

THE ROLE OF SOCIAL SERVICE WORKFORCE DEVELOPMENT IN CARE REFORM

Better Care Network and the Global Social Service Workforce Alliance

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INTRODUCTION

Protecting children without **adequate family care** is a challenge faced by families, communities, and governments in every country in the world. Millions of children are separated from their families and living in **alternative care** even though most have at least one living parent or relative willing to care for them with the right support; countless others are at risk of being without adequate family care.¹ Countries increasingly understand that protecting children must be a top priority, and that failure to do so can and does impact all sectors of a society. There is growing recognition of the central role of family and child development and well-being, and of the detrimental impact that loss of family care has on children. Increasing numbers of countries are working to make changes to their child care systems and mechanisms to promote and strengthen the capacity of families, prevent separation, and ensure appropriate family-based alternative care options are available. Countries also increasingly understand that a strong social service workforce is integral to these care reforms.

Definitions of **key terms** can be found in Appendix D

This working paper explores the topic of social service workforce strengthening as it relates to **child care reform**. It is intended to be a useful resource for reform efforts and a practical and accessible overview for use by policy-makers, practitioners, and service providers in contexts that are either considering the implications of care reforms for their social service workforce or are already engaged in a process and are searching for strategies to align and increase the effectiveness of the workforce to implement care reforms.

The paper illustrates key issues by drawing on the experiences of Indonesia, Moldova, and Rwanda, three countries in the process of reform, each within their own context and history, social and political system, protection structure and services, and social service education system. The case studies highlight each country's reform processes and identify learning in terms of the approach taken to strengthen and align the social service workforce given the needs of the system, the scope and actors involved, and the different care reform strategies and outcomes. The case studies are presented with recognition of the ongoing and dynamic process and are

KEY RESOURCES

Care reform

Better Care Network Online Library
www.bettercarenetwork.org

Why Care Matters: The Importance of Adequate Care for Children and Society
www.familyforeverychild.org

Moving Forward: Implementing the Guidelines for the Alternative Care of Children
www.alternativecareguidelines.org

Social service workforce development

Global Social Service Workforce Alliance Resource Database
www.socialserviceworkforce.org/resources/resource-database

Supporting Families, Building a Better Tomorrow for Children: The Role of the Social Service Workforce
www.socialserviceworkforce.org/symposium

Framework for Strengthening the Social Service Workforce
www.socialserviceworkforce.org/framework-strengthening-social-service-workforce

¹ Browne 2009

examples from different stages and contexts of reform.

The paper concludes with lessons and recommendations based on the workforce strengthening strategies and learning identified from the case studies. It was informed by analysis of peer-reviewed and gray literature (see Appendix A) and key informant interviews with over 25 stakeholders (see Appendix B).

Describing Care Reform

A **child protection system** is comprised of certain structures, functions, and capacities assembled to prevent and respond to violence, abuse, neglect, and exploitation of children,² including systems of care for children without adequate parental care. In many countries formal care and protection responses within the child protection system have relied primarily on **residential care**, including institutions, orphanages, and children's homes. However, over the last 30 years there has been a growing understanding of the negative impact of residential care on child development and well-being and recognition of the critical importance of the family to children's development and social well-being.³ There is a major body of research from psychology, neuroscience, social work, and other disciplines that illustrates the importance of investing in children's early years to support this critical period of child development.⁴

Research also shows that the majority of children in residential care are not placed there because they are without a caregiver, but rather because their families are facing a range of challenges to their capacity to provide for and care for them. These challenges often result from poverty, lack of access to social services, discrimination, and social exclusion, and may also result from personal crises and emergencies affecting the household, including interpersonal and societal violence.⁵ Strengthening family care to prevent unnecessary separation of children from their families and developing alternative family-based care options for children in need of protection are important entry points for reform of the child care system but also of the broader child protection system. In contexts where there has been a heavy reliance on residential care for children, **deinstitutionalization** and **reintegration** of children into family care are core elements of care reform.

At the community level, informal alternative care through extended families and kin almost always constitute the first response to children facing care and protection issues. Kinship care plays a central role in the provision of both short-term and longer-term alternative care in all countries, and increasingly is central to formal responses to children needing alternative care. The role of community-based child protection mechanisms to strengthen family care and address care and protection challenges faced by children and their caregivers is increasingly understood as a major component of an effective child protection system, and as such, is of critical importance to child care reforms.

² UNICEF, UNHCR, Save the Children, and World Vision 2012

³ For a review of the evidence, see Williamson and Greenberg 2010; Csaky 2009; Faith to Action 2014

⁴ National Research Council and Institute of Medicine 2000; National Scientific Council on the Developing Child and the National Forum on Early Childhood Policy and Programs 2010

⁵ Williamson and Greenberg 2010

Regardless of the point of entry or focus, throughout the world greater attention and effort are being placed on reform of child protection systems to promote better care and greater support to families. Care reform initiatives are establishing a continuum of care that prioritizes prevention of separation and family-based care. Often such reform requires complex changes and support at different levels including laws and policies, the establishment of effective gatekeeping and regulatory mechanisms, the development of a range of services, increased public awareness, and redirection of human and financial resources toward child- and family-centered services. All of this must be coordinated within broader social service system reforms and the strengthening of other services in health, education, shelter/housing, and employment, together with the establishment of social safety nets to address access to these services for the most vulnerable families. A critical piece of care reform is an accountable, knowledgeable, skilled, and well-supported social service workforce including a range of actors from the national to the community levels. Simply put, care reform cannot happen without a workforce that is aligned with the changes and competent to help carry them out, from national legislators and policy-makers to educators and service implementers who provide direct care to children and their families.

Social Service Workforce and Its Importance to Care Reform

The **social service workforce** in child protection can be broadly defined as a variety of workers—formal and **informal**, paid and unpaid, professional and **paraprofessional**, governmental and nongovernmental—that make the **social service system** function and contribute to promoting the rights and ensuring the care, support, and protection of children. Care reform has important implications for the social service workforce, and in turn workforce development has critical implications for ensuring children’s right to adequate care. Care reform is not only about reducing reliance on residential care, reintegrating children into families, and developing alternative services, but also about establishing and delivering better preventive and family support services and helping to change workforce attitudes about the care of children.

This has major implications for the staff and the management of residential facilities where they exist, and for the local authorities, social workers, community workers, and others who have responsibility to make decisions about appropriate placements, and to establish, deliver, and oversee a range of preventive and responsive services for children and families. The workforce most fully involved in care reform might include government policy-makers, local government administrators, professional social workers, community-based workers, community volunteers, trainers, teachers and university partners involved in social work and/or child protection, leaders of social service-related professional associations, and individual care providers. **Allied workers** also play an important role in protecting children and promoting child welfare. For example, legal and judicial professionals, schoolteachers, and health workers often need to change their practice to support families through, for example, inclusive schooling or early intervention.

Building the social service workforce is a complex undertaking that involves creating appropriate and supportive legislation and education programs; developing and strengthening curricula and competencies for various levels of the workforce; helping to nurture professional associations of

and for social workers; developing licensing and practice standards; transforming the attitudes, roles and skills of the existing workforce and redirecting them towards child and family centered services; and raising awareness about the crucial role of social work to social service delivery, among other things discussed further in this paper. A better understanding of workforce needs can help a country to prioritize, plan, and make well-informed decisions about funding and strategies within child protection.

SOCIAL SERVICE WORKFORCE DEVELOPMENT IN CARE REFORM: CASE STUDIES

The following section presents case studies of three very different countries and contexts engaged in the process of reforming their child protection and care systems. These include:

- **Moldova**, a post-Soviet state with a history of exclusive reliance on a state-provided social welfare system
- **Indonesia**, with a social welfare system that is highly unregulated and heavily reliant on private, faith-based organizations for the delivery of services, in a context of radical decentralization of the government system
- **Rwanda**, with a community-based, informal social support system and strong cultural tradition of protection for children that was radically challenged in the post-genocide context and with a centralized national government taking comprehensive steps to redefine social service delivery.

The case studies begin with an overview of the reform context and highlight policy changes and stakeholders engaged in the reform. Each study then provides information on planning for, developing, and strengthening practice approaches for the social service workforce and developing, resourcing, and supporting the social service workforce within care reform.

Republic of Moldova

Overview of care reform context and workforce development

Moldova's reforms for children and families are made complex by a history of exclusive reliance on state-provided social welfare systems. Part of the Soviet Union until 1991, it is a small country with a population of 3.5 million people, 700,000 of them children under the age of 18.⁶ Moldova is the poorest country in Europe, with 16.6% of the population living below the national poverty line⁷ and many families struggling to care for their children.⁸ Issues such as lack of employment opportunities, limited access to social services, migration for employment, human trafficking, child labor, and decentralization continue to add to the complexity and challenge of social sector reform.

⁶ National Bureau of Statistics of the Republic of Moldova 2014

⁷ The World Bank 2014a

⁸ Ministry of Labor, Social Protection and Family and UNICEF 2009

Independent Moldova inherited a child protection system heavily reliant on state-owned and operated residential care as the primary protective measure for children in vulnerable situations, with heavy investment by the state in the infrastructure required for maintaining the **residential institutions**.⁹ Community-based services were practically nonexistent before the mid-1990s,¹⁰ and nongovernmental organizations (NGOs) had virtually no role in social protection and welfare. The system itself actively encouraged parents to leave children in care, which diminished parental, family, and community responsibilities for the protection of children. The Government of Moldova, with the support of international partners and NGOs, has worked hard to change the system. In 2007, Moldova led the region in the proportion of children in residential care, with more than 11,000 children in 65 residential institutions and boarding schools.¹¹ As of January 2014, Moldova had decreased the number of residential care facilities to 43 with 3,909 children in care.¹² In 2007, the government launched a national child care system reform¹³ based on over a decade of work, mainly by NGOs such as EveryChild (later the national NGO, Partnerships for Every Child), Hope and Homes for Children, Lumos Foundation, Keystone International, and others, to highlight the impact of residential care, raise awareness, and pilot models of care.

The National Strategy and Action Plan for the Reform of the Residential Childcare System 2007–2012 aimed to establish a network of community social workers, develop family support services and alternative family placement services, and reorganize residential childcare institutions.¹⁴ As part of the strategy, a Master Plan for Deinstitutionalization was approved in 2009. An important part of the reform process was work by government, nongovernmental partners, UNICEF, academic institutions, and others on the development and strengthening of the policy framework, including laws, regulations, strategies, and action plans. Equally important was the question of how to transform the then-existing workforce of thousands of employees of the residential care system and build a social service workforce able to reintegrate children into family care and prevent separation.

In May 2014 the Ministry of Labor, Social Protection, and Family launched a new National Strategy for Child Protection 2014–2020¹⁵ informed by the evidence base built through development of social service systems including development of regional directorates for social assistance and family protection and their child and family protection offices and numerous pilot programs. The Ministry of Labor, Social Protection, and Family and its partners are using successes from the care reform process to develop reform policies and strategies in other sectors such as support for persons with disabilities and the elderly, education system reform, and development of inclusive education, as well as to further reform the overall child protection

⁹ Evans and Bradford 2013

¹⁰ Key informant interviews with Government of Moldova and NGOs

¹¹ Ministry of Labor, Social Protection and Family 2014

¹² Ibid.

¹³ National Strategy and Action Plan for the Reform of the Residential Childcare System 2007-2012

¹⁴ Evans, P. (2013). Evaluation Report: Implementation of the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012. *Report for UNICEF*.

¹⁵ Ministry of Social Protection and Family 2014; National Strategy for Child Protection 2014-2020

system.¹⁶ The 2013 Law on Special Protection of Children at Risk and Children Separated from Parents¹⁷ introduced child protection specialists, a new workforce at the community level, as part of the decentralized system of care and protection for children.

Care reform in Moldova based on developing a system of family-based care has required raising awareness and engaging a wide range of stakeholders to address related issues. These activities have included working groups for policy reform and development of regulations, public awareness campaigns, training and capacity building, and the development of pilot initiatives.

Working groups at the national level have been strong drivers of change and include members of the government, local authorities, and NGO partners. Among other achievements, these groups developed policies, standards, and strategies, monitored large reform projects, developed public awareness campaigns, advocated to various government ministries (for example, the Ministry of Finance for redirection of funds from closed residential institutions), planned jointly for workforce needs, reviewed training curricula, and agreed on standardized competencies and training agendas (for example, community social work and foster care training). The latter has helped to promote a consistency in training, roles, and the services provided by the various workforce cadres. In 2014, the National Working Group for Child Protection developed an interagency collaboration mechanism¹⁸ between social assistance, health, education, child protection and safety (police) on child protection issues and on the reduction in the infant mortality rate. The mechanism aims to bring together the various workforce cadres responsible for children's care and protection.

Planning for, developing, and strengthening practice approaches for the social service workforce

Within the child protection reform process, there was growing awareness that sustainable care reform required that the workforce involve those with interconnected roles and responsibilities for child protection and family welfare, such as residential care workers, foster carers and others working in alternative care services, and allied personnel such as health workers, teachers, and social service providers. Moldova's reform effort included the recruitment and training of a variety of cadres of the workforce including actors at national, district, and community levels, including local authority officers, social workers (managers and supervisors), and community social workers. Community social workers have typically been recruited from within the community and some do not have social work degrees. Many of the social workers were working within the local authorities or recruited from the graduates of newly developed university programs in social work. Technical assistance from NGOs was especially helpful in building the capacity of local authorities, service providers, and service managers.

Under the new mechanism for interagency collaboration, professionals from different sectors (social assistance, education, health, police) are trained to collaborate on identification,

¹⁶ Key informant interview with V. Dumbraveanu, Child Protection Department of the Ministry of Labor, Social Protection, and Family

¹⁷ Government of Moldova 2013

¹⁸ Government of Moldova 2014

reporting, assessment, care planning, and intervention in child protection cases. Learning that inclusive education was an integral part of care reform, government partners trained school administrators, teachers, and other educational professionals on reforms that were initiated in this sector. This helped teachers to work with children with special educational needs and benefited children who had been deinstitutionalized.

An important part of the care reform process in Moldova has been the piloting of various practice approaches to service delivery and testing of workforce strengthening models needed to scale up the successful approaches. The push for child care reform led to major reform of the provision of social services with a focus on social work and building the capacity of local authorities to undertake their decentralized protection responsibilities. Initially NGOs, with support from international donors, developed and tested approaches to family reintegration, foster care, services for children with disabilities, family support services, family-type group homes, and others; providing training and capacity building for various cadre. The United States Agency for International Development (USAID)-funded program with Every Child/Partnerships for Every Child (2010–2013) worked to scale up and integrate such services into the framework of local government directorates for social assistance and family protection as part of closure of institutions in three target regions and included workforce development for various social service cadres.¹⁹ What has developed are two categories of social service workers: 1) social worker supervisors and service managers under the local authorities have responsibility to develop and oversee services such as family support, reintegration, and alternative care and supervise community social workers; and 2) community social workers have responsibility for direct work with vulnerable populations, including children and families, and to provide connection to cash assistance and other social protection programs and interventions. Under the new Law on Special Protection of Children at Risk and Children Separated from Parents, child protection specialists are to be deployed in every community through mayors' offices to work with at-risk children and child victims of abuse and neglect.²⁰

As family-based alternative care for children was developed, it was critical to have a well-prepared network of providers including foster carers and those working in family-type children's homes. There are now providers that have been a part of the protective system of care for children for many years, and they are able to share their experience and train others.

THE WORKFORCE IN MOLDOVA

Social work specialists working within local authorities (social assistance and family protection directorates) at the regional level—one for child protection services, one for children in out of home care, and one for family protection

Social workers working at the community level to provide direct services to vulnerable children and families, including referral and linkage to social welfare

Care providers such as foster carers provide care for children who are without adequate parental care

Child protection specialists (designated under a new law) will work with children and families at the community level, interfacing with the community social workers.

¹⁹ Bradford 2014

²⁰ Government of Moldova 2013

NGOs were important partners in developing case management and other methodologies that the workforce would implement. This included developing, testing, and replicating systems of social work supervision. Using participatory case review was one approach that was used to routinely strengthen workers' skills. Review of case files and discussion of clients provided practical training that dramatically improved practice and provided social assistants and social workers with motivating support.

The capacity to improve quality and management of services by district social service managers was increased by the participation of children in monitoring services, initially an initiative of an NGO but later replicated by government. Children, including some who had been reintegrated from residential institutions, interviewed and visited children in foster care and made recommendations to the regional government on service improvements with the help of adult coordinators. Not surprisingly, children brought fresh perspectives to the exercise and were able to talk with children in care differently than adult workers could. Social service managers, decision-makers, and protection specialists cited the children's perspectives as important in improving their ability to consult with children and design more "child-friendly" programs.²¹

INNOVATIONS IN ACTION

Working to Increase Workforce Understanding and Use of Child Participation in Service Provision

Groups of children ages 12-18 were formed by the NGO Partnerships for Every Child to increase child participation. The advisory boards of children (ABC) were mixed-gender groups and included children reintegrated from residential institutions, children living with their families, and children in foster care. Through training and ongoing support, these young people learned to be active participants in advocacy for care reform and the development of alternative services, and were found to be important voices in building workforce capacity.

One of the activities of the ABC was to design and implement monitoring of foster care. "The biggest success in this aspect was the reports that children produced and presented to key decision makers. Children were very sincere in telling what they saw and what needed to change." Regional social workers agreed that their understanding of services and capacity to implement those services improved after hearing from the children's groups.²² This model has since been incorporated into local structures and is being considered by the Ministry of Labor, Social Protection, and Family as a model for national replication aimed at increasing the skills of professionals to involve children and providing an avenue for service improvement based on children's perspectives.

Developing, resourcing, and supporting the social service workforce

The challenge and the opportunity of building a system of community-based social services to support care reform in a country where this did not exist meant that social work education had to be built from the ground up. The development of university-level social work programs began in 1997.²³ Given the centralization of state structures under the Soviet model, previous education systems and the workforce they produced were highly bureaucratic. Moldova has gone from no social work education (previous workers might have been educated in sociology or social pedagogy, however had little to no social work focus) to a national network of over

²¹ Bradford 2014

²² Ibid.

²³ Davis 2008

1,000 social workers,²⁴ four university-level and one college-level (two-year) social work training programs, and the development of a workforce of social service managers in over 30 directorates for social assistance and family protection. Considerable efforts have been made to develop and unify university social work curricula (in four universities), develop a code of ethics for social workers, strengthen the practical aspect of the training, develop social work supervision mechanisms, develop systems for students' practicum or field placement, and work to ensure that university training is informed by emerging social needs and practices. Academics, in addition to their provision of pre-service education, have also been involved in evaluation of practice and delivery of in-service training. Importantly, their work on the development of practice approaches and standards happened prior to the development of policies and university-level curricula.

Care reform has not been without workforce development challenges. Community social workers are responsible for all categories of vulnerable people and have large caseloads, which is perceived by social service workforce leaders as an impediment to addressing the needs created by the care reforms. The challenge for frontline workers becomes how to prioritize those clients most in need and make effective referrals, given the limited supports and services. In some communities, the community social service actors lack understanding of their roles and responsibilities in child protection. This is perhaps a challenge of decentralization and changing mentality from a system that depended primarily on national government to address the needs of vulnerable people and placed little direct responsibility in the hands of very local entities.

National-level working groups and regional authorities advocated to the Ministry of Finance and regional commissions to have the funds from the closure of residential institutions redirected to community services and the new workforce. This resulted in regulations for the reallocation of funds at the national level in 2012. The level of redirection of funds varies from region to region. In some regions, local authorities have succeeded at reallocating public funds from closed institutions to the employment of staff to provide alternative care services, including foster carers and care providers for family-type children homes (a type of foster care for up to seven children). Projects, such as the USAID-funded one mentioned earlier, have been instrumental in assisting regions in shifting both human and financial resources toward support for family care. Moldova has a strong network of foster carers that is active in advocating for further reform. In pilot deinstitutionalization regions most care providers have been incorporated into local authority structures, and as budgets from closed institutions were decentralized funds were reallocated to support family-based alternative care, particularly foster care and small group homes.

A major challenge of the reform process was managing the change for state-employed workers from residential institutions that closed. Participation of staff and administrators from residential institutions in planning sessions, change management workshops, retraining, and support in

²⁴ In Moldova the term "social assistant" refers to the professional-level social worker with a social work or related degree and certain level of training while the term "social worker" refers to a community worker, not necessarily with a social work degree, responsible for work related to social welfare for vulnerable populations including children. All community social workers have received initial and ongoing training.

finding other employment were effective strategies to minimize resistance to deinstitutionalization and closure of institutions. Many workers, particularly those with higher education, moved into teaching positions within mainstream community schools where there were vacancies. Some became educational support specialists under new inclusive education strategies, while others were absorbed into community services such as day care centers or small group homes. Some became foster parents. Others took severance packages and retired.

INNOVATIONS IN ACTION

Training of the Allied Workforce in Inclusive Education (NGO partners)

A number of organizations in Moldova have provided training and support in inclusive education to community schools and their teachers. For example, The Partnerships for Every Child Project supported by USAID built the capacity of the education workforce in order to give the teachers the skills needed to work with children coming out of institutions and to counter the negative attitudes of education professionals towards vulnerable children and their families.²⁵ “The training in inclusive education that the community school teachers received facilitated children’s smooth integration into their new schools. It gave teachers the necessary skills to work with reintegrated children and, critically, it helped to change attitudes to be more accepting of and compassionate towards these children. The general positive and accepting attitudes of most classmates and parents of classmates also made it easier, meaning that most reintegrated children seemed to settle in their new schools fairly quickly even though their biggest fear about returning home had been not being able to cope and/or not being accepted in their new schools.”²⁶

Indonesia

Overview of care reform context and workforce development

The provision of social services is particularly challenging in a context of geographic and population size and spread like that of Indonesia and is made more difficult by past conflict and natural disaster and widespread poverty. Indonesia has the fourth-largest population in the world and 30% of its citizens are under the age of 14.²⁷ Fifty-six percent of Indonesian children live in households with per-capita consumption of less than \$2 per day.²⁸ Indonesia has the world’s largest Muslim population (88% of the population), 300 ethnic groups, and 250 languages.²⁹ In the late 1990s, Indonesia emerged from decades of violence and conflict as a new democracy. In 1999, a political decentralization process included transfer of responsibility for all public services to the district and local level of government, making Indonesia one of the most decentralized nations in the world.³⁰

A comprehensive law on child protection (Law N0.23) was enacted in 2002 to integrate key principles of the United Nations Convention on the Rights of the Child.³¹ The UN Committee on the Rights of the Child (CRC) issued a series of recommendations to Indonesia in 2004 calling for an assessment of the situation of children in residential care and the development of policies

²⁵ Bradford 2014

²⁶ Ibid. Quote from Stela Grigoras of Partnerships for Every Child

²⁷ The World Bank 2014b

²⁸ UNICEF 2013

²⁹ Badan Pusat Statistik 2012

³⁰ Save the Children 2013

³¹ Ibid.

and programs to support vulnerable families, prevent children's placement, and enable family reunification.³² Then in December 2004, one of the largest recorded earthquakes struck Indonesia, triggering a devastating tsunami and killing more than 160,000 and displacing at least 500,000. Most families lost relatives, friends, land, and livelihoods, and social and economic infrastructures were severely impacted.³³ The emergency response invigorated efforts to establish a stronger framework for the protection of vulnerable children. The Ministry of Social Affairs began a process of review of the child protection system response in partnership with international and national partners, looking at responses in the emergency context but also longer term, with a particular focus on interventions for separated children and children in need of alternative care.

Research conducted in 2006 by the Ministry of Social Affairs in partnership with Save the Children and UNICEF found that Indonesia's child protection system relied almost exclusively on residential care³⁴ with an estimated 8,000 mostly unregulated facilities housing over 500,000 children.³⁵ The research also found that 90% of the children in the institutions surveyed had at least one parent living.³⁶ The majority of children were placed in residential care due to poverty and lack of basic services, in particular access to education.³⁷ In response to the research findings and recommendations from the Committee on the Rights of the Child (CRC), Indonesia initiated a paradigm shift in its child protection system from residential to family-based care.

INNOVATIONS IN ACTION

*Participation of children in protection systems
(Graduate School of Social Work, Ministry of Social Affairs, and Save the Children)*

In 2007 children from six institutions in two provinces received training and support to conduct a major child led research initiative looking at children's experiences and recommendations in institutional care. "For many children this was the first time they were able to mix with children from different contexts, in particular different faiths, and yet who also shared so many similar experiences. A key part of this process was enabling them to discuss these experiences and their lives, in the institutions, at school, at home in their families or in their communities."³⁸ Their research became part of the evidence for the development of the National Standards of Care for Child Welfare Institutions. Further, the facilitators who trained and supported the children were among the senior social workers involved in quality of care research and who later were also part of policy reform. Their own capacity in supporting children to carry out research and advocate on the basis of their findings was built through this exciting work.

In 2011 the Ministry of Social Affairs issued the National Standards of Care for Child Welfare Institutions,³⁹ developed by a multi-partner task force and outlining principles of alternative care, appropriate responses for vulnerable children with a focus on family-based care,

³² Committee on the Rights of the Child 2004

³³ Martin 2013

³⁴ Most facilities were found to be unregulated and privately run by faith-based organizations. See Martin and Sudrajat 2007.

³⁵ Martin and Sudrajat 2007

³⁶ Ibid.

³⁷ Ibid.

³⁸ Key Informant Interview with Kanya Eka Santi, Head of the National School of Social Work and Advisor to the Ministry of Social Welfare, Bandung College of Social Welfare

³⁹ Ministry of Social Affairs, Indonesia 2011

gatekeeping mechanisms, the role of duty bearers, social workers and other workforce cadre, and standards of care for residential facilities.⁴⁰ A national registration system for residential care facilities and a database for children in residential care were developed. Other outcomes of the wide-ranging reforms have included improvements to targeted social assistance support for vulnerable families, increases in budget allocations away from residential facilities to family strengthening programs, promotion of fostering and domestic adoption, and piloting of community services.⁴¹ The new policy framework that emerged included national standards of care, strategies for further workforce development, co-organized awareness and educational events, and improved agreement on social work education. While both policy and workforce development have been critical to improving care for children, the concrete change in practice is still slow compounded by the size of the country, the number of institutions, complex decentralization policy, and the very limited number of social service workers.

Indonesia's care reform and social service workforce development process engaged a wide range of stakeholders, including the national, provincial, district, and local governments, NGOs, UN agencies, faith-based organizations, donors, universities, social workers and professional organizations, community workers, volunteers and allied workers, faith communities, and children and families. In Indonesia stakeholders were engaged in participatory research and building the evidence base for alternative care, working groups for policy reform, training and capacity-building, and the development of pilot initiatives. Working groups helped to increase awareness, coordination, and collaboration between key actors. The reforms led to an important recognition of workforce needs. Universities, government, faith representatives, the nongovernmental sector, and children involved in the reforms became "champions" through the process. The important faith community (the largest provider of residential care in Indonesia) was a key participant in all of the initiatives, from the research to the policy reforms and the workforce development. Muhammadiyah,⁴² one of the largest operators of residential care in the country, played a key role in the care research, the development of new policies and standards on care, and the transformation of how the organization's social workers work with families.

SOCIAL WORKFORCE IN INDONESIA

Community social volunteers

An estimated 150,000 community members with "social interest" volunteers to keep watch on community social issues (limited to no social work training)

Social welfare officers (government)

5,267 professionals or paraprofessionals gather social data on individuals and families and administer social assistance (no education or background in social services required)

Social work university graduates

600 trained and placed by the Ministry of Social Affairs mostly in residential facilities or with NGOs to support cash assistance programs to vulnerable children and support/supervise social welfare officers

Source: Key informant interviews

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² The Islamic organization in Indonesia committed to social and educational activities.

Planning for, developing, and strengthening practice approaches for the social service workforce

As part of the care reforms, a working group of social work practitioners, educators, and government officials from the Ministry of Social Affairs was established in 2009 with support from Save the Children to identify and highlight what would be required to shift the paradigm away from residential care. Discussions included the workforce implications, needs, and challenges.⁴³

In the 1980s the Indonesian government had developed a network of community social workers. These are volunteers with broad responsibility for community social issues. Training, resources, support, and supervision for this cadre are often very limited and their role varies from community to community. The community workers have been seen as any person “caring or religious enough.” On the other hand, graduates from formal social work education are primarily working at the government level as bureaucrats in what are seen as civil service administration positions to manage programs or distribute social assistance such as cash transfers. Those engaged in service delivery for children are working primarily as managers of residential care facilities or of community development programs with little direct work with children or families. The social work education system and the curriculum at the university or tertiary levels lacked practice-based social work with children and families. Social work educators had limited child- and family-centered practice experience outside of residential settings, and there was no agreed-on definition of social work or curriculum between universities or training programs. All of these factors posed considerable challenge to the reform process that aimed to create a system based on an assessment of the family, best interest of the child, and the provision of a range of community level services that prioritized keeping children in families. The development of a competent, confident, and mandated workforce able to deliver child- and family-centered child protection services meant that reform of the social work system was key.

The two key national social work bodies, the Indonesia Association for Social Work Education and the Indonesia Association of Professional Social Workers, were strengthened as part of the reform process. In 2009 both bodies held national congresses during which they adopted new strategic plans and visions and elected a new leadership. In 2011 the Social Work Education Association developed and agreed on core competencies and core subject areas to be applied by all universities and schools of social work. In 2012 its members also agreed on field practice guidelines. At the same time the professional association established a code of ethics and practice standards in several settings, including work with children and families. These bodies have played significant roles in strengthening the social service workforce by developing

The role of social work associations and coalitions, such as Indonesia Association for Social Work Education (IPPSI) and the Indonesia Association of Professional Social Workers (IPSPI), has been to build consensus on the qualifications, knowledge, skills, and competencies of various levels of social workers leading to reform of the social work education system and profession.

⁴³ UNICEF and Griffith University 2012

common definitions, establishing systems of certification and professionalization, and helping to outline how the workforce should work with children and families.⁴⁴

An expanded national social work working group including IPSPI and IPPSI initiated a major reform of the social work education and professional practice systems. It collaborated with the Ministry of Social Affairs on the drafting of a government regulation establishing a process for certification for a cadre of workers including the professional social worker (with university degree), social welfare officers, and social volunteers (non-degree paraprofessionals). In 2011 a certification body for social workers and an accreditation system for social services were finally established. The first exam for social workers was in 2012 and at present there are 210 certified.⁴⁵ At the same time, partnerships between international academic institutions, Indonesian universities, and on-the-ground projects have helped to build the capacity of the social service workforce in place at various levels. Save the Children and the National Resource Center on Family Connections and Permanency at Hunter College School of Social Work partnered with 8 schools of social work in Indonesia to develop modules on child protection and child and family-centred social work practice targeted at senior social work educators and trainers, together with a practicum program. In-service training programs were developed by UNICEF and delivered through regional Ministry of Social Affairs training centers. The Ministry has invested in a professional development program for new graduates of the school of social work (Sakti Peksos), placing them primarily within residential care institutions to work with children and their families. At the same time, today many of the most experienced social workers working with children and families are still found in NGOs and not in public positions. Most social work graduates work in administrative or management positions at national and provincial levels or enter different fields or professions altogether (such as agriculture, education, and religious affairs).⁴⁶

INNOVATIONS IN ACTION

Building University Education

(Hunter College, Save the Children, and Indonesia's Schools of Social Work)

In 2009 Save the Children partnered with eight leading schools of social work in Indonesia and the National Resource Center on Family Connections and Permanency at Hunter College School of Social Work in the US to develop modules targeted at senior social work educators and trainers, together with a practicum program. Intensive training was conducted in 2010 over a two-week period with 20 senior social work lecturers from the schools of social work and social workers from the Ministry of Social Affairs. In addition to the training, there was a six-week supervised practicum program. A new set of modules and training programs were developed in 2010, in partnership with an international expert on child development and good parenting from the University of Manitoba. Six modules on child development and parenting were developed and validated through the training and practicum in 2011. Case managers and caseworkers from the Bandung Child and Family Centre were also involved in the training and the practicum. The new skills and modules are being integrated into the curriculum of the Schools of Social Work.⁴⁷ The schools were supported to design up-to-date theory-based curricula combined with practicum programs for field experience and bringing contextual realities to the classroom that address the shift in paradigm through teaching of clinical practice and specialized practice with children and families.

⁴⁴ Martin 2013, 92-97

⁴⁵ Key informant interview with Kanya Eka Santi

⁴⁶ Save the Children 2013

⁴⁷ Martin 2013; Save the Children and Hunter College working together through the National Resource Center for Permanency and Family Connections

Projects supported by partners such as Save the Children and UNICEF piloted service innovations that helped to show the possibilities for alternative care in the Indonesian context. These included using birth registration as an entry point for identifying vulnerable families and children and providing referrals to health and education and support services to build a child protection workforce and link the social service workforce with allied professions and services.⁴⁸ It also included the establishment of nonresidential-based models of social services such as The Child and Family Support Center in Bandung, which is helping to build the evidence base for practice and the capacity of social workers by introducing local models of case management and family support. NGOs provided in-service training on child protection for government and nongovernment social workers and social welfare officers, including one-time training programs, in-service training, and supporting the development of regional training centers and innovations such as distance learning and eLearning opportunities focused on children's rights and protection, including care.

INNOVATIONS IN ACTION

*The Child and Family Support Center in Bandung
(Save the Children and Ministry of Social Affairs)*

Established in 2010, the center is piloting a community-based model of intervention with children in need of protection using case management by a team of professional social workers who work hand-in-hand with local authorities and in partnership with child care institutions (private and public) to strengthen families to care for their children. Under the local social welfare agency, the center is the first nonresidential model in Indonesia aimed at protection for children through support for families. The center works with families to improve care and protection of their children through education, skills development, referral to services, and linkage with social assistance and counseling, and it demonstrates how the social service workforce can support the development of a family-focused child protection system. The model provides examples of client-focused case management approaches to build family capacity, supervision, and accountability between professionals, resource budgeting, and use of community resources for their workforce. In addition, the center works with the national school of social work to provide practice-based training in child- and family-centered work with vulnerable families.⁴⁹

Although framed around the child care and child protection system reforms, building social work capacity through an improved definition of social service and education has had benefits and implications for other parts of the social service system since social service workers, particularly the generalists, are engaged in all fields of social services for vulnerable populations. The reforms have helped the government to recognize the need to move away from response to crises or events and toward a more comprehensive system of social services. One of the challenges for the government is to increase accessibility of services and encourage collaboration between professions and systems.

Developing, resourcing, and supporting the social service workforce

International support has been key to the reform work in Indonesia from the international response to the 2004 disaster to the overall reform of the child protection system. For example, the national government engaged a team of international and national child protection experts seconded by Save the Children with international donor support who worked side-by-side with

⁴⁸ Key stakeholder interview with UNICEF Indonesia

⁴⁹ West 2013

policy-makers providing capacity-building and direct technical assistance in care reform over five years. This in turn built the capacity of the national-level workforce to continue reform work.

Funding for government social welfare services for children in general, both nationally and at the provincial and district levels, has not typically gone to the social service workforce to work directly with children and families, but rather to support residential facilities mostly operated by faith-based organizations. The shifting of these public resources is an ongoing challenge. The sheer scale of residential care in Indonesia and the fact that many of these facilities were developed and operating without a regulatory system meant that a shift to a care system providing a range of family- and child-centered services is dependent to a great extent on the transformation of the existing social service system and its workforce. The new registration system for residential institutions is now linked to government financial assistance to the institutions and, in principle at least, residential care facilities that are unregistered cannot receive government financial assistance, although many continue to operate with private funding that remains unregulated. The Ministry of Social Affairs has also put in place a new quota for the use of government assistance, with 60% to be used for services for children in residential facilities and 40% for children remaining in their families.⁵⁰ This entails residential facilities to have the capacity to deliver services to children and families in the community and not only in the residential context. Furthermore the plan is to progressively increase the quota of children supported in their families so that services are transformed into family-based ones. The challenges in bringing about this transformation nationwide are many, including the development of capacity and a system of adequate compensation for delivering what is skilled and complex work with vulnerable children and their families but also addressing some of the vested interests that have perpetuated the growth of residential care in the country.

There remain a number of challenges to creating a system based on a comprehensive assessment of the needs of the child and the family, decisions made in the best interests of the child, and the provision of a range of community-level services that prioritize keeping children in families. The highly decentralized administrative system put in place from 1999 was not followed by the implementation of a strategy to develop local government capacity at the district level. As a result the availability and capacity of the social service workforce in local authorities is inconsistent and there is an ongoing lack of clarity on their responsibilities across districts. Social workers assigned to the provincial and district levels often do little more than the administration of social assistance. They often lack the training or experience to manage cases or support clients and are demotivated by lack of respect for their profession.

There have been important efforts by national and local government in partnership with international organizations to address the workforce needs and engage and train (or retrain) the residential care workforce on the National Standards of Care. This began with work by the Ministry of Social Affairs and Save the Children from 2010–2012 to raise national awareness, train a group of trainers, pilot the national standards, and provide training in at least 12

⁵⁰ Key stakeholder interview with Florence Martin, Better Care Network

provinces.⁵¹ A major remaining challenge is the transformation of this large workforce into a skilled and accountable social service workforce that can deliver a range of appropriate services to children and their families, including family-based alternative care options through supported kinship care, foster care, and adoption.

INNOVATIONS IN ACTION
Social Work Assessment
(Family for Every Child and Muhammadiyah)

Family for Every Child has developed an assessment tool aimed at building on pockets of good practice in social work to generate more locally appropriate recommendations for improving social work provision. The assessment was piloted in Brazil and then Indonesia where Muhammadiyah, a faith based organization that is one of the largest providers of residential care, was trained in its use. The assessment tool is designed to build on strengths within a social work system in order to improve service provision for vulnerable children and families. It uses an appreciative inquiry approach, which focuses on positive experiences and encourages reflection and actions based on good practices. The Indonesian pilot included two weeks of training and field testing, followed by focus groups with children and parents as well as meetings with key stakeholders. The aim in Indonesia was to support the shift away from reliance on institutional care toward greater support for family-based care. With this aim Muhammadiyah set the following objectives:⁵²

- Social workers in Muhammadiyah are well equipped to support families to care for their own children, thus reducing the reliance on institutional care and increasing the support to family-based care
- Students training as social workers through Muhammadiyah's universities go on to practice social work rather than entering other careers
- Muhammadiyah has more effective engagement with government social services departments so that the government-employed social workers can better support their work.

Rwanda

Overview of care reform context and workforce development

Rwanda is a land-locked country in central east Africa with a population of just over of 10 million (55% under the age of 18 years).⁵³ Considered a low-income country, 44.9% of Rwanda's people live in poverty.⁵⁴ Rwanda's significant economic and social hardships were exacerbated by the 1994 genocide and armed conflict, resulting in the deaths of over a million people and having a dramatic impact on family structures and communities.⁵⁵ Rwanda's strong cultural traditions of care and protection for children at the community level were radically challenged by the genocide. One impact of the genocide was the dramatic increase in residential care (from 37 facilities caring for 4,800 children before the genocide to 77 caring for 12,704 children in April 1995⁵⁶).

⁵¹ Martin 2013

⁵² According to report author Andy Bilson, the final report on the Indonesia pilot is forth coming. Information on the project accessed at Family for Every Child 2013a and 2013b

⁵³ National Institute of Statistics of Rwanda 2014; The World Bank 2014c

⁵⁴ The World Bank 2014c

⁵⁵ Rampazzo and Twahirwa 2010

⁵⁶ Doná 2001

In 2006 Rwanda reported 1.26 million orphans.⁵⁷ These were children who had lost one or both parents and were primarily cared for by their remaining parent or by other family members, although there were also a number of child-headed households. The 1994 genocide increased the percentage of children under 15 who lost both parents—from 0.7% in 1992 to just below 5% in 2000. For many years, Rwanda also had one of the highest numbers of child-headed households in the world, resulting both from the genocide and HIV/AIDS,⁵⁸ although most of these children have now reached the age of 18.⁵⁹ By 2010 the prevalence of children who had lost both parents had decreased to 1.1%, demonstrating the significant changes in family life that have occurred over the past two decades. Data from the 2010 Demographic and Health Survey also show that the percentage of children under 15 who had lost one or both parents had returned to pre-genocide levels.⁶⁰ The number of Rwandan children living in a household that has lost one parent is 9.1%⁶¹.

In 2012 there were 3,323 children, youth, and adults living in 33 institutions for children⁶² assessed by the National Survey of Institutions for Children in Rwanda, with over 70% of them having at least one living parent or other relative.⁶³ Over 25% of those in residential institutions were over 18 and 54% of children (ages 6-15) had been there for most of their lives.⁶⁴ More than half of the institutions were established by faith-based organizations.⁶⁵ The most prevalent reasons for children being placed in residential care were abandonment and poverty, and/or death of one or both parents, with most children being referred to institutions by their parents, relatives, or local authorities.⁶⁶

In the face of many challenges, the Government of Rwanda has made a strong commitment to the protection of women and children, evidenced by the strengthening of the legal and policy framework and numerous initiatives supported by donors and NGOs.⁶⁷ In 2003 the responsibility for the protection and promotion of children's rights was given to the Ministry of Gender and Family Promotion to ensure coordination. The National Policy on Orphans and Vulnerable Children (OVC policy)⁶⁸ and its four-year action plan were passed that same year establishing objectives and strategies to address issues regarding the most vulnerable children. In 2009 several child-focused policies were adopted, including a monitoring framework for the

⁵⁷ Ministry of Gender and Family Promotion 2006. The term "orphans" includes children who have lost one parent (single orphan) and children who have lost both parents (double orphans).

⁵⁸ UNICEF and National Commission for Children 2012

⁵⁹ Rwanda uses the category of children under the age of 18 when considering data, whereas DHS data utilize under 15 years of age for some variables.

⁶⁰ Better Care Network (2013) Rwanda: Children's Care and Living Arrangements -Demographic Health Survey (DHS) 2010.

⁶¹ Ibid.

⁶² Institutions for children with "normal development," not children with disabilities.

⁶³ Ministry of Gender and Family Promotion and Hope and Homes 2012. Note: this survey did not include residential care centers for street children or those for children with disabilities.

⁶⁴ Habimfura 2014

⁶⁵ Ministry of Gender and Family Promotion and Hope and Homes for Children 2012

⁶⁶ Ibid.

⁶⁷ Key informant interviews

⁶⁸ Ministry of Gender and Family Promotion 2006

implementation of the OVC policy and plan, Guidelines for Community-Based Committees to Protect Children's Rights, international adoption regulations, and the minimum package for vulnerable children.⁶⁹

The National Commission for Children was established in 2011 to monitor child protection in the country, including coordination of care reform.⁷⁰ In 2012 the National Survey of Institutions for Children in Rwanda was published and the first institution (Mpore PEFA) was closed. Hope and Homes for Children had been piloting reintegration of children since 2011, building evidence and helping to convince the government that reintegration of children from residential facilities was possible. In 2012 a cabinet brief called for closure of all residential facilities for children, and the National Strategy for Child Care Reform was unveiled. It has since resulted in more than half (over 1,570) of the children in residential care being reintegrated into their families.⁷¹ The strategy outlines strong government leadership together with active engagement of civil society, children, and caregivers.

Because Rwanda's bold social sector reforms have been backed by strong government commitment, the policy framework is comprehensive. The care reform work has progressed together with broader social service reform. The Integrated Child Rights Policy includes a "whole child" perspective recognizing issues of protection, care, justice, education, and health. Stakeholders interviewed agreed that changing attitudes about social issues resulting from care reform have had a positive influence on other domains of social welfare and protection. Rwanda's policy work has been participatory and inclusive through working groups, commissions, and coordination committees led by reform leaders within and outside government. The policy framework developed clear guidelines and procedures regulating residential institutions, establishing monitoring systems, and supporting the development of models of family-based alternative care by NGOs (with government funding).⁷² These participatory approaches facilitated the sharing of ideas and use of a common language and vision, encouraged coordinated and standardized approaches, and garnered agreement on the workforce needed to carry out the tasks identified. They also highlight the development of skills in working inclusively and collaboratively, which is important capacity for the workforce to have.

Planning for, developing, and strengthening practice approaches for the social service workforce

The development of the social service workforce has long been recognized as a key part of reform in Rwanda and is a high-level priority in the newest national strategies for care reform.⁷³ Workforce strengthening has included many levels from national to community. The national program for deinstitutionalization and reintegration outlines the workforce needed: social workers and psychologists at the community level. Care reform has been the entry point for reform of the whole child protection sector in Rwanda and in this way has had a significant

⁶⁹ Rampazzo and Twahirwa 2010

⁷⁰ Law no. 22.2011

⁷¹ Better Care Network 2014

⁷² Ministry of Gender and Family Promotion 2011

⁷³ Key informant interviews

influence on the development of a workforce at the prevention and intervention levels. Working groups brought various government ministries (such as social welfare, health, and education), UNICEF, donors and nongovernment partners, university stakeholders, and community representatives to the table where considerations could be addressed on how the work on the child protection workforce would influence and interface with the broader social service workforce. An example is the cash transfer schemes that play a significant role in keeping families together and ensuring that children without parents can be in family-based alternative care.⁷⁴ Linkages between the protection workers and allied workers, such as community health workers, are an important part of this holistic perspective.

Traditionally, social service delivery in Rwanda was built on a community ideology and focused on meeting the needs of vulnerable children and families within the community and extended family. Later, during the colonial period, more centralized state systems and more formal models of social assistance were introduced. However, prior to the 1994 genocide there were minimal government social service staff to provide social services.⁷⁵ The community provided for the protection of children and other vulnerable populations through traditional mechanisms. In the aftermath of the genocide, the ability of communities to protect was significantly undermined because of the high level of loss and need. As part of the care reform process, the government and its partners (particularly NGOs) worked together to strengthen traditional mechanisms of protection at the community level and to pilot new approaches in child protection practice. Additionally, work to transform rather than negate the role of residential care facilities has been important. In one example, staff from a residential care facility have been trained to provide counselling and guidance to caregivers within a program that provides baby formula and porridge to families in order to help children stay with their families who otherwise might be financially unable to feed them.⁷⁶

INNOVATIONS IN ACTION

Deinstitutionalization and Alternative Care (Hope and Homes for Children)

The pilot deinstitutionalization and alternative care project implemented by Hope and Homes for Children from 2011 to 2012 played a critical role in providing convincing evidence that family and community reintegration for children from residential care was possible in Rwanda. The model tested interventions aimed at reintegrating children using a combined team of social workers and psychologists to support case management for deinstitutionalization and to work closely with district government and local community mechanisms. This project has become the model being replicated by the Government of Rwanda. A national study published in 2012 on this work has greatly informed the reform process.⁷⁷

The *Tubararere Mu Muryango* program,⁷⁸ a collaboration led by the National Commission for Children, with partners UNICEF, Hope and Homes for Children, Global Communities, and Tulane

⁷⁴ Ministry of Gender and Family Promotion 2011

⁷⁵ Key informant interviews

⁷⁶ Key informant interview

⁷⁷ Better Care Network 2014

⁷⁸ UNICEF and National Commission for Children 2012

University, included pre-service and in-service training for district social workers and psychologists combined with monitoring and supervision to build capacity. It provides the guiding framework for care reform inclusive of workforce development. The program has worked closely with social work university programs, of which there are now three in the country, to recruit staff and develop curricula. In all an estimated one thousand social workers have completed degrees between 2003 and 2013. The partnership with Tulane provided capacity development for various cadres from university professors to social workers and community volunteers.⁷⁹

The program has also helped Rwanda to apply new technologies such as the use of tablets for managing information, building workforce capacity through electronic information-sharing, and monitoring training outcomes. Through technology the national bodies have also been able to raise awareness and provide technical assistance among the cadre of social workers. New technologies provide the tools to facilitate peer-to-peer connections to decrease worker isolation and increase motivation, supervision, and support.⁸⁰

The partnership with Tulane University has encouraged the combination of theory-based teaching approaches with opportunities for field practice through the practicum component in university programs.⁸¹ Training for professors of social work helped to build their understanding of the importance of practice modules. This approach helps students to better understand the application of social work, and provides universities with a link to the contextual realities on the ground.

As social workers have gained capacity and social work university programs have been established and expanded, a group has initiated the creation of a professional Rwandan Association of Social Workers. This will ultimately provide the professional workforce a platform for advocating for recognition and fostering support often lacking in many countries. The association has provided an opportunity for professional social workers to develop working papers, network, build peer support, and advocate for social work. The association is also helping to bring the practical and contextual realities into curricula and training development as it works with universities and the government on reform programs.

TUBARARERE MU MURYANGO TRAINING CURRICULUM FOR SOCIAL WORKERS AND PSYCHOLOGISTS

1. National frameworks
2. Child protection and alternative care
3. Child well-being assessment and intervention planning
4. Child-centered services (case management and family-based care)
5. Child-centered programming
6. Social work professional identity
7. Postplacement support and resource mobilization
8. Monitoring and evaluation for impact measurement
9. Information technology

⁷⁹ Better Care Network 2014

⁸⁰ Key informant interview with Valens Nkurikiyinka, BCN Regional Technical and Knowledge Management specialist, formerly with the Rwanda National Commission for Children

⁸¹ Key informant interview with Tulane University representatives

Developing, resourcing, and supporting the social service workforce

Community mechanisms of protection play several roles in the care reform process including community sensitization, early identification of protection concerns, gatekeeping and prevention services, informal monitoring of reintegration cases, and support and referral for families.

Community mechanisms help to form linkages to services within schools, health centers, and community- or faith-based organizations. Social workers and psychologists support community mechanisms, provide training to lower-cadre workers, and provide direct services to families to support prevention of separation and reintegration from residential care.

Tubararere Mu Muryango has seen engaging workers from residential care facilities as an important aspect of care reform. Successful approaches included involving administrators in decision-making, including care staff and children in planning, and providing opportunities for all to voice opinions and ideas related to the transformation of their institution to provide different types of services. The program has explored ways to enable the residential care staff to transfer to other types of work as their jobs are transformed or eliminated. Approaches have included retraining for family-based work, providing support for income-generation activities, and establishing cooperatives to support the livelihood of this mostly underqualified group of people.

Key to the care reform and workforce development in Rwanda has been the government's central planning and coordination role, as well as commitment and mobilization of public resources toward protecting children within families and adequately resourcing the necessary workforce. Through government budget allocation in 2013, increasing support for family-based care has been provided through earmarked funds for family reintegration to local administrations working with 25 residential institutions in 17 districts while another pool of funds supports children with disabilities, street children, and mothers with children in the prison system.⁸² The agreement between the National Commission for Children and the Ministry of Finance and Economic Planning foresaw the professional social workers and psychologists being integrated into the civil service employment plan of each district in a phased approach beginning in 2013.⁸³

THE WORKFORCE RELATED TO CARE REFORM IN RWANDA

Community mechanisms of protection

Child protection committees, local leaders, community groups, community volunteers, neighbors, and family friends

District and sector child protection networks to monitor and promote the protection of children's rights

Community and faith-based service providers

National and local (district, sector, cell) government

District social workers and psychologists (48 recruited and 28 trained to date with a target of having 68 in total)

Community animators for education and awareness

Allied workers

Community health workers, community development workers, teachers, others

⁸² UNICEF and National Commission for Children 2012

⁸³ Ibid.

The county-level social workers already in place need ongoing training and supervision to build their capacity to be able to prioritize cases, understand and use referral processes, and provide direct professional support and counseling when required, in addition to processing administrative social protection supports such as cash assistance. Sustainable systems for training and orienting people newly entering the workforce need to be in place. Specific training topics need to include provision and oversight of alternative care, monitoring and evaluation, minimum standards in child protection service provision, and basic social work practice to meet the needs of the ongoing care reform process. In addition, as social service workers gain experience and recognition, there will be a growing need to develop postgraduate degree programs for more advanced and specialized skills. At present the university programs offer only undergraduate degrees.

There is still a need to increase the number of social workers and other professionals addressing child protection issues and to build up and support community mechanisms for child protection. In general, a trained, supported, and supervised workforce at the community level tasked with identifying, assessing, referring, and monitoring children and families are critical components of the reform process. This will require the availability of more trained professionals and financial resources for workforce scaling. At present the government is promoting “Friends of Families” at the community level. These are to be trained community psychosocial workers.⁸⁴

INNOVATIONS IN ACTION

Community-Based Mentors for Children on Their Own (Care and Save the Children)

The Nkundabana (“I love children”) program, supported by Care and Save the Children in Rwanda, mobilizes adult volunteers from the community to provide guidance and care for children living without adult support. Mentors are trusted adult community members who commit to work in support of orphans and other vulnerable children. They are trained by the NGOs in children’s rights and laws protecting children, life skills instruction, sexual and adolescent reproductive health, income-generating activities, active listening, and how to provide psychosocial support. Through their presence in the community and by making regular visits, the mentors encourage children to attend school, help them to access basic services, and provide psychosocial support.⁸⁵

IMPLICATIONS AND LESSONS LEARNED

Each of the three case studies presents a country with a very different context and historical and cultural background. Not without challenges, all three countries have recognized the central role of social service workforce strengthening to their care reforms. They span three continents and represent unique reform experiences from a wide range of realities. However, they also offer a number of common experiences that can provide lessons for social service workforce strengthening in the context of care reform. In particular, the case studies underline that changing paradigms around care and protection requires a multipronged approach to workforce strengthening, including engaging a diverse set of actors in the change process; reforming policy and building an evidence base; developing and strengthening strategies and

⁸⁴ Key informant interview with Claudine Nyinawagaga of Hope and Homes for Children Rwanda

⁸⁵ Care 2006

approaches in practice; planning, developing, and supporting the workforce; and shifting human and financial resources. The intent of this section is to present a set of lessons learned that may be useful for those engaged in care reform and/or workforce development.

Engaging a Diverse Set of Actors in the Change Process

The three case studies provide many lessons on the importance of stakeholder relationships and engagement of a wide range of actors in care reform and social service workforce development. In none of the case studies is there a single cadre responsible for children. They all recognize the need for a range of cadres, skills, and professional levels in order to understand, develop, deliver, and support a range of family support services and alternative care. Each country has engaged a wide range of stakeholders in the reform process, and has appropriately included children and caregivers.

- **Collaboration and partnership** across sectors and levels and involving various actors in meaningful ways seem to be effective in developing common visions, strategies, and interventions for care reform and workforce development. National working groups or coalitions in all three countries bring together national (and in some cases local) government, key nongovernmental partners, universities, and service providers to work on policy, outline strategies, and plan for the workforce.
- Care reform also requires **engagement** of service providers (including residential care), government (particularly sub-national levels), NGOs, faith-based organizations and social workers and their professional associations to assess, plan for, and build the workforce; encourage cooperation across sectors; link with broader social service reform; advocate for more human resources; and ensure awareness of and support for national strategies. The three case examples highlight some strong work in this area: partnerships with local authorities as seen in Moldova; partnerships between NGOs and faith-based providers in Indonesia; and the TMM partnership in Rwanda.
- Alliances and networks are helping to **build awareness** to change the mindset that supports residential care and increase understanding and support for the importance of family care, including raising awareness of the workforce cadres responsible. Examples from the case studies include the foster care association in Moldova and the two social work associations in Indonesia, as well as the direct involvement in the reform of faith-based and other key service providers of residential care services. These groups have important implications for raising awareness within the cadres of the social service workforce as well as within the country to increase understanding of the role of the various workers.
- **Partnerships between universities, vocational and technical schools, and policy-makers and practitioners** provide an important link in identifying, training, and preparing the social service workforce. Indonesia, Moldova, and Rwanda show that strategies for engaging universities and social work educators lead to strong university-government-nongovernment collaboration, theory-based and practical social work training, curriculum development, and research and assessment.

- While community-level mechanisms look very different from country to country and context to context, they are clearly of critical importance to protecting children and supporting families. Each of the three case studies provides examples of developing flexible and contextual **community-based family support mechanisms and services**, from informal groups in Rwanda to work with community social workers in Moldova.
- In many care contexts the **faith community and faith-based organizations** are key actors in the protection of vulnerable children and families and in particular in the care of children without adequate parental care. The examples of both Indonesia and Rwanda show the importance of engaging faith partners in the process of care reform and workforce development. In Indonesia the engagement of the Muhammadiyah, as one of the largest providers of residential care, has been a critical component of care reform and included re-training and re-deployment of the organization's social workers to help support children in families. Now this key service provider is at the forefront of new ways of working in Indonesia. In Rwanda, engaging the international faith community (a large supporter of private residential facilities) in the conversation about transforming care and preparing professionals to keep families together and children in communities has been important.

Reforming Policy and Building the Evidence Base for Care Reform and Workforce Development

Care reform and workforce development require policy and legal reform at the national level as well as an evidence base to understand and promote new policies, systems, and mechanisms to frame the new roles, responsibilities, mandates, and approaches of the workforce in relation to children and families.

- Establishing national **coordination mechanisms** is important to the development of new policy and workforce strategies. At the same time the case studies show that the engagement of nongovernment partners including service providers and practitioners in the policy development process, through **working groups**, results in policy reflective of the developing practices and realities faced by the workforce on the ground. It also leads to increased ownership that can ensure more effective implementation of what otherwise can be seen as threatening and challenging changes for stakeholders.
- Incorporating professional, paraprofessional, and community levels of social service workers into policies and standards by **defining the parameters**, establishing **criteria for professionalization**, and identifying **linkages and referral** points aids in workforce planning, development, and support. For example, in Moldova the Special Protection of Children at Risk and Children Separated from Parents Law outlines the relationship between the various social service workforce cadres.
- Supporting **research and assessment** into what strategies might facilitate care reform in a particular context is critical. Involving social service workers and other stakeholders including children and families in developing the research is helpful for ensuring inclusion of workforce issues in assessments. In Indonesia, for example, involving key stakeholders in research and then the policy reforms based on the evidence gathered has led to greater

ownership of the care reform processes and strengthened the capacity of champions in the workforce who in turn were uniquely placed to lead the process of workforce development.

- Building the contextually relevant evidence base is greatly aided by the **pilot initiatives of nongovernment partners**, who are often at the forefront of innovation through their work, including development of training for frontline workers. This is seen in the work of Save the Children in Indonesia (family support centers), Partnerships for Every Child in Moldova (children’s advisory boards), and Hope and Homes in Rwanda (case management for reintegration). For example, the centers in Indonesia have been incorporated into national strategy and replicated as an effective model for workforce training.

Developing and Strengthening Strategies and Approaches in Practice

While care reform and workforce development require policy change at the national level, they also necessitate the establishment of strategies and approaches to strengthen families to care for children and prevent separation, promote family-based alternative care options, and pilot workforce development initiatives.

- Developing alternative family-based care requires the availability of social services at the community level and a skilled social service workforce to implement them. In all three case examples, **piloting of new care approaches** and development of **practice models for training** were key to care reform and to building a skilled workforce. In Moldova, early foster care pilots provided the learning for later replication of this alternative service and building of a professional foster care network. In Rwanda, models of reintegration through community mechanisms provided the government with models for strengthening the workforce within informal systems. In Indonesia, the family support model not only provides new case management strategies to children and their families but also provides a practice site for social workers newly graduated from university programs.
- **Interlinking care reform with social welfare reforms** helps to build a stronger overall social service system that protects children and helps workers to do their jobs more holistically. In Indonesia, care reform has been key to the development of community services such as family centers that provide various prevention and response strategies for an interconnected range of challenges faced by families in the care and protection of children. Reform initiatives in Moldova have trained community social workers who have responsibility for vulnerable populations beyond children, helping them to link their case management with available social supports. In Rwanda, social workers are the cadre providing important linkages to cash transfers for vulnerable families.
- Engaging the **participation of caregivers and children** in care reform and development of the social service workforce is important. Clients (including children) can be engaged in these critical processes and decisions through participant-involved research, forums for child input on policy, associations of care providers, and children assisting with the monitoring of services and care. The case studies show that the opportunity to engage with beneficiaries provide the workforce with new perspectives to incorporate into practice.

Planning, Developing, and Supporting the Workforce

Planning for and building the capacity of all levels of the workforce is critically important, starting from training of national government duty bearers to planning for and preparing community-based workers and care providers. Social service work with children and families is stressful and demanding. There are fundamental practical implications for the workforce in shifting from working through residential-based services to direct services to children, their families, and communities. The relational, human-to-human aspect of social services requires adequate support for those engaged in the work.

Planning strategies

- Establishing care reform **working groups or coalitions** of workforce development stakeholders helps to integrate workforce planning with overall care reform, such as those in the three countries with government, NGOs, service providers and practitioners, and university representation.
- Increasing awareness about the role and value of the workforce can be accomplished through advocacy efforts such as those promoted by **professional associations** in Rwanda and Indonesia and the foster carers association in Moldova.
- Developing a workforce-supportive **legal or regulatory framework** can help to define the roles and mandates of different cadres as well as support greater accountability and professionalization for social work, as seen in Moldova and Indonesia.
- Understanding the **current workforce** (e.g., where workers are employed, how many are available to redeploy, how many will be needed to staff a social service system that can work effectively and appropriately with children and their families and is not overly reliant on residential care) helps with future planning projections. Importantly, the effort in Moldova related to residential care workers and their retraining and redeployment included engagement of the workers themselves in the planning and change process. Staff and managers of residential institutions and organizations supporting them, including faith-based ones, participated directly in the development of the national standards of care for child welfare institutions in Indonesia and their implementation.

Development strategies

- **Training and technical assistance programs** that include pre-service and in-service modules are useful for a variety of professional, paraprofessional, and volunteer cadres, such as the case management modules developed in Indonesia and used by social workers in the Family Support Centre, training programs for community social workers in Moldova, and training programs for district social workers and psychologists to support child reintegration in Rwanda.
- **Curricula development** is particularly beneficial when done through a consensus process that engages stakeholders such as national government duty bearers, university academics, and NGO practitioners. Examples include the working group in Moldova that brought together a range of actors to come to consensus on a curriculum for foster care providers and the working group in Indonesia that partnered with the national social work education

body to develop and agree on a bachelor-level curriculum for the country.

- **Linkages between national and international universities** help to build the capacity of academic partners to train degree-level social workers and incorporate practice modules with theory-based learning, such as the relationship created between the University of Rwanda and Tulane University and Hunter College and a number of universities and schools of social work in Indonesia.
- Helping to **define competencies, standardize curricula, and promote certification** of professional cadres has been another role of a range of partners including universities in Indonesia, Moldova, and Rwanda.

Retraining and redeployment of the residential care workforce in countries where the use of residential care was the primary intervention for vulnerable children requires transformation of knowledge, skills, and roles. The case studies highlight some innovative strategies including:

- Engaging residential institution workers in **change management training** as seen in Moldova
- Involving care workers in the reform process through **participatory research** and active engagement in **developing models** to transform institutions to community services
- Training and supporting care workers to implement **family strengthening and prevention activities** such as in Indonesia and Rwanda.

Support strategies

- Developing **professional associations** gives the social service workforce a platform for recognition, promotion, advocacy, and knowledge exchange. This strategy is by no means specific to the social workforce working within the care and protection system but applies to other arenas of social services as well.
- Putting in place **supervision mechanisms**, such as those established in Moldova, helps to provide case-by-case support for regional and community social workers working within care reform. This supervision and support helped workers to feel less isolated, provided a means for one-to-one training, and enabled problem-solving on difficult cases. Similarly, the family center model in Indonesia ensures that social workers have a place to receive supervision and support from colleagues.
- Developing **peer-to-peer support** and platforms for sharing experiences and knowledge can be important for developing and supporting the social service workforce. All three case studies describe using these strategies to build capacity, reduce isolation and burnout, and increase support including peer-to-peer networking opportunities, case review meetings, and using technology to connect workers to each other.⁸⁶

⁸⁶ Informant interview with UNICEF Indonesia

Shifting Human and Financial Resources in Care Reform

Resourcing care reform through public human and financial resources is necessary to sustainable change and should include provisions for the workforce necessary to carry out the work. Once a strategy for care services has been outlined, cost projections will be required for the financial, human, and other resources for implementation.⁸⁷ Careful cost planning can lead to analysis of existing resources, plans for transfer of resources from prior systems of care, and approaches for securing any transitional or additional resources needed.⁸⁸ All of this is not without challenges. Ensuring sufficient numbers of skilled and mandated social service workers operating at the community level to work directly with children and their families and oversee service delivery, as well as at a higher administrative level to operate the care regulatory system, gatekeeping, and management of family support services requires substantial resource investment.

- Coordinating helps to mobilize public and private resources and align their use with government strategy. **Planning and coordination** was a key role of central government in the country examples.
- Advocating for the redirection or allocation of financial resources for care reform and family-based services is an important role of **national working groups, alliances, and associations**. In Moldova, the national child protection working group made up of several ministries and nongovernmental partners advocated to the Ministry of Finance for financial policy reform, which led to mandates to redirect resources from closed institutions back to community services.
- Supporting care reform and the workforce through resource provision and human resources development was an important **role of donors and NGOs** in all of the cases:
 - **Providing resources** for pilot programs and services and support for logistics such as transportation, adequate office space, and supplies allowed the governments to focus resources on national efforts such as policy reform.
 - **Allocating funding for training and capacity-building** helped to develop the various cadres needed as well as create child care curricula and standards of practice.
 - **Leveraging** the technical, financial, and human resources available was facilitated through engagement on working groups and other modes of cooperation with government partners.
 - Advisers provide **technical assistance** through long-term secondments in relevant ministries, universities, and other key positions, such as in Indonesia.
 - **Technological support**, such as virtual peer-to-peer networking using tablets in Rwanda, is another contribution.

⁸⁷ Mulheir and Browne 2007

⁸⁸ Ibid.

CONCLUSION

Developing and strengthening the social service workforce is central to care reform. This is a complex undertaking that involves creating appropriate and supportive legislation; planning for recruitment and deployment; developing and strengthening education programs, curricula, and competencies for various levels of the workforce; creating connections, linkages, supervision, and performance monitoring structures among the many cadres; helping to nurture professional associations of and for social workers; developing licensing and practice standards; and raising awareness about social work.

Other countries are encouraged to look at the many lessons and promising practices garnered from the examples of work in Indonesia, Moldova, and Rwanda and adapt them to their own care reform and workforce development context. Further research and learning in social service workforce development within the context of care reform will help to strengthen the evidence base and provide valuable lessons for countries embarking on their own reform process. Countries are also encouraged to continue dissemination of lessons that provide confirmation of what works and what does not in various contexts to support continued good practices. The appendices to this paper provide additional resources including contact information for country programs, relevant literature, links to tools and networks, and other online resources.

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APPENDIX B: STAKEHOLDER CONSULTATIONS

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APPENDIX C: RESOURCES

The Better Care Network (BCN)

The mission of the BCN is to facilitate active information exchange and collaboration on the issue of children without adequate family care and advocate for technically sound policy and programmatic action on global, regional, and national levels in order to reduce instances of separation and abandonment of children; reunite children outside family care with their families, wherever possible and appropriate; increase, strengthen, and support family and community-based care options for children; establish international and national standards for all forms of care for children without adequate family care and mechanisms for ensuring compliance; and ensure that residential institutions are used in a very limited manner and only when appropriate.

The BCN website holds the largest **online library** of key research, tools, events, and other documentation on issues related to strengthening family care and alternative care, designed to support academics, policy-makers, and practitioners alike. Its **newsletter** reaches over 3,500 network members in 152 countries.

www.bettercarenetwork.org/bcn

The Global Social Service Workforce Alliance (GSSWA)

The GSSWA's mission is to promote the knowledge and evidence, resources and tools, and political will and action needed to address key social service workforce challenges, especially within low- to middle-income countries. The searchable online **resource database** is a hub for information about the social service workforce. In addition, the site provides a **framework for strengthening the workforce** that includes information on planning, developing, and supporting the workforce.

www.socialserviceworkforce.org/resources/resource-database

www.socialserviceworkforce.org/framework-strengthening-social-service-workforce

The GSSWA has co-organized a **series of webinars** for exchange of information and expertise, identifying and disseminating promising practices for providing better care and support to vulnerable populations, and presenting the experience of government, UNICEF, NGOs, universities and professional associations.

www.socialserviceworkforce.org/webinars

Other Useful Resources

Save the Children makes many of its resources available through a searchable online library.

<http://resourcecentre.savethechildren.se>

The **Child Protection Forum** has a searchable database of training tools, reports, and research, as well as a series of webinars related to community-based child protection issues and child protection systems from around the globe.

<http://childprotectionforum.org>

The Way Forward Project encourages the development of an evidence-based, collective strategy for reducing the number of children living outside of parental care, supports African government leaders already working to build their countries' child welfare systems, and promotes and supports permanent parental care in the region. The website includes a **resource listing, helpful links, and news**.

<http://thewayforwardproject.org/resources>

Family for Every Child is a global alliance of civil society organizations that shares experiences, research, knowledge, and expertise. The website hosts a **knowledge center of resources**.

www.familyforeverychild.org/knowledge-centre

Better Care Network and EveryChild share a key resource on disability and care reform, "Enabling reform: Why supporting children with disabilities must be at the heart of successful child care reform."

<http://bettercarenetwork.org/BCN/details.asp?id=27943&themeID=1004&topicID=1028>

Georgette Mulheir and Kevin Browne provide a comprehensive look at good practice in care reform with their "Deinstitutionalising and transforming children's services: A guide to good practice" that includes costing and resource planning and transforming.

www.bettercarenetwork.org/BCN/details.asp?id=14095&themeID=1003&topicID=1023

OVCSupport.Net's mission is improve the lives of children affected by HIV and AIDS through providing the most up-to-date information on HIV and children to the global community, and connecting community and nongovernmental organizations, policy-makers, donors, and other stakeholders in order to improve the global response. The site includes a **resource database, technical content, news and events, and a discussion board**.

www.ovcsupport.net

The **Faith to Action Initiative** serves as a resource for Christian groups, churches, and individuals seeking to respond to the needs of orphans and vulnerable children in Africa and around the world. The site includes **tools, research, webinars, and other resources**.

www.faithtoaction.org

The **International Federation of Social Workers** is a global organization striving for social justice, human rights, and social development through the promotion of social work, best practice models, and the facilitation of international cooperation. Its site has a **searchable database** of resources related to policy and social work practice.

www.ifsw.org

The **National Association of Social Workers** (US) hosts a wide range of information and news, including links to the NASW Center for Workforce Studies.

www.socialworkers.org

Social Care Online is produced by the Social Care Institute for Excellence (SCIE) and is the United Kingdom's largest database of information on all aspects of social care and social work.
www.scie-socialcareonline.org.uk

The Rwanda National Association of Social Workers (RWA-NASW) can be reached at
rwandanasw@gmail.com.

Indonesian Association of Social Workers (IPSPI–Ikatan Pekerja Sosial Profesional Indonesia) hosts a website, at present available only in the Indonesian language.
www.ipspi.org

International Association of Schools of Social Work (IASSW) provides resources for university-based social work programs to improve curricula, participate in conferences, and build national professional organizations, including many links available to assist social work instructors.
www.iassw-aiets.org

APPENDIX D: KEY DEFINITIONS

Adequate parental care – Care in which a child's basic physical, emotional, intellectual, and social needs are met by his or her caregivers and the child is developing according to his or her potential. *Source: Better Care Network Toolkit.* www.bettercarenetwork.org/bcn/toolkit

Alternative care – A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents. *Source: The Guidelines for Alternative Care of Children.* www.bettercarenetwork.org/docs/Guidelines-English.pdf

Allied worker – Professionals and paraprofessionals involved in other sectors such as education, health, or justice that have a role to play in social service workforce. Examples include parole officers, health extension workers, and early childhood educators. www.socialserviceworkforce.org/resources/composition-social-service-workforce-hiv-aids-affected-contexts

Care reform – Within this paper, refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, and ensure appropriate family-based alternative care options are available.

Cash transfer – Program or government distributions to identified low-income families to support costs related to the care of vulnerable children. Such transfers can be either conditional or unconditional, depending on whether recipients are required to engage in specific behaviours as a condition for access. *Source: Better Care Network Toolkit.* www.bettercarenetwork.org/bcn/toolkit

Child protection system – Sets of coordinated and connected interventions and components that are organized around the common goal of protecting the safety and well-being of children, including systems of care for children separated from their families or those who do not have adequate parental care and may need alternative care. *Source: Child Protection: Key Concepts and Considerations. Working paper developed by Chapin Hall for UNICEF.* www.unicef.org/protection/files/Adapting_Systems_Child_Protection_Jan_2010.pdf

Community-based care – Care that is as close as possible to family-based care and where the community is involved in the process of a child's recovery. Foster and extended families are examples of community-based care. *Source: Better Care Network Toolkit.* www.bettercarenetwork.org/bcn/toolkit

Community-based child protection mechanisms – Community mechanisms are an essential component of wider child protection systems. Community-level mechanisms connect different

levels of national child protection systems. The strengthening of community-level mechanisms of child protection can be an important step in developing effective national child protection systems and draw support from societal structures and mechanisms and from family and kinship structures and mechanisms. Among the most widely used community mechanisms for child protection are community-based child protection groups—often called child protection committees, child welfare committees, and child protection networks, among other terms. The groups vary considerably in regard to their formation, composition, roles and responsibilities, and mode of functioning. *Source: Wessels, M. and Save the Children. What are we learning about child protection in the community.*

www.bettercarenetwork.org/BCN/details.asp?id=21535&themeID=1002&topicID=1016

Deinstitutionalization – The process of closing residential care institutions and providing alternative family-based care within the community. *Source: Better Care Network Toolkit.*

www.bettercarenetwork.org/bcn/toolkit

Foster care – Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved, and supervised for providing such care. *Source: Guidelines for the Alternative Care of Children.*

www.alternativecareguidelines.org

Inclusive education – Education where all students attend and are welcomed by their neighborhood schools in age-appropriate, regular classes and are supported to learn, contribute, and participate in all aspects of the life of the school. *Source: Inclusion BC.*

www.inclusionbc.org/our-priority-areas/inclusive-education/what-inclusive-education

Informal support mechanisms – Can include extended family and kinship care, religious and cultural groups, friends, and neighborhood support networks. Informal mechanisms are crucial to children’s well-being and safety, as they are often the first line of response and better placed to recognize problems and respond to them quickly. Community child protection or child welfare groups or committees made up of volunteers might also be informal if not mandated through the national protection system. *Source: Save the Children. Child Protection Initiative: Building Rights-based National Child Protection Systems.*

<http://resourcecentre.savethechildren.se/sites/default/files/documents/3250.pdf>

In-service training – Training program for practicing providers to refresh skills and knowledge or add new material and examples of best practices needed to fulfill their current job responsibilities. *Source: National Association of Social Workers, PEPFAR definition.*

www.naswdc.org/practice/intl/definitions.asp

Paraprofessional – The term “para” is defined as “next to” or “alongside of.” The paraprofessional would typically work next to or support the work of a professional in the same field. To date, there is no agreed upon and recognized definition for a paraprofessional social service worker at either the global or regional level. The term paraprofessional in relation to social work is typically not university-educated.

www.socialserviceworkforce.org/resources/composition-social-service-workforce-hiv aids-affected-contexts

Professional – Typically denotes membership in a profession that is well recognized, often for the specific degree or level of education that it requires, a particular ethical or moral code of conduct, and/or licensing or certification to practice. Among social service workers, refers to those workers with at least a bachelor’s degree in a field directly related to social services, such as social work. www.socialserviceworkforce.org/resources/composition-social-service-workforce-hiv aids-affected-contexts

Reintegration – Child-centered reintegration is multilayered and focuses on family reunification; mobilizing and enabling care systems in the community; medical screening and health care, including reproductive health services; schooling and/or vocational training; psychosocial support; and social, cultural, and economic support. *Source: Better Care Network Toolkit.* www.bettercarenetwork.org/bcn/toolkit

Reunification – The process of bringing together the child and family or previous care provider for the purpose of establishing or reestablishing long-term care. *Source: Better Care Network Toolkit.* www.bettercarenetwork.org/bcn/toolkit

Residential care – Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centers in emergency situations, and all other short- and long-term residential care facilities, including group homes. *Source: The Guidelines for Alternative Care of Children, Para 29civ.* www.bettercarenetwork.org/docs/Guidelines-English.pdf

Social protection – A wide range of activities undertaken by societies to alleviate hardship and respond to the risks that poor and vulnerable people face and to provide minimum standards of well-being. This includes services and financial transfers. *Source: Better Care Network Toolkit.* www.bettercarenetwork.org/bcn/toolkit

Social service – Services provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability, and old age. These can include day and residential care, income support, home visiting, and specialist services such as drug and alcohol rehabilitation. *Source: Better Care Network Toolkit.* www.bettercarenetwork.org/bcn/toolkit

Social service system – The system of interventions, programs, and benefits that are provided by governmental, civil society, and community actors to ensure the welfare and protection of socially or economically disadvantaged individuals and families. *Source: The Global Social Service Workforce Alliance.* www.socialserviceworkforce.org/social-service-workforce

Social service workforce – Describes a variety of workers—paid and unpaid, governmental and nongovernmental—who staff the social service system and contribute to the care of vulnerable

populations. *Source: The Global Social Service Workforce Alliance.*
www.socialserviceworkforce.org/social-service-workforce

Social welfare – Public provision for the economic security and welfare of all individuals and their families, especially in the case of income losses due to unemployment, work injury, maternity sickness, old age, and death. *Source: Better Care Network Toolkit.*
www.bettercarenetwork.org/bcn/toolkit

Social work – The International Association of Schools of Social Work and the International Federation of Social Workers agree on the following international definition of social work: The social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. Social work, in various parts of the world, is targeted at interventions for social support and for developmental, protective, preventive, and/or therapeutic purposes. *Source: The International Federation of Social Workers.* <http://ifsw.org/get-involved/global-definition-of-social-work>

Systems of care – The interventions and components of the child protection system that are organized around care for children separated from their families or those who do not have adequate parental care and may need alternative care.