Investments in Strengthening the Social Service Workforce (SSW)

Final Report – Armenia

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Assessment

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D4I is committed to local partner engagement and individual and institutional strengthening. Local authorship is important and we urge you to engage local partners in analysis and reporting.

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Acknowledgments

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Abbreviations

APCCA	Advancing Protection and Care for Children in Adversity
AASW	Armenian Association of Social Workers
CLASS	Community Level Access to Social Service
CPIS	child protection information system
CSO	civil society organization
CSW	community social worker
D4I	Data for Impact
DAT	D4I assessment team
FBO	faith-based organization
FGD	focus group discussion
GOA	Government of Armenia
GTB	guardianship and trusteeship body
GTC	guardianship and trusteeship commission
HR	human resources
IST	in-service training
KII	key informant interview
MANUK	Children in Difficult Life Circumstances Registration Information System
MoESCS	Ministry of Education, Science, Culture and Sport
MOH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MOTAI	Ministry of Territorial Administration and Infrastructures
MPI	multi-dimensional poverty index
NLG	national leadership group
NGO	nongovernmental organization
SDGs	Sustainable Development Goals
SSW	social service workforce
SSWS	social service workforce strengthening
UNICEF	United Nations Children's Fund

USAID	United States Agency for International Development
USG	United States Government
USS	Unified Social Services
VCA	Vulnerable Children Account
VNR	Voluntary National Review
WV	World Vision
YSU	Yerevan State University

Executive Summary

Background

A strong, well-trained social service workforce (SSW) consisting of diverse categories of social workers and other social service personnel with different levels of training and qualifications is necessary for the well-being of children, families, persons with disabilities, and other groups facing difficult circumstances or challenges. The United States Government (USG) is committed to investing in strategies to support the SSW in keeping with its Advancing Protection and Care for Children in Adversity (APCCA) strategy and implementation plan. This whole-of-government approach aims to ensure comprehensive and coordinated efforts to strengthen systems for protecting and caring for children worldwide.

The United States Agency for International Development's (USAID) Children in Adversity Team engaged Data For Impact (D4I) to assess activities that involve strengthening the SSW and broader system related to child care and protection across three countries—Armenia, Cambodia, and Rwanda—supported by the government, USAID, and other key partners. The goal of the assessment was to identify specific approaches that governments, USAID, and other key partners should consider advocating for and making future investments in, which will contribute to a more robust SSW and overall sustainable social services systems in these three countries and as applicable in other countries. This report focuses on the Armenia findings. Informed by the SSW Strengthening Framework, core assessment questions included:

- What approaches to **(a) planning, (b) developing, and (c) supporting the SSW** responsible for providing services to children and families in adversity have been invested in by the government, the Vulnerable Children Account (VCA), and other key partners in the selected countries?

- What have been **the advantages and limitations** of these approaches in developing and improving sustainable social service systems?

- What, if anything, can be concluded from available data about **changes at the child and/or household level** that coincide with the implementation of these approaches?

Methods

Guided by global and country-level advisory groups, the assessment involved a mix of quantitative and qualitative methods. These methods consisted of a review of relevant country-specific and global documents, a secondary analysis of existing aggregate data, and primary data collection at the national level and subnational levels in three *marzer* or regions in Armenia: Ararat, Syunik, and Yerevan City. A total of 14 key informant interviews (KIIs) and 18 focus group discussions (FGDs) were conducted with representatives of government, donors, educational institutions, professional associations, nongovernmental and civil society organizations (NGOs/CSOs), as well as social service workers and caregivers and youth who had interactions with key child care and protection programming.

Findings

Country-Specific Context

As highlighted in Armenia's Voluntary National Review (VNR) Report on the implementation of the Sustainable Development Goals (SDGs) to the UN in 2020, Armenia anticipates a 13% increase in social spending and allocations for human capital development compared to previous years. Historically, support to children and families was seen as the role of the Armenian Apostolic Church, which later shared this function with the state and community as part of the Soviet Union and during the country's transition from a communist state to an independent, liberal state (USAID et al., 2020). Armenia's three-tier child protection system—national, regional/marz, and community—has been a focus of investment over the past decade by the Government of Armenia (GOA), with support from the European Union, the United Nations Children's Fund (UNICEF), and USAID, among other donors and development partners. This support is led by the Ministry of Labor and Social Affairs (MoLSA) and the Ministry of Territorial Administration and Infrastructures (MOTAI). With the 2020 closure of all residential care institutions and the government's adoption of a four-year action plan in support of deinstitutionalization, developing the SSW has been one of the GOA's leading areas of intervention for strengthening the country's child and wider social protection system. This assessment focused on cadres under the purview of the MoLSA and MOTAI, particularly the relatively new cadre of community social workers (CSWs) under the MOTAI who work along with community-based self-governing guardianship and trusteeship bodies and commissions (GTBs/GTCs). It investigated, at a high level, the issues affecting children and families and the extent to which they are responded to effectively by the current system and workforce via a select number of activities led by the GOA in partnership with the USG's VCA.

Workforce-Strengthening Approaches

Key themes emerging under each of the three areas of the assessment's conceptual framework—planning, developing, and supporting the workforce—and their advantages and limitations are discussed below, with an emphasis on the links between them and the availability and quality of promotive, preventive, and responsive services provided to children and families in Armenia.

- **SSW Planning Approaches Enable Standards Setting and the Expansion of Services:** The mandated ratio of CSWs to population set out in the legislation represents progress in establishing minimum standards or quality of service provision. The recruitment, hiring, and deployment practices put into place for CSWs have leveraged both governmental and nongovernmental financial and technical resources, securing a baseline of CSWs in every region of the country. Overall, this increased presence of the SSW within communities facilitates greater public awareness of and demand for available services. However, limited distribution of CSWs and specialists outside of Yerevan and the lack of clarity around roles and responsibilities across agencies remain major challenges to effective and equitable service delivery. Available data are spread across a range of information systems and other sources, and they are not routinely used to assess system or workforce performance.
- **SSW Development Approaches Ensure the Presence of Trained SSW:** The flexible and various options established among local institutions for CSW certification have worked to ramp up the deployment of these frontline workers, potentially enabling more interactions with vulnerable households. However, with the lack of specialists outside of Yerevan, addressing more complex cases

requiring clinical assessments or intensive case management will likely be difficult to achieve without more reinforcement of classroom-based learning through strengthened field education and supervision practices. Locally developed and delivered content for training requires routine revision to remain relevant to practice needs, especially as awareness of and demand for state-provided benefits and referrals to specialized services increase.

- **SSW Support Approaches Encourage Scale Up of Frontline SSW:** Over the long term, maintaining a motivated, high-performing SSW is critical to providing quality child care and protection services. The creation of the CSW cadre demonstrates a commitment to expanded services. However, some workers feel undervalued in their roles, in part due to low salaries and high caseload, jeopardizing retention and the sustainability of these positions and the services they are bringing to communities. The current system of supervision fulfills administrative, educational, and some supportive functions, helping to manage job-related stress and reinforce knowledge and skills to better identify and serve at-risk children and families; however, these benefits are not felt by all.

Recommendations

Findings on approaches to planning, developing, and supporting the workforce invested in to date, their advantages and disadvantages to sustainable workforce and social service system development, and perceived changes at the child- and household-level were validated among the national level advisory group and informed recommendations and levels of priority. Cross-cutting recommendations were also developed that could be promoted immediately among the workshop participants.

Planning
In close cooperation with the MOLSA, other line ministries, and institutions (e.g., MoTAI, Ministry of Education, Science, Culture and Sport [MoESCS]), develop subnational policies, procedures, and guidelines to facilitate the implementation of quality social service provision to children and families.
Assess current distribution of the SSW and based on available service delivery, population, and other demographic data, develop recommended or target ratios, caseloads, and number of positions to guide recruitment and deployment at community and regional levels.
Develop, pilot, and scale up a unified, national child protection information system (CPIS) that allows CSWs, Unified Social Services (USS) regional offices' staff, and other service providers to enter, view, and exchange beneficiary or case-related data.
Developing
Strengthen partnership and coordination between the MoLSA, other ministries employing the SSW, universities, and training institutions to align curricula.
Establish institutional mechanisms for delivering, monitoring, and recognizing in-service training (IST) and continuing education among the SSW.
Supporting
Establish a system of supervision, with an emphasis on educational and supportive functions, among community- and regional-level government SSW providing services to children and families.
Standardize inclusion requirements (or preference, as appropriate) for educational qualifications in social work or related fields in governmental and nongovernmental job descriptions.
Improve working conditions through designating appropriate space, monitoring, and adjusting caseloads.

Conclusion

A social service workforce with the right number and types of social workers and other social-service personnel providing quality services where they are most needed is essential for the well-being of children, families, persons with disabilities, and other groups. The goal of this assessment was to identify specific approaches that USAID and country partners should consider advocating for and making future investments in, which will contribute to a more robust SSW and overall sustainable social services systems in Armenia, Cambodia, and Rwanda and as applicable in other countries. Key themes emerging under each of the three areas of the assessment's conceptual framework underscore the advantages and limitations of the approaches undertaken to date to plan, develop, and support the workforce and the links between actual availability and quality of promotive, preventive, and responsive services provided to children and families in Armenia. Recommendations related to these findings are formulated for immediate and longer-term promotion among key stakeholders.

Համառոտ նկարագրություն

Նախապատմություն

Երեխաների, ընտանիքների, հաշմանդամություն ունեցող անձանց և դժվարին խնդիրների կամ մարտահրավերների առջև կանգնած այլ խմբերի բարեկեցությունն ապահովելու համար անհրաժեշտ է սոցիալական ծառայությունների բնագավառում ունենալ տարբեր մակարդակների վերապատրաստում և որակավորում ունեցող կայուն, լավ պատրաստված սոցիալական ծառայությունների կադրային ռեսուրս (ՍԾԿ/SSW), որը կազմված կլինի տարբեր կատեգորիաների սոցիալական աշխատողներից և այլ սոցիալական ծառայություններ մատուցողներից: ԱՄՆ կառավարությունը հանձնառու է ներդրումներ կատարել ՍԾԿ աշակցության ռազմավարություններում՝ Կյանքի դժվարին իրավիճակներում հայտնված երեխաների պաշտպանության ու խնամքի բնագավառի զարգացման իր ռազմավարությանը և իրականացման պլանին համահունչ: Այս ողջ կառավարության մասնակցությամբ (whole-of-government) մոտեցումը նպատակ ունի ապահովելու համապարփակ և համաձայնեցված աշխատանքների իրականացում երեխաների պաշտպանության և խնամքի համակարգերի ամրապնդման ուղղությամբ ամբողջ աշխարհում:

ԱՄՆ ՄՋԳ-ի Կյանքի դժվարին իրավիճակներում հայտնված երեխաներ ծրագրի թիմը Տվյալներ ազդեցության համար (D4I) ծրագրից ներգրավեց մասնագետներ երեք երկրներում՝ Հայաստանում, Կամբոջայում և Ռուանդայում, երեխաների պաշտպանության և խնամքի ՍԾԿ-ների և ավելի լայն համակարգի ամրապնդման ուղղությամբ կառավարության կողմից ԱՄՆ ՄՋԳ-ի և այլ կարևոր գործընկերների աջակցությամբ իրականացվող աշխատանքները գնահատելու համար: Գնահատման նպատակն էր առանձնացնել կոնկրետ մոտեցումներ, որոնք կառավարությունները, ԱՄՆ ՄՋԳ-ը և մյուս գլխավոր գործընկերները պետք է դիտարկեն շատագովություն իրականացնելու և հետագա ներդրումներ կատարելու համար, ինչը կնպաստի ավելի դիմացկուն ՍԾԿ-ների և ընդհանուր կայուն սոցիալական ծառայությունների համակարգերի հաստատմանն այդ երեք երկրներում և, համապատասխան դեպքերում, նաև այլ երկրներում: Այս զեկույցի կենտրոնում Հայաստանի մասով արված հետևությունների են: ՍԾԿ-ների հզորացման շրջանակի հիման վրա մշակված գնահատման հիմնական հարցերը ներառում են.

1. Ընտրված երկրներում կյանքի դժվարին իրավիճակներում հայտնված երեխաներին և նրանց ընտանիքներին ծառայություններ մատուցելու համար պատասխանատու **ՍԾԿ-ների (ա) պլանավորման, (բ) զարգացման և (գ) աջակցության** ի՞նչ մոտեցումների ուղղությամբ են ներդրումներ կատարվել կառավարության, Կյանքի դժվարին իրավիճակներում հայտնված երեխաների ռեգիստրի (VCA, Vulnerable Children Account) և ուրիշ գլխավոր գործընկերների կողմից:

2. Որո՞նք են եղել այդ մոտեցումների **առավելություններն ու սահմանափակումները** կայուն սոցիալական ծառայության համակարգերի ստեղծման և կատարելագործման գործում:

3. Եղած տվյալները թույլ տալիս են արդյո՞ք հետևություններ անելու **երեխաների եւ (կամ) տնային տնտեսությունների մակարդակում տեղի ունեցած փոփոխությունների մասին**, որոնք զուգադիպել են այս մոտեցումների իրականացմանը, եթե այո, ապա ինչպիսի:

Մեթոդներ

Գլոբալ և երկրի մակարդակով խորհրդատվական խմբերի մասնակցությամբ իրականացված գնահատումն/ուսումնասիրությունն իրենից ներկայացնում է քանակական եւ որակական մեթոդների մի համադրություն: Այդ մեթոդները ներառում են կոնկրետ երկրին վերաբերող եւ գլոբալ նշանակություն ունեցող համապատասխան փաստաթղթերի ուսումնասիրություն, գոյություն ունեցող ագրեգացված տվյալների երկրորդային վերլուծություն եւ համերկրային ու մարզային մակարդակներում առաջնային տվյալների հավաքում Հայաստանի երեք *մարզերում*՝ Երևան քաղաքում, Արարատում եւ Սյունիքում: Անցկացվել են ընդհանուր թվով 14 հարցազրույց առանցքային տեղեկատուների եւ 18 ֆոկուս-խումբ քննարկում կառավարության, դոնորների, կրթական հաստատությունների, մասնագիտական ասոցիացիաների, ՀԿ-ների եւ քաղաքացիական հասարակության կազմակերպությունների, ինչպես նաև սոցիալական ծառայության աշխատողների եւ խնամատարների ու երիտասարդության հետ, որոնք առնչվել են երեխաների պաշտպանության եւ խնամքի հիմնական ծրագրերի մշակմանը:

Հետևություններ

Երկրի համատեքստը

Ինչպես ընդգծված է 2020 թ. Հայաստանի Հանրապետության կողմից ՄԱԿ-ին ներկայացված Ազգային կամավոր գնահատման (ԱԿԳ/VNR) զեկույցում Կայուն զարգացման նպատակների (ԿԶՆ/SDGs) իրագործման վերաբերյալ, Հայաստանում նախորդ տարիների համեմատ սպասվում է սոցիալական ծախսերի եւ մարդկային կապիտալի զարգացման ուղղությամբ հատկացումների 13 տոկոս աճ: Անցյալում, երեխաների եւ նրանց ընտանիքների աջակցությունը համարվել է Հայ առաքելական եկեղեցու գործ, որը հետագայում այդ գործառույթը կիսել է պետության եւ համայնքի հետ երկրի՝ Խորհրդային Միության մաս հանդիսացած ժամանակ եւ անցումային ժամանակաշրջանում, երբ սոցիալիստական պետությունից անցում էր կատարվում դեպի անկախ, ազատական պետության (ԱՄՆՄԶԳ եւ այլք/USAID et al., 2020 թ.): ՀՀ երեխաների պաշտպանության եռաստիճան համակարգը՝ ազգային, մարզային եւ համայնքային մակարդակներով, անցած տասնամյակի ընթացքում ՀՀ կառավարության կողմից եղել է ներդրումների կենտրոնացման օբյեկտ, Եվրոպական Միության, ՄԱԿ-ի մանկական հիմնադրամի (ՅՈՒՆԻՍԵՖ/UNICEF) եւ ԱՄՆ ՄԶԳ-ի աջակցությամբ, ի թիվս այլ դոնորների եւ զարգացման գործընկերների: Աջակցության առաջատարները եղել են ՀՀ աշխատանքի եւ սոցիալական հարցերի (ԱՍՀՆ) եւ ՀՀ տարածքային կառավարման եւ ենթակառուցվածքների (ՏԿԵՆ) նախարարությունները: 2020 թ. շուրջօրյա խնամքի բոլոր հաստատությունները փակելուց եւ ՀՀ կառավարության կողմից ապաինստիտուցիոնալացման աջակցության գործողությունների քառամյա ծրագրին ընդունելուց հետո ՍԾԿ-ների զարգացումը եղել է ՀՀ կառավարության միջամտության գլխավոր ոլորտներից մեկը՝ ուղղված երեխաների խնամքի եւ պաշտպանության եւ ընդհանրապես սոցիալական պաշտպանության համակարգի ամրապնդմանը երկրում: Այս ուսումնասիրության կենտրոնում ԱՍՀՆ-ի եւ ՏԿԵՆ-ի

իրավասության ներքո գտնվող կադրերն են, մասնավորապես ՏԿԵՆ-ի ենթակայության տակ գտնվող համայնքային սոցիալական աշխատողները (ՀՍԱ/CSWs), որոնք տեղական ինքնակառավարման մարմին հանդիսացող խնամակալության և հոգաբարձության մարմինների և հանձնաժողովների (ԽՀՄ/ԽՀՀ - GTBs/GTCs) հետ միասին աշխատող համեմատաբար նոր կադրեր են: Քննության են առնվել, ընդհանուր առմամբ, երեխաների և նրանց ընտանիքների վրա ազդող հարցերը և այն, թե որքանով արդյունավետ են այդ հարցերին արձագանքում ներկայիս համակարգն ու կադրերն իրենց կողմից իրականացվող առանձին միջոցառումներով, որոնք գլխավորում է ՀՀ կառավարությունը ԱՄՆ կառավարության Կյանքի դժվարին իրավիճակում հայտնված երեխաների ռեգիստր (VCA) ծրագրի հետ համագործակցությամբ:

Կադրերի հզորացման մոտեցումներ

Ստորև քննարկվում են գնահատման հայեցակարգային շրջանակի երեք ուղղություններից յուրաքանչյուրի ներքո առանձնացող հիմնական թեմաները, այն է կադրերի պլանավորում, զարգացում և աջակցություն, դրանց առավելություններն ու սահմանափակումները՝ շեշտը դնելով դրանց միջև կապերի և Հայաստանում երեխաներին ու նրանց ընտանիքներին տրամադրվող խնամքի, կանխարգելման և արագ արձագանքման ծառայությունների առկայության և որակի վրա:

- **ՍԾԿ պլանավորման մոտեցումները տալիս են ստանդարտներ սահմանելու եւ ծառայություններն ընդլայնելու հնարավորություն.** Օրենսդրությամբ սահմանված՝ ՀՍԱ-ների և բնակչության պարտադիր հարաբերակցությունը հանդիսանում է առաջխաղացում ծառայությունների մատուցման նվազագույն ստանդարտների կամ որակի հաստատման գործում: ՀՍԱ-ների կադրային համալրման, աշխատանքի ընդունման և տեղաբաշխման մեթոդների ներդրման համար օգտագործվել են թե պետական և թե ոչ պետական ֆինանսական և տեխնիկական ռեսուրսներ ՀՍԱ-ների բազային ներկայությունը երկրի բոլոր մարզերում ապահովելու նպատակով: Ընդհանուր առմամբ, համայնքներում ՍԾԿ-ների ընդլայնվող ներկայությունը նպաստում է մատչելի ծառայությունների մասին հանրության ավելի բարձր իրազեկվածությանն ու դրանց նկատմամբ պահանջարկի մեծացմանը: Սակայն Երևան քաղաքից դուրս ՀՍԱ-ների սահմանափակ տեղաբաշխումը և գերատեսչությունների միջև դերերի ու պարտականությունների անհստակությունը մնում են արդյունավետ և արդար ծառայությունների մատուցման գործում հիմնական դժվարությունները: Առկա տվյալները ցրված են մի շարք տեղեկատվական համակարգերում և այլ աղբյուրներում և ընթացքում չեն օգտագործվում համակարգի կամ աշխատողների աշխատանքը գնահատելու համար:

- **ՍԾԿ զարգացման մոտեցումներն ապահովում են վերապատրաստված ՍԾԿ-ների առկայությունը.** Տեղական հաստատությունների շրջանում ՀՍԱ-ների ատեստավորման/վկայագրման ճկուն և բազմազան տարբերակները նպաստել են առաջնագծի այս աշխատողների տեղաբաշխման ընդլայնմանը՝ պոտենցիալ կերպով ընձեռելով կյանքի դժվարին իրավիճակներում հայտնված ընտանիքների հետ ավելի լայն փոխշփում ունենալու հնարավորություն: Այնուամենայնիվ, Երևան քաղաքից դուրս մասնագետների բացակայության պայմաններում, կլինիկական գնահատում կամ գործի ինտենսիվ վարում պահանջող ավելի բարդ դեպքերի լուծմանը թերևս ավելի դժվար կլինի հասնել առանց ավելի ամուր հիմքերի վրա դնելու դասարանում իրականացվող ուսուցումը՝

խստապահանջ պրակտիկ աշխատանքի և սուպերվիզիայի մեթոդների միջոցով: Անհրաժեշտ է հրթայցս իրականացնել տեղում մշակված և մատուցվող դասընթացների բովանդակության վերանայում դրանք գործնական կարիքներին համապատասխան պահելու նպատակով, հատկապես այն պարագայում, երբ մեծանում է պետության կողմից տրամադրվող դրամական օժնության և մասնագիտացված ծառայություններից օգտվելու ուղեգրերի մասին իրազեկվածությունն ու պահանջարկը:

- **ՍԾԿ աշակցության մոտեցումները նպաստում են առաջնագծի ՍԾ կադրերի աճին**. Երկարաժամկետ հեռանկարում մոտիվացված, բարձր կատարողականություն ունեցող ՍԾԿ-ների պահպանումը խիստ կարևոր է երեխաների խնամքի և պաշտպանության որակյալ ծառայություններ մատուցելու համար: ՀՍԱ կադրերի ստեղծումը վկայում է ընդլայնված ծառայություններ մատուցելու հանձնառության մասին: Սակայն, որոշ աշխատողներ իրենց թերագնահատված են զգում այդ դերում, մասամբ ցածր աշխատավարձի և մեծ ծանրաբեռնվածության պատճառով, ինչը վտանգի տակ է դնում այս հաստիքների և համայնքներին բերած նրանց ծառայությունների պահպանումն ու կայունությունը: Սուպերվիզիայի ներկայիս համակարգն իրականացնում է վարչական, կրթական և աշակցության որոշ գործառույթներ` օգնելով հաղթահարել աշխատանքի հետ կապված սթրեսն ու ամրապնդել գիտելիքներն ու հմտությունները ռիսկային խմբի երեխաներին և նրանց ընտանիքներին ավելի լավ հայտնաբերելու և նրանց ծառայություններ մատուցելու համար, սակայն, բոլորը չէ, որ զգում են այս օգնությունը:

Առաջարկություններ

Կադրերի պլանավորման, զարգացման և աշակցության մոտեցումների բնագավառում մինչև օրս կատարված ներդրումների, կայուն կադրերի և սոցիալական ծառայությունների համակարգի զարգացման գործում դրանց առավելությունների ու թերությունների և երեխաների և նրանց ընտանիքների մակարդակով նկատված փոփոխությունների մասին հետևությունները հաստատվել են երկրի խորհրդատվական խմբի շրջանում և հիմք ծառայել առաջարկությունների ու գերակայության աստիճանների հիմնավորման համար: Մշակվել են նաև խաչածվող առաջարկություններ, որոնք կարելի է անմիջականորեն առաջ տանել/խթանել աշխատաժողովի մասնակիցների շրջանում:

Պլանավորում
ՀՀ ԱՍՀՆ-ի, մյուս ճյուղային նախարարությունների և հաստատությունների հետ սերտ համագործակցությամբ (Օր. ` ՀՀ ՏԿԵ, ՀՀ կրթության, գիտության, մշակույթի և սպորտի [ԿԳՄՍ] նախարարությունները) մշակել մարզային ռազմավարություններ, ընթացակարգեր և ուղեցույցներ` նպաստելու երեխաներին և նրանց ընտանիքներին որակյալ սոցիալական ծառայությունների մատուցման իրագործմանը:
Գնահատել ՍԾԿ ներկայիս բաշխվածությունը և առկա ծառայությունների մատուցման, բնակչության և այլ ժողովրդագրական տվյալների հիման վրա հաշվարկել առաջարկվող կամ թիրախային գործակիցները, ծանրաբեռնվածությունը և հաստիքների քանակը` որպես համայնքային և մարզային մակարդակներում հավաքագրման և տեղաբաշխման ուղեցույց:
Մշակել, փորձարկել և ընդլայնել երեխաների խնամքի և պաշտպանության միասնական ազգային տեղեկատվական համակարգը (CPIS), որը թույլ է տալիս ՀՍԱ-ներին, միասնական սոցիալական ծառայությունների (ՄԾ/USS) տարածքային գրասենյակների աշխատողներին և ուրիշ ծառայություն մատուցողներին մուտքագրել, դիտել և փոխանակել շահառուներին կամ գործերին վերաբերող տվյալները:

Զարգացում
Ամրապնդել գործընկերությունը և աշխատանքների համաձայնեցումը ԱՍՀՆ-ի, ՍԾԿ-ներ աշխատանքի ընդունող այլ նախարարությունների, համայլսարանների և ուսումնական հաստատությունների միջև ուսումնական ծրագրերի համապատասխանեցման համար:
Ստեղծել ինստիտուցիոնալ մեխանիզմներ առանց աշխատանքից կտրվելու (ԱԱԿ/IST) ուսուցում տրամադրելու, մշտադիտարկելու և վկայագրելու, ինչպես նաև ՍԾԿ-ների շրջանում կրթությունը շարունակելու համար:
Աջակցություն
Ստեղծել սուպերվիզիայի համակարգ համայնքային և մարզային մակարդակներում երեխաներին և նրանց ընտանիքներին ծառայություններ մատուցող պետական ՍԾԿ-ների շրջանում շեշտը դնելով այդ համակարգի կրթական և աջակցող գործառույթների վրա
Ստանդարտացնել սոցիալական աշխատանքի կամ հարակից ոլորտներում ներգրավման համար անհրաժեշտ կրթական որակավորումների պահանջները (կամ նախապատվությունը, ըստ անհրաժեշտության) պետական և ոչ պետական պաշտոնների անձնագրերում:
Բարելավել աշխատանքային պայմանները համապատասխան տարածք հատկացնելու, ծանրաբեռնվածության մշտադիտարկման և կարգավորման միջոցով:

Եզրակացություն

Երեխաների, նրանց ընտանիքների, հաշմանդամություն ունեցող անձանց և այլ խմբերի բարեկեցության համար էական նշանակություն ունի սոցիալական ծառայության կադրային բազան, որն ունի համապատասխան թվով և տեսակի սոցիալական աշխատողներ և սոցիալական ծառայությունների ոլորտի այլ աշխատողներ, որոնք մատուցում են որակյալ ծառայություններ այնտեղ, որտեղ դրանց կարիքը խիստ զգացվում է: Այս ուսումնասիրության/գնահատման նպատակն էր ներկայացնել կոնկրետ մոտեցումներ, որոնք ԱՍՆ ՄՋԳ-ը և երկրի գործընկերները պետք է դիտարկեն ջատագովելու և ապագայում ներդրումներ անելու տեսանկյունից, ինչը կնպաստի ավելի կարող ՍԾԿ-ներ և ընդհանուր կայուն սոցիալական ծառայությունների համակարգեր ապահովելուն Հայաստանում, Կամբոջիայում և Ռուանդայում, իսկ համապատասխան դեպքերում, նաև այլ երկրներում: Ուսումնասիրության հայեցակարգային շրջանակի երեք ոլորտներից յուրաքանչյուրի ներքո առանձնացող հիմնական թեմաներն ընդգծում են կադրերի պլանավորման, զարգացման և աջակցության մինչ այժմ կիրառվող մոտեցումների առավելություններն ու սահմանափակումները, ինչպես նաև Հայաստանում երեխաներին և նրանց ընտանիքներին տրամադրվող խթանող, կանխարգելող և արձագանքող ծառայությունների իրական մատչելիության և որակի միջև կապերը: Այս հետևությունների հետ կապված ձևակերպվել են առաջարկություններ գլխավոր շահեկիցների շրջանում անմիջապես և երկարաժամկետ հեռանկարում առաջ տանելու համար:

Background

According to the Global Social Service Workforce Alliance, the social service workforce (SSW) is "an inclusive concept referring to a broad range of governmental and nongovernmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being" (Global Social Service Workforce Alliance, 2010). The United States Government (USG) is committed to investing in strategies to support the SSW in keeping with its Advancing Protection and Care for Children in Adversity (APCCA) strategy and implementation plan (United States Government, 2019, 2020). This whole-of-government approach aims to ensure comprehensive and coordinated efforts to strengthen systems for protecting and caring for children worldwide. A strong, well-trained SSW, consisting of diverse categories of social workers and other social service personnel with different levels of training and qualifications, is necessary for the well-being of children, families, persons with disabilities, and other groups faced with difficult circumstances or challenges.

Many countries with weak or developing social service systems face challenges in delineating and distributing responsibilities among government ministries and other entities, inadequate resources to address high need and overwhelming demands for social services, conflicting policy and program mandates, limited availability and access to training and education in social work and related disciplines, and a marginalized and disempowered SSW. All these challenges can impact service delivery to children and their families and can often result in unsafe conditions for children (Global Social Service Workforce Alliance, 2019).

The USG's investments in social service system development include collaboration with governments to develop and implement national policies and plans of action for vulnerable populations, targeted organizational capacity strengthening for governments to improve service delivery and sustainable financing, training programs for frontline staff, professional/technical supervision, and support for national information management systems for child welfare and protection program data. These investments are meant to complement or work in coordination with country governments' programming to reach national development goals, as well as the donor community's efforts toward global commitments such as the Sustainable Development Goals (SDGs).

Purpose and Core Questions

The United States Agency for International Development's (USAID) Children in Adversity Team engaged Data For Impact (D4I) to assess activities that it supports across three countries—Armenia, Cambodia, and Rwanda—that involve strengthening the SSW and broader system related to child care and protection. The goal of the assessment was to identify specific approaches that USAID and country partners should consider advocating for and making future investments in that will contribute to a more robust SSW and overall sustainable social services systems in these three countries, and, as applicable, in other countries.

Core assessment questions included:
1. Which approaches to (a) planning, (b) developing, and (c) supporting the SSW responsible for providing services to children and families in adversity have been invested in by the government, the Vulnerable Children Account (VCA), and other key partners in the selected countries?

2. What have been the advantages and limitations of these social service workforce strengthening (SSWS) approaches in developing and improving sustainable social service systems?

3. What, if anything, can be concluded from available data about changes at the child and/or household level that coincide with the implementation of these approaches?

Conceptual Framework

When a country has a well-planned, developed, and supported SSW at national and subnational levels, these workers are enabled to perform a range of functions to provide a continuum of child care protection services to children and families (UNICEF, 2019). These services span three areas: (1) promotive work at the macro level that enables better functionality of the social service system; (2) preventive work that can help connect families at risk to essential services, education, and other support; and (3) response services for children and families who have experienced violence, abuse, or exploitation. To explore this connection between workforce strengthening and the continuum of child care and protection services, D4I framed its approach to data collection and analysis around the Strengthening the Social Service Workforce Framework developed by the Global Social Service Workforce Alliance (Global Social Service Workforce Alliance, 2010) (Figure 1). Its three workforce-specific components—planning, developing, and supporting—are also reflected in the United Nations Children's Fund's (UNICEF) Strategic Framework for Strengthening the SSW for Child Protection (UNICEF, 2019). The assessment team relied on these three components and corresponding illustrative interventions (Table 1) to characterize approaches to workforce strengthening that have been supported by the VCA, along with government and other key partners to date in Armenia, to identify strengths and weaknesses and formulate recommendations for future SSWS investments with clear links to improved service delivery and outcomes for children and families.

Figure 1. Strategic framework for strengthening the SSW for child protection
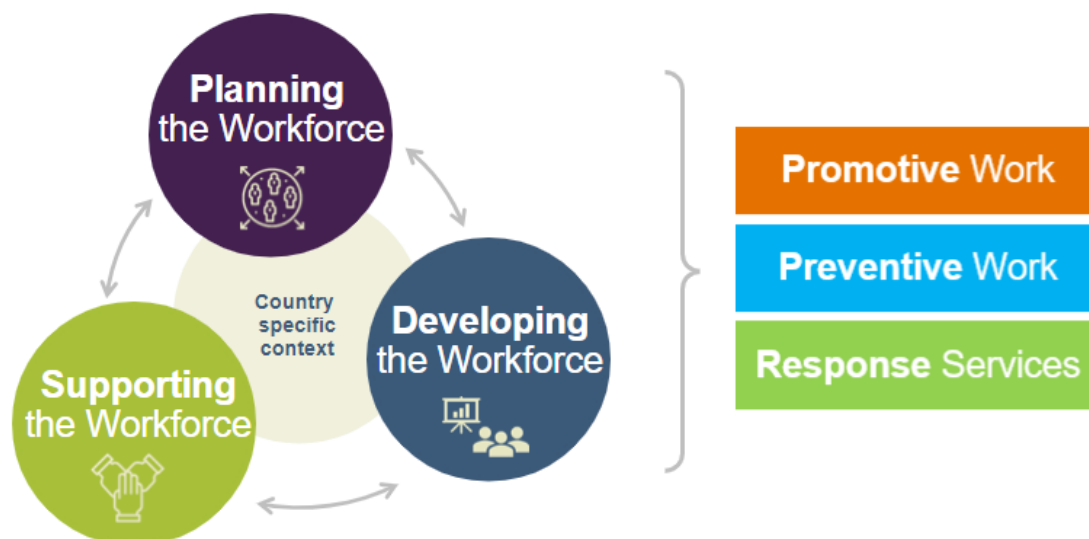
Source: Global Social Service Workforce Alliance, 2010; Design: Denise Todloski, Data For Impact, 2023.

Table 1. Subareas by workforce strengthening component

Planning	Developing	Supporting
• Strategic approaches to planning the workforce • Human resources (HR) data for decision making • Recruitment, hiring, and deployment practices and systems that consider urban, peri-urban, and rural areas and decentralization plans • Alliances to strengthen leadership and advocacy among stakeholders	• Education and training aligned with effective workforce planning efforts • Curricula incorporate both local/indigenous knowledge as well as international best practices for improving the well-being of children and families • Faculty and teaching methods • Broad range of professional development opportunities for workers	• Systems to improve and sustain SSW performance • Tools, resources, and initiatives to improve job satisfaction and retention, including remuneration • Professional associations supported to enhance the professional growth and development of the workforce

Overview of Child Care and Protection Programming in Armenia

The assessment focused on a select number of activities led by the Government of Armenia (GOA) in partnership with the USG's VCA.

- World Vision (WV) has been active in Armenia since the 1988 earthquake and has introduced community social work into its operations and advocacy. It has advocated for and engaged community social workers (CSWs) in its child protection and wider development programming along with the Ministry of Labor and Social Affairs (MoLSA) and other key stakeholders, starting with the 2004 Child Protection Program. Most recently, the $4.9M **Community Level Access to Social Service (CLASS)** activity, led by WV and funded by USAID, was launched in 2017 to strengthen case management practices, respond to the needs of vulnerable children and families, and strengthen the resilience of families living in poverty through social work interventions. Through these activities, WV and its partners have played a variety of roles in SSWS, including promoting increased recruitment and deployment of CSWs by the government, development of training materials and programs, and provision of technical supervision.

- With partners such as the Child Development Foundation (CDF), Women Support Center, and Disaster Risk Reduction National Platform, CLASS works to promote the CSWs' role and strengthen the capacity and cooperation of key social protection actors at local and regional levels in Armenia (USAID et al., 2021). In 2021, a midterm review showed that CLASS had achieved or surpassed almost all indicator targets. The project has been extended for implementation through 2024, adding 48 new communities to the initial 60 and 2 administrative districts in Yerevan. The extension period will focus on project scale-up, advocacy for more state funding, increased awareness among community members on social support services, and support for local social services projects.

- Other highly relevant programming supported by USAID and its VCA has been conducted under **MEASURE Evaluation** and **D4I**, which have worked with the MoLSA since 2017 to address a lack of high-quality data to help target interventions to improve child protection and care for the most vulnerable children and their families. Building on the 2018 self-assessment of care reform, D4I has collaborated with the MoLSA to the bolster collection, management, and use of quality routine data; formalize the responsibilities and processes for reporting; and coordinate staff and resources for monitoring

progress. Some key achievements from this collaboration include the development of a roadmap to a comprehensive and interoperable child care and protection information ecosystem, facilitating integration of social services and data exchange across all partners, and training to strengthen capacity in key social service system building blocks: policy making, management, financing, and service delivery (Armenia – DataForImpactProject, n.d.).

In addition to its partnership with the GOA and investments in the activities described above, USAID has collaborated closely with UNICEF in supporting care system reform in Armenia. UNICEF Armenia has been a key player in stepping up national efforts around deinstitutionalization, contributing advocacy, technical resources, and other resources toward policy change, capacity strengthening, and creating options for family-based care.

> ### UNICEF Armenia milestones include:
>
> - The establishment of a more enabling legal and regulatory framework for childcare reform through amendments, government decrees, and the inclusion of key priorities in national strategies and plans for child and human rights
> - Increased access to community-based family support services through capacity strengthening of social workers and case managers and reallocation of financial and human resources from residential to community-based care
> - The expansion of the types, funding, and network of families for foster care
>   *(UNICEF Armenia, n.d.).*

In its current country program (2021–2025), UNICEF Armenia commits to a government-shared vision of "all children in Armenia increasingly benefit from equitable enjoyment of their rights to survive, thrive, learn, be protected and participate – based on enhanced policies, services, resources, and practices of duty bearers" (UNICEF, 2021). References to the SSW under its social policy and child rights system and child protection program components highlight the central importance of investments in these workers to effecting change, and in particular, to extending service access to communities and to the most marginalized groups (UNICEF, 2021).

Methods

Stakeholder Engagement

As in Cambodia and Rwanda, D4I convened a national leadership group (NLG) to guide the assessment team in adapting the protocol to the country context and throughout implementation.

NLG composition:

- MoLSA
- USAID Armenia
- UNICEF Armenia
- Yerevan State University (YSU)
- Armenian Association of Social Workers (AASW)
- World Vision (WV)
- CDF
- Other key civil society, non-profit, and faith-based organizations providing social services

(see Appendix A)

These members provided country-specific inputs on the protocol, instruments, and geographic selection; a list of key informant interview (KII) and focus group discussion (FGD) participants; and assisted in validating the findings and in formulating recommendations. They also informed finalization of locations for subnational data collection, refinements to the KII and FGD question guides, and priorities in participant recruitment, as well as highlighted areas in need of additional follow up or understanding, which were explored in the qualitative portion of the assessment.

Geographic Area Selection

To reflect the range of issues affecting children and families across Armenia, three geographic areas were selected for subnational-level KIIs and FGDs. This selection process occurred iteratively through several discussions with USAID, members of the Armenia NLG, and guidance from the MOLSA on criteria to consider, including rural, urban, and peri-urban diversity; conflict-affected areas; populations of interest (e.g., families receiving benefits, residential care facilities, children with disabilities); poverty rates; and the presence of governmental and nongovernmental SSW and key implementers.

Based on these criteria, the following three regions were selected (Figure 2):

Figure 2: Geographic areas included in the assessment

Yerevan Region (marz), all administrative district(s)

Ararat Region (marz), all administrative district(s) / communities (hamaynkner)

Syunik Region (marz), all administrative district(s) / communities (hamaynkner)
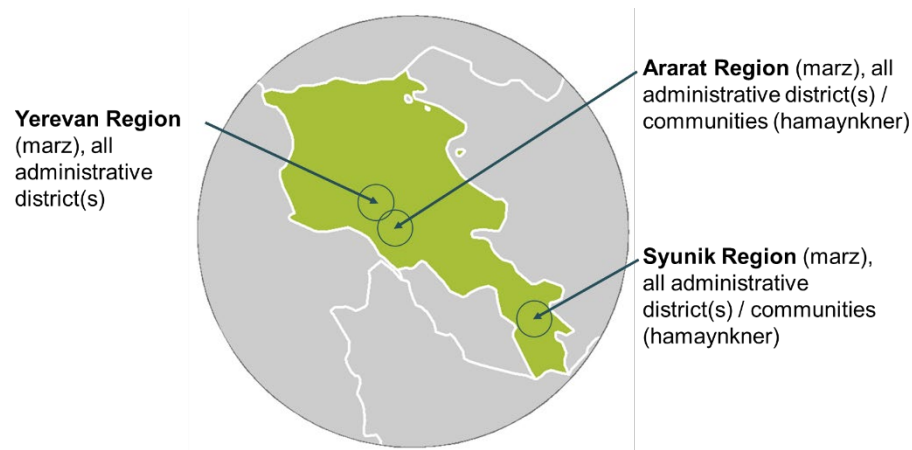
- **Yerevan City, including all 12 administrative districts:** exceptionally urban, with over 35 percent of the total population and highest numbers of population(s) of interest, highest ratio of SSW (both community and Unified Social Services [USS] social workers/case managers) to child population, with all 12 administrative districts' units upgraded to Child Protection and Social Security departments with focused recruitment and training of staff in social work.

- **Ararat marz:** primarily rural (72% of population), relatively greater number of children with disabilities compared to other regions (except for Yerevan), one care center, mid-range poverty rates, and lower SSW to child population ratio compared to other regions.
- **Syunik marz:** conflict-affected area bordering Azerbaijan, smaller population of children (0–15) and fewer families receiving benefits but at risk of displacement, one care center, lower poverty rates, and higher SSW to child population ratio compared to other marzes.

Assessment Design

This assessment involved a mix of quantitative and qualitative methods, including a review of relevant country-specific and global documents, a secondary analysis of existing aggregate data, and primary data collection through KIIs and FGDs at national and subnational levels. The document review and secondary data analysis were intended to help understand the approaches undertaken to strengthen the workforce and improve services at a high level and over time; KIIs and FGDs aimed to capture the insights of stakeholders involved in policy and programs, as well as workers' and beneficiaries' perspectives on their advantages, limitations, and firsthand experience of outcomes related to these approaches.

Document Review

D4I compiled a total of 29 country-specific documents, policies, frameworks, and other materials related to the SSW in Armenia. These materials were shared by the Children in Adversity Team, USAID mission, and implementing partners, in addition to resources and materials suggested by members of the NLG. Analysis focused on the initial characterization or summary of VCA-supported approaches to social services system development via the workforce, as well as how these approaches have fit within or complemented related government and other key partner initiatives, and remaining gaps or areas for exploration in the qualitative phase of the assessment. Concurrently, the review also shaped instrument development for the KIIs and FGDs, as well as identification of individuals or entities to participate and informed decision making about data to request for secondary analysis.

Secondary Data Analysis

Data were obtained for indicators of interest via an official request to the MoLSA (Table 2) and from publicly available sources (e.g., census data). They were compiled and analyzed using Microsoft Excel with a focus, where possible, on trends in services, child-level outcomes, and workforce over time by geographic area and level of alignment with changes in workforce numbers or workforce-to-child population ratios. Though data obtained were limited, results shed some light on where investments by the GOA, USAID, and other key partners coincided with trends in service coverage or addressing emerging needs.

Table 2. Indicator data received from the MoLSA

Indicator	Disaggregated by
Number of children in foster care	By year (2017–2022), marz, sex, age, and disability status
Number of children in state-funded residential care institutions (orphanages/boarding facility, emergency support centers)	By year (2017–2022), sex, age, and disability status
Number of families who receive family benefits	By year (2017–2022), marz, type of family (with children)
Number of children with disabilities	By year (2017–2022), marz, sex, type of disability
Number of social workers in residential care and day care institutions	By year (2017–2022)

Key Informant Interviews

A total of 14 KIIs were conducted at national and subnational levels (Table 3). At the national level, the assessment engaged representatives of key government institutions, donors or multilateral organizations funding social services or related interventions, and implementing partners, including nongovernmental organizations (NGOs) and other organizations involved in child care and protection programming. Representatives involved with workforce training and advocacy, such as YSU and the AASW, were also interviewed. In instances where there was more than one person with substantive knowledge and expertise relevant to the assessment in a single institution, small group KIIs were held (2–3 people). At the regional level, small group KIIs were also held with representatives of guardianship and trusteeship bodies/committees (GTBs/GTCs) with representatives of allied sectors such as health, education, and justice.

Table 3. KIIs by location and other characteristics

Type	Total number of KIIs by location				Total number of interviewees
	National	Ararat	Syunik	Yerevan	
Government institutions	4			1	5
Donors and multilateral organization	2				3
NGOs/civil society organizations (CSOs)	2				2
Allied sectors via multisectoral platforms (GTBs/GTCs)		1	1	1	6
Educational institutions	1				2
Professional associations	1				1
Total	**10**	**1**	**1**	**2**	**19**[1]

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[1] Number of interviewees is higher then total number of interviews because of small group KIIs.

Focus Group Discussions

A total of 18 FGDs were held with representatives of the governmental and nongovernmental SSW, specifically CSWs, the USS, and NGO/Faith-Based Organization (FBO)/CSO staff, as well as with beneficiaries ages 15–17 and caregivers of younger beneficiaries. Participants in the beneficiary groups were separated by gender to facilitate greater comfort and sharing of personal experiences, especially as sensitive topics related to family and relationships were explored. Workforce groups were mixed gender, with an attempt to include equal numbers of men and women. Due to the centralized structure of social service provision, one FGD was held in Yerevan with supervisors from different regions, including Yerevan Municipality, USS, and WV staff, with an average of 13 SSW reporting to them.

Potential participants for all groups were identified in collaboration with USS, WV, and CDF, who communicated with the regional and community administrations regarding the assessment. CSWs from a cross-section of communities and settlements within the selected marz for the FGD were invited to participate in the discussions. Table 4 provides more details on the characteristics of FGD participants.

Table 4. Number of FGD participants by type, location, and gender

Type	Total number of FGDs by location			Total number of participants	Gender		Average years of service
	Ararat	Syunik	Yerevan		Male	Female	
Gov't SSW[2]	1	1	1	29	6	23	12.1
CSWs	1	1	1	26	4	22	8.7
NGO SSW[3]	1	1		19		19	11.0
Supervisors			1	6		6	11.5
Caregivers[4]	1	1	1	26	2	24	
Youth (15–17)[5]	2	2	2	49	23	26	
Total	**6**	**6**	**6**	**155**	**35**	**120**	

Assessment Team

The core D4I assessment team (DAT) was composed of experienced senior research and management staff—including three D4I headquarters staff and two local data collection consultants. Brief descriptions of the roles and backgrounds of the team members are available in Appendix B. The headquarters team members would like to acknowledge their orientation to this work as graduate and doctoral level educated white women based in the United States, with comparatively limited knowledge of the Armenian context, realities, and challenges as understood deeply by the members of the NLG and local data collection consultants and directly experienced by many of those interviewed for this assessment. In recognition of this positionality, all steps of the assessment were taken in close collaboration with the NLG in Armenia

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[2] Included USS staff

[3] Included state noncommercial organizations, NGOs/CSOs/FBOs which are delegated provision of some services from MLSA (e.g., day care centers, crisis centers)

[4] 18 female participants were unemployed; 6 female participants were in agriculture, service sector or did seasonal work; 1 male participant was employed in construction, and one retired; 9 out of 26 participants reported a disability status

[5] 7 out of 49 participants reported a disability status

and in-person implementation was led by the local data collection consultants. This "decolonization-conscious" approach helped to promote alignment of local priorities and assessment objectives and appropriate representation of the experiences of local leaders, social service workers, caregivers, and youth involved in this programming in the assessment findings.

Data Collection and Management

Data collection was conducted between January 2023 and June 2023. All data collection instruments (Appendix C) were developed in English, translated into Armenian, and then validated by the local data collection consultants in a short series of mock interviews and discussions. All KIIs and FGDs were administered in person by the data collection consultants and audio recorded for transcription. The data collection consultants led KIIs and FGDs, alternating the tasks of facilitation and notetaking. All KIIs and FGDs were conducted in Armenian. All interviews and discussions were transcribed and simultaneously translated into English. KII and FGD transcripts and other data were stored on password-protected computers and encrypted cloud servers (Microsoft Teams) that were only accessible to the assessment team.

Data Analysis

The same team that conducted data collection also analyzed and identified themes under each component of the conceptual framework to produce initial findings. D4I followed these steps for the verification and analysis of KII and FGD data:

- *A priori* (developed prior to data collection) codebook was created based on the question guide.

- After each day of data collection, the consultants held a debriefing session to discuss reactions and which themes emerged to ensure any identified gaps were addressed in the next set of interviews and FGDs.

- Once all KIIs and FGDs were complete, the data collection consultants transcribed all audio recordings. The Armenian audio recordings were transcribed directly into English.

- The data collection consultants logged ideas for thematic coding and supporting quotes during the data collection process, which facilitated a systematic review of the data during analysis.

- At the end of the data collection period, and after all the audio recordings were transcribed, the data collection consultants manually coded all the transcripts, building on the thematic analysis that started during data collection. They used the codebook and added to it as themes emerged. They then provided the HQ team with a draft synthesis to respond to the assessment questions, including all relevant quotes and transcripts.

Ethical Considerations, Gender, and Child Safeguarding

This assessment was undertaken in accordance with the fundamental principles of "do no harm" and "the best interests of the child." The assessment team ensured that all requirements for ethical research with human subjects, including informed consent and confidentiality, were respected with specific attention to the following:

- The assessment team obtained approval from the HML IRB in the United States, as there was no relevant IRB in Armenia.
- All assessment instruments and consent and assent forms were translated into Armenian.
- Prior to FGDs and KIIs, informed consent was obtained from adult participants. In addition, written informed assent was provided by youth participants as well as written informed consent from their caregivers.
- Prior to FGDs, prospective participants were asked in private to provide their consent, to ensure they did not feel peer pressure to participate.
- Confidentiality of all data and anonymity of all the shared results were maintained.

D4I integrated gender inclusion and child safeguarding measures into all activities, including KIIs and FGDs. The assessment followed local referral protocols for any disclosure of abuse, neglect, or gender-based violence in accordance with local statutory reporting requirements and USAID child-safeguarding policies. Gender and disability inclusion were reflected in participant recruitment and in data analysis through results disaggregation (when possible) and incorporating diverse experiences via FGDs with social service workers, caregivers, and beneficiaries, which included both male and female participants.

Challenges and Limitations

Data were collected successfully at all levels in line with the assessment protocol, with the following challenges and limitations:

- There were limited data and associated disaggregation (e.g., sex, age, geographic location, disability, and year) available for secondary analysis from the MoLSA databases. Data obtained were only available for specific periods of time for selected indicators, limiting what trend analyses could be produced and which child protection and SSW outcomes could be triangulated with qualitative findings.

- The centralized structure of the social services system in Armenia weighted interviews toward national level respondents, with most subnational level perspectives gathered through the FGDs.

- Identifying youth and caregiver participants who did not know each other was difficult when recruiting from small communities and settlements for FGDs.

- Diverging from the global protocol which included FGDs with administrative and/or technical supervisors of SSWs in each region, the assessment team instead held one FGD in Yerevan with both types of supervisors from across the country, including USS and nongovernmental partners like WV, due to the limited number of supervisors per region and the need to adhere to the standards for the minimum required number of participants for an effective FGD.

Findings

This section presents findings from the assessment according to the framework for strengthening the social service workforce: planning, developing, and supporting. Situated within the country-specific context, approaches to strengthening the SSW, their advantages and limitations are described with supporting quotes. Qualitative insights derived from the KIIs and FGDs are synthesized into themes and triangulated with information obtained through the document review and secondary data analysis and presented together as appropriate. These workforce-specific findings are followed by a discussion of the child and family issues addressed effectively and less effectively and contributing factors as reported by caregivers and youth.

Country-Specific Context

An understanding of key contextual factors and trends in Armenia was essential to positioning the findings of the assessment within the overall conceptual framework. Broadly, this context includes local legislation, labor market and economy and culture, social service, child protection, justice, and allied sector systems, all of which influence the extent and success of efforts to strengthen the workforce and improve services for children and families. Achieving the SDGs, the 2030 Agenda is intended to guide every country's development strategy, requires investments in sectoral reform agendas to eradicate poverty and secure equity. Access to social services is critical for achieving the 17 goals and 179 targets inclusive of 1 (no poverty); 2 (no hunger); 3 (health and wellbeing); 4 (quality education); 5 (gender equality); 8 (decent work and economic growth); and 10 (reduced inequalities).

Legal and Regulatory Framework

The GOA has worked consistently to formulate and adopt legislation to protect children and their rights since becoming an independent sovereign state in 1991 (see Appendix E and Figure 3). These laws support children growing up in a family, including those with disabilities, with adequate food and housing, access to education and health services, and safety from exploitation and abuse. Some, namely the 2005 Social Assistance Law, the 2007 Ministry Decree #32, and 2014 amended Social Assistance Law and related regulations, define social services, social work, and social work professionals; their rights and responsibilities in caring for vulnerable populations; and requirements for professional practice. A new Law on Social Assistance with greater focus on the professionalization of social work has been drafted, and comments from the prime minister's office are being addressed by an expert group ahead of its formal submission to legislators. Such workforce-supportive elements of legislation are essential to building a comprehensive normative framework as part of a system of quality assurance for social services, along with licensing and registration, accreditation of education and training, supervision, and information systems (UNICEF, 2019). Anticipated amendments are expected to bring further clarity to the roles and responsibilities of different social service workers, ministries, and agencies involved in public social assistance and protection programming in Armenia.

Figure 3. Timeline of milestones in Armenia related to SSW and system strengthening

KEY: **SHIFT IN SOCIAL SERVICES** / **EDUCATION** / **KEY LEGISLATION**

ARMENIA

1991
Became independent, sovereign state from the Soviet Union

1996
YSU opens Faculty of Social Work and initiates social work bachelor's degree program

1996
Law on the Rights of the Child

2000
YSU initiates master's degree in social work program

2002
Law on Local Self-Governance, which sets ratio of one social worker per 5,000 residents

2005
Law on Social Assistance, which defines social work as professional activity

2007
Ministry of Labor and Social Affairs (MOLSA) Decree #32, which describes role of social work specialists

2014
Amended Social Assistance Law

2019–present
YSU distance-learning certification course on community social work

2020
Government closure of all residential care institutions and adoption of a 4-year action plan to support deinstutionalization

Labor Market, Economy, and Culture

As highlighted in [Armenia's Voluntary National Review (VNR) Report](#) on the implementation of the SDGs in 2020, Armenia anticipates a 13% increase in social spending and allocations for human capital development. Of the total labor force, 12.6% are unemployed (up from 10.5% in 2010) and one-third of children are living in poverty (33.9% in 2021). A shift to family-based, promotive care for children facing difficult life circumstances or with disabilities has decreased the number of children in Armenia living in state- and non-state-run orphanages, special schools and emergency centers, and small group homes to 500. Residential care has been shown to have negative effects on children, as well as put heavy financial burdens on state budgets. An estimated annual cost of $16.6 million related to residential care in Armenia, along with key research, supports the need to sustain these efforts (Petrosyan, 2012; UNICEF Armenia, n.d.; Yacoubian, n.d.) Historically, support for children and families was seen as the role of the Armenian Apostolic Church. This function was later shared with the state and community as part of the Soviet Union and during the country's transition from a communist to an independent, liberal state (Arakelyan & Antonyan, 2014). With the 2020 closure of all residential care institutions and the government's adoption of a four-year action plan in support of deinstitutionalization, developing the SSW has been one of GOA's leading areas of intervention for strengthening the country's child and wider social protection system.

Social Welfare and Child Protection Systems

Armenia's three-tier child protection system—national, regional/marz, and community—has been a focus of investment over the past decade by the GOA, with support from the European Union, UNICEF, and USAID, among other donors and development partners (Figure 4).

- At the national level, the MoLSA collaborates with the Ministry of Territorial Administration and Infrastructures (MOTAI); the Ministry of Education, Science, Culture and Sport (MoESCS); the Ministry of Justice; and the Ministry of Health (MOH) to oversee social assistance and protection policies and programs for the most vulnerable populations. The National Child Rights Protection Commission is chaired by the minister of the MoLSA and includes representatives from these key ministries, CSOs, NGOs, and donors. It functions as an advisory platform where deputy ministers, marz governors, and all other government agencies can report on what they are undertaking in the child protection sector and reach consensus on issues and solutions.
- At the regional level, and under the oversight of the MOTAI, all ministries coordinate via the *marzpetaran* (regional administrations) to deliver services through the appropriate family, children, and women's units and health and social welfare departments (Arakelyan & Antonyan, 2014; Data for Impact, 2021; USAID et al., 2020). At this same level, although outside of the three-tier child protection system, the USS within the MoLSA operates through 48 territorial or regional centers that provide access to family-based social protection programs, primarily through social workers/case managers using a case management approach.
- A relatively new cadre of CSWs under the MOTAI and engaged by community councils extend services to the community level. These workers function as the frontline of screening, assessment, service delivery, and referrals along with community-based, self-governing GTBs and GTCs. Data on children identified as vulnerable and involved with the child protection system are registered and tracked using Manuk, an information system under the MoLSA and to which CSWs have been contributing and seeking access for case management and reporting.

Figure 4. Draft structure of the child protection system in Armenia, proposed in 2021 by 'Strengthening Collection, Management and Use of Quality Routine Data for the Provision of Child Protection and Care in Armenia'
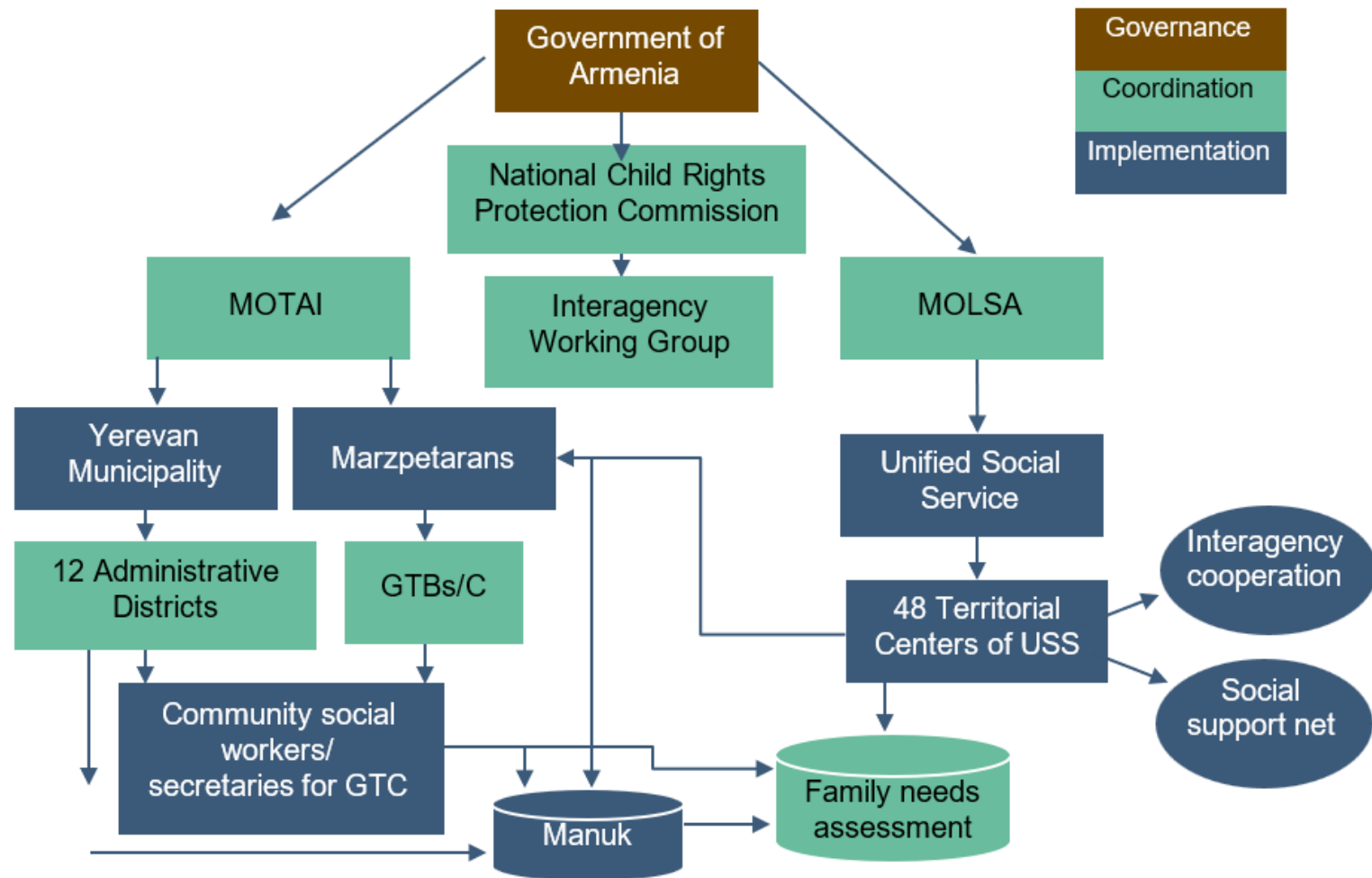
SOURCE: D4I Armenia, 2021

Despite the history of social work in Armenia, the number of professional, degree-holding social workers is limited, especially within government agencies such as the USS, its regional assistance centers, and within the MoLSA. These workers play primarily administrative or management roles. The extension of services to communities themselves has been accomplished through the creation of a cadre of CSWs who are charged with protecting the rights of those who receive social assistance (USAID Armenia, 2020). Specifically, CSWs:

- Contribute to effective prevention of and response to violence, poverty, discrimination, social exclusion, and other system social and economic challenges faced by children and families and vulnerable adults through use of knowledge of the regional network of social assistance available through government, NGOs, and the private sector
- Develop and help implement individual plans with beneficiaries through referrals, delivery of certain services, and advocacy within social services
- Support individuals in coping with the short- and long-term impacts of COVID-19 and other crises

From 2017 to 2021, 91 CSWs were recruited in 86 communities, with these positions incorporated into community and municipality core staff lists and funded by communal budgets (USAID et al., 2020). As of 2023, the total number of CSWs has risen to 129, 88% of whom are female, representing a 760% increase nationally over the past five years (Figure 5). Similarly, the number of CSWs has increased in the three regions selected for the qualitative phase of the assessment, with attrition mostly during the 2020–2021 COVID-19 pandemic, and the greatest increase and overall numbers of CSWs recruited in Yerevan in 2022.

Figure 5. Number CSWs (select marz to national) by year
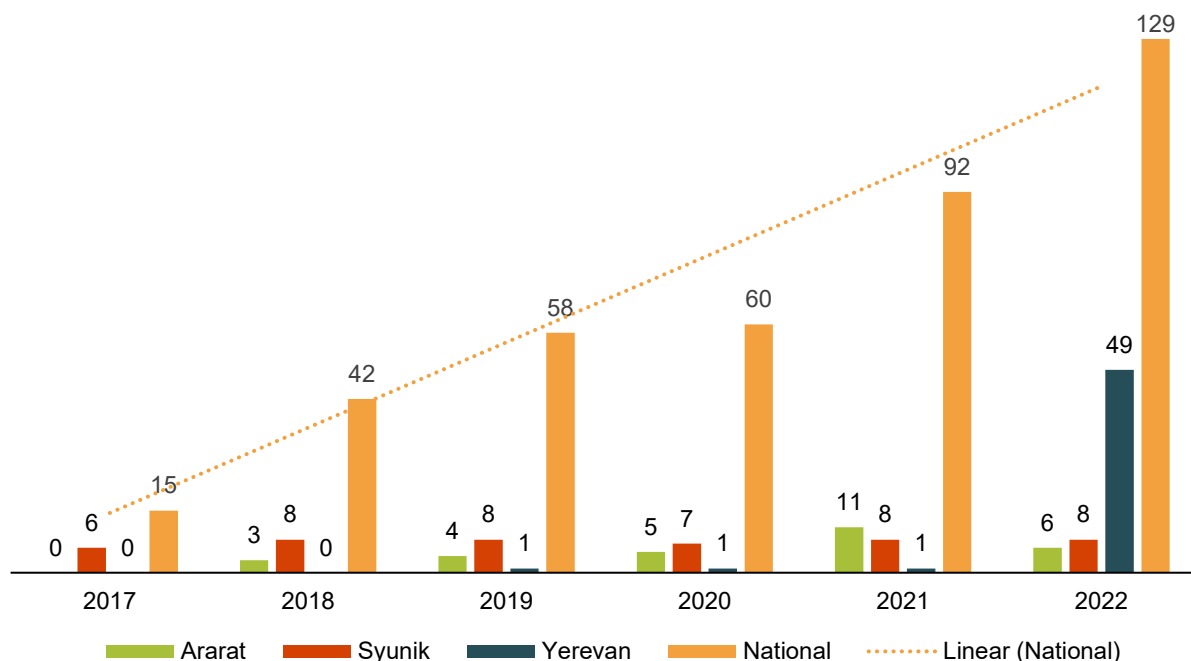
Planning

This area of the conceptual framework encompasses the approaches undertaken by the government and its partners to ensure that there are the right number and types of workers in the right places to effectively provide services to children and families in need. These efforts range from the policy and legal environment; allocation of funds for the SSW; collecting and using HR data for decision making; implementing processes for the recruitment, hiring, and deployment of social service workers; and promoting strong leadership, coordination, and collaboration among stakeholders. This section presents findings specific to each of the four planning subareas in the conceptual framework, describing strengths and limitations of what has been invested in to date, supported by qualitative insights from KIIs and FGDs and information gleaned from the document review and secondary data analysis.

Planning Subareas
• Strategic approaches to planning the workforce
• HR data for decision making
• Recruitment, hiring, and deployment practices and systems that consider urban, peri-urban, and rural areas and decentralization plans
• Alliances to strengthen leadership and advocacy among stakeholders

Strategic Approaches to Planning the Workforce

Advantages/Strengths	Weaknesses/Areas for Improvement
• Legal mandate for 1 CSW per 5,000 population provided justification for creating and filling CSW positions by regional administrations • Mechanisms and capacity for financing, accountability, and costing of plans strengthened through MoLSA/CLASS partnership • Revisions to existing laws, along with new proposals, to ensure adequate costing and budget allocation for SSW positions	• Disparities in SSW distribution across regions/marzes • No consistently defined caseload or service quality standards, with variation across institutions • Limited available resources, both for state- and non-state actors, remain primary constraint to workforce planning

Within the GOA and the USAID/CLASS project partnership, a strong baseline or minimum required number of CSW positions has been achieved, bringing the workforce and connection to programming and services closer to children and families in need. Success in scaling up and institutionalizing this new cadre has been attributed to the close alignment of USAID-funded activities in Armenia to national and subnational level social protection reforms, most prominently the Law on Local Self-Governance and subsequent amendments. This legislation, informed by advocacy and technical recommendations from the CLASS project, established a requirement for one CSW per 5,000 population; previous worker-to-population ratios were closer to one worker per one million inhabitants. As described by a key informant:

When the program started, there were only eight community social workers in the regions and one social worker in Yerevan. Now the number has reached [129]. If we ask the question of whether this number of social workers is enough for a country with so many social problems, the answer is no. But comparatively, this number is huge from the perspective of the importance and effectiveness of having social workers in the communities.

This legislative mandate provided motivation and justification for municipalities and communities to recruit and hire these workers using their existing budgets and to incorporate these positions into core staff lists. Such domestic investment represents a sustainable approach to hiring, with domestic funds for salaries complemented by financial support from CLASS for the procurement of basic equipment and supplies for these workers. Within Yerevan City, the recruitment of CSWs from within its own existing workforce aligned with inclusion of CSWs in its 2019–2023 strategic plan. In addition, child and social protection units were upgraded to child protection and social security departments, with such units in all 12 administrative districts (USAID et al., 2020, 2021). These upgrades could contribute to greater visibility and role clarity among the different social assistance actors, as well as enhanced decision making and management capabilities among department leadership and staff to produce a model to pursue in other marzers.

Despite this push to bring services and frontline workers closer to communities who need them, the ratio of CSWs to general and child populations still does not meet the minimum outlined in the amendments to the Law on Local Self-Governance (Figure 6). For example, at the national level, there are only .22 CSWs to every 5,000 in the general population and 1 CSW to every 5,000 children, whereas in Syunik, the ratio of CSWs to population is greater, reflecting better coverage (.58 CSWs for every 5,000 general population and 1.58 CSWs for every 5,000 children), although still not in line with the legally mandated minimum.

Figure 6. Ratio of CSWs to population (per 5,000) in 2022
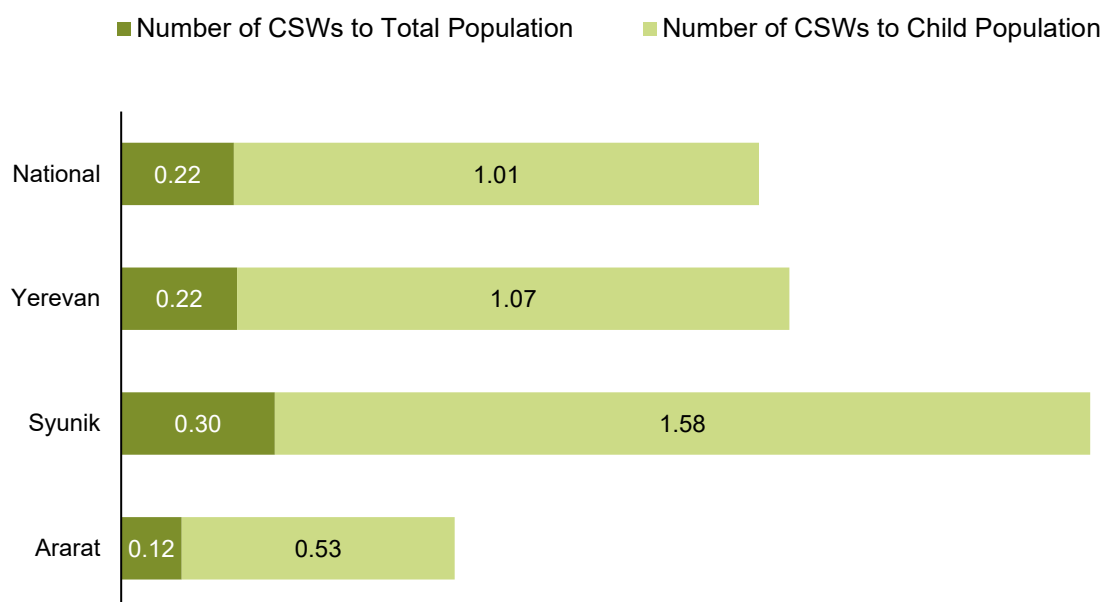
Over the past two years, there has been a concerted effort on the amendments to the Family Code and the new Law on Child's Rights and Protection System, with a major emphasis on role distribution of different levels of social workers. If the proposed changes are approved, the government will allocate funding for five CSWs per community.

Respondents reported progress around optimal staffing numbers and evidence informed-planning within the MoLSA and USS, paired with a call for more comprehensive planning guidance, budget allocation, and coordination with educational institutions and employers from the social work professional association:

In the new concept [on USS] the issue of staffing/optimal staff number is referred to carefully. Current approach is not so clear, the new concept will define clear criteria and respective revisions will be done in this regard. (Government representative, national level)

For instance, the Law on Child Rights, a number of functions are delegated to local self-governance bodies, including the functions delegated to Guardianship and Trusteeship bodies [these bodies are the heads of communities] and to GTC [established under the guardianship and trusteeship bodies], the problem is that we are delegating functions but do not allocate financial resources – this doesn't work [so much depends on how "creative" is the head of community in finding resources]. (Lusine Simonyan, CDF)

Unfortunately, there is no institutionalised workforce planning; there [are] no labour market studies based on which the planning would be done. The association [AASW] plays the role of mediator - we try to assure the communication between education and practice. That's why we organize conferences [and] bring students to "sit down" with employers. We try to understand the needs to plan what type of [programs] universities provide in the future. (Professional association representative)

While the legally mandated ratio sets out a goal, distribution and caseload remain challenging. What is clear is the opportunity to build upon accomplishments to date in the next phase of workforce planning by 1) introducing more comprehensive guidance, caseload, or service quality standards and 2) addressing disparities in the distribution of workers using HR and other demographic and service data to better inform decision making and advocate for more resources dedicated to SSW and service expansion.

HR Data for Decision Making

Advantages/Strengths	Weaknesses/Areas for Improvement
• Schematic/timeline developed to inform integrated social services and interoperability of existing information systems with new child protection information system (CPIS) • Some instances of educational institutions seeking data from the government to align student intake and graduate numbers with vacancies/hiring needs	• Limited use of HR, population, service tracking data to inform recruitment and hiring needs for CSWs, USS regional center staff, and other SSW • Fragmentation at the national level, including in the information systems landscape; need for ongoing development and interoperability of information systems for integrated social services and increased data use

From the available data, there appeared to be a goal or shared vision for how current and future information systems could support more integrated social services. Currently, this information systems landscape remains fragmented, with limited analysis of case or service data in its relation to the workforce and what could be done to improve prevention and response services through data-informed HR planning,

such as calculating and responding to high or low caseloads with additional hires, reassignment or redistribution of staff, even on a short term basis; justifications for training in relation to community needs or worker skills; or assessing worker performance or productivity.

An example of fragmentation at the national level can be seen in the current information systems landscape. Each ministry in Armenia has a separate data management system, and inter-ministerial data exchange is regulated by government resolutions. The MOLSA operates 14 separate informational technology (IT) systems for social protection with plans to integrate these by 2024 (Attah & Sammon, 2020). A vision for unifying these actors through the establishment of a national CPIS illustrates the potential for integrated social services through data sharing, interoperable systems, and enhanced coordination among the various entities involved in addressing needs among vulnerable children and families (Figure 7).

Figure 7. Roadmap for the establishment of Armenia's CPIS to collect, monitor, and report data on the situation of children in adversity
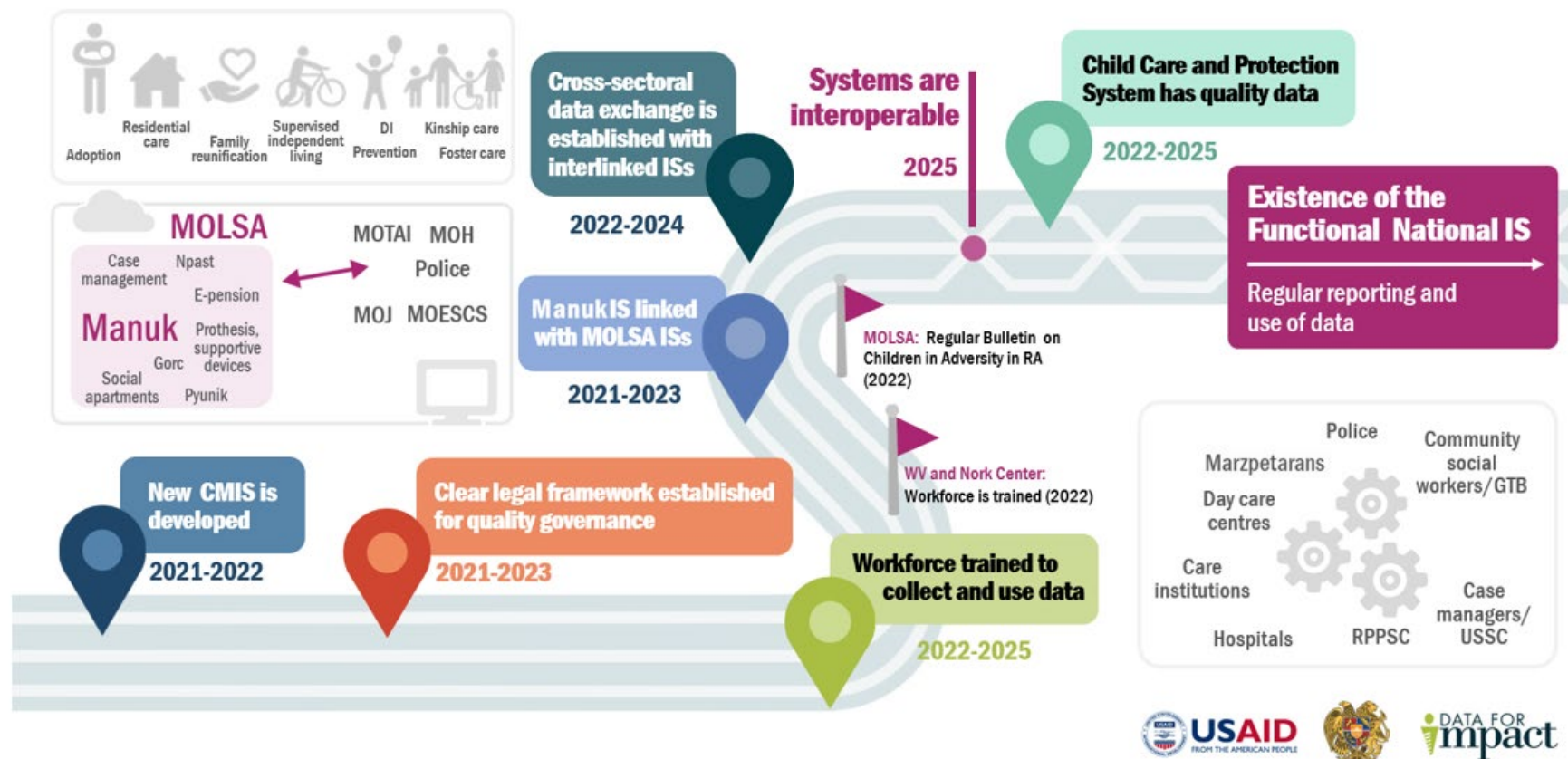
SOURCE: Data for Impact, n.d.

The need for interagency coordination in achieving this vision of information exchange, among other key areas for workforce and broader social systems strengthening, was echoed by respondents representing the GOA and the donor community, citing the current realities they face as they affect processes like case management as well as worker performance and turnover:

> *The Government Resolution 1044-N[6] is not functioning well. The cooperation/collaboration of USS regional centres' and community social workers is not in the best shape at the moment, both institutions are in the process of either establishment or reforming, the roles and responsibilities probably are not clear yet. However, the issues are addressed effectively in communities where interpersonal collaborative relations are well established. (Donor representative)*
>
> *Due to [lack of] unified information systems in [USS] regional centers, when many business processes are not automated, the work is very heavy. And it can be said that the work of our regional centers is overloaded and this is one of the reasons professionals do not work in these centers. (Government representative, national level)*

Without sustained investment in integrating and strengthening existing systems, including with educational institutions, promoting the collection and use of workforce data for planning, as well as for assessing performance and quality of services, will remain limited. As shared by a government representative, "I already mentioned that we have a database problem, it just doesn't exist. Until the social protection [information] system is drawn up, the actors are not drawn up, that will be a problem." Should the draft Law on Social Work and national standards be adopted, or the minimum ratio of CSWs to population be reached, reliable sources of HR and service data will be critical for informing the next phase of strategic recruitment, which will include hiring and deploying CSWs, USS social workers/case managers, and supervisors in accordance with population needs.

Recruitment, Hiring, and Deployment Practices and Systems that Consider Urban, Peri-Urban, and Rural Areas and Decentralization Plans

Advantages/Strengths	Weaknesses/Areas for Improvement
• Job descriptions for CSWs and other social workers capture related requirements • Cooperation between regional administrations and CLASS in recruitment and deployment practices; not difficult to fill existing CSW, other social worker vacancies	• Regional-level shortage of specialists (e.g., physical and occupational therapists, mental health counsellors and therapists) • Established channels/processes for increasing number of CSW positions and funding to fill vacancies

In Armenia, national and subnational priorities and policies around social protection, working in alignment with donor support like through the USAID-funded CLASS project, have resulted in a number of sustainable recruitment and hiring practices. These practices have included the incorporation of a minimum number of CSWs into regional or marz-level administration budgets and staffing structures. This domestic investment in hiring has been leveraged through technical support from CLASS in providing job descriptions, recruitment questionnaires, and work methodologies for more standardized and streamlined hiring

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[6] *Resolution regulating interagency cooperation identifying the forms of cooperation – information exchange, administrative-organization cooperation, formation of coordination and advisory bodies, work of a multidisciplinary group within the social case management.*

processes across the country (USAID et al., 2021). The assessment underscored how respondents felt these positions were easy to fill, thanks to the job descriptions and cooperative practices in place to deploy CSWs, and that the current difficulties related more to expanding or adapting the use of such practices to the recruitment of specialists:

> *We have job descriptions, at the moment that we are implementing a change in the government's resolution, adding positions, changing the logic of the services, accordingly, will be changed the job descriptions as well; the requirements related to professionalism are also introduced. (Government representative, national level)*

> *If we talk about social workers, we do not have issues here [in hiring]. In regions we have shortage of narrow specialists, such as therapists, speech therapists, psychotherapists, etc. (Government representative, national level)*

While significant progress has been made to increase the number of CSWs, there is limited use of human resources and demographic data to inform workforce planning of this frontline cadre, let alone more specialized workers. An analysis of the CSWs and their current geographic distribution in Armenia, compared with the publicly available multi-dimensional poverty index (MPI) data, shows how current recruitment and deployment practices have yet to incorporate this information. As shown in Figure 8, the highest number of CSWs are concentrated in Yerevan, while fewer are posted in areas classified as low- to mid-range on the MPI. The lowest number is in Gegharkunik, which though much less populated, is at the higher end of the poverty index. A key informant from a local educational institution stated,

> *We have a serious shortage and uneven distribution of personnel in the regions. We have an accumulated labor force in Yerevan, and we have a problem of finding specialists in the marzer.*

Figure 8. MPI and number of CSWs by region, 2022
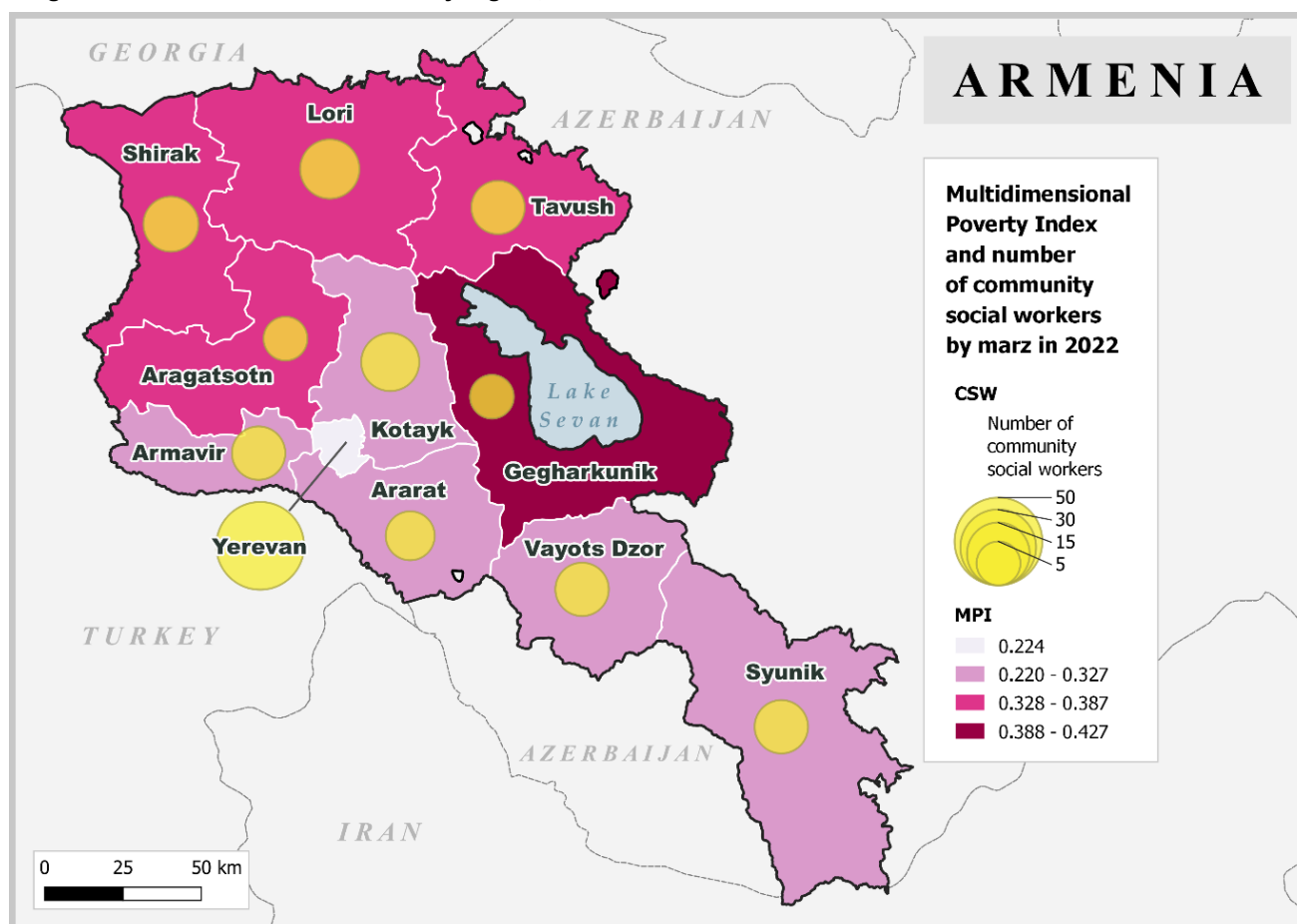
Alliances to Strengthen Leadership and Advocacy Among Stakeholders

Advantages/Strengths	Weaknesses/Areas for Improvement
• Ongoing engagement of national-level working group of key state and non-state actors, enabling alignment of priorities and common advocacy agenda to scale up services and SSW	• Limited clarity around roles and responsibilities and distribution at all levels hampers effective social protection and service program administration • Interagency cooperation around the roles and management of CSWs between USS assistance centers and regional administrations is still evolving (e.g., recruitment, remuneration, supervision/management, referrals, and service tracking)

Interventions or approaches under this subarea typically focus on furthering dialogue among different ministries at national and subnational levels to promote coordinated advocacy around policy, budget allocations, and the implementation of strategies related to the workforce. In Armenia, there have been prominent examples of such multi-actor groups, especially at the national level, that promoted alignment in policy and strategies related to the workforce and the expansion of services for children and families. In the case of CLASS, this alignment has been facilitated by its ongoing engagement of a national-level working group of key actors. This group has cultivated transparency and trust among members, which is

formalized in some cases by memoranda of collaboration that have been set up between the government, WV, and its other partners. A common agenda continues to inform advocacy related to the draft Social Work Law, now to be reflected in the new law on social assistance, and desired national requirements for and standards of social work practice. Initially, this working group displayed a high level of enthusiasm for applying firsthand knowledge of the realities faced by CSWs and their communities to policy development and advocacy, demonstrated through frequent site visits, which have tapered off in recent years (USAID et al., 2021).

Both the documentation reviewed and the respondents emphasized the need for more attention on coordination among these actors in day-to-day practice, such as between USS regional center staff and administrations overseeing CSWs:

> *We prioritize the collaborative approach to address child–related issues, but interagency cooperation is an issue – who is responsible and for what, the roles and responsibilities should be clearly defined. We lack a coordinated approach and institutionalized linkages. (Supervisor, CSW)*
>
> *The cooperation/collaboration of USS regional centers and community social workers is not in the best shape at the moment, both institutions are in the process of either establishment or reforming, the roles and responsibilities probably are not clear yet. However, the issues are addressed effectively in communities where interpersonal collaborative relations are well established. (Key informant, multilateral organization)*

There appears to be agreement among those interviewed and the available documentation that regional- and community-level coordination bodies or mechanisms should be identified or formed. These mechanisms would convene actors for more strategic HR planning and to contribute to the ongoing development and interoperability of information systems for integrated social services and increased data use. They would also be responsible for developing and disseminating guidance on the implementation of amendments to the regulatory framework for social services, both those in place and ones contemplated for the future around role clarity and greater cooperation between local and regional actors in service provision, referral protocols, and multisectoral coordination. As shared by the AASW, such interagency cooperation *"will only function if the goal of their work becomes the person, and not their own [agencies] procedures… There should be appointed a responsible person/agency for interagency cooperation."*

Discussion: SSW Planning Approaches Enable Standards Setting and the Expansion of Services

Having a well-planned workforce, with the appropriate quantities and types of workers in the right places, is essential for performing promotive, preventive, and responsive work on behalf of children and families. In Armenia, the mandated ratio of CSWs to population set out in legislation that is achieved and acted on collaboratively by the MoLSA, CLASS, regional administrations, and other NGOs represents progress in establishing minimum standards or quality of service provision, in terms of availability of the dedicated SSW at lower levels of government. The recruitment, hiring, and deployment practices put into place for CSWs have leveraged both governmental and nongovernmental financial and technical resources, securing the presence of CSWs in every region of the country. Overall, this increased presence of the SSW within communities facilitates greater public awareness of and demand for available services. It also contributes

to more effective preventive work, such as household needs assessments and response services like day care and other family support/crisis centers.

However, a limited distribution of CSWs and specialists outside of Yerevan and a lack of clarity around roles and responsibilities across agencies remain major challenges to effective and equitable service delivery, with many respondents describing heavy caseloads and difficulty facilitating referrals. Available data on service delivery and the workforce are spread across a range of information systems and other sources, and are not used routinely to assess performance or calculate worker-to-population ratios or other indicators that could justify a need for increased numbers of different types or skill sets of workers to be deployed on a short- or longer-term basis.

Developing

While planning approaches aim to ensure the right number and types of workers in the right places, efforts to develop the workforce are focused on pre-service, in-service, and continuing the education of workers to ensure they are equipped with the right skills and competencies to prevent and respond to issues facing children and families. This section reviews the approaches invested in to date to produce and maintain a well-trained workforce and reflects on their advantages and limitations based on the findings from the document review and data analysis.

Developing Subareas
• Education and training aligned with effective workforce planning efforts
• Curricula incorporate both local/indigenous knowledge as well as international best practices for improving the well-being of children and families
• Faculty and teaching methods strengthened
• Broad range of professional development opportunities for workers

Education and Training Aligned with Effective Workforce Planning Efforts

Advantages/Strengths	Weaknesses/Areas for Improvement
• Training and certification of 159 CSWs by the MOTAI, YSU, and National Institute of Labor and Social Research (as of 2021)	• Collaboration among educational institutions, policy makers, and practitioners/service providers only functioning well in some cases (e.g., YSU)

Investments in education and training of the SSW in Armenia to date have focused on providing standardized, flexible course options for certifying new CSWs, mostly via in-service training (IST), or upskilling the existing workforce and cultivating specialized skills among current professionals. These approaches have yielded results in terms of fast-tracking recruitment of this frontline cadre, with joint efforts among employers and local institutions to enable access to a curriculum that will equip them with

required skills and competencies. Together with the MOTAI, YSU, and the National Institute of Labor and Social Research, CLASS developed and provided training and certification for a total of 159 CSWs by September 2021. An 11-month online course started in 2018, with 19 CSW graduates from 7 regions and a further 16 CSWs starting the course in March 2020 (USAID et al., 2020). As of 2022, CLASS had engaged 693 participants in further in-service, topic-focused trainings, including CSWs, Yerevan Municipality staff and USS case managers, and allied sector workers such as teachers and health workers.

However, KIIs and FGDs reveal that the extent of collaboration between educational institutions and employers of the SSW more broadly was variable. As described by a key informant from an educational institution:

> *The university conducts some planning: the education provider is quite open today and can prepare specialists in say ten majors, but we know the labor market is not able to absorb that many professionals, so we always adjust the number of students and the study majors based on the demand.*

Expanding this collaboration to include other education and training institutions appeared to be a potential area for investment when it came to tailoring content and intake of students to produce a pipeline of graduates prepared for the realities of a CSW position or related role or the need for specialists. Encouraging more collaboration could also take advantage of educational institutions' expertise, existing platforms for updating course content, or developing and delivering standardized training in line with the ministry's needs for other key actors in alternative care, such as foster carers:

> *We have a lot to do in this area—the professional community should share all details [of curricula/course] with us, so that we can understand whether it meets our requirements or not. There should be established some formal process of conforming to the [training curricula by Ministry]. Currently trainings are delivered for [prospective] foster family—this is the Ministry's requirement, but content of the course is not being discussed with the department. (Government representative, national level)*

Curricula Incorporate Both Local/Indigenous Knowledge as well as International Best Practices for Improving the Well-Being of Children and Families:

Advantages/Strengths	Weaknesses/Areas for Improvement
• Induction and training curricula for CSWs developed by CLASS, YSU, and NILSR (3-day induction; 3- and 11-month IST course options), reflecting local and global knowledge and practice • Prioritization of enhanced training for CSWs around rights and realities of children with disabilities, violence prevention and response, and acting as a connection hub for cross-sector referrals	• Need for further locally-developed content to strengthen capacity in addressing/referrals for clinical advanced or complex cases; training and use of digital systems for service delivery and case management by CSWs

The second subarea posits that training curricula will be the most effective when it is most relevant to the workforce's context and issues they are facing; incorporating local knowledge and practices; and not only relying on social work education, research, and practice originating in the United States and Western

Europe or via external donors from those geographies. Social work has been taught as a discipline in Armenia since 1988 within the Faculty of Sociology at YSU. In 1996, YSU formally recognized the profession of social work through the opening of the Faculty of Social Work, with a Bachelor of Social Work degree program, and later a master's degree program in 2000. It has since graduated an estimated 2,000 social workers and is a key partner in developing and scaling up certification and other IST and continuing education opportunities for government staff engaged in social service provision. Other key Armenian universities with social work departments or faculties include Armenia State Pedagogical University, Gyumri Pedagogical University, Vanadzor Pedagogical University, Urartu private university in Yerevan, and Gyumri College, which provides continuing professional education in social work.

Findings underscored the advantages of the approaches taken to date for developing course content for CLASS in partnership with local institutions like YSU and the National Institute of Labor and Social Research and their ability to sustain a range of different offerings for CSW certification. To formulate its course methodology for CSWs, both for its short-term professional training with no credits and lengthier courses, WV worked with both local institutions, following recommendations to reflect local and international research and practice in curriculum development. As shared by one NGO representative:

> *It was important to make sure that community social workers have [a] basis for further trainings…We decided to develop an 11-month course and introduce it in YSU for community social workers and supervisors. This distance learning course grant[s] 240 credits to graduates. Within the project we have delivered…every year we conduct [a] needs assessment, identify knowledge gaps, and deliver trainings.*

Topics covered in the initial 3-day CSW training course, 3- and 11-month courses, and supplemental, ad-hoc trainings have included:

- Legal, Operational and Methodological Aspects of Community Social Work (CSW)

- Social Work and the Current Agenda of Social Protection in Armenia

- Current Process of Deinstitutionalization in Armenia and Role of CSWs, Working with Families and Re-integration of Children

- Violence against Children and Principles of Social Work, Vulnerability Criteria and Definitions

- Environmental and Systematic ("Person in Environment") Approach, Family and Relations Monitoring

- Working with Children with Disabilities

- Child Abduction Legal Regulations, Referral and Prevention Mechanisms

- Introduction to the Newly Developed CSW Toolkit and Techniques for Completion

- Case Management during COVID-19 and other Infectious Disease Outbreaks, CSW Safety and Wellbeing

- Working with Children/Adults in Conflict with the Law

- Stress Management and Work-Life Balance

Among these options, there is a need for more locally developed content to strengthen capacity in addressing and referring more complex or clinically advanced cases. Furthermore, there is a need for digital systems for service delivery and case management that was identified during the document review and FGDs, and even more so, a sustainable means of delivering additional content like this once the CLASS project ends. Emerging needs noted in the document review and interviews included: providing services to children with disabilities, preventing and responding to violence, and acting as a connection hub for cross-sector referrals. The important role of employers, educators, and even professional associations was recognized in supporting the dialogue and collaboration required to produce new and tailor existing training content to evolving practice needs:

> *The association [AASW] plays the role of that mediator - we try to liaise education with practice, assure communication between education and practice. That's why we organize conferences, bring students to "sit down" with employers. We try to organize a dialogue between them. We try to understand the needs to at least plan what type of university programs are provided in the near future. (Key informant from the AASW).*

> *Sometimes the professional abilities are weak, that is, in many cases, the specialists are not from the field, and if we do not work with them, the specialists who are completely ignorant of the case will not be able to work with difficult cases and achieve success. (Supervisor of CSWS)*

Are there additional education and training for supervisors themselves? Responses were a resounding yes, with them all referencing a changing legal and legislative field.

> *Yes, they should, because this is a practical field, and there are constant changes both in the legislative field and in the field of professional activity in general, and it is very important to exchange experience, equip specialists with new materials and approaches. (Supervisor of CSWs)*

Faculty and Teaching Methods Strengthened

Advantages/Strengths	Weaknesses/Areas for Improvement
• Reinforcement of classroom-based learning through exchange visits from senior social workers and guest lecturers from related agencies	• Field education fulfills requirement for applied learning, but minimal joint supervision provided between university and agency to students • Preparation to work in multi-disciplinary teams (e.g., social pedagogue, psychologist, social worker, other fields) required for child care and protection workers

This subarea focuses on the capacity of faculty and the teaching methods they employ to train workers. It should be noted that within the scope of the assessment, the team had more limited opportunities to engage with academic representatives than those from other sectors such as government and NGOs. Overall, CSWs, USS case managers, and other professionals and faculty spoke to the preparation for their roles through existing social work and psychology undergraduate training programs or the more recently established CSW certification course options.

I'm a head expert, and I faced three optional requirements: To have three or more years of professional experience or to be a social worker by profession, or to finish the special course. I got the job with three and more years' experience. (Community Social Worker)

Those consulted indicated the potential for strengthening these programs in the immediate term by focusing on field education, increasing opportunities to practice working in multidisciplinary teams, and practically applying classroom-based learning and receiving supervision and feedback on their performance. As described by a government key informant,

When preparing professionals, the educational programs should consider this fact [of multi-disciplinary teams] – working with children in difficult life circumstances is much more stressful than the graduates can imagine.

According to a key informant from the educational sector, there is a precedent for professionals from the government, associations, and NGOs to engage as lecturers in social work and related degree programs, which could be translated into their involvement as field placement advisers:

There is very active cooperation in this regard [between education/training providers and employers]. Many specialists from the practical field are involved in the process—ministries, associations, public organizations, and state services representatives—they are engaged in teaching as guest lecturers. That cooperation is very intense.

A Broad Range of In-Service Professional Development Opportunities Exists for Workers

Advantages/Strengths	Weaknesses/Areas for Improvement
• Flexible course options (in-person, online, varying lengths) available • Annual training plans developed by the MoLSA for social workers and other related specialists, delivered by NILSR • Annual needs assessment conducted by CLASS to identify knowledge gaps and inform training plan for CSWs	• Continuing professional development or education is not systematic; limited to ad hoc and supplemental training provided by non-state actors • Limited monitoring of training quality to inform ongoing improvements • Annual training opportunities offered through the MoLSA potentially not informed by data; actual offerings limited by available resources

The last subarea homes in on opportunities for IST, which were assessed primarily for CSWs but also among other professionals within the USS, NGOs, and the MoLSA. Overall, key strengths such as flexible and online course options, as well as comprehensive annual training planning, emerged from both governmental and nongovernmental sources. These options have enabled certification among the new and existing SSW, and, to some extent, expanded the availability of continuing professional development. According to one NGO respondent, *"every year [within the project] we conduct needs assessment, identify knowledge gaps, and deliver trainings,"* confirming a commitment to data-informed capacity strengthening efforts at least among NGO-engaged workers.

However, this process for assessing and responding to training needs did not appear to be applied comprehensively or have adequate budget allocated for executing the resulting training plan. According to a government representative, at the beginning of every year, the MoLSA plans which trainings are needed for strengthening the professional capacity of social workers and other relevant specialists. The trainings

are then provided by the NILSR; however, the financial resources available to the MoLSA to implement this annual training plan are scarce. An informant from the AASW shared that,

> *In our country, the continued trainings provision is very unorganized and not built on strong logic...provision of continuous systemized or institutionalized training for social workforce at all sectors and levels we should understand the current state.*

The association itself develops its training plans based on a questionnaire that it circulates to its members. Among all respondents, there was a lack of reference to efforts to monitor the quality of trainings offered across governmental and nongovernmental actors.

Discussion: SSW Development Approaches Ensure the Presence of Trained SSW

The flexible and varied options established among local institutions for CSW certification are an important step in the process of setting minimum standards for training, which is an essential part of ensuring quality service provision to children and families. Investments in these approaches have worked to ramp up the deployment of CSWs, both newly recruited and from among existing the SSW, to the marz level, potentially enabling more interactions with vulnerable households. However, with the lack of specialists outside of Yerevan, addressing more complex cases requiring clinical assessments or intensive case management will likely be difficult to achieve without more reinforcement of classroom-based learning through strengthened field education and supervision practices, especially among government workers. Locally developed and delivered content for training requires routine revision to remain relevant to practice needs, especially as awareness of and demand for state-provided benefits and referrals to specialized services increase.

Supporting

Support for the SSW complements efforts in the other two areas of the conceptual framework, ensuring that investments resulting in the right number and types of workers in the right places and with the appropriate knowledge and skills are sufficiently resourced, supervised, and recognized to provide quality services to children and families. The three subareas of support consist of: (1) systems that enable high performance, such as standard operating procedures or job aids, supervision, performance evaluation and management; (2) tools and other resources that target job satisfaction and mitigate turnover, like remuneration, other monetary and non-monetary incentives, and career progression; and (3) professional associations which can provide benefits to members to further their growth and advocate on behalf of the profession for greater recognition and value. These subareas were investigated to learn more about the strengths and weaknesses of what had been tried to date, according to workers and those interacting with them and receiving services.

Supporting Subareas
• Systems to improve and sustain SSW performance
• Tools, resources, and initiatives to improve job satisfaction and retention
• Professional associations supported to enhance the professional growth and development of the workforce

Systems to Improve and Sustain SSW Performance

Advantages/Strengths	Weaknesses/Areas for Improvement
• Supervision system established for USS regional center staff functioning well, with greater focus on administrative functions rather than educational or other functions • Supervision of CSWs primarily provided by CLASS senior social workers, who provide on-the-job visits, education, and counselling on job-related stress and burnout • Manual of supervision and related procedures; study guide "Supervision in Social Work" developed by the AASW	• Limited system of supervision covering all 4 functions for CSWs, including defining mandatory hours, timing, type, and location of supervision • Mechanisms for early detection, risk assessment, and referral not functioning well when multiple decision makers/agencies involved in single case • Databases/information systems lacking or not interconnected (e.g., online assessment tools, service tracking), affecting workforce performance and efficient delivery of services

When it came to systems to improve or sustain performance, the main advantage observed was that of the current collaboration between regional administrations and the CLASS project, with supervision functions spanning the two entities at least for CSWs. WV's supervisory staff, or "senior social workers," are tied to specific marzer where there are CLASS project beneficiary communities. They have been a major source of educational and supportive supervision for CSWs, which they provide during on-the-job visits. They share information on developing and implementing family plans, conducting home visits, meeting project objectives and upcoming trainings, and collecting data for quarterly reporting. During the COVID-19 pandemic, senior social workers were deployed in Yerevan to address motivation and burnout among CSWs (USAID et al., 2021; World Vision, n.d., 2021a). As described by a key informant from an educational institution:

> *The large NGOs perform their administrative supervision but for their staff regularly invite a specialist from outside to conduct support and education. And indeed, it is of great benefit to our specialists. I would very much like the state to have that invitee supervision component as well.*

However, there was less consensus around the quality and consistency of administrative supervision provided by USS regional staff to CSWs, as well as the supervision they receive themselves. From documentation reviewed and interviews conducted, the current staffing structure and division of roles and responsibilities between the MoLSA/USS and the MOTAI do not seem to facilitate clear lines of direct or indirect supervision between regional-level USS workers and MOTAI-engaged CSWs. Some CSWs view USS workers as an "inspector verifying documents," or fulfilling a purely administrative function, rather than as a source of learning to hone their skills, support if they faced a challenging case or job-related stress, or advocate for their advancement or recognition of their work (USAID et al., 2021). For USS regional staff, there was a shared desire for more regular professional supervision spanning all four functions— administrative, educational, supportive, and advocacy—and for it to be established and sustainable.

> *We appreciate their [supervisors'] friendliness, their knowledge, that they answer any question we ask, they help us very professionally. (USS Social Worker)*

We have had a case, we have established contact with USS supervisors and got the necessary support and advice, provided all those formats for developing an individual program and so on. We cooperate with them very well. However, the supervision that we receive is mostly administrative. (USS Social Worker)

In fact, all supervisors are serious professionals, we often refer to them for help. However, I do not think the institute of supervision is established in Armenia. Yes, supervision related to social case management is provided, supervisors come, we have discussions, make visits. Some coaching is provided as well, but supportive supervision, emotional support, job-related stress, etc. is lacking. (USS Social Worker)

Ensuring that investment in a strong system of supervision, inclusive of all functions, is established before the CLASS project ends stood out as very important for the CSW cadre and their regional counterparts within the USS. Reliance on administrative-only or externally-provided technical supervision is not a long-term solution when there are clear needs for supervision that educates in response to difficult cases or skills gaps and provides support to help mitigate secondary trauma or job-related stress and burnout. There is potential to explore and leverage locally developed tools and initiatives currently underway to sustainably strengthen and expand the supervision system, including guidance for the USS regional staff and relevant supporting materials developed by the AASW.

We get advisory supervision from CDF and AASW, the tools used by those two organizations differ from each other, the tool provided by AASW is a bit more extended, it is much better - it helps to clearly understand how you should work with the family. (CSW)

In 2012 within the consulting services provided to the World Bank we [the AASW] developed a manual and procedure for providing supervision to SSW; in the manual we step by step describe how the supervision should be provided. We developed the procedure of organizing supervision, we suggest that MoLSA buys supervision services, which means bring in an independent psychologist, so that people can speak out freely. Provision of external supervision should be required by legal acts so the corresponding financial means are allocated. (Professional association representative)

In addition to reinforcing training and responding to job-related stress, supervision can also ascertain if CSWs are functioning as the intended "hubs" for multi-sectoral referrals. Having a supervisor who can assist in flagging more complex or urgent cases or those requiring interventions from a variety of sectors is especially important as other, more sustainable structures and tools are put into place, such as a regulatory framework to support referral protocols and multi-sectoral coordination and a referral system and database into which workers at all levels and from different agencies can view and enter data to track and manage cases. Although it appears there is commitment to establishing a referral system, protocols, and related information systems, respondents still flagged these as areas for improvement.

[The referral, service delivery] mechanisms are an issue - it is clear that a great role should be given to the community social worker, but currently certain scope of decision-making goes to the marzpet [Governor's] office, another scope goes to the USS regional centers – hence, the presence of several responsible bodies for the same child hinders the right decision-making. (Government representative, national level)

Early identification and prevention require specialized/professional social work, the resources [human and financial] of which are not always available. Now that the USS undergoes deep reformation, the clears distribution of functions [at state and community levels/between USS and community social workers] will enable more efficient work – everyone will do what can do the best. (Key informant, multilateral organization)

Tools, Resources, and Initiatives to Improve Job Satisfaction and Retention

Advantages/Strengths	Weaknesses/Areas for Improvement
• Focused investment by CLASS in basic equipment and supplies for CSWs • Increased awareness of the role of social work and CSWs among populations served by CLASS; more willingness to seek services • As part of pending legislative changes, minimum wages, including for CSWs, to be increased, and GTB/GTC members, which include allied sectors, to be paid for their work	• Large caseloads reported by some CSWs, not reaching the 1 to 5,000 ratio; some ratios as high as 1 to 10,000 • Limited resources allocated for transportation and adequate remuneration • Higher wages outside of government • Imbalance of administrative to social work functions in government positions contributing to turnover of newly recruited staff

The second subarea relates to strategies or tools and approaches to ensure job satisfaction and retention. Investments in this subarea to date have been primarily in basic equipment and supplies to support CSWs in doing their work, at least through the CLASS project. Resources provided by WV such as computers, printers, desks, chairs, and filing cabinets are essential to the everyday functions of CSWs and can contribute to feelings of being able to accomplish the tasks outlined in their job descriptions, which in turn influences job satisfaction and retention. According to one supervisor of CSWs, *"Job aids, some control, checklist, some forms, we have developed everything. There is no resource problem in that regard."* Reinforced by standard operating procedures and other job aids for operational safety and working in crisis or emergency situations, these investments have been foundational to ensuring workforce performance and productivity even in highly stressful situations. In fact, when this approach was tested during the COVID-19 pandemic, all but two CSWs reported continuing in their work amidst serious expansion of case load and scope of work and risks to personal and family health and safety (World Vision, n.d., 2021a).

However, there was strong agreement among key informants and focus group participants on the need to move beyond this initial investment strategy and focus on improving remuneration, working conditions, and the imbalance of administrative to direct social work practice or management functions, particularly in government social work-related roles. As shared by one government representative:

Salaries have to become more attractive. This year we have increased the minimum wage a little, but it is still low. As we have also mentioned regarding the salary, this year, after this legislative change, the salaries should increase, including the salaries of community social workers.

The incorporation of salaries into community and municipal budgets is a significant accomplishment, as are the legislative changes that continue to drive progress on this issue. There is even movement toward remunerating members of the GTBs/GTCs, who are currently not paid for work they engage in along with

CSWs in assessing the individual circumstances of children at community level, as described by a government representative at the national level: *"Today the Guardianship and Trusteeship Commission (GTC) members are not paid for the functions they perform, the current legislative changes foresee to make it paid work."*

Securing funding to provide incremental salary increases to attract and retain the existing workforce, along with hiring more CSWs and other frontline staff to better distribute a growing workload, seem to be priorities for the next phase of support-focused interventions, ideally with local financing (World Vision, 2021b). In areas where CSWs are scarce, they can find themselves serving communities of 10,000 or more, negatively impacting the quality of services provided. One key informant representing a multilateral organization stated that in such districts, "High workload for community social workers…is a problem. Community social workers besides their professional duties, as community workers, carry out other duties as well." Respondents from the national to regional levels voiced concern over only addressing the issue of salary without also assessing and making changes related to working conditions, caseload, and the demotivating factor of spending more time on administrative tasks than direct practice with clients in their roles:

The area of social work is not competitive, the NGOs are a bit better situation, as afford higher wages compared to public sector. We have serious challenges in retaining professionals in the field. (Educational institution representative)

Here the problem is not in being competitive or not, the newcomers leave the system, as the burden of administrative work is huge, while there is little social work done with individuals. Though the requirements of USS, as an employer, are changing [which is a positive shift], but the results are not seen yet. (Professional association representative)

Workload is big and this is an issue. 90% of time goes to administrative functions and only 10% to service provision. (Government representative, national level)

We are overloaded with administrative work and almost no time for real social work. (USS social worker)

I always have an impression, that I stand in the center of a circle and cannot concentrate which direction should I turn my gaze and find solution. Time is short, workload is high. (USS social worker)

Professional Associations Supported to Enhance the Professional Growth and Development of the Workforce

Advantages/Strengths	Weaknesses/Areas for Improvement
• High visibility, advocacy role on behalf of social workers and job-related issues widely acknowledged	• Limited financial resources (no membership fees, activities in advocacy, supervision, technical advising supported by activity or project resources) • Gap in formalizing or monetizing relationship with members and offered benefits

Professional associations are commonly viewed as key contributors to the professional growth and development of the SSW. In Armenia, the assessment team sought input from the AASW via a KII. Association-related questions were also included in the FGD with USS staff, CSWs, and NGO workers to assess experiences with the AASW or informal groups. Established in 2004, the AASW is a 1,000-member strong NGO working to develop social work education and practice, promote the rights and interests of social workers and the people they serve, and support social protection reform in the country. It is led by its founder and president, with guidance from its board and a supervisory committee, and receives funding from a variety of sources. The response that emerged from interviews and group discussions was that the AASW is well-regarded and highly valued for its advocacy, with potential to expand its role in quality assurance as the workforce grows and professionalizes. As stated by a USS social worker, *"the Association [AASW] is active in terms of advocacy and raising job-related issues."*

However, the association's voluntary membership structure has not generated a critical mass of dues-paying members, and thus, it has too limited of an operating budget to offer more benefits to members or expand its activities beyond what is supported by activity or project resources. Such a limitation is common among professional associations that do not have a legal mandate to register or certify workers as part of a licensing system. To attract more members in the immediate term, there must be a shift when it comes to the association and how it is viewed, as described by an association representative:

> *Today the association is perceived as a group of experts, as [an] excellence center. The paradigm has to be changed, the association should be seen as a union of social workers, which will be involved in the protection of rights, improvement of working conditions, policy advocacy, in addition to expert potential.*

A corresponding need for protection was also expressed by workers themselves, as illustrated in quotes from USS social workers from two different regions below.

> *Besides duties we have rights that are often violated. I would like to see role and image of social work increased – in this case no one could insult us (which often happens). We are not protected. The profession is not recognized yet. People do not go to a social worker like they would go to a doctor or a teacher. People should recognize that the social worker is a profession, and it is the profession that can properly refer them to the doctor and the pedagogue, or to someone else able to help them. (USS social worker)*
>
> *We are not protected at all. (USS social worker)*

Discussion: SSW Support Approaches Encourage Scale Up of Frontline SSW

Maintaining a satisfied, high-performing SSW is critical to providing quality child care and protection services over the long term. Through CLASS and other child care and protection programming, a range of strategic interventions to support CSWs, and to some extent, the USS-engaged SSW, have been undertaken and can be linked to how effectively this workforce is delivering across a continuum of promotive and preventive work and response services. The incorporation of CSWs into communal staff lists and budgets demonstrates a commitment to sustainable expansion of the frontline SSW and services; the provision of basic supplies and equipment to CSWs is a key factor in motivating these workers as well as enabling them to intervene in active or emergency cases.

However, the combination of high caseloads and low salaries can contribute to workers feeling undervalued in their roles, jeopardizing retention and the longevity of these positions and the services they are bringing to communities. The current system of supervision (and related staffing structure) is fulfilling primarily administrative and to some extent educational functions, and according to some respondents, helping to manage job-related stress and reinforce knowledge and skills to better identify and serve at-risk children and families; however, these benefits are not felt by all.

Child- and Family-Related Issues

The assessment investigated, at a high level, the issues affecting children and families and the extent to which they are responded to effectively by the current system and workforce. Table 5 provides a summary of common themes or responses from the FGDs with caregivers, youth, and workers, supported by interviews with other stakeholders and the document review. It is important to note that both effectively and less effectively addressed issues columns reflect a mix of promotive, preventive, and responsive work across the continuum of child care and protection services.

Table 5. Summary of child- and family-related issues and effectiveness of current SSW

Effective	Less Effective
• Awareness of and access to day care/family-support and crisis center services, especially for children with special needs • Introduction and promotion of foster care as alternative to residential care • Comprehensive needs assessment of families, packages of social services spurred by MoLSA-initiated social protection reforms	• Distribution/coverage of family-support services to prevent child-family separation and promote reintegration compared to corresponding legal and policy reforms • Access to specialized services • Awareness of and access to benefits programs, employment, or livelihoods interventions • Prevention of and response to gender-based/intimate partner or domestic violence

Issues Addressed Effectively and Contributing Factors

Raising awareness of and facilitating access to available day care and other family support and crisis center services was mentioned by key informants and FGD participants as an issue that the current SSW and system were addressing effectively. Such agreement across a range of respondents is likely related to the GOA's emphasis on closing or transforming residential care facilities and recognition of the workforce, which is reflected in changes to the legal framework and supported by the MoLSA, CLASS, and UNICEF, among other key partners. As summarized by one CSW, *"certainly, there are many gaps in the area of child protection. Seems everything is legally well framed…we are just starting to work on these issues, the work is just starting, the steps are just being taken."*

To perform such actions, social service workers like USS staff and CSWs reportedly engaged in assessing the needs of families and providing information on different services and benefits programs. Caregivers, including those of children with disabilities, described their interactions with the SSW and access to services as satisfactory, even referencing improvements over time.

I am very satisfied with the services provided at the [USS regional] center, I never had an issue with social worker, they visit us, we [have] some issue, they support us, say where to go to get the necessary assistance or service. I should say both social workers I met were very special people. Years ago, this was not the case, they were rude and reluctant to help. (Caregiver, Ararat)

My 9 years old daughter has speech development problems/speech disorder and other issues, she was recognized as a child with a disability. We were referred to a physiotherapist, at the beginning, we used to get such service twice a year, but now the state financed programs are reduced and the child gets physiotherapy service once a year [cannot afford paid services]. That is why we were referred to "House of Dream" [NGO] to get the necessary services – here a complex work is done with my daughter, including physical therapy, a psychologist, a speech therapist, and a special pedagogue [here child gets services outsourced by state].It is quite good, I see the right approach here, they are polite with parents, try to coordinate the convenient days and time, I also notice the change in my child's speech. (Caregiver, Ararat)

These insights complemented findings from the midterm evaluation of the CLASS project, specifically that communities reported becoming more aware of what types of assistance were available—and more motivated to seek services since an actual person (the CSW) was present in the community to listen, respond, and empathize with their situation, not just submit an application to the state on their behalf. Furthermore, 61% of project beneficiary households were classified in the CLASS evaluation as having improved their vulnerability status, possibly due to worker interactions and being linked to interventions targeting livelihoods, child protection outcomes, awareness and understanding of social work roles and services, and the inclusion of vulnerable populations in defining support needed (USAID et al., 2021). As described by one CSW,

Sometimes the citizens raise the alarm and we immediately respond. Generally, most people/families are ashamed to present/voice out their problems, they don't want the family problem/s to become largely known. So, home visits are important mechanisms.

Specifically, the evaluation of CLASS found that CSWs helped:

- More than half of families with access to healthcare

- 74% with access to education, including involvement in school events, avoiding drop outs, and enrolling in kindergarten or appropriate grade level

- 85.4% with access to social services, including employment and income, documents for disability, social benefits, or birth certificate

The creation of the CSW cadre and related scale up has aimed to create more opportunity for interactions between children and families in need of services with the social service system and to contribute to national efforts to reintegrate children living in institutions with their families and expand alternative care options like foster care, both of which have seen positive trends over the same period based on national data (Figures 9 and 10). However, the proportion of children in residential care with disabilities has risen over this period, reflecting a reality often observed during care reform, where children with disabilities are often the last to be transitioned out of institutional care because of stigma and discrimination, limited

services within communities to support reintegration into their families, or specialized foster care placements.

Figure 9. Number of children in residential care institutions by year
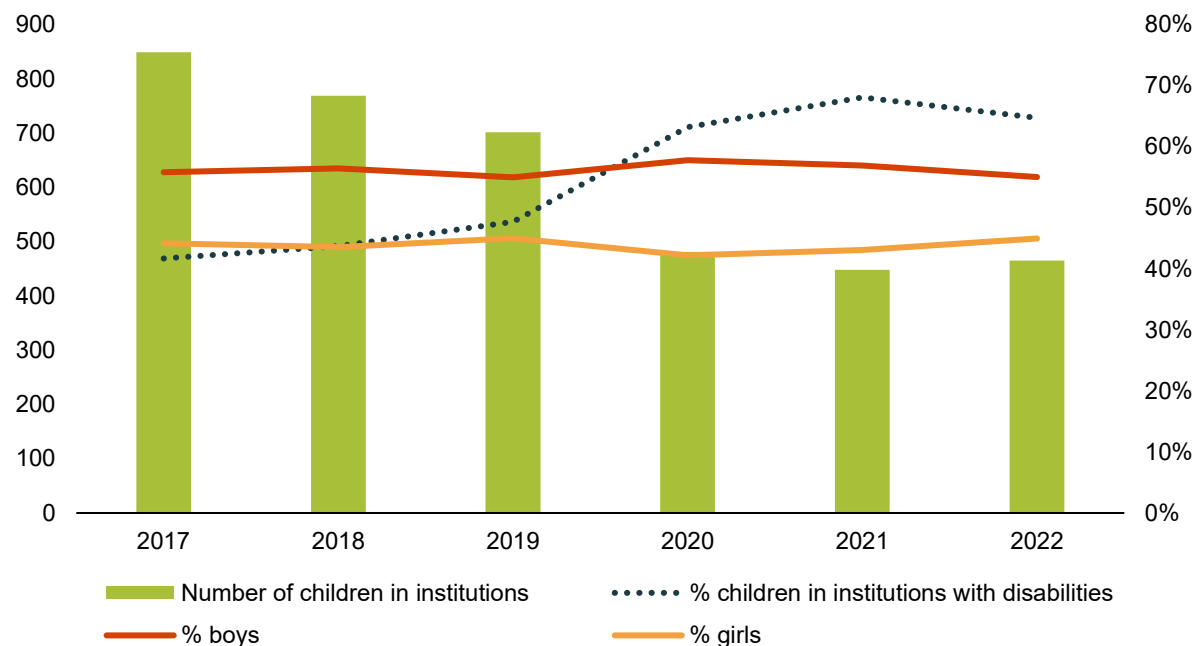
Figure 10. Number of children and foster families, 2017–2023
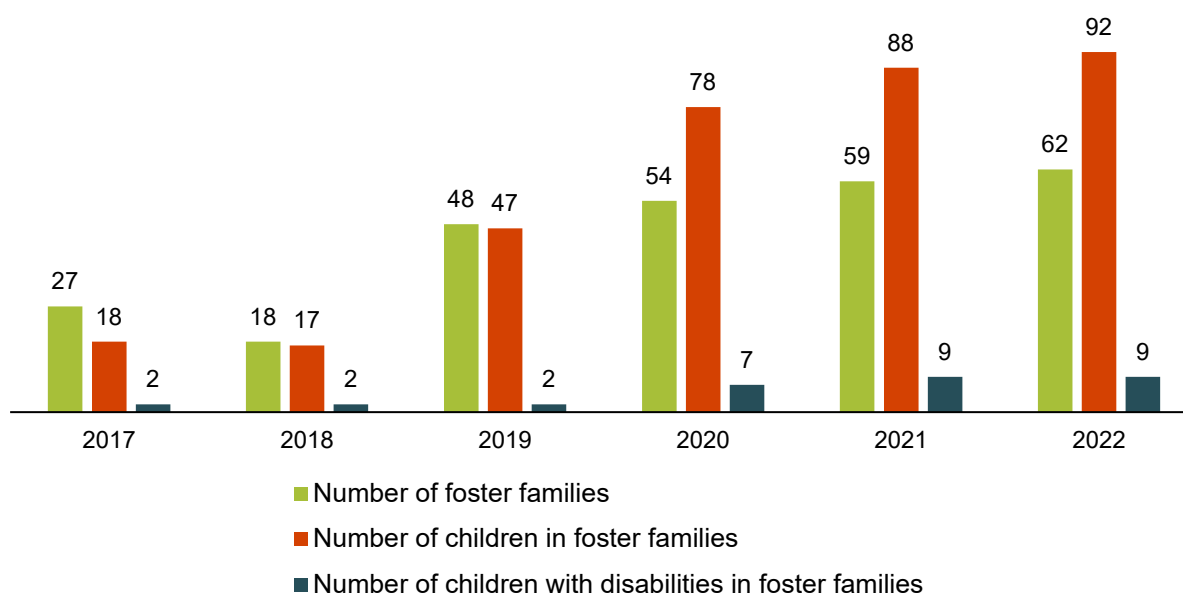
Issues Addressed Less Effectively and Contributing Factors

Despite the closure of residential care institutions and the expansion of family and other poverty-related benefits and community-based services, respondents still expressed concern over the distribution of these services and the limited availability of specialized services, and also how a lack of financial and human resources was inhibiting progress on these issues. This opinion was shared by representatives at different levels of government as well as caregivers themselves, including those with disabilities:

> *I must go back to the lack of resources or services. If the social worker assesses the need and the potential beneficiary, there should be a proper service/place to refer the beneficiary. We faced the same problem while executing the "CLASS" project when the families experience crisis and difficult life situation but there is no way out and we try to leverage our resources at community level together with the state trying to solve the problems with the help of grants. We know that MoLSA has established crises center or child support centers, but their number is less than there is a need in the regions. (Representative, multilateral organization)*

> *I prefer instead of the benefit, to get appropriate services for me and my child, I am not able to afford paid activities for my child, but they are important for her development. (Caregiver with a disability, Yerevan)*

> *I have a 16 year old son with visual impairment. We were referred to a specialized center in Yerevan for surgery, but we were told that there is a waiting list, we have to wait or we can get the paid services. Paid services are not affordable for us, waiting makes the condition even worse, we don't know what to do. (Caregiver, Ararat)*

> *The problem is in services [limited coverage or lack of some types]. Look, the system is in place [in Yerevan], the problem is identified, the needs are assessed. The question that is still open is who will provide the services? (Government representative, subnational level)*

There was also variability in terms of awareness and access to benefits programs, employment, or livelihoods interventions, especially in areas outside of Yerevan. Ineffectiveness in addressing these issues could be related to the more limited distribution of the frontline SSW, such as CSWs, who are able to foster familiarity with the available programs or cultivate relationships with households that could be eligible for them.

> *You will not get a family/person out of that [difficult life] situation by providing only a fixed amount every month. If there is work, or the child attends some [development] activities/groups, the family/person will find out a way over time. It is a psychological condition where the family needs support and help. (Caregiver, Yerevan)*

> *There are many good programs, people just don't know about them, we learn about them from here and there, from each other. (Caregiver, Syunik region)*

> *For example, I found out that the beneficiaries are given this kind of support, I went to check whether I am eligible, or not, the employee [USS regional center] was so surprised that I need that support. I really do not want to go get such treatment. The lack of information, or timely information doesn't help as well, often one cannot get the proper support, as the volume is limited and you are late. (Caregiver, Syunik)*

Finally, respondents outside of Yerevan raised the issue of prevention of gender-based/intimate partner or domestic violence as being ineffectively addressed by the current system, in large part because of stigma or sociocultural norms in those geographic areas:

> *For instance, I called the police, the father of the family had some mental issues, the police interfered and father has no right to get close to the child. [Outside the city] the situation is bit different; mothers often do not voice out the problem as [they] want to defend their children from stigma. (Caregiver, Syunik)*
>
> *Cases of family violence are many…but cannot be even a word about the prevention, as no one wants to discuss the issue outside of the four walls [of the family home]. (Caregiver, Syunik)*

Recommendations

D4I formulated the following recommendations based on the validation of findings and inputs of the NLG members obtained during the dissemination workshop. They are organized by component—planning, developing, and supporting the workforce. For all, it is strongly advised that they are acted on through sustainable and appropriate public sector budget allocations. Cross-cutting recommendations were also developed that could be promoted immediately, as follows:

- Share assessment findings with all government administrative levels, including down to local authorities and community-based organizations. This dissemination could be accomplished through standing meetings, relevant events, institutional websites and email listservs like the Mulberry system, to be led by the MoLSA with support from USAID, UNICEF, educational institutions and/or the AASW. Equipping local administrators and other community-level actors with this information and validating findings according to their own context and experience will promote ownership and action to address child and family issues.

- Advocate for the establishment of multi-sectoral groups at the marz or regional level that will bring together stakeholders to support the GTB/GTC in decision making around alternative care for children, in addition to the revitalization of other child rights- and protection-focused working groups to develop joint action plans and convene regularly to share progress and maintain accountability. The formation of these groups should be with guidance from the MoLSA and MOTAI and some support for coordination and facilitation from key implementing organizations in each region.

Planning

- In close cooperation with the MoLSA and other line ministries and institutions (e.g., MoTAI, MoESCS), develop subnational policies, procedures, and guidelines to facilitate implementation of quality social service provision to children and families, including provisions that support improved coordination and cooperation between USS regional centers, communities, and nongovernmental service providers.

- Assess the current distribution of the SSW, including CSW, USS regional staff, and main non-state social service providers and, based on available service delivery, population, and other demographic data, develop recommended or target ratios, caseload, and number of positions to guide recruitment and deployment at community and regional levels, which could vary by type of worker and geographic

area. Link recommendations or targets to the MoLSA's efforts to define criteria and develop standards for quality of services and promote their application by governmental and nongovernmental providers, in accordance with the legal framework.

- Develop, pilot, and scale up a unified, national CPIS that CSWs, USS regional offices' staff, and other service providers to enter, view, and exchange beneficiary or case-related data. The system should leverage investments to date in integrating systems and other data sources for social services, with interoperability in mind, and be enabled to generate routine reports on service and workforce-related indicators, on which more evidence-informed workforce planning can be conducted and monitored.

Developing

- Strengthen partnership and coordination between the MoLSA, other ministries employing the SSW, universities, and training institutions to align curricula, number, and qualifications of graduates to current and projected demand for trained professionals and paraprofessionals and required standards. This action could be accomplished through the National Child Rights Protection Commission via a dedicated subgroup or task force and promoted through the AASW which can act as a platform for dialogue among all stakeholders with a role in social service provision.

- Establish institutional mechanisms for delivering, monitoring, and recognizing IST and continuing education among the SSW. A well-functioning child protection and care system requires a wide range of workers, such as residential and day care workers, child development center staff, CSWs, USS social workers, and allied sector personnel such as health workers, teachers, police, etc. Ensuring opportunities for IST and continuing education that are competency based acknowledges the reality that these workers come from different fields of study and practice areas, but to provide quality services they must be equipped with the requisite knowledge and skills. Current offerings of 3-month, 11-month, diploma, and degree programs represent important progress in establishing these mechanisms, but educational institutions, relevant accreditation bodies, and employers should pay further attention to monitoring the quality of these programs, making needed improvements to the content and delivery modalities, and recognizing workers' completion of additional IST and continuing education with opportunities for advancement, via promotion, increased salary or other incentive, and as part of an overall career path within the sector.

Supporting

- Establish a system of supervision among community- and regional-level government SSW providing services to children and families, with clearly defined requirements around duration, timing, type, and by whom supervision should be provided. The process for creating this system, including policy, structures, resources, and tools for implementation and monitoring, should draw on the AASW supervision manual and CLASS project experience and could follow an iterative process of development, testing, and small- to larger-scale replication to meet workers' needs and function within budget and other operational constraints, eventually leading to formal adoption by the GoA. Exploration of the advantages and disadvantages of individual vs. group, formal and informal, and in-person and virtual supervision, especially in response to gaps in capacity to provide functions beyond administrative supervision such as educational and supportive supervision, should be pursued, as well

as tracking outcomes related to quality of services provided, assessment of worker performance, and wellbeing.

- Standardize inclusion requirement (or preference, as appropriate) for educational qualification in social work or related field in government and nongovernment job descriptions, as part of promoting professionalization across the sector and to encourage employers to hire and remunerate workers accordingly. Distinguishing between workers with more vs. less formal education and related experience in determining levels of responsibility and salary could contribute to retaining qualified workers in their roles, and potentially motivate more graduates from social work and related programs to enter the sector. Current hiring and remuneration practices contribute to turnover of more qualified social service professionals, especially in government positions, who seek out higher-paying roles that recognize their level of education in the NGO sector.

- Improve working conditions through designating appropriate space and monitoring and adjusting caseloads so that the SSW can carry out their responsibilities effectively at regional and community levels. In many settings, such as USS regional offices and in communities, workers must conduct consultations in environments that do not always ensure privacy. Attention to caseloads is equally important, which could be facilitated through routine analysis of active cases to number of workers, advocacy around recruitment of additional workers, and support in prioritizing and/or closing out cases.

Conclusion

A social service workforce with the right number and types of social workers and other social-service personnel providing quality services where they are most needed is essential for the well-being of children, families, persons with disabilities, and other groups. The goal of this assessment was to identify specific approaches that USAID and country partners should consider advocating for and making future investments in, which will contribute to a more robust SSW and overall sustainable social services systems in Armenia, Cambodia, and Rwanda, and as applicable in other countries. Key themes emerging under each of the three areas of the assessment's conceptual framework underscore the advantages and limitations of the approaches undertaken to date to plan, develop, and support the workforce and the links between actual availability and quality of promotive, preventive, and responsive services provided to children and families in Armenia. Recommendations related to these findings are formulated for immediate and longer-term promotion among key stakeholders.

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Appendix A. Assessment Team

- Irit Sinai, PhD—Activity Lead. Dr. Sinai is a Senior Technical Advisor with Palladium, with nearly 25 years of experience in operations research, implementation science, and evaluation. She has expertise in the design, implementation, and dissemination of results of studies and assessment, using a variety of quantitative and qualitative methodologies. She coordinated all management activities, contributed to technical work, and ensured the overall quality of the assessment.

- Alexandra Collins, MSW, MPH—Social Service Workforce Expert/Technical Lead. Ms. Collins is a global social work professional with more than ten years of experience managing and providing technical assistance to USG, UN, and foundation-funded international development activities. She has expertise in project design and implementation throughout the life cycle, with a technical focus on social welfare systems and workforce strengthening interventions. She led all technical work on the assessment.

- Caitlin Showalter, MSGH—Research Advisor. Ms. Showalter is a Technical Advisor with Palladium with more than six years of experience in global health. She holds a Master of Science in Global Health from Northwestern University. She supported background research, the development of assessment documents (assessment questions, protocol, consent forms, data collection tools), analysis of qualitative data, and writing of the final assessment reports.

- Susanna Karapetyan, MA, and Mariam Mkhitaryan, MSW—local data collection consultants and experts in child protection in Armenia. They served as the primary data collectors for the assessment and were responsible for all communication and coordination with local stakeholders; collecting, transcribing (utilizing Armenian when appropriate and translating to English); coding, and analyzing all data obtained from KIIs and FGDs; drafting the initial findings report; and providing guidance on the country-specific issues surrounding the social service workforce and child protection system. Utilizing their expertise in the Armenian context and qualitative data collection, with their careful approach to the sensitivities around specific child protection topics, promoted the respectful and accurate representation of the voices of beneficiaries and social service workers within assessment findings.

Appendix B. Armenia National Leadership Group Participants

Name	Title, Organization
Shushanna Tevanyan	Monitoring and Evaluation Expert, Ministry of Labor and Social Affairs (MoLSA)
Anna Zhamakochyan	Deputy Minister, MoLSA
Anahit Hovhannisyan	Head of Children Related Issues Division, MoLSA
Astghik Minasyan	Advisor to Minister on Social Assistance, MoLSA
Lusine Hovhannisyan	Head of Children and Social Protection Department, Yerevan Municipality
Yevgine Vardanyan	Advisor to Minister of Labor and Social Affairs, Yerevan State University
Yuliana Melkumyan	Faculty of Sociology, University of Yerevan
Mira Antonyan	President, Armenian Association of Social Workers
Armenuhi Hovakimyan	Social Policy Specialist, UNICEF
Victoria Ohanyan	Programme Officer, Access to Justice, Child Protection Section UNICEF
Aida Muradyan	Chief of Party, USAID's Community Level Access to Social Services (CLASS) project, World Vision
Zhaneta Khachatryan	Project Manager, CLASS, World Vision
Armen Martirosyan	Director, Health Fund for Children
Lusine Simonyan	Director, Child Development Foundation
Hermine Paytyan	Supervisor, Child Development Foundation
Vahan Danielyan	Operations Consultant, World Bank

Appendix C. Data Collection Instruments (English Only)

Appendix 1c. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Government

Armenia Assessment of Investments in the Social Service Workforce
Key Informant Interview Introduction Sheet
Type: Government

1. To start, please tell me about your work as it relates to providing social services, including child care and protection services for children and families in Armenia?

2. What kinds of issues or problems does the country's child protection and care/social service system address effectively? What kinds of issues or problems of children and families are addressed less often or less effectively?

3. What factors do you think contribute to addressing these issues or problems effectively or not?

4. From your perspective, who makes up the social service workforce, or who are the workers providing social services, in Armenia?
   Probes:

   - Professionals

   - Paraprofessionals, including volunteers

   - Government sector

   - Nongovernment sectors (private, faith-based, not-for-profit, civil society)

   - Based in allied sectors (teachers, health workers, police, probation officers, lawyer/judges)

5. What are the requirements for the different types or cadres of social service/child protection workers in each of the following categories: Are these requirements captured in standard job descriptions?

   a) What other major elements do these job descriptions include?

   b) What are they missing?

      ▪ For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)

      ▪ For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)

      ▪ For supervisors of professionals and paraprofessionals (INSERT RELEVANT JOB TITLES)

PLANNING

6. Now let's consider social service workforce policy and strategic planning. What policies or legislation are you aware of that specify:

   a) the role or functions of social workers, or related cadres of workers, in Armenia?

   b) the education or other qualifications required for social workers? If there are other categories of social service personnel, what are their educational requirements?

       c) the staffing requirements, or recommended numbers and types of social service workers hired at each administrative level and/or in relevant sectors?

7. What has been your and your department's role in developing or implementing these laws and policies?

8. From your perspective, what have been the advantages of having these laws and policies in place? Have there been any limitations or negative effects?

9. What additional national laws, guidelines, or policies, if any, do you think are needed to strengthen the social service workforce and address child and family uses more effectively and at scale in Armenia?

       a) What process, if any, is in place to review and update these policies? To monitor progress on their implementation?

       b) What existing laws, guidelines, or policies do you think need to be revised, and how?

10. What role does your office or department have in the budgeting process and determining investments in social services and child protection services for children and families?

11. What is the process for deciding how many social service/child protection personnel are needed and where? For example, in estimating the number of workers needed at your administrative level, filling vacant positions, or establishing new positions.

       a) Who is involved?

       b) What kinds of data are used?

       c) How are the necessary budget allocations determined?

       d) How frequently is this process conducted?

12. What kind of information management system or systems are in place regarding the social service/child protection workforce and/the services they provide? Are these systems paper-based, electronic, or a mix of both?
Probes:

- Names of systems
- Users
- Training received by users
- Accessibility of the systems
- Interoperability, or data sharing/extraction with and between other government systems
- How accurate and up to date are the data
- Examples of decisions made using data from these systems for case management? For workforce planning? For training, or supporting/retaining workers?

13. Apart from your department, which other ministries, departments and agencies are involved in supporting or providing social service/child protection and care services?

a) Which of them do you collaborate with and in what ways?

b) What factors contribute to effective coordination?

c) What factors make effective coordination difficult?

d) Can you provide examples of how social service/child protection personnel from different sectors make referrals to each other or coordinate their activities?

e) What works well with cross-sectoral collaboration?

f) What are the biggest challenges?

DEVELOPING

14. What are some of the issues currently affecting the numbers of social service/child protection workers in Armenia?
Probes:

- Hiring challenges
- Too few qualified or interested individuals to fill available positions
- Too few budgeted positions within public sector to hire the workers needed
- Other budget issues (please describe)
- Low salaries
- Burnout
- "Brain drain" or emigration
- Lack of motivation/incentives

15. What are the greatest challenges that Armenia faces in producing, hiring, and retaining qualified social service/child protection workers?
Probes:

- Low salaries
- High workload
- Low motivation
- Limited authority
- Individuals hired without the relevant training and skills
- Inadequate operations support for field personnel such as transportation, office space, computer access, internet connectivity
- Lack of clarity in roles/performance expectations
- Inadequate systems for supervision and support (including all four functions of supervision: administrative, education, supportive, and mediation)
- Ineffective interagency collaboration
- Weak information management, records, data management

16. How has your department or ministry taken action to address any of these issues?

17. What pre-service training is required for social service/child protection workers engaged by your department?

18. What in-service training opportunities are available for staff? For supervisors? For community-level workers?

    a) Who provides this training?

    b) Is it in-person or remote training?

19. To have a qualified social service/child protection workforce, what three priority kinds of training that you think are needed? Be specific about topics.

    a) Who needs to be trained?

    b) What currently exists (e.g., training programs, qualified trainers, scholarship programs) versus what is needed to make these training programs more effective?

    c) Methods of delivery—is virtual or e-learning a possibility? For which cadres of workers?

SUPPORTING

20. How is social workforce staff performance evaluated within your department?

    a) Who is involved in this process?

    b) What options, if any, are available to reward high performers?

    c) What processes, if any, are in place to address and improve poor performance?

21. Supervision has been shown to directly impact the performance of social service/child protection workers and the services they provide to children and families. How would you describe supervision provided by your department or agency?
    Probes:
    - For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)
    - For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)
    - Functions or types of supervision currently provided vs. require additional capacity building to provide:
    - Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
    - Educational: providing information and teaching new methods/skills
    - Supportive: listening to problems, helping with emotional support, job-related stress
    - Mediation/Advocacy: advocating for my supervisee within the agency
    - Any current initiatives underway related to the supervision system? Any areas for improvement?

22. Lack of motivation and burnout among social service workers can contribute to turnover of staff. How has your department addressed this issue?

   z. What other initiatives or responses to this issue do you think could be beneficial?

23. What actions have been or could be taken to provide paraprofessionals (e.g., IZU in Rwanda) with opportunities progress in their careers?

24. What would you suggest to better equip workers at the community level who do not have a professional qualification in social work, to provide services to children and families? What about workers at the subnational and national level who are in positions where they must perform social work functions, but who do not have a degree or diploma in social work?
    Probes:
    - Training (and in what topics)
    - Certification
    - Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)
    - Salary or other remuneration

25. What are some of Armenia's most important milestones and achievements in the last five years related to strengthening the government social service/child protection and care workforce?
    Probes:
    - What has worked well
    - What have been the challenges

26. What current initiatives are underway related to planning, developing, or supporting the workforce in Armenia that you think should be highlighted?

27. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?

28. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix 2c. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Implementing Partners

Armenia Assessment of Investments in the Social Service Workforce
Key Informant Interview Guide
Type: Implementing Partners/Non-Governmental Organizations

1. To start, could you please tell me about your work at your project/organization as it relates to providing social services for children and families in Armenia?

2. What kinds of issues or problems does the country's child protection and care/social service system address effectively? What kinds of issues or problems of children and families are addressed less often or less effectively?

3. What factors do you think contribute to addressing these issues or problems effectively or not?

4. How does your or your project/organization's work relate to that of (Armenia: Community Social Workers)?
   Probes:

   - Capacity building (pre- or inservice training, continuing professional development or education)

   - Financial or in-kind support such as transportation, office supplies, communication

   - Making or receiving case referrals; if so, in what areas of service provision (e.g., child welfare/protection, family reunification and reintegration, prevention of children's separation from their family, alternative care, domestic adoption)

   - Service delivery (see list below)
     Prevention:

     o Support at-risk children and their families

     o Organize parenting programs

     o Provide gatekeeping to prevent unnecessary family separation

     o Provide social protection support, including Cash Plus Care

     o Organize community groups to protect children and promote positive social norms

     Response:
   - Provide support and services to VAC, secure justice, and quality care

   - Ensure child participation and best interests of the child during interventions

   - Undertake assessments for long term therapeutic services such as medical and psychosocial interventions

   - Deliver rehabilitative and reintegration services

   - Inclusion of children and caregivers with disabilities

   - Performance evaluation

   - Planning and budgeting

- Program management and monitoring

- Technical support or exchange on social service practice issues (such as through educational or supportive functions of supervision)

- Quality assurance / regulation (certification, licensing or registration)

- Other

5. Could you describe the types or cadres of social service workers that your project/organization engages to directly provide social services?

    a) What requirements does your project/organization have for hiring? Are there job descriptions that you could share?

    b) How do the formal qualifications of social service personnel in your organization compare with those of social service personnel in the public or national social services system?

PLANNING

6. Now let's consider social service workforce policy and strategic planning. What local laws, policies, or guidelines, if any, inform your project/organization's hiring of social service workers and provision of social services in Armenia?

    a) What additional laws, guidelines, or policies, if any, do you think are needed to better support the social service workforce responsible for providing services to vulnerable children and families?

    b) What existing ones do you think need to be revised, and how?

7. What advocacy efforts has your project/organization undertaken related to leveraging resources for workforce development and support within government?

    a) Which of these actions have produced results and what more could be done to make these actions more effective?

8. What are some of the issues currently affecting the numbers and distribution of:

    a) non-government social service workers in Armenia?
Probes:

- Too few qualified candidates to fill available positions

- Low salaries

- Other budget issues (please describe)

- Qualified individuals are taking jobs outside the country

- Motivation/incentives to fill rural or remote posts

- Other

    b) What about government social service workers?

9. What actions has your project/organization undertaken (or is considering) to involve more paraprofessionals (e.g., IZU in Rwanda) in the implementation of social services?

Probes:

- Including roles for paraprofessionals in programs

- Revising the qualifications required for hiring

- Developing career pathways to higher paying jobs

10. How does your project/organization collaborate with other key partners, including from allied sectors (such as education, health, justice), to provide social services?

   a) Which key partners/actors/sectors do you collaborate with and in what ways?

   b) What factors contribute most to effective collaboration?

   c) What issues or problems make collaboration more difficult?

   Probes:

   - Which sectors/actors

   - Existing multi-sectoral coordination mechanisms

   - Gaps and barriers to coordination

   - Access to data and flow of information between sectors/actors

11. How has your project/organization contributed to strengthening referral systems used by social service workers to connect children and families to needed services?
   Probes:

   - Collaboration with allied sectors (specific examples)

   - Access to data and MIS

   - Variations by admin level and regions

   - Strengths

   - Challenges

12. How do you track and manage information on social service workers and the social services being provided?
   Probes:

   - Names of information sources or systems

   - System users, how to access, and training

   - Types of information available

   - How easy or difficult is it to access the systems (or to get information you need)

   - Interoperability, or data sharing with and between systems

   - How reliable, up to date are the data

13. Can you provide examples of an action taken using data from these systems?
   Probes:

   - To provide needed services

   - To plan for the right number and type of workers to deliver needed services

- To target trainings according to skills gaps or population needs

- To better support workers such as through incentives for performance or retention to keep them in position where services are needed

14. What would you consider the key barriers or challenges to using the sources of information that you mentioned above?
    Probes:

- Access to computers/tablets/smart phones

- Internet connectivity

- Lack of interoperability and coordination with data systems for other sectors (education, justice, health)

- Limits on access or use

15. What strategies are needed to improve the use of relevant data in practical decision making and providing services ?

DEVELOPING

16. What in-service training opportunities are available for staff? For supervisors? For community-level workers?

17. What would you suggest to better equip workers who do not have a professional qualification or degree in social work, to provide services to children and families at the following levels?

- Community

- Subnational

- National

    Probes:
- Training
- Certification
- Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)
- Salary or other remuneration

SUPPORTING

18. Supervision has been shown to directly impact the performance of social service workers and the quality of services they provide to children and families. How would you describe supervision structures or processes in place for social service workers engaged by your project/organization?

    Probes:

- For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)

- For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)

- Functions or types of supervision currently provided vs. require additional capacity building to provide:

    o Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)

    o Educational: providing information and teaching new methods/skills

    o Supportive: listening to problems, helping with emotional support, job-related stress

    o Mediation/Advocacy: advocating for my supervisee within the agency

- Any current initiatives underway related to the supervision system? Any areas for improvement?

19. Lack of motivation and burnout among social service workers is common and can contribute to poor performance and turnover of staff. How has your project/organization addressed this issue?
    Probes:

- Supervision ((including all four functions of supervision: administrative, education, supportive, and mediation)

- Staff discussions or retreats

- Feedback channels to senior staff

- Skills training

- Satisfaction surveys

- Increased salary or other incentives

20. How is staff performance evaluated within your project/organization?

    a) Who is involved in this process?

    b) What options, if any, are available to reward high performers?

    c) What processes, if any, are in place to address and improve poor performance?

21. What do you think are the greatest challenges that Armenia faces in addressing key children and family issues effectively and at scale?

    a) Which of these challenges are related to producing, hiring, and retaining social service workers to provide needed services?
    Probes:

- Inadequate number of social service positions/jobs

- Low salaries

- High workload

- Low motivation/stress/burnout

- Low authority

- Lack of clarity in roles/performance expectations
- Inadequate training and professional knowledge (either in education/training institutions or among existing workforce)
- Poor supervision and support system
- Inadequate funding
- Ineffective interagency collaboration
- Poor work conditions/facilities
- Weak information management, records, data management
- Other

22. How has your project/organization addressed these challenges?

23. What current initiatives are underway related to planning, developing, or supporting the workforce to improve child protection and social services in Armenia that you think should be highlighted?

   a) What are the issues or problems being addressed by these initiatives? What's working well or not?

24. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?

25. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix 3c. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Donors

Armenia Assessment of Investments in the Social Service Workforce
Key Informant Interview Guide
Type: Donors

1. To start, could you please tell me about your work with DONOR NAME as it relates to social services/child protection in Armenia?

2. What is the overall strategic goal or mission of DONOR NAME concerning the social services and child protection systems, and any specific objectives related to the social service workforce?

3. What kinds of issues or problems does Armenias child protection and care/social service system address effectively? (Probe: share any relevant sources)

    a) What factors contribute to effective action regarding child protection and care/social services?

4. What kinds of issues or problems of children and families are addressed less often or less effectively? (Probe: share any relevant sources)

    a) What contributes either to some issues or problems not being addressed effectively or addressed at all?

5. About how much does DONOR NAME contribute annually for social service/child protection activities in COUNTRY NAME?

    a) For social service workforce development?

    b) Has this funding been relatively constant over the past few years, or has it varied?

6. What kinds of activities related to the social service/child protection workforce in Armenia does DONOR NAME support? What is the rationale for focusing support on these activities?

PLANNING

7. Now let's consider social service/child protection and care workforce policy and strategic planning. How would you describe the current policy and program environment for the social service/child protection and care workforce in Armenia?
    Probes:

    - Specific cadres (social workers, paraprofessionals, other care and protection workers in communities)

    - Key interventions (prevention and response services, disability inclusion, others)

    - Coordination

    - Implementation

    - Funding

    - Commitment of donors, countries, USAID

8. What specific policies, strategies, or guidelines have been used by DONOR NAME to advance social service workforce strengthening and address child and family issues more effectively and at scale in Armenia?

   a) Which ones have been the most effective?

   b) What are the remaining gaps?

9. What ministries, departments, agencies, organizations, or donors do you collaborate with related to social service or child protection activities?

   a) Could you describe the aims of this coordination or collaboration?
   Probes:

   - Workforce planning / scaling up the workforce

   - Policy development and implementation

   - Training or other capacity building

   - Budget and resources allocation

   - Advocacy and professionalization

   - Establishing professional practice standards or criteria (such as for minimum qualifications, supervision, career advancement)

   b) Can you give an example of a time that DONOR NAME coordinated successfully with another entity to strengthen a social service in Armenia? What was the role of the workforce in this success?

   c) What has worked well for DONOR NAME in making coordination around social services more effective? What needs improvement?

10. What kind of support does DONOR provide to information systems related to social services or child protection and the workforce delivering them?

    a) What types of data do these systems make available?

    b) How are these systems being used by DONOR, or key partners in government or civil society, for improving social services? For case management or oversight? For workforce planning and management?

    c) How could these systems be made more useful?

    d) What are the challenges you see with these systems as they are currently?
    Probes:

    - Cost

    - Accessibility

    - Usability

    - keeping systems and software up to date

11. What discussions, if any, are underway around human resources information systems for the social service workforce?

DEVELOPING

12. What do you consider as the major strengths of the social service/child protection and care workforce related to effectively addressing issues of children and families in Armenia?

13. What do you consider the major weaknesses of this workforce in Armenia?

14. Has DONOR NAME supported capacity-building activities in Armenia?   If so, what has worked well?

15. Are there additional measures or interventions that you think would develop the social service workforce and broader social service system in Armenia?

   a) Are any of these interventions are under consideration by the government, DONOR NAME, or any other donor?

   b) If or when these interventions are implemented, what factors could strengthen or undermine this process?

SUPPORTING

16. What do you think are the greatest challenges that Armenia faces in producing, hiring, and retaining and adequate social service workforce?

17. How has DONOR NAME worked to address these challenges?

18. How does DONOR NAME assess the effectiveness of its investments in social service/child protection programming? How is the performance of these programs monitored over time?

19. What strategies have been used in Armenia to motivate, incentivize, and recognize social service workers to reduce turnover and burnout? How effective have they been? What strategies would DONOR NAME consider supporting in the future?

20. What are some of DONOR NAME's most important milestones and achievements in the last five years related to strengthening the social service workforce and the broader social services system in Armenia
    Probes:

    • What worked well

    • Challenges

    • Any specific data available on DONOR NAME's activities contributing to changes at the child or household level

21. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?

22. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix 4c. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Allied Sector

Armenia Assessment of Investments in the Social Service Workforce
Key Informant Interview Introduction Sheet
Type: Allied Sectors

1. To start, could you please tell me about your work with ORGANIZATION NAME? What are your main responsibilities and activities?

2. From your perspective, who makes up the social service workforce, or who are the workers providing social services, in Armenia
   Probes:

   - Professionals

   - Paraprofessionals

   - Government sector

   - Nongovernment sectors (private, faith-based, not-for-profit, civil society)

   - Based in allied sectors (schools, health facilities, police or courts)

3. Which of these workers, does your organization engage directly?

4. For what kinds of issues or problems do you or others in your organization have contacts or interaction with social services and child protection personnel?

   a) Which of these issues do you feel are addressed effectively? Which are not? Why?

5. In what ways does your organization work with other entities/sectors in relation to social service provision or protection for children and families?

   a) In your experience, what has contributed to effective collaboration?

   b) What factors have hindered effective collaboration among the different sectors and with social service workers?

6. What are the most common social or child protection services for which your organization or sector makes referrals?
   Probes:

   - Prevention:

     o Support at-risk children and their families

     o Organize parenting programs

     o Provide gatekeeping to prevent unnecessary family separation

     o Provide social protection support, including Cash Plus Care

     o Organize community groups to protect children and promote positive social norms

   - Response:

     1. Provide support and services to VAC, secure justice, and quality care

2. Ensure child participation and best interests of the child during interventions

    o   Undertake assessments for long term therapeutic services such as medical and psychosocial interventions

    o   Deliver rehabilitative and reintegration services

7. What referral processes or procedures do workers in your sector follow with social service or child protection workers?

8. Are there guidelines or a formal agreement in place between your organization or sector and social service or child protection entities to which you most commonly refer?

    a) What is covered in these guidelines/agreement?

    b) What service providers are included?

    c) If nothing formal is in place, do you think some type of guidelines/agreement would be helpful? What might it cover?

9. How are referrals made to and received by your sector or institution tracked or documented?

10. Does your organization or sector use a referral system to accept or receive referrals from other sectors? Such systems could be paper-based forms and files, electronic databases or platforms, or a mix of both.
    <u>Probes:</u>

- Names of systems

- System users, permissions, and training

- How accessible are the systems

- Interoperability, or data sharing/extraction with and between other government systems

- How reliable, up to date are the data

- Examples of decisions made using data from these systems in workforce planning, developing/training, and supporting/retaining workers

11. What training is provided, if any, to improve referrals between sectors?

    a) Who receives this training?

    b) Who provides this training?

    c) When was it last provided?

12. What additional training do you think is needed to improve coordination of services for children and families between the social services/child protection sector and your sector?

    a) Who needs to be trained? Which cadres?

    b) What issues or topics should such training include?

    c) What currently exists (e.g., training programs, qualified faculty, scholarship programs) versus what is needed to make these training programs a reality?

d) Continuous or one-time training?

e) Methods of delivery—is virtual or e-learning a possibility? For which cadres of workers?

13. What role does your organization play with COORDINATING MECHANISM NAME in relation to social services or protection for children and families in Armenia?

14. Which other ministries, departments, agencies, or organizations are involved in COORDINATING MECHANISM NAME?

15. What are some of Armenia's most important milestones and achievements in the last five years related to strengthening the coordination of services for children and families between the social service/child protection sector and your office/program?
    Probes:

    - What has worked well?

    - What challenges have there been?

16. What current initiatives are underway related to strengthening the coordination of services for children and families between the social service/child protection sector and allied sectors in Armenia?

    a) What are the most important changes they are seeking to make? Which should be considered for future support?

17. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix 5c. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Educational Institution

Armenia Assessment of Investments in the Social Service Workforce
Key Informant Interview Introduction Sheet
Type: Education/Training Institution for Social Services

PLANNING

1.1.　　　　To start, please tell me about your work as it relates to training workers to provide social services, including child care and protection services, to children and families in Armenia?

1.2.　　　　From your perspective, who makes up the social service/child protection workforce, or who are the workers providing these services in Armenia Which of these workers do you train?
　　　　Probes:

- Professionals

- Paraprofessionals, including volunteers

- Government sector

- Nongovernmental personnel (private, faith-based, not-for-profit, civil society)

- Based in allied sectors (teachers, health workers, police, probation officers, lawyer/judges)

1.3.　　　　In what kinds of settings do those personnel work? (like communities, government, NGOs or CSOs, schools, health facilities, police, or courts)

　　　1. What types of issues are students trained to address in these settings?

1.4.　　　　What academic degrees/diplomas/certificates does your institution offer in the social service and child protection fields?

　　a. What are the entry requirements for these programs?

　　b. What is the typical amount of time required to complete each program?

　　1. In what settings are these programs offered, in a classroom, in the field, online/virtual/distance learning, blended?

　　d. In what languages are these programs offered?

　　1. Any specializations within these programs, such as child welfare and protection, counselling/psychotherapy, community mobilization, disability, medical social work, school social work?

1.5.　　　　What is the main teaching methodology, textbooks or other reading, lectures, interactive/student-led discussions, small group work?

　　a. What do you see as the opportunities and challenges of the structure and teaching methodologies of these programs? Resources? Access to literature? Capacity of instructors?

1.6.   Are these accredited programs? If yes, what institution or organization is responsible for accreditation? How often does the re-accreditation process happen? What advantages does accreditation confer for your organization?

1.7.   For this current academic year, how many first-year students are enrolled? How many graduates do you expect at the end of this academic year?

1.8.   Please describe how field education is provided.
    Probes:

- Where students are placed

- How placements are selected or assigned, individually or in groups

- How many hours are required per semester or academic year

- How and by whom students are supervised and evaluated

- How the field practice experience, classroom instruction, and reading assignments are integrated, like field seminars or other activities incorporated into the regular curriculum

1.9.   What is your perception of the quality of the field placements and supervision for students?

a. What issues are students being trained to address in field placements, which are they able to effectively address versus which are they struggling to address?
    Probes:

- Students get meaningful work experience vs used for administrative/office tasks

- Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)

1.10.   Recruiting students to work in rural, remote, or otherwise under-resourced areas has been a concern in many countries. What strategies has your institution used to address this issue?

1.11.   What kind of information system or systems do you maintain on enrolled students? On graduates/alumni? Such systems could be paper-based forms and files, electronic databases or platforms, or a mix of both.
    Probes:

- Names of systems

- System users, permissions, and training

- Types of data collected (age, gender, socioeconomic status, ethnicity, geographic representation, grades, field education placements, projected graduation date)

- How accessible are the systems

- Interoperability, or data sharing/extraction with and between other government systems

- How reliable, up to date are the data

- Examples of decisions made using data from these systems in workforce planning, developing/training, and supporting/retaining workers

1.12.	What coordination body/ies or mechanisms, linkages or partnerships are in place between educational/training institutions and major employers such as government agencies and NGOs:

a. For sharing information on priority knowledge/skills gaps to fill?

b. Current hiring needs / employment opportunities for graduates?

c. For pre-service education of the workforce, including field work/internships?

d. For in-service training of governmental and nongovernment staff?

e. Continuing education such as seminars, workshops, courses?

1.13.	What are the greatest challenges that your institution faces in

- recruiting new students to the field of social work and other related professions?

- producing qualified graduates?

- facilitating employment of recent graduates?

1.14.	Could you describe how your institution has addressed these challenges?

1.15.	What initiatives are underway related to planning, developing, or supporting the workforce in Armenia that you think should be highlighted?

1.16.	Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?

1.17.	Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix 6c. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Professional Association

Armenia Assessment of Investments in the Social Service Workforce
Key Informant Interview Guide
Type: Professional Association

1. To start, please tell me about the mission and vision of your association and what led to its creation in Armenia?

2. Approximately how many members does it currently have?

   a. What can you tell me about the requirements for membership?
      Probes:

      - Minimum education/training

      - Registration application/fee

      - Renewal (frequency, costs)

      - Annual fees or dues

      - Sign code of ethics

      - Continuing education requirements

      - Other

   b. Are there any types of cadres of social service workers who cannot be members of your association? What discussion is underway, if any, to make the association more inclusive of these workers or to form a separate association to represent them?

3. What measures are in place to make membership in the association more accessible?
      Probes:

      - Scholarships or financial support for member fees or dues

      - Reduced fees or dues for student members

      - Office locations in more than one geographic area

      - Accept electronic submissions of registration/applications

      - Virtual options for meeting attendance, consultations, official proceedings, and training opportunities

      - Other

4. What kinds of information does the association collect on its members?
      Probes:

      - Gender

      - Location or geographic area of practice

      - Level of education or training (license, degree, diploma)

      - Employer

      - Areas of specialization/types of services provided

5. How does the association track and manage information on its members?
    Probes:

    - Use of paper-based information system (membership files), digital database or information system, or combination

    - Name(s) of system(s)

    - What kind of data are obtained/managed in the system(s)

    - System users, permissions, and training

    - How accessible are the systems

    - Interoperability, or data sharing/extraction with and between other government systems

    - How reliable, up to date are the data

6. Could you share any examples of decisions that the association makes using data from these systems?

7. What sources of funding does your association have to support its operations?

PLANNING

8. What kinds of issues or problems does the country's child protection and care/social service system address effectively?

    a) What kinds of issues or problems of children and families are addressed less often or less effectively?

    b) What factors do you think contribute to addressing these issues or problems effectively or not?

9. Considering the issues faced by children and families, how adequate is the size of the social service workforce in COUNTRY NAME?

    a) What are some of the factors that currently affect the numbers of social service workers in Armenia?
    Probes:

    - Too few budgeted positions within public sector to hire available workers

    - Too few qualified workers to fill available positions/high vacancy rates

    - Limited number of social work training programs

    - Hiring freeze

    - "Brain drain" or emigration

    - Lack of motivation/incentives to retain current workers

    - Students not interested in entering social service sector

    - Other

10. Does your association play a role in social service workforce planning efforts? If so, please describe.
    Probes:

    - With educational and training institutions around number of students to admit each year

- With government to determine numbers and posts needed for new and existing workers

- With the private or not-for-profit sectors

- Other

11. Now let's consider social service workforce policy and strategic planning. What policies or legislation are you aware of that specify:

  a) the role or functions of social workers, or related cadres of workers, in Armenia

  b) required education or other qualifications for social workers, or related cadres of workers, in Armenia

  c) staffing requirements, or recommended numbers and types of social service workers hired at each administrative level in Armenia?

  d) an official body (e.g., association, council, union) with a legal mandate to regulate social work practice in Armenia?

12. How has been the association's role, if any, in developing or implementing these policies?

13. What additional national laws, guidelines, or policies, if any, do you think are needed to strengthen the social service workforce and address child and family uses more effectively and at scale in COUNTRY NAME?

  a) What process, if any, is in place to review and update these policies? To monitor progress on their implementation?

  b) What existing laws, guidelines, or policies do you think need to be revised, and how?

14. How does your association collaborate with allied sectors (e.g., education, health, justice), regarding social services?

  a) Which key partners/actors/sectors do you collaborate with and in what ways?

  b) What are the perceived strengths contributing to effective collaboration?

  c) What hinders effective collaboration?

  d) What expectations do other sectors have regarding social service workers in providing social services to children and families?

  Probes:

- Which sectors/actors

- Existing multi-sectoral coordination mechanisms

- Gaps and barriers to collaboration

- Access to data and flow of information between sectors/actors

DEVELOPING

15. What role, if any, does your association play in reviewing and/or accrediting social work educational or training curricula and programs for institutions in Armenia such as SPECIFIC INSTITUTIONS' NAMES?

16. What educational or training opportunities does the association make available to association members?

   a) Which are required versus optional?

   b) What opportunities would you association like to offer its members if it had the needed resources?

17. What would you suggest to better equip workers at the community level who do not have a professional qualification in social work, to better provide services to children and families? What about workers at the subnational and national level who are in positions where they must perform social work functions, but who do not have a degree or diploma in social work?
   Probes:

   - Training (describe)

   - Certification

   - Supervision (including all four functions of supervision: administrative, education, supportive, and mediation)

   - Salary or other remuneration

   - Promotions or other career advancement opportunities

SUPPORTING

18. What role, if any, does your association play in regulating the social service workforce? For example, overseeing certification, licensing, and/or registration of workers qualified to deliver social services in accordance with local laws and regulations?

19. Lack of motivation and burnout among social service workers is common and can contribute to turnover of staff. Has your association addressed this issue? If so, how?

   a) What other initiatives or responses to this issue do you think could be beneficial?

20. What, if anything, does your association do related to professional supervision within the social service workforce?
   Probes:

   - For professional social workers engaged by government (INSERT RELEVANT JOB TITLES FOR FRONTLINE WORKERS WITH DEGREES/DIPLOMAS)

   - For paraprofessionals engaged by government (INSERT RELEVANT JOB TITLES)

   - Functions or types of supervision currently provided vs. require additional capacity building to provide:

     o Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)

     o Educational: providing information and teaching new methods/skills

     o Supportive: listening to problems, helping with emotional support, job-related stress

- o   Mediation/Advocacy: advocating for my supervisee within the agency

- Any current initiatives underway related to the supervision system? Any areas for improvement?

21. What do you think are the greatest challenges that COUNTRY NAME faces in addressing key children and family issues effectively and at scale?

  a. Which of these challenges are related to producing, hiring, and retaining social service workers to provide needed services?

Probes:

- Low salaries

- High workload

- Low motivation

- Limited authority

- Individuals hired who don't have the relevant training and skills

- Lack of clarity in roles/performance expectations

- Inadequate systems for supervision and support (including all four functions of supervision: administrative, education, supportive, and mediation)

- Limited resources to work with (ask for examples of the kinds of resources needed)

- Ineffective interagency collaboration

- Poor work conditions/facilities

- Weak information management, records, data management

- Other

  b. Could you describe how your association has worked to address these challenges?

  c. What are some of Armenia's most important milestones and achievements in the last five years related to strengthening the government social service workforce?
      Probes:

- What has worked well

- Challenges

  d. Looking forward, what are the most important changes needed to ensure that child protection and care/social service issues or problems are addressed more effectively and at scale? What approaches for strengthening the social service workforce do you believe should be prioritized to achieve those changes?

  e. Do you have anything to add related to what we talked about today?

Appendix 7c. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Social Service Workers

Armenia Assessment of the Social Service Workforce
Focus Group Discussion Guide
Type: Social Service/Child Protection and Care Workers

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your title, how many years you have been working in the field of social services, what education or training you have completed and from what institution.

Participant ID	SSW Position /Title	Years of experience as SSW	Education/formal training (institution, degree, certification type)	Number of participants by sex	
				Female	**Male**

1. Why did you decide to become a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE)?
2. What kinds of issues or problems does Armenia's child protection and care/social service system address effectively?

    a. What factors contribute to effective action regarding child protection and care/social services?

    b. What kinds of issues or problems of children and families are addressed less often or less effectively?

    c. What contributes either to some issues or problems not being addressed effectively or addressed at all?

3. Now let's talk about your day-to-day work. Could you describe what you typically do?
   <u>Probes:</u>

   - Prevention:

        o Support at-risk children and their families

        o Organize parenting programs

        o Provide gatekeeping to prevent unnecessary family separation

        o Provide social protection support, including Cash Plus Care

        o Organize community groups to protect children and promote positive social norms

   - Response:

        o Provide support and services to VAC, secure justice, and quality care

        o Ensure child participation and best interests of the child during interventions

- Undertake assessments for long term therapeutic services such as medical and psychosocial interventions

- Deliver rehabilitative and reintegration services

- Reasonable accommodation/inclusion of children and caregivers with disabilities

   a. Do your daily tasks align with a written job description and how?
   Probes:

- What aligns
- Doesn't align

   b. Has the job description ever been revised/updated?

4. What are the most important issues that you address in your job?
   Probes:

- child victims of abuse/neglect

- juvenile justice clients

- children/youth with mental illness

- children/youth with disabilities

- victims of trafficking/exploitation

- children in residential care

- caregivers with domestic violence

- caregivers with substance abuse

- caregivers with mental health issue

5. Can you describe a difficult situation in your job and how you handled it?
   Probes:

- consulted with peers/colleagues

- consulted with supervisor

- consulted with technical expert

- followed formal process (describe)

- wrote email or report

- used case management system

6. Responding to difficult problems or social issues can be stressful. What do you or your colleagues do to handle the stress and challenges of this job?
   Probes:

- seek support from peers/colleagues

- seek support from your supervisor

- speak with a mentor or technical expert (such as a professional social worker, professional association, other)

- practice self-care (exercise, faith or religion, practice hobbies, take time off from work)

- follow formal process (describe)

7. Could you speak more about the support and guidance (supervision[1]) you receive as a (INSERT SPECIFIC TITLE OR CADRE HERE).

    a. What kind of supervision do you most often receive?
    <u>Probes</u>

- Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)
- Educational: providing information and teaching new methods/skills
- Supportive: listening to problems, helping with emotional support, job-related stress
- Mediation/Advocacy: advocating for my supervisee

    b. Do you have a specific person who is your direct supervisor?

    c. Who does that person work for?

    d. How do you interact with him/her?
    <u>Probes:</u>

- One-on-one in person
- In a group meeting
- By phone call or text
- Skype
- Email

    e. How often do you meet with him/her for supervision? How long does the session last?

    f. What do you appreciate most about your relationship with your supervisor?

    g. What are the challenges with your supervisor relationship?

    <u>Probes:</u>

- Limited availability for consultation
- Gender differences
- Supervisor is younger than me
- Cultural or social differences
- Supervisor's poor expertise
- Supervisor's attitude toward me
- Abuse of authority or power
- Sexual harassment/attraction

    h. What would you like to use supervision meetings or discussions to learn more about?

       i.   Do you meet with anyone other than your direct supervisor and if yes, what type of supervision do you receive from him/her?

8. Next, let's talk about your education or training.

    a.   What were the education or training requirements to qualify for your current job?

    b.   What training have you had since you started your current job?

9. Tell me about the last training you received related to your job. How easy was it to participate?
   <u>Probes:</u>
   - Enrollment requirements
   - Timing of classes/exams
   - Distance/transportation
   - Cost
   - If remote, connectivity issues

    a.   Have you used what you learned in that training in your job and if so, how?

    b.   If you haven't used it, why not?

    c.   Do you feel you have the knowledge and skills to perform your job well?

    d.   What additional education or training do you feel you need?

  <u>Probes:</u>
   - most useful skills you gained
   - gaps in knowledge or skills you need
   - suggested additional information or skills needed

10. Please describe a situation where you used your position, knowledge, and skills as a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE) to assist a child or family experiencing difficult conditions or a child who was outside of family care.

    a.   Which of the child or family's needs did you feel you were able to meet? What helped you meet those needs?

    b.   Were there any needs that you felt unable to meet? What prevented you from meeting those needs?

  <u>Probes:</u>

   - Inadequate time to do what was needed because of other work requirements

   - Insufficient preparation/knowledge

   - Unable to access financial assistance or material resources needed (like a mobility aid or school fee voucher)

   - Specialized services were needed that were not available locally (health, rehabilitation services, mental health services)

   - Weak or ineffective working relationships with allied sectors

   - Delay or extensive follow up required for services

11. Is there opportunity for you to advance in your current job?

    a) If yes, what opportunities are there?

    b) If no, what would help you most to advance in your career?

<u>Probes:</u>

- supportive supervision, mentorship, or coaching
- promotions
- responsibility for training or supervising other staff or workers
- continuing education, trainings, or workshops
- financing options for continuing education (diploma, degree, other certification)

12. What are the biggest challenges that you face every day in your work?

<u>Probes:</u>

- burnout
- high workload
- inadequate technical support or guidance
- inadequate authority or influence
- insufficient training
- ineffective interagency collaboration
- lack of career advancement opportunities
- lack of clear roles/performance expectations
- limited resources
- low salary
- poor working conditions/facilities
- weak information systems, data management, and record keeping

13. What motivates you to keep working in this job, despite the challenges?
14. What do you think would be the most helpful future change to improve the work you do to help children and families?

<u>Probes:</u>

- Change in responsibilities
- Change in education, training
- Change in resources available to do job
- Change in remuneration/salary
- Change in supervision
- Change in recognition / formal role in government social services system

Thank you for your participation.

Appendix 8c. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Supervisors

Armenia Assessment of Investments in the Social Service Workforce
Focus Group Discussion Guide

Type: Supervisors To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your title, how many years you have been working in social services, approximately how many staff you supervise, what education or training you have completed and from what institution.

Participant #	SSW Position / Title	Years of experience as SSW / supervisor	Current number of staff supervised	Education / formal training (institution, degree, certification type)	Number of participants by sex	
					Female	Male

1. What led you to become a supervisor of social service workers (INSERT SPECIFIC TITLE OR CADRE HERE)?
2. What kinds of issues or problems does Armenia's child protection and care/social service system address effectively?

   a. What factors contribute to effective action regarding child protection and care/social services?

   b. What kinds of issues or problems of children and families are addressed less often or less effectively?

   c. What contributes either to some issues or problems not being addressed effectively or addressed at all?

3. What are your responsibilities as a supervisor?

   a. Do you feel you have enough time to complete these duties, in addition to your other work?

   b. Do you feel you have sufficient resources to perform these duties well?
   Probes

   - Airtime

   - Transportation or travel stipend

   - Job aids such as a supervision checklist

   - Equipment such as laptop, mobile phone

4. Now think about your day-to-day work. Could you describe what you typically do?
   Probes

   - Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)

- Educational: providing information and teaching new methods/skills

- Supportive: listening to problems, helping with emotional support, job-related stress

- Mediation/Advocacy: advocating for my supervisee within the agency

    a. Are your supervisory responsibilities reflected in a written job description?

    b. Has the job description ever been revised/updated?

5. Could you speak more about the support and guidance (supervision[1]) you provide to (INSERT SPECIFIC TITLE OR CADRE HERE). How many people do you supervise?

    a. How do you interact with him/her?
    Probes:

    - One-on-one in person

    - In a group meeting

    - By phone call or text

    - Skype

    - Email

    b. How often do you meet with him/her for supervision? How long does the session last?

    c. What are the most common issues that your supervisee brings up during these sessions? Which are the most challenging for you to address with them?
    Probes:

    - child victims of abuse/neglect

    - juvenile justice clients

    - children/youth with mental illness

    - children/youth with disabilities

    - victims of trafficking/exploitation

    - children in residential care

    - caregivers with domestic violence

    - caregivers with substance abuse

    - caregivers with mental health issue

    - caregivers who are not motivated

    - clients who are hostile/resistant

    - clients with low mental capacity

    - overly demanding clients

    d. What do you appreciate most about your relationship with your supervisee?

    e. What are the challenges with your supervision relationship?
    Probes:

    - Limited availability

- Gender differences

- Supervisee is younger than me

- Cultural or social differences

- Supervisee's poor expertise

- Supervisee's attitude toward me

- Sexual harassment/attraction

6. Now let's talk about your education or training. What was the education or training requirement for your role as a supervisor?

   a. Can you share an example of how you applied what you have learned in your day-to-day work?

   b. Do you feel you have learned enough to perform your job, including supervisory duties, well? What additional education or training do you feel you need?
   Probes:

   - most useful skills you gained

   - gaps in skills you need

   - suggested additional skills

7. Can you give an example of when you used your position, knowledge, or skills as a supervisor to help improve services for children and families?

8. What do you do when you have a question about how to handle a difficult situation as a supervisor?
   Probes:

   - formal process to follow

   - consult with peers/colleagues

   - consult your direct supervisor

   - consult a technical expert (such as a professional social worker, professional association, other)

   - write a formal email or report

9. helps you to handle the stress and challenges of being a supervisor?
   Probes:

   - organization or supervisor arranges opportunities away from work

   - seek support from peers/colleagues

   - seek support from your direct supervisor

   - speak with a mentor

   - practice self-care (e.g., exercise, faith or religious practice, practice hobbies, take time off from work, others)

10. Please describe how you evaluate your supervisee's performance.
    Probes:

    - main criteria for evaluation (job description, scope of practice, other)

    - formal versus informal feedback

- frequency

- rewards or corrective actions available to you as a supervisor to address and improve performance

a. If a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE) is not performing well, in what ways are you able to help them make improvements or changes?

11. Is there opportunity to advance in your current job? If yes, what is available to you to do that? If no, what would help you most to advance in your career?

Probes:

- supportive supervision, mentorship or coaching

- promotions

- responsibility for supervising other staff or workers

- continuing education, trainings or workshops

- Training of trainers (TOT)

- financing options for continuing education (e.g., diploma, degree, other certification)

12. What are some of the achievements you are most proud of in your work?

13. What are the three biggest challenges that you face in supervising social service personnel and their work?

Probes:

- difficult problems with no clear solution

- low salary of the social service workers

- high workload

- difficult work situation or line supervision of a social service worker

- low motivation / burnout

- little authority or influence

- lack of clear roles/performance expectations

- lack of career advancement opportunities

- lack of training

- poor supervision and support system

- limited resources

- ineffective interagency collaboration

- poor or unsafe working conditions/facilities

- weak information systems, data management, and record keeping

14. What motivates you to keep working in this job despite these challenges?

15. How do you think supervision of (INSERT SPECIFIC TITLE OR CADRE HERE) will continue once the PROJECT NAME ends?

Probes:

- Who will provide it (e.g., government staff, NGO staff, others)

- How often

- What settings

- Accountability

16. What do you think would be the most helpful future change to help the workers you supervise respond more effectively and at scale to the issues faced by children and families in Armenia?
Probes:
    - More personnel (at what level? where?)
    - More relevant university courses
    - More training on how to address key issues (which issues?)
    - Social service personnel having better access to the support that they need (e.g., transportation, basic supplies, internet access, equipment (what kind?)

17. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix 9c. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Paraprofessionals

Armenia Assessment of Investments in the Social Service Workforce
Focus Group Discussion Guide
Type: Paraprofessionals

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your title, how many years you have been working in the field of social services, what education or training you have completed and from what institution.

Participant #	SSW Position /Title	Years of experience as SSW	Education/formal training (institution, degree, certification type)	Number of participants by sex	
				Female	**Male**

1. Why did you decide to become an (INSERT SPECIFIC TITLE OR CADRE HERE)?
2. Now let's think about your day-to-day work. Could you describe what you typically do?
   Probes:

- Prevention:

  o Support at-risk children and their families

  o Organize parenting programs

  o Provide gatekeeping to prevent unnecessary family separation

  o Provide social protection support, including Cash Plus Care

  o Organize community groups to protect children and promote positive social norms

- Response:

  o Provide support and services to VAC, secure justice, and quality care

  o Ensure child participation and best interests of the child during interventions

  o Undertake assessments for long term therapeutic services such as medical and psychosocial interventions

  o Deliver rehabilitative and reintegration services

  o Reasonable accommodation/inclusion of children and caregivers with disabilities

a. About how many hours do you spend on this work in a typical week?

b. Do you have a written job description?

c. How well does it describe the work that you do?
   Probes:

   - What aligns
   - Doesn't align

d. Since you started doing this work, has the job description ever been revised/updated?
3. Could you speak more about the support and guidance (supervision[1]) you receive as a paraprofessional (INSERT SPECIFIC TITLE OR CADRE HERE).

   a. What kind of supervision do you most often receive?
   Probes

   - Administrative: making sure about compliance and accountability (such as budget limits, number of clients served, client outcomes, corrective action on staff mistakes)

   - Educational: providing information and teaching new methods/skills

   - Supportive: listening to problems, helping with emotional support, job-related stress
   - Mediation/Advocacy: advocating for my supervisee

   b. Do you have a specific person who is your direct supervisor?

   c. Who does that person work for?

   d. How do you interact with him/her?
   Probes:

   - One-on-one in person

   - In a group meeting

   - By phone call or text

   - Skype

   - Email

   e. How often do you meet with him/her for supervision? How long does the session last?

   f. What do you appreciate most about your relationship with your supervisor?

   g. What are the challenges with your supervisor relationship?

   Probes:

   - Limited availability for consultation

   - Gender differences

   - Supervisor is younger than me

   - Cultural or social differences

   - Supervisor's poor expertise

   - Supervisor's attitude toward me

   - Abuse of authority or power

- Sexual harassment/attraction

h. What would you like to use supervision meetings or discussions to learn more about?

i. Do you meet with anyone other than your direct supervisor and if yes, what type of supervision do you receive from him/her?

4. Next, let's talk about your education or training.

a. What were the education or training requirements for you to become a (INSERT SPECIFIC TITLE OR CADRE HERE)?

b. What training have you received since you started with that work?

5. Please tell me about the last training in which you participated. How easy was it to participate?

Probes:

- Distance/transportation

- Time required to be away from home

- Cost

- Enrollment requirements

- Timing of training (conflict with other responsibilities)

a. Do you feel you have learned enough to perform your job well? What additional education or training do you feel you need?

Probes:

- most useful skills you gained

- gaps in skills you need

- suggested additional skills

6. Can you describe a case when you used your position, knowledge, or skills as a paraprofessional (INSERT SPECIFIC TITLE OR CADRE HERE) to assist a child or family?

a. Which of the child or family's needs did you feel you could help to meet? What helped you meet those needs?

b. Were there any needs that you were not able to help them meet? What kept you from meeting those needs?

Probes:

- Unable to access material resources needed (like a mobility aid or school fee voucher)

- Challenges of the family, like lack of transportation

- Insufficient preparation/knowledge

- Specialized services are not locally available (disability services, mental health services)

- Weak or ineffective working relationships or communication channels with allied sectors

- Delay or extensive follow up required for services

7. Can you tell me about a difficult situation in your work and how you handled it?
    Probes:

    - Talked with the family

    - Talked with a local leader

    - Consulted with peers/colleagues

    - Consulted direct supervisor

    - Requested help or guidance (from mentor, technical expert like a professional supervisor, professional association or other)

    - Used SMS via phone

    - wrote an email or report

8. What do you or your colleagues do to handle the stress and challenges of this work?
    Probes:

    - seek support or advice from peers/colleagues

    - seek support or advice from your coordinator or other supervisor

    - seek support or advice from a technical expert such as a professional social worker, professional association, or other

    - speak with a village leader

    - practice self-care (exercise, faith/religion, practice hobbies, take time off from work, others)

9. What motivates you to do this work?
10. How has your work as a (INSERT SPECIFIC TITLE OR CADRE HERE) affected you?

    a. How has it affected children or families beyond the specific issue you addressed with them?

    b. How has it affected your community? Your fellow (INSERT SPECIFIC TITLE OR CADRE HERE)?

11. What are the biggest challenges that you face in your work?
    Probes:

    - cost or time required to travel for work or meetings

    - more needs and problems than you can respond to

    - behavior of families you try to help

    - limited resources

    - communication challenges

    - reporting requirements

    - inadequate training

    - low motivation / burnout

    - little authority or influence

- lack of clear roles/performance expectations

- lack of career advancement opportunities

- inadequate supervision and support

- ineffective interagency collaboration

- poor working conditions/facilities

12. Do you think the work you have been doing could lead to another job related to social services? If yes, how might that happen?
Probes:

- Knowledge and skills gained

- Receiving information or encouragement

- Supportive supervision, mentorship, or coaching

- Promotions

- Becoming responsible for supervising other staff or workers

- Continuing education, training, or workshops

- Training of trainers (TOT)

- Financing options for continuing education (e.g., diploma, degree, other certification)

If there is a professional association in the country applicable to the group of workers you are talking with, ask the following:

13. Are you a member of a professional association?

a. What is it called?

b. How do you feel you benefit by being a member of the association?
Probes:

- Certification, licensure, or registration

- Access to continuing education or resources to support learning (library, guest lectures, scholarships)

- Involvement in advocacy efforts / more professional recognition

- Increased employment opportunities

- Access to network of peers and/or mentors

- Others

c. What else could the professional association offer to help you in your job?
Probes:

- Certification, licensure, or registration

- Access to continuing education or resources to support learning (library, guest lectures, scholarships)

- Involvement in advocacy efforts / more professional recognition

- Increased employment opportunities

- Access to network of peers and/or mentors

14. What do you think would be the most helpful future change to improve the work you do to help children and families?
Probes:

- Change in responsibilities

- Change in education, training

- Change in resources available to do the work

Thank you for your participation.

Appendix 10c. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Caregivers

Armenia Assessment of Investments in the Social Service Workforce
Focus Group Discussion Guide
Type: Caregivers

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share some information on your children, your occupation and level of education.

Participant #	Gender	Occupation or type of work	Level of Education	Number of children in household	Age range of children in household	Disability Status (from consent forms)

1. What are your hopes for your children's future?
2. Could you describe any social services or assistance your children and/or household receive currently?
    Probes:

- Prevention:
    o Support at-risk children and their families
    o Organize parenting programs
    o Provide gatekeeping to prevent unnecessary family separation
    o Provide social protection support, including Cash Plus Care
    o Organize community groups to protect children and promote positive social norms

- Response:
    o Provide support and services to VAC, secure justice, and quality care
    o Ensure child participation and best interests of the child during interventions
    o Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
    o Deliver rehabilitative and reintegration services
    a. How long have you been receiving them?
    b. From which agency or organization(s)?

3. What additional social services or assistance have your children and/or household received in the past?
    a. When did you receive them?

       b.   From which agency or organization(s)?

       c.   Why did you stop receiving them?

4. How did you access these services?
   Probes:

   - Agency or organization(s)

   - Level of government (community, district)

   - School

   - Health Facility

   - Online

   - Telephone or call center

5. Have you encountered any difficulties in accessing these services?
   Probes:

   - Distance/transportation

   - Cost

   - Hours of operation

   - Application requirements (such as for a childcare grant)

   - Lack of reasonable accommodation for person(s) with disabilities

   - Other

6. Who are the workers with whom you have interacted, either in the past or currently, to access and receive these services?
   Probes:

   - Social service workers (INSERT SPECIFIC TITLES OR CADRES HERE)

   - Health workers

   - Police

   - Lawyers

   - Teachers

   - Other

7. Tell me a story about a time that you had to interact with a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE)
   Probes:

   - Who reached out first, you or the social service worker?

   - How long did it take to get help?

   - Then what happened?

   - Who was involved?

   - What went well in that interaction?

   - What could have been improved or made your experience better?

8. How has your experience interacting with a (INSERT SPECIFIC TITLE OR CADRE HERE) affected you?

   a) How has it affected your family beyond the specific issue you addressed with them?

b) How has this type of service affected your community?

9. How helpful was the worker you interacted with in providing you the services you needed?
   <u>Probes:</u>

   - Understood/assessed your needs appropriately?

   - Explained any opportunities or services in a way you could understand?

   - Involved you in planning for services?

   - Able to get services for you or make referrals?

   - Was available/contacted you back quickly?

   - Followed up with you about the services you were supposed to receive?

   - Provided reasonable accommodation for person(s) with disabilities?

10. Were the services you received helpful to you and your family? How?

11. How, if at all, is you and/or your family's situation different now because of the services you received from (INSERT AGENCY OR ORGANIZATION NAME)?

12. When you or another member of your family or community have needed social services or other assistance, have you felt there were:

    a) Enough workers to serve you? (worker was available, had sufficient time)

    b) Workers treated you in a respectful and professional way?

    c) Workers understood your needs?

    d) Workers seemed knowledgeable about the resources, program or other services available to you?

    e) Workers had access to adequate resources to provide these services?

    f) Other?

13. Would you recommend that other families who need services seek help from a social service worker (INSERT SPECIFIC TITLES OR CADRES HERE)? Why or why not?

14. In your opinion, how could the social services available for children and families like yours be improved in Armenia?

Thank you for your participation.

Appendix 11c. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Youth Beneficiaries

Armenia Assessment of Investments in the Social Service Workforce
Focus Group Discussion Guide
Type: Beneficiaries (15 – 17 years old)

To start, let's go around the table so you can introduce yourself. I will call on each participant by number and ask you to share your age, what level or form you are in school, or your occupation if you are out of school.

Participant #	Age	Level/Form in School	Occupation (if not in school)	Disability Status (from consent forms)

1. What do you hope to do or become when you are older?
2. Could you describe the kinds of social services or assistance you or your families have received?

   a) When did those services begin?

   b) Who provided them? If you know, who does that person work for?
3. What kinds of social services or assistance are now or have been provided in your community? Who provides them?
   Probes:
   - Local titles for social service personnel, teachers, health workers, others
   Probes:
   - Prevention:
       o Support at-risk children and their families
       o Organize parenting programs
       o Provide gatekeeping to prevent unnecessary family separation
       o Provide social protection support, including Cash Plus Care
       o Organize community groups to protect children and promote positive social norms
   - Response:
       o Provide support and services to VAC, secure justice, and quality care
       o Ensure child participation and best interests of the child during interventions
       o Undertake assessments for long term therapeutic services such as medical and psychosocial interventions
       o Deliver rehabilitative and reintegration services
4. How did you or your family access these services?
   Probes:
   - Agency or organization(s)

- Government office (community, district)

- School

- Health Facility

- Online

- Telephone or call center

5. Have you or your family had difficulties in accessing these services? If so, what made getting the service difficult?

Probes:

- Distance/transportation

- Cost

- Hours of operation

- Application requirements (such as for a childcare grant, etc.)

- Lack of reasonable accommodation for person(s) with disabilities

6. Who are the workers with whom you have interacted, either in the past or currently, to access and receive these services?

Probes:

- Social service workers (INSERT SPECIFIC TITLES OR CADRES HERE)

- Health workers

- Police

- Lawyers

- Teachers

7. Could you tell me about a time that you interacted with a social service worker (INSERT SPECIFIC TITLE OR CADRE HERE)? What was the reason for that interaction?

Probes:

- Was anyone else involved?

- Did anything happen as a result?

- What went well in that interaction?

- What could have been improved or made your experience better?

8. How has your experience interacting with a (INSERT SPECIFIC TITLE OR CADRE HERE) affected you?

a) How has it affected your family beyond the specific issue you addressed with them?

b) How has it affected your community?

9. How helpful was the worker you interacted with in providing you the services you needed?

Probes:

- Assessed needs appropriately

- Explained services in a way you could understand

- Involved you in discussing and planning your services

- Able to get services for you or make relevant referrals

- Was available/contacted you back quickly

- Reviewed your plan with you/followed up on services you received

- Provided reasonable accommodation for person(s) with disabilities

10. Were the services you received helpful to you and your family? How? How, if at all, is you and/or your family's situation different now because of the services you received from (INSERT AGENCY OR ORGANIZATION NAME)?

11. When you or another member of your family or community have needed social services or other assistance, have you felt there were:

    a) Enough workers to serve you? (i.e., worker was available, had sufficient time)

    b) Workers treated you in a respectful and professional way?

    c) Workers understood your needs?

    d) Workers seemed knowledgeable about the resources, program or other services available to you?

    e) Workers had access to adequate resources to provide these services?

12. In your opinion, how could the social services available for children and families like yours be improved in your community?

Thank you for your participation.

Appendix D. Consent Forms

All consent forms were developed in English and translated into Armenian. Here we share only the English versions.

Appendix 1d. Assessment of Investments in the Social Service Workforce Consent Form: Key Informant Interviews

Assessment of Investments in the Social Service Workforce

Key Informant Interview Consent Form

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting key informant interviews with multiple stakeholders from the national and subnational levels involved in implementing these activities. You were identified by our assessment team, with help from the national leadership group, as having a valuable perspective to share on these activities and the overall state of the social service workforce in Rwanda.

Respondents will include personnel in relevant government institutions, multilateral and bilateral donor organizations and international organizations, universities, professional associations, non-governmental and faith-based organizations providing social services, and relevant civil society organizations. These interviews will provide the policy and program perspective of the Vulnerable Children Account-supported activities in Armenia, Cambodia, and Rwanda. The interview should take one hour to complete.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary, and if you decide not to participate there will be no consequences. If you choose to participate, you will be asked to answer some questions about social services in Rwanda and your work related to the social service workforce. Answering these questions will take about one hour.

Should you decide to participate, you may stop the interview at any time. You are not required to respond to all the questions and may skip questions if you wish. There is no monetary incentive for participating in the interview, but the information you share will help the assessment team to provide suggestions and recommendations to improve this programming in the future. Your name and any identifying information will not be used in the assessment report. Responses to questions will be synthesized and aggregated at the

country or administrative level. Due to the limited number of people who will be participating in each country and their positions, we cannot guarantee confidentiality. However, the assessment team will take all possible precautions to keep the information you provide confidential.

With your consent, the conversation will be audio-recorded. It will then be transcribed for analysis. Only the D4I assessment team will have access to the audio and transcript files. All final assessment documents produced from the findings of these interviews will not include personally identifiable information about any participant.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. ☐ I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.

2. ☐ I confirm that I had an opportunity to ask questions.

3. ☐ If I asked questions, I confirm that they were answered fully.

4. ☐ I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.

5. ☐ I understand that my participation is voluntary, and that I am free to stop the interview at any time.

6. ☐ I understand that a copy of this consent form is available to me should I request one.

7. ☐ I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's signature _____

Date _____

Participant's name (print) _____

Signature of interviewer _____

Date _____

Appendix 2d. Assessment of Investments in the Social Service Workforce Consent Form: Social Service Workers

Assessment of Investments in the Social Service Workforce
<u>Focus Group Discussion Consent Form:</u>
Social Workers

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country including supervisors. We are inviting you to participate in this assessment because you are a social worker or hold a similar role in your host-country that provides social service support to children and families.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services you provide and how they have affected children and families. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary, and if you decide not to participate there will be no consequences and it will not affect your job/work in any way. If you choose to participate, you and the discussion group participants will be asked to answer some questions about the social services you provide and how they affect children and families, as well as your work environment. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. Your responses will not be shared with your co-workers or supervisors. The focus-group discussion will be done in a room wehre no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud servicer, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room during the discussion.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There are no direct benefits for participation in the assessment.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. ☐ I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.

2. ☐ I confirm that I had an opportunity to ask questions.

3. ☐ If I asked questions, I confirm that they were answered fully.

4. ☐ I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.

5. ☐ I understand that my participation is voluntary, and that I am free to stop the interview at any time.

6. ☐ I understand that a copy of this consent form is available to me should I request one.

7. ☐ I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's name (print) _____

Participant's signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix 3d. Assessment of Investments in the Social Service Workforce Consent Form: Supervisors

Assessment of Investments in the Social Service Workforce
<u>Focus Group Discussion Consent Form:</u>
Supervisors of Social Workers

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country including supervisors. We are inviting you to participate in this assessment because you are the supervisor of one or more social workers who provide social services support to children and families.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services your social worker(s) provide, your role as a supervisor, and how these services affect children and families. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary, and if you decide not to participate there will be no consequences and it will not affect your job/work in any way. If you choose to participate, you and the discussion group will be asked to answer some questions about how the social services are provided and how they affect children and families. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. Your responses will not be shared with your co-workers or supervisees. We chose to do the interviews in this room, because no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud servicer, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There are no direct benefits for participation in the assessment.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.

2. I confirm that I had an opportunity to ask questions.

3. If I asked questions, I confirm that they were answered fully.

4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.

5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.

6. I understand that a copy of this consent form is available to me should I request one.

7. I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's name (print) _____

Participant's signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix 4d. Assessment of Investments in the Social Service Workforce Consent Form: Caregivers

<u>Focus Group Discussion Consent Form:</u>
Caregivers of Children (<15 years old) who have received social services

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. We are inviting you to participate in this assessment because you are the parent, caregiver or official guardian of one or more children younger than 15 years, who has (or your family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services your child and/or your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services your child and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services your children and families received affected them. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the discussion, and there will be no way to connect it to your answers. Electronic copies of this consent form will also be saved on a secure cloud server and only accessible by the assessment team.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus group discussions will be done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room during the discussion.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the room, should you require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. I confirm that I have read the consent form, or had the consent form read to me, and that I understand the explanation of this assessment.

2. I confirm that I had an opportunity to ask questions.

3. If I asked questions, I confirm that they were answered fully.

4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.

5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.

6. I understand that a copy of this consent form is available to me should I request one.

7. ☐ I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's signature or thumbprint _____

Date _____

Participant's name (print) _____

Signature of interviewer _____

Date _____

Appendix 5d. Assessment of Investments in the Social Service Workforce Consent Form: Parents or guardians on behalf of youth beneficiaries

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

Parent or Guardian of Youth Beneficiaries (ages 15-17 years) who have received social services

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. Your child [ENTER NAME] has been invited to participate in this assessment because they are a youth between the ages of 15-17 years old, who has (or whose family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your child's perceptions of the services they and/or your family have received and how they have affected their individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Consent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether your child can participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing for your child to participate. This process is called 'informed consent'. Your child will receive a similar form called an 'ascent form', where they agree to participate. Both you and your child must agree to their participation before they can join the focus group discussion

Your child's participation is completely voluntary, and there will be no consequences if your child does not wish to participate, or if you do not consent to their participation. If you decide that your child may participate, they will be asked to answer some questions about how the social services they and your family received affected them and your family. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from your child during the discussion. At the start of the discussion, each participant will be assigned a number that the interviewer will use to address your child during the discussion to ensure anonymity and flow of the conversation. The only place that your child's real name will appear is on this consent form and their ascent form. These forms will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your child's answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus-group discussion will be done in a room no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud servicer, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on your child and the other participants. We ask that your child does not share any information heard in the discussion with anyone not present in the room. That includes you.

It is possible that some topics or questions may make your child uncomfortable. If that occurs, remember that they are not required to answer these questions and can take a break at any time. They may also leave the discussion early if they wish. There will be a trained social worker available nearby, but not directly in the room, should your child require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to your child's participation, please sign the form below. A copy of this consent form is available at your request.

Consent to participate

Please initial each box.

1. ☐ I confirm that I have read the consent form or had the consent form read to me, and that I understand the explanation of this assessment.

2. ☐ I confirm that I had an opportunity to ask questions.

3. ☐ If I asked questions, I confirm that they were answered fully.

4. ☐ I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.

5. ☐ I understand that my participation is voluntary, and that I am free to stop the interview at any time.

6. ☐ I understand that a copy of this consent form is available to me should I request one.

7. ☐ I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Parent/guardian name (print) _____

Child name (print) _____

Parent/guardian signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix 6d. Assessment of Investments in the Social Service Workforce Assent Form: Youth beneficiaries

Assessment of Investments in the Social Service Workforce

<u>Focus Group Discussion Assent Form:</u>

Youth Beneficiaries (ages 15-17 years) who have received social services

Background and Purpose:

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-17), parents/caregivers of younger beneficiaries, and various social-workforce cadres per. We are inviting you to participate in this assessment because you are a youth between the ages of 15-17 years old, who has (or whose family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perceptions of the services you and/or your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

Informed Assent:

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You may read the assent form yourself, or it can be read aloud to you, whichever you are more comfortable with. You should ask any questions about the assessment or about this assent form before agreeing to participate. This process is called 'informed assent'. Because you are not yet 18 years old, we first sought consent from your parent or guardian and have a signed informed consent form from them. Both your parent/guardian, and you, must agree to your participation before you can join the focus group discussion. We will not share your responses or anything you say in the focus-group discussion with your parents or guardians.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services you and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services you received affected you and your family. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear

is on this assent form and the consent form that your parent/guardian will sign if they agree to your participation. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. We will do the focus-group discussions in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share any information heard in the discussion with anyone not present in the room during the discussion.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the room, should you require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help provide improved social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

If you agree to participate, please sign the form below. A copy of this assent form is available at your request.

Assent to participate

<u>Please initial each box.</u>

1. I confirm that I have read the assent form or had the assent form read to me, and that I understand the explanation of this assessment.

2. I confirm that I had an opportunity to ask questions.

3. If I asked questions, I confirm that they were answered fully.

4. I understand that my signature below means that I have agreed to participate in the assessment, and to have the interview audio recorded.

5. I understand that my participation is voluntary, and that I am free to stop the interview at any time.

6. ☐ I understand that a copy of this assent form is available to me should I request one.

7. ☐ I understand that the assessment team will keep my information confidential.

By signing your name below, you are agreeing to the terms outlined above and to participate in this assessment.

Participant's name (print) _____

Youth signature or thumbprint _____

Date _____

Signature of interviewer _____

Date _____

Appendix 7d. Assessment of Investments in the Social Service Workforce Consent Form: Caregivers, illiterate

Assessment of Investments in the Social Service Workforce
<u>Focus Group Discussion Consent Form Script: Illiterate Participants</u>
Caregivers of children (15-17 years) who have received social services

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-17), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. We are inviting you to participate in this assessment because you are the parent, caregiver or official guardian of one or more children between the ages of 15-17 years who has (or your family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your child's perception of the services your child and your family have received and how they have affected your child's or family's situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to allow your child to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing for your child to participate. This process is called 'informed consent'. Your child will also be required to provide 'ascent' to participate in the assessment, in a separate form.

Your child's participation is completely voluntary. If you decide not to allow your child to participate there will be no consequences, and the social services your child and your family receive will not be affected. If you choose to allow your child to participate, your child and other group participants will be asked to answer some questions about how the social services your children and families received affected them. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from your child during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address your child during the discussion to ensure anonymity and flow of the conversation. The only place that your child's real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your child's answers.

There is no physical risk to your child participating in this assessment. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus group discussion will be

done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on their body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on your child and the other participants. We ask that your child does not share with anyone not present in the room during the discussion any of the information that was heard.

It is possible that some topics or questions may make your child uncomfortable. If that occurs, remember that your child is not required to answer these questions and can take a break at any time. Your child may also leave the discussion early if they wish. There will be a trained social worker available nearby, but not directly in the room, should your child require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

I will now read to you several clauses before you sign for consent.

1. You confirm that I have read the consent form to you, and that you understand the explanation of this assessment.
2. You confirm that you had an opportunity to ask questions.
3. If you asked questions, you confirm that they were answered fully.
4. You understand that your child's participation is voluntary, and that they are free to stop the interview at any time.
5. You understand that a copy of this consent form is available to you should you request one.
6. You understand that the assessment team will keep your child's information confidential.

Do you have any questions about what I just read?

By drawing an "X" on the line below, you are agreeing to the terms I've just read to you and for your child to participate in this assessment and be audio recorded. The witness present will also provide a signature to confirm that the consent script was read to you, that you had the opportunity to ask any questions you may have, those questions were answered to your satisfaction, and that you understood consent on behalf of your child.

Participant's name (print) _____

Caregiver signature or thumbprint _____

Date _____

Witness name (print) _____

Witness signature _____

Date _____

Signature of interviewer _____

Date _____

Appendix 8d. Assessment of Investments in the Social Service Workforce Consent Form: Parents or guardians of youth beneficiaries, illiterate

Assessment of Investments in the Social Service Workforce
<u>Focus Group Discussion Consent Form Script: Illiterate Participants</u>
Parents/guardians of children (<15 years) who have received social services

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with beneficiaries (age 15-18), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country. We are inviting you to participate in this assessment because you are the parent, caregiver or official guardian of one or more children younger than 15 years who has (or your family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perception of the services your child and your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should feel free to ask any questions about the assessment or about this consent form before agreeing to participate. This process is called 'informed consent'.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services your child and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services your children and families received affected them. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes.

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this consent form. This form will be kept in a locked box, separate from the recording of the interview, and there will be no way to connect it to your answers. Electronic copies of this consent form will also be saved on a secure cloud server and only accessible by the assessment team.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus group discussion will be done in a

room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share with anyone not present in the room during the discussion any of the information that was heard.

It is possible that some topics or questions may make you uncomfortable. If that occurs, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the room, should you require any support. There are no direct benefits for participation in the assessment. We hope that our findings will help inform social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

I will now read to you several clauses before you sign for consent.

1. You confirm that I have read the consent form to you, and that you understand the explanation of this assessment.
2. You confirm that you had an opportunity to ask questions.
3. If you asked questions, you confirm that they were answered fully.
4. You understand that your participation is voluntary, and that you are free to stop the interview at any time.
5. You understand that a copy of this consent form is available to you should you request one.
6. You understand that the assessment team will keep your information confidential.

Do you have any questions about what I just read?

By drawing an "X" on the line below, you are agreeing to the terms I've just read to you and to participate in this assessment and be audio recorded. The witness present will also provide a signature to confirm that the consent script was read to you, that you had the opportunity to ask any questions you may have, those questions were answered to your satisfaction, and that you understood consent.

Participant's name (print) _____

Caregiver signature or thumbprint _____

Date _____

Witness signature _____

Date _____

Signature of interviewer _____

Date _____

Appendix 9d. Assessment of Investments in the Social Service Workforce Consent Form: Youth beneficiaries, illiterate

Assessment of Investments in the Social Service Workforce
<u>Focus Group Discussion Ascent Form Script- Illiterate Participants</u>
Youth Beneficiaries (ages 15-17 years) who have received social services

We are representing the USAID-funded Data for Impact project (D4I), which is assessing social service workforce strengthening (SSWS) activities in (Armenia/Cambodia/Rwanda). The purpose of the assessment is to gather more information on the various approaches taken to plan, develop, and support the social service workforce in [COUNTRY], specifically by the [COUNTRY] government, donors and other key partners. The findings are intended to inform the design of future activities to support the social service workforce to improve the lives of children and families.

As part of this assessment, we are conducting focus group discussions with youth beneficiaries (age 15-17), parents/caregivers of younger beneficiaries, and various social-workforce cadres per country including supervisors. We are inviting you to participate in this assessment because you are a youth between the ages of 15-17 years old, who has (or whose family has) received social service support.

The goal of the focus group discussions is to provide a safe and open platform for participants to share their experiences. These discussions will contribute to a richer understanding of how social service workforce strengthening investments have contributed to improving the wellbeing of youth beneficiaries and their families. These discussions will focus on your perceptions of the services you and/or your family have received and how they have affected your individual or family situation. The discussion should take 1-1.5 hours and will not exceed 2 hours in total.

The purpose of this form is to give you all the information that you need to make an informed decision about whether you wish to participate in this assessment. You should ask any questions about the assessment or about this assent form before agreeing to participate. This process is called 'informed assent'. Because you are not yet 18 years old, we first sought consent from your parent or guardian and have a signed informed consent form from them. Both your parent/guardian, and you, must agree to your participation before you can join the focus group discussion. We will not share your responses or anything you say in the focus-group discussion with your parents or guardians.

Your participation is completely voluntary. If you decide not to participate there will be no consequences, and the social services you and your family receive will not be affected. If you choose to participate, you and other group participants will be asked to answer some questions about how the social services you received affected you and your family. The discussion will take no more than two hours in total. Because the questions are open-ended, the discussion is intended to flow like a conversation. The discussion will be audio-recorded, and a notetaker will take notes

No personally identifiable information will be collected from you during the discussion. At the start of the discussion, each participant will be assigned a number that the facilitator will use to address you during the discussion to ensure anonymity and flow of the conversation. The only place that your real name will appear is on this assent form and in the consent form that your parent or guardian signs if they agree to your participation. This form will be kept in a locked box, separate from the recording of the discussion and there will be no way to connect it to your answers.

There is no physical risk to participating in this study. The assessment team will make every effort to maintain confidentiality of the information participants provide. The focus-group discussions will be done in a room where no one can see or hear what we say. If someone interrupts, we will stop the discussion immediately, and continue after they leave. Transcribing of the audio recording will be done on computers that face away from the public, and the transcriber will be wearing headphones. We will store all audio-recordings and transcripts on a secure cloud server, and only the assessment team will have access to them. On the day of the discussion, the facilitator will carry the audio-recorder on his/her body. Audio-recordings will be deleted form the audio-recorder as soon as they are uploaded to the server. Ultimately, however, the confidentiality of the information will depend on you and the other participants. We ask that you do not share with anyone not present in the room during the discussion any of the information that was heard.

It is possible that some topics or questions may make you uncomfortable. If that happens, remember that you are not required to answer these questions and can take a break at any time. You may also leave the discussion early if you wish. There will be a trained social worker available nearby, but not directly in the room, should you require any support. There are no direct benefits for participation in the assessment. The information we learn will help improve social services.

Do you have any questions for me about the voluntary nature of participating in the assessment or about anything else related to the assessment?

If you have questions later or would like more information about the assessment after today, you can contact the principal investigator: Irit Sinai, at irit.sinai@thepalladiumgroup.com.

I will now read to you several clauses before you sign for assent.

1. You confirm that I have read the assent form to you, and that you understand the explanation of this assessment.
2. You confirm that you had an opportunity to ask questions.
3. If you asked questions, you confirm that they were answered fully.
4. You understand that your participation is voluntary, and that you are free to stop the interview at any time.
5. You understand that a copy of this assent form is available to you should you request one.
6. You understand that the assessment team will keep your information confidential.

Do you have any questions about what I just read?

By drawing an "X" on the line below, you are agreeing to the terms I've just read to you and to participate in this assessment and be audio recorded. The witness present will also provide a signature to confirm that the assent script was read to you, that you had the opportunity to ask any questions you may have, those questions were answered to your satisfaction, and that you understood assent.

Participant's name (print) _____

Youth signature or thumbprint _____

Date _____

Witness name (print) _____

Witness signature _____
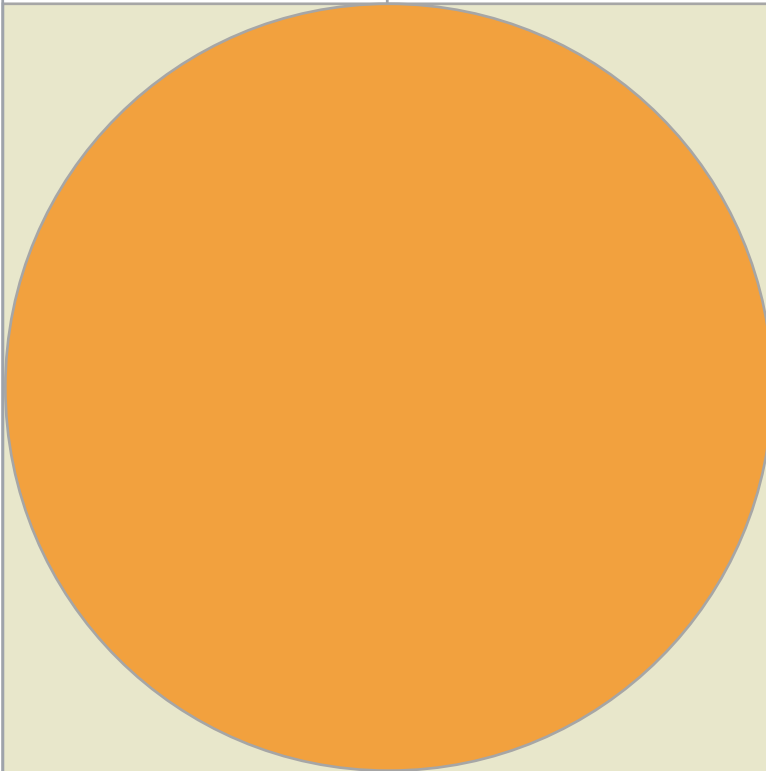
Date _____

Signature of interviewer _____

Date _____

Appendix E. Summary of Legislation to Protect Children and Their Rights in Armenia

Year	Title	Summary
1996	The Law of the Republic of Armenia on the Child's Rights ԵՐԵԽԱՅԻ ԻՐԱՎՈՒՆՔՆԵՐԻ ՄԱՍԻՆ	This law defines the rights of the child, the responsibilities of the state, relevant bodies and citizens, as well as the program bases for implementing the policy and related regulations. As of 2023, it is under review along with the Family Code and a new "Law on Child's Rights and Child Rights Protection System" is drafted as a proposed replacement.
2002, multiple subsequent amendments	Law on Local Self-Governance https://www.arlis.am/documentview.aspx?docID=73271)	Defines the principles, obligations, and authority of local self-government bodies, their legal and economic bases, funding, and relationship to national government. Article 12 specifies social protection of community members as the mandatory responsibility of the head of the community and the Community Council. Article 48 specifies the head of the community as responsible for identifying those in difficult life situations, providing support and assessing their capabilities to overcome adversity through home visits, securing support within community based on their individual plans, and referring to relevant service providers. These responsibilities are to be accomplished through the hiring of one social worker as a staff member per 5,000 residents, with MOLSA required to ensure these workers are trained in basic social work skills.
2005, amended between 2008 and 2014	The Law of the Republic of Armenia on Social Assistance. Chapter 6 Social Work and Social Work Specialists (Article 31 and 32) ՍՈՑԻԱԼԱԿԱՆ ԱՋԱԿՑՈՒԹՅԱՆ ՄԱՍԻՆ	Defines "social work" as professional activity that can be carried out through the use of psychological and pedagogical methods for the purpose of providing individual help to a person, family, group of persons (in defined cases and procedure) to overcome difficult life situations - "social work specialist" as service provider - "social worker" as a person who has a higher professional education in "social work" and performs the professional activity of a social worker. The social worker can also be a person who has a higher education in another profession and has completed special training courses in the "social work" profession and has received an appropriate document/certificate, and has at least one year of experience in social work. - "social supporter" as a person who has a a secondary vocational education and carries out the professional activity of a social worker. The service supporter or attendant can also be a person who has other secondary professional education and who has completed special courses in the "social work" profession and received a relevant document.
2005	The Law of the Republic of Armenia Family Code - ՀԱՅԱՍՏԱՆԻ	Guarantees primary protection of children's rights, such as the priority of raising children in the family, protection of the rights and interests of children left without parental care, etc.

	ՀԱՆՐԱՊԵՏՈՒԹՅԱՆ ԸՆՏԱՆԵԿԱՆ ՕՐԵՆՍԳԻՐՔ	
2007, revised 2015	Ministry of Labor and Social Affairs (MOLSA) Decree #32	Describes rights and responsibilities of social work specialists or experts to conduct home visits for assessment and for advising on social assistance programming and related improvements. Revised in 2015 (#115-N), then abolished as part of institutional reorganization and establishment of Unified Social Services (USS), now regulated by the Order of MOLSA Minister (# 37-L, form March 2021) and Order of USS Head on Statute of USS Regional Center.
2021	Law of the Republic of Armenia on Protection of the Rights of Persons with Disabilities and their Social Inclusion ՀԱՇՄԱՆԴԱՄՈՒԹՅՈՒՆ ՈՒՆԵՑՈՂ ԱՆՁԱՆՑ ԻՐԱՎՈՒՆՔՆԵՐԻ ՄԱՍԻՆ	To replace 2007 Law on Social Protection of People with Disabilities, ensure greater compliance with UN Convention on the Rights of Persons with Disabilities
2021	Law on Functional Assessment ԱՆՁԻ ՖՈՒՆԿՑԻՈՆԱԼՈՒԹՅԱՆ ԳՆԱՀԱՏՄԱՆ ՄԱՍԻՆ	Defines rights-based approach to disability assessment and eligibility determination
2016	MTAI Territorial Development Strategy 2016-2025: 2016-2025 ԹՎԱԿԱՆՆԵՐԻ ՏԱՐԱԾՔԱՅԻՆ ՋԱՐԳԱՑՄԱՆ ՌԱՋՄԱՎԱՐՈՒԹՅՈՒՆԸ ՀԱՎԱՆՈՒԹՅ	The Strategy states several thematic priorities, among them: Priority 1: development of territorial growth poles aimed at creating new jobs and improving the quality of life in cities by rehabilitating urban infrastructure, improving the quality of services, including social services, as well as business support structures and development of entrepreneurship; Priority 4: Investing in human capital and social infrastructure to increase opportunities for the population to use essential services, contributing to the achievement of economic and social unity, restoring healthcare, education, culture, social and public safety infrastructure in emergency situations, promotion of education, employment and entrepreneurship, as well as the inclusion of vulnerable groups, will help to achieve the above goal.
2020	Comprehensive Program for 2020–2023 to Promote the Rights of a Child to Live and Develop in the Family	Outlines actions to be undertaken by MOLSA to expand options for more family-type, alternative care for children in residential care, with a focus on those with disabilities and prevention of family separation or re-institutionalization. Incorporated recommendations on monitoring and evaluation system strengthening, including development of an M&E plan to assess implementation of the comprehensive program.

Draft	MOLSA Strategy	The Labor and Social Protection Strategy is drafted and is about to be ratified; this is an umbrella strategy which intends to integrate the life-cycle approach into a comprehensive social protection system and promote inter-sectoral linkages.
		The Strategy defines number of strategic goals, among them:
		STRATEGIC GOAL 1. Ensure favorable conditions and environment for the full realization of the rights of the child.
		STRATEGIC ORGANIZATIONAL GOAL 4: Ensure proactivity, effectiveness, resilience, and rapid response ability of the labor and social protection system through growth of professional capacity, use of modern technologies and evidence-based management.
		One of the challenges to be addressed within the implementation of the strategy is the "Inter-ministerial coordination through on-going dialogue."
Draft	New Law on Social Assistance «ՍՈՑԻԱԼԱԿԱՆ ԱՋԱԿՑՈՒԹՅԱՆ ՄԱՍԻՆ» ԵՎ ԱՅԼ ՕՐԵՆՔՆԵՐԻ ՆԱԽԱԳԾԵՐ	Contains Chapter 8 "Social Work, Social Workers and Social Supporters, Supervision of Social Work" with the following Articles:
		Article 46. Conducting social work
		Article 47. Requirements for the social worker
		Article 48. Requirements for the social supporter
		Article 49. Functions performed by a social worker
		Article 50. The main rights and responsibilities of a social worker
		Article 51. Safeguards for a social worker's and social supporter's activities
		Article 52. Social Workers' Professional Code of Conduct
		Article 53. Certification of a social worker's qualification
		Article 54. The rights, duties and certification of the social supporter
		Article 55. Implementation of supervision