



Investments in Strengthening the Social Service Workforce (SSW)

Final Report – Cambodia

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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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Abbreviations

3PC	Partnership Program for the Protection of Children
APCCA	Advancing Protection and Care for Children in Adversity
APSWC	Association of Professional Social Workers of Cambodia
ASEAN	Association of Southeast Asian Nations
BA	Bachelor of Arts Degree
CCWC	Commune Committee for Women and Children
CPMIS	Child Protection Information Management System
CP-SSIP	Child Protection Sector Strategic Implementation Plan
CSO	civil society organization
D4I	Data for Impact
DoSVY	Provincial Department of Social Youth and Veteran Affairs
DWCCC	District Women and Children Consultative committee
FCF	Family Care First
FGD	focus group discussion
HR	human resources
IECD	Integrated Early Childhood Development for Improved Continuum of Care
IP	implementing partner
KII	key informant interview
MEF	Ministry of Economy and Finance
MoC	Ministry of Commerce
MoH	Ministry of Health
MoI	Ministry of Interior
MoEYS	Ministry of Education, Youth and Sport
MoJ	Ministry of Justice
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NGO	nongovernmental organization
NISA	National Institute of Social Affairs
NLG	national leadership group

OSCaR	Open-Source Case-management and Record-Keeping
PWCCC	Provincial Women and Children Consultative committee
RGC	Royal Government of Cambodia
RCF	residential care facilities
RCI	residential care institutions (in Cambodia, a sub-category of RCF)
RUPP	Royal University of Phnom Penh
SOP	standard operating procedure
SSW	social service workforce
SSWS	social service workforce strengthening
TVET	technical and vocational education and training
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VCA	Vulnerable Children Account
WCCC	Women and Children Consultative Committee

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 U.S. Government 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:

1. 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?
2. What have been **the advantages and limitations** of these 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?

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 national level and sub-national level in four provinces in Cambodia: Phnom Penh, Battambang, Rattanakiri, and Sihanoukville. A total of 21 key informant interviews (KIIs) and 27 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

Enhancing social protection and welfare services for all Cambodians, especially the poor and vulnerable, is seen as key to sustaining peace, stability, and economic growth. Cambodia's Voluntary National Review

Report, related to its progress on the UN’s Sustainable Development Goals, identifies “the continued need to strengthen social services and human resources to improve life opportunities, provide safety nets, promote gender equality and boost economic competitiveness” (*Voluntary National Review 2019, Cambodia | High-Level Political Forum*, n.d.). Traditionally, support for children and families made vulnerable by poverty or other adversities in Cambodia has been undertaken by communities and local leaders. Conflict, and most recently, COVID-19, have disrupted many of these informal networks, along with a gradual shifting of responsibility for social services to the government. Between 2005 and 2010, the number of facilities in Cambodia providing residential care for children facing difficult life circumstances or with disabilities grew by 75% (Family Care First & REACT, 2021). Efforts to promote family-based care and reduce violence against children, including the prevention and reintegration of children from residential care facilities (RCFs), are overseen by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), with the involvement of other key ministries and allied sectors such as education, health, justice, and consultative committees for women and children at each administrative level. This assessment focused primarily on those cadres under the purview of the MoSVY, case managers and child protection focal points, and case workers/assigned social workers at provincial and district levels, as well as those people assigned to women and children’s affairs at the commune level, along with a range of social service workers engaged by NGOs and CSOs.

Workforce-Strengthening Approaches

Key themes emerging under each of the three areas of the assessment’s conceptual framework—planning, developing, and supporting the workforce—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 Cambodia.

- SSW Planning Approaches Enable Standards Setting and Expansion of Services:** In Cambodia, increased recognition of social work within relevant laws and policies around child protection and care, along with efforts to adequately cost and make the investment case for an intermediate and longer-term target ratio of social service workers, represents progress in establishing minimum standards or quality of service provision, in terms of the availability of workers dedicated to social work at the commune and district levels. Overall, this increased presence of the SSW within communities facilitates greater public awareness of and demand for available services. It has also contributed to more effective preventive work, such as household needs assessments and gatekeeping, and services to at-risk children and families. However, a comparatively limited government SSW makes coordination with NGOs and CSOs critical for maintaining and expanding social services. Data on service delivery and the workforce are valued, but are not used routinely to assess performance or caseload that could inform HR planning according to specific population needs or issues.
- SSW Development Approaches Ensure Presence of Trained SSW:** A dual emphasis on technical and vocational training and post-secondary education for the SSW is a necessary step in achieving Cambodia’s workforce development and overall social protection goals. Investments in both areas have worked to ramp up the deployment of frontline social service workers, both newly recruited and from among the existing SSW, to the provincial, district, and commune levels, potentially enabling more interactions with vulnerable households. Adoption of the Strategic Plan for Training SSW and the

National Training Curriculum on SSW with Focus on Child Protection curriculum framework and modules are milestones in the process of setting minimum standards for training and are essential to ensuring quality service provision to children and families. However, addressing more complex cases requiring clinical assessments, intensive case management, or specialized services will likely be difficult to achieve with the limited pool of professional social workers in both government and nongovernment sectors to serve as supervisors and the relatively small numbers of projected social work graduates. More reinforcement of classroom-based learning through strengthened field education and supervision practices will be central to attracting and retaining more students and current practitioners in this field and to remaining relevant to practice needs, especially as awareness of and demand for government-provided benefits and social services increase.

- SSW Support Approaches Encourage Scale Up of Different Types of Workers:** Through the FCF, 3PC, and other child care and protection programming, a range of interventions to support NGO staff and government focal points 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 transition of provincial and district MoSVY staff positions and salaries initially supported by UNICEF to the government payroll, their incorporation within the civil service, and the allocation of a portion of the Sangkat Fund within commune budgets for social work and child protection demonstrates a commitment to sustainable expansion of the frontline SSW and services. The provision of basic supplies and equipment 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, low salaries, and the perceived low status of social work as a discipline 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 on a case-by-case basis, facilitating consultation on urgent or difficult cases.

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
Build on efforts to strengthen the normative or regulatory framework around child protection to develop and promote workforce-specific laws and policies recognizing and protecting social work as a profession.
Using the CPMIS Dashboard and other publicly available data, develop a prioritized deployment plan for the intermediate target of 2,079 additional government social service workers by 2027 at the commune, district, and provincial levels.
Develop and launch an HR information system for the SSW, which could better enable data-informed decision making around hiring, re-assignment, deployment, training, and performance management.

Developing
Expand opportunities for in-service training and continuous education through the 80-module National Training Curriculum for SSW by making it more available and accessible to both government and nongovernment participants.
Encourage student enrollment in social work degree programs through targeted recruitment in rural and underserved areas, including the provision of scholarships and internship-to-employment programs for high-achieving students.
Foster knowledge sharing among the three social work degree programs, both related to institutional capacity strengthening and continuing education for faculty.
Supporting
Harmonize existing standards, guidelines, and SOPs around child protection and care to support and manage performance of the workforce and sustain coordination across the government and nongovernment sectors for service provision.
Promote the co-creation and adoption of national standards for supervision with leadership from the MoSVY, insight from positive experiences and learning from the FCF network, and from faculty who provide supervision in field education.
Review and increase remuneration and other incentives provided to the SSW working in child protection and care in both government and nongovernment sectors, in particular, starting salaries for recent graduates and typical increases with promotions or rank changes.
Increase the visibility and value of social work through national- and subnational-level celebrations of World Social Work Day, highlighting the daily experiences, education and training, and contributions made by social service workers in both government and nongovernment sectors.

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 vulnerable groups. The goal of this assessment was to identify specific approaches that countries, USAID, and other development 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. Common themes emerging under each of the three areas of the assessment's conceptual framework underscore the advantages and limitations of the approaches taken to date to plan, develop, and support the workforce and the links between the actual availability and quality of promotive, preventive, and responsive services provided to children and families. Recommendations related to these findings are formulated for immediate and longer-term promotion among key stakeholders, with an emphasis on those actions likely to make the greatest impact based on learning from the assessment.

ខ្លឹមសារសង្ខេបប្រតិបត្តិ

សាវតារ

កម្លាំងសេវាសង្គម (SSW) ដែលមានភាពរឹងមាំ និងបានទទួលការបណ្តុះបណ្តាលយ៉ាងល្អរួមមាន បុគ្គលិកសង្គមកិច្ច និងបុគ្គលិកសេវាសង្គមផ្សេងទៀតជាច្រើនប្រភេទខុសៗគ្នា មានការបណ្តុះបណ្តាល និងជំនាញក្នុងកម្រិតផ្សេងៗគ្នាដែលមានសារៈសំខាន់ចំពោះសុខុមាលភាពរបស់កុមារ ក្រុមគ្រួសារ និងជនមានពិការភាព ក៏ដូចជាក្រុមមនុស្សផ្សេងទៀតដែលជួបប្រទះស្ថានភាពលំបាកៗ ឬបញ្ហាប្រឈមផ្សេងៗ។ រដ្ឋាភិបាលសហរដ្ឋអាមេរិកប្តេជ្ញាក្នុងការវិនិយោគក្នុងយុទ្ធសាស្ត្រដើម្បីគាំទ្រដល់ SSW ក្នុងការអនុលោមតាមយុទ្ធសាស្ត្ររបស់ខ្លួនក្នុងការជំរុញការការពារ និងការថែទាំកុមារដែលរងការលំបាក (APCCA) និងការប្រតិបត្តិតាមផែនការ។ វិធានការរបស់រដ្ឋាភិបាលទាំងមូលនេះមានគោលបំណងដើម្បីធានាចំពោះកិច្ចខិតខំប្រឹងប្រែងយ៉ាងទូលំទូលាយ និងបានសម្របសម្រួលដើម្បីពង្រឹងប្រព័ន្ធសម្រាប់ការការពារ និងថែទាំកុមារទូទាំងពិភពលោក។

ក្រុមការងារកុមាររងការលំបាក (Children in Adversity) របស់ USAID បានភ្ជាប់ទិន្នន័យសម្រាប់ការប៉ះពាល់ (D4I) ដើម្បីវាយតម្លៃសកម្មភាពដែលទាក់ទងនឹងការពង្រឹង SSW និងប្រព័ន្ធដែលទូលំទូលាយជាងទាក់ទងនឹងការថែទាំ និងការការពារកុមារនៅទូទាំងប្រទេសទាំងបី - គឺប្រទេសអាមេនី កម្ពុជា និងរ៉ូម៉ានី - ដែលបានគាំទ្រដោយរដ្ឋាភិបាល USAID និងដៃគូសំខាន់ៗផ្សេងទៀត។ គោលដៅនៃការវាយតម្លៃនេះគឺដើម្បីកំណត់វិធានការជាក់លាក់នានាដែលរដ្ឋាភិបាល USAID និងដៃគូសំខាន់ៗផ្សេងទៀតគួរតែពិចារណាលើការតស៊ូមកិឱ្យ និងការបង្កើតការជួយជ្រោមជ្រែងនាពេលអនាគតដែលនឹងចូលរួមចំណែកដល់ការពង្រឹង SSW ឱ្យកាន់តែរឹងមាំ និងប្រព័ន្ធសេវាសង្គមប្រកបដោយចីរភាពនៅក្នុងប្រទេសទាំងបីនេះ ដូចទៅនឹងការអនុវត្តនៅក្នុងប្រទេសដទៃទៀតដែរ។ របាយការណ៍នេះផ្តោតសំខាន់ទៅលើការរកឃើញនៅក្នុងប្រទេសអេមេនី។ ដោយមានការជូនដំណឹងពីក្របខ័ណ្ឌនៃការពង្រឹង SSW សំណួរសួរនៃការវាយតម្លៃរួមមាន៖

1. តើមានវិធីសាស្ត្រអ្វីខ្លះដើម្បី **(ក) រៀបចំផែនការ (ខ) អភិវឌ្ឍ និង (គ) គាំទ្រដល់ SSW** ក្នុងការទទួលខុសត្រូវចំពោះការផ្តល់សេវាទៅកាន់កុមារ និងក្រុមគ្រួសារដែលរងការលំបាក ដែលបានទទួលការជ្រោមជ្រែងដោយរដ្ឋាភិបាល កម្មវិធីគណនីកុមារងាយរងគ្រោះ (VCA) និងដៃគូសំខាន់ៗផ្សេងទៀតនៅក្នុងប្រទេសដែលបានជ្រើសរើស?
2. តើវិធីសាស្ត្រទាំងនេះមាន**គុណសម្បត្តិ និងដែនកំណត់អ្វីខ្លះ** នៅក្នុងការអភិវឌ្ឍន៍ និងការពង្រឹងប្រព័ន្ធសេវាសង្គមប្រកបដោយចីរភាព?
3. តើអ្វីខ្លះ ប្រសិនបើមាន អាចត្រូវបានធ្វើសេចក្តីសន្និដ្ឋានចេញពីទិន្នន័យដែលអាចរកបានស្តីអំពី**ការផ្លាស់ប្តូរនៅក្នុងកម្រិតកុមារ និង/ឬសមាជិកគ្រួសារ** ដែលកើតឡើងស្របពេលជាមួយនឹងការប្រតិបត្តិតាមវិធានការទាំងនេះ?

វិធីសាស្ត្រ

ដោយមានការណែនាំពីក្រុមអ្នកផ្តល់ប្រឹក្សាថ្នាក់សកល និងថ្នាក់ប្រទេស ការវាយតម្លៃនេះបានរួមបញ្ចូលគ្នាទាំងវិធីសាស្ត្របែបបរិមាណ និងបែបគុណភាព។ វិធីសាស្ត្រទាំងនេះរួមមានការពិនិត្យឡើងវិញនូវឯកសារពាក់ព័ន្ធនានារបស់ប្រទេសជាក់លាក់ និងសកល ការវិភាគបន្ទាប់បន្សំលើទិន្នន័យសរុបដែលមានស្រាប់ និងការប្រមូលទិន្នន័យបឋមនៅក្នុងកម្រិតថ្នាក់ជាតិ និងកម្រិតថ្នាក់ក្រោមជាតិនៅក្នុងខេត្តចំនួនបួនក្នុងប្រទេសកម្ពុជា៖ ភ្នំពេញ បាត់ដំបង រតនៈគិរី និងព្រះសីហនុ។ ការសម្ភាសន៍អ្នកផ្តល់ព័ត៌មានសំខាន់ៗសរុបចំនួន ២០នាក់ និងការពិភាក្សាជាក្រុមចំនួន ២៧ក្រុមត្រូវបានធ្វើឡើងរួមជាមួយតំណាងនៃរដ្ឋាភិបាល ម្ចាស់ជំនួយ ស្ថាប័នអប់រំ សហគមន៍មានវិជ្ជាជីវៈ អង្គការមិនមែនរដ្ឋាភិបាល និងសង្គមស៊ីវិល ក៏ដូចជាបុគ្គលិកសេវាសង្គម និងអ្នកថែទាំ និងយុវជនដែលមានទំនាក់ទំនងជាមួយកម្មវិធីថែទាំកុមារ និងការការពារកុមារសំខាន់ៗ។

ការកមើញ

បរិបទប្រទេសជាក់លាក់

ការលើកកម្ពស់សេវាការពារសង្គម និងសុខុមាលភាពសម្រាប់ប្រជាជនកម្ពុជាទាំងអស់ ជាពិសេសប្រជាជនក្រីក្រ និងងាយរងគ្រោះ ត្រូវបានមើលឃើញថាជាគន្លឹះសំខាន់ក្នុងការទ្រទ្រង់សន្តិភាព ស្ថេរភាព និងការរីកចម្រើននៃសេដ្ឋកិច្ច។ របាយការណ៍ស្តីពីការត្រួតពិនិត្យថ្នាក់ជាតិដោយស្ម័គ្រចិត្តរបស់ប្រទេសកម្ពុជាអំពីវិធានការរបស់ខ្លួនស្តីអំពីការអនុវត្តគោលដៅអភិវឌ្ឍន៍ដោយចីរភាពរបស់ UN កំណត់អំពី «តម្រូវការបន្តដើម្បីពង្រឹងសេវាសង្គម និងធនធានមនុស្សដើម្បីបង្កើនឱកាសនានាក្នុងជីវិត ផ្តល់នូវសំណាញ់សុវត្ថិភាព លើកកម្ពស់សមភាពយេនឌ័រ និងជំរុញការប្រកួតប្រជែង សេដ្ឋកិច្ច» (ការត្រួតពិនិត្យថ្នាក់ជាតិដោយស្ម័គ្រចិត្ត ឆ្នាំ២០១៩ របស់ប្រទេសកម្ពុជា | វេទនានយោបាយថ្នាក់ខ្ពស់ n.d)។ តាមប្រពៃណីការគាំទ្រដល់កុមារ និងក្រុមគ្រួសារដែលងាយរងគ្រោះដោយសារភាពក្រីក្រ ឬការរងទុក្ខលំបាកផ្សេងៗទៀតក្នុងប្រទេសកម្ពុជាត្រូវបានធ្វើឡើងដោយអ្នកដឹកនាំក្នុងសហគមន៍ និងមូលដ្ឋាន។ ទំនាស់ និងជំងឺ តូរិវិច១៩ ដែលកើតឡើងនាពេលថ្មីៗនេះបានរំខានដល់បណ្តាញមិនផ្លូវការទាំងនេះ រួមជាមួយនឹងការផ្ទេរទទួលខុសត្រូវចំពោះសេវាសង្គមបន្តិចម្តងៗទៅកាន់រដ្ឋាភិបាល។ ក្នុងចន្លោះឆ្នាំ ២០០៥ និង២០១០ ចំនួននៃមណ្ឌលដែលផ្តល់ការថែទាំកុមារក្នុងប្រទេសកម្ពុជាបានជួបប្រទះកាលៈទេសៈលំបាកក្នុងជីវិត ឬមានកង្វះសមត្ថភាពបានកើនឡើងប្រមាណ ៧៥% (ការថែទាំគ្រួសារជាអាទិភាពចម្បង & REACT ឆ្នាំ២០២១)។ កិច្ចខិតខំប្រឹងប្រែងដើម្បីលើកកម្ពស់ការថែទាំតាមគ្រួសារ និងការកាត់បន្ថយអំពើហិង្សាលើកុមាររួមមានការទប់ស្កាត់សមាហរណកម្មឡើងវិញរបស់កុមារមកពី RCF ត្រូវបានត្រួតពិនិត្យដោយ MoSVY ដោយមានការចូលរួមពីក្រសួងសំខាន់ៗផ្សេងទៀត និងវិស័យដែលជាប់ពាក់ព័ន្ធដូចជាវិស័យអប់រំ សុខាភិបាល យុត្តិធម៌ និងគណៈកម្មាធិការទទួលបន្ទុកកិច្ចការនារី និងកុមារនៅក្នុងថ្នាក់រដ្ឋបាលនីមួយៗ។ ការវាយតម្លៃនេះផ្ដោតសំខាន់ជាចម្បងលើកម្មាភិបាលក្រោមការឃ្លាំមើលរបស់ MoSVY អ្នកគ្រប់គ្រងករណី និងចំណុចប្រសព្វគ្នាផ្សេងៗនៃការការពារកុមារ និងបុគ្គលិក/បុគ្គលិកសង្គមកិច្ចដែលត្រូវបានចាត់តាំងឱ្យធ្វើការលើករណីនៅក្នុងថ្នាក់ខេត្ត និងថ្នាក់ស្រុក ក៏ដូចជាបុគ្គលដែលទទួលបានការចាត់តាំងឱ្យទទួលបន្ទុកកិច្ចការនារី និងកុមារនៅក្នុងថ្នាក់ឃុំ រួមជាមួយនឹងបុគ្គលិកសេវាសង្គមជាច្រើននាក់ដែលបានចូលរួមដោយអង្គការមិនមែន រដ្ឋាភិបាល និងសង្គមស៊ីវិល។

វិធីសាស្ត្រនានាក្នុងការពង្រឹងកម្លាំងសេវា

ប្រធានបទសំខាន់ៗដែលលេចឡើងនៅក្រោមផ្នែកនីមួយៗទាំងបីនៃក្របខ័ណ្ឌគំនិតសម្រាប់ការវាយតម្លៃរួមមាន ការរៀបចំផែនការ ការអភិវឌ្ឍន៍ និងការគាំទ្រដល់កម្លាំងសេវា - គុណសម្បត្តិ និងដែនកំណត់របស់ប្រធានបទទាំងនេះ

ត្រូវបានពិភាក្សានៅខាងក្រោមដោយសង្កត់ធ្ងន់ទៅលើការតភ្ជាប់គ្នារវាងប្រធានបទទាំងនេះ និងភាពអាចរកបាន និងគុណភាពនៃសេវាលើកកម្ពស់ ទប់ស្កាត់ និងឆ្លើយតបដែលបានផ្តល់ឱ្យកុមារ និងក្រុមគ្រួសារក្នុងប្រទេសកម្ពុជា។

• **វិធីសាស្ត្ររៀបចំផែនការ SSW ផ្តល់ឱ្យនូវការរៀបចំ និងការពង្រីកបទដ្ឋាននៃសេវាផ្សេងៗ៖**

នៅក្នុងប្រទេស
កម្ពុជា ការបង្កើនការទទួលស្គាល់ការងារសង្គមនៅក្នុងច្បាប់
និងគោលនយោបាយពាក់ព័ន្ធជុំវិញការការពារ និងការថែទាំកុមារ
រួមជាមួយនឹងការខិតខំប្រឹងប្រែងក្នុងការចំណាយសមស្រប
និងបង្កើតករណីវិនិយោគសម្រាប់អត្រាការងាររយៈពេលវែងរបស់ SSW
តំណាងឱ្យខ្លួនភាពក្នុងការបង្កើតបទដ្ឋានអប្បបរមា គុណភាពនៃការផ្តល់សេវាតាមរយៈ
បុគ្គលិកដែលបានលះបង់ក្នុងការងារសង្គមនៅថ្នាក់ឃុំ និងស្រុកដែលអាចរកបាន។
សរុបមកការកើនឡើងនៃវត្តមានរបស់ SSW
នៅក្នុងសហគមន៍ជួយសម្រួលដល់ការយល់ដឹងជាសាធារណៈកាន់តែទូលំទូលាយអំពី
និងតម្រូវការនៃសេវាដែលអាចរកបាន។
វាបានចូលរួមចំណែកទៅក្នុងការងារទប់ស្កាត់បន្ថែមដូចជា ការវាយតម្លៃតម្រូវការក្នុងគ្រួសារ
និងការការពារច្រកទ្វារ ក៏ដូចជាសេវាផ្សេងៗសម្រាប់កុមារ និងគ្រួសារដែលជួបបញ្ហាប្រឈម។
ទោះបីជាយ៉ាងណាក៏ដោយ SSW របស់រដ្ឋ
ក៏បានក្លាយជាមិត្តប្រៀបធៀប ធ្វើឱ្យការសម្របសម្រួលជាមួយនឹងអង្គការមិនមែនរដ្ឋាភិបាល
និងសង្គមស៊ីវិលមានសារៈសំខាន់សម្រាប់ការថែរក្សា និងការពង្រីកសេវាសង្គម។
ទិន្នន័យអំពីការផ្តល់សេវា និងកម្លាំងសេវាត្រូវបានឱ្យតម្លៃ
ក៏ប៉ុន្តែមិនត្រូវបានប្រើប្រាស់ជាប្រចាំដើម្បីវាយតម្លៃការអនុវត្ត
និងករណីដែលបានដាក់បញ្ចូលដែលអាចផ្តល់ដំណឹងពីការរៀបចំផែនការធនធានមនុស្សស្របតាម
តម្រូវការ និងបញ្ហាជាក់លាក់របស់
ប្រជាជន។

• **វិធីសាស្ត្រអភិវឌ្ឍន៍ SSW ធានានូវវត្តមានរបស់ SSW ដែលបានទទួលការបណ្តុះបណ្តាល៖**

ការសង្កត់ធ្ងន់ទ្វេភាគីទៅលើការបណ្តុះបណ្តាលបច្ចេកទេស និងវិជ្ជាជីវៈ
ក៏ដូចជាការអប់រំកម្រិតក្រោយមធ្យមសិក្សាអំពី SSW
គឺជាជំហានដ៏សំខាន់នៅក្នុងការសម្រេចបានការអភិវឌ្ឍន៍កម្លាំងសេវារបស់ប្រទេសកម្ពុជា
និងគោលដៅការពារសង្គមជាមុន។
ការជ្រោមជ្រែងនៅក្នុងផ្នែកទាំងពីរនេះបានធ្វើកិច្ចការដើម្បីបង្កើនការដាក់ពង្រាយ SSW
ជួរមុខទាំង SSW ដែលទើបនឹងជ្រើសរើសថ្មី និងចេញពីក្នុងចំណោមអ្វីដែលមានស្រាប់
នៅក្នុងថ្នាក់ខេត្ត ស្រុក និងឃុំ
ជាពិសេសធ្វើឱ្យមានការចូលរួមច្រើនជាងមុនជាមួយនឹងគ្រួសារដែលងាយរងគ្រោះ។
ការអនុម័តផែនការយុទ្ធសាស្ត្រសម្រាប់ការបណ្តុះបណ្តាល SSW
និងកម្មវិធីបណ្តុះបណ្តាលថ្នាក់ជាតិស្តីអំពី SSW
ដោយមានការផ្តោតសំខាន់លើគ្រប់ខ័ណ្ឌកម្មវិធីសិក្សា
និងមុខុសអំពីការការពារកុមារគឺជាព្រឹត្តិការណ៍សំខាន់ៗនៅក្នុងដំណើរការនៃការរៀបចំបទដ្ឋានអ
ប្បបរមាសម្រាប់ការបណ្តុះបណ្តាល
និងមានសារៈសំខាន់ក្នុងការធានាការផ្តល់សេវាដែលមានគុណភាពទៅកាន់កុមារ
និងក្រុមគ្រួសារ។
ទោះបីជាយ៉ាងណាក៏ដោយការដោះស្រាយករណីដែលមានភាពស្មុគស្មាញជាងដែលតម្រូវឱ្យមានការ
វាយតម្លៃពីមន្ទីរពេទ្យ ការគ្រប់គ្រងករណីយ៉ាងម៉តចត់
ឬសេវាឯកទេសទំនងជានឹងមានការលំបាកក្នុងការសម្រេចបាន
ដោយសារក្រុមបុគ្គលិកសង្គមកិច្ចដែលមានវិជ្ជាជីវៈនៅមានកម្រិតនៅឡើយទាំងនៅក្នុងវិស័យរដ្ឋា
ភិបាល និងមិនមែនរដ្ឋាភិបាលដើម្បីបម្រើការជាប្រធានគ្រប់គ្រង
ហើយនិស្សិតបញ្ចប់ការសិក្សាផ្នែកសង្គមកិច្ចដែលបានប្រមាណទុកជាមុនមានចំនួនតិចតួច
។ ការពង្រឹងការសិក្សានៅតាមថ្នាក់រៀនបន្ថែមតាមរយៈវិស័យអប់រំដែលមានភាពរឹងមាំ
និងការអនុវត្តការត្រួតពិនិត្យនិងក្លាយជាចំណុចសំខាន់បំផុតក្នុងការទាក់ទាញសិស្ស
និងការរក្សាសិស្សបន្ថែម ក៏ដូចជាអ្នកជំនាញក្នុងវិស័យនេះនាពេលបច្ចុប្បន្ន

និងដើម្បីបន្តមានទំនាក់ទំនងជាមួយនិងគម្រោងការអនុវត្ត ជាពិសេសការយល់ដឹងអំពី និងការទាមទារផលប្រយោជន៍ដែលរដ្ឋាភិបាលបានផ្តល់ឱ្យ និងការបង្កើនសេវាសង្គម។

- **វិធីសាស្ត្រគាំទ្រដល់ SSW លើកទឹកចិត្តឱ្យបង្កើនបុគ្គលិកក្នុងប្រភេទផ្សេងៗគ្នា៖** តាមរយៈ FCF 3PC និងកម្មវិធីការពារ និងថែទាំកុមារផ្សេងទៀត
 ការរៀបចំអន្តរាគមន៍ផ្សេងៗដើម្បីគាំទ្រដល់ចំណុចប្រសព្វរវាងបុគ្គលិក អង្គការមិនមែនរដ្ឋាភិបាល និងរដ្ឋាភិបាលត្រូវបានធ្វើឡើង ហើយអាចនឹងត្រូវភ្ជាប់គ្នាទៅនឹងរបៀបដែលកម្លាំងសេវានេះកំពុងផ្តល់ឱ្យជាបន្តបន្ទាប់នូវសេវា លើកកម្ពស់ ការងារទប់ស្កាត់ និងឆ្លើយតបយ៉ាងមានប្រសិទ្ធភាព។ ការផ្លាស់ប្តូរឋានៈបុគ្គលិក MoSVY ថ្នាក់ខេត្ត និងថ្នាក់ស្រុក និងប្រាក់ខែដំបូងដែលបានឧបត្ថម្ភដោយ UNICEF ទៅក្នុងប្រាក់ខែរដ្ឋ ការសហការរបស់ពួកគេនៅក្នុងសេវាស៊ីវិល និងការបែងចែកចំណែកមួយនៃមូលនិធិសង្កាត់នៅក្នុងកញ្ចប់ថវិការបស់សង្កាត់សម្រាប់ការងារសង្គមកិច្ច និងការការពារកុមារបង្ហាញពីការប្តេជ្ញាចិត្តចំពោះការពង្រីកសេវា និង SSW ជួយប្រកបដោយចីរភាព។ ការផ្គត់ផ្គង់សម្ភារៈ និងគ្រឿងបរិក្ខារមូលដ្ឋាន គឺជាកត្តាមួយដ៏សំខាន់ក្នុងការលើកទឹកចិត្តបុគ្គលិកទាំងនេះ ក៏ដូចជាធ្វើឱ្យពួកគេចូលរួមអន្តរាគមន៍នៅក្នុងករណីសកម្ម ឬ បន្ទាន់។ ទោះបីជាយ៉ាងណាក៏ដោយការរួមផ្សំគ្នាពីករណីដែលបានដាក់បញ្ចូលមានចំនួនច្រើន ប្រាក់ខែទាប និងការយល់ឃើញថាបុគ្គលិកសង្គមមានឋានៈទាប ត្រឹមជាអ្នកដាក់វិន័យ អាចចូលរួមចំណែកធ្វើឱ្យបុគ្គលិកមានអារម្មណ៍ថាគួរតែទទួលបានសេវាស្របតាមតម្លៃ បង្កជាការភ័យខ្លាចខ្លាចការរក្សាភាពយូរអង្វែងនៃមុខតំណែង និងសេវាទាំងនេះដែលពួកគេបាននាំចូលទៅក្នុងសហគមន៍។ ប្រព័ន្ធនៃការគ្រប់គ្រងនាពេលបច្ចុប្បន្ននេះ (នឹងរចនាសម្ព័ន្ធបុគ្គលិកដែលពាក់ព័ន្ធ) កំពុងបំពេញមុខងាររដ្ឋបាលជាចម្បង និងនៅក្នុងកម្រិតមួយចំនួនបំពេញមុខងារអប់រំផ្នែកលើមូលដ្ឋានមួយករណីម្តងៗ និងការសម្របសម្រួលការប្រឹក្សាអំពីករណីបន្ទាន់ ឬលំបាកៗ។

អនុសាសន៍

ការរកឃើញស្តីអំពីវិធីសាស្ត្រដើម្បីរៀបចំផែនការ អភិវឌ្ឍ និងគាំទ្រកម្លាំងសេវាដែលបានវិនិយោគមកទល់បច្ចុប្បន្ន គុណសម្បត្តិ និងគុណវិបត្តិរបស់វិធីសាស្ត្រទាំងនេះក្នុងការអភិវឌ្ឍន៍ប្រព័ន្ធសេវាសង្គម និងកម្លាំងសេវាប្រកបដោយ ចីរភាព និងការយល់ដឹងពីការផ្លាស់ប្តូរនៅកម្រិតរបស់កុមារ និងគ្រួសារត្រូវបានធ្វើឱ្យមានសុពលភាពក្នុងចំណោមក្រុមអ្នកផ្តល់ប្រឹក្សាថ្នាក់ជាតិ ក៏ដូចជាបានផ្តល់ព័ត៌មានអំពីអនុសាសន៍ និងកម្រិតនៃអាទិភាពនានា។ អនុសាសន៍ដែលមានការកាត់បញ្ចូលគ្នាគ្រប់គ្រាន់បង្កើតឡើងផងដែរ ដែលអាចនឹងត្រូវបានលើកកម្ពស់ក្លាមៗនៅក្នុងចំណោមអ្នកចូលរួមសិក្ខាសាលា។

ការរៀបចំផែនការ
<p>កសាងកិច្ចខិតខំប្រឹងប្រែងក្នុងការពង្រឹងបទដ្ឋាន ឬក្របខ័ណ្ឌច្បាប់ជុំវិញការការពារកុមារ ដូចជាសេចក្តីព្រាងច្បាប់ស្តីអំពីការការពារកុមារដែលបានគាំទ្រដោយ MoSW ដើម្បីបង្កើត និងលើកកម្ពស់ច្បាប់ និងគោលនយោបាយស្តីអំពីកម្លាំងសេវាកំណត់ដោយទទួលស្គាល់ និងការការពារសង្គមកិច្ចជាវិជ្ជាជីវៈ។</p>
<p>ដោយការប្រើប្រាស់ផ្ទាំងគ្រប់គ្រង CPMIS និងទិន្នន័យដែលអាចរកបានជាសាធារណៈផ្សេងទៀត បង្កើតជាផែនការដាក់ពង្រាយអាទិភាពមួយសម្រាប់គោលដៅមធ្យមនៃ SSW របស់រដ្ឋាភិបាលបន្ថែមប្រមាណ ២,០៧៩ នៅក្នុងឆ្នាំ ២០២៧ ក្នុងថ្នាក់ឃុំ ស្រុក និងខេត្ត។</p>
<p>បង្កើត និងដាក់ឱ្យប្រើប្រាស់នូវប្រព័ន្ធព័ត៌មានធនធានមនុស្សសម្រាប់ SSW ដែលអាចផ្តល់ទិន្នន័យដែលបានជូនដំណឹងអំពីការសម្រេចចិត្តជុំវិញការទទួលឱ្យបម្រើការ ការចាត់តាំងឡើងវិញ ការដាក់ពង្រាយ ការបណ្តុះបណ្តាល និងការគ្រប់គ្រងការអនុវត្តបានកាន់តែប្រសើរ។</p>
ការអភិវឌ្ឍន៍
<p>បង្កើនឱកាសសម្រាប់ការបណ្តុះបណ្តាលបុគ្គលិក និងការអប់រំបន្តក្នុងម៉ូឌុលទាំង ៨០ នៅក្នុងកម្មវិធីបណ្តុះបណ្តាលថ្នាក់ជាតិសម្រាប់ SSW តាមរយៈការធ្វើឱ្យទាំងនេះអាចរកបានសម្រាប់ទាំងអ្នកចូលរួមពីរដ្ឋាភិបាល និងមិនមែនរដ្ឋាភិបាល។</p>
<p>លើកទឹកចិត្តឱ្យមានការចុះឈ្មោះចូលរៀននៅក្នុងកម្មវិធីសិក្សាអំពីការងារសង្គមកិច្ច តាមរយៈការជ្រើសរើសដែលបានដាក់គោលដៅនៅក្នុងតំបន់ដាច់ស្រយាល និងតំបន់ដែលមិនបានទទួលសេវា រួមមានការផ្តល់អាហារូបករណ៍ និងកម្មវិធីហាត់ការងារសម្រាប់សិស្សដែលទទួលបានសមិទ្ធផលខ្ពស់។</p>
<p>ការចែករំលែកចំណេះដឹងដែលជួយដល់ការរីកចម្រើនក្នុងចំណោមកម្មវិធីសិក្សាផ្នែកសង្គមកិច្ចទាំងបី ទាំងទាក់ទងនឹងការពង្រឹងសមត្ថភាពរបស់ស្ថាប័ន និងការបន្តការអប់រំសម្រាប់ថ្នាក់មហាវិទ្យាល័យ។</p>
ការគាំទ្រ
<p>ធ្វើឱ្យបទដ្ឋាន ការណែនាំ និង SOPs ជុំវិញការការពារ និងការថែទាំកុមារមានភាពចុះសម្រុងគ្នាដើម្បីគាំទ្រ និងគ្រប់គ្រងការអនុវត្តកម្លាំងសេវា និងទ្រទ្រង់ដល់ការសម្របសម្រួលនៅទូទាំងវិស័យរដ្ឋាភិបាល និងមិនមែនរដ្ឋាភិបាលសម្រាប់ការផ្តល់សេវា។</p>
<p>លើកកម្ពស់ការបង្កើតរួមគ្នា និងការអនុម័តបទដ្ឋានថ្នាក់ជាតិសម្រាប់ការត្រួតពិនិត្យជាមួយអ្នកដឹកនាំមកពី MoSW ផ្អែកលើការយល់ឃើញចេញពីបទពិសោធន៍ជ្រុំជម្រុះ និងការរៀនសូត្រពីបណ្តាញ FCF និងពីមហាវិទ្យាល័យដែលផ្តល់ការត្រួតពិនិត្យក្នុងវិស័យអប់រំ។</p>
<p>ពិនិត្យឡើងវិញ និងបង្កើនការផ្តល់រង្វាន់ជាប្រាក់ និងរង្វាន់លើកទឹកចិត្តដទៃទៀតដែលបានផ្តល់ឱ្យទៅ SSW ដែលបំពេញកិច្ចការក្នុងការការពារ និងថែទាំកុមារទាំងក្នុងវិស័យរដ្ឋាភិបាល និងមិនមែនរដ្ឋាភិបាល ជាពិសេសប្រាក់ខែចាប់ផ្តើមដំបូងសម្រាប់សិស្សដែលបានបញ្ចប់ការសិក្សាថ្មីៗ និងជាតួយដៃបង្កើនការកម្លើងឋានៈ ឬផ្លាស់ប្តូរឋានៈ។</p>
<p>បង្កើនភាពដែលអាចមើលឃើញនឹងភ្នែក និងគណនាម្តែងរបស់ការងារសង្គមកិច្ចតាមរយៈការអប់រំអំពីការងារសង្គមកិច្ចពិភពលោកទាំងនៅថ្នាក់ជាតិ និងថ្នាក់ក្រោមជាតិ ដោយមានការបញ្ជាក់ពីបទពិសោធន៍ប្រចាំថ្ងៃ ការអប់រំ និងការបណ្តុះបណ្តាល និងការរួមចំណែកដែលបានធ្វើឡើងដោយ SSW ទាំងនៅក្នុងវិស័យរដ្ឋាភិបាល និងមិនមែនរដ្ឋាភិបាល។</p>

សេចក្តីសន្និដ្ឋាន

កម្លាំងសេវាសង្គមមួយដែលមានចំនួន និងប្រភេទបុគ្គលិកសង្គមកិច្ច ក៏ដូចជាបុគ្គលិកសេវាសង្គមផ្សេងទៀតគ្រប់គ្រាន់ ដែលផ្តល់សេវាប្រកបដោយគុណភាពនៅទីនៃនឹងដែលត្រូវការពួកគេបំផុតគឺមានសារៈសំខាន់ណាស់សម្រាប់សុខុមាលភាពរបស់កុមារ ក្រុមគ្រួសារ ជនមានពិការភាព និងក្រុមមនុស្សដែលងាយរងគ្រោះដទៃទៀត។

គោលដៅនៃការវាយតម្លៃនេះគឺធ្វើឡើងដើម្បីកំណត់វិធានការជាក់លាក់នានាដែលបណ្តាប្រទេស USAID និងដៃគូអភិវឌ្ឍន៍ទៀតគួរតែពិចារណាពីការគូសសម្រាប់ និងការវិនិយោគនាពេលអនាគត ដែលនឹងរួមចំណែកក្នុង SSW កាន់តែរឹងមាំមួយ

និងប្រព័ន្ធសេវាសង្គមប្រកបដោយចីរភាពជាមួយនៅក្នុងប្រទេសអាមេនី កម្ពុជា និងវៀតណាម និងដូចដែលបានអនុវត្តនៅក្នុងប្រទេសដទៃបានផងដែរ។

ប្រធានបទទូទៅដែលលេចឡើងនៅក្រោមផ្នែកនីមួយៗនៃក្របខ័ណ្ឌកំណត់សម្រាប់ការវាយតម្លៃទាំងបីនេះគឺសបញ្ជាក់ពីគុណសម្បត្តិ

និងដែនកំណត់នៃវិធីសាស្ត្រដែលបានប្រើប្រាស់មកទល់បច្ចុប្បន្នដើម្បីធ្វើផែនការ អភិវឌ្ឍ និងគាំទ្រដល់កម្លាំងសេវា និងការតភ្ជាប់គ្នារវាងភាពអាចរកបានពិតប្រាកដ និងគុណភាពនៃសេវាលើកកម្ពស់ ទប់ស្កាត់ និងឆ្លើយតបដែលបានផ្តល់ទៅឱ្យកុមារ និងក្រុមគ្រួសារ។

អនុសាសន៍ទាក់ទងនឹងការរកឃើញនេះត្រូវបានបង្កើតឡើងសម្រាប់ការលើកកម្ពស់ភ្លាមៗ និងរយៈពេលវែងក្នុងចំណោមអ្នកមានចំណេះដឹងវិនិយោគ

សំខាន់ៗ ជាមួយនឹងការបញ្ជាក់អំពីសកម្មភាពទាំងនោះ

ទំនងជាបង្កើតឱ្យមានឥទ្ធិពលដ៏ធំបំផុតដោយផ្អែកលើការសិក្សាពីការវាយតម្លៃនេះ។

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 needs 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 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.

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?

- ## Conceptual Framework

Figure 1. Strategic framework for strengthening the SSW for child protection



Table 1. Subareas by workforce strengthening component

Planning	Developing	Supporting
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 Cambodia

The assessment focused on a select number of activities led by the Royal Government of Cambodia (RGC) in partnership with the USG VCA and USAID Mission in Cambodia.

- **Collaboration with UNICEF Cambodia**, starting in 2009, including:
 - **Strengthening Systems to Protect Vulnerable Children and Families in Cambodia** (2009–2012), led by UNICEF with support from USAID, contributed to research and the development of policies and practice models related to alternative care and strengthening of the SSW. Some key achievements include an influential study on attitudes towards residential care in Cambodia, public awareness campaigns around family-based care, the development of the *prakas* on the Procedures to Implement the Policy on Alternative Care and accompanying operational guidelines and training of district- and commune-level social service workers and other staff working in residential care, a case management model for family reunification, and capacity assessment of CCWCs which resulted in a multi-year capacity development strategy for these committees.
 - Additional USAID funding to UNICEF between 2013–2020 supported the Ministry of Social Affairs, Veterans and Youth Rehabilitation’s (MoSVY) authority over all residential care facilities and its enforcement of a registration requirement for these entities to operate in the country, alongside a National Action Plan for Improving Child Care with the aim of safely returning 30% of all children in residential care to their families or other family-based alternative care by 2018. Efforts to reintegrate children and support families with children at-risk of separation were carried out in coordination with the Partnership Program for the Protection of Children (3PC). Further studies on alternative care and family preservation, including options for children with disabilities, mapping of children in residential care and development of a digital inspection system, public awareness campaigns, and provision of guidance and supplies to support the SSW and families in COVID-19 response were also carried out as part of this collaboration.

- **Strengthening Child Protection Systems and Integrated Early Childhood Development for Improved Continuum of Care (IECD)** (2020 to 2024), jointly supported by USAID and the Capacity Partnership Development Fund, this activity focused on child rights-related policies and guidelines, along with capacity strengthening in strategic planning and case management. Over five years, it aimed to “support the government and nongovernmental organizations to develop an effective, resilient, resourced, and sustainable child protection system through a professional social service workforce and case management system,” including improved coordination at the subnational level in targeted provinces and expansion of reintegration and family-based alternative care for children with disabilities (UNICEF, 2021). This activity played an important role in the development of a national training program for government social workers, promotion of the development of an accreditation and licensing system for social workers, coordination and implementation of the National Action Plan for Early Childhood Development and training in positive parenting, issuing of the *prakas* on Kinship Care and Foster Care, and the rollout of a child protection information system using Primero software for government personnel to support case management in line with the Standard Operating Procedures on Child Protection. Child protection services were provided through the 3PC network.
- **Partnership Program for the Protection of Children (3PC)** (2011 to 2024), implemented by Friends-International with support from UNICEF, in collaboration with the MoSVY, 25 core partners and a network of nongovernmental organizations (NGOs)/civil society organizations (CSOs) operating across nine provinces. Its objectives were to: 1) support coordination of social work services; 2) strengthen the capacity of nongovernment and governmental actors and support learning exchange; and 3) contribute to the creation of a national child protection system (*Our Work | 3PC*, n.d.). In addition to its role via 3PC in the activities above, Friends-International was involved in a focused collaboration, Family +, with three Cambodian child protection organizations, Mith Samlanh, Kaliyan Mith, and Komar Rikreay, from 2013 to 2015. Family + aimed to address the rapid increase in residential care for children, primarily through strengthening collaboration between government, civil society and 3PC network members, advocacy campaigns, related surveys and research, and changes to the residential care business model accompanied by new reintegration efforts.
- **Family Care First (FCF) | REACT** (2015 to 2020) and **FCF** (2020 to present), led by Save the Children with support from USAID and the European Union, have worked in coordination with MoSVY to further child protection and care reform efforts through a network of 60 NGOs/CSOs, including international and national partners in ten provinces. Its objectives are to 1) prevent unnecessary child-family separation; 2) reduce the number of children living in orphanages and other residential care facilities; 3) increase the number of children reintegrated into appropriate, protective, and permanent family-based care; and 4) reduce the number of orphanages and other residential care facilities. These activities promoted the development and expansion of OSCaR, an online case management system for CSOs and NGOs involved in child protection, and its interoperability with Primero, alongside direct work with children and families via FCF network members, and contributions to the drafting and release of social work-

related guidelines and trainings on child protection and care issues, including supervision and case management in the context of COVID-19.

Methods

Stakeholder Engagement

In each of the three countries, D4I convened a national leadership group (NLG) to guide the assessment team in adapting the protocol to the country's context and throughout implementation. In Cambodia, the NLG consisted of representatives from USAID Cambodia, MoSVY, UNICEF Cambodia, Save the Children/FCF, Friends-International/3PC, National Institute of Social Affairs (NISA), Royal University of Phnom Penh (RUPP), Better Care Network, the National Social Protection Council, and the Association of Professional Social Workers Cambodia (APSWC) (see Appendix A). These members provided country-specific inputs on the protocol, instruments, geographic selection, and list of key informant interview (KII) and focus group discussion (FGD) participants and assisted in validating the findings and formulating recommendations. They also informed the 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 Cambodia, four geographic areas were selected for subnational level KIIs and FGDs. This selection process occurred iteratively through several discussions with USAID, members of the Cambodia NLG, and guidance from the MoSVY on criteria to consider, including rural, urban and peri-urban diversity; border or migration-affected areas; populations of interest (e.g., ethnic minorities, families receiving benefits, residential care facilities [RCF], children with disabilities); and prevalence of poverty, child labor, and early or forced marriage.

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

- **Phnom Penh:** includes the capital city, which is largely urban with migrants from rural areas seeking employment, including children, the presence of RCF, and one of the five target provinces for care reform.
- **Battambang:** includes the third-largest city in Cambodia, bordering Thailand, the presence of RCF, and one of the five target provinces for care reform.
- **Rattanakiri:** largely rural, bordering Laos and Vietnam, with a presence of ethnic minority groups.
- **Sihanoukville:** coastal area, notable for foreign investment that attracts migrants seeking employment, including children.

Figure 2. Geographic areas included in the assessment



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 36 country-specific documents, policies, frameworks, and other materials related to the SSW in Cambodia. These materials were shared by the Children in Adversity team, USAID Mission, and implementing partners (IPs), in addition to resources and materials suggested by members of the NLG. The 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 the 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, 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 Cambodia's MoSVY and UNICEF. UNICEF provided data from the Child Protection Information Management System (CPIMS) database (Table 2). 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, the results shed some light on where investments by the RGC, USAID, and other key partners coincided with trends in service coverage or addressing emerging needs.

Table 2. Indicator data extracted from CPIMS dashboard or received from the MOSVY

Indicator	Disaggregated by
Number of social service workers (working with government and NGOs providing social services and child protection services)	By year, geographic area, sex, and age range
Number of children with disabilities receiving disability allowance	
Number of children under 2 years receiving cash assistance from cash transfer programme for pregnant women and children under 2 years	
Number of children living in RCF*	By year
Number of children living with formal family-based alternative care providers in the country (foster care and formal kinship care)	
Number of children provided with family reunification or kinship, or community-based care placements*	Cumulative data since 2013; no annual data available in current databases and files
Number of children receiving case management support*	By year, district, and gender

* Received from MOSVY

Key Informant Interviews

A total of 24 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 IPs, including NGOs and other organizations involved in childcare and protection programming (FCF and 3PC networks). Representatives involved in workforce training and advocacy, such as RUPP's social work department, the Saint Paul Institute, NISA, and the APSWC, were also interviewed. In two 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 (3–4 people), specifically with the Capital's Women and Children's Consultative Committees (WCCC) in Phnom Penh and representatives from the MoSVY.

At the subnational level, KII respondents were selected based on their work related to social welfare, with a focus on child protection issues. The assessment team interviewed those with responsibility for supervising child protection focal points and social workers in both government and NGO sectors at both provincial and district levels. To represent allied sectors such as health, education, and justice, KIIs were

also held with officials from provincial departments of health, education, and police who were also involved with the WCCC.

Table 3. Kills by location and other characteristics

Type	Total number of Kills by location					Total number of interviews
	National	Phnom Penh	Battambang	Ratanakiri	Sihanoukville	
Government institutions	1*	2*	2	2	1	8
Donors and multilateral organization	2					2
NGO/CSOs	2	1	2	1	1	8
Allied sectors			1	1	1	2
Educational institutions	3					3
Professional associations	1					1
Total	9	3	5	4	3	24

*includes small group interview (three participants)

Focus Group Discussions

A total of 27 FGDs were held with representatives of the government and nongovernment SSW. These included officials from the Provincial Department of Social Youth and Veteran Affairs (DoSVY) and district offices of social affairs and social welfare; staff, including social workers, case workers, and related cadres from the FCF and 3PC network organizations and other CSOs; and beneficiaries ages 15–17 and caregivers of younger beneficiaries. Participants in the beneficiary and caregiver groups were separated by gender to facilitate greater comfort and the 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, with a supervisors-only group facilitated among government social service workers.

Potential participants for all groups were identified in collaboration with the DoSVY at the provincial level and with the FCF and 3PC networks at both the provincial and district levels, who communicated with the sector offices regarding the assessment, especially the child protection focal points and NGO project/program coordinators. These networks actively assisted in identifying and inviting beneficiaries and caregivers to a safe place, usually at the NGO partner office for the FGD. Table 4 provides more details on the characteristics of FGD participants.

Table 4. Number of FGD participants by type and gender

Type	Total number of FGDs by location				Total number of participants	Gender		Average years of service	Level of education
	Phnom Penh	Battambang	Ratanakiri	Sihanoukville		Male	Female		
Gov't SSW¹	2*	1	2*	2*	46	25	21	8 years	18 through Bachelor's level (no Bachelor's degree (BA) in social work); 2 through Master's level (no Master of Social Work degree); 11 with diploma or some secondary school studies
NGO SSW³	1	1	1	1	29	15	14	5 years	BA level (5 with BA in social work); One through MA level (no Master of Social Work)
Caregivers⁴	2	2	2	2	62	22	40		Ranged from none to BA level
Youth (15–17)⁵	2	2	2	2	57	27	30		Ranged from grade 2 to grade 12
Total	7	6	7	7	194	89	105		

*One FGD included only supervisors.

Assessment Team

The core D4I assessment team 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 C. 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 Cambodian 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 Cambodia, 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 May 2023 and August 2023. All data collection instruments (Appendix D) were developed in English, translated into Khmer, 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, except for one KII, which was conducted online due to interviewee availability. The data collection consultants led KII and FGDs, alternating the tasks of facilitation and notetaking. All KIIs were conducted in the local language, Khmer, except for those conducted in English according to the participant’s preference. All FGDs were conducted in Khmer. All interviews and discussions were transcribed and, if in Khmer, translated from the

audio into English. KII and FGD transcripts and other data were stored on password-protected computers and encrypted cloud servers (Microsoft Teams), 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:

- An a priori codebook was created based on the question guide before data collection started.
- 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.
- 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.
- Once all KIIs and FGDs were complete, the data collection consultants manually transcribed all audio recordings. The Khmer audio recordings were translated directly into English, building on the thematic analysis that started during data collection.
- All transcripts were then shared with the assessment team for review and feedback on their accuracy and transferability.
- Based on the transcripts from the interviews and group discussions, the consultants developed a draft report outline and shared it with the assessment team for feedback and updates on the report.
- All transcripts were uploaded to NVivo qualitative data analysis software.
- Based on the a priori codebook and the conceptual framework, Strengthening the Social Service Workforce (developed by the Global Social Services Workforce Alliance), the data collection consultants simultaneously coded the data and updated the codebook with the emerging code and themes on the software.
- The data collection consultants completed the analysis using crosstab and segregation functions. 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 National Ethics Committee for Health Research in Cambodia and from the Health Media Lab Institutional Review Board in the United States.
- All assessment instruments and consent and assent forms were translated into Khmer.

- Prior to FGDs and KIs, informed consent was obtained from adult participants. In addition, written assent was provided by youth participants as well as written informed consent from their caregivers.
- FGD participants gave consent in private 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 KIs 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. FGDs with social workers, caregivers, and beneficiaries included both male and female participants.

Challenges and Limitations

In implementing the assessment protocol in Cambodia, the assessment team encountered challenges and limitations due to available resources, current events, systems, or staffing structures. These included:

- Limited recruitment and participation of people living with disabilities (PLWD), or those with experience of severe trauma, in caregiver and youth FGDs. Most NGOs with which D4I collaborated were more readily able to identify children under age 15 than those in the eligible age range for participants (15–17), and it was challenging to enable participation by youth with a disability due to transit safety concerns.
- Delays in data collection and analysis were introduced during the process of securing national ethical review board approval, and the team was unable to conduct KIs and FGDs during the campaign and election period.
- Restructuring at the subnational level as part of ongoing Decentralization and Deconcentration (D&D) administrative reform made it difficult to identify the most appropriate provincial and district government officials for interviewing or participation in FGDs due to inconsistent titles and staff shifting positions and designated responsibilities related to child protection or social work (e.g., “focal points”).

Findings

This section presents findings from the assessment according to the three workforce components of the conceptual framework: planning, developing, and supporting (Table 1). Situated within the country-specific context, approaches to strengthening the SSW and their advantages and limitations are described with supporting quotes. Qualitative insights derived from the KIIs and FGDs are synthesized into themes, 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 Cambodia was essential to positioning the findings of the assessment within the overall conceptual framework. Broadly, this context includes the labor market, economy and culture, social services, child protection, justice, allied sector systems, and local legislation, all of which influence the extent and success of efforts to strengthen the workforce and improve services for children and families (Figure 3).

Figure 3. Elements of country-specific context



Enhancing social protection and welfare services for all Cambodians, especially the poor and vulnerable, is seen by the RGC as key to sustaining peace, stability, and economic growth. Cambodia's Voluntary National Review Report, related to its progress on the UN's Sustainable Development Goals, identifies "the continued need to strengthen social services and human resources to improve life opportunities, provide safety nets, promote gender equality and boost economic competitiveness" (*Voluntary National Review 2019, Cambodia | High-Level Political Forum*, n.d.). 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).

Labor Market, Economy, and Culture

Cambodia's sustained strong economic growth has contributed to declining monetary poverty rates and its attainment of low-middle-income country status (UNICEF, 2019b). Yet this progress has been uneven across urban and rural areas, children with disabilities, and poorer households. Many Cambodians live at or near the poverty line; 15% of the population is estimated as eligible for government support through its IDPoor program, and half of all children are considered multi-dimensionally poor or deprived in at least three areas of life such as health and education ("About the Identification of Poor Households Programme in Cambodia | IDPoor," n.d.; Asian Development Bank, 2022; UNICEF, 2019b). Traditionally, support for children and families made vulnerable by poverty or other adversities in Cambodia has been undertaken by communities and local leaders. Conflict, and most recently, COVID-19, have disrupted many of these

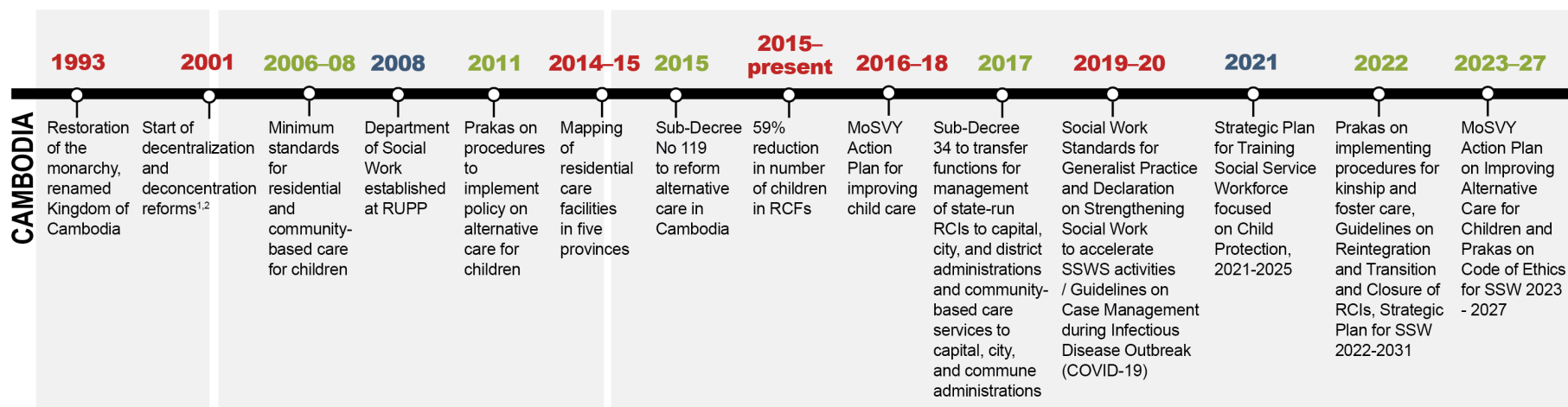
informal networks, along with a gradual shifting of responsibility for social services to the government, with NGOs and CSOs filling gaps in service provision, including in residential care. Between 2005 and 2010, the number of facilities and institutions in Cambodia providing residential care for children facing difficult life circumstances or with disabilities grew by 75%, driven by overseas donors, poverty combined with limited or weak public and community-based services, and positive views of this form of care for children from poor families by commune council members, village chiefs, and families (Family Care First & REACT, 2021). To regulate and provide oversight, the RGC issued minimum standards for residential and community-based alternative care and conducted a nationwide mapping of RCF (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2006a, 2008, 2017b). These efforts were followed by a moratorium on the registration of new RCF and the first five-year action plan to reduce the number of children in these facilities by 30% and safely reintegrate them into their families or family-based care (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2017b, 2017a). As of 2022, 7,813 children remained in 312 RCFs, compared to 26,187 children in 639 RCFs in 2015 (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2023a). This progress has spurred more comprehensive action and commitment to strengthening the country's child and wider social protection system, including a focus on building up the workforce that provides social services to children and families.

Legal and Regulatory Framework

The RGC has worked consistently to formulate and adopt legislation to protect children and their rights, from its ratification of the United Nations Convention on the Rights of the Child (UNCRC) in 1992 to more intensified efforts around child protection and care reform starting in 2006 with its Policy on Alternative Care for Children (see Appendix E and Figure 4) (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2006b). These laws, policies, and strategic plans support children growing up in a family, including those with disabilities, with adequate food and housing, access to education and health services, and protection from violence, exploitation and abuse. Some, namely the Revised Alternative Care Policy 2024, the Action Plan for Improving Child Care 2016–2018, National Policy on Child Protection 2019–2029, the National Action Plan on Violence Against Children 2017 – 2022 (extended through 2023), the Positive Parenting Strategy 2017–2021, and Strategic Plan for Training the Social Service Workforce 2021–2025, and related *prakas* or regulations, define social services, social work, and social work professionals; their roles and responsibilities in caring for vulnerable populations; and expectations around training. The latter, along with the Kingdom of Cambodia as signatory to the Association of Southeast Asian Nations (ASEAN) Declaration on Strengthening Social Work, have accelerated workforce-strengthening efforts. 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, alongside licensing and registration, accreditation of education and training, supervision, and information systems (UNICEF, 2019a). The Child Protection Sector Strategic Implementation Plan 2022–2026, Action Plan on Improving Alternative Care for Children 2023–2027, and the anticipated Law on Child Protection, along with guidance to help bridge the gap between policy and implementation, like the Child Protection Standard Operating Procedures, are expected to bring further clarity to the roles and responsibilities of ministries, agencies, and cadres of the SSW involved in public social assistance and protection programming in Cambodia.

Figure 4. Timeline of milestones in Cambodia related to SSW and system strengthening

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



¹ <https://www.mcs.gov.kh/wp-content/uploads/2017/07/Theory-and-Practice-of-Decentralization-and-Deconcentration.pdf>

² <https://www.adb.org/sites/default/files/publication/28879/deconcentration-decentralization-cambodia.pdf>

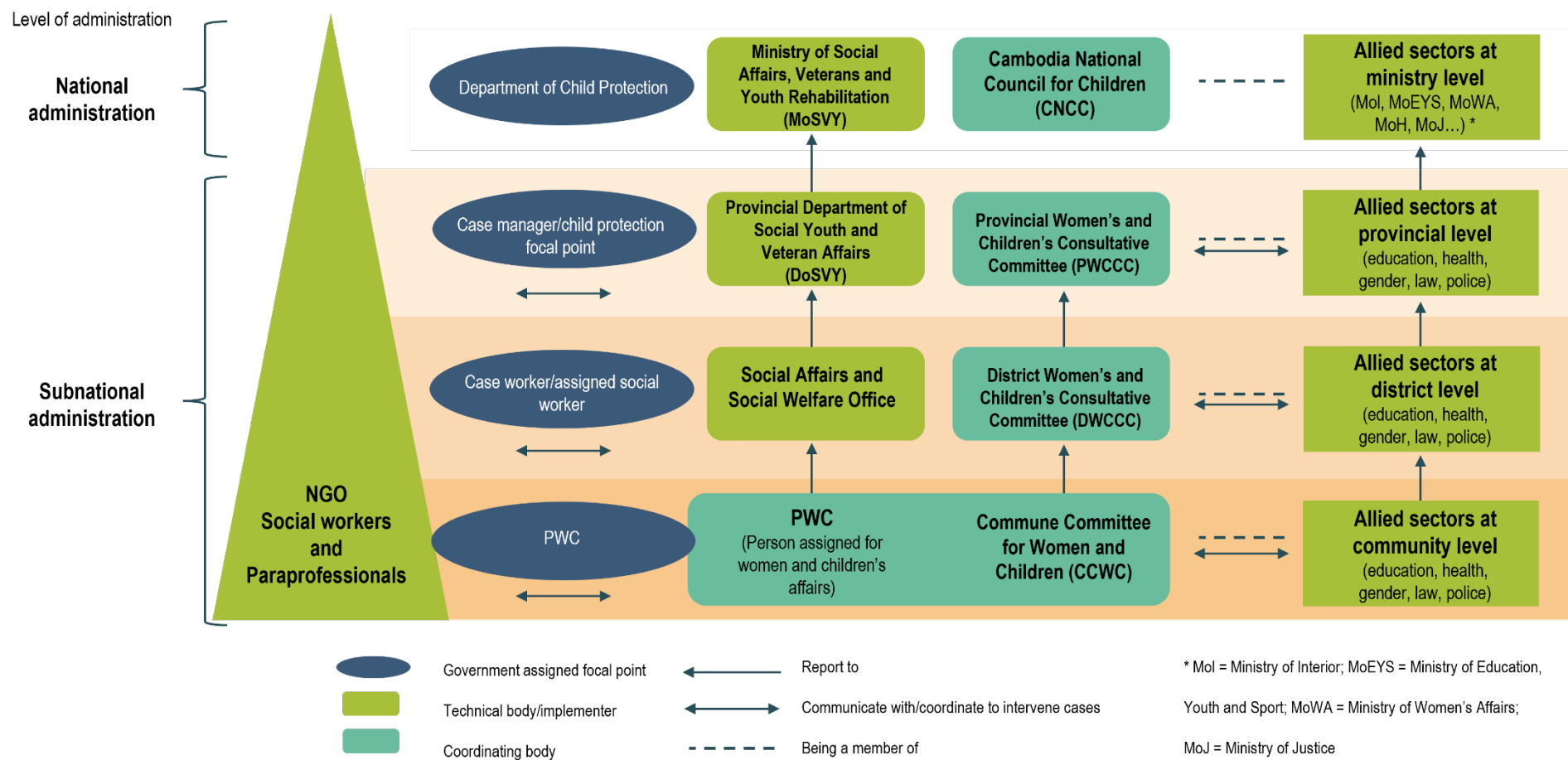
Social Welfare and Child Protection Systems

In Cambodia, an estimated 3,400 national and international agencies of different sizes are involved in social service provision. Although there has not been a formal mapping or census of the nongovernmental workforce, it is likely sizeable in comparison to the 3,764 national and subnational social work positions identified across the government in 2019 and 4,272 reported in 2020 (Ministry of Social Affairs, Veteran and Youth Rehabilitation, n.d.; UNICEF EAPRO, 2019). Efforts to promote family-based care and reduce violence against children, including the promotion of positive parenting and prevention and reintegration of children from RCF, are overseen by the MoSVY. Figure 5 illustrates the structure and relationships between the MoSVY, other key ministries, and allied sectors such as education, health, justice, and consultative committees for women and children at each administrative level.

- At the national level, the most significant coordination mechanism is the Cambodia National Council for Children (CNCC). The CNCC was established in 2009 with a mandate to provide recommendations to the RGC on issues related to child rights and participation and the promotion of children's welfare, development, and protection. It is an independent, inter-ministerial coordinating mechanism chaired by the minister of the MoSVY with representatives from 27 relevant ministries, including the Ministry of the Interior (MoI), Ministry of Education, Youth and Sport (MoEYS), Ministry of Health (MoH), and Ministry of Justice (MoJ).
- At the subnational level, the Provincial Women and Children Consultative committee (PWCCC), District Women and Children Consultative committee (DWCCC), and Commune Committee for Women and Children (CCWC) are the main coordinating mechanisms for issues related to women and children. Similar to the CNCC, P/DWCCC and CCWC are also multi-stakeholder coordinating mechanisms. They act not only to disseminate and promote the implementation of relevant laws, policies, and strategies related to child rights and protection but are also intended to liaise with local and foreign NGOs engaged in child-related programming, collecting, and sharing data on issues facing children and families, including access to needed services (Cambodian National Council for Children, 2019).
- The designation of a focal point for child protection, social work, and women and children's affairs, indicated by the dark blue circles, represents efforts to strengthen linkages between these committees, the government SSW, and service providers within the NGO sector for more collaborative and coordinated care and information sharing.

D4I's assessment focused primarily on those cadres under the purview of the MoSVY, case managers and child protection focal points, and case workers/assigned social workers at provincial and district levels, as well as those people assigned to women and children's affairs at the commune level, along with a range of social service workers engaged by NGOs and CSOs.

Figure 5. Structure of SSW for child care and protection in Cambodia – Data for Impact



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 (including trained volunteers) in the right places to effectively provide services to children and families in need. These efforts range from the policy and legal environment to the 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 the 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
<ul style="list-style-type: none"> • 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	Areas for Additional Focus
<ul style="list-style-type: none"> • Formal recognition of social services and workforce at all levels through laws, policies, and related strategic plans, agenda, regulations, and standards of practice • Collaboration between MoSVY and NGO/CSOs fostered through FCF and 3PC networks, leveraging existing SSW for service delivery and supporting new government positions • “Investment Case” for SSW sets out initial staffing numbers for province and district level departments and offices of social welfare/affairs 	<ul style="list-style-type: none"> • Normative or regulatory framework still under development (e.g., no law establishing social work as a profession or protecting it as a professional title, child protection law in draft) • Increased emphasis and support needed for implementation of SSW-related policies and procedures; volume of these policies and procedures (and navigating them) can complicate practice • Budget allocation needed to increase government SSW; NGO/CSO SSW remain important to filling gaps in service delivery

In Cambodia, there has been steady progress to increase formal recognition of social work as a profession and the important role of social service workers, primarily through laws, policies, and related plans and guidance as part of the government’s action on care reform. Such recognition is a key step to enabling more strategic approaches to planning the workforce, which should consider the variety of qualifications and professional backgrounds reflected among social service workers in a country, along with specific population needs and development priorities. Cambodia’s 1993 constitution enshrined the protection of children’s rights, including education, health, and welfare, as a responsibility of the state, in line with the UNCRC. Its 2006 National Policy on Alternative Care for Children asserted that children are best raised in families, with the use of residential care as a last resort yet made no direct reference to social work other than the lack of capacity of commune councils in this field. Between 2005 and 2010, it is estimated that the

number of RCF increased by 75%, from 154 facilities to 269, and the number of children in this form of care also grew from 6,254 to 11,945 (Rottanak, 2015).

The development and application of subsequent policies related to child protection and care, along with *prakas* or sub-decrees by the MOSVY to support their implementation, have been done in collaboration with extensive networks of NGOs and CSOs operating through 3PC and Family Care First and leveraging their staff and volunteers for service delivery (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2006a, 2008, 2021, 2022). They have also included progressively more emphasis and detail on the requirements, roles, and responsibilities of the SSW (e.g., RCF managers and caregivers, DOSVY case management officers), making a clear connection between the workforce and its importance to bringing programming and services closer to children and families in need (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2006b). As described by a key informant from one of these partner organizations:

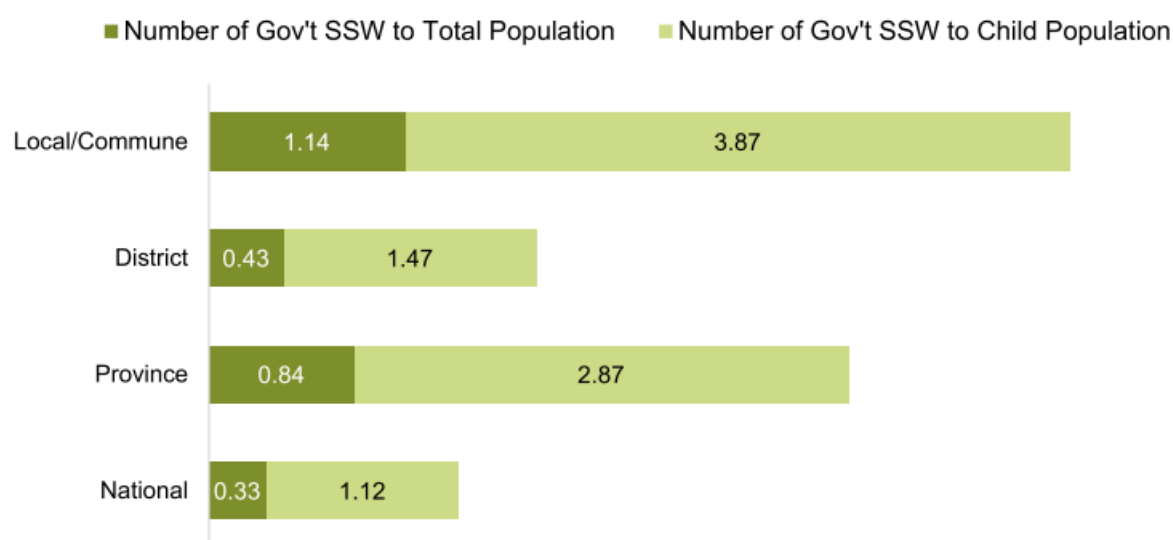
In terms of social service workforce, what we have been doing for many years is at two levels. One is developing certain policy documents... For Cambodia, what kind of social service workforce system do we need at the subnational level, how do we define it, right? So that's at a very high level. And then we're involved with other organizations... to develop a strategic plan for social service workforce." (PPKII1)

In 2016, the RGC, UNICEF, USAID, the European Union, 3PC, and FCF contributed to producing a five-year action plan to improve child care, which explicitly cited capacity strengthening of social service providers and commune councils as critical to achieving the goal of safely returning 30% of children in residential care to their families (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2017a). After its extension through 2020, this plan was replaced and updated with the 2023–2027 Action Plan on Improving Alternative Care for Children, as part of the country's first five-year child protection sector strategic plan to use a systems approach, and named the "insufficient number of social workers and limited capacity of the broader social services workforce" as one of the major gaps in preventing and responding to child protection issues in Cambodia, including an indicator and key activity around increasing number and formalizing a career path for social workers (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2023a). In 2020, the Kingdom of Cambodia joined other heads of state or governments of the ASEAN in recognizing the critical role of social workers in providing social protection to vulnerable children and families (Association of Southeast Asian Nations (ASEAN), 2020).

Most relevant to workforce planning, the MOSVY has endorsed the Strategic Plan on SSW in Cambodia, 2022–2031 and an accompanying business or investment case that sets out target staffing numbers for province- and district-level departments and offices of social welfare and affairs (*Cambodia Holds ASEAN Consultation to Improve Social Services - Cambodia News Watch*, 2022; *Ministry Launches Plan for Social Services*, n.d.; Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2023b). Prioritizing sufficient public sector funding for the SSW is often hampered by the absence of a recommended target ratio of workers to population to inform strategic planning efforts. In its investment case for the SSW, the MOSVY has set an intermediate target of one social worker per 7,811 population, or one social worker in each commune, two in each district, and one professional social worker in each province, giving a total of 2,079 additional social workers by 2027 (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2023b). Using data from the CPIMS dashboard, recent workforce mappings, and the latest census, D4I sought to calculate an estimated social service worker to population ratio focusing on the recruitment and

deployment of government social service workers from the local or commune level up to the national level (Ministry of Social Affairs, Veteran and Youth Rehabilitation, n.d.; National Institute of Statistics, Ministry of Planning Cambodia, 2019; UNICEF EAPRO, 2019). Most encouraging to see is a greater number of social service workers relative to the general and child population at the commune level, which supports coverage of preventive work and response services, than at higher levels (e.g., provincial and national level), which is often focused more on policy, administration, and management (Figure 6).

Figure 6. Ratio of government SSW to population (per 10,000) in 2020



There appears to be a clear opportunity to build on this progress in the next phase of workforce planning, specifically by sustaining momentum on the draft Law on Child Protection and other initiatives to further strengthen the normative or regulatory framework for social work and practice (e.g., quality assurance for social services through licensing and registration, accreditation of education and training, supervision, and information systems). Simultaneously, it could be important to focus further on coordinating the implementation and monitoring of existing policies and procedures across both government and nongovernment sectors, as emphasized in the Child Protection Sector Strategic Implementation Plan (CP-SSIP): “Cambodia has eight plans under implementation or in the process of development that are directly related to child protection... and two strategic plans that impact child protection. Any new planning should be aligned with the existing plans and the existing one should be reviewed for their effectiveness” (Ministry of Social Affairs, Veterans and Youth Rehabilitation and Ministry of Interior, 2022).

As captured in the quotes below from both government and NGO respondents, including supervisors, there is an acknowledgement of progress around the normative or regulatory environment for the SSW and system strengthening.

I think if we implement the [policies] well, we'll gain success. First is the implementation and second is our knowledge and our social service workforce to continue to help with the foundation, then we'll have a good result because we have many policies to help children and women. (BKII5, Government Representative, Provincial Level)

However, along with this sentiment is a call for more support in navigating and appropriately executing the volume of relevant policies, guidelines, and minimum standards in terms of services for children and families and in fostering and sustaining a robust workforce to provide them.

In fact, I think that sometimes [relevant laws, policies, regulations are] too perfect, too strict. For example, in placing vulnerable children with their relatives, there are many requirements and legal procedures are complicated. When the process is complicated like that, it is also difficult for us to place the children with a family. If it is a foster family for temporary shelter, the process is doable and easier. But for relatives, I see that there are too many complications. (BKII2, Supervisor, Provincial level)

As I have read the policies, there are some gaps between the policies and the implementers. (PPKII13, Government Representative, National level)

And the other thing that we are working on is the standard operating procedure in child protection. So, there is a specific procedure, again which expands on the law, specific procedure, so district level, provincial level, commune level social workers, what do they do? How do they do it? so that is the other kind of big thing that kind of influences everything...It's not a project to us because we work closely with the government action plan, policy plan, you know, capacity building initiatives. (PPKII1, IP, National Level)

HR data for decision making:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> Two established and endorsed case management information systems--OSCaR and Primero—in use for child- up to national-level reporting on services and outcomes SSW data maintained in Excel database, sourced from government and NISA; maintained by UNICEF SSW mapping conducted in 2019, another currently underway to inform HR planning, recommended social service worker-to-child ratio 	<ul style="list-style-type: none"> HR or workforce-specific data not extracted/used routinely from Primero and OSCaR systems Extensive number of NGO/CSOs operating makes comprehensive HR data challenging to compile/use for HR planning

There has been significant investment in the development and use of information systems for child protection in Cambodia, namely through OSCaR (Open-Source Case-management and Record-Keeping) and Primero CPIMS+, both used to manage cases and generate data for analysis and decision making at different levels by nongovernment and government actors. With support from UNICEF, USAID, and OpenFn, a dashboard on 50 key child protection and case management indicators was publicly launched in 2021, facilitating monitoring and evaluation of the national action plan and child protection services by ministries, NGOs/CSOs, and other stakeholders and drawing on data from these two systems (Ministry of Social Affairs, Veteran and Youth Rehabilitation, n.d.).

- OSCaR is an open-source CMIS developed by Children in Families, a local NGO and member of the FCF network. Originally launched in 2015, the system operates in multiple languages and is designed to guide staff through good social work and case management practices and monitoring outcomes to improve programming decisions and reporting. It is used by 37 NGOs and CSOs that work directly with children, with 859 estimated current users. A significant proportion of these organizations (23 out of 37

or 62%) have agreed to share all cases that they manage in OSCaR with the government through an interoperability layer or API to prevent the duplication of cases, so that the government SSW can check if a case already exists before opening a new one, refer cases for services, and enable reporting to the national level via the CPIMS dashboard.

- Primero is an open-source CMIS developed by an inter-agency steering committee of child protection actors including UNICEF, Save the Children, the International Rescue Committee, Terre des Hommes, UNHCR, and Plan International, to support humanitarian and development professionals in managing cases related to child protection. In 2020, the Director General of the MOSVY officially launched Primero for government use in Cambodia. The customized version of Primero in Cambodia has been developed to support critical child protection case management for all children, including on managing cases within residential care and facilitating the reintegration of children from orphanages into family-based care¹. As of January 2024, there were 340 Primero users², and a total of 20,704 open/active cases in the system (with 9,397 or 45% originating from OSCaR).

Program Four of the CP-SSIP of 2022–2026 is centered on strengthening the child protection information management system, with improved linking of data sources to the CPIMS dashboard, the development of an HR information management system for the SSW, “the deployment and expansion of Primero to all districts as a case management tool,” and facilitation of interoperability with OSCaR (Table 5).

Table 5. Program Four of the CP-SSIP

Program 4: Strengthening CPIMS <i>Objective 4: To operationalize the CPIMS</i> <i>Outcome 4: Information and data on child protection are integrated, harmonized, and made available and easily accessible to all stakeholders</i>	
Output 4.1 CPIMS dashboard and operational system that feeds into the CPIMS	Activity 4.1.1 Update the annual CPIMS report and strengthen the quality and inter-linkage with other systems including hotline and helpline (cross Ministerial and NGOs)
	Activity 4.1.2 Expand the scope of data agreements between different agencies, and expand digital linkage to feed into the central dashboard
	Activity 4.1.3 Develop Human Resource Management Information System for the social service workforce (linked to SSWF)
	Activity 4.1.4 Establish a central ICT unit to lead the coordination of Primero at MoSVY
Output 4.2 Established interoperable digital case management system	Activity 4.2.1 Expand the utilization of Primero for the government at all provincial and district levels
	Activity 4.2.2 Develop Primero as a single, secure source for the case management system
	Activity 4.2.3 Expand OSCaR for case management by NGOs, including a connection between Primero and OSCaR, and other digital case management systems being used by NGOs

Despite how valuable data are to child protection and case management, the assessment team found little evidence of case or service data being analyzed in relation to the workforce, such as calculating and responding to high or low caseloads with reassignment or redistribution of staff, or of workforce-related

¹ Supporting Case Workers to Protect Children in Indonesia and Cambodia: <https://www.primero.org/blog/indonesia-cambodia-stories#:~:text=back%20better%20afterwards,-,Primero%20lets%20us%20work%20across%20organizations%2C%20while%20protecting%20the%20child's,children%20living%20in%20residential%20care>

² This information is from the key informant interview with UNICEF and shows increased uptake since 2021 when Primero reported 150 Cambodian case workers were trained in and were using Primero (Primero: Stories from the Field <https://www.primero.org/blog/indonesia-cambodia-stories>)

data being extracted from the existing systems or used routinely to improve prevention and response services through data-informed HR planning (e.g., justifications for training in relation to community needs or worker skills; assessing worker performance or productivity). This observation was reinforced by key informants, who underscored that an HR management system for the SSW or other databases was an area in need of attention and that stop-gap measures such as Excel were being used to generate insight into the stock, distribution, and skill profiles of these workers.

There has also been the usage of case management systems like Primero, even if some districts still lack this skill, there is at least one person there who can do it. This is for electronic case management. (BKII4, Government representative, provincial level)

And then the other thing in terms of quality assurance is human resources management system for social service workforce. So, we have been working on that as well. We didn't find a very good database system to use because there are a lot more in the health and education but not in the social workforce, so at the moment we are kind of using Excel...You use Primero because the social workers are also primary users. So, we kind of have database of that and we have the database of people trained from NISA and the government. So those are kind of the main things we are working on, also MoSVY, yes. (PPKII1, IP, National Level)

Reliable sources of HR and service data will likely be critical for informing the next phase of strategic recruitment or reassignment, which may include hiring and deploying additional child protection and social work focal points and supervisors along with the existing NGO/CSO workforce in accordance with population needs. The extensive number of NGOs/CSOs operating makes it challenging to compile and use data for comprehensive SSW planning, as noted in the last available SSW mapping conducted in 2019, although another mapping is reportedly underway with the aim of updating these data and producing a recommended social service worker-to-child ratio for use in future HR decision making (UNICEF EAPRO, 2019).

Recruitment, hiring, and deployment practices and systems that consider urban, peri-urban, and rural areas and decentralization plans:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> Guidelines on Basic Competencies for SSW developed with multi-disciplinary advisory group, defining requirements for hiring and training Reassignment of existing staff guided by job description for focal points developed with MoI, MoSVY, and UNICEF Deployment of government social service workers to subnational positions initially driven by care reform strategy 	<ul style="list-style-type: none"> D&D reform requirement leading to the assignment of existing personnel to social work or child protection focal point without requisite training or experience Interest in/movement toward licensing system for SSW based on competency guidelines at risk of outpacing labor market, need for intermediate step (e.g., registration)

- In Cambodia, increasing recognition of the role of the SSW in national plans and strategies related to child protection and care has elevated the importance of more standardized recruitment and deployment practices across the government and NGO sectors. Respondents showed awareness of the differences in recruitment for national-level positions (e.g., centralized and based on projected vacancies due to retirement and required exams) and those practices being applied at the subnational level as part of D&D administration reform.

First, as the government protocol in recruiting staff for the ministry, it is to replace those who are retired, lose the working ability or pass away. For instance, in each year how many retire, how many lose their working ability, and how many pass away. They allow us to recruit the according number. The recruitment is through exam. (PPKII5, Educational institution)

The recruitment of government officials which is now transferred to the administration of the provincial and city, which is decentralization. Why do we need decentralization? Because we want to get the services closer to the people. We reduce some expenses via direct cost from national to subnational level. We increase the ownership of the local administration so that they have more social responsibility. So, the recruitment decision is upon the local administration within the policy level which will be based upon each program. (PPKII12, IP, National Level)

In an effort to ground these practices, as well as training, in a shared understanding of the profession and its values, ethics, required knowledge, and skills, the MoSVY created basic competency guidelines for practicing social service workers at all levels, along with *prakas* on implementing standards for generalist social work practice, with technical support from a multi-disciplinary advisory group consisting of the MoI, Ministry of Women Affairs, RUPP, NISA, UNICEF, and Family Care First (Minister of Ministry of Social Affairs, Veteran, and Youth Rehabilitation, 2019; Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2019). These guidelines, accompanied by a job description for the assigned social work or child protection focal point developed by the MoI, MoSVY, and UNICEF, are intended to inform decisions around the hiring and reassignment of existing staff, as well as training requirements for these key positions. Much of the initial deployment of government social service workers to these provincial and district roles has been driven by the national care reform agenda, with a focus on the five priority provinces and later on the other provinces for redistribution or hiring of new staff. Salaries for an initial cohort of 17 social work graduates and degree holders were supported by UNICEF, and these positions have since transitioned to MoSVY support and expanded via Sub-Decree 184 to reassign existing civil servants in 204 districts to social work and child protection focused roles.

We supported [MoSVY and MoI] to develop the job description that was then used by the MoI to assign at least one person in each district to take the role of social work in child protection. So that's another big advocacy and kind of success from us. So now each district has at least one person assigned for social work and child protection-related work. (PPKII1, IP, National Level)

If action is taken on the MoSVY's investment case for the SSW, the recruitment and deployment of the government social service workers will ramp up, likely requiring further support for those making hiring decisions at the subnational level to apply these standardized practices as part of D&D administration reform. This will ensure the assignment of social work or child protection-related duties to qualified and experienced existing or new personnel, or that in their absence, opportunities for training are targeted at filling those HR gaps. Implementing these practices at lower levels was reported as challenging, given the available pool of applicants and existing staff.

I was a focal point [for social work] before, but now it is transferred to the person [who was once] responsible for women's affairs. But their knowledge is also limited. It is hard to find the right people to do the work. (FBGW8, Government SSW, District Level)

Meanwhile, NGOs described an emphasis on recruitment from within the communities where they work, with selection criteria intended to source candidates with local knowledge who then train on approaches such as case management, referrals, and collaboration with government social service workers and within the current system.

For current social service workforce recruitment, we will recruit people from the area to train. And we don't leave the head of social affairs and social-well-being to be responsible by themselves. They are just coordinating the work of the government at the district level. The actual implementers are those at the commune level. At this time, people at the commune level are the one who do the data entry in the tablet, register, review and assess who should receive the support. It is the commune who decides, not the district level. So, we need to know the current structure of the nation's administration. We are having real decentralization to the commune level. So, the district level people are just those who administrate the programs. At the national level, people develop policies and push the implementation of the policies. (PPKII12, Government Representative, National Level)

According to respondents, this approach has contributed to quicker responses.

For Ratanakiri, if you compared to three years ago, the response back then was very slow. However, now we have a lot of partner NGOs who have worked together and have great communications with the local authorities. As a result of that, we have seen that the response is quicker." (FRNG2, NGO supervisor, district level)

However, difficulties that are similar to those expressed by government respondents in recruitment were shared by NGOs related to the limited number of candidates with qualifications in social work.

Yes, we could not find people who already have the experience. From what I know based on my experience since 2015, there have only been four staff at [organization X] who graduated with a degree in social work. Before that, there had been two people and we immediately gave them the fulltime job because we really welcome and need people with a degree in social work...right now there are only two staff members who have an education in social work. Another person has a degree in psychology. It is very hard to find such people and most new staff that we have accepted do not have an education background. (BKII2, IP, National Level)

Among the respondents and documentation that were reviewed, there were also significant references to introducing a licensing system for the SSW based on the competency guidelines and practice standards being put into place. However, as acknowledged by one of the key informants, this system is still in very early stages of development.

There has been a working group where I am a member, called a technical working group on institutionalization of professional social work and professionalization of social service workforce. We are working on the roadmap that leads to licensing. We have the plan to do exchange visits and workshop to learn from other countries. (PPKII3, IP, National Level)

At the same time, the level of interest expressed in licensing based on a degree, diploma, or certification in social work could be seen as outpacing or out-of-sync with the current labor market. While respondents did relay improvements in availability and accessibility of services to increasing numbers of social service workers, they still raised concerns about the small number of workers compared to the number of people

to be served and the adequacy of their knowledge, skills, and experience, especially within the government at commune and district levels. These gaps place an additional burden on the nongovernment workforce, and one which professional licensing could potentially exacerbate through the introduction of further barriers to recruitment and hiring.

In my experience, I think that social services have really responded to the family situation very well. Compared to 5 to 10 years ago, there has been a noticeable change. First, I think it is because we have more social workers now and have also trained them to work on the case. Also, I think both human resources and funding have increased for this work. Some people (the community members) have the skills to handle the situation on their own, even if they don't fully understand social work, but we have empowered and shared with them the knowledge. (FBNW7, IP, District Level)

The people at the commune and district level do not understand social work. They are not used to this work. They are not yet professional in their work, and it is not up to standard. We only have 3 staff; we cannot support thousands of people by ourselves, so we need the help of the local authorities. If they have a strong foundation already, it will make our work with them easier. If their foundation is weak, we cannot work on all of the cases. There are many cases happening every day, but we do not have enough staff. Their skills are still limited so that is a challenge. (BKII4, Government Representative, Provincial Level)

Alliances to strengthen leadership and advocacy among stakeholders:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> • Establishment of multi-sectoral mechanisms for collaboration and coordination at all levels, reinforced with operational guidance • Technical working groups formed around specific aims and advocacy agenda (e.g., SSW professionalization) 	<ul style="list-style-type: none"> • Approach felt as “top down” by lower-level mechanisms, e.g., limited input or decision-making power by the CCWC in SSW planning or budgeting

The comparatively limited number of government social service workers in Cambodia has resulted in a need for cross-sectoral collaboration to leverage HR from the NGO sector to increase access and improve the effectiveness of service delivery. As shared by a donor representative,

One of the challenges being, because they are so many different actors in the child protection realm, so many different NGOs... all the different government actors. Trying to get everyone to agree to the same goals or to be on the same page, of course is a big challenge.

The establishment of child protection coordination mechanisms in the country, which extend down from the National Council for Children through consultative committees for women and children at the provincial, district, khan, and commune levels, has been the primary means of addressing this need, reinforced with operational guidance through *prakas* and standard operating procedures (SOPs), such as for child protection case reporting and management co-released by the Mol and MoSVY (Cambodian National Council for Children, 2019; Ministry of Interior and Ministry of Social Affairs Veteran and Youth Rehabilitation, 2022). Further to these mechanisms, documentation that was reviewed and interviews included consistent references to technical working groups formed around specific aims or advocacy agendas, e.g., the technical working group on institutionalizing professional social work.

Respondents from both sectors shared positive experiences of collaboration through the consultative committees and processes like case conferencing.

We have the existing mechanism from the village and commune to district and working with NGO partners ...the good work related to child protection in my district is how we work together as a team, not working alone. (FSGW4, Government SSW, District Level)

Even now we have a strategy we call case collaboration where government and NGOs are supposed to work together. Because by far, even now, and especially when we expanded to districts, because they're assigned civil servants, right? And maybe they were working with social affairs before, so they have some idea, but they may not have as much resources and expertise as NGOs. Because it's not only having a person, but you also need money and support to give to a family, right? So, the NGO and the government must work together. (PPKII1, IP, National Level)

Despite the successes of these formal mechanisms, questions remain around the sustainability of the CCWC, especially given the immense burden placed on the sole person responsible for women and children within these committees and the changing membership, based on elections every five years.

CCWC can't take everything. It is very complex and stressful. Therefore, the government should train and equip them with the right resources and assign them a specific focus in social work. (BKII4, Government Representative, Provincial Level).

Additionally, there seemed to be little to no opportunity for the CCWC, particularly at the commune level, to contribute to SSW planning decisions, which are typically made at higher administrative levels, or provide input beyond mentions of specific budget allocations through the Sangkat Fund for social work and advocacy to expand this function to child protection. Such a limitation could present a risk that this approach to bringing together stakeholders could be felt as “top down” by those working more closely with communities.

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

Having a well-planned workforce with the adequate number and types of workers needed is essential for performing promotive, preventive, and responsive work on the behalf of children and families. In Cambodia, increased recognition of social work within relevant policies and plans around child protection and care, along with efforts to adequately cost and make the investment case for an intermediate and longer-term target ratio of social service workers, represents progress in establishing minimum standards for quality of service provision, in terms of the availability of workers dedicated to social work at the commune and district levels. The issuing and use of competency-based guidelines for hiring and training social service workers and a job description for government focal points have leveraged technical and financial resources from across sectors, securing the hiring or reassignment of existing civil servants in 204 districts to social work and child protection-focused roles. Overall, this increased presence of the SSW within communities facilitates greater public awareness of and demand for available services. It has also contributed to more effective preventive work, such as household needs assessments and gatekeeping, and services to at-risk children and families. However, a comparatively limited government SSW makes

coordination with NGOs and CSOs critical for maintaining and expanding social services. Data on service delivery and the workforce are valued, compiled routinely, and used for decision making through Primero and the CPMIS Dashboard. However, these data are not used routinely to assess performance or caseload that could be used for HR planning according to specific population needs or issues, i.e., to justify a need for increased numbers of different types or skill sets of workers to be deployed on a short- or longer-term basis in different areas of the country.

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 the continuing education of workers and volunteers to ensure they are equipped with the right skills and competencies to prevent and respond to issues facing children and families. This section reviews investments to date in approaches to help establish and maintain a well-trained workforce and reflects on their advantages and limitations based on findings from the document review and data analysis.

Developing Subareas
<ul style="list-style-type: none">• 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	Areas for Additional Focus
<ul style="list-style-type: none">• Guidelines on Basic Competencies for SSW (2019) and Strategic Plan for Training the SSW (2020) set standards and inform development of appropriate training programs• National Training Curriculum on SSW with Focus on Child Protection curriculum framework and modules development coordinated between NISA, MOSVY and other ministries, UNICEF and NGOs/CSOs• Levels of certification (1-4) target learning to various types of workers, from leadership and management to supervisor and implementer	<ul style="list-style-type: none">• Limited number of post-secondary graduates compared to reported need for professional social workers• Increase level of engagement to align planning and training between other educational institutions (e.g., RUPP, Saint Paul Institute) and NISA beyond curriculum development

Investments in education and training of the SSW in Cambodia have had a dual emphasis on post-secondary education and technical and vocational training to achieve SSW development goals, i.e., production of new graduates along with upskilling the existing workforce. Social work as a profession with corresponding formal degree programs is relatively new in Cambodia, and only three institutions offer a bachelor’s or post-graduate program (Somchan & Yang, 2024). The earliest established program began in 1994 at the RUPP, and its department of social work was formed in 2008. The MOSVY established NISA in 2009 to provide associate and degree programs in social work, with a focus on government personnel, along with engineering, prosthetics, and orthotics (National Institute of Social Affairs and Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2020). Saint Paul Institute, a Catholic Higher Education Institution founded in 2009, initiated a bachelor’s degree in social work in 2013. Figure 7 illustrates the

pipeline of graduates in social work from these institutions in Cambodia, with RUPP having produced the most graduates over the longest period (an average of around 32 bachelor's and master's degree program graduates a year since it started) compared to NISA with closer to 13 bachelor's degree program graduates a year.

Figure 7. Number of social work graduates, by year



This pipeline is considered by most to be insufficient to meet the needs of major employers and social service providers like the MOSVY, as well as NGOs and CSOs involved in child care and protection. According to the investment case released by the MOSVY in 2023, an additional 2,079 social workers are needed by 2027 to meet the intermediate target of one social worker in each commune, two in each district, and a professional social worker in each province (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2023b). The need for more qualified social service personnel is especially true as credentials or specialized training in social work are becoming more sought after by employers and at all levels, with the decentralization of recruitment and hiring decisions to lower levels as part of D&D administrative reform. As stated by a government representative at the provincial level,

We already know that in recruiting social workers, we need to select people who have the educational background in the field (BKII4).

While reports of increasing numbers of students in these programs are encouraging, it is also understood that building up the number of graduates is a long-term process.

At the beginning, there were around 10 students per cohort. Now there are about 20-30 students per cohort. This year, we have 27 students. (PPKII5, Educational Institution, National level)

From 2000–2010, UNICEF, in collaboration with the MOSVY and other NGO and CSO partners, worked to strengthen the capacity of existing staff within national and provincial offices through a three-level training program, with 718 officials completing the Basic Social Service Training (BSST), 847 completing the Professional Social Service Training (PSST), and 36 completing the Management Social Service Training (MSST). These levels ranged in length from 2 to 12 weeks, and covered topics including: social work principles, child’s rights, gender, domestic violence, sexual abuse, disability, case management, interview skills, monitoring, screening, HIV/AIDS, drug abuse, alternative care, and counseling. A 2005 evaluation demonstrated improved knowledge, skills, and attitudes among those who had completed the courses, but pointed to the need for more technical supervision of those at subnational level and an accredited, institutionalized approach to professional and para professional social worker training, with different levels of technical and vocational certification.

To set standards and inform the development of such training programs, ensuring quality and alignment with workforce planning efforts, the MoSVY created basic competency guidelines for practicing social service workers at all levels in 2019 and, in collaboration with NISA, launched a five-year Strategic Plan for Training the SSW focused on Child Protection 2021–2025 (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2019; National Institute of Social Affairs and Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2020). This strategy has three strategic goals: (1) development of social service worker training curriculum/education programs and training packages, (2) training of the SSW and improving its efficiency, and (3) strengthening the capacity of social service education/training institutions to achieve the vision, mission, and expected outcomes in this strategic plan. Since the release of the strategic plan for training the SSW, there has been significant collaboration among NISA, MOSVY, the Ministry of Labor and Ministry of Education, UNICEF, FCF, and other NGOs and CSOs to develop a national training curriculum, or technical and vocational education and training (TVET), with a focus on child protection to address the capacity needs of the existing SSW engaged in child protection.

The design of social service workforce curriculum follows the sample of the Ministry of Labor, which [manages TVET and] means we do TVET but focus on social work. The difference is that [the bachelor’s degree in social work program] is a comprehensive program and long-term study, four years at the bachelor level. It is at least 120 credits. In the TVET on social work or SSWF curriculum, in each level, it is only 30 credits. As a master plan, it takes seven months to study theories in classroom, practice, and fieldwork in one level. (PPKII5, Educational Institution, National level)

The resulting curriculum consists of 80 modules, of which 66 have been finalized, with 4 distinct levels of certification targeted to various types of workers, from leadership and management to supervisor and implementer. As described by one key informant:

For level 1, it means basic. We design this level for CWCC, at commune level and for some district officials. But in the district level, we also consider their qualification too. It means that if they have the capacity, they have been trained on this and that course, we look at their certificates. For some, they can skip the level to another level. We can evaluate like this. Because we design this curriculum not necessarily that you must start level 1 to go to level 2, 3. We check their qualification. But we have our target. For others who want to be part of this program, we will do the evaluation on them. For the evaluation, we state in our program that the participants need to have certain things, qualification for participants to join... For level 3,

it is for department office, provincial level. For the level 4, it is for management at middle (PPKII5, Educational Institution, National Level).

Per NISA, 184 participants from three provinces and one city have been part of three-day pilot testing of the available training materials. According to one of the key informants interviewed from the NGO sector, there are plans to roll out the modules to government and nongovernment social service workers once they are all completed and piloted:

So once the modules are ready, some are already ready piloted, they will be used to train existing civil servants. And we also give needed training to professional social workers as needed. So the training modules are important as we are moving forward...so the idea is that commune level, district level, and provincial level, they are all trained. (PPKII1, IP/NGO, Phnom Penh)

There are also efforts underway to promote the employment of graduates from NISA to work within the MOSVY, as described by a key informant from one of the educational institutions:

Now we are revising the sub-decree on our institute. In some article, we state that the outstanding graduates from NISA get encouragement to work at MoSVY. We are considering this means. We are studying the approaches to find a way that our outstanding students can get in the ministry's unit. Unless we have the [future social work] law." (PPKII5)

However, beyond this example, it is unclear what the level of engagement between NISA, MOSVY, other major employers, and local educational institutions will be in enrolling participants, delivering, tracking the training, monitoring quality, and making ongoing revisions.

Curricula incorporate both local/indigenous knowledge as well as international best practices for improving the well-being of children and families:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> Field placement as main means of applying local knowledge and practice within post-secondary educational options in social work National Training Curriculum on SSW developed with input from local and international stakeholders 	<ul style="list-style-type: none"> Resources most widely available in English, limiting for students using primarily Khmer (such as from rural areas) Limited outreach of social work programs, resulting in less awareness of profession or undervalued by potential students

The second sub-area posits that training curricula will be most effective when relevant to the workforce's context and issues they are facing, incorporating local knowledge and practices, and not relying on social work education, research, and practice originating in the US and Western Europe or via external donors from those geographies. From reviewed materials and interviews, there seemed to be more opportunity to integrate local knowledge and practices into social work certificate and degree programs through field education and the involvement of Cambodian faculty and field supervisors in overseeing students in these placements than through classroom-based, theoretical training, when global social work education standards require a blend of both (IASSW, 2020). Respondents described written resources in their degree programs as most widely available in English, which was a limiting factor for students who were primarily using Khmer in their academic studies (such as those from rural areas).

The courses are offered in both English with Khmer. Mostly English. The teachers would try to explain. The benefit from this digital age is that the students can do Google Translate to understand some concepts. The problem is whether the students read or not, learn or not. That's another problem. But the way we offer teaching is like what they do overseas. We have assignment, essay, assessments and other things for them to do. (Representative, educational institution)

Both RUPP and Saint Paul Institute require field placements for their students to obtain degrees, which are often fulfilled in partnership with local NGOs and can result in them being offered full-time positions after they graduate. Yet the number of graduates from these programs remains small, limiting not only the potential pool of qualified social service workers for employers but also future social work researchers and faculty who could contribute to further localization of curricula and a generation of Khmer-language studies and resources. This reality seems unlikely to change without increasing visibility and appreciation for social work as a field of study and recruiting the right profile of students, as described by a respondent from one of these educational institutions:

First, there is a limited understanding about this major. Second, as we have already known that this major isn't like other majors. Unless the students are committed to working with humans, because for this major you work with people. You need to have lots of commitment and patience. Unlike accounting or marketing where you sit in a cold air-conditioned room, for social work, you need to go to fieldwork, province, work with children at waste dumping site. So, it has a lot of challenges. Mostly it requires hard work. (PPKI15)

Training focused on the existing SSW, most notably the 80-module National Training Curriculum on SSW, has sought to incorporate local and international knowledge and practices from its inception through the involvement of a range of Cambodian and international actors in developing the curriculum, modules, content, and exercises in its piloting, though this has only occurred in certain provinces. The piloting has also been provided in person at the request of participants who deemed this mode more effective than a virtual or online course for connectivity reasons and the ability to engage more deeply with the content and reflect on their own personal experiences and practices. Respondents also commented that trainings that the NGOs have developed and delivered to their own staff have worked to include local knowledge and practices in these materials, and they commented on the openness of these organizations to providing trainings to staff from other NGOs working on child protection and related issues.

Faculty and teaching methods strengthened:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none">• Faculty and instructors reported as experienced, competent and very supportive• Combination of classroom- and field-based learning in post-secondary and TVET curricula	<ul style="list-style-type: none">• Limited use of distance learning due to connectivity and equipment issues among students• Inconsistent support for field education placement

This sub-area 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 representatives from social work academia than from other sectors. Overall, respondents from the available social work degree programs described classroom-based learning supported by experienced instructors and practitioners, specifically their competence and support provided to students.

We don't seem to have challenge because our teacher resources are adequate to teach this subject because here there are 7-8 social work teachers with master's degree in social work (PPKII5, Representative, educational institution).

At NISA, instructors are MoSVY-specialized officers or NGO-employed specialists. Those at RUPP and Saint Paul Institute have a more academic profile, though the latter work part-time and must travel to teach, resulting in a more condensed class schedule compared to RUPP, where the campus and faculty are in Phnom Penh. It was a shared concern among all institutions that instructors have a large workload, consisting of teaching, student support, and supervision, with limited time to contribute to dialogue with prospective employers of graduates to evolve their teaching methods, let alone engage in advocacy for the profession around accreditation and standard setting.

There was less consistency in this positive assessment of faculty and teaching methods when it came to field education, in particular, the support provided in identifying and meaningfully participating in their field placement. At RUPP, it was reported that students are assigned to their field placement from among NGOs with which the university has established relationships, and in some cases, it provides an allowance or other form of payment to students in need of financial assistance. This process contrasts with that described at Saint Paul Institute, where students are expected to be more involved in finding their placement, and at NISA, where there were concerns around the time required to commute to certain agencies and organizations and conflicts with class schedules; interviewees from both Saint Paul Institute and NISA cited a need for support with travel costs to field placements. At NISA, there was also a call for more concentrated time for field education, similar to the three-month placements at RUPP and Saint Paul Institute, instead of splitting time daily between class- and field-based learning, which could enable broader options, such as placements in the provinces rather than being limited to Phnom Penh.

This lack of consistency could be attributed in part to the lack of a national mechanism or body overseeing the quality of social work training programs (National Institute of Social Affairs and Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2020). Among the three degree programs, only RUPP reported having set standards for social work training; its social work department is the first Cambodian higher education department to receive a certificate of accreditation from the Philippines Accrediting Association

of Schools, Colleges and Universities. As one key informant described, each institution is responsible for determining its own curriculum requirements.

We don't have any institutes to evaluate our program. For instance, there are three institutes that train on social work, RUPP, Saint Paul, NISA. The curriculum depends on the decision of the institute. We don't have the same standard. And there is no institution that does the evaluation that the program needs to follow certain requirement to be eligible for offering. We don't have that. (PPKII5, Representative, Educational Institution)

In terms of delivering content, distance learning is not seen as a viable option for teaching, as students are not likely to have reliable access to a computer and the internet to learn, although the number of internet users and internet penetration rate in Cambodia are rising. During the COVID-19 pandemic, one faculty member describes attempts to shift to online learning and the results in terms of quality, tracking progress, and even having to cover the costs of internet use for students to be able to participate.

No, the course is delivered offline. During Covid-19, we had it online but teaching online is very difficult. The quality significantly dropped. We had difficulty monitoring our students. And most of our students in social work are poor students and from province. We used to raise fund among us teachers to pay for internet for the students to study for a while." (Representative, Educational Institution)

For in-service training using the National Training Curriculum on SSW, the methods are expected to be a blend of classroom- and field-based learning in their current posts, recognizing the limitations of expecting workers to be absent from their jobs. As described by an informant from NISA,

But for these seven months, we don't study every day... In the master plan, we study three days per week. Why do we design three study days per week? Because we experienced lots of short-term training and we asked the participants. Because our participants are not general students. They are government officials at local or middle level. Some of them are young, some are old. If they study too much, they can't take all, meaning they can't take anymore.

Upon further rollout of these modules at the various levels of certification, NISA and any other organizations collaborating in the national curriculum's delivery may need to consider how to ensure that its combination of in-class and practical application methodologies are maintained and that standardized assessment of experience gained on the job is factored into its system of credits. Ongoing monitoring of the rollout process could also indicate further needed adjustments to the curriculum design to account for issues like high turnover among commune- and district-level social service workers through a more condensed set of modules or a yearly re-accreditation process focused on core content.

A broad range of in-service professional development opportunities exists for workers:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> Government SSW trained through sectoral offices (e.g., Ministry of Women's Affairs for related topics) vs. NGO/CSO staff through field training, supervisor orientation, and FCF and 3PC networks 	<ul style="list-style-type: none"> Inconsistent opportunities for training among government and NGO/CSO staff Lack of standardized mechanisms for assessing competencies or learning acquired on the job for credit

The last sub-area homes in on opportunities for in-service training, which were assessed primarily for government focal points but also among other professionals within the NGO sector. Among both types of social service workers, there were reported instances of training available through one's employer. Those responsible for child protection or social work within MOSVY described receiving training by provincial departments in how to handle cases and by other sectoral offices such as the Ministry of Women's Affairs, depending on the topic, in addition to NISA and the National School of Local Administration (NASLA). NGO workers spoke to training through their own organizations and through the broader FCF and/or 3PC networks, as well as the orientation of supervisors. In the case of using Primero CPMIS, training resources seem to have been leveraged between both sectors to enable uptake of the system among government focal points and NGO workers interacting with it, reaching 204 assigned staff with basic training in the system and promotion of their digital skills.

Another thing that we are doing in terms of capacity building of social service workforce is the PRIMERO tool. It is a case management tool that UNICEF supported MoSVY and Mol to expand so that social workers can use this tool. Basically...MoSVY gives that and we work with them. They also have trainers who have taught us. So all the 204 assigned persons have been trained about Primero, but basic, right. But we will be training them completely and comprehensively when the training modules are completed. (PPKII1, IP, National Level)

However, respondents also shared concerns around the inconsistency of these continuing education offerings and the complexity presented by proposed licensing requirements for social workers.

The question is who will issue license and whether one who gives license understand this, and how they score. And for paraprofessionals or social service workforce in general in our country, there are senior people who have worked in the service for 10-20 years, but they don't have high education. And we have younger people who have less experience, have studied another skill and worked on this topic for 2-3 years. And we also have young people who have studied this topic but have little experience, thus not knowing much about it. so how do we go about scoring and licensing? It's complex. (PPKII5, Educational Institution, National level)

Furthermore, it was unclear what progress, if any, was being made toward an online credit system option proposed for the government and nongovernment social service workers continuing their studies, as referenced in the National Strategic Plan for Training the SSW, and in what way it would work with or inform future licensing.

Discussion: SSW Development Approaches Ensure Presence of Trained SSW

A dual emphasis on technical and vocational training and post-secondary education for the SSW is a necessary step in achieving Cambodia's workforce development and overall social protection goals. Investments in both areas have worked to ramp up the deployment of frontline social service workers, both newly recruited and from among the existing SSW, to the provincial, district, and commune levels, potentially enabling more interactions with vulnerable households. Adoption of the Strategic Plan for Training SSW and the National Training Curriculum on SSW with Focus on Child Protection curriculum framework and modules are milestones in the process of setting minimum standards for training and are essential to ensuring quality service provision to children and families. However, addressing more complex

cases requiring clinical assessments, intensive case management, or specialized services will likely be difficult to achieve with the limited pool of professional social workers in both government and nongovernment sectors to serve as supervisors and the relatively small numbers of projected social work graduates from RUPP, Saint Paul Institute, and NISA. More reinforcement of classroom-based learning through strengthened field education and supervision practices, as well as integration of local knowledge and practices into social work degree programs, will be central to attracting and retaining more students and current practitioners in this field and to remaining relevant to practice needs, especially as awareness of and demand for government-provided benefits and social 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 SOPs 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 that 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, volunteers, and those interacting with them and receiving services.

Supporting Subareas

- Systems to improve and sustain social service worker 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 social service worker performance:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> • Commitment to supervision across all four functions—administrative, educational, supportive, mediation/advocacy—modeled by NGO/CSO networks, which also provide training • Collaboration among government and NGO/CSO social service workers through designated focal point; coordination mechanisms at all levels 	<ul style="list-style-type: none"> • Technical supervision not systematized for government social service workers, dependent on individual capacity, and provided on case-by-case basis • Limited use of performance evaluation, performance-based incentives to improve workforce effectiveness, and service quality

When it came to approaches to strengthening systems to improve or sustain performance, the main advantage observed was a growing commitment to the provision of supervision across all four functions, led by staff of FCF and its network of organizations. A landscaping review of FCF's supervisory practices, capacity, achievements, and challenges published in 2020 indicated universal agreement that supervision is a "positive practice and should be mainstreamed throughout the network and the nation," and that

training on this topic by FCF had helped in its implementation (Roby, 2020). One key informant from an IP at the national level shared how this vision for strengthening supervision required a joint effort between NGOs and the government:

So, we want to...strengthen that system, which is not clinical supervision in a sense, but there is still some level of oversight and support. So, if they need some support, they can reach out to them...that's how the system is working. That's why we want at least professional social workers at DoSVY level because they can provide that support. But we do need to, so government needs to...endorse this better, and to...spell it out, this is how it is being done. I think in the future, it would be good to have a supervisor in the district. (PPKII1)

However, the dearth of professional social workers to fill such roles (only a third of supervisors reported training in social services) in both the government and NGO sectors remains a significant challenge to moving beyond an administrative function to provide educational or technical supervision. One prominent example is the use of Primero and the technical support required in some cases at the district level, as depicted by a respondent from an IP at the national level:

It's a little bit of a challenge because we don't have enough people to supervise caseworkers, right? So, for the case management system, for us, the government is using Primero. Primero's, the workflow is that the caseworker is at the district level, and there's only one person, so there's no case supervisor there. So, what we call like...a more administrative supervisor will be the focal point in the district, but they may not have child protection and social work experience. (PKII1)

There were accounts of NGO staff modeling some of these educational functions with frontline, government social service workers, and committee members through CCWC, and cases of pairing government-assigned persons for social work at the district level with more experienced NGO workers, which UNICEF has been pursuing with 3PC. As described by one key informant, investments in the committees along with relevant SOPs have provided a platform for consultation and, in some instances, informal supervision across sectors, yielding results related to more efficient action planning and responsiveness to cases.

In the past, when we received a case, everyone responded in their own ways: our partner would do one thing, another NGO would do something else. Now we have set a procedure. When we receive a case, all the relevant people meet and discuss an action plan together. We work within our own system, and we must respond quickly to calls from our partners when they need our collaboration and input. (FBGW4, Government SSW, Provincial Level)

The supervision of the government SSW did not appear to be systematized in terms of its regularity or range of functions, but rather dependent on the individual capacity of those with responsibility for overseeing staff at the provincial or district level. It was most often reported to be provided on a case-by-case basis, mainly for more complex or difficult-to-address cases, and to consist of informal discussions with colleagues or a higher-level staff member (e.g., a provincial case manager consulting with the director of a department). D&D administration reform was also seen as having contributed to issues with reporting lines, which can also support supervision, as previously distinct offices have been combined and district social workers report administratively through the MoI rather than the MoSVY.

So, we're also trying to work around the ongoing decentralization process. So what works, what doesn't work, who reports to whom. So, they (district social workers) don't need to listen to DoSVY focal point, right? Because they are no longer under MOSVY. They are under Mol and provincial administration. And the provincial administration doesn't have social worker of the supervisor ability to supervise. So, but yeah, that's something we're working on, but at the moment, it's a temporary arrangement, I would say, and we don't know how it will go. PKIII

There was limited discussion among respondents regarding performance evaluation or performance-based incentives to improve workforce effectiveness and service quality.

Tools, resources, and initiatives to improve job satisfaction and retention:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> Government social service workers included within civil service, able to increase in rank Financial support to attend meetings, in-person assessments, manage commute provided within available budget at commune- and other levels Self-care and team building activities to address job-related stress reported among NGO/CSOs 	<ul style="list-style-type: none"> Government social service worker salary range based on rank, not differentiated based on different skills, difficulty of or cost-of-living in post, etc. Administrative burden around new reporting requirements and structure, especially with external funding Turnover among staff due to workload and limited numbers of social service workers, as well as political appointments and term limits and some loss to NGO/CSOs with more competitive salaries

When it came to efforts related to improving job satisfaction and retention, the primary advantage observed among the government SSW was the inclusion of provincial and district-level child protection focal points and assigned social workers within the civil service. This integration, initially facilitated with UNICEF and USAID support for salaries, has enabled the possibility of rank increases for these roles, signifying a potential, albeit slow-progressing, career path. Inability to progress in one's career often contributes to a lack of motivation and can ultimately result in the loss of qualified staff from these positions, especially when other similar positions exist within other sectors (e.g., NGOs) and offer more opportunities for advancement or higher pay. As described by a district-level government worker,

I try to fulfill the work in the area. For the public sector, we get a higher rank every two years. So, they have considered this for us. Although we don't get promoted, our rank has moved up. It also includes our benefit[s] (FSGW4).

While inclusion of these lower-level social work cadres within the civil service is seen as critical to retention, related remuneration and resources to address workload and stress remain significant issues. It is important to note that rank increases for civil servants do not always include salary increases and are thus not always viewed as "promotions." Indeed, another key informant from the education sector called attention to this problematic use of civil service rankings in setting salaries, rather than differentiating pay according to skills or other professional qualifications. This respondent proposed higher salaries for these positions, given their unique demands, to attract and retain qualified workers.

We don't have any standard that social work professionals need to receive a certain high salary. If we talk about government official system, no matter if you are a social worker or an accountant, you are paid based on your rank. It means if you are A rank, you receive the respective payment. B rank receives respective payment, based on role and position,

regardless of whether you are a social worker. But the social work professionals should receive higher wages than (others), which is an encouragement to attract those who work in social work and those who study social work. (PPKII5, Educational Institution, National level)

Other respondents, affiliated both with the public and NGO sectors, echoed these sentiments, citing a lack of recognition of the difficulty of their work or the cost of living in their posts when it came to determining their salaries.

Despite facing struggles, I am happy to work for the betterment of society, even with a low salary and renting a home. My child has completed grade 12 and is now studying in their first year at university. My salary is \$200 and my child education cost \$100 per month. The rent for our home is \$100. So, I cannot afford it. (SKII1, Person Assigned for Women and Children's Affairs, CCWC)

Like I mentioned when I ask them [candidates] what concerns them? They mentioned the cost of living here is expensive, and sometimes it's a mess and if they work in Phnom Penh, they have more choices. This is according to what I experience. So, I think it's easier to hire those who are living here or move in here like me. (SKII2, NGO SSW)

The challenge of replacing staff was shared across both sectors as well, as articulated clearly by one NGO key informant:

The difficult thing for me is related to staff turnover, they work for two to three years then leave and we have to recruit new staff. Moreover, our scope is quite big like one staff in charge of 90 children so when the staff moved, they only have one month to inform us, so it's hard to delegate the work when they leave. We cannot recruit new staff timely, and to hand over the work is also challenging. (BKII3, NGO SSW).

Beyond salaries, the political nature of some of these positions, namely the person assigned for women's and children's issues at the commune level and other members of the CCWC, has been challenging for efforts to retain individuals with experience in child care and protection. These positions are subject to an election every five years, and in one case in Battambang, respondents discussed how disruptive some of these changes in membership have been to their ability to collaborate and make progress.

Every commune has social service workers. But one problem is that in the latest term, CCWC has a lot of changes [of the members]. There are four new members, and they don't quite understand the work. (BKII1)

There were varied perceptions of the adequacy of resources provided to carry out their work and address motivation and job-related stress among government and nongovernment respondents. These differences indicated potential areas for improvement through the sharing of practices to better support and retain staff. Among the government SSW, some referenced having to pay out-of-pocket for transportation, while others indicated that they sought to provide funds to defray transport costs for meetings or in-person assessments at times through the commune budgets.

[District focal points] also have to spend their own money on transportation and accommodation if they need to travel for a project. So, this is another problem. (BKII2)

We motivate [social service workers] through providing some financial packages when we invite them to join any meetings or conduct onsite assessments. We give them gasoline allowance to ease their commute. We understand that it is difficult. Sometimes we can do it ourselves, but we can't do everything. We sometimes leave it to the commune level to deal with the situation. (BKII1, Government Representative, Sub-National)

Others spoke of being motivated by opportunities for additional training through the MOSVY or other government institutions, as well as taking time off, spending time with family, or other forms of self-care. There appeared to be more focused attention on self-care and team-building activities among NGOs/CSOs, including through staff retreats, additional training within and across organizations, and supervision (as discussed previously).

I also have some time for self-care provided by my NGO. I would use that time to work out, listen to music, talk to friends or colleagues. If I have any issues relating to work, there is also 30 minutes that is set aside for me to reflect and ask for support, for example, service assessment. I have time to search for the answer to the problems that I have. (FBNW5)

Professional associations supported to enhance the professional growth and development of the workforce:

Advantages/Strengths	Areas for Additional Focus
<ul style="list-style-type: none"> • APSWC formed in 2014 to unite professional social workers, with two types of membership: professional and associate • Focused on building networks, establishing standards, promoting information sharing and capacity building, and promoting profession among the public 	<ul style="list-style-type: none"> • APSWC, alongside the profession it represents, still in early development with limited membership, activities, and operating budget due to voluntary registration • Formation of Association of Social Work Educators referenced in Strategic Plan for Training SSW, unclear if advancing

Professional associations are commonly viewed as key contributors to the professional growth and development of the SSW. In Cambodia, the assessment team sought inputs from the APSWC via a KII. Association-related questions were also included in the FGDs with government and NGO workers to assess experiences with the APSWC or other groups, such as the Association of Social Work Educators (National Institute of Social Affairs and Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2020).

Established in 2014, the APSWC is a non-political, independent, and autonomous entity registered with the MoI, although it is not currently affiliated with the International Federation of Social Workers. Its vision is “to see social work become a profession in Cambodia with a high code of conduct, a strong support network and a commitment to excellence in practice” (*Association of Professional Social Workers of Cambodia-APSWC*, n.d.) It is led by an executive board of directors, consisting of a president, first and second vice presidents, general secretary, treasurer, student representative, and three executive members. It currently has 33 registered members, after reopening registration in 2022 following a pause in the process to focus on system improvements, and is reliant on membership fees as its main source of funding.

When we first started, we had 60 members but there's no update so we canceled it and focused on doing our system on membership characteristics and opened our membership in 2022...After the registration, they have to be screened and reviewed by our board. We vote for

them. We provide 2 types of membership for the public. First is professional social worker membership and second is associate membership. (PPKII7, Professional Association, Phnom Penh)

The response that emerged from interviews and group discussions was that the APSWC, along with the social work profession as a whole, is still seen as relatively new, which is reflected in the association's limited membership and capacity to advocate on the workforce's behalf. As shared by a national-level donor representative:

My hope would be that they grow, and they become known so that the people realize that the resource exist, so that they learn best practices from each other, so they can receive moral and emotional support because social work is a very taxing job...if they have the association, they can also lobby what they see what is right, they see what could help them in their profession. For example, they could have a group that could lobby to their government saying that you need to increase our salary, we need more training in different areas, or we need more foster families. (PPKII4, Donor representative, National level)

Realizing this hope, however, appears challenging, since the association's voluntary membership structure has not generated a critical mass of dues-paying members, and thus, it has too limited an operating budget to offer benefits to members or expand its activities around advocacy. 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.

Discussion: SSW Support Approaches Encourage Scale Up of Different Types of Workers

Maintaining a motivated, high-performing SSW is critical to providing quality child care and protection services in the long term. Through the FCF, 3PC, and other child care and protection programming, a range of interventions to support NGO staff and government focal points 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 transition of provincial and district MoSVY staff positions and salaries initially supported by UNICEF to the government payroll, their incorporation within the civil service, and the allocation of a portion of the Sangkat Fund within commune budgets for social work and child protection demonstrates a commitment to sustainable expansion of the frontline SSW and services. The provision of basic supplies and equipment 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, low salaries, and the perceived low status of social work as a discipline 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 on a case-by-case basis, facilitating consultation on urgent or difficult cases. According to some respondents, largely within the NGO sector, supervision and other self-care activities are 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 effectively addressed by the current system and workforce. Table 6 provides a summary of common themes or responses from the FGDs with caregivers and youth, supported by interviews with other stakeholders and the document review. It is important to note how many of the issues in the effectively addressed column below consist of preventive work and responsive services, whereas those less effectively addressed are primarily specialized services.

Table 6. Summary of child- and family-related issues and effectiveness of current SSW

More Effectively Addressed	Less Effectively Addressed/Areas for Additional Focus
<ul style="list-style-type: none"> Addressing basic needs of children and families referred for education, nutrition, health, livelihoods or parenting support Raising awareness of and responding to cases of child abuse or violence against children, gender-based violence and working across sectors to manage and refer cases Reintegration of children from RCFs, assessment of at-risk families and gatekeeping 	<ul style="list-style-type: none"> Connecting clients to specialized services (mental health, substance abuse, physical/occupational therapy and other support for people living with disabilities, homelessness) Raising awareness / preventing child marriage, labor Support to youth aging out of alternative care system Mobilizing communities to identify and address priority needs and issues that they care about

Issues Addressed Effectively and Contributing Factors

In FGDs with caregivers and youth, social service workers were often mentioned as effectively addressing the basic needs of children and families, especially those workers coming from NGOs and CSOs. This support included the provision of school materials, uniforms and fees, food, assistance with income-generating activities, and some education and awareness raising around other available services.

The NGO has helped my family so that my children can go to school because my family situation is very difficult. They support the children with school supplies and also provide rice for us. They also helped me get started with raising hens. With the money that I earn from that, I can support my children to go to school. They stopped providing us with rice, so with the hen raising business, I was able to buy rice as well. (FBC3, Caregiver, Battambang)

They gave us a lesson on how to take care of kids like food consumption where they should give the kids vegetables that offer vitamin or nutrients to kids so that they are healthy and where to take the kids for treatment when they are sick so that they do not need to spend on the treatment or which place costs money. And not use violence on kids. (FPC4, Caregiver, Phnom Penh)

Some respondents also referred to the integration of messages around preventing and responding to cases of child abuse or violence against children and gender-based violence in their interactions with social service workers, as well as direct interventions around positive parenting, resulting in reports of changes at the household and community levels.

I had a lot of disagreements with my husband, and I wanted to get divorced. The NGO helped me to understand that I need to keep working hard for my children. They saw that two of my children were in school at that time and advised me that I should care about my children's future more. Now my husband and I don't argue like we used to because we got some mentoring and encouragement from the NGO and the local authorities. (FBC4, Caregiver, Battambang)

I notice that there are less cases of domestic violence in my community now. The commune and village chiefs often hold meetings for parents who often use violence. There are two or three people at the commune office who are responsible for gathering the parents and providing them with information about the disadvantages of using violence. (FRC10, Caregiver, Ratanakiri)

Respondents further described collaboration between local authorities and nongovernment workers to manage and refer cases of sexual abuse, involving a case management approach and engagement across sectors.

Because as soon as we receive the information about a case of sexual abuse, the victim will receive all the help (rehabilitation) he/she/they needs. The case management process will work itself through the process involving law, healthcare, education and training, and counseling. We respond very well to that. (FBGW6, Government SSW, District Level)

Finally, a sentiment shared by caregivers and workforce respondents across the four selected geographic areas was that the existing workforce and system were working effectively to prevent family separation and to assist families to reintegrate children from residential care, starting with education and reinforcement of gatekeeping mechanisms and continuing with assessment and ongoing follow-up with both families of origin and foster families to ensure adequate support. These feelings were most pronounced among respondents in Battambang, which is one of the five priority provinces for care reform.

I didn't know at first. But my husband had secretly taken my child to the NGO, saying that he was placing my child in the NGO's care, but they needed my agreement, so I was called. That was when they knew about my family situation. We already gave the child up to the NGO at that time, but now the child has been reintegrated and is now living at home with me. They have supported us with rice for six months. When they bring us the rice, they ask us how we are doing. (FBC7, Caregiver, Battambang)

During the meetings, they teach me how to talk to the children, how to raise them well, and how to discipline them. After they place the children with us, they do visit our home to follow up with us. They ask how we are doing with the children, whether there are any difficulties in disciplining them. If we face any difficulties, we can let them know. (FBC5, Caregiver, Battambang)

In our social affairs department, we have the goal of reducing the number of children who are admitted into orphanages by 30%. Within that, we try to support the children and their relatives. We try to improve the situation within their own households first or place them with their immediate family. (FBGW2, Government SSW, Battambang)

In the past, local authorities had referred children to orphanages immediately in cases of at-risk children because they didn't know what to do. But after they received some training with

us, their higher ups, and other NGO partners, they know what to do. Instead of sending the children to an orphanage right away, they try to find a partner that could help prevent children from being sent to the orphanage. Their understanding has improved well, and they understand now that sending children to an orphanage should be the last resort. (FBNW2, NGO SSW, Battambang)

These feelings also seemed to extend, in some cases, to support for children with disabilities.

My son has a disability, so I didn't want to raise him anymore, and I wanted to put him in an NGO. However, [X NGO] encouraged me to take care of my son by myself. Then they asked staff from [Y NGO] to come and asked me if I could still take care of my kid if they provided me with some support. The current NGO provided us with kid toys and taught us how to take care of kids...They gave us a wheelchair and also some monthly allowance. Each month, they visit me twice to give a massage to my kid and teach me how to do it. (FPC8, Caregiver, Phnom Penh)

Respondents attributed a range of factors to the effectiveness of the SSW and system responses to these issues. Many referred to increased awareness of social services and child protection, including key social protection programs such as the IDPoor Program, which facilitates free access to health, education, and other essential services, as well as other cash transfer programs started under the COVID-19 relief fund that have evolved into ongoing support for pregnant women and children under two, households with a person or child with a disability, and other vulnerable households.

An issue that I see is that in the past five to ten years, the typical family didn't know about the social services that are available to them. Nowadays, we have an increase in human resources in terms of social workers and have done more awareness raising. For NGO, we provided information for the community members in the region that we operate in. As a result, we see that they have increased their knowledge about social services so they know where they should go for healthcare services, where they should go when they need support. (FBNW6, NGO SSW, Battambang)

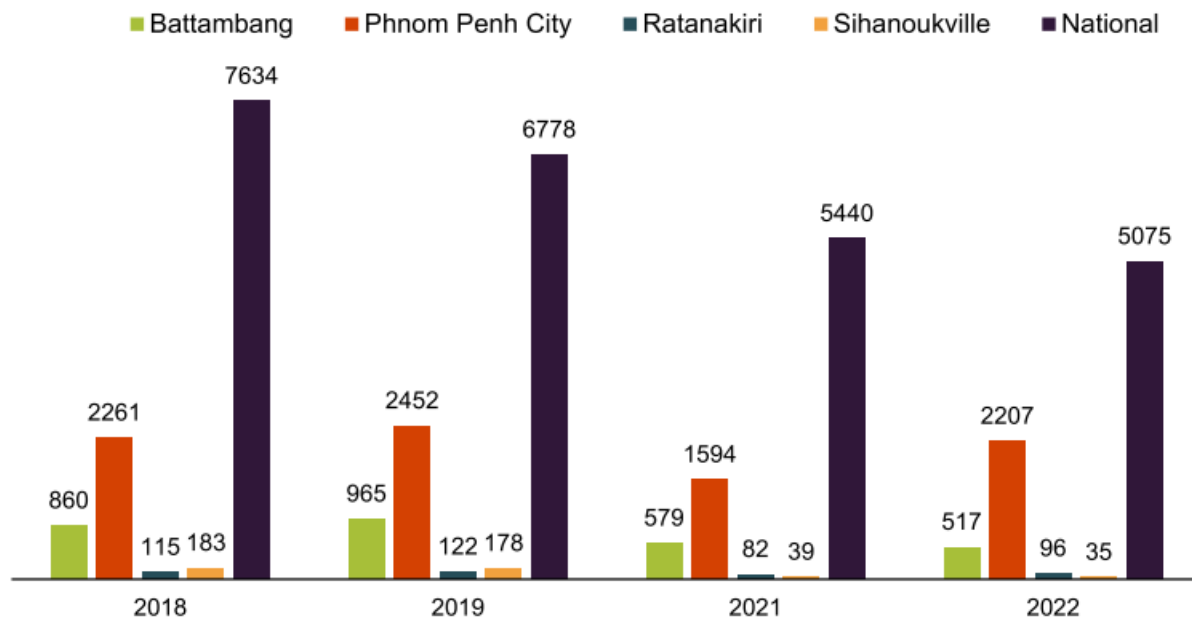
Others underscored the combination of this awareness with strengthening the capacity of those who have a responsibility to respond to child protection issues across different sectors, the transfer of power from national to lower levels through D&D administrative reform, and the assignment of the child protection and social work “focal points,” resulting in more ownership of the process and ability to make decisions.

From my observation, what makes our work in social protection and child protection effective is the understanding of this work at the local level. Everyone involved in this work knows their responsibilities and duties well. For example, when a case happens, everyone involved, from the police to the social workers working at the commune level, know what they need to do. (FBGW4, Government SSW, Battambang)

From what I know, I think it is because they have been empowered and given the right from the national level and can delegate the tasks between the provincial branch, the district branch, and the commune level. When they divide the tasks like this, it is not broad. For example, things that need to happen at the provincial level, there is a provincial head that can lead that project. (BKII2, Supervisor, NGO SSW)

Some of these themes came through in the secondary data analysis, such as the potential contributions of more awareness of and access to benefits and other family support services in communities to reduce the number of children remaining in residential care, especially in priority provinces.

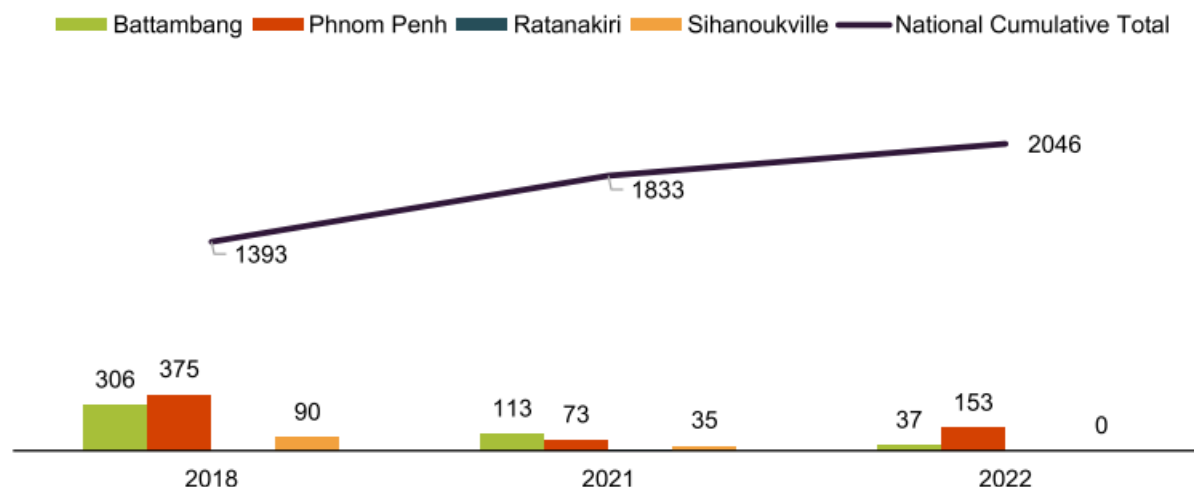
Figure 8. Number of children living in residential care institutions (RCIs)* by region and year



*Data shown on RCIs only, as RCF data are unavailable for 2018 and 2021.

Similarly, these secondary analyses showed promising trends in the number of children reunited or reintegrated into family-based care.

Figure 9. Number of children de-institutionalized, reunited, or reintegrated into family-based care



Overall, there seemed to be consensus among the different types of respondents that their interactions with the SSW were better now than in the past and that although some localities were still experiencing difficulties in responding to specific issues, cooperation across sectors and prioritized investments in social service system strengthening were contributing to this positive trend.

For the local authorities, I think that their work has improved a lot. Before, when we went to seek their help with making birth certificates or something like that, they could be mean. Sometimes it was because they didn't understand our situation, like why we needed to edit it or changed some information on it. They didn't ask our reason first and immediately just blamed us for not taking good care of the documents. Now, their attitude has improved a lot. We can admit that their abilities are not the best yet, but we can also see that they are really trying to improve their work. (FRC7, Caregiver, Ratanakiri)

Issues Addressed Less Effectively and Contributing Factors

Issues perceived as less effectively addressed by the current system and workforce included connecting clients to specialized services, such as mental health, substance abuse, and therapies or other support for people with disabilities or experiencing homelessness. There was some variation across the four provinces as to which services or responses seemed to be most inadequate. For example, in Sihanoukville, respondents made mention of specialized services for mental health and homelessness as limited.

I tried to contact DoSVY and the center and they responded that they were short of staff and they could not admit the person. Now the person is causing troubles in the village. We don't have the right to do anything, but we can only hold the person from doing things at the police...here is no solution. (FSGW2, Government SSW, District Level, Sihanoukville)

Whereas in Ratanakiri, issues related to early and child marriage and child labor were brought up, potentially due to the rurality and presence of ethnic minority groups where these practices are more common.

But I think that there are still a lot of young marriages because although the authorities and CCWC tried to talk to the parents, some of them don't really pay attention. Some think that the decision to get married or not and when to get married is their right. (FRC4, Caregiver, Ratanakiri)

Support for children aging out of the alternative care system was shared by those in Battambang, which has a longer history of reintegration.

When we do integration, we only have one financial package for that. Take the case of helping children move out of foster care. There is only one package to help them get settled down. Then, we must visit them monthly to check on their safety and progress. After six months, we notice that the clothes they are wearing now are very old...while we know that the budget proposal only asks for a certain amount of money, in practice, there is more need outside of that. (FBNW2, NGO SSW, District Level, Battambang)

Factors attributed by respondents to less effective responses to these issues ranged from a perceived shortage of human and financial resources dedicated to social services to limited technical capacity to intervene based on training or educational background, along with changes related to the new staffing structures at the subnational level resulting from D&D administrative reform. All these factors seemed to apply, especially to the lowest levels and among government-affiliated workers. Although there is a committee in place, there is only one person assigned (PWC) to respond to women and children's issues per commune, and the same for most districts, making it feel as though these individuals must “have a hundred hands, meaning they have so much work” (BKII2, NGO SSW and Supervisor, Battambang). These factors manifested for beneficiary respondents in a slow or inadequate response to their issue.

I think that their intervention is not fast enough. For example, when there is a case that is reported to the teachers, they can be late to intervene. Sometimes if a case is reported today, it can take them anywhere from 3 to 5 days to get to the case. By that time, the children are already affected. It takes them a while before they go to talk to the children because they need to have all the information about the case and sometimes, they even need permission from the village or commune. (FRB4, Youth Beneficiary, Ratanakiri)

NGO workers also discussed their inability to secure the participation of the government social service workers in meetings or decision making for cases, as well as inadequate or inflexible resource packages for assistance.

The participation of the local authorities has been very limited in general. As an NGO, we work with local authorities from the village level to commune level to district level and even the provincial level. However, there have been cases where they have refused to meet with us to work on certain cases because they are busy with other work. (FBNW6, NGO SSW, Battambang)

Social workers are not certified in giving psychological support to our clients. However, we work closely with staff from TPO [NGO] to provide them with the support that they need. (FBNW5, NGO SSW, Battambang)

Recommendations

D4I formulated the following recommendations based on the validation of the findings and inputs of the NLG members obtained during the dissemination workshop. They are organized by component: planning, developing, and supporting the workforce. In relation to these recommendations, a representative from MOSVY shared a vision for future investments for the SSW during the validation workshop, stating that:

Previously, investments were focused on the economic situation, private investment, and less investment in people. In the impending future, the investment will focus on people—this means there will be more investment in public sectors.

Cross-cutting recommendations were also developed that could be promoted immediately among the workshop participants, as follows:

- **Share assessment findings with all government administrative levels, including local commune and village authorities and NGOs/CSOs.** This dissemination could be accomplished through standing meetings, relevant events, institutional websites and email listservs, to be led by the MoSVY with support from the CNCC, USAID, UNICEF, educational institutions, and/or the APSWC. 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.
- **Assign and appropriately allocate funds to civil service and commune administration and development budgets for the SSW, to be used for child protection and other social services.** Advocacy is already underway among UNICEF, MoI, and Ministry of Economy and Finance (MEF) to raise awareness around the implications of staffing for case management and child protection, with recommendations for the Sangkat Fund under development. To inform these efforts, it may be necessary to bolster the MoSVY's investment case in the SSW with a cost-benefit analysis, producing a “cost of inaction”-type brief that can specify what is already spent on certain issues and related workforce strengthening versus the potential economic costs or gains if investment is not increased. This research and analysis could help further justify the need for funding, particularly in discussions with the Deputy Prime Minister, and be led by the MoSVY, MoI, and MEF, with support from UNICEF.

Planning

- **Build on efforts to strengthen the normative or regulatory framework around child protection to develop and promote workforce-specific laws and policies recognizing and protecting social work as a profession.** Action in this area should seek to further define the roles and responsibilities of different cadres across social affairs, health, education, justice, and other allied sectors, set standards for education and practice, and reflect accomplishments to date, including already developed codes of ethics and conduct. Stakeholders from the relevant ministries, as well as professional associations like APCSW, educational and training institutions, UNICEF, and nongovernment providers of social services should be engaged from consultation through drafting and advocacy stages, e.g., through the formation of a sub-committee focused on introducing an article specific to the SSW in the National Social Protection Policy Framework 2016-2025, or a future national law or policy on social work. Progress in this area would lay the groundwork for longer-term investments to establish a system of

registration and licensing for professional and paraprofessional social workers, which is most effective when accompanied by a clear, legal mandate and dedicated funding, and forms a key part of quality assurance for social services, along with accreditation of education and training, supervision, and information systems.

- **Using the CPMIS Dashboard and other publicly available data, develop a prioritized deployment plan for the intermediate target of 2,079 additional government social service workers by 2027 at the commune, district, and provincial levels.** This plan should account for the varying needs across urban, peri-urban, and rural areas and different populations, as well as the current government and nongovernment workforce distribution and qualifications, including experience. It should be informed by a social service worker ratio and costing exercise and reflect the inclusion of social service worker cadres in the civil service framework, with leadership from the MoSVY and support from the Ministry of Economy and Finance (MEF), Ministry of Commerce, and Mol. The plan should give particular attention to detailing the positions related to child protection at the lower administrative levels within this framework.
- **Develop and launch an HR information system for the SSW, which could better enable data-informed decision making around hiring, re-assignment, deployment, training, and performance management.** Initially, such a system could encompass the government SSW within the MoSVY and Mol, with expansion over time to other ministries employing these cadres. Dashboards could draw on existing service delivery data sources such as Primero and OSCaR to produce up-to-date caseload and other workforce productivity and performance metrics, as well as feed into the CPMIS. The creation and maintenance of this system and the resulting database of government social service workers could fast-track longer-term efforts to introduce a system of registration and licensing of social service workers to be administered by a professional association or council with the legal mandate and funding to issue and enforce standards of education and practice.

Developing

- **Expand opportunities for in-service training and continuous education through the 80-module National Training Curriculum for social service workers by making it more available and accessible to both government and nongovernment participants.** In addition to the blend of in-person and on-the-job learning offered through NISA, consider options to co-deliver this standardized content through qualified NGO and CSO partners, possibly through evening courses, distance learning, or e-learning options in areas equipped with adequate technology, bandwidth, and facilitators able to provide remote support and coaching. Education and training institutions should sustain their involvement in ongoing quality monitoring of and revisions to content so that it remains relevant to evolving practice needs (e.g., integration of more content on disability and inclusive services) and responsive to issues such as high turnover among lower-level staff. Given the investment in developing and piloting this content, determine the feasibility of its use as the foundation for a basic credentialing or registration system tied to the completion of each of the four levels, and which institution or agency would be best placed to verify and issue certificates of completion.
- **Encourage student enrollment in social work degree programs through targeted recruitment in rural and underserved areas, including the provision of scholarships and internship-to-**

employment programs for high-achieving students. Some scholarships are already being provided to students at NISA and Saint Paul Institute, which RGC could invest in expanding across three programs. Coverage of on-site housing and meals and a commitment to employment for a prescribed amount of time after graduation in the public sector should be considered for this new iteration of scholarship packages. Circulating information regarding these scholarships, as well as other development partner scholarship programs such as the Australian Awards Scholarships and Australia for ASEAN scholarship which have been employed by other ministries to increase expertise among civil servants, should be part of raising awareness regarding the profession, through official government channels, education and training institution networks, and high school career fairs. For high-achieving students, it could be worthwhile to explore more formal options for transitioning from an intern to a full-time employee upon graduation, not only among NGOs and CSOs that host field placements but also in provincial and district-level MoSVY positions and more transparent hiring practices.

- **Foster knowledge sharing among the three social work degree programs, both related to institutional capacity strengthening and continuing education for faculty.** There was a consensus among NLG members that more dialogue should be cultivated between the institutions as part of spurring greater alignment of their curricula and teaching methodologies, research priorities, and advocacy on behalf of the profession. RUPP's experience with a master's degree program could inform the possible development of training at that level by the two other educational institutions (Saint Paul Institute and NISA).

Supporting

- **Harmonize existing standards, guidelines, and SOPs around child protection and care to support and manage performance of the workforce and sustain coordination across the government and nongovernment sectors for service provision.** At a minimum, this process should ensure that all key functions within the focal point job description are covered, drawing on the development and implementation experience of the Child Protection SOPs and systems lens of the CP-SSIP and adequate funding to monitor and assess the quality of their implementation.
- **Promote the co-creation and adoption of national standards for supervision with leadership from the MoSVY, insight from positive experiences and learning from the FCF network, and from faculty who provide supervision in field education.** A plan for training the government SSW with supervisory responsibilities at the provincial and district level should accompany these standards and potentially be rolled out in cooperation with trainers from NISA and FCF. Content on supervision spanning all four functions should be reflected in the appropriate levels of the National Training Curriculum for SSW as part of institutionalizing this practice and building a stronger system of supervision over time.
- **Review and increase remuneration and other incentives provided to the SSW working in child protection and care in both government and nongovernment sectors, in particular, starting salaries for recent graduates and typical increases with promotions or rank changes.** This review could be supplemented with survey-based input from workers on their current and desired resources to address workload and job-related stress. Combining these findings could inform initiatives to revise the salary structure but more immediately, the array of monetary and non-monetary incentives that

could be offered directly by different administrative levels. These could include certificates of appreciation or other formal recognition by supervisors or peers, or agreements with the MoH or specialized NGOs/CSOs to offer psychosocial and mental health support and counseling or coaching on self-care.

- **Increase the visibility and value of social work through national- and subnational-level celebrations of World Social Work Day, highlighting the daily experiences, education and training, and contributions made by social service workers in both government and nongovernment sectors.** In 2024, the RGC issued a sub-decree marking March 19 as the official, annual celebration of national social work day, in line with a set of 15 recommendations of the prime minister at the closing of the 2023 stocktaking and 2024 direction setting conference of the MoSVY. Government institutions, donors, NGOs/CSOs, and educational institutions should actively promote wider recognition and understanding of the importance of social work services in their communications around this commemorative day, similar to International Women’s Day or national events on sanitation. The APSWC should be encouraged to play a key coordination role for these events and related publicity and leverage them to recruit social workers and other SSW cadres as new members.

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 vulnerable groups. The goal of this assessment was to identify specific approaches that countries, USAID, and other development 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. Common themes emerging under each of the three areas of the assessment’s conceptual framework underscore the advantages and limitations of the approaches taken to date to plan, develop, and support the workforce and the links between the actual availability and quality of promotive, preventive, and responsive services provided to children and families. Recommendations related to these findings are formulated for immediate and longer-term promotion among key stakeholders, with an emphasis on those actions likely to make the greatest impact based on learning from the assessment.

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Appendix A. Cambodia National Leadership Group

In Cambodia, the NLG consisted of representatives from the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MOSVY), National Institute of Social Affairs, UNICEF Cambodia, Save the Children, educational institutions, donors, and other key civil society, non-profit, and faith-based organizations providing social services, reflecting the spectrum of stakeholders involved in planning, training, managing, and supporting the social services system and its workforce. They are listed in the table below.

Name	Title, Organization	Email
H.E. Malyno Yeap	MOSVY	malyno.mosvy@gmail.com
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Rebecca Nhep	Better Care Network	rebecca.nhep@bettercarenetwork.org
Soksophea Suong	Freelance Consultant	ssuong@gmail.com

These members provided country-specific inputs on the protocol, instruments, geographic selection, and list of KII and 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.

Appendix B. 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 Technical Advisor. Ms. Showalter is a Senior Associate 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.

Mouyleng Khan, MEd and Veasna Ky, MSc—in-country research consultants and experts in child protection in Cambodia. They served as the primary data collectors for the assessment and were responsible for all communication and coordination with local stakeholders; collecting, transcribing (utilizing Khmer 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 Cambodian context and qualitative data collection, with their careful approach to the sensitivities around specific child protection topics, they promoted the respectful and accurate representation of the voices of beneficiaries and social service workers within assessment findings.

Appendix C. Data Collection Instruments (English version)

All data collection instruments were developed in English and translated into Khmer.

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

(Country Name) 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 COUNTRY NAME?
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 COUNTRY NAME's 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? For social service workforce development? 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 COUNTRY NAME 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 COUNTRY NAME?

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 COUNTRY NAME?
 - Which ones have been the most effective?
 - 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 COUNTRY NAME? 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 COUNTRY NAME?

13. What do you consider the major weaknesses of this workforce in COUNTRY NAME?
14. Has DONOR NAME supported capacity-building activities in COUNTRY NAME? 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 COUNTRY NAME?
 - 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 COUNTRY NAME 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 COUNTRY NAME 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 COUNTRY NAME?

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 C.2. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Government

(Country Name) 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 COUNTRY NAME?
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 COUNTRY NAME?

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 COUNTRY NAME?
 - 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 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?
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?
 - c. Which of them do you collaborate with and in what ways?
 - d. What factors contribute to effective coordination?

- e. What factors make effective coordination difficult?
- f. Can you provide examples of how social service/child protection personnel from different sectors make referrals to each other or coordinate their activities?
- g. What works well with cross-sectoral collaboration?
- h. What are the biggest challenges?

DEVELOPING

14. What are some of the issues currently affecting the numbers of social service/child protection workers in COUNTRY NAME?

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 COUNTRY NAME 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?
 - i. 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 COUNTRY NAME'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 COUNTRY NAME 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 C.3. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Government (with supervision)

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Introduction Sheet

Type: Sub-National Government with Supervision Focus

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 COUNTRY NAME?

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 COUNTRY NAME?

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 COUNTRY NAME?
 - 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 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?
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 COUNTRY NAME?

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 COUNTRY NAME 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. 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

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

a. 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

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

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

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

26. 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

27. What are some of COUNTRY NAME'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

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

29. 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?
30. Do you have anything to add related to what we talked about today?

Thank you for your participation.

Appendix C.4. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Implementing Partners

(Country Name) 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 COUNTRY?
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; Cambodia: government social workers; Rwanda: district-level Child Protection and Welfare Officers or IZU)?

Probes:

- Capacity building (pre- or in-service 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:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - 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 [COUNTRY]?
- 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 [COUNTRY]?

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?

- Which key partners/actors/sectors do you collaborate with and in what ways?
- What factors contribute most to effective collaboration?
- 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:
- 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?

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?

- Who is involved in this process?
- What options, if any, are available to reward high performers?
- What processes, if any, are in place to address and improve poor performance?

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:

- 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 COUNTRY NAME 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 C.5. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Allied Sector

(Country Name) 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 COUNTRY NAME?

Probes:

- Professionals
 - Paraprofessionals
 - a. Government sector?
 - Nongovernment sectors (private, faith-based, not-for-profit, civil society)
 - Based in allied sectors (schools, health facilities, police or courts)
3. With 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:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - 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
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?
 - a. What service providers are included?
 - b. 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.

Probes:

- 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 COUNTRY NAME?
 14. Which other ministries, departments, agencies, or organizations are involved in COORDINATING MECHANISM NAME?
 15. What are some of COUNTRY NAME'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 COUNTRY NAME?
 - 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 C.5. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Professional Association

(Country Name) 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 COUNTRY NAME?
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 COUNTRY NAME?

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 COUNTRY NAME?
 - b. required education or other qualifications for social workers, or related cadres of workers, in COUNTRY NAME?
 - c. staffing requirements, or recommended numbers and types of social service workers hired at each administrative level in COUNTRY NAME?
 - d. an official body (e.g., association, council, union) with a legal mandate to regulate social work practice in COUNTRY NAME?

12. What 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 COUNTRY NAME 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:

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?
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

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

22. What are some of COUNTRY NAME'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

23. 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?

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

Appendix C.6. Assessment of Investments in the Social Service Workforce Key Informant Interview Guide: Education Institution

(Country Name) Assessment of Investments in the Social Service Workforce

Key Informant Interview Introduction Sheet

Type: Education/Training Institution for Social Services

PLANNING

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 COUNTRY NAME?
2. From your perspective, who makes up the social service/child protection workforce, or who are the workers providing these services in COUNTRY NAME? 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)
3. In what kinds of settings do those personnel work? (like communities, government, NGOs or CSOs, schools, health facilities, police, or courts)
 - a. What types of issues are students trained to address in these settings?
 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?
 - c. 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?
 - e. Any specializations within these programs, such as child welfare and protection, counselling/psychotherapy, community mobilization, disability, medical social work, school social work?
 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?
 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?
 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?
 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
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)
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?
 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
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?
 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?
 14. Could you describe how your institution has addressed these challenges?

15. What initiatives are underway related to planning, developing, or supporting the workforce in COUNTRY NAME that you think should be highlighted?
 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?
 17. Do you have anything to add related to what we talked about today?
- Thank you for your participation.

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

(Country Name) 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 COUNTRY NAME's child protection and care/social service system address effectively?
3. 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?

5. What contributes either to some issues or problems not being addressed effectively or addressed at all?
6. Now let's talk about your day-to-day work. Could you describe what you typically do?

Probes:

- Prevention:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - 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
 - Reasonable accommodation/inclusion of children and caregivers with disabilities
7. Do your daily tasks align with a written job description and how?

Probes:

- What aligns
 - Doesn't align
- a. Has the job description ever been revised/updated?
8. What are the most important issues that you address in your job?

Probes:

- child victims of abuse/neglect/sexual violence. Among boys and girls who are mostly affected?
- juvenile justice clients. Among boys and girls who are mostly affected?
- children/youth with mental illness
- children/youth with disabilities
- victims of trafficking/exploitation. Among boys and girls who are mostly affected?
- children in residential care
- caregivers with domestic violence
- caregivers with substance abuse

- caregivers with mental health issue

9. 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

10. 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)
11. Could you speak more about the support and guidance (supervision¹) you receive as a (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?
12. 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?
13. Tell me about the last training you received related to your job. How easy was it to participate?

Probes:

- 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? What additional education or training do you feel you need?

Probes:

- most useful skills you gained
 - gaps in knowledge or skills you need
 - suggested additional information or skills needed
14. 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?

Probes:

- 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
15. 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?

Probes:

- 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)
16. What are the biggest challenges that you face every day in your work?

Probes:

- 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

17. What motivates you to keep working in this job, despite the challenges?

18. 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 job
- Change in remuneration/salary
- Change in supervision
- Change in recognition / formal role in government social services system

Thank you for your participation.

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

(Country Name) 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 COUNTRY NAME's child protection and care/social service system address effectively?
3. 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?
5. What contributes either to some issues or problems not being addressed effectively or addressed at all?
6. What are your responsibilities as a supervisor?
7. Do you feel you have enough time to complete these duties, in addition to your other work?
8. 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
9. 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

10. Are your supervisory responsibilities reflected in a written job description? Has the job description ever been revised/updated?

11. Could you speak more about the support and guidance (supervision¹) 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

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

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

14. 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

15. 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?

16. 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

17. What 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)

18. 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?

19. 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)

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

21. 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

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

23. 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

24. 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 COUNTRY NAME?

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?))

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

Thank you for your participation.

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

(Country Name) 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 a (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:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - 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
 - 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 (supervision¹) 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
- 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)
8. What motivates you to do this work?
9. 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)?
10. 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

11. 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:

12. 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
13. 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 C.10. Assessment of Investments in the Social Service Workforce Focus Group Discussion Guide: Caregivers

(Country Name) 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:
 - Support at-risk children and their families
 - Organize parenting programs
 - Provide gatekeeping to prevent unnecessary family separation
 - Provide social protection support, including Cash Plus Care
 - 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

- 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

4. 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

5. 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
6. 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?

7. 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?
8. How helpful was the worker you interacted with in providing you the services you needed?

Probes:

- 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?
 - Were the services you received helpful to you and your family? How?
9. 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)?
 10. 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?
 11. 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?
 12. In your opinion, how could the social services available for children and families like yours be improved in COUNTRY NAME?

Thank you for your participation.

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

(Country Name) 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:
 - Support at-risk children and their families
 - Organize parenting programs

- Provide gatekeeping to prevent unnecessary family separation
- Provide social protection support, including Cash Plus Care
- 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

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 Khmer. Here we share only the English versions.

Appendix D.1. 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 Cambodia.

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 Cambodia 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,
5. I allow to have the interview audio recorded. I understand that the audio file will only be used to make scripts for the interview and will not be used for any other purpose not indicated in this form. (If you do not consent to the audio record, do not provide your initial in the box)
6. I understand that my participation is voluntary, and that I am free to stop the interview at any time.
7. I understand that a copy of this consent form is available to me should I request one.
8. 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 D.2. Assessment of Investments in the Social Service Workforce Consent Form: Social Service Workers

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

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 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 service, 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 from 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 D.3. Assessment of Investments in the Social Service Workforce Consent Form: Supervisors

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

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 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 from 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 D.5. Assessment of Investments in the Social Service Workforce Consent Form: Caregivers

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form:

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 from 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 D.6. Assessment of Investments in the Social Service Workforce Consent Form: Caregivers, Illiterate

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Consent Form Script: Illiterate Participants

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 from 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 D.6. Assessment of Investments in the Social Service Workforce Consent Form: Parents or Guardians 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 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 from 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 D.7. 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

Focus Group Discussion Consent Form Script: Illiterate Participants

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 from 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 D.8. Assessment of Investments in the Social Service Workforce Assent Form: Youth Beneficiaries

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Assent Form:

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 from 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

Please initial each box.

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 D.10. Assessment of Investments in the Social Service Workforce Assent Form: Youth Beneficiaries, Illiterate

Assessment of Investments in the Social Service Workforce

Focus Group Discussion Assent Form Script- Illiterate Participants

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 from 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 _____

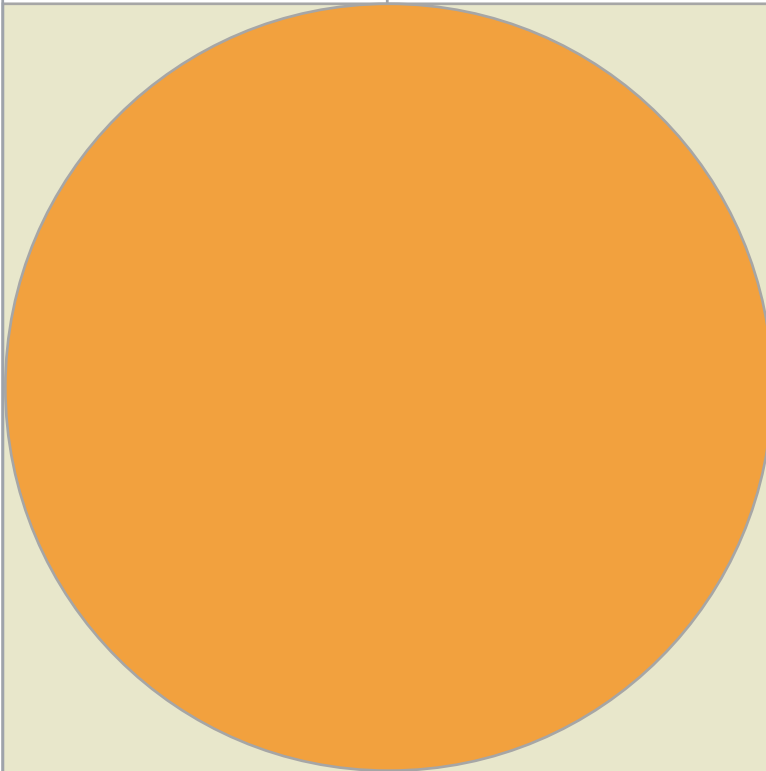
Appendix E. Summary of Legislation, Related Policies, and Regulations to Protect Children and Their Rights in Cambodia

Year	Title	Summary
1993	Constitution of the Kingdom of Cambodia	<p>Article 31: the State shall “recognize and respect human rights as stipulated in the United Nations Charter, the Universal Declaration of Human rights, the covenants and conventions related to human rights, women’s and children’s rights”</p> <p>Article 48: “the State shall protect the rights of children as stipulated in the Convention on Children, in particular, the right to life, education, protection during wartime, and from economic or sexual exploitation. The State shall protect children from acts that are injurious to their educational opportunities, health and welfare.”</p>
2006	National Policy on Alternative Care for Children	<p>Enacted to “protect the rights of the child and to ensure the physical and psychosocial long-term development of orphans and other vulnerable children,” with three specific objectives: 1) benefit of children from national and international laws such as UNCRC, 2) right to grow up in a family and community, 3) access to education, health, psychosocial support and other services essential to child survival and development.</p> <p>Implemented through the Prakas on Minimum Standards for Residential Care for Children (2008), Minimum Standards for Community-Based Alternative Care for Children (2008), Procedures for Kinship Care and Foster Care (2021), and Guidelines on Child Reintegration and Transition and Closure of Residential Care Facilities (2022)</p>
2008	Law on the Suppression of Human Trafficking and Sexual Exploitation (TSE Law)	Defined new offenses and framework for legal prosecution of orphanage trafficking crimes, including unlawful removal of a child from parental care for purposes of exploitation, profit or adoption. Establishes provision for lawful operation of and admission of children to a residential care facility.
2009	Law on Intercountry Adoption (Related Prakas 1980, 138, 139)	The law was passed by the National Assembly in October 2009. It was developed to “determine the principles, conditions, procedures, formalities and effects of inter-country adoption and guarantee the best interests of and to protect the basic rights of children who are subject of inter-country adoption.” The law governs the adoption of a child of Cambodian nationality by a married couple permanently residing in another country.
2015	Sub-Decree No 90 ANKr.BK	Revises Article 7 of the Sub-Decree No. 116 ANKr.BK on Allowance for Victims Living in State-run Centres, Sub-Decree No. 119 ANKr. BK dated 11 September 2015 on the Management of Residential Care Institutions and Sub-Decree No. 34 ANKr. BK dated 07 March 2017 on Transfer of Functions for “Management of State-Run Residential Care Institutions” to the Capital/Provincial Administrations, “Oversight of the NGOs’ Residential Care Institutions” to the Capital, City and District Administrations; and “Management of Community Based Care Services for Child Victims and Vulnerable Children” to the Capital, City and Commune Administrations.
2015	National Policy Framework for Social Protection 2016 - 2025	Long-term roadmap for social protection systems development in Cambodia. Focuses on two main pillars: 1) Social Assistance and 2) Social Security with the goal to “develop a strategic plan for the GoC to ensure income security and reduce economic and financial vulnerability of citizens”. Played a crucial role to increase accessibility of social

		security and social assistance services for people in the public, private, and informal sectors.
2015	National Policy on Child Protection 2019-2029, and operational plan (2021-2025)	Developed to provide equal opportunity to all children and gather investments in children in a more comprehensive and systematic way. The system will "invest more in social affairs officials or social staff at the sub-national level to improve child protection services and ensure they are more efficient, consistent, and timely, ensure that children have access to legal services and social equity, respond to disasters affecting children and their families, continue gathering, strengthening and expanding existing child protection programs."
2016	Juvenile Justice Law Strategic and Operational Plan 2018-2020	<p>The Law on Juvenile Justice was adopted in July 2016 and enforced in early 2017. Passing the Juvenile Justice Law allowed the GoC to implement the resolutions contained in the United Nations Convention on the Rights of the Child (UNCRC) and other international standards and guidelines. This was highly significant for the children and young people of Cambodia.</p> <p>To ensure the effective execution of the Juvenile Justice Law, a strategic and operational plan was developed to "provide clear guidance to concerned ministries and institutions". The plan outlines a concrete and sustainable modern juvenile justice system that "focuses on diversion and restorative justice as the main course of action – rather than punishment."</p>
2016	Action Plan for Improving Childcare 2016-2018 [extended to 2020]	<p>The Action Plan aims to "improve childcare by promoting family preservation, de-institutionalization, reintegration, and alternatives to institutional care". Targets the safe return of 30% of children in residential care to their families between 2016-2018 in five priority provinces. It was developed to support the implementation of the MoSVY Work Platform 2014-2018 and the Sub-Decree 119, and is in line with the guiding principles of the UN Convention on the Rights of the Child</p> <p>Focuses on three objectives for a reintegration plan: "1) strengthen the capacity of MoSVY and five provincial authorities to form and implement institutional and legal frameworks and costed plan for scale up of CP prevention and response interventions, including deinstitutionalization and reintegration by 2018; 2) strengthen the capacity of 3PC partners and other social service providers to protect girls and boys separated from families or at risk of separation; and 3) strengthen the capacity of commune councils and religious leaders to protect girls and boys separated or at risk of separation from families."</p>
2019	Sub-Decree 181, 183 , 184	Functions and mechanisms of municipality/Khan of Phnom Penh and districts, and other regulations. This reflects the special attention of the GoC on the improvement of services for the poor and vulnerable people, especially orphans and vulnerable children in communities by strengthening the quality and proximity of services to people and by speeding up the gradual decentralization of responsibilities and budget allowances to subnational administrations.
2020	Declaration on Strengthening Social Work	<p>Governments of the Association of Southeast Asian Nations (ASEAN), including the Kingdom of Cambodia, formally recognize the critical role of social work and the vital roles filled by social workers to provide social protection to vulnerable children and families.</p> <p>All nations agree to "promote social work and strengthen its catalytic role in realizing a people-centered, people-oriented, and inclusive ASEAN Community, that enhances the capacities of the poor, vulnerable groups, achieves inclusion and enhances equitable access of those groups" through 11 goals around legislation, standards for accreditation and licensing, interagency coordination, allocation of resources for social</p>

		workers and the promotion of their retention, development of national associations and regional networks, and recognition of the profession.
2020	Strategic Plan for Training the Social Service Workforce Focus on Child Protection 2021-2025	<p>First 5-year plan with focus on strengthening capacity of SSW to have knowledge and professional skills needed to serve vulnerable children and families. Includes three strategic goals: "1) develop SSW training curriculum/education programs and training packages; 2) train the SSW and improve its efficiency; and 3) strengthen the capacity of social service education/training institutions."</p> <p>Defines 'social work' as "the process of assisting individuals, families, and communities to solve their problems and working to address the social injustice and inequity present in any given society." The 'social service workforce' is defined as "those working to ensure improvement of victims' and vulnerable people's wellbeing, both government and non-governmental organizations, professional and non-professional, and working for profit and non-profit." SSW focuses on "prevention, response, and support to victims and vulnerable people in the community." Also defines professional social worker, para-professional social workers, para social workers, and allied workers.</p> <p>The Strategic Plan cites eight levels of qualifications for technical and vocational education and training and maps social service institutes and child protection mechanisms at various administrative levels.</p> <p>-Social Work Standards for Generalist Practice, referenced also in Prakas from Aug 1, 2019</p>
2022	Child Protection Sector Strategic Implementation Plan 2022-2026	<p>This is the "first five-year child protection sector strategic plan" that uses a 'systems approach' to "develop well-coordinated and resourced administrative mechanisms at the subnational level to deliver child protection services." Includes five key strategic programs aimed at "establishing a functioning child protection system, that is effective, well-coordinated, resourced, and sustainable: 1) establish legal documents and strengthen operational system; 2) scale up preventive and supportive services; 3) scale up promotive services; 4) strengthen child protection information management system; and 5) establish coordination mechanism".</p> <p>Key activities related to the SSW: include dissemination of information on the importance of licensing for the social service workforce; capacity building for district level SSW on case management; capacity strengthening of commune/sangkat authorities; develop training modules on social service standards for training; develop training strategy for upskilling of all levels of SSW in CP; develop HRMIS for SSW</p>
2023	Action Plan on Improving Alternative Care for Children 2023-2027	<p>Part of Child Protection Sector Strategy Implementation Plan 2022-2026 and will contribute to the "Strategic Plan of MoSVY, Plan to Implement National Policy on CP System 2019-2029, and other CP sector plans". The goal is to "strengthen alternative care for children through the promotion of family preservation, kinship or foster care, and reintegration of children back to their families and communities as well as revision of policy and relevant regulations to improve the quality and management of alternative care services for children."</p> <p>Includes four main goals: "1) review and strengthen alternative care policy and regulations; 2) strengthen the management and quality of alternative care services for children and promote family and community-based care for children; 3) strengthen family preservation programs and prevent unnecessary family separation, and 4) strengthen the collaboration, coordination, and monitoring of alternative care." Defines principles of alternative care and implementing activities for each of the four main goals.</p>

n/a	Law on Child Protection [under development]	OHCHR general recommendations in review of draft CP law: "1) Including in the draft law the civil rights and freedoms provided for under the Convention of the Rights of the Child (Articles 13, 14, 16, 17; 2) States phase out institutionalization and facilitate family-based care for children wherever possible and could include standards on family-based alternative care for children; 3) Including transitional arrangements at the end of the law for measures that cannot be implemented immediately (establishment of a family court) and for measures that should only be implemented temporarily (residential care)."
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