be more useful in the short term to focus on the ratio of workers to a given target population, such as the population in geographical areas most vulnerable to natural disasters. The decision will also be determined by whether the level of social welfare needs are assessed as relatively consistent across the whole country, with expected levels of fluctuation linked to socio-economic status, or whether there are certain more socially deprived or marginalized areas, which may be marked by particularly low rates of birth registration, high numbers of migrants or displaced people, disadvantaged minorities, or other groups with specific needs for services.

The other key element of country context that will influence the workforce ratio needed is the extent and type of existing informal family and community social care and support resources. Where extended family ties and values are strong, and community networks and traditions of care robust and cohesive, then the most common social care needs, such as the care needs of elderly relatives, of family members with medical needs or disabilities, or of children experiencing loss of family care might be mostly taken care of by these informal and traditional community resources, with social service workers only needed for occasional, more complex cases or where the caring capacity of extended families and communities has been weakened by conflict, disease or natural disaster. However, when social change is affecting whole societies, for example at times of rapid industrialization or economic growth, and associated mass rural – urban migration, or at times of recession or pandemic leading to high rates of unemployment or loss of livelihoods, then a fully diversified and nationally distributed workforce will more likely be needed, for which a workforce to total population ratio would be the most suitable indicator for planning purposes.

Furthermore, the national leadership group will need to determine how high or low to set the threshold of social need to be met by the services provided by the social service workforce, at any given time, and with developing systems and growing demand for services. At the earlier stages of the system development, the workforce might be resourced only for the highest levels of risk or most acute needs (e.g., a child experiencing violence, or at risk of abandonment) for which urgent response services will be provided. Alternatively, it can be

available for meeting a wider set of needs and risks, to be addressed through both preventive and responsive services (e.g., family strengthening and prevention of family separation, positive parenting classes, outreach services) and hence, requiring higher workforce to population ratio.

Finally, the national leadership group may decide to take an incremental approach, by first starting with estimating the minimum workforce ratio needed for a population group to meet their most urgent needs. After defining and testing out the feasibility and usefulness of using ratios in planning the minimum workforce required for a certain target population, the use of ratios could then be extended to other groups of the population, or to the entire population. The incremental approach may also involve later raising the target from achieving a minimum workforce ratio to cover the most basic service, to achieving an ideal or optimal workforce ratio sufficient to deliver a wide range of quality services addressing a wider range of needs.

9. Identifying functions and competencies of the workforce required to meet service needs and standards

The national leadership group's next consideration will be to identify the key functions, roles and responsibilities of the professional and paraprofessional social service workers who are mandated to deliver the services defined in the national normative framework and social welfare strategy and as related to the population group as identified in the previous step. In doing so, the first and most important functions, role and responsibilities to be considered would normally be those defined in law as statutory duties, for example, duties to identify, assess and intervene in cases of violence or other forms of abuse against children.

Having identified the essential functions, role and responsibilities, the national leadership group's next step would be to identify the core competencies required for performing these duties adequately across relevant sectors. These core competencies will build on the foundational knowledge and core competencies of social work and other professions in the social service workforce, but will also need to address specialized roles and tasks linked to the specific sector and functions the social service workforce perform with it, and whether it is expected these duties can be performed by para professionals, or can only be performed by university qualified and licensed professionals.

It is helpful to note that the Global Social Service Workforce Alliance has already developed guiding principles to help government define the suitable functions, and thus required competencies, of para professionals.⁶⁴ They cover the following areas:

1. Communication skills
2. Direct work with children, youth and families
3. Applies knowledge related to client needs
4. Community work
5. Collaboration skills
6. Organization and leadership
7. Monitoring and evaluation
8. Developing self and others

⁶⁴ GSSWA (2015). Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies. 2nd Edition. <https://www.socialserviceworkforce.org/resources/para-professionals-social-service-workforce-guiding-principles-functions-and-0>

Functions requiring more advanced competencies, as well as the capacity to provide professional supervision of frontline workers, would require a professional, university educated and formally qualified, workforce.

It will also be important to take into account what kind of support infrastructure already exists for the social service workforce to enable them to perform their core functions safely and effectively. The extent and level of development of this support infrastructure will impact the number of social service workers needed, as a less well supported workforce would be less effective and efficient (and suffer from higher turnover and levels of burnout), and would thus may initially require more personnel to achieve the same outcomes as a better supported one. However, to address these deficiencies, it would be important for national and international stakeholders to advocate for the necessary resourcing for a sufficient support infrastructure to enable efficient and cost-effective service delivery and deployment of human resources.

The key forms of infrastructural support for the workforce that governments need to consider investing in to achieve improved quality and impact service delivery include:

- Management and supervision, including regular and supportive professional supervision sessions provided for all social service workers.
- Administrative support: freeing up time of the social service workforce to perform their other functions.
- Access to digital technologies and information management systems, facilitating efficient and effective case management, and storage, retrieval and sharing of client information
- Logistics and supplies: availability of public transportation or access to vehicles, confidential working space, office equipment and supplies.
- Interagency and intersectoral collaboration, including well-developed complementary functions of the allied workforce.

10. Calculating minimum ratio of workers to population or population groups

Having defined the target population and assessed its needs, and then determined the functions and competencies that will be needed to meet their needs, the national leadership group will need to decide whether to calculate the ratio of the whole workforce to that population, or different ratios for different functional categories within the social service workforce. This will allow countries to better plan training, recruitment, supervision and support needs of different functional groups of the workforce.

Countries in earlier stages of social service workforce development are recommended to:

- Start by establishing one minimum ratio for the entire workforce. This approach can be justified by lack of clear definitions, and distinctions between roles and functions of different workforce groups, lack of data and planning capacity.
- Consider and plan for when the country will be ready to develop more specific ratio benchmarks for different elements of the workforce. It is well-understood that over time, countries need to grow and diversify their workforce in terms of the range of functions, qualifications and specialisations they contain, as they respond to different types of need, of different individuals and groups in society.
- Apply an incremental approach, for example, calculating the ratio first for just one functional category (e.g., qualified child protection social workers) and testing its

application, then fine-tuning the process to enable development of ratios for other categories within the workforce.

In some countries the extent to which different ratios are required for different categories or layers of the workforce, will depend on the normative framework. For examples, national legislation and policy may mandate provision of social services only by qualified or certified professionals, or stipulate roles for both professional and para professional workers in providing social services. While in other countries, diversity of social service workforce composition may not be regulated by the normative framework, and may be a result instead of a limited availability of qualified professionals, significant reliance on different groups of para professional social service workforce and a tradition of using support of the volunteers.

In both cases, the timing and steps of the incremental approach will be informed by the results of national workforce mapping or data available in the human resources information system. If in the former example data reveals a gap between what is stipulated in the normative framework (e.g. that child protection services are only delivered by qualified and licensed social workers), while actual capacity is not sufficient for this, it may be necessary to set an interim target that recognises that during the transitional period a proportion of the workforce will be made up of para professional workers, until such time as enough workers can be educated, qualified and licensed to meet the country's legal requirements and policy goals.

In case of countries with limited normative framework, if national workforce mapping identifies gaps in availability of qualified social service workforce in specific locations (e.g., rural or hard to reach areas), high unfilled vacancies, high reliance on volunteers and limited ability of the system to address needs of at-risk population groups, these countries may choose first to set a minimum ratio for the most urgently needed or in demand categories of social service worker, following all steps outlined above. In such circumstances, the national leadership group and other responsible structures will not only need to define the initial target workforce ratio, but also define an interim target for ratios for different groups of the workforce, as stepping stones towards the fulfilment of the full vision and scope of services envisaged in national policy and strategy.

6. CONCLUSION



Planning the structure and composition of the social service workforce is a critical but complex task, made more challenging in many countries by a lack of clear definition of what roles and functions the workforce should include, and a lack of data about the extent and distribution of the workforce that currently exists. The success of the workforce planning process depends first, though, on a thorough assessment of the nature of the needs and issues to be addressed, which can inform planners how best to allocate and deploy limited resources.

If these prerequisites are met, defining a target minimum ratio of the workforce required for the population in need can be a very useful tool in planning the social service workforce. However, there are still relatively few examples that illustrate how this can be done in a systematic way at national level, to facilitate the development of the social welfare system. By contrast, the use of ratios is more established in the health and education sectors.⁶⁵ Experience from these other sectors does, however, clearly show that worker to population ratios offer a potential vital benchmark, in measuring the extent to which sufficient resources have been allocated to meet assessed needs.

Specifically in the social welfare sector, a key benefit of achieving a sufficient workforce to population ratio is not only that it should contribute to more effective services of higher quality and impact, but it is also to ensure sustainability of those services, but preventing social service workers from becoming overwhelmed by the volume of work they face, resulting in unmanageable levels of stress and burnout, and thus high rates of attrition (the rate at which staff leave the workforce). If workers leave the workforce at a faster rate than new recruits can be brought in and trained, the result will be deteriorating capacity and

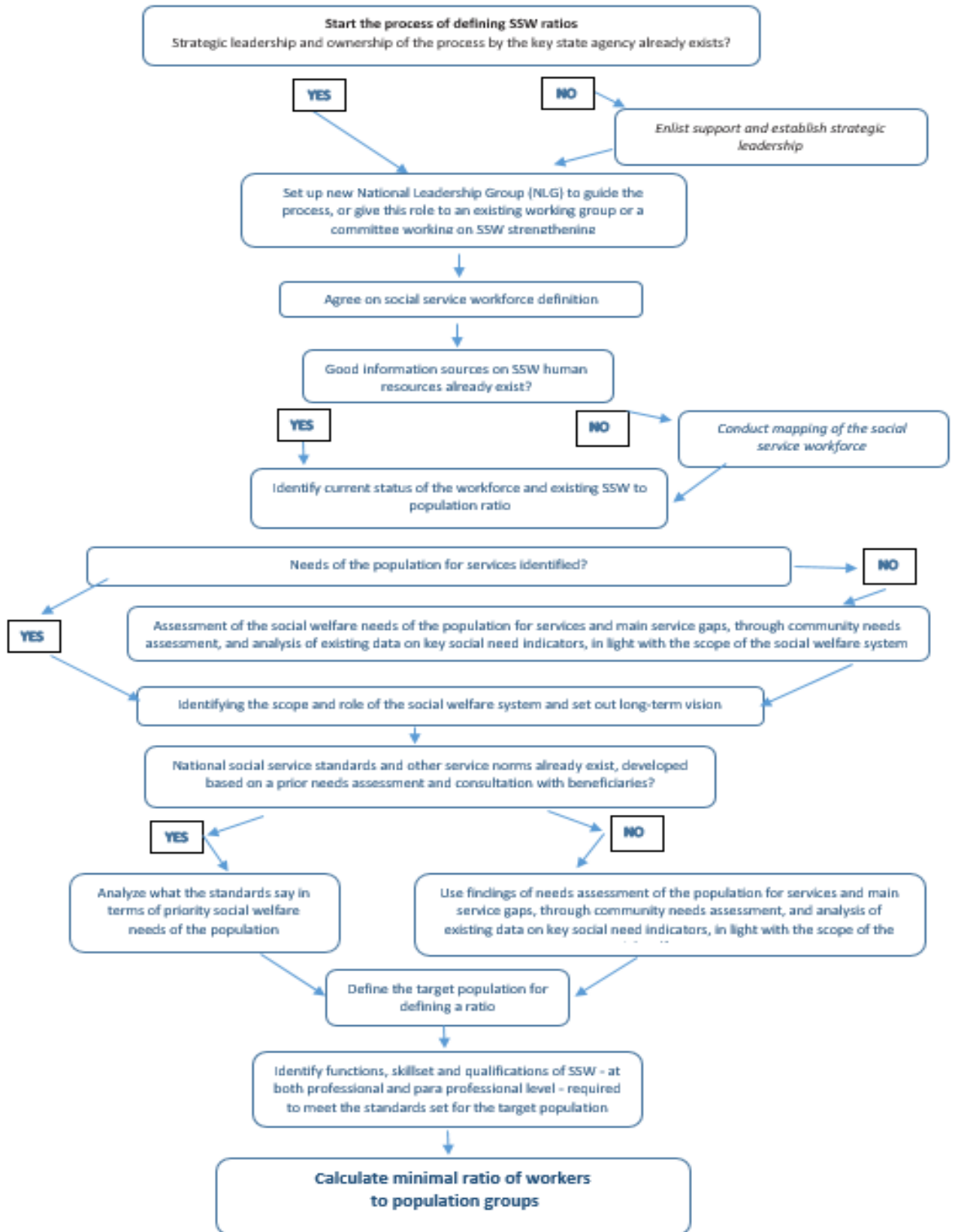
⁶⁵ To help countries determine staffing requirements for health facilities, the World Health Organization developed the Workload Indicators of Staffing Need (WISN) method in the late 1990s. Shipp P. (1998). Workload Indicators of Staffing Need (WISN). A manual for implementation. Geneva: WHO (WHO/HRB/98.2)

quality of services. This deterioration in services could result in a negative cycle whereby the inadequate number and capacity of workers, and the lack of support and supervision they receive, leads to further deterioration in their morale, performance and outcomes, which would in turn could discredit the value of social work and social services in the eye of government planners, others influencing public opinion such as the media, and, ultimately, donors and funders. This could result in resources being redirected away from the professional social service workforce, making it even harder, as salaries and posts are cut, for social service employers to find enough new recruits willing to join the workforce as a long-term career.

However, while such a negative cycle can be prevented or reversed by better workforce planning based on carefully developed workforce ratio targets, planners should not underestimate just how complex a task it is to determine suitable ratios. This guidance has sought to explain how this complexity arises from the wide range of contextual factors which must first be considered. These can vary considerably between countries, or even between regions in the same country, given the varying needs of different geographical areas or population groups, and the different definitions of the scope and composition of the workforce that countries use. Definitions can vary in many ways, but most commonly on the question of whether or not to include non-government staff, para professionals or volunteers. Sensitivity to the specific needs of different local communities is also essential if the workforce is to practice according to its core values, which include working in a way that is culturally appropriate, and strengths based.

Once ratios are developed, their main benefit should be in providing the numbers needed for advocacy, policy making and budget setting, when highlighting the gaps in the workforce that need to be filled, either overall or in certain roles or locations. Above all, defining and using workforce ratios in planning, can strengthen the hand of the advocates across the world now calling for far greater investment in the social service workforce, as an essential requisite for ensuring the range and quality of social services needed for countries to fulfil the commitments made in agreeing to meet the targets in the Sustainable Development Goals.

ANNEX: DIAGRAM OF STEPS FOR DEFINING WORKFORCE RATIOS



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