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Integrating social protection and child protection services for better outcomes for children in the Middle East and North Africa

Karen Codazzi Pereira and Fernando Araújo, International Policy Centre for Inclusive Growth (IPC-IG)



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By Karen Codazzi Pereira and Fernando Araújo

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International Policy Centre for Inclusive Growth

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AND CHILD PROTECTION SERVICES
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This research report is one of the outputs of the United Nations inter-agency agreement between the United Nations Children's Fund (UNICEF) Middle East and North Africa Regional Office (MENARO) and the International Policy Centre for Inclusive Growth (IPC-IG). It was prepared by Karen Codazzi Pereira and Fernando Araújo, both from the IPC-IG, with guidance from Charlotte Bilo (IPC-IG), as well as Carl Henrik Ingrid and Cosma Gabaglio (both UNICEF MENARO).

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ACRONYMS AND ABBREVIATIONS

CAPE	<i>Centre d'Accompagnement de la Protection de l'Enfance</i>
CP	Child protection
CT	Cash transfer
CRAS	<i>Centro de Referência de Assistência Social</i>
CREAS	<i>Centro de Referência Especializado de Assistência Social</i>
DTIPE	<i>Dispositif Territorial Intégré de Protection de l'Enfance</i>
GSSWA	Global Social Service Workforce Alliance
IPC-IG	International Policy Centre for Inclusive Growth
MENA	Middle East and North Africa
MIS	Management information system
NOB	<i>Norma Operacional Básica</i>
NOB-RH	<i>Norma Operacional Básica dos Recursos Humanos</i>
PPIPEM	<i>Politique Publique Intégrée de la Protection de l'Enfance</i>
SP	Social protection
SSW	Social service workforce
SUAS	<i>Sistema Único de Assistência Social</i> (Unified Social Assistance System)
UNDP	United Nation Development Programme
UNICEF	United Nations Children's Fund

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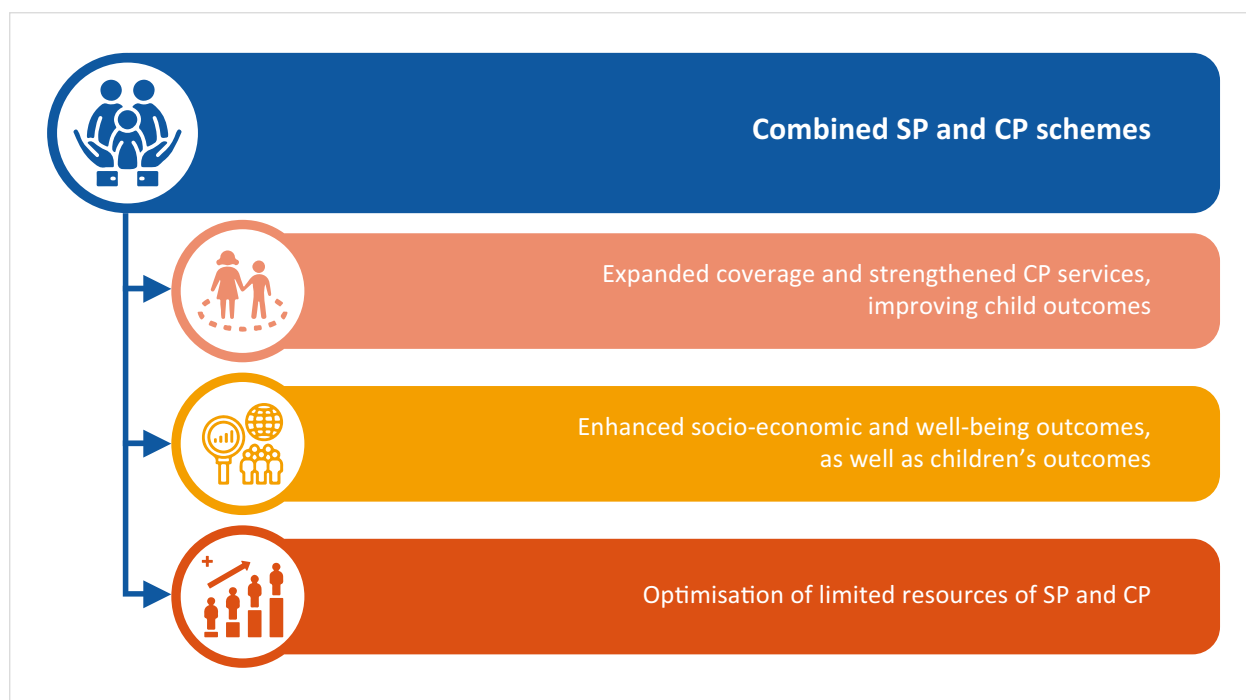
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EXECUTIVE SUMMARY

Due to several factors, including conflict and high poverty levels, the Middle East and Northern Africa (MENA) region represents a particularly vulnerable context for children. One in four children (29.3 million) experiences acute poverty, lacking basic rights in two or more of the following dimensions: decent housing, health care, safe water, sanitation, nutrition, basic education and information (LAS, UN ESCWA, UNICEF and OPHI 2017). Breaking the pattern of compounding and cumulative vulnerabilities that children and their families face requires a holistic approach. An integrated social protection scheme can provide a comprehensive set of interventions to address different dimensions of child poverty and deprivation, reducing vulnerability across the life cycle. The social service workforce (SSW) plays a critical role in social protection systems—they can be responsible for facilitating access to services or directly supplying services, administering government agencies and developing policy, research and advocacy. The SSW helps to ensure that effective prevention and support services reach those who need them most, hence it is a key actor in integrating social protection (SP) and child protection (CP) schemes.

A systematic and integrated social policy, particularly delivered by the SSW, can improve the results and efficiency of both SP and CP, by enhancing cross-sectoral coordination, increasing the ability to respond to complex needs, and improving human resources efficiency. Integrating SP and CP can improve socio-economic indicators and well-being, besides making child outcomes more comprehensive. Global evidence has been showing positive impacts of ‘cash plus’ programmes in different dimensions, such as nutrition, education and productive outcomes. Additionally, combining CP with SP allows the State to better address various factors causing or perpetuating harm to children. It also provides, under the right conditions, the opportunity to increase the coverage of CP schemes, since SP schemes usually have broader coverage and more resources. Investments in the SSW and training of these workers, therefore, play a critical role in increasing the coverage of CP. Furthermore, a holistic consideration of the SSW as working on both SP and CP—and not as separate groups of workers in each sector—contributes to a better distribution of resources and planning of the workforce and the budget needed to provide SP and CP services. Figure 1 summarises the main reasons.

Figure 1. Summary of reasons to integrate social protection and child protection



Source: Authors' elaboration.

Against this background, the IPC-IG and the UNICEF MENA Regional Office developed this report analysing five case studies that demonstrate how integrated SP and CP systems enhance efficiency, especially of the SSW, and improve socio-economic and child outcomes. Table 1 presents the main aspects of the case studies, and the key take-aways.

Table 1. Summary of case studies

Country	Good practices of integrating SP and CP	Lessons learned/expected results
Tunisia	<p>Integration of the SSW of two ministries to monitor cash transfer beneficiaries, identify CP cases and refer the cases to CP officers (requiring a much smaller workforce).</p> <p>Implementation helplines were introduced during the COVID-19 pandemic for psychological assistance and guidance for women victims of domestic violence and families with children at risk, as a way of assessing those in need of help during the isolation period.</p>	<p>The coordination between of the ministries enabled greater CP coverage by increasing efficiency in the allocation of limited resources.</p> <p>This cooperation also allowed for a coordinated government response, capable of identifying multiple facets of social vulnerability and responding in an intersectoral way during the COVID-19 pandemic.</p>
Morocco	<p>Implementation of the Integrated Territorial Mechanism for the Protection of Children, which offers services that include monitoring of abandoned children for medical and psychological follow-up, family mediation, school rehabilitation, social assistance, administrative assistance for issuing documents, and other services related to CP.</p> <p>Programme provided by the Monitoring Centres for the Protection of Children to welcome and listen to children and their families; diagnose risks to children; and register cases of violence and report them to the competent authorities, besides guiding children and families towards existing public services (judicial services, medical services and social protection measures).</p>	<p>The implementation of a case management system with standardised rules helps to guarantee equal access to quality services to all children, from the identification of the most vulnerable children to the reinsertion and reintegration of children and monitoring of the situation of children.</p> <p>By providing training and capacity-building programmes to the SSW for working with children, the programme can improve the quality of the services.</p>
Iraq	<p>The pilot cash transfer programme aimed to incentivise access to social services in education, health and housing, and increase the agency of women. UNICEF supported the replacement of conditionalities with social behaviour change messaging and positive parenting messaging, along with case management and referrals, to avoid penalising low-income families. The programme's management information system (MIS) linked schools and health facilities to register beneficiary information and track compliance with their co-responsibilities.</p>	<p>Through the case management system, which involved referrals to specialist child services, potential drawbacks of conditionalities could be identified and mitigated.</p> <p>Building up the MIS of the pilot and introducing the digitisation of the data collection and monitoring processes (using tablet computers) to survey conditions linked to education and health enabled the development of an efficient tool to monitor conditionalities, allowing data to be updated in real time.</p>
Egypt	<p>Creation of the Child Protection Vulnerability Index serves to estimate the vulnerability level of <i>Takaful</i> and <i>Karama</i> beneficiary households and prioritise the most vulnerable households to receive visits from the SSW, based especially on children's vulnerability.</p>	<p>By implementing the Child Protection Vulnerability Index, the country will be able to prioritize the children most likely at risk in the context of constrained capacity of Child Protection services.</p>
Brazil	<p>Implementation of guidelines on how basic SP should be organised, the functions of the SSW and standard protocols.</p> <p>The legal framework of the Unified Social Assistance System (SUAS) also defines the responsibilities of different government entities: the federal level, states and municipalities, establishing shared management of the SUAS.</p> <p>Creation of the Single Registry, the most important tool for identifying low-income Brazilian families and gathering information about family composition, the socio-economic characteristics of households and their members.</p>	<p>The guidelines provide instructions on how the SUAS should be structured, and clear definitions of the activities of the SSW and protocols for services.</p> <p>Shared management is beneficial insofar as it divides the management responsibilities of the social assistance system between the three federative entities, without overloading any of them, and promotes integration between them.</p> <p>The Single Registry helps policymakers, as it gathers essential information for the planning of public policies and is an essential tool for monitoring vulnerable families and the conditionalities of the cash transfer programme by the SSW.</p> <p>The measures permit a universal social assistance system that proactively looks for vulnerable families and children.</p>

Source: Authors' elaboration.

The cases studies show that there are different ways to promote the integration of SP and CP. The best measure will depend on the level of development of the SP system. Ideally, SP systems should be designed with the objective of integrating CP, as in the case of **Brazil, where SP programmes and infrastructure are designed to focus on families, including a focus on attending to children’s needs.**

Countries with less-developed SP systems can start to promote the integration of SP and CP by setting shared goals and conducting joint planning between SP and CP ministries and agencies to improve linkages—as, for example, in the case of **Tunisia.** The country promotes exchanges between the ministries responsible for SP and CP.

Furthermore, joint planning between different government levels (national and local) responsible for implementing social services can be enhanced, as in the case of **Brazil,** which defines different responsibilities for the different bodies responsible for SP at each level of government.

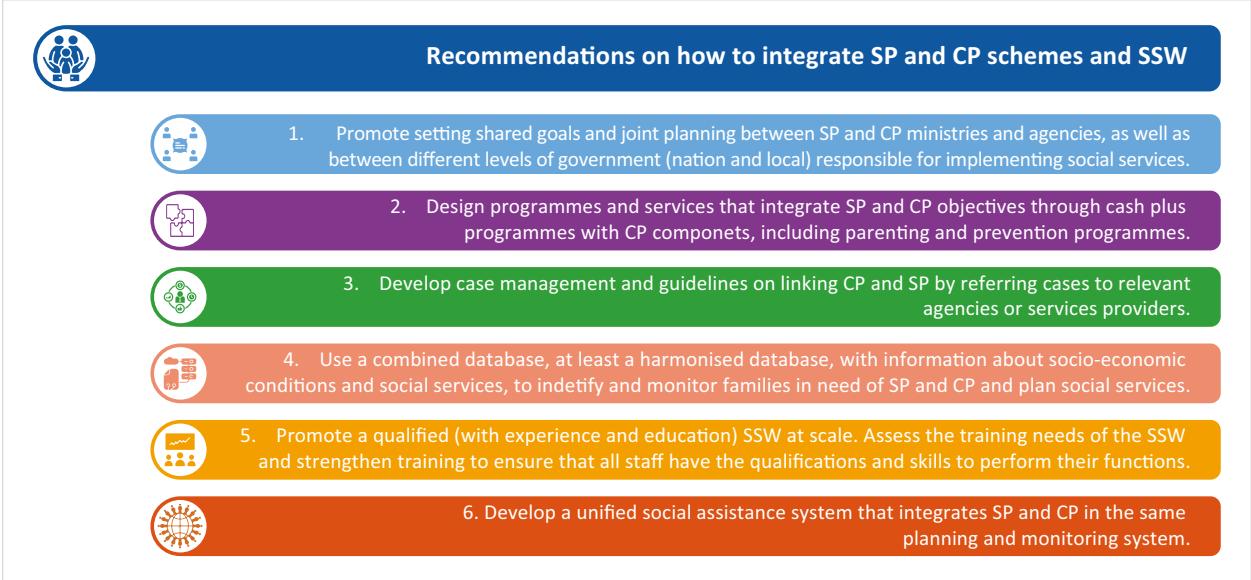
Programmes and services can be designed from the outset with the goal of integrating SP and CP objectives, providing a holistic view of SP to families and children, though, for instance, ‘cash plus’ programmes with CP components, including parenting or prevention programmes. The plan developed in Morocco is an example of this type of integration.

In addition, promoting information-sharing protocols between SP and CP can help monitor families and plan social services, although special attention is needed to keep sensitive information confidential. In some cases, when there are limited data on children’s conditions, the data collected can be used for projections to focus programmes and prioritize family visits, as in the case of the vulnerability index in **Egypt.**

Preparing the SSW to deal with both SP and CP cases requires the SSW to be at scale and qualified—with sufficient experience and relevant education. For this, the training and capacity-building needs of the SSW must be assessed and met, so to make sure that all staff that ensures all staff members have the required qualifications and skills to perform their functions.

The main recommendations on how to integrate SP and CP, and how to strengthen the SSW in this regard, based on the case studies analysed, are shown in Figure 2.

Figure 2. Recommendations on how to integrate social protection and child protection schemes and the SSW



Source: Authors' elaboration.

1. INTRODUCTION

The Middle East and North Africa (MENA) region represents a particularly vulnerable context for children: over 61 million out of a total child population of nearly 166 million in the region live in countries affected by war (UNICEF n.d.). In addition, a high proportion of children in the region are affected by both monetary and multidimensional poverty. According to the Arab Multidimensional Poverty Report of 2017, which covered 11 countries, including 9 in the region,¹ one in four children experiences acute poverty, lacking fundamental rights in two or more of the following dimensions: decent housing, health care, safe water, sanitation, nutrition, basic education and information (LAS, UN ESCWA, UNICEF and OPHI 2017).

The recent COVID-19 pandemic has aggravated this situation even further. Estimates show that the crisis could have caused over 12 million children in the MENA region to fall into multidimensional poverty (UNICEF 2020); school closures caused almost 100 million children between 5 and 17 years old to be out of school; an additional 51,000 children under 5 are at risk of death due to the disruption of essential health and nutrition health; and evidence shows an increase in domestic violence against children and women during the pandemic (UNICEF 2021a; UN Women 2021).

Well-being, health and development are vital to the future and a fundamental right of the child, as explicitly stated in the United Nations Convention on the Rights of the Child.² Poverty and a lack of access to health, education and adequate living conditions make children more vulnerable to different forms of violence and harmful coping mechanisms, which have medium- and long-term impacts on them. Among the negative results, the most common are dropping out of school, drug abuse, depression, suicide, further victimisation, or involvement in violence and crime, besides the increased risks of adverse outcomes, such as child marriage, child labour and neglect (UNICEF 2017b).

These negative outcomes for children also have economic impacts (such as the cost of providing health care, social services and a judicial system, besides the loss of productivity, since those children will never achieve their maximum potential) and a pattern of violence in the long term, since a child who suffers violence is more likely to abuse others as an adult (World Health Organization 2020). To tackle this problem, a multidisciplinary and multisectoral approach to preventing violence against children is crucial.

Social protection (SP) policies, particularly cash transfers, play a crucial role in addressing children's vulnerabilities, especially when linked with other policies in the areas of education, nutrition, health, water, sanitation and hygiene (WASH), and child protection (CP). Cash transfer programmes have been found to have positive impacts on multiple aspects of children's and families' well-being, such as monetary poverty, school attendance, health indicators and levels of stress and violence in the family—mainly violence against children and women (Hagen-Zanker et al. 2016; Roy et al. 2019; Heath et al. 2020). Nevertheless, cash transfers alone are not always enough to address all of children's vulnerabilities. Recent studies have shown that cash transfer programmes linked to other services (so-called 'cash plus' programmes) are important tools to address the multiple and often intersecting vulnerabilities and risks that children and their caregivers face, and that cash transfers alone cannot address, as presented in Box 2.

To improve the impacts of SP and CP policies on children, a multidisciplinary and multisectoral approach (with linkages to education, health, SP, CP and the justice system) is required. The social service workforce (SSW) plays a critical role here: working closely with children, families and allied professionals within the welfare sector, they identify and manage risks that children may be exposed to at home and elsewhere, especially those related to violence, abuse, exploitation, neglect, discrimination and poverty. In addition, the SSW promotes children's physical and psychological well-being by providing social services, connecting children and their families with other welfare services—such as health care, education, nutrition and SP—and challenging harmful norms that violate children's rights (UNICEF 2019a).

1. Algeria, Egypt, Iraq, Jordan, Morocco, State of Palestine, Sudan, Tunisia and Yemen.

2. See: <<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>>.

Box 1. Key definitions used in this report

Social protection refers to “a set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life-course, with a particular emphasis towards vulnerable groups.”³ This report adopts a ‘life cycle-based approach’ to SP, defined as a set of programmes that protect individuals from contingencies throughout the life cycle and alleviate deprivation. According to UNICEF’s SP framework, SP systems can be broken down into three levels: policy, programme and administrative. The programme level comprises four pillars: social insurance, social assistance (social transfers), labour market and SSW. Additionally, shock-responsive features should cut across all levels of the SP system (UNICEF 2019a).

Child protection is the prevention of, and response to, exploitation, abuse, neglect, harmful practices and violence against children. It is embedded in the Convention on the Rights of the Child and the Sustainable Development Goals. CP is universal: it is for all children everywhere from low- to high-income countries (UNICEF 2021b). For UNICEF, CP and SP are closely connected, as “a child-sensitive social protection system responds to the range of social and economic vulnerabilities faced by children and their families across the life course and is integrated to avoid fragmentation and bring alignment across programmes” (UNICEF 2019a).

Social service workforce: According to UNICEF (2019a) and the Global Social Service Workforce Alliance (GSSWA), SSW is a broader concept that includes governmental and non-governmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being, serving the social service system. UNICEF considers the SSW as a part of the SP framework, considering the SSW’s integral function to ensure adequate child-sensitive SP. The SSW provides direct outreach, case management and referral services to children and families.

“Social service workers engage people, structures and organisations to: facilitate access to needed services, alleviate poverty, challenge and reduce discrimination, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect and family separation.

The social service workforce is composed of a broad range of practitioners, researchers, managers and educators that include but are not limited to social workers, social educators, social pedagogues, child and youth care workers, community development workers, community liaison officers, community workers, community volunteers, welfare officers, social/cultural animators, and care workers/care managers” (GSSWA 2019).

The SSW differs among countries. Depending on the SP system, workers can be found across different ministries such as social affairs, women and children’s affairs, health, education, justice and the interior (UNICEF MENA and GSSWA 2019). SP and CP can be planned and implemented by the same or different ministries.

Cash transfer: In this report, the term cash transfer is used to refer to non-contributory programmes that provide financial assistance. One form of cash transfers are ‘conditional cash transfers’, when the transfer depends on the fulfilment of pre-defined conditionalities, such as children’s school attendance or vaccinations. In contrast, ‘unconditional cash transfers’ do not explicitly impose any behavioural requirements on the recipients (UNICEF 2018).

Cash plus: “‘Cash plus’ programmes can be characterized as social protection interventions that provide regular transfers in combination with additional components or linkages that seek to augment income effects. This is done either by inducing further behavioural changes or by addressing supply-side constraints. Options for so doing include the provision of information (such as through behaviour change communication or sensitisation meetings), provision



3. Definition developed by SPIAC-B as part of the development of Inter-Agency Social Protection Assessments (ISPA) tools. SPIAC-B is an inter-agency coordination mechanism comprising representatives of international organisations and bilateral institutions to enhance global coordination and advocacy on SP issues and to coordinate international cooperation in country demand-driven actions.

of additional benefits and support (such as supplementary feeding or psychosocial support), provision or facilitation of access to services (such as through health insurance or setting up Village Savings and Loans Associations) or implementation of case management (ensuring referrals to other sectors), or strengthening the quality of existing services and facilitating linkages to these” (Roelen et al. 2017).

Case management is a way of organising and carrying out work to address an individual child’s (and their family’s) needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or programme objectives (Child Protection Working Group 2014). Within CP, case management is often a preferred response to address multi-layered vulnerabilities and complex needs of children and their families. Case management allows for the integration of services from different sectors and collaboration between professional groups to meet children’s and families’ needs.

Source: Authors’ elaboration.

Against this background, this report will assess why and how integrating SP schemes, such as cash transfers, with CP services can improve results for children, with a particular focus on measures to strengthen the SSW. The focus of the study is primarily on the MENA region, but also includes relevant examples from other regions. See Box 1 for some of the key concepts used throughout this report.

This report is based on a desk review, in addition to interviews with UNICEF country offices and the MENA Regional Office. The report is divided into five sections. This introduction is followed by a section that reviews the MENA region’s socio-economic and SP context. The third section presents the main arguments about why to integrate SP and CP. How to connect SP and CP and prepare the SSW in this regard is presented through case studies in the fourth section, followed by a conclusion and recommendations in the last section.

2. THE CONTEXT OF SOCIAL PROTECTION AND CHILD PROTECTION IN THE MENA REGION

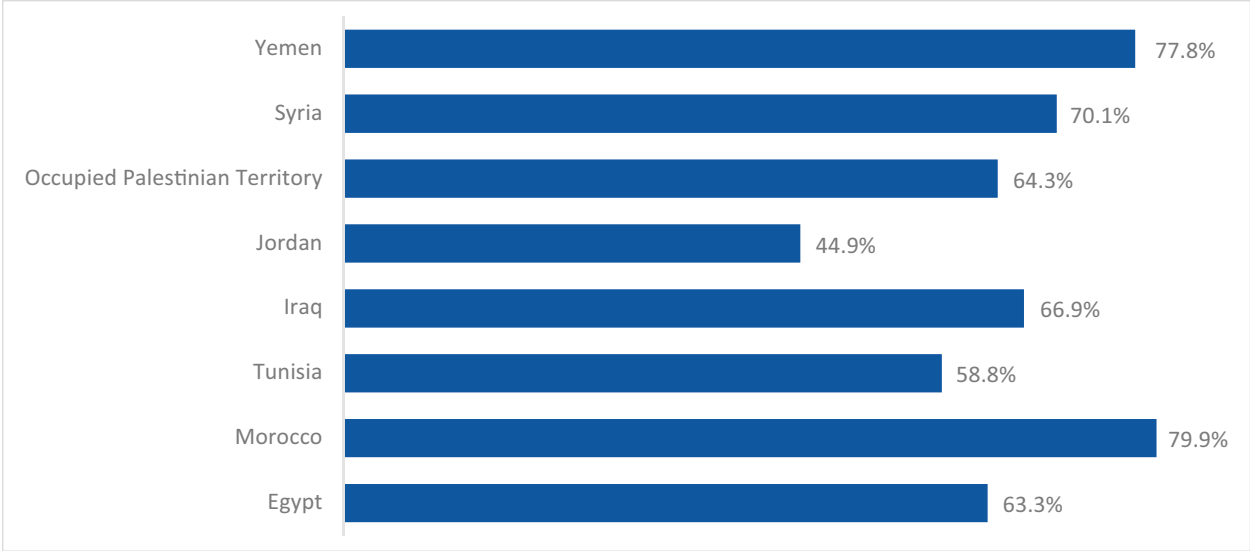
Violence against children remains a significant problem in the region, often related to harmful social norms and practices (e.g. sexual and gender-based violence, child marriage, child discipline). The prevalence of violence against children in the MENA region is one of the highest globally (UNICEF 2017a). About 84 per cent of children aged 2–14 years in MENA have suffered some form of violent discipline (ibid.), which is the most common form of violence against children at home, according to data from 2017 collected by UNICEF in 12 countries of the region (UNICEF 2019b).

Additionally, children are usually more likely than adults to live in vulnerable households; in the MENA region, children are more than twice as likely as adults to live in extremely poor households (UNICEF and World Bank 2016). Children’s experience of poverty differs from that of adults: not only are they more vulnerable to malnutrition, disease and abuse, they are also more dependent on others for support. Economic vulnerability also undermines caregivers’ ability to mitigate risk factors, in addition to contributing to negative coping strategies such as child labour and child marriage.

Children have been severely affected by COVID-19. The pandemic has increased economic stressors such as reduced household income, increased debt, school closures and the illness or death of breadwinners, subsequently increasing children’s risk of child abuse while creating additional barriers to accessing protection services (Alliance for Child Protection in Humanitarian Action 2020). The number of children living in monetarily poor households increased by more than 60 million in the MENA region, and 110 million children had their education interrupted because of COVID-19 (UNICEF 2020a).

SP systems play a key role in addressing children’s socio-economic vulnerabilities, especially during the COVID-19 crisis.⁴ Traditionally, countries in the MENA region have relied on universal food, fuel and utility subsidies, and contributory social security benefits for those in formal employment. However, just a small proportion of the working population work in the formal sector and thus have access to contributory social security benefits. For instance, in countries such as Morocco and Yemen, the share of informal workers in total employment is almost 80 per cent, as can be seen in Figure 3 (ILO 2018).

Figure 3. Share of informal employment in total employment (%)



Source: Authors’ elaboration based on ILO (2018).

There is growing consensus that subsidies are relatively ineffective in reducing poverty compared to other SP instruments when a large share of the population, especially those in the informal sector, are left behind. Against this background, countries have started eliminating or reducing subsidies in recent years and have reallocated part of the budgets to targeted cash transfer programmes, many of them with child-sensitive characteristics. This offers governments an opportunity not only to increase the coverage of SP schemes for children in the region but also to integrate SP and CP.

A study by IPC-IG and UNICEF MENARO from 2018 mapped more than 100 non-contributory programmes in the MENA region. Unconditional cash transfer programmes were the most common type of programme in the region, totalling 63 programmes. They were followed by unconditional in-kind transfers, with 23 programmes identified, mainly in the form of food distribution programmes. Food and fuel subsidies were the third most common type of programme, 17 in total. Conditional cash transfer programmes and school feeding programmes followed—15 and 13, respectively (Machado et al. 2018).

In terms of child-sensitiveness of the programmes design, a total of 68 programmes targeting children (including children with disabilities or orphans) were mapped. Many schemes classified as child-sensitive in the study were related to education (37).⁵ Twenty-one programmes were linked to child nutrition, and 11 programmes provided support for children’s access to health care. In 17 countries, 34 cash transfer programmes paid the benefit per child, or the benefit level increased according to household size—this feature was predominant among countries in the Gulf region (ibid.).

4. For a more in-depth assessment of the child-sensitiveness of the SP responses to COVID-19 in the MENA region, see Bilo et al. (2022).

5. About half of all programmes (37 in total) related to education are school feeding programmes (13) or educational fee waivers (8).

Although countries in the region have been developing more inclusive SP systems, the coverage of children remains low, with only around 23 per cent of children in the MENA region covered by SP benefits (ILO 2021). Coverage varies by country, however. For instance, it is estimated that around 30 per cent of children in Lebanon and Tunisia are covered by cash benefits, compared to fewer than 15 per cent in Egypt and Morocco, and fewer than 5 per cent in Sudan, Saudi Arabia, Yemen, Oman and others (ibid.). Moreover, the recent COVID-19 crisis has shown both the gaps in current systems, as well as the importance of establishing systems that are able to adapt to contexts such as a health pandemic.

It is important to keep in mind that the region is very diverse regarding the SP and SSW systems in place. Regarding the SSW, there are significant differences among countries. Based on a study by UNICEF MENA and the Global Social Service Workforce Alliance (UNICEF MENA and GSSWA 2019), only Tunisia, Morocco, the State of Palestine (SoP), Lebanon and Iran have, to some extent, a normative framework that regulates the SSW. Further, while the majority of the SSW in countries such as the SoP and Iran have a social work or counselling degree, only a small fraction do in countries such as Sudan and Djibouti. The total number of social service workers per population also varies significantly across the region. For instance, while Jordan and the SoP have around 140 social service workers per 100,000 children, Tunisia has approximately 61, and Morocco 39 per 100,000 children.

Similarly, there is also a marked heterogeneity in the maturity of the SP systems in the region. Some countries have fragmented SP systems with low coverage. This is especially the case in countries facing conflicts or humanitarian crises, such as Syria, Sudan and Yemen. Countries such as Morocco, Tunisia and Egypt have made reforms to their SP systems in recent years, which serve as interesting learning examples beyond the MENA region. In another group of countries, governments have initiated significant reforms but still face low coverage, as is the case of Iraq. Other countries have more mature SP systems with higher coverage, such as Jordan and the Gulf countries. An analysis of the SP and CP systems in the MENA region, categorising the different characteristics of the systems, should be developed further. The selected case studies presented in this report aim to cover various levels of SP and SSW systems in the MENA region.

3. WHY INTEGRATE SOCIAL PROTECTION SCHEMES WITH CHILD PROTECTION SERVICES?

This section aims to answer **why** linking SP, especially cash transfer programmes, to CP services and strengthening the SSW that provides SP and CP can improve CP and SP outcomes.

Breaking the pattern of compounding and cumulative vulnerabilities that children and their families face requires a holistic approach to social work and SP. An integrated SP system can provide a comprehensive set of interventions to address different dimensions of child poverty and deprivation, reducing vulnerability across the life cycle. For instance, evidence shows that different designs of ‘cash plus’ programmes are effective in reducing violence against women and children, improving school results and reducing malnutrition (for more detail, see Box 2).

The SSW plays a critical role here. Social service workers are responsible for identifying and assessing the needs of vulnerable segments of the population—for instance, children—supplying social services, administering government agencies, developing policy, and conducting research and advocacy. A well-qualified and skilled SSW can coordinate and monitor integrated services (for individuals, families and children) from different sectors, operating critical functions in the case management system. A solid SSW is a crucial aspect identified within UNICEF’s strategic plan for achieving the Sustainable Development Goals (UNICEF 2019c).

Among the services provided by the SSW are: reuniting families, strengthening family ties, supporting alternative care and providing psychosocial support and services that protect beneficiaries from different types of violence and

alleviate poverty, such as SP. All these different tasks can be thought of in the context of an integrated SP system—combining SP and CP—where the SSW's objective is to assert children's rights and protect individuals and families from harm. Therefore, aspects such as coordinating the SP system, collaborating with other sectors, planning social services and capacitating the SSW are critical to promoting adequate SP that helps the development of children, strong families and safe communities.

Box 2. Evidence of the impact of 'cash plus' programmes

Roelen et al. (2017) present two case studies of 'cash plus' programmes, in Ghana and Chile, demonstrating that in both cases the result of the cash transfer is improved when combined with other programmes. In Ghana, beneficiaries were granted access to free health care services, allowing them to spend the money that was previously used for health expenses on improving the families' nutrition and education. In Chile, the Chile Solidario programme also provided psychosocial support focused on the needs of each beneficiary, and preferential access to social services, such as family subsidies, labour market interventions, skills training and microfinance interventions. The SSW was key to informing households about the other services, which were considered essential to the success of the programme.

Specifically regarding children, Chakrabarti and colleagues (2020) found that the 'cash plus' programme in Zimbabwe decreased the number of youth and children exposed to physical violence. Combining a cash transfer with parenting interventions can help reduce overall child maltreatment, such as emotional abuse, violent abuse and neglect, as show in a study about a programme in the Philippines by Lachman et al. (2021). Furthermore, Jensen et al. (2021) evaluated the impact of a home-visiting-based parenting intervention with a cash and public work component in Rwanda that reduced intimate partner violence and violence against children, in addition to significantly increasing fathers' engagement in childcare, and improving child development outcomes.

Ring et al. (2020) evaluated a 'cash plus' programme in Turkey for Syrian refugees and found that the programme had positive impacts on school attendance (one of the goals of the programme). Results for children found until now show that programmes linking CP services to cash transfers can improve outcomes regarding school enrolment, child nutrition, child labour, intimate partner violence and violence against children, among others socio-economic indicators.

Source: Authors' elaboration.

The integration of CP and SP schemes, particularly through the SSW, can improve the results and efficiency of these schemes, as further explained in the following (see also Figure 2 for a summary):

- **Expanded coverage of CP:** SP programmes, especially cash transfers, often have broader coverage than CP services. An integrated SP and cash transfer approach can help prevent future cases of child abuse, since one of the main target groups are vulnerable and low-income families, where children are usually at higher risk of abuse.

Additionally, SP programmes usually have higher coverage and more resources, since the target population includes a variety of vulnerable groups, including children in vulnerable households, low-income households, elderly people, persons with disabilities, and other minority groups. Thus, integrating SP with CP can expand the coverage of social services to children, making outcomes more comprehensive. For instance, in the MENA region, while 40 per cent of the population have access to at least one SP programme, only 23 per cent of children receive any benefit (ILO 2021).

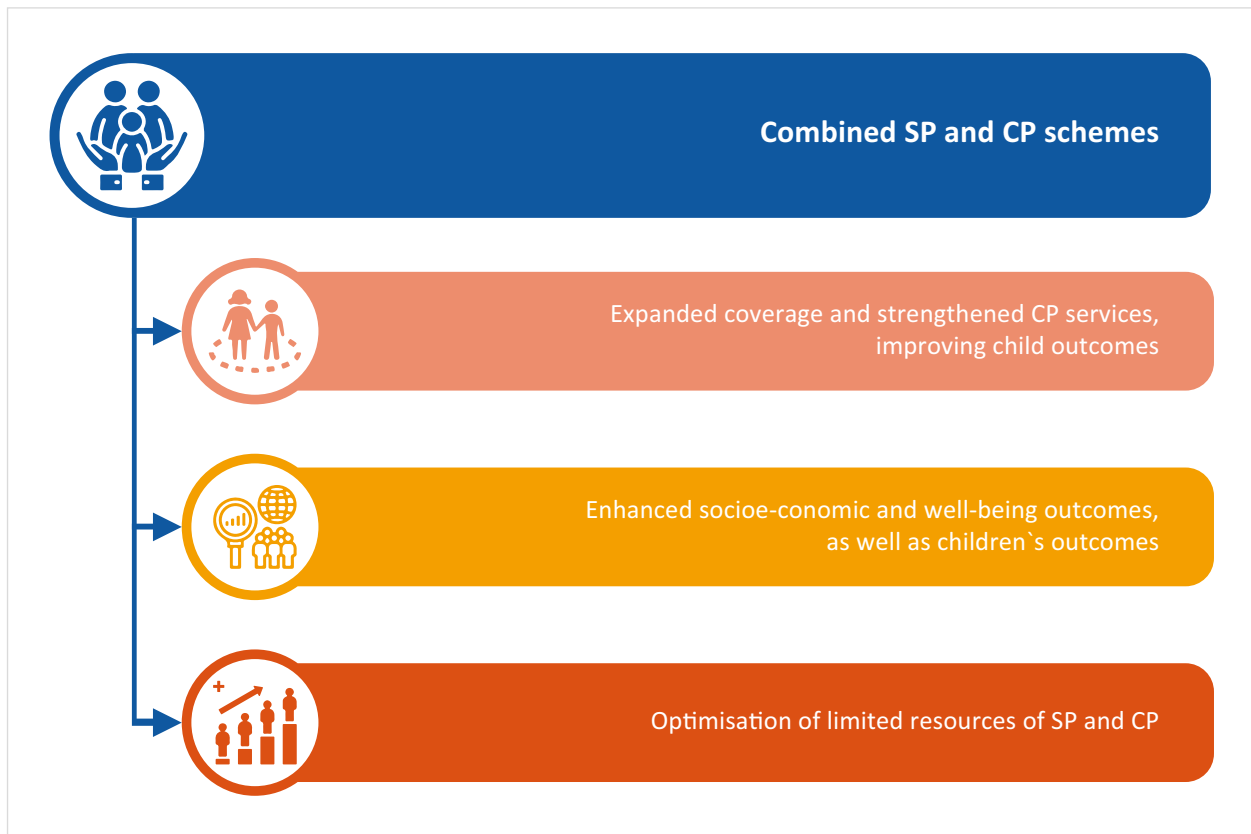
- **Enhanced socio-economic and well-being outcomes, as well as children's outcomes:** The main objective of SP and CP is to improve families' and children's well-being and reduce poverty. An integrated approach to SP and CP can improve social outcomes. Evidence shows that cash transfer programmes, one of the most common types of social programme, have an impact on multiple aspects of individuals', children's and families' well-being,

reducing monetary poverty, increasing school attendance (although not always enhancing school results) and helping to decrease violent discipline on children (Hagen-Zanker et al. 2016; Heath et al. 2020).

Nevertheless, in many cases, cash alone cannot alleviate non-financial and structural barriers to overcome these deprivations, such as disability, cultural barriers, or a lack of resources or knowledge. The integration of cash transfer programmes with other interventions or services has the potential to enhance impacts in non-monetary aspects of present and future well-being. CP services are essential to achieving the well-being of children, since such services are needed to address children’s social, emotional and psychological needs. Recent studies show that ‘cash plus’ programmes that integrate cash transfers with other programmes can generate additional benefits for individuals and their households, as described in Box 2.

- **Optimised resources:** A holistic perception of the SSW as working in SP and CP—rather than as separate groups of workers in each sector—allows a better distribution of resources and planning of the workforce, as well as the budget needed to provide SP and CP services. Further, SP and CP have several overlapping activities and structures, since they target the same populations—vulnerable and low-income households—so there are positive benefits of scale and scope when they are planned together. For example, having a unified or harmonised management information system (MIS) reduces the costs of maintaining the system and combines different pieces of information, improving the data to better manage SP and CP. Additionally, the SP sector also usually has more resources than the CP sector; therefore, training the SP workforce on CP themes or hiring professionals with CP experience who can help to build this integrated approach to the social system could improve children’s outcomes.

Figure 4. Summary of reasons to integrate social protection and child protection



Source: Authors’ elaboration.

4. HOW TO INTEGRATE SOCIAL PROTECTION AND CHILD PROTECTION SERVICES AND HOW TO PREPARE THE SSW

This section will look at **how** SP, specifically cash transfers and ‘cash plus’ programmes, and CP services, as well as the tools and skills required by the SSW, can be integrated. Good and emerging/new practices will be presented where relevant.

An integrated response contributes to better coordination, increasing the ability to respond to children’s multidimensional needs, including violence, abuse, child marriage and labour (Sheahan 2011). Integrating SP and CP requires strengthening information systems, knowledge-sharing and capacity-building for effective planning, coordination and monitoring and evaluation of programmes. These are necessary actions to integrate different social services, and be able to make the provision of integrated support to families and children more accessible, benefiting mainly the most vulnerable (Jones et al. 2012).

The case studies were selected based on three criteria: 1) covering a diverse group of countries in the MENA region (plus one international example), representing the different levels of maturity of the SP systems; 2) covering different cases in terms of the maturity of the programme or practice that integrates SP and CP services or the SSW; and 3) having innovative or interesting practices integrating SP and CP. Based on these criteria, the following section presents five case studies of integrating SP and CP from Tunisia, Egypt, Morocco, Iraq and Brazil.

4.1 Tunisia case study: Integration of Social Protection and Child protection officers

Context

The Republic of Tunisia has a population of around 11 million people, of whom 3.12 million are children under 18 years old, representing 29 per cent of the total population (UNICEF MENA and GSSWA 2019). Tunisia is considered a lower middle-income country (World Bank 2020). In 2020, it was ranked in 95th place among the 189 countries considered in the Human Development Index (UNDP 2020). The child poverty rate in Tunisia is worrying—estimated at 21.2 per cent in 2015. As children represent almost a third of the total population, they represent 40 per cent of the country’s total population living in poverty (UNICEF 2020b).

Tunisia has one of the most comprehensive SP systems in the region (IPC-IG 2018): 90 per cent of the population active in the formal sector are covered by a contributory fund of some kind⁶ (Ben Cheikh 2013). In addition, the country has five main non-contributory programmes.⁷ However, Tunisia still faces problems with SP coverage. In 2019, 17.1 per cent of the population were not covered by any SP scheme (Ministry of Social Affairs of the Republic of Tunisia 2019; La Presse 2019). To tackle these coverage gaps, the government has been reforming the SP system based on a ‘leave no one behind’ life-cycle approach. One of the government’s plans is the implementation of a universal child benefit. However, due to fiscal space constraints, the programme started with a focus on children up to 5 years old, and the eligibility criteria will be expanded later (UNICEF 2019d).

6. The CNRPS (which covers public workers’ retirement, invalidity and survivors’ benefits), CNSS (national social security fund for private-sector workers) and CNAM (medical insurance, managing sickness insurance as well as work-related accidents and sickness).

7. The five non-contributory programmes are: 1) the National Assistance Programme for Needy Families (PNAFN); 2) the School Allocation Programme (PPAS); 3) the Back to School Educational Programme; 4) the Free Medical Assistance Programme (AMG1 and AMG 2); and 5) the National School Feeding Programme.

Example of integration

Tunisia employs several good practices regarding the SSW. First, the country has a relatively large SSW in proportion to the population. There are around 1,900 social service workers in Tunisia, representing around 17 per 100,000 inhabitants (UNICEF MENA and GSSWA 2019). In addition, Tunisia's SSW usually has a high level of formal training: 100 per cent of social service workers have higher education qualifications, most with university degrees in social work or related fields, in addition to psychology, sociology, law and political science, according to a survey implemented by UNICEF MENA and GSSWA (2019). The Tunisian government formally recognises three professions as belonging to the SSW: social workers, psychologists and special educators (*éducateurs spécialisés*—social service workers trained to care for people with disabilities). The activities that social workers must carry out are listed in the statute of professions, also recognised by law. In addition, the country has an SSW code of ethics defined by decree in 2014.⁸ Outside the state system, the Tunisian government has good control over information about social workers linked to non-governmental organisations accredited by the ministry that registers the activity of the third sector in the country (ibid.).

The SSW is primarily under the Ministry of Social Affairs (Ministère des Affaires Sociales), while delegates responsible for CP ('CP officers') are under the Ministry of Family, Women, Children and the Elderly (Ministre de la Famille, de la Femme, de l'Enfance et des Personnes Âgées). According to the annual report of the Bureau du Délégué Général à la Protection de l'Enfance for 2019, there are 79 delegates, which is about 3–4 per *wilaya* (Tunisia has 24 *wilayas* or regions), while the total SSW is around 1,900 (UNICEF MENA and GSSWA 2019). Since there is a limited CP workforce to monitor and assess cases of violence against children, social service workers from the Ministry of Social Affairs, besides monitoring beneficiaries of one of the cash transfer programmes (such as the National Aid Programme for Families in Need and others), are mandated to identify and refer CP cases. When they identify children in need of CP services, such as cases of abuse, neglect, abandonment or exposure to violence, they need to refer the case to the CP officers. Then CP officers can focus on managing the case, and, in some cases, they may ask for social workers to monitor and follow up on the case, since CP officers have limited human and logistical resources.

UNICEF's survey of the SSW in Tunisia indicates that around 37 per cent of the respondents reported working on CP (UNICEF MENA and GSSWA 2019). Although those who work on SP should also be responsible for identifying risks involving CP, some bottlenecks still need to be overcome to expand the coverage and efficiency of the identification of CP cases. The number of cases of CP identified by the SSW and referred to CP officers is smaller than expected.⁹ 'for the number of CP cases identified and referred by the SSW in the ministry of social affairs to the CP officers in the ministry of family, women, children and the elderly is smaller than expected. According to the UNICEF survey, the main reason for the low level of detection is that managing cash transfer and social assistance programmes takes up most of the SSW's time, and social workers lack training on CP.⁹ To strengthen collaboration and capacity, UNICEF is supporting the revision of the in- and pre-service training of social workers. In this work line, a CP module was included in the TRANSFORM in-service training of social workers on SP delivered to master trainers in 2022 and will later be delivered to all social workers.

Another example of the interaction between SP and CP in Tunisia is the recent practice during the COVID-19 pandemic of the expansion of helplines implemented by the government. Starting in early 2020, the Ministry of Family, Women, Children and the Elderly created two remote helpline services for psychological assistance and guidance in partnership with UNICEF and other institutions¹⁰ for families and children. The first was aimed at women victims of

8. These regulations are legally formalised through Decree 304 of 2013. See: <https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=fr&jsn=92370&p_classification=22>.

9. This information was obtained from technical consultations between the IPC-IG and UNICEF's Tunisia Country Office. In addition, the survey data showed that the majority of those who responded that their work responsibilities and degree did not match had a degree in social work (53.8 per cent of those reporting a lack of alignment). They attributed the disparity to being assigned administrative rather than technical responsibilities, and underutilisation of their specific social work skills.

10. The associations that contributed to the Green Line were La Société Tunisienne de Recherche, de Thérapie Familiale et du Couple, La Société Tricom and La Société Vocalcom.

domestic violence (helpline 1899), and the second at families with children at risk (child helpline 1809). These follow-up services were supported by social workers trained by the Ministry¹¹ to consider the specific vulnerability in the face of the COVID-19 pandemic and the intersection of multiple risk factors (Alliance for Child Protection in Humanitarian Action 2020). Between March 2020 and May 2021, the 1899 helpline received 9,800 calls, of which 2,700 were concerning cases of violence (22 per cent of these cases were violence against children). The 1809 helpline, intended to listen to and guide children and families, received 7,363 calls, among which 2,478 served as a basis for referrals to various SP and CP programmes in 2020 (UNICEF 2020b). In 2021, the helpline received 19,424 calls, including 5,342 cases related to children and 476 on violence against children; 670 cases were reported to the Child Protection Office, and 154 to child psychiatrists.

Take-away

As mentioned above, the coordination between the two ministries (the Ministry of Social Affairs and the Ministry of Family, Women, Children and the Elderly) allowed better use of human resources and the expansion of the surveillance of cases of violations of children's rights. The collaboration between social workers who manage SP under the Ministry of Social Affairs and the CP officers under the Ministry of Family, Women, Children and the Elderly shows how inter-ministerial cooperation can be key to promoting links between SP and CP. This cooperation also enabled a coordinated government response, capable of identifying multiple facets of social vulnerability and responding in an intersectoral way during the COVID-19 pandemic.

The case of Tunisia also shows that the formalisation of SSW careers can promote better performance and contribute to a better response on the ground. The existence of legal statutes with clear attributions of the activities expected of each social worker helps identify the activities for which they are responsible. The existence of formal statutes can also be essential to protect social workers from duplicating activities or doing activities for which they are not trained or that are outside their scope of operation.

4.2 Morocco case study: Implementation of an integrated territorial programme with Social and Child protection services

Context

Morocco is Africa's fifth-largest economy and has a population of just over 37 million people (HCP 2022). It is considered a lower middle-income country and currently occupies 121st place among the 189 countries in the Human Development Index (World Bank 2022; UNDP 2020). Despite social advances in recent years, child poverty is still a concern in Morocco. In 2015, 4.4 per cent of children lived in absolute poverty, and 14.4 per cent lived in situations of vulnerability¹² in the country (ONDH, ONDE, and UNICEF Morocco 2017). In terms of multidimensional poverty, in the same year only 27.4 per cent of children lived without any deprivation in the eight areas considered fundamental to children's well-being (housing, water, sanitation, nutrition, health, medical coverage, education and information), with 32.9 per cent of children in the country living with one deprivation, and 39.7 per cent living with two or more deprivations (ibid.).

The non-contributory SP system focuses on benefits for health care and children attending school. In this context, two main programmes can be mentioned: the Medical Assistance Regime (*Régime d'Assistance Médicale*—RAMED),

11. See: <<https://www.unicef.org/tunisia/communiqués-de-presse/pendant-le-confinement-général-vous-nêtes-pas-seuls-nous-sommes-avec-vous>>.

12. People who consume up to 1.5 times the value of the poverty line (which determines 'absolute poverty' as USD1.90 a day, according to FAO-WHO and the World Bank) are considered vulnerable.

which grants free access to health care in public hospitals,¹³ and *Tayssir*, which transfers benefits to 2 million students aged 6–15 years who are attending school¹⁴ (Dytz 2021; ONDH, ONDE, and UNICEF 2019). Since 2018, Morocco's SP system has been reformed to build a fairer and more efficient system, including social groups hitherto excluded. These reforms aim to improve coverage of children, elderly people and unemployed workers, and improve the coordination of actions and programmes (Dytz 2021).

Example of integration

Among these advances, it is necessary to underline the importance of the development of the integrated SP policy for 2020–2030, which was carried out according to a life-cycle approach and emphasises an important focus on the coverage of children. In addition, in April 2021, Morocco adopted a new framework law on SP which aims to generalise medical coverage in 2022, universal family allowances in 2023–2024, and a large extension in 2025 of the social pension for retirement and unemployment benefits. It is also important to mention the adoption and the ongoing implementation of the Integrated Policy for the Protection of Children 2015–2025 (*Politique Publique Intégrée de la Protection de l'Enfance*—PPIPEM). This policy, adopted by the government in 2015,¹⁵ consists of a national effort to integrate the different CP activities and programmes at central, regional and local levels. The PPIPEM 2015–2025 does not aim to create new projects but to reinforce existing social, juridical and judicial programmes by including them in one unified strategic framework (MSSFDS and UNICEF 2015).

Of the objectives announced by the PPIPEM 2015–2025, it is worth highlighting the so-called Integrated Territorial Mechanism for the Protection of Children (*Dispositif Territorial Intégré de Protection de l'Enfance*—DTIPE). This programme seeks to further expand geographical coverage and increase the presence of local providers of CP services against all forms of violence, abuse, exploitation and neglect (MSISF 2019). The services offered range from assisting abandoned children to providing medical and psychological follow-up, including family mediation, school rehabilitation, social assistance, administrative assistance for issuing documents, and other services related to CP.

The programme is in the pilot phase and has been implemented in 17 of Morocco's 75 provinces.¹⁶ An important institutional innovation of the DTIPE is the implementation of case management through standardised tools based on reliable indicators shared among all provinces but centralised at the national level. The proposal of standard methods for all the provinces aims to ensure convergence and complementarity between the interventions of different actors working to protect children in Morocco. The DTIPE is the first approach in Morocco that has standardised action protocols.¹⁷

The case management implemented comprises the following steps: 1) detection of children in danger (through mobile teams, helplines or listening teams);¹⁸ 2) medical and/or social assistance (including immediately in urgent cases); 3) initial diagnosis and analysis of the social situation; 4) medical, psychological, judicial and social monitoring and accountability;

13. According to data collected in unconditional cash transfers at a technical support meeting with UNICEF Morocco, in 2021, the number of beneficiaries with an active RAMEL letter reached 11 million people (almost a third of the country's population).

14. In addition to *Tayssir*, it should be mentioned that there are other ways to support families with children, adolescents and young adults (between 0 and 21 years old) who are enrolled in schools, universities or training programmes offered by the contributory sector. Further, it is noteworthy that in interviews carried out by the IPC-G team in 2022 (IPC-IG 2022) the prediction of the replacement of *Tayssir* by a new family allowance programme without conditionalities was accurate. The new programme is expected to be implemented by 2023–2024.

15. The PPIPEM Statute was developed through an extensive public consultation process that took place in Morocco starting in 2013.

16. Among which: Casablanca, Rabat, Salé, Meknes, Marrakech, Agadir, Laâyoune and others.

17. Interview with a UNICEF Morocco SP team member, 7 April 2022. The data were provided in internal documents shared by the UNICEF Morocco Country Office.

18. Green lines are channels established by the Government of Morocco through which citizens can report cases of violation of the rights of children and women or situations of deprivation resulting from the COVID-19 pandemic. Listening teams are focal groups in which social workers listen to and work with children and their relatives on issues regarding CP and SP services. Pandemic. Listening teams are focal groups in which social workers listen to and work with children and their relatives on issues regarding CP and SP services.

5) reinsertion and reintegration of children; and 6) monitoring of the situation of children. The document that establishes the general protocol for the activities and services offered by the DTIPE provides, for each of the steps listed above, the definition of the specific services that will be offered, the modalities of referral of the assisted children, and the definition of the roles and responsibilities of each state actor in CP. Further, all CP actors use the same tools (data repositories, record sheets, information exchange and collegiate case studies), which facilitate coordination and information exchange.

The programme also contributed to the establishment of Monitoring Centres for the Protection of Children (*Centres d'Accompagnement de la Protection de l'Enfance*—CAPEs) in several provinces. CAPEs are the gateway to the DTIPE. They are responsible for listening to children and their families, diagnosing risks for children, registering cases of violence and reporting to the competent authorities. In addition, CAPEs¹⁹ direct children and families to existing public services and programmes in the region, such as judicial services (for legal measures to protect children), the Ministry of Health (for medical follow-up), the Ministry of Solidarity or non-governmental organisations (for SP measures) etc. Thus, the protocol adopted by CAPEs enables collaboration between SP and CP through this collaboration with other public services. After the initial contact, based on a dialogue with the families and using the standard protocols mentioned above, a follow-up plan for the child is created in which reciprocal engagements are agreed on. These engagements involve families, social workers and children. Thus, there are three main objectives of CAPEs: to inform, to build a project for the child and to follow up.²⁰ Additionally, CAPEs are also responsible for creating and managing databases on the situation of children at the provincial level, transmitting this information to the national CP record system, and preparing reports on each child attended to at a CAPE, including the services and programmes offered.

To provide the SSW with the skills needed to offer the DTIPE's services, CAPE employees benefited from a training and capacity-building programme on working with children. This training was given by experts from the Ministry of Social Solidarity, the European Union, UNICEF and other CP specialists. The courses sought to harmonise and unify concepts, definitions and intervention modalities with children and provide participants with techniques and multidisciplinary protection tools (combining legal, medical and social knowledge),²¹ providing the knowledge needed to work for the DTIPE and CAPEs.

Take-away

Even if the implementation of the DTIPE and CAPEs is more recent and thus still needs to be evaluated, the approach proposed by the PPIPEM represents an important tool for the SSW in terms of a multisectoral approach. In these terms, the implementation of the DTIPE in Morocco presents some good practices, which allow for the integration of CP with other services, especially SP, mainly through the implementation of case management. Sufficient training on case management protocols and subjects related to CP for CAPE staff has proven key. It is noteworthy, however, that a crucial next step for the development of the DTIPE would be to increase activities that could enhance the links between CP and SP—for example, through greater integration of the cash transfer programmes or the new family allowance programme and the DTIPE.²² In addition, the aim is also to increase the preventive feature of the DTIPE—in other words, the ability to prevent risk situations by referring families to development programmes such as income generation and women's empowerment projects.

19. Children who need SP in Morocco can benefit from CAPE services, which provide help and support to vulnerable children or victims of violence. Anyone can refer a child to a CAPE—parents, family members, neighbours or even people nearby.

20. From this triple objective stems the very organisation of CAPEs, which are made up of three cells: 1) the personalised support cell for children in danger (responsible for the initial reception); 2) the follow-up cell for the children's journey (responsible for monitoring the project for the child); and 3) the cell providing technical support to the provincial committee and to coordination (which supports administrative and provincial coordination tasks).

21. The training was offered in three parts. The first took place between June and July 2020 and had four sessions delivered remotely. This first part of the training was led by CP experts and addressed the concept of violence against children, the reception of homeless children, family, social mediation etc. The second part took place between September and October 2020 and had 11 sessions of two full days delivered face to face. The topics discussed were: children in danger, rehabilitation, street children, prevention in CP, and the construction of life projects. Finally, the third part took place in March 2022 and included six days of work on the geographical organisation of PPIPEM and the implementation of the Territorial Child Protection Mechanism (MSDSEF 2020).

22. As pointed out in technical consultations with UNICEF Morocco, a new cash transfer will be introduced in the following months. It might assume the form of a family allowance.

4.3 Iraq case study: Mitigating issues of conditionality

Context

Iraq has undergone extensive political, social and economic changes in the last two decades. The increase in violence from 2014 to 2017 resulted in an escalation of poverty and vulnerability and a new wave of internal displacement. In those years, almost 6.1 million Iraqis were displaced, and 1.3 million currently remain displaced (UN OCHA 2021). Iraq has an estimated population of 40 million people (World Bank 2020), with 5 million of those in the Kurdistan Region of Iraq (KRSO, IOM, and UNFPA 2018). Furthermore, Iraq has one of the youngest populations globally, as 44 per cent of the population are under 18, and 13 per cent are under 5 (UNICEF 2021a; World Bank 2020b). Children under 15 years face a greater incidence of poverty than adults (15–64 years) and elderly people (65 years and older)—22.8 per cent versus 15 per cent and 12.5 per cent, respectively (UNICEF Iraq et al. 2020).

A crucial priority of the Government of Iraq and development partners since 2012 has been to establish an adequate safety net. Achievements include the adoption of the Social Protection Law of 2014 and reforming the Social Safety Net Programme. Nevertheless, since 2014, macroeconomic shocks and conflict escalation have caused an intense reduction in SP expenditures and hampered programme implementation and efforts to reform public services. Meanwhile, there has been an increase in poverty and food insecurity, especially among internally displaced persons, who have lost access to income, livelihoods and government SP programmes. The response by humanitarian agencies has been pivotal to addressing the needs of households affected by displacement (European Commission 2019).

The Government of Iraq has made significant progress in developing legal and policy frameworks for the protection of children, including the prohibition of all forms of violence and abuse against children in the family, school and society. The government has endorsed a national CP policy (2017–2027), which aims at protecting children from all forms of violence, abuse and exploitation. As a strategy to promote safety and early intervention, the policy calls for improving income levels of families and for including families whose children are assessed as being at risk of violence, abuse and exploitation (outcome 4 of the policy).

Example of integration

A cash transfer pilot was implemented by the Ministry of Labour and Social Affairs (MOLSA) in 2018–2019 with the support of UNICEF and the World Bank (and involved an inter-ministerial steering committee with representation from the ministries of labour and social affairs, education, health and housing). The programme's main objective was to stimulate access to social services in education, health and housing, and increase the agency of women.

Cash transfers were made over a nine-month period (the length of the school year) for two years and reached 2,000 households in Al Sadr with children under 5 years and students aged 10–14 years, selected from the Social Safety Net Programme (MOLSA 2017).²³

Initially, the pilot used cash transfers conditional on fulfilling a set of co-responsibilities: all household members of school age should be enrolled in school and attend school to complete the target school year; all households should register at their assigned health centre and attend the scheduled health-related appointments for the corresponding members of the household (children under 5 years old and pregnant and breastfeeding women) (ibid.).

UNICEF supported the replacement of conditionalities with social behaviour change and positive parenting messaging, along with case management and referrals to avoid penalising low-income families (EU and UN 2021). By introducing a robust case management system that involved referrals to specialist child services, potential drawbacks

23. The Social Protection Network is an unconditional cash transfer that covers approximately 1 million Iraqi households living below the national poverty line.

of conditionalities within the cash transfer programme could be identified and mitigated. Without the conditionalities, the programme would not penalise households that did not fulfil all conditions, but it still helped households enhance programme outcomes through robust case management.

The MIS is another significant contribution of the pilot, as it was linked to schools and health facilities to register beneficiary information and track compliance with their co-responsibilities. The monitoring of educational attendance at schools, and attendance at health clinics, focusing on immunisations, was integrated with the Ministry of Education and the Ministry of Health to ensure compliance with conditionalities. The MIS operated by the MOLSA allowed the sharing of data needed for referrals provided by case management (UNICEF Iraq 2018). Data collection and monitoring were done by education and health officials using tablet computers, which were linked to the MOLSA's database at the national level, allowing data to be updated in real time (Development Pathways 2021).

However, the pilot was not scaled up due to government changes and challenges faced by the programme. The programme planned to develop a competency framework for the SSW, including training social workers and defining the skills needed to work with beneficiaries and conduct home visits, which could have improved programme results. A data collection instrument for casework was also meant to be developed, including a methodology to define needs and conditions. In addition, there were plans to establish a family development plan for beneficiary households, and to prepare guidelines and procedures for implementation support, and a user manual for the case management system (UNICEF 2019e).

Take-away

Although the pilot has not been scaled up to date, it helped enhance the capacity of the Iraqi government, particularly regarding case management and the coordination of social services between ministries, moving towards better integration of CP and SP. By introducing the case management system, UNICEF provided a structure for social workers to identify and mitigate the potential drawbacks of conditionalities within the conditional cash transfer pilot. The MIS connected beneficiaries' data to education and health information, enabling the detection of cases that could be referral to specialist child services. The country is designing a new SP programme based on the experience of the pilot programme.

4.4 Egypt case study: Developing a Child Protection Vulnerability Index to identify the most vulnerable cases within the Social Protection System

Context

With over 100 million inhabitants, Egypt is the most populous country in the MENA region. Two fifths of the population are children aged 0–18 years, and 12 million are under 5 years (UNICEF 2022). Egypt has been experiencing continuous population growth in recent years due to relatively high fertility rates: although the fertility rate had decreased to 3.1 children per woman in 2005, it increased again to 3.4 in 2014, before decreasing again to 2.2 in 2022 (UNICEF 2022). The Human Development Index ranks the country in 121st place among 189 countries and territories (UNDP 2020), and poverty remains a critical problem: in 2020, around 30 per cent of Egyptians were living in households with income below the national poverty line (UNICEF Egypt 2020). Additionally, 29.4 per cent of Egyptian children were living in multidimensional poverty in 2014 (UNICEF Egypt 2017). In 2019–2020, about a third of Egypt's population was considered poor, with a poverty rate of 29.7 per cent according to the household expenditure, consumption and income survey conducted by the Central Agency for Public Mobilization and Statistics.

Takaful and *Karama* are non-contributory programmes that were developed as a targeted social safety net aimed at protecting poor people through income support to children and families. *Takaful* is a cash transfer which targets vulnerable families with children (0–18 years), conditional on school attendance, basic health

care and immunisation. The scheme aims to improve human development outcomes, especially nutrition and maternal and child health, as well as school enrolment and retention. *Karama* is an unconditional cash transfer for elderly people, people with disabilities and, more recently, orphans. Both schemes use a multi-layered targeting approach to determine eligible households, involving geographical and categorical targeting as well as proxy means-testing (UNICEF 2019). The two schemes together have covered 3.31 million households or approximately 11.1 million individuals since their launch in 2015 (World Bank 2020).

Example of integration

UNICEF, in partnership with the Government of Egypt, recently developed an innovative household classification system called the 'Child Protection Vulnerability Index'. In short, the index aims to classify households' levels of vulnerability and prioritise the most vulnerable households to receive visits from social workers, to identify children at greater risk and prevent violence and family separation, offering prioritised care services to households that are beneficiaries of *Takaful* and *Karama*.²⁴ The index demonstrates an approach that contributes to linking SP and CP services (especially social care services) by focusing on the provision of preventive services rather than responsive ones. It will also help with the challenge of limited outreach of CP services due to an insufficient number of social workers.

The index was built using household information imported from two databases: 1) a survey about positive parenting which was carried out in 2019 with around 9,000 households of *Takaful* beneficiaries in 10 selected governorates; and 2) the *Takaful* database, containing background characteristics of beneficiary households.²⁵ Based on information from the survey about parenting practices, four vulnerability indicator groups were selected: 1) violent practices; 2) indicators of school absence; 3) child under 5 years left alone or in the care of another child; and 4) child aged 5–17 performing household chores. This database was then used to analyse the correlation between basic demographic and socio-economic information—which is available for all beneficiaries in the *Takaful* database—and the vulnerability indicators available for the families in the survey, using an econometric methodology.²⁶ The analysis calculates the probability of a household having a particular vulnerability status based on the background characteristics recorded in the *Takaful* database.

Once the index is created, and the correlation between background characteristics and household vulnerability status established, the last step is to estimate household classification for all households in the *Karama* and *Takaful* database. This final step allows the construction of a household cartography according to their estimated vulnerability level, which makes it possible to monitor the most vulnerable families on the ground. Thus, the index will allow specialist follow-up of these families through a planned package of services which includes: 1) provision of CP case management services; 2) development and implementation of CP care plans with the families; 3) ongoing family support and follow-up; 4) supporting families in fulfilling conditionality criteria; 5) access to specialist psychological support services when required for families/children; 6) access to legal support services when required for families/children; and 7) referral to income generation opportunities and linkages with Ministry of Social Solidarity programmes.

24. These data came from internal documents on the Child Protection Vulnerability Index shared by the UNICEF Egypt Country Office.

25. More information about this database can be found in 'Developing a Child Protection Vulnerability Index', published by UNICEF and Egypt's Ministry of Social Solidarity.

26. In the first step of the methodology, a cluster analysis was carried out to classify households with similar behaviours regarding the vulnerability indicators into clusters/groups [based on a descriptive analysis of the database], creating three categories of levels of vulnerability. After that, the correlation between demographic and socio-economic indicators and the level of vulnerability was estimated based on logistic regression, using the categories created through the cluster analysis as the dependent variable. The coefficient estimated in the regression allows the effect of background characteristics [demographic and socio-economic information] on household vulnerability status to be estimated. Based on these coefficients, it was possible to develop the equation of the probability of being a vulnerable household and, based on this, create the vulnerability index, which categorises households into four groups: 1) no vulnerability; 2) low vulnerability; 3) medium vulnerability; and 4) high vulnerability, based on the background information.

Take-away

Although at the time of writing this report the Child Protection Vulnerability Index had been developed but not yet implemented, its creation highlights a good case for classification systems targeting vulnerable families, focusing on children's vulnerability, to improve the focus of the SSW.

Given the limited resources for CP, practices such as the index show the importance of prioritising action for the most vulnerable families. Better targeting practices allow optimisation of the available resources. In addition, the preventive nature of the index should be highlighted, as it identifies and prioritises families with children who are more likely to be exposed to violence, making it a preventive tool, rather than a responsive one.

The index also contributes to a more comprehensive poverty reduction strategy, introducing a multidimensional approach to prioritise SP and CP services for more vulnerable households. More importantly, it allows a greater child focus in the services provided by the SSW working with the programme.

4.5 Brazil case study: Technical Operational Standards, Single Registry and shared management—paths to an integrated social protection system

Context

Brazil is the largest country in Latin America, with more than 213 million inhabitants. Considered an upper middle-income country by the World Bank (2020), it occupies 84th place among the 189 countries ranked by the Human Development Index (UNDP 2020). Its 55 million children and adolescents up to 18 years of age constitute a quarter of the population (PNAD 2019). In 2015, 18 million children lived in households with insufficient per capita income to purchase a basic basket of goods (UNICEF 2018). In that same year, 61 per cent of all Brazilian children lived in poverty, including both monetary and multidimensional poverty (ibid.).

In 2004, Brazil introduced the Unified Social Assistance System (*Sistema Único de Assistência Social—SUAS*), based on an extensive network of governmental and non-governmental agencies that attend to children, young people, women, elderly people, persons with disabilities, and other groups in socially vulnerable situations (MDS 2021). Brazil has guaranteed the right of protection for children and adolescents since the enactment of the Child and Adolescent Statute (*Estatuto da Criança e adolescente*) in 1990. The statute defines children and adolescents as subjects of rights, in conditions of development, which demand integral protection by the family, society and the State. But it was with the introduction of the SUAS that CP and SP have been integrated, with the SUAS starting to be assigned to treat CP cases.

SUAS is split into three essential structures: 1) 'basic' SP, focused on the prevention of rights violations; 2) 'medium-complexity' SP, when rights have already been violated (for instance, supporting children who are victims of neglect or mistreatment, homeless people, elderly people, children engaged in child labour etc.); and 3) 'high-complexity' SP, which focuses on people without family or community networks, such as abandoned children, young people in conflict with the law, elderly people without social support structures, women victims of violence, and others (Conselho Nacional de Assistência Social 2017; MDS 2021; 2009). The gateway to basic SP are the Social Assistance Reference Centres (*Centros de Referência de Assistência Social—CRASs*). They are permanent care units that provide services and programmes for people with social vulnerability. Similarly, the Specialised Reference Centres for Social Assistance (*Centros de Referência Especializado de Assistência Social—CREASs*) offer medium- and high-complexity SP services.²⁷

27. For 2019, the SUAS census points to the existence of 8,347 Social Assistance Reference Centres (CRASs) and 2,723 Social Assistance Reference Centres (CREASs) located across the country (MC 2020). As required by Brazilian legislation, there is a minimum of one CRAS in each municipality in the country.

Example of integration

The first good practice employed by the SUAS to strengthen the SSW is the implementation of Technical Operational Standards (*Norma Operacional Básica*—NOB). Created in 2005 and updated in 2012, the NOB defines guidelines for the functioning of the SUAS given the legal framework for social assistance. It regulates the careers of the SSW; establishes actions to qualify the SSW;²⁸ defines a code of ethics; prescribes the responsibilities of each actor working in the SUAS; and standardises at the national level the objectives and provisions of social services,²⁹ breaking with a historical lack of definition and overlapping of social assistance functions with other public policies (IPEA 2013). Additionally, it institutes federal funding for social assistance, which began to occur through regular and automatic transfers from the federal level to states and municipalities. This allows states and municipalities to have a preview of the amount they will receive from the federal level every month, facilitating management at the local level, as well as planning, implementation, and the uninterrupted supply of services to the population (MDS 2005; 2012).

A complement to the NOB is the Technical Operational Standards for Human Resources (*Norma Operacional Básica dos Recursos Humanos*—NOB-RH), created in 2006 and updated in 2011. The NOB-RH defines how reference teams should organise themselves to provide SUAS services; the service limits for small, medium and large CRASs and CREASs; the number of mid-level and higher professionals each space should have; and what is expected of these professionals in terms of accomplishments in their day-to-day work (social workers, psychologists, social educators etc.). The NOB-RH also regulates the educational and professional background expected of each social worker for the appropriate exercise of their functions (MDS 2006; 2011).

For example, for a small CRAS serving up to 2,500 families, the NOB-RH states that there must be two higher-level technicians (one psychologist and one social assistant) and two mid-level technicians. For the higher-level technicians, there is an extensive list of assignments: 1) reception and orientation of families using the CRAS; 2) mediation of groups; 3) individual consultations and home visits; and 4) monitoring of families in breach of conditionalities of cash transfer programmes, among others. Some of the responsibilities of mid-level technicians are: 1) supporting the work of higher-level technicians; 2) participation in planning meetings; and 3) reception of families, among others.

The NOB-RH also establishes that all CRAS must have a coordinator. Regardless of the size of the municipality, the coordinator must be a high-level technician, selected through an official and competitive recruitment process, with experience in community work and management of programmes, projects, services and social assistance benefits. Regarding the work of psychologists and social assistants, the NOB-RH establishes that these professionals must act following the code of ethics of their respective professions. Another essential recommendation in the NOB-RH is to hire the SSW through an official, competitive recruitment process. This recommendation aims to avoid precarious forms of contracting such as temporary contracts, outsourcing and other modalities that do not guarantee labour rights and long-term engagement in the workplace.

The second good practice is the ‘shared management’ of the SUAS between the three federative entities: the federal level, the states and the municipalities. This can be practically illustrated with the Brazilian flagship *Bolsa Família* programme.³⁰

28. The Technical Operational Standards establish that capacity-building for social workers in Brazil should be promoted to produce and disseminate skills that enable them to: 1) develop technical and management skills; 2) lead to an adequate exercise of social control; and 3) strengthen their capacities to enhance public policy.

29. Through the National Classification of Social Assistance Services, implemented in 2009 as a result of the NOB.

30. Since December 2021 the programme has been called Auxílio Brasil. This new programme retains the general scheme of Bolsa Família with some changes in eligibility criteria.

Bolsa Família is a conditional cash transfer that provides financial support to poor³¹ and very poor³² families, mostly with children. There are two conditions that should be met to receive the benefit: 1) children and adolescents must be enrolled in school and attain a minimum attendance level;³³ and 2) families with children under 7 years of age must have their vaccination schedule up to date and attend regular health visits for the first seven years of the child's life.³⁴

The management of the *Bolsa Família* programme, like the entire SUAS, is carried out in a shared manner by the three federative entities involved. The federal level is responsible for managing the programme's budget, the information systems, payments,³⁵ and ensuring compliance with conditionalities, through verification carried out by the Ministry of Education and the Ministry of Health. States are responsible for providing technical support and training for municipal employees, supporting the inclusion of traditional populations (indigenous and Afro-descendant communities), and incorporating *Bolsa Família* with other state activities that can help families overcome poverty. Finally, the municipalities have the function of identifying and registering vulnerable families, monitoring compliance with conditionalities, and offering other specific activities and programmes at the municipal level. The integration promoted by the shared management approach allows the SSW to offer activities and programmes from different levels of the federation that have a different focus and offer different types of care and attention, expanding the range of services they can offer in their day-to-day work.

The third good practice is the creation of the Single Registry for Social Programmes of the Federal Government (the so-called *Cadastro Único*),³⁶ the most important tool for identifying low-income families (those with up to half a minimum wage) in Brazil.³⁷ The Single Registry gathers information about family composition; the socio-economic characteristics of the household, such as access to water, sanitation and electricity services; the profile of expenses; income sources; labour market situation etc. (MDS 2015). In 2015, the Single Registry contained information on approximately 40 per cent of the Brazilian population (ibid.).

The Single Registry favours the municipal SSW insofar as it allows them to see families' socio-economic reality. This awareness of the families' situation enables the SSW to extend (and improve) the offer of programmes available in each region in response to the specific needs of each family. For example, a family registered in the Single Registry because it is a beneficiary of *Bolsa Família* can also be directed by the SSW in their municipality to other programmes and interventions, depending on their specific needs. In terms of the integration of SP and CP, for the families with children, for example, the Single Registry will also be the gateway to access the *Programa Nacional de Inclusão de Jovens (ProJovem)*,³⁸ the *Programa de Erradicação do Trabalho Infantil*³⁹ and *Brasil Carinhoso*,⁴⁰ among others.⁴¹ It is important to highlight that all social workers who deal with the SUAS in Brazil have access to information from the Single Registry.

31. With monthly per capita income between BRL89 and BRL178.

32. With monthly per capita income below BRL89.

33. Children aged 6–15 must attend 85 per cent of classes, and those aged 16 or 17 must attend 75 per cent of classes.

34. If the beneficiary families contain pregnant women, it is up to them to attend prenatal appointments on the dates established by the Ministry of Health calendar.

35. Carried out by Caixa Econômica Federal, a Brazilian public bank in charge of the payment of *Bolsa Família*.

36. It is important to highlight that the Single Registry is not just a register, but a combination of three large databases: 1) forms for registering information on low-income families; 2) a computerised system for entering and updating information on registered families (available to all SUAS workers); and 3) a database that contains complete reports of information on all families registered in the Single Registry, by the municipality (MDS 2015; 2012).

37. Low-income families are those whose monthly income per person in the same household is no more than half of the minimum wage (around USD112 per month).

38. ProJovem is a federal government programme that aims to offer comprehensive and professional training to low-income youth.

39. The Programa de Erradicação do Trabalho Infantil aims to promote activities aimed at removing children and adolescents under the age of 16 from early work practices.

40. Brasil Carinhoso aims to offer financial help to families with children up to 4 years old who live in extreme poverty.

41. All these youth-focused programmes are federal and, therefore, can be offered to any family registered in the Single Registry with children or young people who meet the programmes' specific requirements.

The three good practices mentioned above can be illustrated through the following fictional example: as established by the **NOB and the NOB-RH**, a social worker who makes a home visit to a *Bolsa Família* beneficiary family and identifies the existence of child labour, for example, must include this information in the registration form for the family's entry in the **Single Registry**. As a result of the programme's **shared management**, this family might be referred to different services, such as 1) it might be advised to attend the Family Monitoring Service (PAIF) carried out at the municipal-level CRAS; 2) it might be directed to federal programmes for the eradication of child labour; or, depending on the seriousness of the case, 3) it might be forwarded to state agencies for the protection of children, such as the Public Defender's Office or the Guardianship Council.

Take-away

The case of Brazil shows three good practices that are articulated with each other and aim to promote a SP system capable of integrating income transfers, the expansion of rights, and access to services. As shown in the previous example, the standardisation of SSW careers and practices, the shared management of the SUAS, and the Single Registry comprise a set of integrated rules which can be very beneficial for defining SP and CP. The Brazil case study also shows the importance of integrated information systems that connect SP and CP services.

5. CONCLUSIONS AND RECOMMENDATIONS

Linking SP, including cash transfer programmes, to CP services can help tackle the multidimensional poverty faced by children. More specifically, integrating these services can improve children's socio-economic and well-being outcomes. The literature has shown positive impacts of 'cash plus' programmes on different aspects such as nutrition, education and productive outcomes. CP outcomes can also benefit from the integration with SP schemes, since these programmes typically have broader coverage and more resources than CP programmes. In addition, the integration of SP and CP can optimise resources, by allowing economies of scale when providing these services.

The case studies illustrate different ways to integrate SP and CP, focusing on improving efficiency, especially of the SSW, and improving expected results of SP and CP. Table 2 presents a summary of the integration practices and main take-aways of the case studies.

The integration of SP and CP is a process that depends both on the level of development of the SP and CP systems, and on the existing level of coordination between different ministries and agencies. The case studies provide excellent examples for key recommendations along this process of integration (see Figure 5). These recommendations depend on the country context and level of development of the SP and CP schemes.

Recommendation 1: Develop shared goals and joint planning at national and subnational levels

Countries with less-developed SP systems can start by setting shared goals and conducting joint planning between the ministries and agencies responsible for SP and CP to improve linkages, as done for example in Tunisia.

Furthermore, joint planning between different government levels (national and local) responsible for implementing social services can be enhanced, as is the case in **Morocco** and **Brazil**, where different responsibilities are defined at each level of government.

The creation of special committees organizing regular meetings between all agencies involved and establishing the responsibilities of each actor in the SP and CP systems are some of the ways of promoting shared goals.

Table 2. Summary of case studies

Country	Good practices of integrating SP and CP	Lessons learned/expected results
Tunisia	<p>Integration of the SSW of two ministries to monitor cash transfer beneficiaries, identify CP cases and refer the cases to CP officers (a much smaller workforce).</p> <p>Implementation of helplines during the COVID-19 pandemic for psychological assistance and guidance for women victims of domestic violence and families with children at risk, as a way of assessing those in need of help.</p>	<p>The coordination between of the two ministries allowed a greater coverage of CP by increasing efficiency in the allocation of limited resources.</p> <p>This cooperation also enabled a coordinated government response, capable of identifying multiple facets of social vulnerability and responding in an intersectoral way during the pandemic.</p>
Morocco	<p>Implementation of the Integrated Territorial Mechanism for the Protection of Children, which offers services that include monitoring of abandoned children for medical and psychological follow-up, family mediation, school rehabilitation, social assistance, administrative assistance for issuing documents and other services related to CP.</p> <p>A programme provided by the Monitoring Centres for the Protection of Children aims to welcome and listen to children and their families, diagnose risks for children, register cases of violence and report to the competent authorities, as well as directing children and families to existing public services (judicial services, medical services and SP measures).</p>	<p>The implementation of a case management system with standardised rules helps to guarantee equal access to quality services for all children, from the identification of the most vulnerable children to the reinsertion and reintegration of children and monitoring of their situation.</p> <p>By providing training and capacity-building programmes to the SSW for working with children, the programme can improve the quality of services.</p>
Iraq	<p>The pilot cash transfer programme aimed to incentivise access to social services in education, health and housing, and increase the agency of women. UNICEF supported the replacement of conditionalities with social behaviour change messaging and positive parenting messaging, along with case management and referrals to avoid penalising low-income families. The programme's MIS linked schools and health facilities to register beneficiary information and track compliance with their co-responsibilities.</p>	<p>Through the case management system, which involved referrals to specialist CP services, potential drawbacks of conditionalities could be identified and mitigated.</p> <p>Building up the MIS of the pilot and introducing the digitisation of the data collection and monitoring processes (using tablet computers) enabled the development of an efficient tool to monitor conditionalities linked to education and health, allowing data to be updated in real time.</p>
Egypt	<p>The newly developed Child Protection Vulnerability Index serves to estimate the vulnerability level of <i>Takaful</i> and <i>Karama</i> beneficiary households and prioritise the most vulnerable to receive visits from the SSW, based especially on children's vulnerability.</p>	<p>By implementing the Child Protection Vulnerability Index, the country will be able to prioritize the children most likely at risk in the context of constrained capacity of Child Protection services.</p>
Brazil	<p>Guidelines have been developed to define how the basic SP should be organised, the functions of the SSW and standard protocols.</p> <p>The legal framework of the SUAS also defines the responsibilities of different government entities: the federal level, states and municipalities, establishing shared management of the SUAS.</p> <p>The recently created Single Registry is the most important tool for identifying low-income Brazilian families and gathering information about family composition and the socio-economic characteristics of the household and its members.</p>	<p>The guidelines provide instructions on how the SUAS should be structured, and clear definitions of the activities for the SSW and protocols for services.</p> <p>Shared management is beneficial insofar as it dissolves the management responsibilities of the social assistance system between the three federative entities, without overloading any of them, and promoting integration between them.</p> <p>The Single Registry helps policymakers, as it gathers essential information for the planning of public policies and is an essential tool for monitoring vulnerable families and the conditionalities of the cash transfer programme by the SSW.</p> <p>These measures help create a universal social assistance system that proactively looks for vulnerable families and children.</p>

Source: Authors' elaboration.

Recommendation 2: Design integrated services and programmes

Programmes and services can be designed from the outset with the aim of integrating SP and CP objectives, providing a holistic offer to families and children—for instance, ‘cash plus’ programmes with CP components—

including parenting or prevention programmes. The programme implemented in **Morocco** is an example of this type of integration. *Bolsa Família*, in **Brazil**, is another programme with integrated services.

Defining specific deprivations and indicators is essential to design integrated programmes and services. For example, dropping out of school or irregular school attendance may be, in certain cases, a sign of child labour (domestic or paid), child marriage or a dysfunctional family environment. School social workers and teachers, community outreach and engagement with parents' associations can contribute to identifying children in need of care and protection. Parenting programmes may also contribute to preventing violence against girls and boys and empower parents to make informed decisions about the well-being of their sons and daughters.

Recommendation 3: Strengthen multi-agency case management

For families requiring individualised support as a result of lack of access to services or specific CP concerns (i.e. violence against women and children in the home, school or the community; exploitation; neglect), multi-agency case management should be used to maximise results for children and reduce vulnerabilities. The two main modalities relevant to 'cash plus' programmes are referrals to services and periodic monitoring by social workers, and comprehensive case management to address major care and protection concerns. For the latter, a more intense follow-up assessing needs and developing care plans and referrals will be required.

Recommendation 4: Promote information-sharing protocols

Promoting information-sharing protocols between SP and CP can help monitor families and plan social services, although sensitive information needs special treatment to remain confidential. For example, in the case of Brazil, the *Cadastro Único* is a unified registry for the SP system that contains information on the status of individuals and families and is integrated with education and health data to monitor the conditionalities of some programmes and changes in family conditions. In some cases, when there are limited data on children's conditions, the registry can be used for projections, as in the case of the Child Protection Vulnerability Index in **Egypt**.

Recommendation 5: Develop a qualified SSW at scale

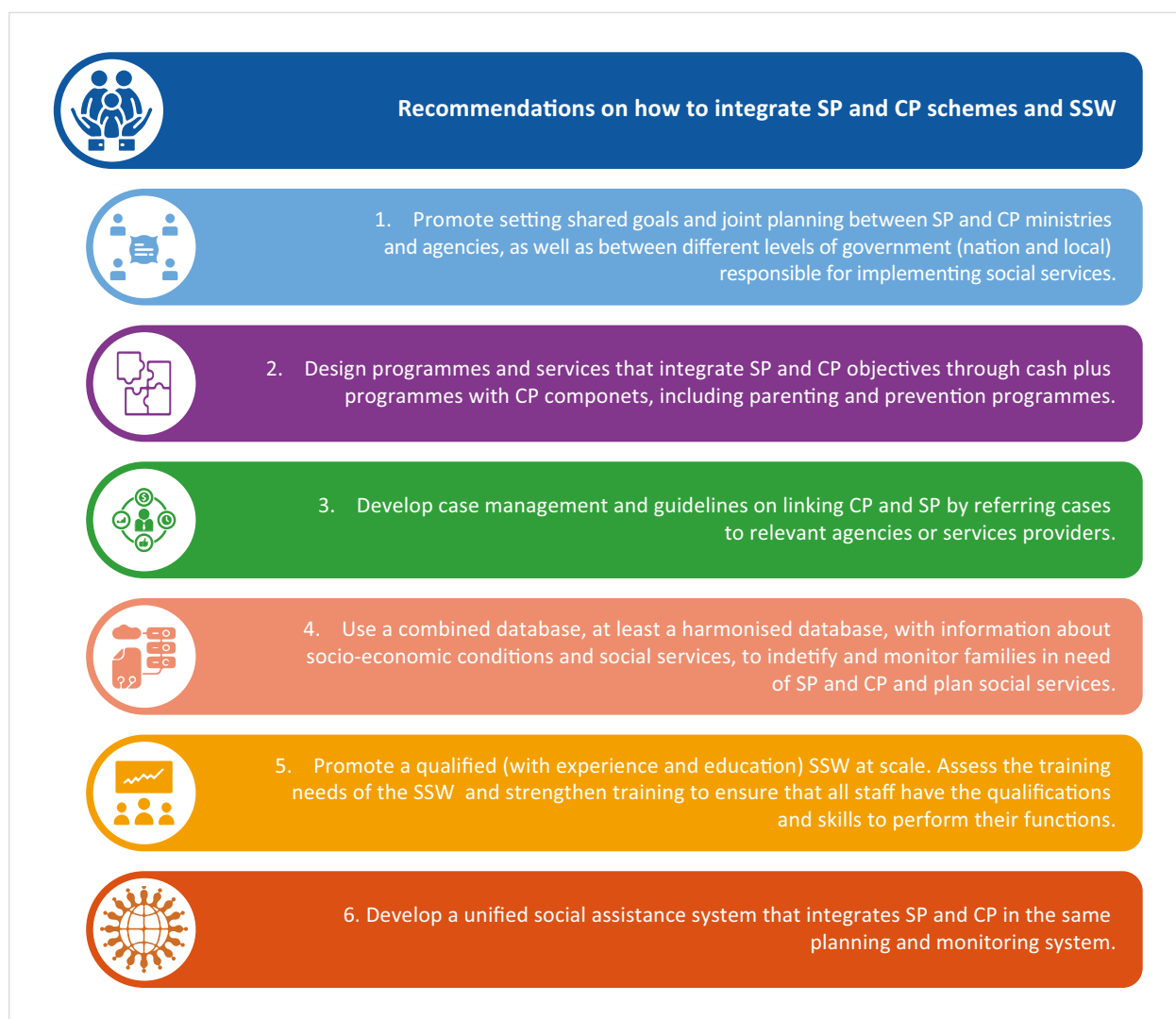
Preparing the SSW to deal with SP and CP cases requires a SSW at scale that is qualified (with experience and education). For this, the training needs of the SSW need to be assessed to develop training that ensures that all staff members have the required qualifications and skills to perform their functions. Supervision systems including performance management, regular coaching, practice standards and client feedback and complaint mechanisms have been demonstrated to be effective in developing qualified social services. The Morocco and Brazil case studies are examples of how to implement SSW training in SP programmes and systems.

Recommendation 6: Develop a unified SP system

Ideally, SP systems should be designed with the objective of integrating CP. This means that children's specific needs and rights should be one of the objectives of SP, and CP programmes should be integrated and implemented through a holistic approach. This is the case in Brazil, where children's rights are guaranteed by law, and the unified SP system is one of the main actors responsible for providing CP programmes. The SP system in Brazil was designed to incorporate specific programmes for children and families.

These six key recommendations are shown in Figure 5.

Figure 5. How to integrate social protection and child protection through the SSW



Source: Authors' elaboration.

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