



Para-social work to address most vulnerable children in sub-Saharan Africa: A case example in Tanzania

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ABSTRACT

Addressing the needs of the most vulnerable children is a universal challenge, particularly in developing countries lacking infrastructure of social welfare services, adequately trained workforce and educational programs. This article describes training and utilization of para-social workers to the social service needs of children and families. These supervised para-professional community based staff and volunteers can fill gaps in serving the needs of children and families, particularly where social welfare systems are undeveloped or severely stretched. We present the development of one such program as a case study, the Social Work Partnership for Orphans and Vulnerable Children in Tanzania. A competency-based training model includes an introductory workshop, a six month-long supervised field component and subsequent training and technical assistance. The curriculum teaches practical skills to assist vulnerable children, especially those HIV affected, including assessing needs, implementing case management resource linkages, counseling, family support, and ongoing service coordination. Over 500 participants have begun the para-social work program in districts throughout the country. Participants report high satisfaction with the training, and knowledge scores consistently and significantly improve throughout the training. This partnership aims to create a sustainable para-professional workforce to address gaps of most vulnerable children in Tanzania and can serve as a model to apply social work principles and techniques in settings where professional and structural resources are highly limited.

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1. Introduction

Addressing the needs of orphans and vulnerable children is one of the most significant challenges facing developing countries, where medical and social consequences resulting from the HIV/AIDS pandemic disrupts capacity to develop integrated care systems. The complex interactions of these social forces further exacerbate the problems of structural poverty in countries with few available resources to counteract them. Limited resources available for governmental response affects effectiveness of programs to address vulnerable children's needs, compounded by challenges in integration of social service and medical infrastructures and inadequate work forces in terms numbers as well as education and professional opportunities.

The estimated number of orphans worldwide ranges from 42 million (USAID, 2002) to 210 million (UNICEF, 2008), depending on

the definition and ages used. According to a World Health Organization, UNAIDS and UNICEF update, the number of living children under age 17 who have lost one or both parents to AIDS and who were alive and under age 17 is estimated to have grown from 500,000–740,000 children in 2001 to 850,000–1,100,000 children in 2007 (WHO, UNAIDS and UNICEF 2008). The number of vulnerable children increases considerably when we add those with complex problems including chronic medical problems or disabilities or living with an adult who is very ill, or living in a child headed households. Other related unstable living situations compound these vulnerabilities, e.g. living on the streets and those who have survived armed conflict, assault, or child labor (Andrews, Skinner, & Zuma, 2006; Ebibbob, 2002; Richter & Desmond, 2008; Schenka et al., 2008; Zimmer & Dayton, 2005).

HIV typically reverses the caregiving paradigm: the oldest generation provides care and support to grandchildren and other young children who have lost parents and other relatives to the epidemic (Kaijage & Tibaijuka, 1996). Children faced with orphanhood, stigma, physical and emotional displacement and infection, are further harmed by limited economic opportunity and educational

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opportunities as well as by grief, loss and emotional traumas that accompany parental death and family displacement (Catholic Relief Services, 2007; Kaijage & Makbel, 2003).

In a number of sub-Saharan African countries experiencing large numbers of orphans and other vulnerable children, institutions to oversee child welfare are poorly developed and staffed (Conway, Gupta, & Khajavi, 2007; NCCAN, 1995; Nyandiyi-Bundy & Bundy, 2002; September, 2006). Social welfare structures and educational resources vary in terms of the existence of social institutions, such as ministries of social welfare as well as academic institutions to train competent workers. Professionals that do exist often work mainly around urban centers, and/or lack the time, transport, and local community contacts with which to conduct effective, consistent home visits to assess children's needs and those of their families (Conway et al., 2007). Additionally, many professionals work in sub-Saharan areas for extremely short periods of time (Joint Learning Initiative, 2004). Consequently, they are unable to mobilize resources regularly and efficiently to meet the needs of these children for additional support.

Many non-governmental organizations (NGOs) and government services have relied on volunteers to fill the gap, although the reliability and quality-of-care these volunteers provide varies widely. Community volunteers, even with good orientation and support, can only meet part of these needs. With the rapid turnover many local organizations and government ministries experience among volunteers, the lack of trained personnel has increased as a challenge in recent years, as the demand for child-focused, family-centered assistance has grown.

The use of para-professionals to supplement existing social services has emerged as a response to these challenges (Conway et al., 2007; Vaz, et al. 1999; Nyandiyi-Bundy & Bundy, 2002; Swart, van Niekerk, Seedat & Jordaan, 2008). Para-social work parallels other para-professional extenders in fields such as paralegal workers, medical assistants or paramedics, and lay-counselors. Local community-based volunteers as para-professionals often have the innate ability to do this work: they understand the local context and culture, speak the local language, and are widely known and trusted by other community members in relation to sensitive issues. A number of descriptors or job titles apply to these sub-professionals, such as outreach workers, peer or lay counselors, community health workers, case managers, and coordinators. These workers are a valuable resource to support children, families and communities and extend the reach of more expensive, high-demand professionals.

Using skilled paraprofessional workers to support vulnerable children and families as well as adults in need of services has a long history in social work, dating back to the pioneers of the field who relied upon "friendly visitors" or volunteers to help in assessing needs and implementing plans of support (Brawley & Schindler, 1989; Brawley & Schindler, 1991; Hesse & Kathrine, 1976). Semi-professionals as well as peer supporters have been used extensively in group activity and group support programs, and in the initial responses to HIV/AIDS trained volunteers have been indispensable. Within the field of case management, workers come from diverse backgrounds and receive appropriate training, monitoring and supervision.

Para-social workers may work in various positions in a variety of countries, particularly across Africa and Asia. Several countries have made efforts to address vulnerable children's needs through para-social work or related methodologies, both through government programs, internationally funded programs or through joint partnerships. For example in Namibia through the Ministry of Gender Equality and Child Welfare a combination of child care workers, community counselors and case managers are being trained to take on some of these functions. In Ethiopia, an American International Health Alliance (AIHA) Twinning Center has created the "Triangle Project" working with Addis Ababa University, the Tanzanian Institute of Social Work and Jane Addams College of Social Work (overlapping with the Tanzanian group described in this article). The Triangle team

is training "psychosocial care workers" to address social service needs for people with HIV throughout the life span. Another AIHA Twinning Center team in Nigeria with US based Hunter College, Howard University and two Nigerian Schools of Social Work are training para-social workers as grass-roots volunteers to work with vulnerable children. In South and Southeast Asia, a number of efforts are underway to train community workers in family centered care techniques or HIV counseling. "Family Case Managers" attend family centered care training courses of varied length including classroom learning, a practicum with support from a local supervisor with ongoing visits by senior supervisors beginning within two months of initial training. In Viet Nam and India, government support helps develop social worker and para-social worker roles in caring for vulnerable children.

These efforts each have specific functions and names, however all use social work methodology to educate previously untrained community workers in skills that go beyond visiting and home care tasks to include some assessment, support and referral to other services. They focus on the population in greatest need because of the coexisting epidemics of HIV and structural poverty. A number of them include partnerships between international and country-specific professional social work educational institutions. In each case, the workers complete an established set of training experiences along with supervised practical experience, commensurate with local laws and practices. Ongoing quality improvement, technical assistance and periodic additional training follow initial training. In this way, professional social workers, community leaders and other stakeholders, especially the children and their families who are eligible for assistance, can rely on these workers for consistent, knowledge-driven, coordinated assistance with follow-up support, direct care, and advocacy as needed.

Some countries have developed National Plans of Action and set quality-standards for orphans and vulnerable children, e.g. Tanzania, Ethiopia, Sudan, South Africa, and Malawi (Department of Social Development, 2005; Committee on the Rights of the Child, 2009). Support comes from various government ministries, international donors including the US Presidents Emergency Program for AIDS Relief (PEPFAR) and some local or regional programs such as Philippi Trust in Namibia, Thandanani in South Africa or the Regional Psycho-Social Service Initiative (REPSSI) in several countries.

To support training needs of para-professionals, the field has developed a range of training materials to address the comprehensive needs of vulnerable children. Barkarsh (2005) has developed the program *Journey of Life: Community Workshops to Support Children* as one approach to teach community people to work with vulnerable children. The Star Model (Steinitz, Green, Matengu, Medrano, & Murithi, 2009) is a child-focused and family-centered approach that addresses several foci: children's needs, family context, community involvement and support, prevention and capacity building along a continuum of care. Harber (1998) identified a community based care model for vulnerable children in South Africa.

The purpose of this article is to provide a case example of the development of para-social work in Tanzania, demonstrating the development of the concept, training programs and methods, initial evaluation data and some of the efforts to institutionalize the program.

2. The social work partnership for orphans and vulnerable children in Tanzania

To address these pressing needs, a team of Tanzanian and American partners in social work education and training coalesced. This project developed very informally, as colleagues met at the Council on Social Work Education to consider how US HIV social work providers could work in Tanzania to improve education and service programs. In 2006, the American International Health Alliance

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