

# 2ND ANNUAL GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE SYMPOSIUM

June 10, 2015

United States  
Institute of  
Peace

Washington DC  
and  
Live Webcast



**4Children**  
Coordinating Comprehensive Care for Children



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## Introduction

The Global Social Service Workforce Alliance hosted its 2<sup>nd</sup> Annual Symposium on June 10, 2015. The event was held at the United States Institute of Peace in Washington, DC, and also via live webcast. A total of 365 participants from 20 countries across NGOs, government, academia, donors and others discussed ways in which planning, developing and supporting the social service workforce can strengthen the social service system and best provide services to vulnerable children, families and communities. The symposium enabled the exchange of information between members of the Alliance and other family strengthening, health and social service workforce experts across countries and regions.

The first State of the Social Service Workforce 2015 Report was also disseminated during the event. The report is a review of the workforce in 15 countries.

The symposium was made possible through funding from the United States Agency for International Development (USAID) to the 4Children project (led by CRS) through the President's Emergency Plan for AIDS Relief (PEPFAR) program and also by the GHR Foundation. The Alliance is hosted by IntraHealth International.

## Symposium Welcome and Overview

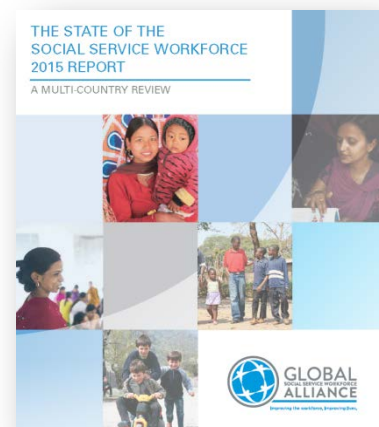
**Amy Bess, Coordinator, Global Social Service Workforce Alliance**

Ms. Bess opened the event by thanking in-person and virtual attendees for their participation and recognizing the 13-member Steering Committee who provides guidance and direction for the Alliance's work.

Ms. Bess gave an overview of the roles and responsibilities social service workforce. She defined them as the people who are there when individuals, families and communities face challenges. Social service workers promote people's strengths and provide support that is child centered, family focused and community based. They provide critical psychosocial support and promote the resilience of children and families; they help advocate for laws, policies and programs to promote social justice and family well-being; they are researchers and educators.

She also spoke about the reasons for initiating the State of the Social Service Workforce, which is being launched during the Symposium. The report features data and information about the workforce in 15 countries and is to be a first step, among many others, to better describe the workforce and analyze efforts to strengthen the workforce.

"Throughout our work over the last few years, we've recognized a significant lack of detail being consistently gathered about the role and numbers of workers who are helping children and families. At the same time, we know that social services is often one of the most under-resourced and under-recognized fields. We feel that it is critical to collect and consolidate data, evidence, and lessons learned in order to enhance knowledge and awareness of effective strategies to strengthen the workforce and enable leaders to make sound arguments for stronger programs to improve the lives of vulnerable people."



As the Alliance celebrates its second anniversary in June 2015, the community of ardent supporters of improving services to children and families continues to grow. The Alliance has promoted learning and information sharing through technical briefs and working papers, more than 200 resources in an online resource library, facilitated discussions at conferences, and two interest groups.

Ms. Bess concluded her remarks by inviting Symposium participants to become a member of the Alliance online at <http://www.socialserviceworkforce.org/join-alliance>.

### Opening Remarks

**Dr. Karin Heissler, Child Protection Specialist, Child Protection Section, UNICEF Headquarters, New York, USA**

Dr. Heissler delivered the opening remarks. Her remarks focused on ways in which planning, developing and supporting the social service workforce can lead to more effective services for children and families and stronger systems of care.

Dr. Heissler illustrated the importance of planning, developing and supporting the workforce from her work during the three months she spent in Liberia in early 2015, supporting the Ebola response for child protection, working with UNICEF in close engagement with the government, development partners, NGOs, INGOs and civil society organizations.

“The Ebola Virus Disease destroyed many lives and families, and its effects exposed weak systems across many social and economic sectors –not just health,” she said. “While not diminishing the terrible toll Ebola took across countries, it provided resources and presented opportunities to significantly bolster the social service workforce and give visibility to the need for a workforce that is often overshadowed and less well understood than the ‘frontline workers’ (or human resources) of other sectors. As part of having a well-planned, well-trained and well-supported workforce, recognition of its need, the role it plays, and visibility are critical.”

In Liberia, prior to the Ebola outbreak there were 12 government social workers for the country. As the number of deaths started to rise and increasing numbers of children were left without parents/primary caregivers, the numbers of the government workforce expanded 10 fold (to 120 workers -70 social workers and 50 psychosocial support / mental health clinicians). This is on top of the many workers in NGOs who were also providing support and care. Accurate data on human resources, robust recruitment practices and systems, and deployment based on evidence of needs are critical planning functions and would come to be larger issues as the disease and needs progressed.

She highlighted the importance of the community-based composition of the workforce during the Ebola crisis. There were many unpaid workers at the community level who played a key role in the care, support and protection of vulnerable populations. Many families took in children who

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**Dr. Karin Heissler**

had lost their parents or primary caregivers due to Ebola and would not have been able to sustain themselves without the extra support being provided in a variety of ways by social service workers.

She addressed the need to put in place systems of support for the workforce, such as performance appraisal systems and a professional association for further recognition and professional growth of the workforce. She also noted that those working with children and families, particularly front-line workers, need a minimum set of tools and materials to be able to perform their jobs.

In her final remarks, Dr. Heissler stressed the important role that the social service workforce will play in supporting and achieving the Sustainable Development Goals related to children's protection.

"The proposed integration of goals and targets to prevent and eliminate all forms of violence against children (Goal 16.2 and others) offers an unprecedented opportunity, both nationally and globally, to address violence, exploitation, abuse and neglect of children. It will draw further attention to the role of and need for a social service workforce for prevention and response. And, for results frameworks that will need to make explicit the persons needed to achieve these goals," she said.

### **Keynote Speaker**

**Dr. Jennifer Adams, Deputy Assistant Administrator for the Bureau of Global Health, United States Agency for International Development (USAID), USA**

In her keynote address, Dr. Adams shared information about USAID's efforts to strengthen social service systems over the last two decades. She described the resources that USAID and PEPFAR are committing in order to provide critical care and support to over five million children affected by HIV and AIDS.

She also noted that both the report and the Framework for Strengthening the Social Service Workforce - around which the report is structured - point to a number of promising strategies for increasing the workforce and improving the quality of its work. USAID, with support from PEPFAR, supports many of these strategies to plan, develop and support the workforce.

"I know from experience that social service workers are critical to ensuring that education, health, water and sanitation, nutrition, and human rights initiatives –all of the work we do at the United States Agency for International Development (USAID) – are as effective as they possibly can be. Perhaps more importantly, social service workers ensure that our work benefits the most vulnerable populations - the poorest, the sickest, the children and families that need the most help - all over the world," she said.

Dr. Adams shared an example of how USAID and PEPFAR are supporting workforce planning efforts in Ethiopia that helped to establish the National Social Service Workforce Taskforce. A total of 4,000 social service workers are being

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**Dr. Jennifer Adams**

trained and deployed to areas with a high HIV-burden and high numbers of orphans and vulnerable children.

In Mozambique, USAID supports efforts to develop the workforce by working with the Ministry of Gender, Children, and Social Action (MGCAS) to identify and prioritize the training needs of social service workers and other public servants. With support from USAID and PEPFAR, the Ministry was able to leverage existing regional training institutes through the Ministry of Health and for the first time this year was allocated a budget of approximately \$31,000 to invest in social welfare training. From 2011-2014, 151 social action technicians and 25 early childhood educators graduated from courses using these competency-based curricula packages.

In Zimbabwe, USAID and PEPFAR are assisting efforts to support the workforce by enabling graduate social welfare officers and social service assistants to “top-up” social work qualifications through social work diplomas and certificate level studies. Through a partnership with the Government of Zimbabwe’s Department of Social Services and the National Association of Social Workers, USAID also created a graduate internship program for new social service workers and ongoing mentorship opportunities.

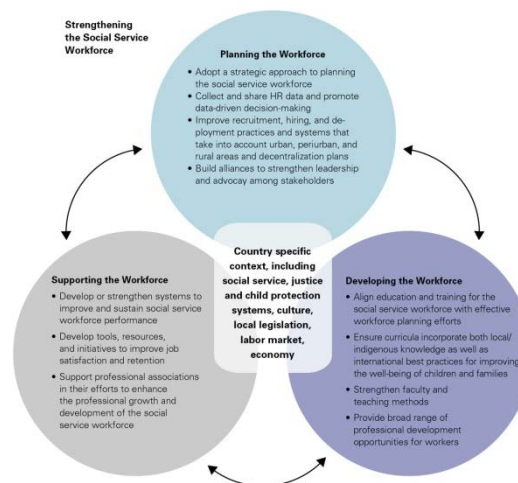
In addition to these country-specific examples, Dr. Adams stressed USAID’s commitment to working alongside the Global Social Service Workforce Alliance to grow the Alliance membership, advance knowledge about social service workforce strengthening, create new cross-border networking opportunities, and raise the profile of the workforce worldwide.

### Panel 1: Planning the Social Service Workforce

**Moderator: Dr. Jini Roby**, Professor, School of Social Work, Brigham Young University, USA

**Speaker: Ms. Joyce Nakuta**, Deputy Director, Namibia Ministry of Gender Equality and Child Welfare, Directorate Child Welfare Services, Division Child Care, Namibia

Dr. Jini Roby discussed the necessary components of a social service system that adequately plans, trains and supports the social service workforce. She provided a definition of the workforce, outlined its duties and roles, and listed steps for strategically planning for an effective social service workforce. This requires a policy foundation, implementation structures and role, resources (including human resources—the workforce as well as supervisory personnel), programs and services to link into, and monitoring and evaluation.



Policy is the foundation that launches serious system building. In many countries there is currently no policy foundation for the workforce, resulting in a lack of a legal mandate, leading to paucity of resources and the lack of a unified vision for development. It is necessary for policy, resources, and monitoring and evaluation to work together in order to create and strengthen the social service workforce.

The social service workforce is comprised of many cadres of trained workers who

address economic and social vulnerabilities across multiple sectors including child protection, social protection, health, justice, education, gender, community development, immigration and labor. Where there are vulnerabilities, this workforce is necessary. They provide tangible assistance such as cash, food, medication, and clothing; in-kind assistance such as medical services, birth registration, and housing support; social services such as case management, referrals, counseling, and community empowerment; and administrative and managerial services such as supervising, coordinating, advocating, mediating and planning.

Social welfare workforce planning should be captured in a National Strategic Plan (NSP) of human resource development. When creating strategic plans, it is important to involve stakeholders from all sectors, including community representatives and external partners. The NSP is shaped by reviewing current policies as well as advocating for gaps in policy, assessing urgently needed services as well as those that are most important in the long run, and analyzing the current vs. desired capacity of the workforce. Once a strategic plan is finished, it should include the baseline assessment, target goals, roles and organizational structure, resources needed, an evaluation plan, and the incremental steps that need to be taken to achieve the goals of the plan.

### **Joyce Nakuta: *Strengthening the Workforce at the Community Level: Results of strategic planning in Namibia***

Ms. Nakuta provided a case study of workforce strengthening through a strategic planning process completed by the government of Namibia. All strategic plans in Namibia stem from Vision 2030. From this vision, national development plans are created and funding for specific initiatives is allocated.

Ms. Nakuta gave an overview of the workforce at the community level. Each sector of the government has frontline community workers, but this presentation focused on health extension workers (HEW). The vision of the Ministry of Health and Social Services (MHSS) is to be the leading public provider of public health and social services. They are doing this by developing a formalized and structured plan for community based health services, mobilizing resources, advocating for implementation of decentralized services, and establishing a monitoring system.

Ms. Nakuta then described the structural background of the planning process. The MHSS was able to successfully lobby the cabinet to secure funding for this initiative. USAID and UNICEF worked in collaboration with the government of Namibia to provide resources and the necessary technical support for this new programming. The MHSS provided the leadership to present a unified approach for service provision rather than fragmented efforts from nongovernment organizations and community based organizations. The government used existing training, administration, and monitoring and evaluation programs to strengthen the system of HEWs to provide quality public health and social services through the Namibian government.

National Census data was used to approximate the number of HEWs needed to serve the total population of Namibia. It was estimated that 1 HEW would be needed for every 500 people, with a greater number of HEWs in more sparsely populated areas so that HEW cover a smaller geographical area. Other factors that determine the allocation of HEW include availability of public transport and basic services. This initiative has been promised funding through 2017 and served 11 districts of Namibia in its first year.

Namibia wants to increase the number of HEW to meet the goal of Vision 2030 in order to make health and social services more accessible, particularly in rural areas. HEWs empower communities to play a role in improving their own health status and provide key social services. HEWs screen for health problems, provide support, educate communities on available social services, refer individuals to services, and provide follow up services. The HEWs also have knowledge of services across many sectors of government and are therefore able to link community members to other services as well, such as substance abuse prevention, effective parenting, prevention of violence and abuse, and family strengthening.

### **Questions & Answers from Symposium Participants**

*What are your views of the most crucial roles for CSOs, NGOs, and the private sector in planning, strengthening and supporting the overall system and the workers?*

Ms. Nakuta responded that one of the key roles they could be play would be to identify what areas of support are needed and to make the proper referrals through existing systems in order to avoid duplicating services already available. Dr. Roby agreed that since NGO staff is on the ground in these communities, they can help in assessing the most urgent and critical needs. NGOs and CBOs can also join in the government efforts in creating an umbrella under which social services can be developed.

*What strategies were most effective in getting support from the Ministry of Finance?*

Ms. Nakuta stated that because the HEW program started a while ago, there was strong evidence and a track record that showed both the need for and success of their services.

*Could you talk more about the supervision aspect? What kind of training efforts in service opportunities are you seeing and what would you recommend?*

Ms. Nakuta stated that there is still a gap in supervision and planning in this area is ongoing. Supervision for HEWs is lacking because a natural supervisor is a nurse in a clinic, and often the HEW are too far away from a clinic for adequate supervision. It is necessary to think through this in the planning process. Dr. Roby added that structurally the supervisory role has not been identified and therefore it is often left out of the official plan. She said that in some contexts, where the necessary supervisory structure is missing, it is necessary to develop different models of supervision such as peer support. She emphasized that the workforce planning needs to anticipate building the experience and resources to provide effective supervision as part of the system development.

*How do you coordinate at the community or regional level with the HEW program?*

Ms. Nakuta responded that the HEWs are involved in community childcare forums at the regional level, and that those forums are the coordinating structure at the constituency level as well. Both have a role to identify and refer and make sure services are delivered to community members. The Global Fund helps support these forums. Dr. Roby stated that while these structures exist, they are often very poorly supported. She offered congratulations to Namibia on these supported mechanisms, and that we all need to support these mechanisms by giving them a place at the table.

*How do you ensure continuity for frontline workers without fear of them resigning and looking for a job in a different sector?*

Ms. Nakuta acknowledged this is a problem which is difficult to stop. One method for doing so is to make workers a formal part of the organizational structure and make sure that their employment and funding is permanent. Employers must commit to supporting the workers. Dr. Roby offered that in some countries, being a government worker carries social status. Having a clearly labeled office and a plan of upward mobility help to attract and retain staff.



*Planning is a dynamic process. How do you use data from previous assessments? Why at this point and time is it helpful to do another assessment and how do you plan to use that information?*

Ms. Nakuta shared that when Namibia first completed its first National Plan of Action for Orphans and Vulnerable Children 10 years ago, it focused on HR gaps that needed to be filled to implement that plan. Namibia has just passed the childcare protection act, which includes new child care initiatives relevant to the situation currently facing children in the country. They are now advocating for enough human and financial resources to address these new initiatives.

*What is the role of formal social work education systems in planning the social service workforce, in terms of preparing future professionals to research and analysis and supervision within a country?*

Dr. Roby pointed out that it is important to institutionalize formal social work training, and that the Ministry of Education as well as institutions of higher education are important stakeholders for this reason. She shared the experience of Cambodia, where there were no degree programs just a few years ago, but now there is a BSW and MSW program.

*Could you provide specific examples of strategic advocacy from the MHSS in Namibia to the cabinet for domestic financing?*

Ms. Nakuta shared that in the instance of HEWs, while hard data was provided, there was also an outbreak of Cholera in one of the northern regions. This instance was also used to demonstrate the need for HEW.

## **Panel 2: Developing the Social Service Workforce**

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

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

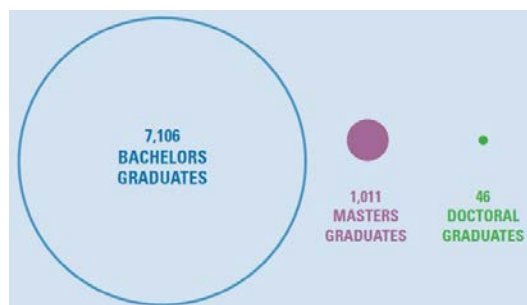
**Ms. Zenuella Sugantha Thumbadoo (Zeni)**, Deputy Director, National Association of Child Care Workers, South Africa

**Mr. Ummuro Adano** introduced the panel by emphasizing the importance of continuing to develop the workforce through education, training and continuing professional development. Putting together an integrated system that links planning, developing and support for the workforce is important to its performance and sustainability.

### **Dr. Robin Sakina Mama: Preparing a professional workforce through university degree programs: Issues and considerations**

Dr. Mama's presentation focused on the role of higher education and training in developing the workforce. She cited data from the State of the Social Service Workforce 2015 Report. She began with an overview of the three types of education programs: university degree, diploma, and certificate. These programs offer a range of educational opportunities from basic foundational skills to the development of career ladders.

First, degree programs are those that are officially recognized by the host country and are provided by universities. They can include bachelor's degree programs (3-5 years), master's degree programs (2-3 years), and



doctoral programs. The majority of the programs identified in the report focus on social work although other professions were identified as important to the social service workforce. Some of the challenges present in university degree programs include having few master's and doctoral degree holders to teach in local universities at the bachelor's degree level. This leads to students being educated in other countries and frequently not returning to their home countries, where there is often a lack of trained workers. Without training at the advanced level, it is difficult to develop research that is country- and context-specific, resulting in a heavy reliance on Western models of social work.

The second educational program, the diploma program, is oftentimes completed in lieu of a degree or as a post-graduate program. These programs can be offered by universities, vocational schools or accredited training centers. Twelve of the countries featured in the report have a diploma program, which are usually much shorter than a degree program and range in length from 6 months to 2 years. Diploma programs are usually thematically focused, and in the countries profiled within the report they fall into three broad categories: community oriented, social work focused, and other subjects, such as, child development, counseling psychology, medical and health counseling, and psychosocial care, support, and protection.

The third type of education program described in the report is certificate programs. These are training programs that are certified by the government or university in order to promote standardization. In the countries surveyed for the report, more than 5,000 people were trained in certificate programs in 2014, making them more common than degree programs which had 3,400 individuals trained in the same timeframe. While certificates can be macro-oriented, the majority are micro-focused.

Dr. Mama then presented the issue of faculty recruitment and retention from a separate study conducted by the Alliance with funding from the National Deans and Directors of Social Work. There are many recruitment challenges, including a shortage of social work faculty. Many programs must recruit faculty from abroad, which decreases context-specific training. Regulations and policy restrictions are also a problem. Many universities are not able to offer incentives. Finally, there is competition with other sectors recruiting qualified faculty candidates, as some social workers who are qualified to teach take jobs in the public or private sector because of financial incentives or a locally heightened social status. She concluded by stressing the importance of creating a faculty pipeline and supporting low- and middle-income countries in developing a body of research and scholarship of social work within their own countries.

**Ms. Zenuella Sugantha Thumbadoo (Zeni): How competency frameworks help to inform the development of community level workers**

Ms. Thumbadoo discussed the work of the Interest Group on Paraprofessionals in the Social Service Workforce, an interest group comprised of 35 Global Social Service Workforce Alliance members in 10 countries. Since its launch in October 2013, a major focus of the interest group has been developing a set of guiding principles and a competency framework for social service paraprofessionals. Competencies are categorized as generic for all types of social service paraprofessionals or specific to child and youth care workers (CYCW).

This competency framework is necessary for several reasons. First, there is no recognized definition for a paraprofessional social service worker globally or regionally,

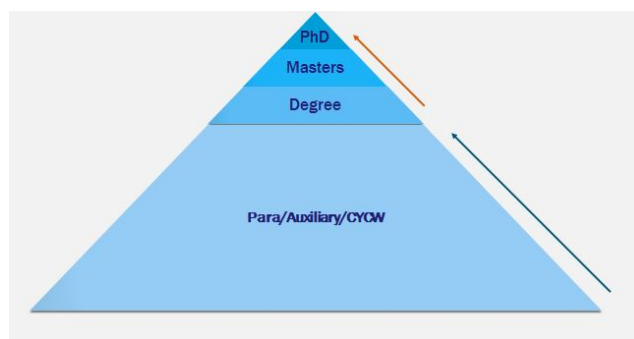
particularly in the African context. Because paraprofessionals take on many different roles, there is no collective identity amongst this cadre of workers in the social welfare system.

Ms. Thumbadoo described a set of guiding principles that are meant to provide a basis for the development of programs and activities promote the planning, development and support of the para social service workforce. She provided an example of an overarching principle that focuses on utilizing a strength-based perspective, which recognizes the assets of groups and communities. She highlighted a principle related to planning the workforce that addresses the importance of having clear job descriptions including the functions, roles and skills necessary to fulfill paraprofessional duties. Related to developing the workforce, she provided an example of a principle promoting the creation of clear career paths for paraprofessionals, acknowledging the importance of opportunities to be upwardly mobile. In terms of supporting this workforce, she gave an example of a principle focused on providing adequate and supportive supervision that is relevant to the context and ensures adherence to any policy or legislative framework that clarifies roles and responsibilities and guarantees accountability and rights.

Ms. Thumbadoo also described the content and process for developing the competency framework. It was designed by the interest group by looking at the functions of paraprofessionals and determining the practice competencies necessary to perform that function. A similar process was used to develop competencies specific to CYCWs.

After developing these sets of competencies, they were validated during the FICE Kenya Child and Youth Care Conference in April 2015 with a group of community health care workers. These workers confirmed that they carried out many of the functions, but desire to have higher qualifications and be recognized as part of a profession. Many of the paraprofessionals had a great deal of training, but felt they had no professional identity and no career development path.

Ms. Thumbadoo then described the South African experience of developing the paraprofessional CYCW workforce. An accredited training was developed for CYCWs under a model of community-based care for vulnerable children called Isibindi that caught the attention of the South African Minister of Social Development. This led to a plan to increase these workers to 10,000 over a five-year period. Now at the end of their second year, this project has trained 4,402 CYCWs through 309 Isibindi projects. There are opportunities for upward mobility with degree programs as well as opportunities for licensure at both the paraprofessional and professional level. More than 6,000 CYCWs are in the process of being licensed after the recent initiation of an official registration process through the South African Council for Social Service Professions (SACSSP).



## Questions & Answers from Symposium Participants

*What attention has been given to the combination of practice experience that's associated with capacity to deliver effective training and education at the three levels?*

Ms. Thumbadoo shared an example from South Africa. There is a recognition of prior learning (RPL) process that looks at the practice knowledge of those who have volunteered to provide services at the community level and see how this is relevant to current educational practices.

*Do you see a role of donors and implementing partners in helping to guide governments in making hard human resource choices? Have you discussed whether resource-poor countries should try to integrate social welfare competencies into the community health care extension worker cadre?*

Dr. Mama stated that degree programs are expensive, particularly doctoral programs, but there must be thought about having upward mobility from certificate programs to degree programs. People want to know where they are going. Diplomas and certificates are a good place to start, but we need to have a plan for other higher education.

*How do advanced social work degrees influence the domestic approaches to social work and are there examples of in-country doctoral programs creating indigenous social work practices?*

Dr. Mama commented that when you have people who are trained in-country, they are naturally much more in touch with local contextual issues. They will develop evidence-based practices that are country-specific. That is one of the values in having doctoral programs in country. A member of the audience shared her own experience working in northern Uganda. The social work program there conducted their own research on indigenous practices, which has led to funding to compare indigenous practices and western practices.

### **Panel 3: Supporting the Social Service Workforce**

**Moderator: Ms. Silke Felton**, Interim Senior OVC Advisor OGAC / Impact Mitigation Specialist PEPFAR Swaziland

**Speaker: Dr. Natia Partskhaladze**, UNICEF CEE/CIS and Chairperson, Georgian Association of Social Workers and Iv. Javakhishvili Tbilisi State University, Georgia

**Ms. Silke Felton** opened the panel by discussing the case of supporting the social service workforce in Swaziland. With a population of over 1 million, Swaziland has 40 government social workers with only four who have degree training. With this small number of social workers and almost half of Swaziland's children categorized as orphaned or vulnerable, there was recognition that the social welfare directorate needed to be reorganized, re-planned and professionalized. Efforts at restructuring did not make progress until PEPFAR began to work with cadres that were already in place, working at the district level with mentoring and on-the job training in customer service and case management. Social workers started to feel more empowered, and at national level the Directorate made a better case for enlarging and professionalizing the work force. In all, the government will add 55 positions for social workers. Ms. Felton noted that the Swaziland experience shows that planning (re-planning) and supporting the workforce is not always a sequential process, but dynamic and iterative.

Ms. Felton stressed the important role professional associations play in supporting the social service workforce. A total of 12 of the 15 countries represented in the State of the Social Service Workforce 2015 Report have a professional association. These associations range from 100-23,000 members. Associations provide a code of ethics for their members, host annual member conferences, support individual social workers,

promote the profession by providing continuing education, and advocate for social policy with their governments.

### **Dr. Natia Partskhaladze: The role of professional associations in supporting statutory social work systems**

Dr. Partskhaladze discussed the formation and growth of social work in Georgia through the Georgian Association of Social Workers (GASW). Social work as a profession in Georgia began just 15 years ago. The GASW was established 10 years ago with just five social workers. Its mission was to foster the development of the social work profession in Georgia. The goals of the association included developing academic programs in social work, establishing professional standards and ethics, and lobbying for social policy infrastructure. The association has since grown to 600 members including social workers, paraprofessionals, and other professionals dedicated to improving social services. The GASW has strong partnerships with the government, academic institutions, service providers and individuals in need of social services. In addition, the GASW is a member of the International Federation of Social Workers and partners with the International Council on Social Welfare and the Global Social Service Workforce Alliance. They are supported by USAID, UNICEF and the European Union.

Accomplishments of the GASW include supporting child care reform through the establishment of child care standards, an introduction of a monitoring system for child care workers, and developing a system of internal supervision using qualified social workers in order to provide continuous support and avoid burnout. Many of these accomplishments have been codified in the Georgian government by statutory decree. The GASW also contributed to reducing the number of children institutionalized in Georgia from 5,000 to 85.

Comparatively, half of the countries in the region do not have a uniform legal definition of social work or standard qualification requirements for state child welfare social workers. Two-thirds do not have registration and regulation requirements for social workers, and half lack mandatory minimum standards for state child welfare workers. The GASW is proud of their accomplishments, but recognizes that further collaboration is needed to improve these standards throughout the region.

### **Questions & Answers from Symposium Participants**

*How did the association grow and increase its legitimacy with the government?*

Dr. Partskhaladze responded that the initial core group was very dedicated, and the commitment of people who have joined has been important. GASW also offers the only source of training and resources that have been translated. They have worked with academia to create modules to raise awareness of the field with other academic fields such as psychology and sociology. The GASW also allows membership from those who do not have a social work degree, allowing for broader participation.

*In regards to deinstitutionalization and family care in Georgia, what does that shift mean for the social service workforce in Georgia?*

Dr. Partskhaladze stated that it was a little easier in Georgia because the profession is so new and there was no need to change the mindset. For other cadres that have been in place longer, such as health care workers, it was tougher. This means that social workers therefore are working in an environment that is harder to change. In order to change mindsets, it has taken collaboration with many different sectors and international partners to create community-based services that are sustainable and promote deinstitutionalization.

*How did you advocate with government for change, as government is often the hardest to persuade. What strategies were used to do this?*

Dr. Parskhaladze commented that the GASW was persistent and committed, constantly trying to work with the government. Recognizing high levels of turnover in the government, persistence is key. A few government officials were champions of the field of social workers, which helped.

### **Closing Remarks**

**Dr. James McCaffery, Senior Organization Strengthening Specialist, Training Resources Group (TRG), and Chairperson, Global Social Service Workforce Alliance Steering Committee, USA**

Dr. McCaffery closed the symposium by recapping the key messages from the day. He acknowledged and thanked everyone participating in the symposium for trying in one way or another to strengthen the social welfare system to best support vulnerable children and families.

“Workforce data is critical in social service strengthening. What gets measured can be used to inform evidence-based decision-making.”

The State of the Global Social Service Workforce 2015 Report is a good start in monitoring the social service workforce, and he encouraged the audience to contribute to further evidence gathering for future reports.

*“Workforce data is critical in social service strengthening. What gets measured can be used to inform evidence-based decision-making.”*

*Dr. James McCaffery*

He concluded by thanking the contributors to the report, the presenters at the symposium, the many participants and those who helped with the event. He stressed that this work remains ongoing and one of the ways to get further involved is by becoming a member of the Global Social Service Workforce Alliance by visiting [www.socialserviceworkforce.org](http://www.socialserviceworkforce.org).