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Social Welfare Service Workforce Capacity Assessment

A capacity assessment to develop a long-term capacity building strategy for the social welfare services sector in Ghana



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Published by:

Ministry of Gender, Children and Social Protection, and UNICEF Ghana

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For further information, contact:

Ministry of Gender, Children and Social Protection, P.O. BOX MBO 186, Ministries, Accra, Ghana. Tel: (+233) 0302 688181 / 0302 688187 / 0302 688184 <http://mogcsp.gov.gh/>

UNICEF Ghana P.O. Box AN 5051, Accra-North, Ghana. Telephone: +233302772524;

www.unicef.org/ghana

This assessment was conducted by Maestral International on behalf of the Ministry of Gender, Children and Social Protection (MoGCSP) Ghana and UNICEF Ghana, with financial support from USAID's Displaced Children and Orphans Fund (DCOF). The Department of Social Welfare is the sole responsible for the content of this assessment. The assessment does not necessarily reflect the views and positions of USAID and UNICEF.



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ACRONYMS

ASDO	Assistant Social Development Officer
BSW	Bachelor of Social Work
CP	Child Protection
CFW	Child and Family Welfare
CFWP	Child and Family Welfare Policy
CDO	Community Development Officers
CHRAJ	Commission on Human Rights and Administrative Justice
CSO	Civil society organisation
CSDA	Chief Social Development Assistant
CSDO	Chief Social Development Officer
DACF	District Assembly Common Fund
DBO	District Budget Officer
DCD	Department of Community Development
DCD	District Coordinating Director
DCE	District Chief Executive
DPCU	District Planning and Coordinating Unit
DED	District Education Directorate
DoC	Department of Children
DOWSU	Domestic Violence and Victims Support Unit
DSW	Department of Social Welfare
DSWCD	Department of Social Welfare and Community Development
DP	Grants from Development Partners
ECD	Early Childhood Development
GASOW	Ghana Association of Social Workers
GES	Ghana Education Services
GESP	Ghana Employment and Social Protection Programme
GHS	Ghana Health Service

GoG	Government of Ghana
GSSWA	Global Social Services Workforce Alliance
IASSW	International Association of Schools of Social Work
ICT	Information and Communications Technology
IGA	Income Generating Activities
IGF	Internally Generated Funds
ILGS	Institute of Local Government Studies
ISSCS	Inter Service and Sectoral Collaboration and Co-Operation System
JCP	Justice for Children Policy
KNUST	Kwame Nkrumah University of Science and Technology
KMA	Kumasi Metropolitan Assembly
LEAP	Livelihood Empowerment Against Poverty
MCD	Metro Coordinating Director
MIS	Management Information System
MMDA	Metropolitan, Municipal and District Assemblies
MoF	Ministry of Finance
MoGCSP	Ministry of Gender, Children and Social Protection
MLGRD	Ministry of Local Government and Rural Development
NGO	Non-governmental organisation
NHIS	National Health Insurance Scheme
NSPS	National Social Protection Strategy
OHLGS	Office of the Head of Local Government Service
PPMED	Policy Planning Monitoring and Evaluation Division
PSDA	Principal Social Development Assistant
PSDO	Principal Social Development Officer
PWD	People with Disabilities
RCC	Regional Coordinating Council
RING	Resiliency in Northern Ghana

RHC	Residential Homes for Children
SDA	Social Development Assistant
SSSC	Social Service sub Committee
SSDA	Senior Social Development Assistant
SDO	Social Development Officer
SSDO	Senior Social Development Officer
SOP	Standard Operating Procedures
SoS	Scheme of Service
SWCD	Social Services sub-committee of a District Assembly
SWA	Social Welfare Actors
SSW	Social Service Workforce
SW	Social Worker
SWWF	Social Welfare Workforce
TAC	Technical Advisory Committee
UoG	University of Ghana
WFS	Workforce Strengthening

GLOSSARY

Social Work: *“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversity are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels”*

Social Work as a Practice based profession: Social work is a *practice-based* profession. A Social Work graduate, or entry-level social worker, can demonstrate competence and has the ethical base, skills, tools, and values required to join the workforce and have a positive impact on the individuals, families, groups, organisations, and communities served.

Social work competencies: “Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being.” The Council on Social Work Education set out the following competencies in 2015 (see Annex 1 for further details):

1. Demonstrate ethical and professional behaviour.
2. Engage diversity and difference in practice.
3. Advance human rights and social, economic, and environmental justice.
4. Engage in practice-informed research and research-informed practice.
5. Engage in policy practice.
6. Engage with individuals, families, groups, organisations, and communities.
7. Assess individuals, families, groups, organisations, and communities.
8. Intervene with individuals, families, groups, organisations, and communities.
9. Evaluate practice with individuals, families, groups, organisations, and communities.

Social Service Workforce: The Global Social Service Workforce Alliance (GSSWA) defines the social service workforce broadly as *a broad range of governmental and non-governmental professionals and para professionals who work with children, youth, adults, older persons, families and communities to ensure health development and wellbeing. The social service workforce focuses on preventative, responsive and promotive services....The social service workforce constitutes a broad array of practitioners, researchers, managers and educators, including, but not limited to: social workers, social educators, social pedagogues, child and youth care workers, community development workers/community liaison officers, community workers, welfare officers, social/cultural animators and case managers*. In the same way that the medical profession consists of doctors, nurses, physical

therapists, and technicians, the social service workforce comprises many cadres of people with various titles, roles and functions, but they all share a common goal, notably to care for, support, promote and empower vulnerable people. While social work and social pedagogy have the advantage of history, and remain dominant in the sector, other categories of professionals and paraprofessionals have emerged over time.

Social Welfare Workforce: Is a specific category of the Social Service Workforce and may be a smaller set of workers as defined by a specific country.

Paraprofessional Social Service Workforce: The term paraprofessional generally refers to someone who is not a university graduate. Many governments, and non-governmental and specialised programmes, have used community-based workers to provide direct support to vulnerable people and their families. These workers also augment social service programmes that may not be fully developed, accessible, or have enough staff. In Ghana, for example, NGOs are playing a key role in filling social service provision gaps. Many of these NGOs, however, do not employ trained social work professionals, and rely on paraprofessionals and community-based workers. While community-based workers provide an array of social services, their functions and activities are not formally or clearly defined, and they often fall outside organised social service systems. This is true in Ghana, and the assessors recommend the development of clear guidelines for these paraprofessionals.

ACKNOWLEDGMENTS

Maestral International was appointed to develop a capacity building strategy, inclusive of an assessment report, on behalf of the Ghanaian Ministry for Gender, Children and Social Protection (MoGCSP), the Ghanaian Office of the Head of Local Government Service (OHLGS), and UNICEF Ghana. The necessary financial support was provided by USAID, through its Displaced Children and Orphans Fund (DCOF).

The Maestral Team included team leader Janet Du Preez, and team members Atieno Odenyo, Emmanuel Wireko Antwi-Boasiako, Jini Roby and Mari Hickman.

The MoGCSP further wishes to acknowledge the role of the Technical Advisory Committee, and the support received from the following individuals: Mr Daniel Nonah, Acting Director of the Department of Social Welfare, MoGCSP; Dr Faustina Essandoh, Director of the Department of Community Development; Dr Charles Kessey, Director Research, Statistics and Information Management (RSIM) of the OHLGS; Antoine Deliege and Muhammad Rafiq Khan from the Child Protection Team of UNICEF Ghana.

In addition, gratitude is expressed to staff from the Social Welfare and Community Development Units in the 16 sampled Metropolitan, Municipal and District Assemblies (MMDAs), who generously gave their time to participate in the field and self-assessment surveys. Their valuable contribution influenced the outcome of this assessment, and will thus contribute to the development of a relevant capacity building strategy plan for the strengthening of the social welfare workforce in Ghana, for the MoGCSP and the OHLGS.

EXECUTIVE SUMMARY

Supported by UNICEF, the Ministry of Gender, Children and Social Protection (MoGCSP) and the Office of the Head of Local Government Service (OHLGS) have embarked on a process to strengthen the Ghanaian social welfare workforce. A first step was the completion of a '*social welfare workforce capacity assessment to develop a long-term capacity building strategy for the social welfare service sector in Ghana*' in 2019.

The assessment identified various barriers to the effective functioning of Ghana's social service system. These barriers, inter alia, result in social service provision gaps. The assessment also found that a competent, adequately resourced and trained social service workforce is necessary to provide the services and support required by vulnerable populations, families, and children in Ghana.

The social work profession is a distinct profession with theories, practices models and skills that distinguishes it from other social sciences, or social science workers. The profession is guided by a core set of competencies, principles, and ethical standards. However, the social work profession is also an integral part of the broader social services workforce, which includes paraprofessionals and community-based workers.

The assessment shows that, given the decentralised nature of social service provision in Ghana, there is a need for

- a clear, formal, and inclusive definition of the broader social services workforce (and its constituent parts),
- an institutional framework, and the competencies to support such a framework,
- finalisation and clarification of the legal and policy framework for the social work profession and the social services workforce more broadly (including the finalisation of the social work bill),
- the development of a code of ethics for social workers,
- the development of a more defined service delivery model,
- the development of appropriate norms and standards for delivery, and
- the development of adequate guidelines for standard operating procedures (SOPs).

The assessment also found:

- That the MoGCSP is the custodian of social work services, and that the OHLGS does not have the required capacity in social work. The assessors, therefore, suggest that the OHLGS should be guided by the MoGCSP.
- That it is necessary to develop an appropriate reporting and accountability structure that links social welfare services at national, regional and district levels.

- That is necessary to clarify roles and responsibilities. Currently, the MoGCSP is responsible for social work programme design; capacity building to ensure that policies and legislation are correctly interpreted for implementation; and programme monitoring and evaluation to ensure adherence to national standards. The OHLGS is responsible for ensuring that there are enough competent social service workers and related staff to implement the programmes and deliver the required services to those in need.
- That, according to the Scheme of Service, social work qualifications are not a prerequisite for Senior Social Development Officers (SSDOs), Social Development Officers (SDOs), or Assistant Social Development Officers (ASDOs) all of whom are responsible for social services.
- That there is a blurring of roles and overlap of functions between social development officers and community development workers. This has ethical implications, because workers with no formal social work qualifications, and who are likely unaware of the code of ethics and principles that govern social work, are performing mandatory statutory services.
- That there is a bias towards community development positions, to the detriment of social welfare positions. It appears that the bias derives from the conceptualisation of the scope, role, and functions of social welfare officers. The result is an imbalance of posts, with an overrepresentation of the community development function, and an underrepresentation of the social welfare function.
- The aims of the decentralised system of governance in Ghana include bringing services closer to the people and communities that require them; to transfer decision making and implementation authority from a central government to a local authority; and to enhance the ability of communities to influence the decisions that affect their wellbeing. Overall, respondents were supportive of the idea of decentralisation. They identified the following as positive components of decentralisation: the pooling of resources and ideas; the relative proximity of services to clients; the avenue to contribute to decision-making at the district level through involvement in budget preparation and budget committee meetings; and serving on statutory sub-committees (e.g. the Social Services Sub-Committee). However, the assessment also shows that the decentralised approach is having adverse effects on the effectiveness of the social service workforce and the quality of the services it provides. The findings suggest that national and international standards of social work practice are being compromised. The assessors argue that decentralisation and the structural arrangements that accompany such processes must, at the outset, be understood by those who will be affected by its institutionalisation. A change management strategy together with a capacity building process that includes leadership, management and function clarification should accompany the implementation of such structural changes. This ensures that those responsible for implementation and those affected by implementation understand the need for, and consequences of, the change for staff and the people they serve. In this case, a change management strategy was not developed, and related capacity building did not take place. This contributed to the adverse effects on the sector identified during the assessment.
- That the district level budget allocation for social services is inadequate. The lack of investment in the social service workforce will undermine all other efforts to strengthen the social welfare and the child protection system in a sustainable manner. This includes negatively affecting policy

implementation and law enforcement; the operability and effectiveness of case management systems; and overall service delivery.

- Although capacity development is a critical element towards a strengthened workforce, it will serve little purpose if the institutional arrangements and structures for effective implementation of the social service system in Ghana are not also improved. Previous research has led to similar conclusions and have also made recommendations for the improvement of the institutional framework. It appears that these recommendations have either not been implemented, or have not yet led to visible change.

Assessment recommendations include:

The assessment argues that the decentralised system in Ghana must be strengthened and improved to (1) support an effective service delivery model for quality social services, (2) deliver on the mandate of MoGCSP and, (3) uphold national and international standards of social work practice.

This assessment identifies the institutional arrangements and structures that must be reviewed and strengthened to enable the optimal functioning of the workforce, and to create an environment that is supportive and that ensures efficient and sustainable service delivery.

The assessment recommends that the following actions be taken to ensure the effective implementation of the Social Service Workforce (SSW) capacity development strategy for transformational change:

1. Develop a clear and more inclusive definition of the SSW in Ghana that encapsulates the range of social work professionals, paraprofessionals, and community level workers.
2. Revise the Scheme of Services (SoS) to, inter alia, recognize the SSW.
3. Ensure that only qualified social workers are hired to provide social work functions.
4. Clearly outline the role of the MoGCSP as the custodian of social services. Develop an appropriate reporting and accountability system that links national, regional and district levels in a direct way. Establish a similarly clear reporting, accountability, and communication structure between the MoGCSP, the OHLGS, and the District Assemblies where the Department of Social Welfare and Community development is located.
5. Modify the legislative framework governing the SSW to more clearly and inclusively define the SSW (see recommendation one above).
6. The Draft Social Work Bill should be discussed and reviewed. The expanded, more inclusive, definition of the SSW should also be reflected in this Bill.
7. All relevant policies and laws should clearly articulate (1) a set of competencies required for a particular social service role, (2) national practice standards, including a Code of Ethical Conduct, (3) a licensing scheme and, (4) a means of self-regulation.
8. Provide support for the effective functioning of the Ghana National Association of Social

Workers to ensure the existence of a licensing and regulatory body.

9. Design a capacity development plan based on the results of this assessment.
10. Support the two universities offering a Bachelor of Social Work (BSW) to update their curricula and facilitate field education placement.
11. Support an institution to offer in-service technical training and a diploma in social work for paraprofessionals.

1

Introduction

1. INTRODUCTION

1.1. Socio-economic context

In 2017, the World Bank estimated Ghana's population at 28.8 million.¹ By 2019, it was estimated at 30.2 million.² Approximately 38.8% of the population are children under 15,³ and a further 18% are aged 15-24 (i.e. 56% of the population are younger than 25).⁴ Ghana has a diverse population comprising of eight "ethnic" groups, speaking nine different languages.⁵

Ghana became a middle-income country in 2010, following a period of high economic growth facilitated by the discovery of offshore oil reserves (an average of 7% per year).

Ghana has earned international recognition as a model of political stability, good governance, and democratic openness. Ghana has well-developed institutions and an enabling legal and policy environment for the advancement and protection of women's and children's interests and rights.

However, as with many middle-income countries on the continent, the per capita income and middle-income classification hide growing income inequalities, and many development indicators in Ghana still reflect those of a low-income economy.

Economic growth has reduced poverty, but not sufficiently. Although the proportion of people living in poverty declined by 25% since 2006, the total number of people living in poverty declined by only 10% (from 7m to 6.4m), which means that poverty reduction did not keep pace with population growth⁶.

Women are more likely to be poor, particularly in the northern regions and rural areas of the country.⁷ One child in ten lives in extreme poverty, and 1.2 million children live in households that are unable to provide adequate food.⁸

The infant mortality rate for Ghana in 2020 is 33.701 deaths per 1000 live births, a 2.79% decline from 2019, following a continuous decline per year since 2016.⁹ In 2018, total access to basic sanitation in

1 <https://data.worldbank.org/country/ghana>

2 http://www.statsghana.gov.gh/nationalaccount_macros.php?Stats=MTA1NTY1NjgxLjUwNg==/webstats/s679n2sn87

3 http://www.demographicdividend.org/country_highlights/ghana/

4 <https://www.humanium.org/en/ghana/>

5 Ghanaian languages. Retrieved 20 November 20, 2018 from <https://www.ghanaweb.com/GhanaHomePage/tribes/languages.php>

6 UNICEF Ghana, University of Sussex, ASHESI (2016). The Ghana Poverty Report

7 UNICEF Ghana (April 2014). Inequality in Ghana: A fundamental national challenge. A briefing paper

8 UNICEF Ghana, University of Sussex, ASHESI (2016). The Ghana Poverty Report

9 <https://www.macrotrends.net/countries/GHA/ghana/infant-mortality-rate>

Ghana was estimated at 21%; with rural and urban coverage of 17% and 25%, respectively.¹⁰ More than 86% of Ghana's workforce are employed in the informal sector.¹¹

Within this context, child protection issues are varied and interlinked. Enforcement of protection laws remains weak and some laws are inappropriate to the context. The vulnerabilities of adolescent girls, such as pregnancy, child marriage, school dropout and gender-based violence have emerged as major child protection issues in Ghana.¹² Violence and abuse of children, including sexual abuse, remains very high with over 90% of children reporting having experienced physical violence, both at home and at school¹³. More than 4,000 children still live in residential homes, often labelled as "orphanages". Many of these children are unnecessarily separated from their families.

In response to the situation described above, significant policy and programme advances have been made towards protecting children's rights and improving social services to vulnerable children and their families. Policy advances include the flagship Children's Act; the Child and Family Welfare Policy; the National Social Protection Policy; and the Justice for Children Policy (JCP).

Other advances include the Livelihood Empowerment Against Poverty Programme (LEAP). At the end of 2017, 213 000 families from 216 districts were enrolled in the LEAP.¹⁴ Social protection and child protection are aligning under the LEAP registration system and school feeding programmes.¹⁵ Approximately 6,500 frontline child protection staff (including community level facilitators, social workers, and police and probation officers) have been trained¹⁶. Furthermore, Ghana continues to work towards family strengthening and deinstitutionalisation.¹⁷

Despite the policy advances and new initiatives, implementation is lacking.¹⁸ Various factors contribute to the lack of implementation. This includes a lack of capacity in the social service workforce.¹⁹ It has become apparent that a strong, well-trained social welfare workforce (SWWF), consisting of diverse categories of social service professionals with different levels of competence, is necessary for the wellbeing of vulnerable children, families, persons with disabilities and other vulnerable groups.

10 Appiah-Effag et al (September 2019). Ghana's post-MDGs sanitation situation: an overview. *Journal of Water, Sanitation and Hygiene for Development*. Volume 9. Issue 3.

11 Ibid.

12 UNICEF Ghana (2017). Annual Report. Retrieved 20 November 2018 from

13 Child Centre for Social Science Research, University of Cape Town (2015).

14 UNICEF (2017). Annual Report 2017 Ghana. Retrieved 4 May 2019 from

15 UNICEF (2009). Social protection and children: Opportunities and challenges in Ghana. Retrieved 1 May, 2019 from

16 UNICEF Ghana (2017). Annual Report. Retrieved 4 May 2019 from https://www.unicef.org/about/annualreport/files/Ghana_2017_COAR.PDF

17 Department of Social Welfare, Ghana. Regulations for care and protection of children without appropriate parental care in Ghana. Retrieved 3 May, 2019 from http://www.oafrica.org/upload/pdfs/RESIDENTIAL_CARE_STANDARDS_GH_14.2.11.pdf

18 Ministry of Gender, Children and Social Protection (2014). The Child and Family Welfare Policy.

19 Ibid.

1.2. Defining the social service workforce

The Maestral team recognizes the need for working definitions of the ‘social service workforce’ and the ‘social welfare workforce’. In the absence of formal definitions in Ghanaian policy documents, the Maestral team suggests the following working definitions for purposes of this assessment.

The Global Social Service Workforce Alliance (GSSWA)²⁰ defines the social service workforce as *a ‘variety of workers, paid and unpaid, professional and paraprofessional, governmental and non-governmental, that make the social service system function and contribute to promoting the rights and ensuring the care, support and protection of vulnerable groups, especially children’*²¹. In the same way that the medical profession consists of doctors, nurses, physical therapists, and technicians, the social service workforce comprises of people with various titles, roles and functions, who all share the common goal to care for, support, promote and empower vulnerable people²². The social service workforce focuses on preventative, responsive and promotive programmes that support vulnerable groups, families, and children in communities. They do this by alleviating poverty; reducing discrimination; facilitating access to services; promoting social justice; and preventing and responding to violence, abuse, exploitation, neglect, and family separation.²³

Until recently, no standard or recognized definition for paraprofessional social service workers existed at either global or national level. Defining these roles is particularly challenging in resource scarce countries in Africa, including Ghana, where many different kinds of paraprofessionals have rapidly been trained and deployed to fill gaps that developed as a result of high need and the shortage of professional social service workers.²⁴ The term paraprofessional refers to someone who is typically not a university graduate (i.e. does not have a degree in the social service field). Many governments, non-governmental organisations, and specialised programmes employ community-based workers to provide direct support to vulnerable people and their families, and these workers also often augment other social service programmes.²⁵ In Ghana, many NGOs were established to respond to social development gaps left by structural adjustment programmes, and though they are playing a key role in filling the social service provision gaps, most do not employ qualified social work professionals.²⁶ While community-level workers provide an array of necessary and important social services, they do not have clearly defined roles and functions, and they often fall outside of the organised social service system. It is important to further define the paraprofessional workforce in Ghana, and to ensure that clear guidelines are developed to guide their work and their role in the overall statutory system.

20 The Global Social Service Workforce Alliance (GSSWA) is a network of over 1,800 members in 125 countries formed as a result of the Social Service Workforce Strengthening Summit held in 2010

21 GSSWA (2017). Para professionals in the social service workforce: guiding principles, functions and competencies.

22 UNICEF (2019). Guidelines to strengthen the social service workforce for child protection

23 GSSWA (2017). Para professionals in the social service workforce: guiding principles, functions and competencies.

24 GSSWA (2017). Para professionals in the social service workforce: guiding principles, functions and competencies.

25 Ibid.

26 Baffoe M. and Dako-Gyeke, M. (2013), “Social problems and social work in Ghana: Implications for sustainable development”, International Journal of Development and Sustainability, Vol. 2 No. 1, pp. 347-363

In contrast to the broad definition of the ‘social service workforce’ offered above, ‘social welfare workforce’ may be defined as sub-set of social service workers and in Ghana specifically the government workforce who implement the four major social welfare policies: the National Social Protection Policy, the National Child and Family Welfare Policy, the National Justice for Children Policy, and Children’s Act.

1.3. Decentralisation

Ghana’s policy of decentralisation is a key component of its development strategy. The country is divided into 16 regions, and 260 Metropolitan, Municipal and District Assemblies (MMDA), each with its own District Assembly. Certain sectors and functions were decentralised to the MMDA level.

A key policy objective of administrative decentralisation, as reflected in the Decentralisation Policy Action Plan (2015-2019), is to improve the human resource capacity of the MMDAs, as well as, other local government stakeholders to ensure quality service delivery. Policy measures contained in the National Decentralisation Action Plan include effective inter-service/inter-sectorial collaboration and cooperation at the district, regional and national levels;²⁷ and enhancement of the capacity of MMDAs to deliver services effectively and efficiently, and to improve procedures and processes.

The Department of Social Welfare and Community Development (DSWCD) was established at district level to decentralise the social welfare sector. The DSWCD is an amalgamation of the MoGCSP’s Social Welfare Department and the Ministry of Local Government and Rural Development’s (MoLGRD) Community Development Department. The DSWCD reports to, and is managed and resourced by, the District Assembly. The District Assembly is guided and supported by District Planning Coordinating Units (DPCUs), responsible for preparing district plans and budgets.

The guiding principles for functioning of the Social Welfare and Community Development Department has be formulated as follows:

Vision:

To take the lead in integrating the disadvantaged, vulnerable and excluded in mainstream of development

Mission:

The SWCD Department work in partnership with individuals, families, groups and communities to improve their social wellbeing through their active participation in promoting development with equity.

Objectives of the Establishment of Social Welfare and Community Development Department

²⁷ EU (July 2018). Technical assistance to enhance the effectiveness and efficiency of the social protection system in Ghana through support to the Ministry of Gender, Children and Social Protection to ensure implementation of the Social Protection Policy

The Social Welfare and Community Development Department exist to

- (a) facilitate the mobilization and use of available human and material resources to improve the living standards of individuals, groups, families and communities within an effectively decentralised system of administration.
- (b) prevent and respond to social exclusion and mal adjustment within the context of national and sub national development efforts

The DSWCD is divided into a social welfare Unit and a community development Unit. These Units are respectively staffed by social welfare officers and community development officers, who have different professional backgrounds and functions.²⁸ There are more community development officers than social welfare officers/social development officers.

The required qualifications of the various officers and administrative staff are stipulated in the Local Government Services (LGS) Scheme of Service. A Senior Social Development Officer (SSDO), for example, should hold a Bachelors' degree in Social Sciences, Administration, Community Development, Development Studies or any other relevant discipline per the LGS' Scheme of Service²⁹. The revised edition of the Scheme of Service for the LGS (2014) notes that the principal objective of the social and community development 'class' is to promote and implement government policies and public services that can improve social inclusion and the development of people and communities³⁰. A new social development civil service class has been developed, but the team was not able to obtain further information on the course. Child and welfare indicators were introduced among the Key Performance Indicators featured in the 2018 LGS performance.³¹

1.4. Coordination

Social work is multi-sectoral and requires participation from a range of government and non-governmental stakeholders. To achieve this, effective coordination and collaboration mechanisms are required.

The assessment found that unofficial collaboration and coordination processes exist, but that these are inefficient. The assessment also found that various guideline documents for the sector exist. These include a guideline for collaboration between various ministries, Departments, and agencies; and a guideline for vertical and horizontal collaboration developed by the Inter-Service and Sectoral Collaboration and Co-Operation System (ISCCS). A draft guideline on collaboration that extends beyond MMDAs to include other institutions for DSW is being validated.

²⁸ Oxford Policy Management. UNICEF Ghana (2017). Evaluation of child protection system strengthening at district level Situational report

²⁹ EU (July 2018). Technical assistance to enhance the effectiveness and efficiency of the social protection system in Ghana through support to the Ministry of Gender, Children and Social Protection to ensure implementation of the Social Protection Policy

³⁰ Ibid.

³¹ Ibid.

The literature review completed for this assessment also pointed to poor collaboration among other relevant stakeholders (i.e. government Departments, educational institutions, NGOs, and the private sector)³².

The consulting team recommends formalisation of consultation and coordination processes, as a necessary step towards improved social service delivery.

1.5. Strengthening the social service workforce

UNICEF and the Global Social Services Workforce Alliance (GSSWA) have developed guidelines for strengthening the SSW.³³ The guidelines were developed following a growing realisation that *‘the SSW plays a central role in supporting children and families in communities by alleviating poverty, identifying and managing risks, and facilitating access to, and delivery of, social services to enhance child and family well-being. A well-developed social service workforce is key to promoting social justice; reducing discrimination; challenging and changing harmful behaviours and social norms; and preventing and responding to violence, abuse, neglect and exploitation and family separation’*.³⁴

The GSSWA guidelines emphasise the urgent need for countries to capacitate their social services delivery institutions with the human resources and competencies required to bring positive change and improvement to the lives of vulnerable populations.

The Child and Family Policy also stresses workforce capacity building as central to social services delivery, and mandates the assessment of the current human resources of key social welfare institutions to identify strengths and capacity building needs. The Policy further mandates the development of a strategy for human resources planning to support policy implementation.

The roles and responsibilities of each level of government in social welfare service provision are contained in four national legal and policy documents, notably:

1. The Children’s Act (1998);
2. The Child and Family Welfare Policy (2014), and its accompanying Operational Plan 2017 to 2020;
3. The National Social Protection Policy (2015); and

32 Baffoe M. and Dako-Gyeke, M. (2013), “Social problems and social work in Ghana: Implications for sustainable development”, International Journal of Development and Sustainability, Vol. 2 No. 1, pp. 347-363

33 <http://www.socialserviceworkforce.org/resources/guidelines-strengthen-social-service-workforce-child-protection> and <https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf>

34 UNICEF (2019). UNICEF Guidelines to strengthen the SSW 2019

4. The Justice for Children Policy (2015).

Ghana does not, however, have a registration or licensing framework for the variety of social service workers active in the country. As a result, many workers involved in social services refer to themselves as ‘social workers’, even though they are not qualified as such. This has negative consequences for the social work profession.

While the social work profession is part of the broader social services workforce, it is a distinct profession with theories, practice models and skills that distinguish social workers from the broader ‘social service’ workforce. The social work profession is recognized as the premiere preparation for the social service workforce.³⁵

It is necessary to identify and then accurately define the required qualifications and competencies, as well as, the duties and responsibilities of the various types of workers in the social services sector in Ghana. Over time, this will ensure appropriate staff recruitment and placement and an improvement of social service delivery and child protection.

In the context of the above, the MoGCSP and the OHLGS, with support from the UNICEF country office in Ghana, have embarked on a process to strengthen the social welfare workforce. In 2019, the MoGCSP and the OHLGS, through UNICEF, contracted Maestral to undertake the *‘social welfare workforce capacity assessment to develop a long-term capacity building strategy for the social welfare service sector in Ghana’*.

³⁵ Roby, J. & Global Social Service Workforce Alliance (2016). The evidence base on the social service workforce: Current knowledge, gaps and future research direction.

2

Methodology

2. METHODOLOGY

The ‘*Social welfare workforce capacity assessment to develop a long-term capacity building strategy for the social welfare sector in Ghana*’ sought to answer the following questions: ‘*Do the main stakeholders and the Government of Ghana have the capacity³⁶ to effectively implement their mandates with the current social service workforce? If not, what are strengths and key gaps, and how and what evidence-based strategies should be put into place to best address them*’.

Accordingly, the assessment sought to collect data on:

1. The social welfare service workforce at the national, regional, and decentralised level;
2. The scope and types of social welfare services available;
3. The extent and nature of existing social work academic programmes/ qualifications/ professionalisation processes; and
4. The requirements for financing of social services at the national, regional, and decentralised level.

The intended outcomes of the capacity assessment were to:

- Support the Government of Ghana (GOG) to effectively deliver social welfare services to vulnerable girls, boys, and their families.
- Effectively coordinate and implement the National Social Protection Policy, the National Child and Family Welfare Policy, the National Justice for Children Policy and the Children’s Act at national and decentralised level.

The consulting team used a mixed methodology inclusive of qualitative and quantitative methods for data collection. The qualitative methods included semi-structured in-depth interviews with key informants and focus group discussions with NGO representatives. The quantitative method was a self-assessment survey administered to Social Development Officers (SDOs) and Community Development Officers (CDOs).

The capacity assessment was conducted in five phases:

- **Phase I:** The inception phase included an inception meeting, an inception report, the desktop review, and the development of the data collection tools. The desktop review focussed on administrative documents. A scoping mission was also completed during this preparatory phase.
- **Phase II A:** Phase II had two components, data collection and data analysis. Data collection took place in 16 districts located in the Northern, Middle and Central zones of the country. The districts were selected in consultation with MoGCSP and UNICEF. Field visits and data collection

³⁶ Capacity refers to staffing in the required numbers with requisite qualifications, skills and competency sets, professional development opportunities and funding.

took place between 19 and 31 August 2019. The data collection team had two members (i.e. a senior associate from Maestral and a local consultant). The following programme activities were completed during the data collection component: field visits to inform the institutional capacity assessment; the administration of the self-assessment survey, a focus group, and key informant interviews.

- o Sixty two, in-person, key informant interviews were conducted with representatives from the OHLGS, Regional Coordinators, Senior Management from the Districts, District Coordinators, the Director of Planning, Social Development Officers (SDOs), Community Development Officers (CDOs), Social Service Committees, human resources staff, representatives of the Policy Planning Monitoring and Evaluation (PMME), representatives of the Department of Social Welfare (DSW), and representatives from the Ghana Association of Social Workers' Organisations (GASWO). The zones, districts, number in-depth interviews, and number of self-assessments completed are summarized in Annexure 2.
 - o One focus group was conducted, attended by representatives of NGOs.
 - o The self-assessment survey was completed by 110 SDOs and CDOs. The survey was administered in eight of the 16 districts.
- **Phase II B:** This was followed by data capture and the qualitative and quantitative analysis of the respective datasets. The team then produced an institutional analysis report.
 - **Phase III:** During this final phase, the team developed a Briefing Paper and a Draft Institutional Capacity Building Strategy and Plan.

2.1 Methodological limitations and implementation challenges

1. The original goal, as per the inception plan, was to conduct the capacity assessment in 21 districts. This was reduced to 16 during the data collection phase and the data collection team could not realistically cover the distances in the ten days allocated for data collection.
2. Introductory letters sent by MoGCSP informing the OHLGS of the assessment did not timeously reach all districts. As a result, some districts were unprepared, and others were unaware of the assessment. Accordingly, not all identified key informants were interviewed, and some interviews were cut short. Key senior management personnel, such as District Coordinating Directors and Regional Directors were not available.
3. The staffing lists obtained from the OHLGS were at times inaccurate, introducing complication and delays during the preparation phase.
4. There is inconsistent use of terminology in the sector. In particular, the SWOs and CDOs are collectively referred to as Social Development Officers (SDOs). Many respondents used the terms interchangeably. To promote accuracy in calculating the numbers of staff per Unit, the data collection team used the abbreviations SW and CD to differentiate between social welfare

and capacity development staff.

5. The target number of two SDOs and two CDOs per district was not reached. In addition to reasons already outlined, many of the districts, particularly those in Northern Ghana, had only one SDO. Further, some districts did not have the minimum number of staff required.
6. Inasmuch as efforts were made to ensure representativeness in the sample, the researchers acknowledge the importance of a larger sample in providing a more reflective situational analysis. To an extent, this was mitigated by analysing nationwide data where possible; for example, the analysis of data on staff in DSWCD across all 260 MMDAs in the country.

To mitigate the effects of a reduced sample, the interviewers spent more time with the respondents that were available, and extended the administration of the self-assessment survey to include social workers.

3

Analysis of previous capacity and related assessments of the social service workforce

3. ANALYSIS OF PREVIOUS CAPACITY AND RELATED ASSESSMENTS OF THE SOCIAL SERVICE WORKFORCE

A first step toward the creation of a well-functioning social welfare delivery system is to undertake a detailed assessment of its workforce at multiple system levels. Various assessments of the social welfare workforce have been undertaken in the preceding fifteen years. These assessments have identified factors that constrain the functioning of the sector in Ghana. These include:

- The legal framework governing the social work profession remains incomplete despite years of advocacy for its completion by in-country social work associations.³⁷
- The roles, responsibilities, and scope of work of social workers are not defined, and the profession is not accurately differentiated from other social service workers.
- There is a high demand for professional social welfare support services.
- Resource allocation towards the social services is limited.
- Decentralization policies have had a negative effect on the social services sector.
- Working conditions are difficult and include high caseloads, low status, and low pay. These conditions contribute to high turnover and the exodus of qualified social workers to countries offering better working conditions and pay.³⁸
- Unlike ratios for numbers of doctors, nurses, and community health workers to population, few studies provide a workable formula to determine the optimum numbers of social welfare workers with different skills that are needed in the relevant population³⁹. However, the ratio of government social welfare workforce to population is one of the leading indicators of the strength of the workforce.⁴⁰

The availability of this information has not resulted in visible changes in the social services sector in Ghana. Therefore, although this capacity assessment reviewed and built on previous assessments, it sought to be more comprehensive, focussing on the sector in its entirety, whilst including an additional focus on child protection. This approach was designed to ensure that the social system that emerges can respond to the needs of Ghana's most vulnerable populations, including children. Rights-based and comprehensive child protection work must be performed by a competent, trained, and skilled workforce, managed by supervisors and programme managers who are equally well-trained. This work must take place within a multidisciplinary framework.

37

38 USAID (2009). Human Capacity within Child Welfare Systems: The social workforce in Africa

39 Ibid.

40 Global Social Service Workforce Alliance (2015). The state of the social service workforce 2015 report.

3.1. Discussion of previous assessments

The MoGCSP Rapid Needs Assessment

In 2018, the MoGCSP carried out a rapid need's assessment⁴¹ to understand the implementation practices and capacity requirements of social protection programmes and services in Ghana. The needs assessment formed part of the EU funded component of the Ghana Employment and Social Protection (GESP) programme.

The findings of this assessment highlighted capacity and resource gaps, and identified weakness in systems, including ineffective collaboration with other interventions at the regional and district level. The outcomes of the needs assessment suggested prioritising discussions with regional and district officials who are members of the Regional Social Protection Monitoring Teams (RSPMTs) and the District and Community Social Protection Committees in nine districts. These include both SDO-SW and SDO-CD officers.

The assessment questionnaire for MMDA staff focused on the state and impact of services, the strength and challenges in the implementation of programmes/service delivery, and the capacity and capacity gaps of staff in relation to their social protection function and in implementing the national social protection policy. The assessment also looked at various social protection programmes and at the coordination between social protection and employment services. The findings were that coordination was inadequate and that this had a negative effect on the extent to which the beneficiaries of social protection programmes were linked to economic activities.

Other findings and recommendations of this Needs Assessment include (1) that the continued lack of clarity around roles and responsibilities following the merger of the Departments of Social Development and Community Development and these must be addressed, and (2) that there is a need to clarify the roles and responsibilities of SWOs and CDOs and to clearly differentiate the two groups.

The findings of the assessment identified five areas of need: capacity, resources, systems, institutional arrangements, and the need to strengthen the complementarity of services to further improve livelihoods.

The findings of the rapid needs' assessment fell short of identifying the competencies of staff undertaking social protection programmes, although a related study (see section on social work training), looked at the training available for social protection.

⁴¹ EU (July 2018). Technical assistance to enhance the effectiveness and efficiency of the social protection system in Ghana through support to the Ministry of Gender, Children and Social Protection to ensure implementation of the Social Protection Policy

The rapid needs assessment was limited in that it did not place social protection within the full range of functions of the DSW, nor did it have a clear understanding that social protection programmes must be provided alongside key services for vulnerable groups to ensure sustainability and resilience. Social protection is a short-term cash-based intervention, while social work focuses on building long-term resilience in people and communities. Thus, social protection interventions must always be combined with services if they are to be sustainable. While most people can be taught the technical skills to administer social protection, not everyone has the requisite capacities and competencies to build the resilience of vulnerable groups, children, and families.

The rapid needs' assessment did highlight the need to strengthen the case management system, especially in the context of the requirement for stronger referral pathways.

Evaluation of the 'Strengthening the Workforce Initiative'

In 2017, UNICEF contracted Oxford Policy Management and Child Frontiers (with support from ILGS) to undertake an evaluation of the 'Strengthening the Workforce Initiative' in the 20 districts⁴². The evaluation report was completed in 2018. The evaluation sought to determine whether and how the child protection system and the practices of the social welfare actors had changed, and whether these changes had improved the quality of services provided to children and families. The evaluation focused on the general and child-protection specific context of the districts; the rollout of the workforce strengthening initiative in the districts; and the awareness among child protection workers of the Child and Family Welfare Policy. The evaluation explored practices, coordination, collaboration, and linkages. Key findings of the evaluation include:

- The capacity building provided by the 'Workforce Strengthening Initiative' was insufficient given the extensive capacity shortages amongst social welfare actors. Social welfare actors require additional capacity to effectively implement the Child and Family Welfare Policy. Capacity gaps include social work competencies, and child protection and technical skills.
- District activity plans are not sufficiently linked to the national operational plan/framework, and lines of accountability are unclear. This may give rise to challenges as some issues may need to be addressed at national, rather than at district activity plan level, and the process for issue elevation is unclear.
- There was no common understanding of the target beneficiaries of the 'Workforce Strengthening Initiative'. Some stakeholders expected the initiative to change the practice of a wide range of district stakeholders, going beyond the social welfare actors defined in the Initiative's implementation document. They expected the inclusion of actors such as CHRAJ, DOWSU, assembly members, and teachers. Other stakeholders argued that the target beneficiaries should be limited to social welfare officers. The Child and Family Welfare Policy's implementation plan does not provide much guidance as to who the target beneficiaries should be. Within the

⁴² UNICEF Ghana/Oxford Policy Management (2017). Evaluation of child protection system strengthening at district level Situational report (2017).

implementation plan Strategy 4.1 of the policy identifies ‘key line staff’ as requiring capacity strengthening, but does not define who the ‘key line staff’ are.

The findings of the evaluation are consistent with the findings of this Capacity Assessment. The evaluation highlighted a lack of clarity on who constitutes the social service workforce; a disconnect between the normative function of the MoGCSP at national level and the decentralised district level DSWCD implementation; various social work competencies required (i.e. non social workers expected to undertake core social work functions; the absence of a standardised and clear definition of the social service workforce as a whole; the need for a comprehensive legal framework governing the social work profession the need for clarity on roles and functions at decentralised/ district level; and the need for the deployment of social workers to undertake social work functions.. The evaluation demonstrated that despite investments in 20 pilot districts, challenges persisted and that more fundamental institutional changes are required. Relevant recommendations are made in subsequent sections of this report.

Assessment of the Department of Social Welfare

A 2007 assessment of the Department of Social Welfare (DSW) by the then Ministry of Manpower, Youth and Employment⁴³, supported by UNICEF, focussed on the DSW’s service provision and programmes; human and financial resources; planning and monitoring mechanisms; and institutional arrangements. The assessment report included recommendations on how to strengthen the DSW’s capacity and enhance its ability to fulfil its mandate. At the time, the DSW was preparing to lead the implementation of the National Social Protection Strategy (NSPS).

Although the assessment report was completed 12 years ago, some of the key findings and recommendations remain relevant. These include:

- The structure of DSW does not reflect the totality of services rendered, particularly since reporting lines impede institution-wide information collation, analysis, and dissemination.
- GOG’s financial envelope to DSW is inadequate and it is, therefore, unrealistic to expect the Department to perform all its functions effectively. Nevertheless, the commitment of a cross section of management ensures that priority activities are undertaken.
- Prospects existing through the District Assemblies Common Fund (DACF) and the Highly Indebted Poor Countries (HIPC) resources for financing social work is not generally tapped by the Department, though it is anticipated that with an improved institutional capacity the Department would have skills to advocate for and benefit from district level resources.
- Collaboration between DSW and most state institutions are frequently based on relationships that view the Department as performing ancillary roles, because the inadequate budget of DSW

⁴³ Ministry of manpower, youth and employment (2007). Department of Social Welfare Institutional Assessment

is loosely subsidised by partner institutions in a manner that is dependent on idiosyncrasies of Heads of partner agencies.

- Execution of cash transfer schemes require processing of large-scale information to ensure efficiency, which implies DSW capacity must be enhanced through skills upgrades, recruitment and improved cooperation between the Department and other state agencies.

4

Assessing the budgetary requirement for financing of social services at the national, regional, and decentralised level.

4. SUMMARY OF KEY FINDINGS OF SOCIAL WELFARE SERVICE WORKFORCE CAPACITY ASSESSMENT

These findings derive from an analysis of the data generated by the key stakeholder interviews and the self-assessment questionnaire. The findings are represented in terms of the “category of cadre”, and organised to align to the four pillars of the assessment, notably:

1. Assessing the social welfare service workforce at national, regional, and decentralised level.
2. Assessing the scope and types of social welfare services available.
3. Assessing the social work academic programmes/qualifications/professionalisation processes.
4. Assessing the budgetary requirement for financing of social services at the national, regional, and decentralised level.

4.1 Pillar I: Assessing the social welfare service workforce at national, regional, and decentralised levels

Twenty-one Social Development Officers (SW) were interviewed across 16 districts. These included SSDOs, SDOs, SDAs, Unit Heads, Acting Heads, and Directors. A further 41 SDOs completed the self-assessment questionnaire.

Summary of Qualifications

Ghana National Scheme of Service:

Professional Class:	Entry Qualification
<ul style="list-style-type: none"> • Chief Social Development Officer • Principal Social Development Officer 	Masters’ Degree in Social Science, Administration, Community development, Development Studies, Social Work, or relevant discipline.
<ul style="list-style-type: none"> • Senior Social Development Officer • Social Development Officer 	Bachelors’ degree in Social Science, Administration, Community Development, Development Studies, or relevant discipline. An SDO does not require a community development qualification.

Professional Class:	Entry Qualification
<ul style="list-style-type: none"> • Social Development Officer* • Assistant Social Development Officer 	Bachelors' Degree in Social Science, Administration, Development Studies, or relevant discipline. An Assistant SDO, who has served a minimum of 4 years, is eligible for promotion to the grade of SDO subject to passing a promotion interview. ⁴⁴
Sub-Professional Class	
<ul style="list-style-type: none"> • Chief Social Development Assistant • Principal Social Development Assistant 	Diploma in Social Science, Development Studies, Community Development, or its equivalent.
<ul style="list-style-type: none"> • Senior Social Development Assistant • Social Development Assistant 	Diploma in Social Work, Social Science, Community Development, Rural Sociology, Development Studies, or its equivalent. The Senior Social Development Assistant requires either a Diploma in Social Work, Social Science, Community Development, Rural Sociology, Development Studies, or its equivalent; or a Certification in Social Work, Community Development, or its equivalent, proficiency in public speaking, proficiency in at least one local dialect, and a minimum of 4 years progressive work experience as a Social Development Assistant. The Social Development Assistant requires a WASSCE or its equivalent, proficiency in public speaking, and proficiency in at least one local dialect.

According to the Scheme of Service, only the **Chief and Principal Social Development Officer** category require the social work training necessary to interpret and implement child protection legislation and policies. The entry requirements for SSDOs, SDOs and ASDOs are similar and a qualification in social work is not required. As noted above, the ASDO may be considered for promotion to SDO category after four years of service. The Scheme of Service does not provide information on the Social Work specificity.

⁴⁴ Ibid

The findings are true for all 16 districts. The list of research participants (183) with qualifications in social work (whether a degree or a diploma) are depicted in Table 2 below. The 19 individuals who were not graded are not included in the table. Some of these individuals are assigned to the Social Welfare Unit, while some are assigned to the Community Development Unit.

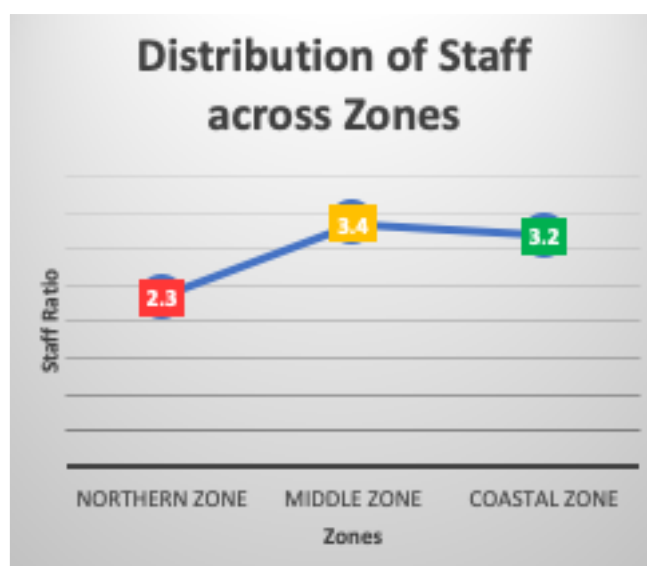
The table shows that:

- 9 respondents had a BA Social Work plus an additional degree. They serve at the Principal/Chief, SSDO and SDO grades.
- 14 respondents had Diplomas in Social Work. They most service at the ASDO and SDA grade
- 2 SDOs had BASWs, one had a Diploma, and 18 had other Degrees.

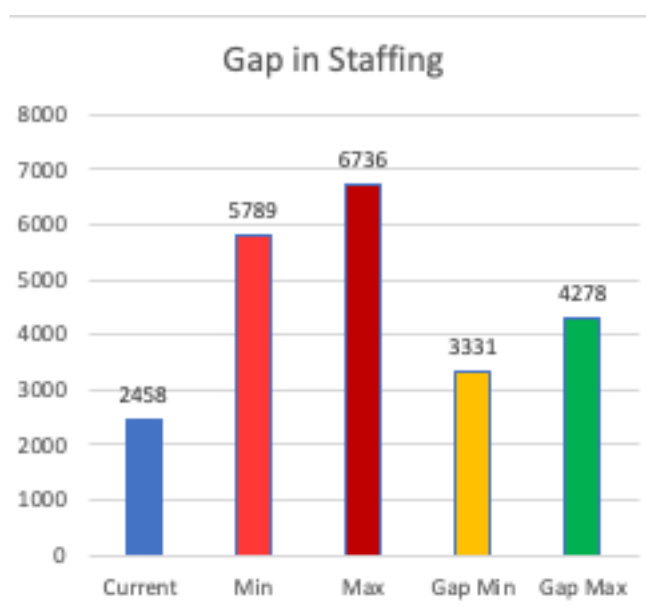
Table 2

Grade	BA Social Work	Diploma in Social Work	Other Degree	Qualification Unknown	Total SW
Head of Unit/ Director			3		3
Principal/ Chief SDO	2	1	1	1	5
SSDO	4	1	1		6
SDO	2	1	18	4	25
ASDO		5	2		7
SSDA		1		1	2
SDA		5		1	6
Regional Director	1				1
Total	9	14	25	7	55

Comprehensive nationwide data analysis on the district level staffing situation revealed that there are three staff with social welfare background per district. However, northern zone (with five regions) have the least ratio, with a district having an average of less than three staff with social welfare background. The middle and southern zones have at least three staff with social welfare background per district. Regional disparities are also identified, as three regions with a total of 40% of total number of districts have 53% of total number of staff with social welfare background. This means there are many districts with less of such skilled social welfare officers.



It is also noteworthy that the staffing requirement as outlined in the Social Welfare and Community Development manual, sets minimum and maximum number of staff strength per classification of district. An analysis of the nationwide staff data for the DSWCD also revealed that only 42% of the minimum number of staff positions have been filled with the current staff strength. Only three regions (Upper West, Upper East and Greater Accra Regions) have filled more than 50% of the minimum number of staff positions. Only 4 MMDAs have met the minimum staffing requirement and only three out of 260 MMDAs have more than the maximum staffing requirement.



It was not possible to have an accurate analysis of the staffing situation between the two units within the department but sampled districts revealed inadequate number of staff in the social welfare unit compared to the community development unit. Inasmuch as functions of these units are different, it is important to ensure that the right number of staff is available for effective service delivery. It is therefore recommended that as efforts are made to improve the staffing situation in various districts, more efforts must be invested in recruiting staff to fill the gap that is more glaring in the social welfare unit.

Table 3

Staffing Norms ⁴⁵						
Professional Class	District		Municipal		Metropolitan	
	Min	Max	Min	Max	Min	Max
	13	15	15	16	19	28
Sub Professional Class	Min	Max	Min	Max	Min	Max
	7	8	10	13	15	20
TOTAL	20	23	25	29	34	38

The guidelines for social service provision and the roles and responsibilities of each level of government

⁴⁵ Social Welfare and Community Development Department Operational Manual: Establishment, Operationalization and Management for the Metropolitan, Municipal and District Assemblies (MMDAs); Local Government Service, November 2018.

in Ghana, are contained in the following national laws and policy documents:

1. The Constitution, Chapter 28,
2. The Children's Act, 562 of 1998,
3. The Juvenile Justice Act, 2003,
4. The Child and Family Welfare Policy (2015) and its accompanying Operational Plan, 2017-2020,
5. The National Social Protection Policy,
6. The Justice for Children Policy (2016).

The above legislative and policy framework also outlines the mandate of the social welfare component of DSWCD. The SWCD Department is mandated to provide services in three areas of activity:⁴⁶ These are: child rights promotion and protection; justice administration (including juvenile justice); and community care. These are statutory functions that require a highly skilled, knowledgeable, and competent workforce. The Social Work Profession is best suited to provide these services. In this the profession must be complemented by others in the social service workforce, such as paraprofessionals and other allied workers.⁴⁷

Whilst there has been a concerted effort to decentralise services to where people live, the supporting institutional arrangements are not in place. The legal framework governing the social work profession is unclear; there is a dearth of service delivery models, and norms and standards for delivery; there are no SOPs; and the workforces is not appropriately skilled and capacitated.

One of the challenges the SSW in Ghana faces is the fact that a social work qualification is not a prerequisite to work as a SSDO, SDO, or ASDO in the SW Unit, despite the fact that these are persons responsible for the provision of social services. The concern is that the cadre of staff responsible for statutory functions such as the provision of child protection services, as well as services such as the provision of alternative care, reunification programmes, domestic and gender-based-violence interventions, and other issues that heighten a child/ woman's/ family's vulnerability, are not appropriately qualified.

Job functions, tasks, and responsibilities

The Social Welfare Unit has the three core programmes: 1) Child Rights Promotion and Protection; 2) Justice Administration, and 3) Community Care. SDOs SW also perform a range of other tasks and provide various other services.

⁴⁶ This list has been culled from all of the four policies listed above but does not include proposed amendments to the Children Act.

⁴⁷ UNICEF Guidelines to strengthen SSW February 2019.

The assessment asked respondents (in an open-ended question) what their main tasks, activities and responsibilities were. Most respondents referred to children-related tasks, activities, and responsibilities. More specifically, tasks and responsibilities identified by the responding SDO SW include:

- Justice administration, which was identified to include child maintenance cases, child protection cases, monitoring of probationers, child abandonment, adoption, and paternity cases and custody cases. SDOs SW in Greater Accra and in Eastern regions reported spending 2-3 days per week in court. Child rights promotion and child protection are undertaken through case management services, writing of social inquiry reports, counselling, family tracing and reunification, RHC inspection, and monitoring. Services are also provided to people with disabilities. SDOs support People with Disability registration for common fund for income generating activities (IGAs); the disbursement and monitoring of 3% Fund for PWDs; and the capacity building of disability groups. The poor (including for individuals classified as undernourished or without medical care) are provided with letters of introduction to enable them to register for the National Health Insurance Scheme.
- The supervision of Early Childhood Development (ECD) and day care centres, which respondents indicated takes up a considerable amount of the work time. A municipal SDO in the Eastern Region stated that they had “*155 day-care centres to inspect and license*”. An SDO in Kumasi Region described their role in as “*going around to the schools, speaking to the person in charge, and observing the environment, classrooms and materials they use, the food that is provided to children, and how the children are doing, playing safety and overall safety*”. A possible reason for the comparatively large amount of time allocated to this work is that the Social Services Sub-Committee is responsible (and funded) to monitor day care services.
- Other services provided include hospital welfare; mental health welfare; addressing issues around children on the move (identified by respondent in Greater Accra); supervision of LEAP payments and sensitisation for LEAP beneficiaries; IGAs; collaboration with Business Advisory Committees to teach youth entrepreneurship skills; sensitisation of churches regarding birth registration; and renewal and registration of health insurance. Only one SDO in Eastern and another in Kumasi region identified the registration and monitoring of NGOs as part of their current work activities.
- Many of the SDOs said that day to day administrative and representative work took up much of their time. This included activities such as district assembly work, participating in social services sub-committee (SSSC) meetings, and attending budget meetings.
- Few respondents mentioned the preventative aspects of social work (e.g. sensitisation of parents mentioned by respondents in the Eastern Region).
- Only one respondent (who was not a social worker) mentioned advocacy as an area of work.

Scheme of Service

The Scheme of Service does not mention the social work specificity section summarizing jobs at the different levels. The job summary is generic and does not clearly outline the responsibilities of the various social welfare functions. The job summary refers mostly to co-ordination and assisted training. The document neglects the primary function of social work notably child rights promotion and protection, and focuses more on the justice administration and community care functions. This may be why the assessment found little evidence of the performance of the child rights promotion and protection function, other than from a social protection perspective. The consulting team recommends revision the job summary to correct this.

It is difficult to draw accurate conclusions about the caseloads of respondents. The ratio of government social welfare workforce to population is one of the leading indicators of the strength of the workforce. The current ratio of SWOs to population in Ghana is estimated at 34,000 people for each government SWO. This ratio can be compared to approximately 29,000 people per government worker in Uganda and 6,100 per worker in South Africa. When asked about caseload, the responses were varied. There was no common understanding of the term caseload in the context of social work. Most referred to the number of clients seen per day (3 to 10 per day). Some reported that there was *“no set caseload, you handle the cases as they come. Some weeks there are more than 10 cases, sometimes less”*. Many were not able to estimate how much time they spent on social protection issues vis-a-vis other social service-related work. Officers in Greater Accra stated 10% was spent on LEAP. In STK it was estimated 60% is spent on social protection, whereas districts in Northern and in Savannah region stated that *“LEAP is seasonal”, “LEAP is bi-monthly, and we do not spend much time on social protection interventions”*.

Core programmes of the Community Development Unit are Adult Education; Home Science and Local Economic Development; and Extension Services. Activities undertaken by CDOs include literacy and adult education programmes; organising voluntary contributions and communal labour for provision of facilities and services; education to rural women on nutrition; home management and child care; undertaking community entry services for programme initiation; collection and maintenance of data on communities; community needs assessments; mobilising and training voluntary leaders and community-based organisations as change agents; and promoting entrepreneurial and livelihood empowerment skills through skills training programmes.

Data and Reporting

Data is mainly collected through paper-based questionnaires, forms, and checklists. Such data is normally stored in filing cabinets. Electronic versions are stored on Departmental computers. Some offices have a central office notebook for data entry. Others use individual logbooks and diaries. Photos and reports are sometimes collected by phone and circulated within the team. Photos are used as evidence of work completed.

Data is communicated through reports and at quarterly district management meetings. In one district, the CD Unit Head indicated that data in graphic form is used to provide feedback to the community. Some districts also collect community data to identify community needs and plan reflective interventions.

Field officers write monthly reports and submit these to the Head of Department. The Heads of Department provide quarterly and annual reports to the district assembly planning Unit, based on standardised reporting formats. Not all districts have standardised templates. The Department also reports at regional level. An acting Director SWCD stated that *“Right now, when I report, we give one report to CD and another report to SW. The CD reports to the regional CD office, and the SW reports to the regional SW office, using different templates. It is then collated at the regional level”*. A regional director explained that *“Administratively we send our reports to OHLGS through the RCC and we copy the national DSW office”*. This contradicts a statement from another respondent who stated that *“RCC collates and submits to the MLGS . . . MoGCSP doesn’t get a copy”*.

Institutional frameworks such as standardised systems, M&E processes, SOPs, and norms and standards for operating must be in place to guide all staff at all levels. This is necessary to ensure standardisation. The findings suggest that many directors make independent decisions about what template to use, and when and to whom to submit reports. Public service is bureaucratic by nature and relies on rules, regulation, and authority. It requires clear systems, procedures, rules, and regulations to enable public servants to perform their duties. The 2018 EU assessment report called for such standardisation and formalisation. Standardisation is necessary to ensure accurate and comparable data, which, in turn, is necessary for informed decision-making and enhanced accountability.

Many districts struggle with data management and reporting. They often do not have computers and printers, and when they do, these are often broken or outdated. Many do not have internet connections, or a budget for ICT maintenance. Frequent power cuts further exacerbate the situation.

During the fieldwork in the Northern part of the country, only one district had two functioning computers. Most districts had only one computer shared by two Units, and no printer. Some districts had no computers and had to use public facilities for typing, scanning, and printing. These factors negatively affect quality and adherence to report submission deadlines.

Other factors that negatively affect data management and storage include a lack of space and filing cabinets for storage.

District Departments are accountable to, and report to, the district through the Coordinating Director. This has made it difficult for regional offices to access district level reports.

Discussions with DPOs further revealed that the DSWCD itself faces reporting difficulties. The DSWCD finds it difficult to comply to the different data reporting requirements of donors.

Job motivation and satisfaction

The assessment found high levels of job dissatisfaction and demotivation. A technical advisor highlighted that *“there were two grading systems. LGS was more attractive in terms of salaries compared to social welfare”*. A senior HR manager noted that *“a freshly recruited social welfare officer with a first degree makes 30-40 cedis per day on average. So, salaries are low, and they are not given resources to do their job and no allowances, so that demotivates”, and as a result “some of the people only come to the office once in a while to report*

Other reasons for dissatisfaction and demotivation was a lack of support to execute mandates; a lack of resources; and a lack of logistical support and resources such as transportation and infrastructure. A Director at DSWCD noted that she is demotivated by the *“skeleton nature of my staff”*, while a Unit Head SW stated, *“we are not supported to do our work. The resources are not there. It is frustrating”*.

A technical advisor noted that the lack of *“resources allocated can be demotivating but those that are in the job because they are passionate find the resources, they are more resourceful”*. An SDO echoed this sentiment: *“When a client achieves what they want when they come to the Department with the little resources we have”*. Despite the uncertain terms of work, and misunderstanding of their roles as social workers, many of the SDOs (junior and senior) emphasised that the work gives them satisfaction because they make a positive impact on someone’s life.

A Unit Head CD noted that *“there are no incentives for people to work extra. Including when there is a community meeting on Saturday, they don’t get another day off later.”* The lack of resources and especially the lack of training and capacity development opportunities were key areas highlighted by CDOs related to the dissatisfaction with their jobs.

CDOs expressed their level of satisfaction with their jobs as follows:

- *“Last time we had a programme on drug abuse and when we went to the slums and interacted with these people, I realized that if we helped these people it will help the country”*
- *“Interacting with people and hearing their ideas and sharing my skills”*
- *“You help people to develop and make a positive impact on vulnerable people”*

Reasons why the job gives staff satisfaction:

- *“When I hear thank you, I am satisfied and it’s better than money”;*
- *“You put a smile on someone’s face”;*
- *“Maybe you help pay someone’s school fees, you get satisfaction when you see the community. I love every part of my job”;*
- A social work Unit Head noted that *“I almost ran away [from social welfare] which is why I got my masters because it is so difficult and under-appreciated so I get frustrated. But I feel like I am helping people”*.

- “Gets to play with kids and see kids playing when he goes to the day care centres”.
- “Some teenage mothers have gone back to school (because of our programme)”.
- “When you go, and you interact with the community and they make us feel proud. Everyone wants to come to us with their problems”.

Department of Social Development and Community Development: Structure and Functions

There are two Units in the DSWCD. Each Unit has a Unit Head. A Head of Department/ Director works to coordinate the activities of the two Units. Each Unit Head supervises staff. For the Social Welfare (SW) Unit, there must ideally be an officer in place responsible for each of the three core programmes (Child Rights Promotion and Protection, Justice Administration and Community Care), while the Community Development (CD) Unit has zonal officers who supervise field officers in their respective zones. However, there are not enough SDO SW to fill the three core functions of the SW Unit in most of the districts.

The **job description** of the Head of Department includes the coordination of the workplan and budget preparation processes, activity implementation, monitoring, supervision, and staff appraisal. Functions of the Unit Heads are to coordinate activity implementation and reporting within each Unit while the staff of the Units are responsible for the implementation of activities within core programme areas. There appeared to be no standard job descriptions, hence the Directors/Head of Departments develop their own. A senior HR manager mentioned that the “*MoGCSP has policies that help directors develop job descriptions* “. However, the development of job profiles and job descriptions should be a human resource function and not the responsibility of frontline managers.

The **Scheme of Services** recognizes the occupation class for social welfare and community development, and has identified both a professional class consisting of 5 levels of positions and a sub professional class consisting of 4 levels. Each of these levels has a job summary, which lacks specificity for the different levels. The job descriptions appear to be more administrative, and seem not to identify the professional competencies and aspects of the job (especially in social welfare). There appears to be a preference for justice administration, community care, and social protection in the job summaries. There is no mention of rights promotion, or care and protection of vulnerable groups which are fundamental aspects of social welfare programmes. There is only a general reference to “social welfare programmes”.

In future, job descriptions should identify the level at which a social welfare officer is responsible for child’s rights care and protection work. This is specialised work that cannot be performed by persons not trained to care and protect children through the application of legislation and policy frameworks, and who may not have an understanding of that therapeutic programmes that change behaviour and strengthen families. Social work is a profession with its own scope of work and own body of knowledge. Practical and technical experience in the social services sector does not necessarily equate

to having the relevant social work competencies. Job profiles should also include clear reporting and accountability structures.

A senior HR manager explained that there is an “appraisal system, customised from the normal civil service appraisal system . . . It is used at regional and district levels and includes roles and responsibilities and supervisors review performance. Scores are assigned for performance. It sets targets at the start of the year, mid-year, and end of year reviews”.

The Head of Department supervises the Unit Heads, who in turn supervise Unit staff. The Head coordinates activities of both Units and ensures implementation and reporting. A senior HR manager explained that *“OHLGS is in touch with MoGCSP for the documents for supervision. There are no guidelines. OHLGS doesn’t have the technical capacity so they rely on MoGCSP”*. Interviewed SDOs SW and SDO CDs indicated they receive supervision support from Unit Heads and the Head of Department through periodic Department meetings, where ideas are shared to improve service delivery. Staff are also provided with feedback through field monitoring and through the review of submitted reports. However, not all the supervisors have the requisite competency. An SDO noted that *“she is not a trained social worker, but she helps with encouragement and logistics through the assembly. “ A technical advisor stated that “supervisors must know the practice and have the right qualifications. Not everyone should be allowed to provide supervision because they need a specific skill sets to guide staff”*.

Department Heads submit reports to, and are supervised by the District Coordinating Director. During periodic district management meetings, the Department presents updates on performance in the quarter. For LEAP projects, the Department is also supervised by the LEAP Management Secretariat.

One acting Director SW explained that “no one comes to monitor my work”, but that there is a “performance management system from the Assembly where we set performance targets [and] KPIs. Staff performance reviews and appraisals [are] managed by the HR Department of the Municipal Assembly through OHLGS. Four to five KPIs are set per year”.

A PPME Director noted that the “performance review of staff isn’t done well. There should be criteria and a framework for the reviews to identify the gaps. The performance reviews are not linked to capacity building and training programmes”.

level staff are often supervised by several different persons depending on the functions they perform. A CD Unit Head explained: *“For donor funded projects, I am supervised by my Regional Director. For my mandate, I am supervised by the Coordinating Director. However, the Coordinating Director may be too busy and may not be able to supervise one and may also not really know one’s mandate . . . unlike the Regional Director who has risen through the ranks and can effectively supervise you. How can the Coordinating Director effectively supervise all Departments in the Assembly? When someone works and there is no effective supervision, it will definitely affect output”*. A Head of Department CD

stated that the “*Metro Coordinating Director (MCD) needs to visit us mor . . .they don’t know what we are doing*”.

Although a performance appraisal system is in place, supervision systems are not effectively implemented, and many are not familiar with the supervision system. There is lack of clarity around lines of accountability and reporting, suggesting a need to review the organogram. There are multiple lines of accountability and reporting that contribute to low morale. Some are supervised by persons who do not understand the mandate of the supervisee. Further, the performance system does not appear to be linked to a development or capacity building plan.

The supervision and performance appraisal system must be streamlined, and implementation must be strengthened to ensure improved performance among social welfare staff. The overall human resources function, which is the responsibility of the OHGLS, must be strengthened. This is necessary to enhance performance and ensure service delivery. Organisations are normally organised according to a set of principles such as unity of command, and direction, chain of command, span of control, division of work, standardisation, coordination, responsibility, authority and accountability, and power and delegation. This understanding appears to be missing at district level, as many of the problems outlined by the field assessment point to one of these principals not being in place or not being adhered to.

Impact of Decentralisation

Decentralisation is the transfer of decision-making and implementation authority from a central government to a local authority, with the objective of taking governance and delivery of services closer to the governed, and enhancing their ability to influence the decisions that affect their wellbeing. Ghana is pursuing a system of political and administrative decentralisation. Political decentralisation involves (1) the devolution of major political and administrative responsibilities from Central Government to District Assemblies, comprising partially elected representatives with a mandate for local government and community development; (2) administrative de-concentration practiced by Regional Coordinating Councils as the political institution, and Ministries, Departments and Agencies (MDAs) as the bureaucratic and technocratic institutions.⁴⁸ Administrative decentralisation or de-concentration deals with how national institutions and state officials implement central government policies and decisions at the lower levels as part of the central government programme. Political decentralisation or devolution involves empowering citizen participation and decision-making in governance, which enhances the autonomy of grassroots level governance.⁴⁹

48 OHGLS- Presentation on the establishment and operationalisation of the social welfare and community development Department of MMDAS - undated.

49 Frankie Asare-Donke – 2019- Reinventing Government from Centralisation to Decentralisation The need for a new direction for Ghana’s local government system

Before any decentralisation process (both political and administrative) can occur, there are some processes that should be embarked upon at all levels of government: (list not exhaustive)

- plan the process of decentralisation to ensure an effective and sustainable model of implementation,
- a communication plan that will ensure all those affected would be part of the change process,
- a change management process to change the paradigms of those staff that would be affected specifically the merger of the social welfare and community development Units to form the new Social Welfare and Community Development Department, to obtain buy in, and ensure that the change is institutionalised,
- a capacity building process that will ensure that functions that were devolved from the national level find traction at decentralised level, and
- a popularisation process to the citizenry on the new order of things.

Key informants interviewed provided their views on the impact of decentralisation in its administrative context, as well as, on the merger of the CD and SW Units. The respondents' views on decentralisation differed. Some said that "decentralisation is a good idea because it will reach more people" A Head of Department from CD described it as *"the best thing that has come"*. Others stated that it "brings [work] closer to the location", and "the positive is that we work together, and we can pool resources and ideas". [We can] *"resolve issues right at the district level"*. An acting Director SW stated that *"our services are making impact. Before people thought they had to go to Accra but now they come here by themselves"*.

Most informants were positive in their views on the impact of administrative decentralisation as it affords them a better, less cumbersome process for seeking redress to issues. Devolution has also provided respondents with an avenue to contribute to decision making at the district level through involvement in composite budget preparation, budget committee meetings and discussions, and serving on statutory sub-committees such as the Social Services Sub-Committee.

Decentralisation has also provided the opportunity to plan and implement, as expressed by a Head of Department with a Social Work background: *"Our migration to the Local Government Service (LGS) through decentralisation enables us to submit plans and implement. Hitherto, you could only implement what you have been tasked to do by the Head Office. Now, you implement what has been identified as issues to be solved. Officers also have the opportunity to get promoted, Head Departments and learn on the job."*

Other respondents with intentions to rise through the ranks to management positions within the decentralised structure were also pleased with the opportunities presented to them to play leading roles in the overall development of MMDAs (such as becoming District Coordinating Directors).

Some did raise concerns about the decentralisation process. *"The negative side is that if we want to*

execute a programme, there is bureaucracy. Bureaucracy has increased.” More importantly, there are concerns about the level of understanding of the District Assembly (DA) of their role in providing essential and quality social services to the communities in their districts, aligned with national principles, policies, and standards. A technical advisor highlighted this saying that *“residential homes . . . the DA doesn’t know about the standards and they are advocating for more homes, while DSW Head office is advocating for their closure, and they don’t provide money for monitoring and enforcement from district staff to the homes like the standards say.”*

Other concerns related to decentralisation were those regarding the limited resources allocated to social welfare by the district assemblies *“I want to say that it is good, but in Ghana in general, people don’t appreciate social welfare and so not much is committed in their budget”*. An acting Director SW argued that *“social work is not well respected in Ghana so our staff are not well respected, and this affects why we don’t get resources because they don’t know what we do. They don’t pay a lot of attention to the work we do”*. A Head of Department said that *“when we were working as social welfare under the Ministry, we were getting funds. Ministry sent to the regional office and the regional sent to us for our action plan. The decentralisation took place and as I speak now, we don’t get anything.”* *“When you come to the ground, DSWCD is decentralised on paper but the district assemblies don’t take it seriously because we are not part of the central administration so they don’t provide us with funding, they don’t support trainings, the assembly will send people to training who aren’t doing that job.”* Given the limited funding allocated by district level government, some were therefore of the opinion that *“the Ministry can provide the things that we need faster than local government”*.

Merger as part of Decentralisation process

From the field assessment, the respondents appear to be divided about administrative decentralisation. Some are seeing the positive impact of the process, leading to the conclusion that some change process and buy-in occurred, whilst others do not see the value of the administrative decentralisation. The following extracts support this finding. A Head of Department DSWCD argued that the merger was misunderstood by people, especially CD Unit staff, partly due to the framing of the functions of the Department as contained in the Legislative Instrument 1961. He commented on the problem of functions for both Units; *“The LI 1961 has listed functions of the Department. However, when the functions are analysed, it will be realized that all but the last one is for SW. You find our core programmes running through the listed functions of the Department from LI 1961. A CD staff will also think all functions are to be done by the CD Unit. However, they cannot perform those functions. We have been forced to compromise by using unqualified staff in performing social welfare services”*. And the Head of Department elaborated further: *“CD staff are now moving from normal CD work to what is traditionally SW work. Heads of Department from CD Unit want to handle registration and rehabilitation of PWDs when they cannot do it. CD staff will not be able to handle probation services, writing social enquiry reports, sitting as panel members, and providing hospital welfare services. Meanwhile such staff believe they can, just because of the merger. Local Government Service needs to understand that not everyone can become a Social Worker.”* A Head of SW Unit stated that *“the CD and SW are completely two different functions. SW activities are more professional activities. CD are trained as CD, but they want to do SW, but they are not trained for it”*. This was elaborated further as

“SW knows about community engagement so has enough understanding to oversee CD but not vice versa. “It is better to have boundaries and specialisation than to have a sharing of all responsibilities. It would not be proper to force someone to do something they aren’t trained in when there is trained in this area”. “We confuse the two roles we will have a lot of uncoordinated activities”. This thus highlights the fact that the human resource component engaged to provide social welfare services are too few and that there was a mismatch in skills base. This can be attributed to a part of a planning process that should have linked the qualification and the function.

The above was confirmed by a CD Unit Head who believed the merger has side-lined the CD Unit and noted the lack of any capacity building intervention since the merger. Another Head of Department with a Social Work background concurred on the importance of intensive training for staff to understand each other’s functions and to perform effectively. *“I have not been consulted as a person and this is going to pose a big challenge, unless there are intensive trainings and short courses. We have entirely different orientation and background. To ensure we are effective, this will require intensive training in both fields.”*

This suggests that a **systems approach to capacity building** did not form part of the planning for decentralised services. Capacity building is about supporting people and their institutions to perform better, to sustain that performance over time, and to remain resilient during “shocks”, so that they can effectively contribute to national human development goals. Capacity development is not static, it evolves and responds to the environment and changing context. It is not an end-in-itself. Decentralisation as a process brought would have benefited from a systems approach to capacity building. This could have ensured the optional functioning of the SWCDD.

Although this was not the case in the 16 districts visited, respondents mentioned cases of friction between the SW and CD Units in the SWCDD. This is a direct result from the fact that the Head of Department will be from one Unit, which results in feelings of marginalization in the other Unit. Another reported cause for friction was direct communication between a regional office and their respective Unit Heads, when the Department Head is not from the Unit. It was also indicated that it is now difficult to obtain ready assistance from the regional level as was done previously, since district level staff are now supervised by the Coordinating Director.

The **role and responsibilities of the different levels** appear not be understood by the staff at decentralised level, and there were concerns that the regional and national level structures do not reflect district level structures, adding to the blurred delineation of functions and reporting lines. A SW Unit Head stated that *“I’m not against the merger but it becomes difficult for work to move on. It did not do us any good at all. If the regional cannot be collapsed why did they collapse the district? And same with national”. A Head of Department SW commented that “At the metro/municipal/district level we have two Departments coming together as DSWCD. At the regional level they are separate. If I am coming from the social welfare Unit, it becomes confusing, we do not report to the regional office, we report to the district coordinating director. So, it becomes difficult to know who we are affiliated with and who to take instructions from . . . the district coordinator but then the regional*

director gives assignments as well and they conflict with each other”. A CDO also commented that “at the regional level, the Departments are not merged. So, if we go at the regional level, we have two bosses”. A senior SDO perceived the situation as follows: “At the district level, they have merged CD and SW, but at the regional level it is not merged. The regional directors have competing interests . . . The regional Heads that come from SW want to maintain the old structure . . . While the CD regional Head is advocating for CD activities”. A DBO noted that “If you want to integrate it, fine, but if you then have regional directors separate what are you doing? Previously it was nicer working with them separately but now it is a headache”.

The National Decentralisation Policy and Framework outlines that the regional level is not created as a level with corporate legal personality. It is not an elected level; it is not a policy-making level; it is not a legislative level; and it is not a taxation level. It simply exists as an extension of the national level institution⁵⁰. Therefore, this level performs a coordination role, however, role clarification and composition of the supporting structures and their role in the decentralised model for service delivery is not well understood.

Most SW Unit staff had a critical view of the merging of the two Units. Some SW staff noted that the merger had resulted in **conflicts about the responsibilities of SW and CD**. This is due to the differences in opinion and understanding of the specificities of social work as a profession. While the SW Unit staff see the social work profession as specialised, CD Unit staff are convinced they can perform SW functions once they are in the same Department and if provided with skill enhancement opportunities on the job, and in-service training. A senior SDO noted that *“Even though most of them don’t appreciate social work they want to come and do our work without the appropriate training.”* A Head of an SW Unit said *“it looks like SW is fighting against the merger. But that is not the case. If we really want to provide the quality of service, we need to have knowledge.”* A technical advisor argued that *“the writing of a social inquiry report and provision of probation work is done through social work and people who have been trained in this, these critical services that have been catered for in law are being provided by people who are not trained in this and there are standards and ethical implications to having this provided by people who are not qualified to do so”*. This highlights the fact that both functions have distinct bodies of knowledge, suggestion the need for two sections, with separate function, in a Unit.

Though there were mixed feelings, community development officer seemed to have a more positive view of the merger. A CDO stated that *“in most Departments, the merging of the two Departments has not been successful but here it is, you don’t even know who is from which Unit, and the structure is working very well. “This has worked because we have a good programme Head who has helped us all. He is very patient and a good leader. Without him, we would not have merged well. He let us*

⁵⁰ National Decentralisation Policy and Framework 2015-2019

know that we are all the same. He involves CD and SW and we learn each other's work". A CDO stated that: "We now feel like we belong to the Assembly more . . . at first it almost seemed like we were any NGO with no part in the assembly."

Given that there are more community development officers at district level, they have often had to take on responsibilities related to social welfare, without the prerequisite understanding or background in social work. A CDO notes that *"We don't really separate social welfare and community development, it is integrated, and we are a team and support each other"*.

Consequently, most CDOs interviewed said that given appropriate training and support, they could perform the duties of an SW. They strongly supported a single Scheme of Service, with one ranking system. They deemed the lack of capacity building and training opportunities available to equip them as very unfortunate. *"There needs to be the agreement that we are one Department and therefore, we need to be given the requisite skills training to work as expected."* One CDO, however, noted that *"when we [CD] encounter any SW issues we direct them to the SW Unit. We assist but, we don't take the lead because we don't have the expertise. "*

One CDO appreciated the effort by his boss to support capacity development of CDOs *"Before we are assigned any SW activities, our boss orients us, gives us a handout to read and then she tests us"*. A Head of Department from SW stated that *"I picked officers with a background in social sciences, which was two CD officers who I trained here, and they are now acting as probation officers. And I also trained one CD officer to help with the LEAP programme"*.

The fact that there are more CDOs than SWs, results in CDOs doing more of the social work specific tasks. As one CDO noted, *"some social work should be given to CDs . . . you will go to many districts and there are not enough SW staff . . . this is what provoked the merge"* and *"at this level, we treat CDOs and DSWOs the same, we work together because there are more CDOs than DSWOs";* and *"we share work across SW and CD because there are not many SWOs"*. *"We work together because I don't have sufficient DSWOs"*. A CDO commented that *"Social welfare lacks officers so right now, the CD officers are trying to take the work of SW and they are doing a good job"*. The merger was also interpreted to be a loss of identity, as the merger is only at district level. *"At the regional level they are Department of social welfare, at district we are called Department of social welfare and community development but sometimes social development"*.

Not all CD Unit staff were satisfied with the merger as another CD Unit Head felt the merger was hastily put together, resulting in stand offs between the two Units. Importantly, according to the CD Unit Head, orientation sessions on the merger were organised for Heads of Departments but not for staff within the Department. A Head of Unit, CD said: *"When the merger of the two Units was done, orientation was provided to Heads of the Department, but no orientation was given to local level staff. Staff also need to understand these issues. If a member of staff does not know his or her*

roles and responsibilities within the merged Department, it will definitely affect the performance of whatever is expected of him or her”.

The contestation between the SW and CD units appears to be about “how” the merger of the two Units was concluded, and absence of the institutional arrangements required for a successful merger. The “what” – being both political and administrative decentralisation is a foregone conclusion and it is the vehicle that the GOG has decided is the most effective in bringing services to its people and to ensure effective participation of the citizenry in governance.

The findings of the assessment point towards lack of clarification of roles, performance and responsibility of functions by each of the respective cadres i.e. the CDOs and SWOs, to undertake child protection services. In addition, leadership responsibility to create a unified Department is lacking. Limited resource allocation for programme implementation and the support for implementation by central level is not in place. Lastly which could be one of the most important factors that contribute to the inability of the districts to provide efficient and effective social welfare services is the lack of collaboration and integration processes between, on one hand the MoGCSP and OHLGS; and on the other hand between the different spheres of government - National and MMDA’S.

The EU Assessment 2018 noted that the National Social Protection Policy (NSPP) underscores the central role of MoGCSP in the implementation of the policy. The Ministry is responsible for providing leadership for the overall technical and operational coordination of social protection initiatives in the country. It also has primary responsibility for the implementation and review of the policy. The MoGCSP provides, among other things, the framework for operating standards and systems. The Ministry is also tasked with assessing progress against national social protection targets, leading and providing support to the cross-sectoral committees for coordination, and coordinating reporting on social protection to key stakeholders such as the National Development Planning Commission (NDPC) as requested. As highlighted in the NSPP, the Office of the Head of Local Government Service (OHLGS) is responsible for ensuring effective and capable human resources at the sub-national levels and oversees the performance standards of the Regional Coordinating Councils (RCCs) and assemblies. This function of the OHLGS is also emphasised in the Republic of Ghana’s Local Governance Act, 2016 (Act 936). Specifically, the OHLGS leads on the following; undertakes organisational and job analysis and ensures appropriate recruitment and skills building; ensures the establishment, resourcing and effective functioning of social development offices; and promotes effective collaboration on social protection between various actors, Departments and agencies at the sub-national level. The OHLGS is therefore instrumental in the successful implementation of the social protection policy given that local government staff are at the front lines of service delivery. Indeed, the revised edition of the Scheme of Service for the Local Government Service (2014) notes that *“the principal objective of the social and community development ‘class’ is to promote and implement government policies and*

*public services that can improve social inclusion and the development of people and communities*⁵¹

There appears to be an imbalance of allocation of resources between the two sections within the one Department, who have distinct but complementary functions. This contributes to tensions and a perceived understanding of who has the power within the Department. Additional evidence of this is that the respondents think that each of the cadre can perform the other's function. As a result, it appears that the understanding of social work as a profession and child protection as a specialty within social work is not understood by the leadership - the OHLGS and the Social Welfare and Community Development Department. In addition, community development must also be seen as having its own body of knowledge to undertake its critical activities of development, however, that being said these are complementary functions that improve social development, the vision that GOG seems to be pursuing.

Therefore, the argument can be made that whilst there is an understanding of the purpose of the merger, the district level implementers do not understand this purpose. There is a need for stronger leadership at decentralised level that should drive the agenda of the Department as a leader implementing government policy. The process of creating one Department, with all staff understanding how the vision and strategy for the Department, must be considered to them to operate from a Unitary perspective rather than from a siloed perspective. The staff issues and perspectives must be changed to the Department to operate as one Department set on achieving a common goal of improving social development and empowerment of individuals, groups, and communities.

Reactions to the Revision of Scheme of Service

There were mixed reactions from respondents concerning the revision of Scheme of Service and the decision to have a single job description for staff in the Department. These mixed reactions were also related to the Unit of the respondent.

One Director of DSWCD, noted that they have heard of the revised Scheme of Service but that they have not been consulted, while others noted they had very little to do with OHLGS, and that it is more the regional level that is involved rather than district. Many of the SDOs, and one DSWCD Director were not aware of the revised Scheme of Service and plans for a single job description. However, a finance manager at metro level noted that the ***“Scheme of Service for SDOs that combines SW and CD. This is on their website”***. In one of the districts in the Kumasi region, the SDO stated that the DCD had a meeting on the Scheme of Service and that what ***“we were made to know is that there are issues of conflict and they are trying to stop the titles of SWO and CDO and call everyone SDOs so that we can cross over and do each other's responsibilities. It is to make sure we become one and one can perform the two roles and vice versa”***.

⁵¹ EU Needs assessment Report 2018- Technical assistance to enhance the effectiveness and efficiency of the social protection system in Ghana through support to the Ministry of Gender, Children and Social Protection to ensure implementation of the Social Protection Policy.

While most respondents from CD Unit felt it was positive, respondents from the SW Unit were of the opinion that the fact that the requirements and background training between the two functions is completely different, it is not appropriate with a single job description for all Department staff. A Head of Department with social work background expressed her opinion as follows: *“If a staff is not trained in the delivery of child welfare services and in how to write social enquiry reports, it will cause problems. How will the two job descriptions be joined? The Units have completely different backgrounds and up to date, different job descriptions.”* Head of Department, DSWCD. A senior SDO noted that *“It is better both Units are separated for the JD. Social work is a profession and you need a professional to handle some of these issues which are delicate”. Another SDO noted that “A joint JD is problematic because we need specialised people”. It will create a “jack of all trades” but we have schools that are churning out specialised staff that are not merged. “When you produce a social worker from the school you want them to work in that field and not take up community development when there are community developed trained staff leaving school”.*

The scope of social work as a profession seems not to be understood by most stakeholders in both public and private sector, and there is no agreed upon national definition and understanding of what is social work, resulting in the value of social work and social workers being limited.

Some staff felt that the new job description did not take into account the different functions and responsibilities of the CD and SW: *they have different skill sets and jobs that they perform between CD and SW that are not accounted for in the joint JD”. A senior HR Manager commented that “The Department should stand as merged, but there should be separate job descriptions for social welfare and community development.”*

Other staff were more open to the idea but indicated that any such decision must be accompanied by intensive training to enable staff of the CD Unit perform social welfare related services. *“The training of Community Development is different from Social Welfare or Social Work. If we will all be trained from the same training institution and will all study Social Work, that will not be a problem. However, if the job description does not come with academic and in-service training, then it will be difficult for staff in a Unit to perform the functions of the other Unit”.* Head of Department, DSWCD.

An additional concern with the revision to the Scheme of Service is related to the time allocated for career progression, and the different degree requirements: *“Scheme of Service has changed. The Scheme of Service under Civil Service is different, and promotion is for 3 years; Scheme of Service under OHLGS is different and promotion is after 4 years. OHLGS there is no assistant director and no deputy”. Another senior SDO stated that “When we were at MoGCSP the career path was quicker, but now sometimes it delays.” “Working with the Ministry instead of OHLGS would be better for promotion”.*

A CDO lauded the decision to have a single Scheme of Service for the Department with this comment;

“Once the Department is merged, I do not believe there must be a parallel system. This can demotivate staff in the event of different Scheme of Service with differences in remuneration.” Head of Unit, CD.

Even though most respondents from the CD Unit welcomed the idea of revision of Scheme of Service, they indicated it will demand skills training for all Department staff in both social welfare and community development. Most of them felt they all should be able to perform the same functions to give credence to the decision to merge the two Units and use the same ranking (Social Development ranking). Another Head of CD Unit was of the belief that a single Scheme of Service will foster collaboration between both Units and shared her thoughts; *“I think it is good. It will prevent rivalry where one is seen as not belonging to another Unit and will foster effective collaboration. Last year, a workshop was organised to sensitise selected staff (including me) on this revised Scheme of Service”.* Head of Unit, CD. Similarly, another CDO who has benefitted from collaboration between both Units believes the experience will enable him to implement SW interventions when the single Scheme of Service is fully executed. He however, also underscored the importance of capacity building in this regard. *“It is perfect for me. The experience I have had, working with the Head of DSWCD who is a SWO, I believe we can work together provided we receive training on SW, and they receive training in CD”.* Staff, CD Unit.

It also appears the understanding CDOs have of social work influences the opinion that social work can be done by anyone. Social work was generally described by CDOs as attending to the needs of the excluded, the disadvantaged and less privileged in society. As a result, there was the opinion that social work is a broad discipline which should not necessarily be limited to what is done in the Department. Some CDOs believe that with some amount of training, they will be qualified for social work once their work is human-centred; *“Because we all deal with society, I believe the work is not so different. For example, we do community mobilisation when there is the need to register people on health insurance. I believe we can both work if the right training is given to us all”.* Head, CD Unit. Another Head of Department from CD stated that *“when we were CD alone, I didn’t understand how our work fits in to social welfare, but now I see what they are looking at and how CD fits in. I see the bigger picture.”*

In addition, to correct the imbalance of perceived power, and the current practice that CDOs can do the work of SWOs, the OHLGS has to relook at its process of allocating positions, review the Scheme of Service – i.e. requisite qualification requirements for entry to undertake these functions specifically those of social protection and social work and develop a more equal model of staffing for the two sections. The staffing norms will also have to be reviewed. A recruiting process of the right staff with the right qualifications will also require the training institutions to be engaged to ensure supply can meet the demand.

Social Services Sub-Committee (SSSC)

The SSSC is accountable to the Executive Committee of the Assembly. The Chair of the SSSC is the representative of the Chiefs Executive to the Committee. The Chairman of the SSSC is also

automatically the Chair of the Disability Committee. All sub-committees are under the authority of the Executive Committee of the Assembly, which is chaired by the Mayor.

Committees have been 8 and 12 members who are elected and appointed. The appointed members are from government and the elected members are elected through their electoral areas. Every Assembly member should be a member of a sub-committee. Those who work in the Social Services Sub Committee can join subject to having the requisite knowledge and experience, and receiving recommendations from the technical staff of the Assembly. The secretary of every Sub-Committee is a technical member of staff of the Assembly. The secretary works with, and advises, the Sub-Committee. The DSWCD is an ex-officio member on the Sub-Committee, and is represented by one or two people.

Work is guided by the Local Government Act. Some organizations organise refresher courses to guide the work of the Sub-Committee. No formalised training or orientation is provided to those on the SSSC. Those on the SSSC do benefit from ad-hoc trainings by partners such as NGOs and development institutions (if these operate in the district).

There are no standardised ToRs for the SSSC. Each committee draws up its own ToRs.

The assembly composite budget includes allocations for sub-committees, which includes the 250 cedis sitting allowance per person per meeting. SSSC committee members can make inputs for consideration at the Executive Committee level when the budget is presented by the budget committee. The committee works with the Planning and Budgeting Unit on activities it wants to implement. If approved by the General Assembly, the sub-committee can then access funds to implement planned activities.

Committees work with the DSWCD through its representative/s on the committee, and they lobby the Department for approval for some projects or activities they would want to implement.

The Kindergarten and Day Care centres are under the direct supervision of the Social Services Sub-Committee (SSSC). The SSSC periodically visit these institutions to monitor how the children and faring and the conditions under which they learn and live. The SSSC monitor the disbursement of the 3% disability allocation, as well as, health institutions (i.e. regarding medical waste disposal). In addition the SSSCT are involved in sanitation, education, security, and other social issues. The SSSC also monitors other funds available at district level, including for school feeding schemes.

One member of the SSSC felt that Committee members are well trained in areas such as child protection, child rights and juvenile issues, but added that high staff turnover rates result in continuous need for training. When asked further what areas are required for further training, the same member identified the following: child rights and child protection; soft skills that makes them more friendly,

accommodating, empathic and trustworthy; knowledge of the Legal Framework for Child Protection, Women and Children, Disabled People and any category of the population that falls within their mandate.

Another member, said that SSSC members lacked the necessary experience: *“The core challenge is that SSSC are not selected based on background, they are selected because you are an assembly member and you want allowance”. The member stated that “whenever we meet, the assembly members are given an allowance for each meeting . . . based on the number of times that they meet. 250 cedis per person per meeting. People volunteer for sub-committees for the money and most sub-committees are meeting a lot, like 10 times per month, to get paid more*

The SSCS is a statutory body and members are elected. Usually, the function and mandate of such oversight sub-committees are to inform the executive of the gaps in service delivery and how public servants are bringing services to the people. Such bodies do not perform direct service delivery work, as this is the function of the DSWCD. The main function of the SSCS (and other sub-committees of the assembly) should be to provide oversight, advocate for adequate resource allocations, assist in coordination and facilitate public participation.

Coordination and Collaboration

Coordination and Collaboration is a key function of the public service, and means that all Departments, sections, and individuals within an organisation should work together to accomplish the strategic, tactical, and operational goals of the organisation. By nature, social welfare services and community development services are interdependent and therefore should cooperate for ensuring improved services to their clients.

The Inter Service and Sectoral Collaboration and Co-Operation System (ISCCS) provides guidelines for collaboration among various services at decentralised level and in between the tiers of Government. It outlines the roles and responsibilities of key partners at the different levels. DSW is also in the process of validating another guideline, which will provide direction on collaboration beyond Ministries, Departments and Agencies (MDAs). This will be important, given the multi sectoral nature of social services and ensuring quality and follow up on referrals. At the district level, coordination and collaboration exist between the two Units of the DSWCD as well as with other Departments within the decentralised system. However, informants indicated the absence of specific guidelines for inter-Departmental coordination at decentralised levels. *“No formal collaboration framework, all informal”* and it depends on rapport and networks of individuals, which impacts on the quality of services and referrals. Only one Head of the SW Unit highlighted the fact that the *“Children’s Act is the general guideline about Ministry interaction but not all institutions are well oriented”*. A key informant proposed that *“Just like they have the inter-agency coordination manual at the Ministry there needs to be the same between MoGCSP and OHLGS that clearly outlines roles and responsibilities so things like reporting don’t become optional”*.

The decentralised system by design fosters collaboration through the range of activities performed by the various standing committees with members drawn from different Departments. Examples include the District Planning and Coordinating Unit (DPCU), Budget Committee and the Social Service Sub Committee (SSSC). The Head of DSWCD is a member of these committees and is involved in meetings and activities to ensure composite plans and budgets have inputs from the Department. Through these committees, consensus is also reached on aspects of Department workplans that can be funded.

The field assessment found evidence of pockets of co-ordination in some of the districts. An acting Head of SW Unit stated that *“We have good coordination across the two and we work together and there is cordiality here, other districts this is not the case, and some are suffering. This is because we have built rapport over the years.”*; while a CD Unit Head indicated that *“If there is an issue, we (SW and CD) come together, but this is not the same in other districts; and a Head of Department from CD stated that “The two positions complement each other very much”. An SDO also commented that “CDs are doing their work and are complemented [by social welfare Unit] and vice versa, we work hand in hand”*. In some districts it helps that the Units are co-located, as in districts the Units are located apart. Some districts, despite the uncertain job functions, can find ways to work together.

Collaboration between staff of both SW and CD Units take place in several areas such as the implementation of LEAP, using the CP toolkit in engaging community members and in referrals for SW services. For LEAP, CDOs assist in sensitising and mobilising community members for registration and fund disbursement. Collaboration can also result from how certain donor-funded projects are designed. Staff indicated that they worked together to sensitise community members for the USAID-funded RING project. However, the collaboration has more out of necessity due to limited SWOs and the need to rely on CDOs for the implementation of SW services.

During the workplan and budget preparation, the two Units work together with the Head of Department to submit a Department workplan and budget.

Staff within the respective Units also collaborate with other Departments such as Environment and Sanitation, Education, Health, NCCE and Domestic Violence and Victims Support Unit (DOVVSU), and the decentralised structures such as the Municipal assembly. For example, there is collaboration with District Education Directorate (DED) in monitoring ECDs. Interviewed CDOs also indicated a collaboration with the Environmental Office in implementing sanitation interventions as well as mobilising community members to facilitate the work of DPOs.

Both SWOs and CDOs collaborate with NGOs through implementation of activities. SWOs also collaborate with NGOs through established referral networks for clients in need of services or care. One SDO noted that

4.2 Pillar II: Assessing the scope and types of social welfare services available

Service delivery models

The assessment also sought to determine client access to social services, and specifically, how they access social services. The majority of SDOs said that the most common method was client walk-ins, but that community sensitisation workshops also attract clients.

Clients also access social services through referrals. Referrals are received from, inter alia, the police, domestic violence Units (DOWVSU), the MoGCSP call centre (Helpline of Hope), hospitals, courts, the National Commission for Civic Education (NCCE), neighbours, churches, religious leaders, media houses, Assembly members, and opinion leaders.

This data suggests a passive, rather than an active (i.e. social workers going out to communities to identify children and other vulnerable individuals or groups in need of support) approach to service delivery. The passive approach may result from a combination of the following factors: the under-capacitation of the sector (i.e. a limited number of social workers, all with high caseloads); and the limited resources available at district level. It may also reflect the reactive (as opposed to preventative) approach to social work practice that the research suggests is the norm. One respondent argued that this reactive approach is particular to social workers, and the community development workers are more proactive, with closer relationships to communities. The respondent did not view this difference in approach as problematic. Rather, the respondent described how the two approaches were complementary and how CDOs could play a positive role in facilitating vulnerable group/ community access to social workers. As a CDO explained: *“CDs are on the ground in the community. They get closer to the people and see things happening. [The] SWs are in the office, mostly waiting for people to come to them. Many people do not know where they can go to log a complaint, so the CDs can sensitise [communities] about SW”*.

The consulting team also sought to determine the best way to implement the Child and Family Welfare Policy. The team wanted to ensure that implementation is done in a manner that strengthens families and communities to care for vulnerable children and groups within those communities. Respondent opinions on these matters were sought. Some respondents argued that the DSW should lead on, and coordinate all, child protection interventions. Others were uncomfortable with the argument, pointing to a lack of relevant capacity in the DSW.

Respondents identified the factors contributing to ineffective policy implementation:

- Decentralisation was not accompanied by the establishment of appropriate implementation structures at district level. Coupled with the limited role the DSW plays in implementation of the Child and Family Welfare Policy, this hampers effective implementation.

- A lack of awareness and understanding of the Child and Family Welfare Policy among SDOs. Respondents claimed that there were SDOs in the Eastern, Kumasi and Northern Region districts who were not familiar with Policy content. *“The policy itself is not much known, much less its content”*
- The financial and material resources available to the social sector workforce is not enough to effectively implement the Child and Family Welfare Policy.

Respondents made the following recommendation to improve policy implementation:

- Some SDOs recommended improved coordination between government agencies (e.g. Ghana Education Service (GES), Ghana Health Service (GHS), the Commission on Human Rights and Administrative Justice (CHRAJ), the Department of Community Development (DCD) and NGOs)
- Provide information dissemination and other communication strategies to increase public awareness and understanding of the Child and Family Welfare Policy.
- Other SDOs mentioned the need for increased knowledge and awareness by the public and social service providers on the child and family welfare policy.
- Provide training to SDOs to increase their knowledge and understanding of the Child and Family Welfare Policy. *“We need training on the policy”*.
- Address the human resource capacity constraints in the social service sector to increase the ability of the social sector workforce to implement the Policy and fulfil their other functions. Some of the SDOs, in all regions, identified the lack of financial and material resources as the key impediment to implementing the policy.

Gaps in services and services delivery were identified in several areas in terms of the policy framework, the skills and capacities of staff, and the limited human resources, logistics and funding available. Sometimes there are gaps in the implementation and the understanding of service delivery policies by the different partners. A respondent in a district in the Greater Accra Region explained that *“There used to be a fund within the hospital and social welfare could recommend fees be waived but now because of NHIS the fund doesn’t work because they expect everyone to be on NHIS but the problem is that NHIS doesn’t cover everything. Vagrants do not have NHIS. The hospital needs to understand that they need to come in to help with these cases that the NHIS doesn’t cover”*.

Another gap identified is in relation to the coverage of LEAP *“The LEAP programme is okay but there are a lot of people who need LEAP to survive but don’t get it”* and the LEAP policy as identified by another SDO SW: *“the LEAP payment and the amount they give to each person every 2 months - the payment is too little for every 2 months”*. An area identified in Greater Accra included the discrepancies in the legislative framework: *“There is a gap in the legal framework per the criminal act, section 14. A child at the age of 16 can consent for sex but cannot marry until 18 years. Community is asking about this because people go to jail because they have married at younger than 18. These need to match. We need to do more advocacy”*.

A district in the Northern region stated that *“Human resources is inadequate to provide the necessary services”* while a district in Eastern region highlighted that *“We don’t have enough staff – there are only the two of them; we are supposed to have 3 programme Heads but (posts) aren’t filled”*. This was confirmed by a respondent in the Northern region who stated that *“there are three core programmes for the work we do (CRPP, JA and CC). We should have at least three staff, to man these programmes but I am the only one – doubling as Head of Department as well as a Field Officer”*. A PPME informant stated that *“SWCD don’t have enough staff; child protection officers and gender desk officers - there aren’t enough”*. SDOs identified capacity gaps as a challenge: There is also a lack of training opportunities for staff, and when offered, not all staff can attend and benefit from the training.

The Department also performs monitoring functions, particularly the SW Unit. SDOs SW monitor RHCs, NGOs and ECDs. NGOs for example, are assessed using a checklist during registration. They also submit quarterly and annual reports as a requirement for annual certificate renewal. There are, however, challenges which prevent effective monitoring which is mostly due to lack of transport and budget line for monitoring. Respondents in districts in the Eastern region identified the difficulties in the monitoring and follow up of cases: *“When we take on any case, we should know how to handle that case from beginning to end. But getting to the end is tough because we must do follow ups etc. and we do not have resources, so successfully closing a case is difficult.”* *“More follow ups are needed so we know the status of cases.”* The frequency and scope of monitoring is well below the required levels and staff mostly spend their own resources in fuelling motorbikes for field work and monitoring.

Another area highlighted included the lack of coordination in the context of decentralisation of the Ministries. It was stated that SW and CD is not synchronised and that they are not coordinated in their functions - *“we need to put all the services together for the greater good but we don’t have it all synchronised yet”*. And *“when we go to do community sensitisation for gender, sometimes communities will say “someone from gender was just here” and it makes us look like we don’t know what we are doing and makes community members sceptical that people are doing work they shouldn’t be. We need to be coordinated; our roles are conflicting”*.

District SWCD offices have a role in **monitoring NGO social service provision**, but face several constraints in executing this duty. Constraints include a lack of resources and transport facilities/ vehicles.

The factor that respondents report is most detrimental to their ability to provide services in general is the lack of resources. This includes financial, human and infrastructure resources (e.g. lack of office space and/ or the private spaces required to provide appropriate and ethical services to clients). *“When we receive a case, everyone is sitting in the room”*.

Most persons in need of social services are poor and do not have the resources required to visit SWCD offices. *“Most people are below the poverty line – they don’t even have money to transport*

themselves here to make a report.” It is, therefore, essential that social service workers are enabled to travel. Further, transport difficulties reduce SWCD offices’ ability to reach communities that are not located in their immediate vicinity. *“Sometimes communities are far apart, and the distance is a challenge”*. It also negatively affects their capacity to conduct follow-up visits, which undermines community confidence in their services.

Respondents also explained that it was not only the absence of vehicles that prevented them from effectively executing their duties, but also the absence of branded vehicles. *“... if we arrived in a Department vehicle we will be taken more seriously”*. Many respondents felt that the government should provide vehicles to social service workers in the same way in does to essential services such as the police. *“OHLGS does this for police why not social services?”*

Other respondents felt that although institutions like UNICEF had intervened to assist in overcoming transport challenges, this was not enough. *“UNICEF gave us a motorbike, but some communities are difficult to access with that”*.

Methods to overcome these constraints include inter-programme, and inter-organisation cooperation. A respondent from a district in the Northern Region, for example, explained that they *“piggyback on LEAP logistical support to do other services such as monitoring or sensitisation”*. In the Savannah Region SWCD offices have transferred functions to NGOs. Although these relationships are not always optimal, particularly in terms of accountability, most respondents agreed that the NGOs do provide important social services to communities. The following quote illustrates the point: *“Some of the NGOs are doing very well in providing services. Without them, we could not have given people any social services. Some of them I am not comfortable with at all. They get funding, and then you do not see them again. They are supposed to report to the MoGCSP quarterly, but some of them don’t do it”*

Challenges were also identified in terms of the overall **impact of work in communities**, the level of uptake of information, and lack behaviour change after sensitisation sessions are conducted. Respondents said that it is *“difficult to mobilise the communities because the community expects you to come with money and if you don’t come with money, even once, they aren’t interested in coming again for “education” aspects.”*

4.3 Pillar III. Assessing the social work academic programmes/ qualifications/ professionalisation processes Social Work training

The global evidence is clear: a capacitated workforce is essential to providing effective social services to its vulnerable populations. Effectiveness is dependent upon, inter alia, a deliberate process of

planning, developing, and supporting the workforce.⁵²

Ghana's Child and Family Welfare Policy (2014) emphasises partnerships with tertiary level educational institutions for long-term capacity strengthening of the workforce, as well as, in-service training and development of detailed guidelines and procedures.⁵³ These are limited in service training and opportunities, and much of the training delivered is conducted in a largely short-term and issue-focused manner⁵⁴ and tends to be ad hoc and donor-driven rather than fully embedded in agency induction and in-service training programmes.⁵⁵ This results in a piecemeal approach to training and education. There are no standardised, certificate-based training courses on child protection for police, welfare officers, probation officers, ministry staff, teachers, and health workers.⁵⁶

A study by UNICEF WCARO in 2014⁵⁷ looked at social service workforce strengthening in West and Central Africa, among them Ghana. The focus of this study was to improve the understanding of how social workers and related professionals are trained and educated—both formally and informally—to engage in social work practice, especially as it is related to child protection. Some of the key findings include:

- A core challenge for training and professional development is that formal social workers' job descriptions and legal mandate are unclear in most countries in the region. This creates ambiguity around the relationship between social workers, NGO workers, and the populations they serve, the overlap between the government social workers and NGOs is highly contested, and the lack of clear objectives for the social work profession has profound implications for social work training; and ultimately, this gap will need to be addressed before efforts to revise social work curricula should be undertaken.
- Such a gap also results in demotivation of social workers as the profession becomes invisible and not clearly understood by key government actors.
- In some countries the social work training is not practice based, but too theoretical or rooted in the social work tradition of European countries or the US. As a result, social work graduates do not have the relevant required competencies and abilities to apply what they have learned in practice

The above are consistent with the findings of this assessment. In Ghana, the following institutions offer Social work degree and diploma:

⁵² Roby, J. & Global Social Service Workforce Alliance (2016). The evidence base on the social service workforce: Current knowledge, gaps and future research direction.

⁵³ Ministry of Gender, Child and Social Protection (2014). Child and Family Policy, Strategy 4.1.

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⁵⁵ UNICEF Ghana (2011). Report of the mapping and analysis of Ghana's child protection system. Child Frontiers

⁵⁶ Ibid.

⁵⁷ UNICEF ESARO, CPC Learning Network (2014). Social Service Workforce training in the West and Central African region.

- KNUST Faculty of Social Sciences
- University of Ghana Department of Social Work
- School of Social Work

The **University of Ghana, Department of Social Work** offers the following programmes:

- Bachelor of Science in Social Work.
- Master of Science of Social Work, which is research focused.
- PhD programme.

The Department is part of the IASSW, and they have aligned to international curricula, standards, and competencies for SW. There are currently 13 staff in the Department of Social Work, all with academic qualifications in Social Work.

There are between 200 and 300 enrolments into the social work programme per year. In 2019, 24 students were enrolled for a Masters' in Social Work.

The Master's postgraduate degree is research intensive and applicants without the required research qualifications/ experience are excluded.

There is a perception among lecturers (those that participated in the assessment) that social work is a mid-range course, unlike popular courses such as Law or Business. Most students believe they have limited opportunities for employment and that social work does not pay well, so people do not really apply to become students of social work.

The Universities do receive requests from staff of the DSW wanting to apply for practice-based postgraduate degrees.

Field placement is a critical part of a social work curriculum, as it is a practice-based profession. The third year of the Bachelors' degree includes an eight-week (320 hours) field placement component, during which students are placed with appropriate institutions to gain practical experience. The final year of the Bachelors' degree also included a four-hour-per-day, thirteen-concurrent-weeks fieldwork placement. Poor students, and students who are placed in institutions located far from their primary places of residence, experience financial challenges (e.g. they have difficulty paying for food, transport, and accommodation). This issue is exacerbated by the fact that some agencies (at which students are placed), charge for these payments. Neither the university, nor the students can afford such placement fees. The placement process is also undermined by the lack of qualified social workers available to serve as supervisors during placements; and the lack of capacity and office space

at the DSW to accommodate students.

The Kwame Nkrumah University of Science and Technology (KNUST) offers the following programmes:

- Bachelor of Science in Social Work.
- Master of Science of Social Work.
- MPhil in Social Work.

Approximately 150 students graduate from the BSW each year. The respective figure for the MSW is 25. According to a Social Work lecturer, the practical experience acquired by their students is a key strength of the qualifications offered at the University. The practical experience is acquired during a mandatory semester of in-field practice. The same lecturer identified insufficient focus on the development of skills related to serving vulnerable children as a shortcoming of the curricula offered. Case Management is only taught at Masters level. Child protection contents are taught at BSW level, while the rights of vulnerable populations, including women is taught at Master level. Emerging areas not currently in the curriculum but soon to be introduced are looking at substance addiction and use, social work administration, Masters professional development and ethics, family therapy, risk and disaster management, gender, and welfare. Field placement takes places mostly in DSW affiliated centres, DOVSU, NGOs, but also hospitals and media houses for a focus on advocacy and education. There is, however, need for more field placement opportunities. The Department actively reaches out to various agencies to organise field placement, and the Department has a code of conduct and field placement policy in place.

As with the UoG, the BSW programme is funded by the Government, whereas students cover residential and user fees, and pay tuition for Master's degree level. There are few lecturers (8) compared to the number of students.

The **School of Social Work** operates under the MoGCSP and directly under DSW. The school is currently in the process of upgrading to comply with the National Accreditation Board requirements and there have been no new admissions since 2016. The School of Social Work previously offered a Diploma in Social Work course. The School of Social Work called for enhanced collaboration to train people recruited by OHLGS in Social Work, which resulted in a once off two-week training of recruited social workers, though this was not sufficient for the training of staff with no social work background.

The **Institute of Local Government Studies (ILGS)** is an institution established by an Act of Parliament, started as a project in 1999 and was made legal in 2003. Their mandate is to build capacities of Local Government functionaries, at the regional level. Around 2010, they began to offer post-graduate degree programme, which are organised on weekend basis. The four courses are;

- Local Government Organisation and Management

- Local Economic Development
- Local Government Financial Management
- Environmental Policy and Management

ILGS has two campuses – Accra (Headquarters) and Tamale.

According to the Local Government Act, 2016 (Act 936), the ILGS is to have budgetary allocation for training of about 2%. The Institute is not subsidised, so they do their own fundraising.

Divisions/Units

Management Development Training Division: Develop and run short-term programmes

Research and Study: post graduate academic degree programmes. ILGS intends to add undergraduate degree programmes (for which accreditation has been approved) in the following:

- BA Social Development
- BA Community Development and Social Protection
- BA Public Sector Management and Administration
- Diploma in Community Development and Social Protection

Centres of Excellence:

- Centre for Gender and Social Development: Gender and issues that are social in nature, such as issues affecting children and how ILGS can integrate issues of gender into its overall programmes.
- Centre for Local Economic Development.
- Centre for Information, Communication and Technology.
- Consultancy Unit.
- Training.

ILGS conducts induction/orientation for newly recruited staff (including newly appointed Metropolitan Municipal and District Chief Executives) to enhance their knowledge and understanding of the Local Government System. ILGS also trains different categories including Finance Officers, Planning Officers, and Presiding Members. ILGS has, however, not provided effective training in social work for district staff. When the Social Welfare and Community Development Departments merged at district level, the ILGS designed a suitable training programme, but it has not had the resources required to offer the training. The ILGS does not have any formal relationship with the School of Social Work.

In June 2019, the European Union (EU) conducted a training needs assessment of the School of Social

Work, the Centre for Policy studies and the ILGS.⁵⁸ This assessment was done as part of a broader EU project, which sought to enhance the effectiveness and efficiency of the social protection system in Ghana. The assessment was completed in partnership with the Ministry of Gender, Children and Social Protection. Although the assessment was focussed on social protection, it did use some of the other key social work competencies to inform its analysis of curricula. Further, one of the focus areas of the assessment was to review the role academic institutions play in equipping graduates to implement the Ghana National Social Protection Policy.

Findings of the EU Assessment Report included:

- None of the three institutions had complete, or sufficiently comprehensive curricula.
- In all three cases, fieldwork and practical social work education was sporadic, and not informed by clear policy and procedure documents.
- In all three cases, lecturers were not sufficiently qualified for, or knowledgeable to, teaching the curricula they were teaching.
- In the case of the School of Social Work, the BSW had critical gaps in the social work curricula.

The primary and secondary data presented, inter alia, suggest:

- There are not enough training and learning opportunities available for staff already active in the social service sector.
- There are not enough opportunities at diploma/ non-graduate level.
- Curricula require review. This should include an improvement of the infield and practical components of courses. It should also include more focus on case management, and continuum of care service delivery models.
- Care should be taken to appointed educators/ lecturers with appropriate qualifications and/ or understanding of the material. Training and skills development are required for those currently teaching.

Workforce Skills, Competencies and Training

A strong, well-trained workforce comprising of different levels of skills set, is imperative to be able to successfully contribute to the wellbeing of vulnerable populations. CSWE defines social work competence as the ability to integrate and apply social work knowledge values and skills to practice situations in a purposeful, intentional, and professional manner to promote the wellbeing of individuals and families. CSWE (2015) outlines nine globally recognized competencies for social work⁵⁹.

⁵⁸ EU (June 2019). Training needs assessment of Social Work, Centre for Policy studies and ILGS.

⁵⁹ CSWE (2015). Educational competencies. Retrieved from

Interaction with respondents in the SW Units, revealed extraordinarily little or no knowledge about social work competencies. While some respondents outlined community development and organisation as a competence, others mentioned social administration and social protection. An acting Director SW noted that *“Not all of the social welfare staff have social welfare backgrounds..... the rest comes with other backgrounds. Same with community development, some have related degrees some not”*. This is somewhat corroborated by a senior HR manager at MoGCSP, who stated that *“Social Welfare officers that were recruited in 2012 don’t have social work degrees. Right now, we are working to make sure they have related degrees. In 2012 they were sent to work without training and without desire some have integrated very well others not”*. A Technical advisor noted that *“OHLGS cannot give us the data on the number of social workers [or people with social work qualifications]. They can give us the number of social welfare staff but not how many are qualified social workers. They do not count qualifications and social work staff vs. other staff that do not have the degree). This is a huge gap because we can’t see who is working at what level.”* A senior SDO estimated that *“20% came with social work background and 80% have a background in other fields”*.

Out of the 183 officially graded staff in the 16 districts, only 9 had a first degree in social work, while 14 had diploma in social work. This has an impact of the quality of social work practices and processes being undertaken, as a regional Director SW stated that *“We need specific skills – we need more experienced social workers because we have people with no social work background, some of them; most of them need more training on counselling and basic report writing and handling of social work issues”*.

A District Coordinating Director noted that *“The SWCD team is comprised of people with different backgrounds like political science, sociology, etc. without proper capacity building to enable staff to do the work well”* and that *“At the district level, Heads/directors were posted without proper orientation”*. The District Coordinating Director was of the opinion, that due to lack of capacity the *“Department isn’t taken seriously at multiple levels – national, across the country/public, subnational levels, within assemblies.”*

Another Head of Department SW (themselves without a degree in social work) stated that *“all [case managers] are first degree holders, apart from the director, no one is a trained social work but some have related course work like sociology and then we do on the job training and that is working well, they are coming up well”*. A Unit Head SW stated that *“sometimes that element of professionalism is absent, but we try to guide”*; and that *“Yes, some staff have capacity to fulfil mandate, but majority are still learning”*. A District Coordinating Director stated that *“We can’t send clients there when the capacity is low, and the Department is neglected”*.

This was not only true for social workers. A Head of Department CD said that *“some CDOs are*

capable, some are not. We have some people with accounting background and HR who are CDOs and they are not related to community work”. The Head of Department explained it as follows: “They don’t understand how the work they are doing fits in to the bigger picture [because when they] were recruited, [they] should have gone through training before they started, but they were left to learn on the job”. Another Head of Department CD noted that “some [CDOs] need capacity building in soft skills like communication, how to organise community events, and relationship building”.

Some of the less senior SDOs and CDOs thought that they were able to fulfil their mandates and functions with their current skills level.

The above does not reflect responses of functionaries who understand and possess comprehensive social work competence, and this is true for both staff in the SDO-SW positions and district CDO staff at all levels, including some Heads of Department. Being a staff member of DSW does not automatically make you a professional social worker. This requires a social work degree, training, and certification from a relevant national structure. While the social work profession is part of the broader social services workforce, it is a distinct profession with theories, practice models and skills that separates it from the generic ‘social science’ workforce. In the absence of a legal registration and licensing framework, however, many social service workers refer to themselves as ‘social workers.

This does not mean that only social workers can contribute to the sector. Multiple actors with varied competencies and qualifications can be prepared and supported to fill needed roles in social services and child protection. However, the scope of work of social workers and their roles and responsibilities must be differentiated from other social welfare cadres, and the principles and ethics of the social work profession respected and upheld.

Respondents were divided in their answer to the question “to what degree is the social service workforce capable of effectively implementing its mandate as outlined in the legal and policy documents?”. Some thought it the workforce was sufficiently capable; others thought the workforce was largely capable, but requires to training and capacity building support; whilst a third group felt that the workforce was not sufficiently skilled to implement its mandate. There is a *“lack of the professional skills and resources [required] to effectively implement social services”*.

Summary of self-assessment

The objective of the self-assessment was to determine the level of knowledge of the core competencies of social work. Two self-assessment tools were developed, one specifically for staff in the SW Unit, and the other for CDO’s. The two types of questionnaires were analysed independently, to allow comparison across cadres. The questionnaires utilised a Likert scale for self-assessed competence, where 0 = not at all; 1 = a little; 2 = quite well; 3 = very well. These were further assumed to mean that “not at all” means no knowledge/understanding, “a little” means limited knowledge /understanding and “very well” means knowledgeable and well understood.

One hundred and thirteen (113) staff members from 16 districts completed the self-assessment. The data quantitative data generated by the self-assessments was amalgamated with the qualitative data from the 67 key information interviews.

The respondents were both from the management and operational staff cadres. Of the total 113, forty-one (41) were SWO's, sixty-nine (69) were CDO's, whilst the remaining three (3) were administrative staff. Of the 41 SWO's, 13 had a social work qualification, ranging from a diploma in social work (8), BSW (5). Of the five with a BSW, two also had a Master's degree in either development studies or management.

Outcome of the Social Welfare Workers Self-Assessment

The self-assessment was aimed at determining the level of knowledge/understanding and application of the legislation, policies and procedures that guide social service delivery, with an additional focus on child protection services. The areas where they felt most confident, with a score of between 25-32 were case management, child development, knowledge of role players providing statutory and non-statutory programmes for children and thus having the ability to do appropriate referrals, linking the client system to NHIS, ensuring that PWD had access to services and; techniques in social work such as problem solving and conflict resolution, reporting and documenting. The concept of supervision was also within the high score parameter, illustrating knowledge and exposure to supervision, however, this was mostly from the management level.

The areas where the respondents were least confident as indicated by their low score (having “no understanding” to “a little understanding”) included, significantly, the legislative and policy domain such as the criminal code, national foster care and adoption regulations, human trafficking act, national standards of the RHC; inspection and licensing, the National Plan of Action II on Child Labour;

Linking families with education grants, with maternal care and how to conduct assessment for placements in alternative care; and understanding of the national case management SOP for children in need of care and protection, are areas that need to be strengthened. Less than half of the 41 SWO indicated a high confidence level in these categories. From a social work perspective, this is knowledge and competence that social workers should have, however, if there is no to limited confidence in these areas, it means that the quality of services is or can be compromised.

The self-assessment indicates several gaps within the knowledge base of SWO's, and areas to include in the capacity building strategy. The areas where high confidence was observed, are those which have a theoretical base, and a process/procedural leaning orientation or rote learning of a process or SOP, but without clearly understanding the intention and application of the process or tool. These areas are foundations of case management, child development, referral process and hard skills such as problem solving and conflict resolution. If compared with the areas with the lowest score, being

the legislative and policy framework, these are what guides service delivery and are the most critical elements for quality and effective social welfare delivery and more specifically for a child protection system of a country.

The inability to interpret legislation and policies for practice means that there will be limited interventions that bring about change in the lives of the clients. The understanding of the legislative and policy framework are the most critical needs for this cadre of staff, as these guides both programme and service delivery. These policy frameworks create the narrative for the development of the continuum of care as the approach to social service delivery system. A key function of the SWO's is child protection, which requires their comprehensive understanding of the legislative framework guiding child protection in the country, and the understanding of the social protection policy. Both these critical areas scored a low response.

In addition, social workers must have a set of competencies that sets them apart from other professions. A foundational competence is the ability to undertake assessments of all kinds. This competence scored low, as indicated by only 15 persons out of 41 Social Welfare Officers having *“Knowledge on how to make alternative care assessments and placements”* and *knowledge on how to refer children for rehabilitation services after they have experienced abuse where only 19 persons rated themselves at level 3*. SWOs provide a specialised service to vulnerable groups and their capacity must be developed. This can happen if there are supportive institutional arrangements in place, an enabling environment, and a service delivery model that requires them to use core social work skills and knowledge.

Interestingly, both high and low scores in case management were observed. The inadequate knowledge of assessment also related to the low score in the understanding of the SOP for case management and makes the high score obtained by others on case management a point that must be interrogated further. Assessment is the most critical step in a case management process as it produces information on the most appropriate interventions for the client, and supports the development of an appropriate case plan. Not having this competence in place can mean one of two things; that an effective case management system is not institutionalised as an approach to service delivery, or that there is a lack of standardised processes and tools to ensure that all staff understand and implement the different steps appropriately.

Outcomes of the Community Development Officers Assessment

The highest scores of between 24-34 were observed for both the legislative and policy context, as well as, orientation to and use of tools to guide community development interventions. Generally, the CDO's seemed confident in their knowledge of child protection and appear to have the ability to identify and refer child protection cases appropriately, and the role of both statutory and non-statutory actors in child protection. Furthermore, they appeared to have the knowledge and the ability to apply the child protection toolkit. About their community development activities, their confidence

was high in their ability to support and engage with community structures, as well as monitor the activities of the tribunals related to children. Another area where a high score was observed was the ability to collect data, analyse and use information collected to both improve their work as well as to report to the different structures at district, regional and national levels.

Interesting to note is that they indicated a high level of confidence in the legislative and policy context, but only 20 of the 72 knew the Social Protection policy very well, with the 26 scoring quite well, and 20 with limited knowledge, and 6 indicating no knowledge of the Policy. This is a key policy that drives service delivery in the Social Welfare and Community Development Department hence highlighting this disparate knowledge base, as this is an area for capacity building.

In concluding the analysis of the CDO self-assessments, an observation is that in their view they believe they have the ability to identify child protection cases and refer appropriately, which correlates with the high score of knowledge of the child protection community facilitator toolkit. However, only an average of 17 CDO's of the 72 that undertook the self -assessment indicated that they have knowledge on how to identify community members to mentor children and families, as well as to support children and how to support and monitor the community panels. Having this ability and knowledge contributes toward the formation of a stronger child protection network, creating a safety net for vulnerable children at grass roots level. If there was improved coordination between social welfare services and community development, this knowledge could be strengthened to improve the safety net for vulnerable groups, and is an opportunity for a strong social protection response at decentralised level.

If we compare social workers and community development neither have the requisite competencies for social work – rote training, not how to operationalise it

Training and capacity development

OHLGS provides a generic training related to general public service. A national level HR manager stated that *“national orientation is done through OHLGS when there is mass recruitment only. Last orientation was in 2017. Regions and districts do onsite orientation for skilled staff, not sure about non-skilled labour”*. It was also revealed that Government has not conducted any training for the past five years, sometimes eight years. Some posit that ever since the merger was done, no training or capacity building on what is expected of staff has been conducted. *“We normally include training interventions in workplans and budgets and these are agreed upon after being justified. However, we never receive funds for these activities.”* A senior HR manager explained that *“District HR Departments do needs assessments to inform training needs”*. CD Unit Head, DSWCD. And acting Director, SW stated that the *“composite budget includes 25% for training but it isn't released”*. Discussions with HR Departments revealed that training budgets are not tailored to the training needs of the Department but is normally used to fund training for the Assembly in general.

In one district, a Head of Department stated that *“Each staff must have a schedule in their annual appraisal form where you include the training you want to do and the training you did at the end of the year. But although it goes into the DA plan, we do not get training. Some donors support staff to go to Local Government Training institute for training”*. As a result, most training opportunities for staff of the Department are project and donor led. They are also specific to the topic being taught, and are often ad-hoc, and though they are useful for skills building, it is not equipping staff to deliver on their mandate. Interactions revealed that in some districts, some of the previous training programmes focused on issues such as Child Protection (CP) and CP Toolkit rollout, LEAP Implementation and e-reporting for LEAP, Case Management SOP Training, Registration of NGOs and Early Childhood Development Centres (ECDs), Composite Budgeting and Decentralisation and Local Governance, among others. These trainings were organised by UNICEF, USAID, LEAP Secretariat, LGS Secretariat, District Assembly, NGOs such as CARE International, World Vision etc.

The field assessment indicated that there is limited to no in-service training offered at decentralised level. In-service training would thus, be another critical capacity building element. The absence of an in-service training programme has a direct link with the SWO’s limited knowledge base of new legislation and policies. Where no pre-service and continuous in-service training is made available, the result is always a significant gap in the ability to translate the theory learned at university, the interpretation of legislative and policy frameworks for practice and the practical skills and knowledge required for work.

Key informants were asked what their training needs and desired capacity building interventions were. The identified areas included child rights promotion and protection and justice administration. Heads of Departments recommended training in writing of social inquiry reports and interview skills, communication, mediation, case work and case management, rehabilitation, counselling, justice administration (understanding the Juvenile Justice Act, providing probation services), child development, basic social work principles and ethics, social work policies and legislation. A SW Unit Head underlined the need for training on ethics and professionalism, and another identified *“Customer service (to improve professional case handling)”*.

Other areas included specific technical areas such as child labour, child trafficking, disability, sign language, child rights, ECD, gender mainstreaming. It was also recommended for Department staff to be trained in comprehensive report writing, proposal writing to get funding, fundraising, processing, Information and Communications Technology (ICT), office management and administration, leadership, registration of ECDs and NGOs etc.

Many of the training needs identified are core social work competencies, and part of core social work education and practice. This shows that at district level, the SWCD Departments are working with a social welfare workforce that has insufficient social work capacities. One Acting Director of SWCD stated that *“We need to recruit more trained social workers to fill the SW Unit, or we need to send some CD officers to be trained.”*

Some of these recommendations were repeated in an interview with the Chairman of a district Social Service Sub-Committee. The chairman noted that the fluid nature of the district staffing system (turnover, recruitment, and transfers) makes training vital for effective performance of staff of the Department. The three most important training areas recommended were 1) Legal Framework guiding the work of the Department; 2) Child Rights and Child Protection and 3) Soft Skills that make staff more friendly, accommodating, empathetic and trustworthy.

Suggestions from the respondents on the format of the training included sponsored short courses, exchange programmes; training workshops; and to a lesser extent, in-service training. Respondents were also of the view that academic degrees are important and specific emphasis was placed on a social work degree.

Two District Coordinating Directors suggested that *“for short courses, the Institute of Local Government and the School of Social Work should come together to run a combination of workshops and short courses that people are sent to”*. They also noted that they *“need a workshop for them with resource people and senior staff to orient staff on how to operate as one team”*. A technical advisor proposed the *“need to strengthen the training institution - Institute of Local Government Service, where we should have specialised training for gender, child protection, disability, etc. Then OHLGS can send those staff to their own training institution.”*

Institutional Arrangements for LGS

The findings are based on the analysis of the assessment report and indicate that at LGS, a number of key institutional arrangements are in place that could be used as a platform upon which the introduction and career pathing of a professional worker can be built. The following is a list that was generated from the data that was collected during the stakeholder interviews. It must be noted however, that the scope of this project did not allow Maestral to do an in-depth investigation of the institutional framework of local government, but in completing the assignment of assessing the four pillars as outlined above, the organisational issues that either lend themselves to the efficient execution of a function or create a barrier to the same were noted. Therefore, this is not a complete list of what is in place, but rather those that are deemed pertinent to the development of a capacity building strategy have been highlighted.

- **LGS-Scheme of Services Revised Edition 2014** is in place and identifies job summaries for each level within the social welfare Unit. It clearly outlines the intention of having a professional and sub professional class. However, the entry requirements are for persons with a degree in social work or a related discipline. A change would thus have to be made in the entry requirements should the recommendation be implemented to utilise social service professionals in the social welfare unit. All incumbents to these positions will have to have a degree in social work and not a related discipline irrespective of their level within the LGS.

- **The Scheme of Services identifies job summaries** for each level; however, it is more functional to use job descriptions and job specifications that are detailed written expositions of the activities, duties and responsibility of each level in the social welfare service unit.
- **LGS 2014 Staffing Norms for Metropolitan, Municipal and District Assemblies (MMDAs);** these are a planning tool and therefore a process to move towards achieving these norms should be part of the annual strategy development process.
- **LGS 2014 Service Delivery Standards and Performance Management Systems** LGS has adopted and customised the civil service appraisal system for use at regional and district levels. Should professional social workers be included this performance management system can be reviewed to include competences that category of workers should have and link it to a personal development plan to ensure growth of the individual as a professional, and the opportunity for career advancement.
- **Supervision is a prerequisite in the profession of social work.** A supervision system exists within the LGS; however, it will need to be strengthened, to make provision for supervisors who hold a qualification of social work. The profession of social work requires that social workers are supervised by persons who hold a degree in the same profession and have appropriate work experience as a social worker (at least 3-5 years more than the person that they are supervising). The human resource plan would have to find ways of institutionalising this within the LGS supervision system
- **Code of conduct and ethics** which seeks to promote the values and beliefs of the Service and provides visible guidelines for professional behaviour in LGS is in place. Should the recommendation be adopted to employ a professional social welfare service workforce in the social welfare unit, as professionals there are global values and ethics that guide the profession, and therefore alignment between the LGS and specific social work values and ethics will have to take place. In addition, the LGS should work collaboratively with the **MOGCSP in the establishment of the regulatory body for social work as the employer body of the greater number of social work professionals.**
- **Coordination and collaboration:** The Inter Service and Sectoral Collaboration and Co-Operation System (ISCCS) of 2015, provides guidelines for collaboration among various services at decentralised level and in between the tiers of Government. It outlines the roles and responsibilities of key partners at the different levels. Though it provides an overall framework and platform for collaboration among the public sector, there is need to further operationalize it within each sectors to ensure effective coordination and collaboration that will enhance integrated service delivery – i.e. it will need to be operationalized in the social welfare sectors among all key actors to reflect the multi sectoral nature of social welfare delivery model and services.

- **LGS 2018 Social Welfare and Community Development Department Operational Manual: Establishment, Operationalization and Management for the Metropolitan, Municipal and District Assemblies (MMDAs); Local Government Service** which is based on the decentralization policy and is a guideline for the establishment of the DSWCD, identifies roles and responsibilities, functions, services and staffing for this unit. In addition, it outlines how the unit needs to operate. In order for it to be all embracing, it would need to be reviewed to encapsulate any changes that will emanate from the capacity building strategy, for example, to capture the spirit of good governance, job descriptions, supervision etc.

4.4 Pillar IV: Assessing the budgetary requirement for financing of social services at the national, regional, and decentralised levels

Budget, Planning and Financing of Social Welfare Services/Work

At the national level, the budget ceilings are set by a policy review undertaken by the MoF and guided by the Medium-Term Policy Framework. The budget ceilings are then given to the Ministries. After receipt of the ceiling, the PPMED sits with Departments to consider their plans and to allocate budget according to those plans. PPMED oversees the budget process and they send out the MoF annual budgeting guidelines. The different Departments present their budgets and the PPMED adjusts, collects information across Departments and submits to MoF. The release comes for the Ministry and then percentages are allocated to each Department and it is approved by the Minister and Chief Director.

In terms of the MoGCSP, a metro level finance manager explained that *“The allocation given to this Ministry goes mostly to social protection interventions...the overall budget looks large, but little goes into general operations. MoF needs to be sensitised, as do other Ministries.”* The finance manager further stated that *“we’ve had complaints that there is delay of funds reducing social service delivery. We need a better process to deliver those funds”*. However, there is also the overall issue of the national economy and the availability of public funding in the country. A PPME staff informant stated that *“Not sure if assemblies are not releasing, heard that it’s the central level that isn’t releasing”. And a finance manager added that “The funds are stuck at the MoF. They say that the funds must be available before it can be released. If it is an issue of availability of funds, it’s more challenging but if it isn’t then it’s an advocacy issue”*.

In addition, a PPMED staff alluded to the fact that *“MoGCSP allocations are not set based on specific information just “potential impact”, and that PPMED is not happy with how DSW has allocated their available money in the past. PPMED now tells DSW exactly how much to spend on certain areas like child protection homes”*.

The decentralised system of governance in Ghana empowers all Departments in the district assembly to provide inputs for the development of composite district budgets as well as medium-term plans

and annual action plans. Heads of DSWCD participate in these activities through submission of Department plans and budgets as well as discussions on activities to be included in the district plans and budgets.

At the district level, various sources of funds exist for social welfare service financing, which include allocations from Government of Ghana (GoG), District Assembly Common Fund (DACF), Internally Generated Funds (IGF) and Grants from Development Partners (DPs). Based on discussions with a District Budget Officer (DBO), social services are deemed important but fund allocation for social welfare services is impeded by resource scarcity. A District Coordinating Director mentioned the *“need for clearer instruction from national level of including SWCD in IGF and other funds”*. The budget is prepared by the Budget Committee and during disbursement, the District Chief Executive (DCE) authorises expenditure. The District Coordinating Director is also the spending officer of the district and payments are made by the Finance Department. Forecasts are normally used to determine if budgets can be met and actual revenue generated will determine if disbursement can be made for activities to be implemented.

Stated budget ceilings are to guide the Department in preparing and submitting their budget and there are no specific formulas to determine allocation as it is purely based on what is requested and what can be provided through forecasting. Despite submitting budgets to meet stated ceilings, the DSWCD mostly do not receive these funds to implement activities, unless they are statutorily to be allocated to them (such as the Disability Fund). An acting Director, SW stated that *“I have my 2019 budget beautifully presented and at the end of the day, it doesn’t come”*. An SDO lamented *“We spend time on our plan and budget and then feel that it isn’t taken up and taken seriously. It is demotivating because some of us really care about the people of our district”*. A PPME informant further highlighted this issue *“Now that districts are with OHLGS, they should be part of the assemblies’ plans. But assemblies are sometimes not providing funds for them to do their work; “although it is in their budget they don’t allocate”*. The Director proposed that *“There is need to sit down with OHLGS to prioritise social welfare services and improve the allocation”*.

Another issue is the quality of the budgets submitted, and the ability by the Head of DSWCD to explain to the district assembly the resources required and advocate effectively to ensure adequate resource allocation for key social services programmes and interventions. A technical advisor argued that *“Budget provision and allocation at the district level itself is still too small. They are part of the decentralised planning but when it comes to implementation it is not happening at the district level. It may also be related to the capacity of the workers . . . if you don’t know what your responsibility is you can’t effectively advocate for the resources you need.”*

A DBO sought to create a direct relationship between assembly revenue and fund disbursement, commenting that fund disbursement would increase with improved district revenue generation. A DSWCD staff member indicated that they mostly piggyback on bi-monthly LEAP payment schedules

to conduct other community activities. The LEAP project provides the lubricant for the operations of DSWCD in most districts.

Performance for annual plans is assessed through the DPAT. Annually, all assemblies are assessed based on agreed performance indicators. Once there is evidence to support indicator achievement, investment funds are released.

Many respondents thought that the district assembly is not getting any money because it is not generating revenue. *“There is an informal policy that Departments that do not collect revenue, do not get funding. We feel this is a silent policy”. “Funding is not released because as a nation, we believe that social services are spending and not providing any revenue for the government and they are more interested in infrastructure”. We “aren’t allocated funding because we don’t generate resources”, and “We don’t generate revenue, but we spend, so we don’t get funds unless donors help us.”* Two District Coordinating Directors stated that *“The issue with funding is, in part, due to a lack of understanding of social work and its importance. Social work is perceived as something that does not bring in money but uses a lot of money for its programmes. But without generating any income, the DA does not spend money on them. They prefer to focus on physical infrastructure, thinking this is better for the people than social services”*.

However, in an interview with a metro level finance manager, this notion was indirectly disputed by the following statement: *“They (DSW) generate a lot of money for government but the government takes it all. Even if they can retain 50% of what they generate, that would be good. They generate money through licensing of day care centres and NGOs but do not get that money back to help them do their work. Even for licensing forms and printing, they don’t get money for that.”* A PPME staff further stated that *“NGOs pay licensing fees and they bring their reports for renewal of licensing and this generates funds but the funds go the general funds and doesn’t come back to social welfare”*.

It is the view of some interviewed DSWCD staff that the Department seems to be relegated to the background with no tangible results being produced by the Department due to little resource allocation. One SDO noted that the *“the District Assembly (DA) is more interested in the physical development than the human development but we can put up all the schools and roads but if there are no children to fill them”*. A PPME respondent noted that *“District Assemblies say it is because there isn’t funding, but I think it’s because they don’t prioritise this (social services)”*.

A member of the Social Service Sub Committee was of the opinion that *“Lack of funding for social welfare seems to come both from the lack of importance that is placed on it politically (from GoG) and from lack of confidence in the Departments capacity and ability to fulfil their function. These go hand-in-hand”*.

The lack of resource allocation also impacts on the services they are able to provide for their clients - *“Yesterday I dealt with 3 missing children and they needed food and shelter and transportation costs. No funding.*” With no budget for programme implementation, they are also having to use their own pocket money to facilitate their work – such as for transport, internet charges, airtime to call people to follow up on social inquiry reports, food in emergencies for clients at office etc. An acting Director SW posed the question *“If you pay people’s salaries but don’t give them money to do their work, why are you paying salaries?”* A Director, DSWCD noted that *“We are like a beggar agency. For example, churches give us money if we ask”.* A District Coordinating Director believed *“the Department itself doesn’t even have T&T so how can they work? The Department looks like a dying Department”.*

Lack of resources will impact on how and when social workers are able to respond to their clients, and it also impacts on the perception by communities on what social services can do for them, often resulting in a lack of confidence in the ability of the Department to respond. *“Clients view us people who are supposed to aid with strong professional skills. When they come here, they are expecting us to provide them with the help that they need. If the resources are available, we can fulfil this role”.*

The lack of space impacts on the lack of privacy and the ability of the SW to guarantee confidentiality. The condition of the offices in which they operate also creates issues *“when the person comes and sees our office, they don’t take us seriously”* and *“We have solutions to the clients’ problems. But the clients know that we are handicap just by seeing the office. Appearance will tell them that we are limited”.*

Concerning DACF and IGF allocations, the perception is that, untimely release of funds is not as much of a problem as what is deemed as priority for the district. Funds solely for the Department that are to be disbursed through the district assembly (GoG) are mostly not disbursed on time. During the interviews (August 2019), none of the districts had received GoG disbursement since the last quarter of 2018. One District Coordinating Director gave the following scenario for his district:

- GoG – 0% of these funds have been released for the year.
- DACF (District Assembly Common Fund) – 0% of these funds have been released for the year.
- Out of a DA budget of about 500K cedis, the SWCD budget was 10,000. They have received nothing”.

The availability of funds for social welfare service provision will therefore be adversely affected if other donor funds are routed through the district assembly system, as noted by a respondent in these words; *“We are kicking against plans by a donor to route funds through the Assembly because it will stall progress in activity implementation. There are always delays in using the government system (sometimes as much as three months) and this will be very counterproductive. Other factors can also delay the disbursement of funds from the district to the Department”.* Head, CD Unit

The institutionalisation of Child Protection performance measures with a link to increased district fund allocation has done little to improve fund disbursement for the Department's work.

Staff recommended the institutionalisation of a Social Services Fund purposely for the work of the Department, just as the Disability Fund. This will improve the allocation and availability of funds for activity implementation and provide a sustainable means of social welfare service financing. At the moment, most activities of the Department are donor-funded and that does not augur well for social service provision if such funds become less accessible. It is also important to note that not all districts receive donor support, further supporting the idea and potential of a Social Services Fund.

An investment case in 2012 by the then MESW and supported by UNICEF⁶⁰, highlighted the human resource and funding gaps that constrain provision of childcare and protection services. It advocates for strengthening of social welfare workforce and funding to improve childcare and protection services. Inadequate funding and staffing have promoted child vulnerability countrywide. The 2015 Costing study conducted by the MoGCSP and UNICEF found that the average percentage of the total budget allocated to SW\CD across 11 sampled MMDAs equalled only 0.3% in 2014. The investment case and the finding of the costing study are still relevant in 2019, where resource constraints continue to hamper quality and effective social service delivery at decentralised levels.

Benefits of Assessment and Capacity Development Plan

Staff of DSWCD believe the assessment and the capacity development plan will be relevant to their work if it results in implementation of technical capacity building interventions and in the supply of necessary equipment and logistics. Such interventions will improve their knowledge, skills, and capacity to execute their roles and deliver on their mandate. It was also the hope of a respondent that the assessment will result in the recruitment of staff with social work background for the SW Unit. And another informant noted that the *“would like this assessment to support the development of training guides based on gaps that are used to train staff”*. The following are some thoughts of respondents on relevance of the assessment and capacity development plan.

“I think the motive behind the assessment and plan is very positive and if this builds our capacity and improves funding for the activities of the Department, it will go a long way to benefit the clients who access services we render. They will be the ultimate beneficiaries and I believe that is important. I also hope we will obtain some improved recognition and our work will be more valued”. Head, CD Unit *“It will hopefully improve our capacity in delivery social services. Gaps in service delivery has been identified (staffing and resources). The fact that CD Unit has staff does not mean Social Welfare do not need staff. Specialised services cannot be done by the Community Development Unit”*. Head

60 Otoo.C, Nketsiah-Amponsah.E, Doh.D, Andoh.P (2012). Enhancing Social Welfare Service Delivery in Ghana – An investment case. MESW, UNICEF Ghana

of Department, DSWCD. A PMME respondent stated that “OHLGS needs to be part of developing the capacity building plan [that results from this assessment]. They need to understand and be involved”. Finally, a respondent at district level stated that they would “want to see the results of the assessment”.

5

Conclusions and Critical Considerations for the Social Services Workforce in Ghana

5. CONCLUSIONS AND CRITICAL CONSIDERATIONS FOR THE SOCIAL SERVICES WORKFORCE IN GHANA

The challenges and gaps raised in the assessment prevents the country's social service system from functioning optimally as a competent, adequately resourced, and trained workforce responsible for the provision of quality and effective prevention and support services is necessary. A competent social service workforce contributes to the promotion and protection of core human rights and child rights, especially the rights of vulnerable populations. In the absence of a well-trained and skilled social service workforce, services to vulnerable groups, families and children are compromised.

While the social work profession is part of the broader social services workforce, it is a distinct profession with theories, practice models and skills that separates it from the generic 'social science' workforce. It is also a profession guided by principles and code of ethics. The long-term credibility and sustainability of a profession often depends on established professional parameters such as clearly articulated set of competencies, national practice standards (including a Code of Ethics, Social Work Bill), a licensing scheme, and a means of self-regulation.

At district level, the fact that social work qualifications is not a prerequisite for SSDOs, SDOs and ASDOs who are responsible for social services, and the blurring of roles and the overlap of functions has ethical implications, as staff with no social work background, and unaware of the code of ethics and principles governing social work, are performing mandatory statutory services.

Whilst there has been a concerted effort to decentralise services, the supporting institutional arrangements in the form of clearer legal framework governing the social work profession; defined service delivery model; norms and standards for delivery; guidelines and SOP's delivered by a strong workforce that has the necessary skills and competence to do so, are not in place.

The aim of the decentralised system of governance in Ghana is to bring services closer to people and communities who require them, but it is important not to compromise on quality. For the social services system, in its current form, decentralisation is having an adverse effect on the quality and effectiveness of the services and the social service workforce in the country, and both national and international standards of social work practice are being compromised.

The districts are experiencing a critical shortage of social welfare/development officers (SDO) across all 16 districts that formed part of the assessment. These are below the intended norm that the OHLGS has set in its human resource plan. The bias towards community development positions rather than social welfare positions appear to be based on the conceptualisation of the scope, role and function of a social welfare officer, which has led to an imbalance of posts for the social welfare function in comparison with community development.

The process of decentralisation and deconcentration and the structural arrangements that accompany such processes must be clearly understood at the onset by those who will be affected by its institutionalisation. A change management strategy together with a capacity building process that included leadership, management and function clarification should have accompanied these structural changes to people who would perform the function to understand the need for change, and the impact on their job situations, and what are the expected gains the change bring for both staff and people who they are serving.

Budget allocation at district level for social services is inadequate. The lack of investment in the social service workforce will undermine all other efforts to strengthen the social welfare and the child protection system in a sustainable manner, including enforcement and implementation of policies and laws, operability and effectiveness of case management systems, and service delivery.

Capacity development is a critical element towards a strengthened workforce; however, capacity development does not take place in a vacuum, and it will not address gaps in the institutional arrangement and structures for effective implementation of social service system in Ghana. Previous assessments, though looking at specific aspects of the social service system, have identified similar and related challenges with the institutional framework and arrangements, and several recommendations have been developed. However, these have not led to visible change. For any capacity development strategy to be effective and transformative, there is need to address the institutional nature of the challenges in tandem, and this requires political will. The decentralised system in Ghana, needs to be strengthened to support an effective service delivery model for quality social services in the country, delivering on the mandate of MoGCSP and upholding national and international standards of social work practice. To do so several key institutional decisions and changes need to be implemented as outlined below in the recommendations.

6

Recommendations

6. RECOMMENDATIONS

This assessment has provided evidence on the institutional arrangements and structures that need to be reviewed and strengthened, to enable the social service workforce to operate in a setting that is supportive and ensures efficient and sustainable service delivery in the country. The following actions should be prioritised to ensure the effective implementation of the capacity development strategy for transformational change:

1. Develop a clean and inclusive definition of the social service workforce in Ghana. The definition must include the range of social work professionals, paraprofessionals, and community-level workers.
2. Change the Scheme of Services to recognize the social service workforce and to ensure that only social workers are hired to carry out social work functions.
3. Clarify the role of the MoGCSP as the custodian of social work services and guiding institution for the OHLGS, which does not have the required capacity in social work. The MoGCSP is responsible for social work programme design; capacity building to ensure that policy and legislation are correctly interpreted for implementation; and monitoring and evaluation of programme (content) to ensure adherence to national standards. The OHLGS is responsible to ensure that there are enough competent staff to deliver programmes to the people who need it.
4. Develop direct and appropriate reporting and accountability systems for social services at the three levels of government.
5. Develop appropriate accountability and reporting structures between the MoGCSP, the OHLGS and District Assemblies (where the Department of Social Welfare and Community Development is located).
6. Amend the legislative framework governing the social service workforce to (a) more clearly define the social service workforce and the range of professionals and paraprofessional working in the sector; and (b) to clearly articulate the competencies, national practice standards, Code of Ethics, a licensing scheme, and means of self-regulation required by the sector.
7. Discuss, review, and expand the Draft Social Work Bill to align to the new and expanded definition of the social service workforce.
8. Support the Ghana National Association of Social Workers to ensure the existence of a licensing and regulatory body.
9. Support the two universities offering BSWs to review and update the curricula, to facilitate field education placement, and to offer in-service technical training and diploma in social work.

The consulting team's additional considerations and recommendations per pillar include:

Pillar I: Assessing the workforce and Pillar II: Social welfare services

- Move from a social welfare workforce paradigm to a social services workforce framework that defines the roles and responsibilities of all types of social service workforce cadres. Ensure that this reflects in policy.
- Develop a social service model that informs the types of services that the social worker and other professionals in the social service workforce will deliver. The model must reflect the continuum of care required for proactive, rather than reactive, social welfare work.
- Review the SoS to include a more balanced approach to the supply of social workers to undertake social welfare, protection, and care and support functions; and introduce a provision on qualifications as outlined in this assessment.
- Ensure agreement on the delineation of scope of work between the two professions among all the critical role players including the MoGCSP, Universities, the OHLGS and Political Principles.
- Review and clearly delineate the roles and responsibilities of SWOs and CDOs based on an agreed scope of work.
- Develop a formula for the calculation of the correct ratio of social worker to population. This should be guided by the Human Development Index and the Sustainable Development Goals. This will inform supply and demand of social workers and assist with the determination of caseloads.
- Increase government and public understanding of social services and social work as a profession, emphasising the critical role they play in the building the social fabric; improving quality of life; advocating for the voiceless, and in social development.
- Update the case management SOP for children in need of care and protection to:
 - a. Situate it within the legal and policy framework (make explicit reference to this in the documents and refer to existing guidelines and SOPs).
 - b. Include more guidance on practical application; useful job aids; dealing with sensitive issues; strength-based approaches; effective case conferencing; forms and procedure for consent and assent; preparing children and families for case plan achievement; supportive supervision; and case load management.
- Strengthen referral pathways, guidelines, systems, and related processes; and improve accountability structure to ensure an effective and comprehensive referral system.
- Improve the working environment and conditions for social welfare officers. This can include office space to ensure client confidentiality and privacy; and transport and logistics support to improve case management follow up, monitoring and outreach.
- Develop a standardised and disaggregated data collection system to analyse and monitoring trends, and inform programme and strategy formulation.
- Correct the over emphasis on strengthening the social protection system, and promote a developmental and inclusive social service system, implemented by a competent social service workforce.

Institutional arrangements required

- Complete the legislative framework governing the social service workforce. The draft social work bill must be discussed, reviewed, and expanded as per previous recommendations.
- The role of the MoGCSP as the custodian of social work services must be clarified.
- Sign MOUs between relevant stakeholders that clarify roles and responsibilities and promote accountability, as part of operationalising the Inter-Service and Sectoral Collaboration and Co-Operation System (ISCCS).
- Clearly outline reporting structures and requirements.
- Develop coordination mechanisms regulate relationships and remove barriers to service delivery.

Decentralisation

- Review the purpose and function of the Social Services Sub-Committees (SSCs) and develop a Terms of Reference for the development of its mandate as a statutory body with oversight functions.
- Develop SOPs and guidelines to clarify responsibilities and the execution thereof at district level in a coordinated/collaborative manner.
- Develop a change management strategy that supports the decentralisation of functions to districts. This change management strategy should include a component on attitude change among staff.
- Develop short capacity building sessions on the meaning and purpose of the decentralisation approach, and on how it affects the roles and responsibilities of relevant role players.

Human Resource Management

- Strengthen the Human Resource Management function support service delivery and ensure quality work.
- Streamline the DSWCD organisational structure.
- Review the organogram to ensure clear lines of accountability and reporting; and clear roles and responsibilities to ensure better workflow.
- Develop clear job descriptions to assist with the delineation of roles and responsibilities.
- Strengthen the supervision system to including clear reporting lines. Capacitate supervisors on process and guidelines
- Link the performance appraisal system to a capacity development plan.

Coordination

- Improve internal and external coordination. This should include all relevant social welfare and child protection actors and service providers (i.e. NGOs CBOs, FBOs, and private sector).

- Complete and operationalise the draft DSW guidelines, which will provide direction on collaboration beyond Ministries, Departments and Agencies.

Pillar III: Social work training and education

- Develop and roll out a leadership capacity building programme for senior officials at national and district level.
- Develop a training plan for in-service social workers to improve their competence to provide statutory functions.
- Government and partners should provide improved support and resources, for the social work Departments of Universities of Ghana and KNUEST.
- Review and update current social work curricula to increase relevance, to include case management; to be more practice based, and to be more focused on models of service delivery.
- UG and KNUST should establish consultation mechanisms to inform curricula development. These mechanisms should include the MoGCSP, other relevant ministries, NGOs, and other professionals.
- UG and KNUST should strengthen field education placement and practice systems; and sign MoUs with key partners. Partners must be open and supportive of the placement needs of students. Universities should offer training for the supervisors of field placement students.
- UG and KNUST should offer flexible courses for in service social workers pursuing BSWs and MSWs in social work. The government should assist in creating demand for this.
- UG and KNUST should form partnerships with other universities and engage in networks and forums at a regional and global level.
- The School of Social work, or other well-placed training institutions, should focus on providing in-service technical training and diploma level training. This could be done in partnership with UG and KNUET.

Pillar IV: Budgetary

- Change the perception of Government (both executive and legislative) and the public of social services as a consumption budget. Promote a human development perspective that demonstrates that social services decrease the need for government support in the long-term. Investments in human development are sustainable.
- Develop a resourcing plan, and minimal norms and standards for service delivery, to ensure improved service delivery, and to ensure that social workers have the equipment required to perform their function.
- Advocacy for increased funding to create an appropriately skilled and strong social service workforce is required.

- Design an improved and more equitable formula for the distribution of funding for social services. This formula should not favour social protection without a commensurate allocation for sustainable development (i.e. social service delivery programmes that improve the lives of people/ reduces poverty).
- Introduce a social service fund to prioritise social welfare services as a function. This money should be ringfenced.
- Improve funds dissemination to decentralised offices. Develop SOPs for this process and include implementation as a KPI in performance management contracts to increase accountability.

7

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8

Annexes

8. ANNEXES

8.1 Annex 1. CSWE Key Competencies

COMPETENCY	DESCRIPTION
Competency 1: Demonstrate Ethical and Professional Behaviour	<p>Social workers:</p> <ul style="list-style-type: none"> • make ethical decisions by applying the standards of the national SW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context. • use reflection and self-regulation to manage personal values and maintain professionalism in practice situations. • demonstrate professional demeanour in behaviour; appearance; and oral, written, and electronic communication. • use technology ethically and appropriately to facilitate practice outcomes; and
Competency 2: Engage Diversity and Difference in Practice	<p>Social workers:</p> <ul style="list-style-type: none"> • apply and communicate understanding of the importance of diversity and difference in shaping life experiences in practice at the micro, mezzo, and macro levels. • present themselves as learners and engage clients and constituencies as experts of their own experiences; and • apply self-awareness and self-regulation to manage the influence of personal biases and values in working with diverse clients and constituencies.
Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice	<p>Social workers:</p> <ul style="list-style-type: none"> • apply their understanding of social, economic, and environmental justice to advocate for human rights at the individual and system levels; and • engage in practices that advance social, economic, and environmental justice.

COMPETENCY	DESCRIPTION
<p>Competency 4: Engage in Practice-informed Research and Research-informed Practice</p>	<p>Social workers:</p> <ul style="list-style-type: none"> • use practice experience and theory to inform scientific inquiry and research. • apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and • use and translate research evidence to inform and improve practice, policy, and service delivery.
<p>Competency 5: Engage in Policy Practice</p>	<p>Social workers:</p> <ul style="list-style-type: none"> • Identify social policy at the local, state, and federal level that impacts well-being, service delivery, and access to social services. assess how social welfare and economic policies impact the delivery of and access to social services. • apply critical thinking to analyse, formulate, and advocate for policies that advance human rights and social, economic, and environmental justice.
<p>Competency 6: Engage with Individuals, Families, Groups, Organisations, and Communities</p>	<p>Social workers:</p> <ul style="list-style-type: none"> • apply knowledge of human behaviour and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks to engage with clients and constituencies; and • use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies.

COMPETENCY	DESCRIPTION
<p>Competency 7: Assess Individuals, Families, Groups, Organisations, and Communities</p>	<p>Social workers:</p> <ul style="list-style-type: none"> • collect and organise data, and apply critical thinking to interpret information from clients and constituencies. • apply knowledge of human behaviour and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the analysis of assessment data from clients and constituencies. • develop mutually agreed-on intervention goals and objectives based on the critical assessment of strengths, needs, and challenges within clients and constituencies; and • select appropriate intervention strategies based on the assessment, research knowledge, and values and preferences of clients and constituencies.
<p>Competency 8: Intervene with Individuals, Families, Groups, Organisations, and Communities</p>	<p>Social workers:</p> <ul style="list-style-type: none"> • critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies. • apply knowledge of human behaviour and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in interventions with clients and constituencies. • use inter-professional collaboration as appropriate to achieve beneficial practice outcomes. • negotiate, mediate, and advocate with and on behalf of diverse clients and constituencies; and • facilitate effective transitions and endings that advance mutually agreed-on goals.
<p>Competency 9: Evaluate Practice with Individuals, Families, Groups, Organisations, and Communities</p>	<p>Social workers:</p> <ul style="list-style-type: none"> • select and use appropriate methods for evaluation of outcomes. • apply knowledge of human behaviour and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes. • critically analyse, monitor, and evaluate intervention and programme processes and outcomes; and • apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.

8.2 Annex 2.

List of Regions, Districts, and Respondents who participated in the Assessment:

REGIONS	DISTRICTS	RESPONDENTS	Number of Dept Staff	INTERVIEWS	SELF-ASSESSMENT	Total Number of Questionnaires Administered	Total Number of Respondents Interviewed
NORTH-EERN	TAMALE METRO	Asst. Reg Dir - SW	N/A	1	N/A	5	5
		Planning Officer		1			
		Budget Officer		1			
		Soc Service Sub-Committee.		1			
		Human Resource		1			
Head – SWCD	10	1	2	4	4		
Head – CD Unit		1					
NANTON DISTRICT	Head - SWCD	Head – CD Unit	11	1	6	8	7
				1			
NORTH EAST	WEST MAMPRUSI	Head - SWCD	7	1	2	4	3
Head – CD Unit	1						
UPPER EAST	BOLGATANGA MUNICIPAL	Head - SWCD	15	1	14	16	15
	CDO	1					
BONGO DISTRICT	SWO	Head – CD Unit	16	1	7	9	7
				1			
SAVANNAH	WEST GONJA	Head – SW Unit	6	1	0	2	2
	CDO	1					
SAWLA-TUNAKALBA	SWO	CDO	2	1	0	1	1
				0			
BONO	SUNYANI MUNICIPAL	SWO	13	1	8	10	8
CDO	1						

REGIONS	DISTRICTS	RESPONDENTS	Number of Dept Staff	INTERVIEWS	SELF-ASSESSMENT	Total Number of Questionnaires Administered	Total Number of Respondents Interviewed
Southern Zone Greater Accra Western, Central, Volta	Ga West	Acting Director SWCD	17	1	16	19	3
		Head CD Unit		1			
		Head SW Unit		1			
Greater Accra	Shai Osoduko	Director SWCD	20	1	10	12	2
		Head SW		1			
Western, Central, Volta	Cape Coast	Director SWCD	19	1	3	7	4
		Regional Director SW		1			
		Municipal SDO		1			
		SDO -CD		1			
	Awutu Senya East	Acting Head SWCD SDA	2	1 1	8	10	2

REGIONS	DISTRICTS	RESPONDENTS	Number of Dept Staff	INTERVIEWS	SELF-ASSESSMENT	Total Number of Questionnaires Administered	Total Number of Respondents Interviewed
Middle Zone	Kwahu West	SDO SDO-		1 1	6	8	2
	Upper West Akim	Acting Head/ Director - SW SDO CDO	14	1 1 1	13	16	3
	Kumasi Metro	Director SWCD SDO -CD Senior SDO, SW (Unit Head)SW SDA SW SDO SW	31	1 1 1 1 1	5	10	5
	Kumasi Kwabre East	Director SWCD SW SDO CD X3 SDO SW	16	1 3 1	12	17	5
Other (Non DSWCD) Respondents	Kumasi Metro	Social Service Sub -Committee		1	0	1	1
	Kumasi Metro	Human Resource Mangers		1	0	1	1
	Kumasi Metro Upper West Akim	District Coordinating Director		2	0	2	2

REGIONS	DISTRICTS	RESPONDENTS	Number of Dept Staff	INTERVIEWS	SELF-ASSESSMENT	Total Number of Questionnaires Administered	Total Number of Respondents Interviewed
	Kumasi Metro	District Planning Officers x 2		1		1	1
Accra	National	HR Manager		1	0	1	1
		Technical Advisor		1	0	1	1
		PMME		1	0	1	1
		Senior Manager -OHLGS		1		1	1
		GASWO		2		2	2
		School of Social Work		1		1	1
		NGO - FGD		4		4	4
				199	62	110	162



Social Welfare Service Workforce Capacity Assessment

A capacity assessment to develop a long-term capacity building strategy for the social welfare services sector in Ghana



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