Social Work Practice in Institutional Childcare System: The Case of Governmental Childcare Institutions in Addis Ababa

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This is to certify that the thesis presented by Rahel Assefa entitled: Social Work Practice in Institutional Childcare System: The Case of Governmental Childcare Institutions in Addis Ababa and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work compiles with the regulation of the University and meets the accepted standards with respects to originality and quality.

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Abstract

Social work is a practice based profession that requires the professionals to be equipped with knowledge, skills, values and ethics of working with others. Social work in institutional childcare is one area of social work practice. Social workers in institutional childcare system work with OVC, by giving different services to meet OVC needs. The purpose of the study was exploring social work practice in governmental childcare institutions of Addis Ababa.Cross sectional, exploratory and case study qualitative research method was used. Out of non-probability sampling, purposive sampling was used to select seven participants of the study, which included "social workers" supervisors or managers of the governmental childcare institutions and the "social workers" of the governmental childcare institutions. Primary and secondary data were collected through in-depth interview, key informant interview, observation and document review. The finding of this study shows that "social workers" play a major role in family tracing, care giving, assessment, facilitating different services for OVC, advocacy, system development and research. The study indicated that there is a lack of understanding about,what professional social work practice is about. There is lack of practicing social work knowledge related to social work theory, skill, ethics and value. Social workers use the knowledge from their practice experience with OVC. Plus, communication,assessment and collaboration skills are used by social workers, when they are working with OVC. Giving love, confidentiality, consent and not abusing children are the values and ethics that guide social workers practice. Challenges of social work practice were also identified as lack of; coordination, time, material and motivation to practice social work. On the other hand, two major prospects of "social workers" were identified and they are having open place to work with OVC andgettingtraining opportunities.

Key words: social work, governmental childcare institution, orphan and vulnerable children

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Acronyms and Abbreviations

AIDS - Acquired Immune Deficiency Syndrome

BSW- Bachelor of Social Work

BoWCA- Bureau of Women and Children Affairs

CSWE- Council on Social Work Education

GO- Governmental Organization

HIV - Human Immunodeficiency Virus

MoWA - Ministry of Women Affairs

MSW- Master of Social Work

NASW- National Association of Social Workers

NGO- Non Governmental Organization

OVC - Orphan and Vulnerable Children

USA- United States of America

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CHAPTER ONE: INTRODUCTION

1.1. Introduction

Social work is a profession which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance their wellbeing. Social work intervenes at the points where people interact with their environments by using theories of human behavior and social systems. In this process principles of human rights and social justice become fundamental to social work practice (Thompson, 2005). "Social work is a professional activity of helping individuals, groups or communities to enhance or restore their capacity to function in society and creating conditions favorable to this goal" (Weger, 2005, p.4).

From the different settings that social workers intervene at, child welfare is one setting of social work practice. According to Liderman (1995) as cited in National Association of Social Workers standard for social work practice in child welfare setting (2005) stated that, child welfare includes programs and policies oriented toward the protection, care and healthy development of children. Services are provided to vulnerable children and their families by public and nonprofit agencies with the goals of improving conditions that put children and families at risk. This includes; strengthening and supporting families so that they can successfully care for their children, protecting children from future abuse and neglect, addressing the emotional, behavioral, or health problems of children, and when necessary, providing permanent families for children through adoption or guardianship. Consequently the standard has settled the different requirements that should be fulfilled by social workers, to work in child welfare settings (NASW, 2005).

The desire to raise standards and the idea of competence, meaning effectiveness, has a great application in the context of caring for the whole child. Children and young people in residential care in whole need good experiences of care, comfort and control, by using rehabilitative and caring approach.In which social workers are required to simultaneously provide care, comfort and control. Therefore social workers should integrate their roles to the National occupational standard or standard for social workers by showing their competence in making an entry to the group living context of residential childcare. Social workers must have to manage risk, also develop and maintain relationship with individuals, families, careers, groups, communities and others. Generally demonstrating competence in this area is very essential. Therefore social workers must adhere to the social work code of ethics. Similar to all social work settings, good practice in residential care is informed by an ever expanding amount of knowledge. The transition of that knowledge into social work tasks and activities is dependent on the use of skills, which is decisively based on professional values (O'Hagan, 2008).

Since the purpose of this study is to explore social work practice in governmental childcare institutions, investigating the "social workers" practice who are working with OVC in the governmental childcare institutions are essential. Therefore the study is conducted on three governmental childcare institutions of Addis Ababa who have "social workers". In doing so, Kolfe, Kechene and Kebebethehay governmental childcare institutions were selected to explore the social workers' roles, skill and knowledge and values and ethics. In addition, the challenges and prospects of "social workers" in the institutions are investigated. At last the "social workers" practice is assessed by using the existing USA NASW (2005) standard for social work practice in child welfare settings. This standard was used in the study because in Ethiopia there is no standard which is prepared to specifically guide social work practice in child welfare settings. In

addition, most of the time the standard used as a reference for professional social work practices in Ethiopia.

1.2. Statement of the problem

Several studies have been conducted regarding services available in the care of OVC in different parts of the world. Based on the literatures available we can say that orphan care is a well-researched topic. An NGO called, the faith to action initiative (2014) provided a concise overview of a range of studies and findings that inform approaches to caring for orphan and vulnerable children globally. It states that the care should be family-based; to effectively respond to children's individual needs and circumstances. It also discusses key facts about orphans and children living in orphanages by indicating the long term consequence of living in orphanages. Consequently, lack of individualized care is being identified as the long term consequence of living in orphanages and this problem affects OVC social, emotional and other developmental factors.

The involvement of social workers in the care of orphan and vulnerable children has been studied by several researchers. Rotabi, Roby and Bunkers (2016) examined altruistic exploitation in orphan tourism and global social work. They found out that social workers play a major role in practices that promote institution based care by engaging in educational tours, fundraising, service projects and academic internships. The study also identified that since volunteers do not know that institutional based childcare is not advisable in caring for OVC, they are often subjugated in fulfilling their altruistic motives while they engage in potential mistreatment of the children that they aim to serve.

Rosichy and Northcott (2010) in USA conducted a study on the role of social workers in international legal cooperation by working together to serve the best interest of the child. The study found that social workers have a role of social analyst, social catalyst and social activist. Walsh and Trish (1999) studied the nature of child protection practices and changing expectation on the impact of child protection on Irish social work. They found that demoralization is the current issue for social workers. The sense of demoralization comes from the challenges that social workers were facing.

Colburn (2010) explored orphan care and social work practices in orphanages of Accra in Ghana. The finding stated that there is a lack of practicing social work theory specifically in counseling services. Also the study identified problems within the government like corruption, bad bureaucracy and these challenges also exists in the department of social welfare. Branhammar and Edstrom (2012) studied social work with street children in Iringa, Tanzania. The study identified the challenges and opportunities of working with street children. Two challenges are identified, the first one is some street children run away from the institutions because unlike the street in which there is no one to control them in the institution they are controlled by rules and regulations. The second one is economical challenge; there is a lack of budget for the program. The opportunity that is identified by this study is cooperation. By cooperating with other organizations and authorities that work with street children, the personnel's in the program are able to cover the need of the children better. The study also found that the personnel's never force a child to reunification; instead they discuss it together with both the child and the family.

Ngwu (2009) conducted a study on orphan and vulnerable children implication for social work practice in Nigeria. The study revealed that socio-economic factors like poverty, contributed for OVC. Further the study identified implication for social work practice roles as broker of human services, teacher, counselor, advocator, case manager, facilitator, enabler, activist and other roles in health care of OVC. Other similar studies were conducted in Nigeria concerning services for OVC by Ngozi (2011) and Biemba, Walker and Simon (2009). They examined services available to OVC and the studies came up with findings that services like protecting, caring and supporting OVC for their safety, food and nutrition, home based care, shelter, child protection, health care, psychosocial support, education and skill training are given for OVC.

Even if there is a limitation of studies about social work practice with OVC in Ethiopia, the existing studies focus on the care and support for OVC, especially in relation to community based care. Yohannes Mekuriaw (2006) studied community response to provision of care and support for orphan and vulnerable children in Gojam region. The study identified that community response to the problem is low. Only financial and material support is given by different stakeholders like extended family, local HIV/AIDS projects and some community initiatives. HIV/AIDS and poverty were the main factors that attributed to the sever problems of OVC.

Kassaw Asmare (2006) studied the need to strengthen the link between formal and informal community care giving for AIDS orphans in Gondar region. The study has found that the informal community support system has been significantly contributing to the care provision of OVC. Similarly regarding OVC support with HIVAIDS Zewedie Bekele, (2013) explored

community based care and support on the efforts in promoting the wellbeing of AIDS orphan in Addis Ababa Zenebeworke village. The study revealed that communities can get involved in responding to HIVAIDS orphans and in sustainable care and support activities. However the existing program under implementation in the community could not fulfill all categories of HIVAIDS orphans due to limited resources of the community.

Yeshewahareg Feyisa (2015) explored the effectiveness of community coalition services for protection of orphan and vulnerable children in Addis Ababa. Education, health, psychosocial, legal and socio-economic services are the type of support given to the OVC and their guardians. The services impact the children and care givers wellbeing positively in which, it enhanced their education, health, psychosocial, legal and socio economic conditions.

Getnet Tadele, Desta Ayode and Woldekidan Kifle (2013) assessed community and family based alternative child care services in Ethiopia, the study reviled the capacity of the extended family, which has been first in caring for OVC is decreasing but, Ethiopia has an increasing large number of orphans. Children without parental care are at a higher risk of discrimination, inadequate care, abuse and unmet developmental needs. The study indicated that there is lack of proper care for the overwhelming number of children who require comprehensive and urgent intervention. In addition, the problem is worsening by a lack of information about the coverage, quality and impact of the various care options available**.**

The above studies were conducted on the care for OVC in different settings. Also, there are studies that show the experience of developed nations and other African countries in social work practice with OVC. But in Ethiopia even though the school of social work has been giving education for several years, as my assessment is concerned I did not come across any study

concerning social work practice in OVC care. But there are different areas that can be examined regarding social work practice in OVC care like; comparing social work practice in governmental and nongovernmental childcare institutions, social workers cooperation and relation with different stake-holders and the effectiveness of social work service delivery in addressing clients' needs. Even if there are many possible study areas, this study focused on social work practice in the care for OVC in institutional setting. Specifically, it explored the roles practiced, knowledge employed, skill applied, value and ethics used and the challenge and prospects of "social workers" who are working in governmental childcare institutions of Addis Ababa. Therefore this study aim is to fill the knowledge gap on social work practice in institutional childcare system and the findings of the study are also assessed by using the USA NASW (2005) standard for social work practice in child welfare settings.

1.3. Research Objectives

1.3.1. General Objective

The study aims to explore social work practice in Institutional Childcare system at Addis Ababa governmental Childcare Institutions

1.3.2. Specific Objectives

1. To explore the role of social workers in Addis Ababa governmental Childcare Institutions
2. To explore social workers application of skill and knowledge in Addis Ababa governmental childcare Institutions
3. To explore the values and ethical principles of social workers in Addis Ababa governmental childcare Institutions

4. To explore the challenges and prospects of social workers in Addis Ababa governmental childcare Institutions

1.4. Research Questions

1.4.1. General Research Question

What are the social work practices of governmental childcare Institutions in Addis Ababa?

1.4.2. Specific Research Questions

1. What are the roles of social workers in the governmental Childcare Institutions?
2. What kind of knowledge is used by social workers in the governmental Childcare Institutions?
3. What kind of skill is used by social workers in the governmental Childcare Institutions?
4. What are the values and ethics used by social workers in the governmental Childcare Institutions?
5. What are the challenges of social workers in the governmental Childcare Institutions?
6. What are prospects of social workers in the governmental Childcare Institutions?

1.5.Scope of the Study

Taking into consideration the issue at hand to be investigated, the study limit its scope at exploring social work practice in the care for OVC in institutional settings, specifically “social workers” practice related to, role, knowledge and skill, ethics and values and the “social workers” challenges and prospect in their practice is investigated. The study area was on three governmental childcare institutions that have “social workers”. Specifically the study was

conducted on Kolfe, Kechene and Kebebethehay governmental childcare institutions of Addis Ababa, Ethiopia. For this research purpose, the study participants were the "social workers" of the childcare institutions and the "social workers" supervisors or the managers of the institutions. But this study did not include other staff members and the OVC who are getting service from the governmental childcare institutions.

1.6. Significance of the Study

As it is stated in the statement of the problem, there have been several studies on the care of OVC. However, in Ethiopia there is insufficient literature on social work practice in the care for OVC. Therefore this study contributes to fill this gap in the existing literature and contribute to the body of social work knowledge. This study has the importance of contributing to the body of knowledge concerning how social work in governmental childcare institutions is practiced in particular and about social work practice in institutional childcare settings in general. Especially in Ethiopia, the involvement of social workers in OVC care settings did not have much history. As a result, the school of social work could get some clue about social workers contribution to the existing OVC care system.As an exploratory study the research also informs about social workers practice in the care of OVC for governmental and non-governmental organizations like institutional childcare givers or orphanages, policy makers, program developers and justice office professionals.

1.7. Rationale

According to NASW code of Ethics (1996, p.1) "the primary mission of social work profession is to enhance human wellbeing and help meet the basic human needs of all people,

with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty". Therefore as a social worker this reason has initiated the researcher to study social work practice in institutional childcare setting, in order to investigate the social workers contributions in the care for OVC who are vulnerable for different psychosocial problems in one way or another and to see whether the social workers are fulfilling their profession mission.

Getnet Tadele, Desta Ayode and Woldekidan Kifle(2013) study stated that Ethiopia has an increasing large number of orphans and the capacity of the extended family, which has been at the front line in caring for OVC is decreasing. Children without parental care are at a higher risk of discrimination, inadequate care, abuse and a number of unmet developmental needs. The lack of proper care for the overwhelming number of children has been recognized as a severe problem requiring comprehensive and urgent intervention. This problem is worsening by a lack of information about the coverage, quality and impact of the various care options available, like the five alternative childcare options for OVC. They are;community based childcare, reunification and reintegration program, foster care, adoption, and institutional care

Institutional care is one among the five alternative childcare options for OVC and Ethiopia government has built childcare institutions for the care of OVC. The governmental childcare institutions provide service for OVC by recruiting "social workers". In this type of care system thousands of children are being rescued and are being helped. Besides, since the aforementioned study or the study of Getnet Tadele, Desta Ayode and Woldekidan Kifle (2013)has identified that there is a lack of proper care for this large number of OVC who require comprehensive and urgent intervention, this situation initiated the researcher to explore the real

nature of “social workers” intervention in the practice settings, by investigating the roles, knowledge and skill the social workers use, the values and ethical principles “social workers” apply in their practice and the challenges and the prospects of social work practice. Generally, the researcher wants to explore social workers participation in institutional OVC care. Also, the researcher wants to see whether the “social workers” practice is in accordance with NASW standard for social work practice in child welfare. This is done in order to imply options to improve “social workers” practice, so that proper and comprehensive social work service can be given to OVC as it is needed.

1.8. Definition of Terms

Social workers-are graduates of schools of social work (with either bachelor'sor master's degrees). Who use their skills toprovide social services for clients (who may be individuals, families, groups, communities, organizations, or society ingeneral). Social workers help people increase theircapacities for problem solving and coping and help themobtain needed resources, facilitate interactions betweenindividuals and between people and their environments,make organizations responsible to people, and influencesocial policies(NASW as cited in Zastrow, 2010).But in this case social worker is anyone who holds a job title as a social worker in the childcare institutions.

Service- is material and nonmaterial act of help or assistance by social worker.

Role- is a function or part performed by social worker in giving various services.

Ethics and Values- are standards that guide social workers practice or decision making.

Orphan and vulnerable children (OVC) - are children who lost one or both of their parents and/ whose survival and development is put in danger by certain circumstances and are therefore in need of alternative childcare services.

Institutional childcare – is a legal humanitarian institution of childcare that provides residential care to orphan and vulnerable children.

Caregivers-are personnel's who providecare and support for the OVCin the provision of basic needs such as shelter and food.

CHAPTER TWO: LITRATURE REVIEW

2.1. Introduction

A brief historical overview of social work practice and OVC care is presented in order to provide a foundational knowledge on the development of social work profession and orphan care. Under this, historical development of orphanages is presented. The literatures related to this study focuses on social work practice with OVC. When practicing social work in the care of OVC, social workers give different services and take different roles. They also use different social work knowledge and skill. Therefore literatures related to service of social workers, role of social workers and knowledge and skill of social work are included. Similarly, ethics and values of social work in the care for OVC, the challenges and prospects of social work practice are also discussed. At last what professional social work practice is all about is conversed and a summary of the literature review is presented.

2.2. History of Social Work Involvement in OVC Care: The Global Picture

The 1601 Elizabethan poor law has played a significant role for both development of social work profession and for the care of OVC. Mothers with children were placed together in alms houses and dependent children or children whose parents or grandparents are unable to support them were trained to do different tasks. The Elizabethan Poor Law established three categories of relief recipients; the first category was the able-bodied poor. This group was given low-grade employment, and citizens were prohibited from offering them financial help. Anyone who refused to work was placed in jail. The second category was the impotent poor. This group was composed of people unable to work like; the elderly, the blind, the deaf, mothers with young

children and people with a physical or mental disability. They were usually placed together in almshouse (institution). If the impotent poor had a place to live and if it appeared less expensive to maintain them in the institution, they were allowed to live outside the almshouse, in which they were granted outdoor relief, usually in kind (food, clothing and fuel).The third category was dependent children. Children whose parents or grandparents are unable to support them were apprenticed out to other citizens (Zastrow, 2010).

Zastrow (2010) further stated that, in 19th century the number of childcare institutions called orphan asylums grew. The institutions' purpose was to discipline, control, and reform American troubled children and youths. At the end of the century there were a lot of institutions for the care of troubled children and the institutions segregate children from adults, including their families. This action was also done with an attempt to segregate dependent children from delinquent children. The child caring institutions were characterized by overcrowding, poor staffing, rigid disciplining and monotonous routing which resulted in not being able to consider institutional care as the solution to children needs.

Thus, from 1900-1925 policies and programs that emphasized deinstitutionalization were initiated. At this time social work become one of the important sources of resilience of institutional responses. The profession faced mixed feelings. In one hand, social work profession supports deinstitutionalization in the care of dependent, neglected and troubled children on the other hand; the beginning of the profession was highly influenced by the emergence of social science paradigm in the progressive era. The paradigm provoked social work profession with promise of definite answers to social ills. Also there was a more central place in society for

social workers who were seeking professional status which challenged social workers (Petr, 2003).

Shireman (2003) stated that during the progressive era in the late 19th and early 20th century, which was the time when social workers and child welfare workers were most closely aligned or work together, social workers introduced the idea in child welfare practice of changing the community conditions in which children grew. This dual emphasis on child protection and family enhancement endure the progressive era. The link between social work and child welfare is that both professions focused on developing communities to provide the opportunities people need while using clinical skills to work with children and their families.

In USA, children who were dependent on the state for care and children whose parents were unable to support them were housed in almshouses that benefited orphans. Orphans were send off from crowded urban environments to rural foster families and where given training to learn productive trade. This is done because there was a belief that work could cure orphaned children social ills and this trend was similarly popular; in the Soviet Union in which there were labor group homes for homeless and orphaned children. The goal of these services was to see that basic needs were met and that children were raised to follow their community moral perception, principles and contribute to the community economic wellbeing in general(Disney, 2015)

Even if the early orphanages were indeed for orphans, following epidemics or historical events that resulted in the death of many adults who leaved children without care, the orphanages soon began to care for children of impoverished families. Particularly there were families in which one parent had died and the other parent needed care in order to work. In 20th century the

merits of family home verses institutional care were sharply debated. One of the arguments was adequate supervision of foster homes. Local family foster care became the preferred mode of care for children who could not remain in their own homes. There was a discussion about the use of institutional care for older children to relive the demand for places in the foster care system. But recent federal legislation in United States accelerated the movement of children out of foster care and in to adoption which currently put foster care system in crisis(Disney, 2015).

In Europe and in Russia the majority of orphaned children are what would be termed 'social orphans'; they are children who have a living parent unwilling or unable to care for the child. In European countries, as populations enlarge the need to create spaces of care for orphaned children becomes evident. Early examples of spaces for orphan children include France and Italy 'foundling hospitals' which cared for abandoned children. These spaces were highly normative and imbued with religious principles of parenthood and childhood. In France the penal colony for juvenile delinquents known as Mettray was founded in 1840. Mettray's perceived success with its rural location, and emphasis on making its residents work popular and led to similar institutions appearing in Britain and the Netherlands (Disney, 2015).

In Britain by the end of 20th c. very few children remained in institutions as a result of the movement to shift children from institutions to homes. In Germany institutional care is more acceptable because parents preferred it. In less developed countries institutions are common and acceptable because they provide food and shelter for children. Also it is a primary mode of care for dependent children. But recently the countries child welfare agencies are striving to build foster care systems and encourage adoption by recognizing the damage that institutional care can do to young children (Shireman, 2003).

2.3. OVC Care Services

According to the study of Biemba, Walker and Simon (2009) about care for OVC in Nigeria, different stakeholders participate from national to international level. Services provided by the government and NGOs include; food and nutrition, home based care, shelter, child protection, health care, psychosocial support, education and skill training. And they identified five models of care. They are community based care, informal foster care, institutional care, home based and mobile care.

The first model of care is community-based care. It is the most dominant model and is promoted by the National policy. It ensures the OVC grow and socialize into their communities where they can grow into productive adults for meaningful contribution into development. The second model is Informal foster care. It is part of the community response whereby OVC are placed in families within the extended family system or unrelated but willing families in the communities. Women and extended family network are care givers. The third one is Institutional care. It is mostly an urban arrangement. It is stipulated that Institutional care should be a last resort and should be a temporary arrangement,until OVC are placed into homes in the community (Biemba, Walker and Simon, 2009).

The study identified that the institutions are largely not well monitored. It is not clear how many young people live in such institutional arrangements therefore; the situation regarding institutional care is hazy and may pose great hazards to the long-term wellbeing of OVC. The last model is mobile care. It provides for the needs of homeless/street children, especially in the urban centers. Some organizations supply for the needs of these children through mobile services and outreach work in market places, public garages and motor parks, where these children tend

to assemble. Such care includeseducation, nutrition, sports therapy, healthcare, sexual and reproductive health, and livelihood skills. Some of the organizations offering these services assist with reuniting and reintegrating these children into their families and/or communities (Biemba, Walker and Simon, 2009).

When we come to Ethiopia, Ministry of Women and Children Affairs has stated general types of services for OVC. They are: - shelter, food, supplementary nutritional assistance, academic and/ vocational education, care and affection, health care and counseling, play and recreation, psychosocial services, legal protection and special care and attention for children with disabilities. The general objective of the Alternative Childcare Guideline is to establish a regulatory instrument on childcare systems with a view to contribute towards improving the quality of care and service provided by governmental and nongovernmental organizations involved in child care and advance the welfare of the orphans and other vulnerable children (OVC) in the country. The ministry has also developed five alternative childcare guidelines in order to provide services to OVC. The alternative childcare guidelines are; community based childcare, reunification and reintegration program, foster care, adoption, and institutional care (MoWA, 2009)

Community based childcare is mobilizing the community, the community resources and indigenous knowledge with the goal of addressing the needs and rights of OVC in a sustainable manner. Since it is cost effective and has greater advantage of reaching large number of target children in a given community, it is believed to be a better alternative than the others. The type of services under this guideline includes; food, education, health, economic support, psychological support and counseling, parenting education and legal protection (MoWA, 2009).

The MOWA (2009) alternative child care options regarding reunification and reintegration program states that, it is important to reunify children separated from their parents/relatives due to natural or manmade catastrophe. Organizations engaged in institutional care have a responsibility to implement reunification/reintegration as an ongoing and integral part of their services. This is done because children can best develop a feeling of security, physical/mental health and personal identity within their families. The services are classified under the three processes of reunification and reintegration phases. The reunification phases are: - pre-reunification phase, reunification phase and post-reunification phase. The reintegration phases are: - pre-reintegration phase, reintegration phase and post-reintegration phase. Different kinds of services are delivered in each phases in both reunification and reintegration phases. Some of them are; counseling the child to avoid possible adjustment difficulties, transportation, providing necessary, material and financial support to the child's parent/s or members of extended family to cover costs that may arise due to inclusion of the child in to the family. Also services like follow-up which include the child's development, providing guidance and counseling focusing on vocational and career development of the youngsters to raise the psychological readiness of the target children and a startup capital based on the approved business plan to enable the child to launch his/her own small scale business are given (MoWA, 2009).

Foster care guideline listed the roles and responsibilities of foster family care organization, a foster family and a relevant authority. Under each of the concerned bodies several services are given. For example foster family care organization with respect to a foster family, has the obligation to cover the expenses necessary to care for the child placed in foster care if the

foster family does not volunteer to cover the expenses and have to pay the foster parent/s a service fee if the foster parent/s does/do not volunteer to give service for free (MoWA, 2009).

Adoption guideline provides the roles and responsibilities of; adoption service providers, institutions that provide adoption service and Ministry of Women Affair's (MoWA). This include sensitizing the public to encourage domestic adoption, make sure that the employees they hire have the required, qualifications and experiences in the areas of childcare and supporting every effort being done to encourage domestic adoption (MoWA, 2009).

The alternative child care guideline stated that Institutional childcare should be used as a short-term alternative care strategy and only as a last resort when all other types of childcare options have been exhausted. This is done because of the impact institutions have on childrendevelopment, like the vulnerability to abuse within the institutional settings and the high operational costs such institutional care often requires. The types of services to be provided by childcare institution can be grouped into three categories of basic services, psychosocial services and alternative childcare services (MoWA, 2009).

A study conducted by Getnet Tadele, Desta Ayode and Woldekidan Kifle, (2013) identified the distribution of services for OVC and agencies across Ethiopia. The relative distribution of services indicates that 90 % of agencies provide family-preservation services that are meant to support families and prevent the unnecessary separation of children mainly due to poverty. 45% of the agencies provide reunification services, 39 %provide adoption placement services (almost all inter-country adoption), 29 % of the 39 % provide domestic adoption-placement services and few agencies (11 %) provide foster care. A higher proportion of faith-based institutions are based outside Addis Ababa.

The assessment also indicated the capacity of staff involved in providing services has major shortfall in the availability of staff with specialized qualifications and this doesn't go with the Ethiopia national standard. Only 31 % of agencies reported having one or more psychologists, only 51 % reported having at least one social worker, and only 48% have at least one health worker. The assessment also looked into the availability or application of a range of procedures and mechanisms during pre- and post-service. A large proportion of agencies indicated they have no child-protection policy to guide the conduct of their staff and provision of services and no written eligibility criteria to inform the screening of children for service eligibility. Further qualitative investigation revealed complaints by community members about screening procedures not being appropriate or not being applied appropriately, which results in constraining access and application of the principle of continuum of care (Getnet Tadele, Desta Ayode & Woldekidan Kifle, 2013).

There is small number of agencies providing childcare services in the five regions compared to the huge demand. Few of these agencies provide linkages and referral systems to meet the needs of children that their services do not meet. This results in a limited access to continuum of care options for OVC. Half of the agencies providing community-based child-care services include services for disabled children. Some respondents of the assessment indicated the underwhelming level of integration of services for children with special needs. They emphasized how children with disabilities are under the radar of care-giving institutions, a situation that is worsened by traditional notions that discriminate against such children. For children whose safety and well-being is undermined or threatened emergency placement service, is provided by only a little over half of the agencies that provide foster care. And in participation, it was found

that not all agencies make provisions for children to exercise their right to participate in activities and decisions that affect their lives. (Getnet Tadele, Desta Ayode & Woldekidan Kifle, 2013).

2.4. Role of Social Workers

Social workers take different roles in delivering services to OVC. For example a social worker who works with children can serve as a case coordinator who facilitate sharing of information and promote collaboration in the child's best interests. Each setting has its own group of professional experts who have input regarding the child's problem. In addition, each situation dictates its own unique protocol for the involvement of special personnel to evaluate and treat a child with problems. Therefore social workers can have the role of clinician, case manager, consultant, and advocate (Webb, 2003).

Rosichy & Northcott (2010) in USA conducted a study on the role of social workers in international legal cooperation, in working together to serve the best interest of the child and it was found that social workers have a role of social analyst, social catalyst and social activist. In taking social analyst role the social workers assess the situation and help people understand their options. In social catalyst role social workers are responsible for the provision of services that will bring about change for the individual, family, community, or system. In individual level, social workers will: use information gained from an initial assessment to link children and families with needed services (e.g., counseling, medical, educational, legal, mediation); facilitate intra and inter system coordination by coordinating services in one domain (e.g., health) with services in another (e.g., employment) and/or provide services directly (transportation, counseling, preparation for court, advocacy, high quality assessments for both

children and families, child welfare check, search for relatives, background check). On a broader level, social workers also advocate for systemic change.

In taking social activist role social workers work to sustain change at all levels. In the case of individuals and families who have adopted a child domestically or from abroad, social workers are advocating for government funding for post adoptive services to help support the placement and to help prevent a possible adoption disruption. In the case of a family conflict resulting in a child abduction by a parent and his/her subsequent return, social workers provide services to assist the child with his/her reintegration process. In the case of immigration detention, social workers are changing their practices to better identify and serve families that could be affected by immigration detention (Rosichy & Northcott, 2010).

Ngwu (2009), study identified the role of social workers in giving services for OVC as; broker of human services, teacher, counselor, an advocate, a case manager, facilitator, enabler and the role of an activist. Social worker as a broker links OVC to appropriate human services and other resources. The social worker is always placed in a position of being the professional person most likely to facilitate linkage between the OVC and community resources. The social worker as a teacher prepares the OVC with knowledge and skills necessary to prevent problems or enhance social functioning. Social worker help OVC change dysfunctional behavior and learn effective patterns of social interaction. Social worker as a counselor or clinician helps the OVC to improve their social functioning by helping them to better understand their attitudes and feelings, to modify behaviors and learn to cope with problematic situations. The OVC's situations must be thoroughly understood and their motivation, capacities and opportunities for change is assessed.

Social worker as an advocate becomes the speaker for the OVC by presenting and arguing their cause. Social worker as an advocate plays an important role of reconciliation, liberation, and recovering of deprived properties and rights of people. This is especially done for the disadvantaged groups such as the OVC (Ngwu, 2009).

Social workers can play preventive as well as therapeutic roles. Through an understanding of implications of various high-risk situations, the social work can aid the OVC and their families to anticipate problems and cope more effectively. The social worker's role is to emphasize the functioning capacities of the orphans, help reduce pressures, promote rehabilitation and prevent unnecessary dysfunction. Where there are social and emotional factors which complicate the OVC's physical adjustment, the social worker is part of the team which evaluates the OVCability to maintain themselves. Where recovery is hindered because of economic deprivation, inadequate housing, family tension or lack of understanding, the social worker will be called upon (Ngwu, 2009).

Social work in health care, particularly in working with OVC is one of the fastest growing occupational areas today. Social workers provide direct services to the families of OVC living in poverty, advocate for programs and policies that improve the lives of the poor and reduce poverty at the community, state and federal levels, and develop and administer policies and programs that serve Nigeria's poor (Ngwu, 2009).

2.5. Social Work Knowledge

Social workers must be able to draw on and to use knowledge. This helps them to be effective in their practice. Knowledge is also required by guideline documents of social work

theory and practice. Therefore it is important to know what the term ‘knowledge’ means and how it relates to social work practice. Three areas constitute knowledge. They are; theoretical, factual and practice knowledge. These three types of knowledge overlap and intertwine. Sometimes it becomes difficult to make any distinctions and becomes arbitrary. Theoretical knowledge and theory is similar. Theory describes and explains why things happen. Theory in social work is used in an attempt to make sense of the world or particular events. Also it is useful to predict what is likely to happen in a given situation and can guide our decision making (Trevithick, 2005).

When we talk about social work knowledge the use of theory has a paramount importance. According to Maidment, (2000) theory is in place to inform the work in practice. The aim of using theory in social work profession has dual purpose. The first one is it is used to provide a means for predicting behavior in different circumstances, and the second one is, it is used to provide a framework on which to base informed decisions in client interventions. Overall in the absence of any systematized approach to address client concerns and problems, theory can be used as mere imagination for application.

The second type of social work knowledge is factual knowledge. Trevithick(2005 p.37) described factual knowledge as; “it is often used to confirm or refute theories, or to describe theories in ways that are accessible, provable and applicable outside the domain of theory”.Other terms of factual knowledge are; facts, data, statistics, figures, records, research findings and evidence or proof.

According to Trevithick (2005) practice knowledge describes how knowledge can be used in different practice situations to produce sound judgments and effective decision making.

There are different terms that have been used to identify and to enhance practice effectiveness. They are; professional uses of self, critical reflection, critical thinking, practice wisdom and the importance of developing hypothesis. Professional use of self draws on what we already know about ourselves, what we continue to learn when we encounter new experiences and what we learn through our contact with others. Critical refection/reflexivity calls for practitioners to review critically their assumptions and reasoning. According to (Gambrill, 1997 as cited in Trevithick, 2005 p.46) critical thinking involves the careful examination and evaluation of beliefs and actions in order to arrive at well-reasoned ones. Stepney 2000 as cited in Trevithick, (2005 p.47) stated that "practice wisdom refers to wisdom derived from experience and personal knowledge about what works in a given practice situation".

According to USA NASW standard for social work practice in child welfare(2005), there is standard about the knowledge requirement of social workers who are working in child welfare. Standard 5 stated that social workers in child welfare shall exhibit a working knowledge of current theory and practice in child welfare to include obedience with state and federal child welfare laws. They shall possessknowledge related to child development,parenting issues, family dynamics, and thecommunity/local systems where the client lives in.

2.6. Social Work Skill

According to O'Hagan (2007) skill is a word that is often used interchangeably with components such as competence, intervention and techniques. Skill is a practical knowledge in combination with ability, cleverness, expertise knowledge or understanding of something. Skill can be defined in terms of social work values, ethics and obligation in order to get adequate view of the nature of skill. Skills involve an organized and coordinated activity in relation to an object

or situation in ways that underlie performance, skills are learned gradually through repeated experience and they involve actions that are ordered and coordinated in temporal sequence or in chronological order.

In broad terms skills can be categorized in to generalist and specialist skills but they can be putted in three levels that social workers must have. They are; Basic skills; they are skills the social workers use open and closed questions or provide information on resources. Intermediate skills; are skills that are needed to deal with difficult situations such as working with service users who we find difficult to engage or who come across as withdrawn and unresponsive.Advanced skills; they are skills of being able to work with problems that are multifaceted and interchangeable or in situations involving conflict, hostility or high levels of distress (Trevithick,2005).

Communication, listening and assessment skills are very important for social work practice. Communication skill especially good listening and interviewing skills are very important for effective social work practice. Communication is the verbal and non-verbal exchange of information. It also includes the way knowledge is transferred and received. To understand other person social workers must look into the person world of meaning and their social world. Social workers also need to learn to ask good questions that can provide relevant and detailed information. They need to watch for clues as well. Nonverbal communication appears mostly in symbolic and in body language form. Listening skill can be part of communication skill. Listening skill is about learning on how to reach the emotions and thoughts of others. When listening to others social workers must follow the speaker by being non selective or nondirective and they must try to minimize their personal bias and stereotypical assumption.

Listening provides a creative opportunity to show social workers commitment and care (Trevithick, 2005).

Assessment has an essential role in social work. It helps to understand particular problem and its causes, so that social workers will be able to work effectively with clients to help them bring a change. According to (Coulshed and Orme, 1998 as cited in Trevithick, 2005 p.127) "assessment is an ongoing process in which client participate, whose purpose is to understand people in relation to their environment; it is a basis for planning what needs to be done to, maintain, improve or bring about change in the person and the environment or both".

In relation to social workers knowledge and skill, NASW (2005 p.11) standards of social work practice in child welfare standard 1 has stated that; "child welfare requires knowledge and skills in assessment, active engagement and intervention. Also social workers need to have knowledge and skill in the use of authority and expert ability to negotiate and manage appropriate community resources".

Regarding social work administrator's knowledge and skill, NASW standard for social work practice in child welfare standard 16 declared that social work administrators in child welfare shall ensure appropriate, effective service delivery to children and families. The administrator, in accordance with legal mandates, shall establish the policies, procedures, and guidelines necessary for effective social work practice in child welfare. The administrator is expected to have a graduate degree from a CSWE accredited social work program and at least five years post graduate, direct child welfare experience, be competent in management activities such as budgeting, financial planning, public speaking, fund raising, and navigating the political

process, be licensed to practice social work as prescribed by law in his or her state and hire social work staff with BSW and MSW degrees, demonstrated work skills, and characteristics that reflect the ethnic composition of the clientele served by the agency and establish a salary schedule that is fair and reasonable with regard to the social worker's education, work experiences, and job responsibilities. Also recruit and allocate program funds sufficient for emergency, ongoing, and family support services and establish operational definitions of child abuse, neglect, sexual abuse, emotional abuse, and exploitation of children. (NASW, 2005)

Furthermore, the administrator should work to constantly improve services to clients by using written policies and procedures for monitoring day-to-day program operations to include: continuous quality improvement systems; workload and caseload size; clients' rights; training for leadership; and work environment safety. In the standard there are sub sections that are related to the issues of continuous quality improvement, workload and caseload size, clients' rights, training for leadership and work environment safety. In relation to knowledge and skill incontinuous quality improvement section it is stated that administrators shall use supervision and self-evaluation as tools for improving individual knowledge and skills. Supervision and self-evaluation offer opportunities for social workers to examine the effectiveness of the services provided. In training for leadership section it is stated that, the social work profession focuses heavily on the need for professionally educated and trained social workers to carry out the direct services work in child welfare settings. The social work profession should also train social workers to fill upper-level management positions in child welfare agencies to ensure that leadership decisions are made using social work skills and values. Social workers practicing as administrators in child welfare agencies should meet the educational and experience expectations as set forth in this standard (NASW, 2005).

2.7. Ethics and Values of Social Work

In general Ethiopia doesn't have a standard or a guideline for social work practice. Therefore this study used NASW standard for social work practice. Specifically NASW code of ethics and NASW standard for social work practice in child welfare setting are used to assess social workers ethics and values.

National Association of Social Work (NASW, 2005) standards for social work practice in child welfare. Standard 1 states that "social workers in child welfare shall demonstrate a commitment to the values and ethics of the social work profession, emphasizing client empowerment and self-determination, and shall use the NASW Code of Ethics (1999) as a guide to ethical decision- making". The NASW Code of Ethics establishes the ethical responsibilities of all social workers with respect to themselves, clients, colleagues, employees and employing organizations, the social work profession, and society. Acceptance of these responsibilities guides and fosters competent social work practice in all child welfare tasks and activities. As an integral component of the child welfare system, social workers have a responsibility to know and comply with local, state, and federal legislation, regulations, and policies. Legal and regulatory guidelines as well as administrative practices may conflict with the best interests of the child and/or family. In the event that conflicts arise, social workers are directed to the NASW Code of Ethics (1999) as a tool in their decision- making.

There are five core values embraced by social workers throughout the professional history. They are foundations of social work unique purpose and perspective. The values are: service, social justice, dignity and worth of person, importance of human relationships, integrity and competence.

1. Value: service

   Ethical principle: social workers primary goal is to help people in need and to address social problems.

2. Value: social justice

   Ethical principle: social workers challenge social injustice.

3. Value: dignity and worth of the person

   Ethical principle: social workers respect the inherent dignity and worth of the person.

4. Value: Importance of human relationships

   Ethical principle: social workers recognize the central importance of human relationships.

5. Value: Integrity

   Ethical principle: social workers behave in a trustworthy manner (NASW, 1999 pp.7-8).

NASWcode of ethics (1999) also developed other ethical standards for social workers. The standards are important for the professional activities of all social workers. The standards are under six categories and the categories are; social workers ethical responsibilities to clients, social workers ethical responsibilities to colleagues, social workers ethical responsibilities in

practice settings, social workers ethical responsibilities as professionals, social workers ethical responsibilities to the social work profession and social workers ethical responsibilities to the broader society. In the ethical standard of social workers ethical responsibilities to clients, there are sixteen standards that guide the social workers ethicaldecision making, among them informed consent and confidentiality can be stated as an example. Regarding informed consent the ethical guideline states that social workers should provide services to their clients based on professional relationship. To inform; the purpose of services, risks, limits,alternatives, the right to refuseor withdraw consent and about time frame of the consent for their clients, they should use clear and understandable language and provide their clients the chance to ask questions. Regarding confidentiality, it is stipulated that social workers except for professional reasons should protect the confidentiality of all information they got in giving service to their client. But confidentiality can be broken if disclosure of client information is necessary to prevent serious, foreseeable and imminent harm to the client or other person.

2.8. Challenges of Social Workers

Effective care planning remains one of the most significant challenges facing social services. Social workers could organize, prioritize, take positive decisions about what they will do and plan the assessment. Even though planning is a continuous process like assessment, it need of constant review and updating and one which overlaps with other phases in the social work process. But, accepting that planning cannot be easily divorced from other elements in the social work process is important (Aldgate and Statham, 2001 as cited in Butler and Roberts, 2004)

The study of Zastrow (2010) indicated that working with family group decision making requires a new approach to family-centered practice. Therefore social workers must expand their ideas about the family to recognize the strength and centrality of the extended kinship network, particularly in communities of color. In this situation the use of the strengths perspective is critical. Social workers must understand the greater investment of kin in the well-being of the child. They should also understand that, even when parts of the kinship system may seem to be dysfunctional, the healthier kin-folk can assess and deal with the problem. In this situation the greatest challengefor the social worker is incorporating the sharing of power or returning of power to the kinship network, this is because, since social workers have assumed a power role, they may find it difficult to give up a sense of control.

Colburn (2010) stipulated that in general there are bad bureaucracy problems within the government and in department of social welfare. Within the government there are corruption problems. Also in some orphanages where the study was conducted on, there is a lack of practicing social work theory, specifically in counseling services, available to the children. The study indicated that problem of bureaucracy in Ghana is visible in every aspect of governmental activity. Although there are only a few state recognized orphanages around the country, there are countless smaller private orphanages.

The rise of orphanages around the country has been accompanied by corruption and scandal. In addition the researcher discovered that many people have opened orphanages in Ghana as a money making business. They seek donations and keep the money for themselves. Consequently corruption like this has discouraged people from giving donations to orphanages because they are unsure of where the money is going. Social work in Ghana is entangled with the

problem of not having equipped social workers to adequately monitor and care for the orphaned children of Accra. Every person the researcher interviewed (aside from the care worker at Osu Children's Home) explained that, there is corruption that exists within the department of social welfare and a lack of effort on the part of the department to reach out and help private organizations. For instance another three orphanages explained that the care reform will be ineffective until the department itself changes, and is able to employ social workers who can carry out the terms of the reform (Colburn, 2010).

Branhammar and Edstrom (2012) identified two challenges of working with street children. The first one is some street children run away from the institutions because in the street there is no one to control them but in the institution they are controlled by rules and regulations of the institution. On the street, children are building a solidarity that creates their new familywithin peer-groups which could be hard to leave. They also have a power on taking care of themselves and making their own decisions. For that reason if they go home or to the shelter this freedom is hold back by rules and requirements that are placed upon them. These could cause the risk that the children interest in the intervention decreases and that they most likely will end up back on the street, in which they are eager to take charge of their own lives again. But, if the personnel use empowerment, by involving the children in decisions and planning under structured and controlled forms. By showing them trust and respect, this will increase the probability of a successful intervention towards the children autonomy.

The second one is economical challenge, in which there is a lack of budget for OVC services. Since the activities have to be adjusted in accordance with the budget of the program, the donors have a great impact on this, and the OVC-program has a long-term financier. The

personnel at the program continuously document their activities and budget; they also send regular reports to the donor. The demands from donors help to ensure that the money goes to the activities of the program and to their work towards fulfillment of the assignment. Though the program is relatively new, a complete annual report has not yet been conducted and it is hard to determine a true result so early. For example reunification is a process that takes time to complete. However, it is shown that the program makes progress when it comes to reduce the number of street children from Iringa. There are some children who are reunified with their families, some get their basic needs met at the shelter and are provided educational service (Branhammar& Edstrom, 2012).

Demoralization is the current issue for social workers. The sense of demoralization has grown with in social work profession because of three reasons. The first one is there is a growing dominance of child protection discourses which located social workers and clients in opponent positions. Even if social services in health boards were expected to respond in particular to the social needs of children and families, people with disabilities and old people, social workers of the health boards provided almost exclusively child protection services. Second social work become an increasingly public and political activity in which a number of cases were discussed in media as well as in various formal inquires, social workers were facing complex cases and were feeling personally accountable for their professional practices. Third social work was increasingly being framed by legal discourses until childcare act and children act had provided legal basis for child protection in Ireland (Walsh &Trish, 1999).

2.9. Prospects of Social Work Practice

According to a study conducted by Branhammar and Edstrom (2012) about social work with street children in Iringa, Tanzania, personnel who provide services for street children use their cooperation with other organizations and authorities that also work with street children as an opportunity to give services. Therefore they are able to cover the need of OVC better. The OVC-programoverall goal is to reduce the number of street children in their region and the collected data shows different short and long-term goals that are used in order to fulfill it. The short-term goals include the basic needs such as shelter, food and clothes are provided with these services. The long-term goal is to get the children self-sustained and independent in order to achieve autonomy and a better life. One major component to achieve this is through education which is offered for each child. Another important component in their work to reduce the number of children on the street is the personnel's work with reunification between children and their families.

There is a large amount of street children in Iringa and the program goal is to reduce the number of street children from the Iringa region, the study indicated that the respondents do not think that they are able to help every child due to the economical preconditions. The study also found that in reunification of children, since some children do not want to go back home it hard to help them. But in the program, the personnel's never force a child to reunification; instead they discuss it together with both the child and the family (Branhammar & Edstrom, 2012).

(Cameron and Boddy, as cited in Kendric, 2008)It is stated that residential childcare in Denmark and Germany is conceived as a positive placement choice for young people, an opportunity for therapeutic and developmental intervention. By contrast, the English approach

has conceptualized residential care as an emergency short-term option or a ‘last resort’ for young people.

The other opportunity of working in residential childcare or life space is the opportunity for the development of close working relationships between young people and staff. These relationships can be extremely positive young people in residential care had greater opportunities to find someone with whom they could make a connection and build up a trusting relationship (Brendtro & Ness, 1983 as cited in Kendric, 2008).Working in the life space, therefore, involves the conscious use of the everyday opportunities that present themselves in residential work, to engage meaningfully with children and young people about what is happening in their lives (Lefrancois, 1999 as cited in Kendric, 2008).

For misbehaving children, workers need to maintain an appropriate balance between understanding where particular behaviors might be coming from in terms of past experiences and presenting a safe and authoritative adult response in the ‘here and now’. This is called meaning making (Smith, 2005 as cited in Kendric, 2008). Meaning making is highly relevant to life space interventions. If an event occurs in a residential unit, both staff and young people involved in the event will create a meaning for the event based on their current circumstances, their past experiences and the environment and culture around them. If the workers understand the process of meaning-making for the young person, their helping interventions with them can be much more effective (Garfat, 1998, 2004 as cited in Kendric, 2008).

2.10. Professional Social Work Practice

Existing literature state that professional practice is the applied use of professional social work knowledge, values and skills to address the concerns of the persons seeking help (Higham, 2006).At the same time as the social worker knows and acts on what he/she stands for, the social worker also stretches him/herself to seek to know more and to do better than he/she knows and does today. Contemporary practice in social work requires the process of partnership between the person and the social worker rather than a power imbalance where the social worker or other professional worker makes decision without full regard for the wishes of the person who uses services (Higham, 2006).

When we talk about social work competence we talk about knowledge, skill and value because competence is the product of knowledge, skills and values. Competence includes the abilities of individual practitioners or social workers to use their knowledge, understanding, skills and values to help service users. Also they need to understand the way that these four features are supported in the wider social and environmental context. This emphasizes the interrelationships between structural and individual factors in relation to the context in which services operate and are delivered (Trevithick, 2005).

USA NASW (2005) has developed professional standards for social work practice in child welfare. In this material there are 16 standards settled to guide social workers on how to engage in professional social work practice when working in child welfare settings. The standards are related to issues of :- ethics and values, qualifications, continuing education, advocacy, knowledge requirements, confidentiality of client information, supervision, cultural

competence, collaboration, focus on prevention, engagement, comprehensive service planning, child protection, out-of-home care, permanency and social work administrators.

2.11. Summary and Relevance of the Literature for the Study

The chapter has presented different issues regarding the issue under study. Literatures related to social work practice in childcare were presented starting from the historical development of social work practice in childcare. The 1601 Elizabethan poor law, the development of orphan asylums in 19th c. and the 20th c. debate on the merits of family home verses institutional care which makes local family foster care to become preferable mode of care for OVC had a great impact in the development of social work practice in institutional childcare. In addition, even if at the end of 20th c. few children remained in institutions but in Germany institutional care is more acceptable because parents preferred it.

Review of the literature has helped the researcher to acquire important theoretical knowledge about the phenomenon under investigation, orphan care from historical perspectives and about how major events have contributed to the development of social work practice in institutional childcare system. Institutional care is also acceptable by less developed countries because, they are primary mode of care and they provide food and shelter for children. Recently child welfare agencies are striving to build foster care system and are encouraging adoption because they recognized the damage that institutional care can do to children (Shireman, 2003).

Various literatures indicated that institutional childcare is one option to OVC care. OVC get services like; food, shelter, healthcare, psychosocial support, education and skill training. Social workers take part in the different services childcare institutions deliver by taking different

roles. Literatures indicated that social workers in institutional childcare system take the role of clinician, case manager, advocate, broker, teacher, counselor, facilitator, enabler, activist, social analyst, social catalyst and social activist. In this process of service delivery for OVC, social workers use their knowledge, that can be theoretical, factual or practice. In addition to practicing different roles and knowledge, the use of skill, value and ethics are essential to guide social work practice. The review of the existing knowledge has further informed the choice of research method and the development of tools for field data collection.

CHAPTER THREE: RESEARCH METHODS

3.1. Introduction

This chapter deals with the methods and techniques the researcher used in conducting this study. Accordingly, it describes research design, study area, participants of the study, Inclusion criteria, sampling techniques, sample size, methods of data collection and methods of data analysis. Additionally; quality assurance, limitation of the study, ethical consideration, challenges of the study and at last a summary of the chapter is presented.

3.2. Research Design

This research has used a cross sectional and exploratory qualitative research, with specific case study method. In cross-sectional research, the researcher observes at one point in time and the research can be exploratory(Kreuger & Neuman, 2006). Cross sectional research is suited to find out experience of a phenomenon, situation, problem, attitude or issue by taking a cross section of the population which is useful in obtaining an overall picture as it stands at the time of the study on a cross-section of a population at one point in time. Accordingly, this research is conducted for specific time period from February to March 2017.

Regarding the purpose, exploratory research is typically conducted in the interest of getting to know or increasing our understanding of a new or little researched setting, group, or phenomenon to gain insight into a research topic (Ruane, 2005). Since the practice of social work within the governmental childcare institutions of Addis Ababa has not been studied before, the purpose of this study was to explore “social workers” practice in terms of role, knowledge

and skill, ethics and values used and their challenges and prospects. Therefore in this state, exploratory research is useful to know or increase understanding of this non studied area.

Case study approach is used in this study. Case study purpose is to engage with and report the complexity of social activity. This is done by representing the meanings that individuals or individual social actors bring to those settings and manufacture in them (Somekh & Lewin, 2005). Case study is an intensive investigation of a particular unit under investigation (Kothari, 2004). In this study since the general aim of the study is to explore social work practice in the governmental childcare institutions of Addis Ababa, case study is appropriate to explore and report the complexity of the "social workers" practice in the governmental childcare institutions, in in-depth manner. Consequently, the "social workers" practice regarding their; role and skill and knowledge. Also the ethics and value they apply and the challenges and prospects of their practice are investigated.

According to Creswell (2007) there are three types of qualitative case studies in terms of intent, they are; single instrumental, intrinsic and collective/multiple case study. Stake (1995) as cited in Creswell, (2007) stated that when conducting single instrumental case study the researcher focuses on an issue and then select one bounded case to demonstrate this issue. Taking this in to consideration this research is a single instrumental case study which is issue based because, the issue investigated is social work practice in governmental childcare institutions and it is based on the information collected from social work practitioners and their supervisors in governmental childcare institutions. The governmental childcare institutions are the bounded case because they are bounded in institution or organization.

Generally, the research is qualitative becausequalitative research is based on information expressed in word, descriptions, opinions and feelings. Thus, it is commonly used when people and their experiences are the focus of the study. Also, in qualitative study there is usually constant interplay between collection and analysis of data that in-depth understanding gradually grows (Walliman, 2006). Therefore adopting qualitative inquiries in this study was essential based on the justification that the underpinning questions of this study required and are best understood using qualitative data. The research questions in this study call for a detailed understanding of the issue so that a good explanation could be developed to answer them. The combination of the above techniques and approaches helped the researcher to get in-depth information regarding the issue under study. Consequently, by using qualitative method, specifically case study, this research has answered the research questions by in-depth understanding of "social workers" practice in the governmental childcare institutions.

3.3. Study Area

Hence the study purpose is to explore social work practice in the care for OVC; it is conducted in three governmental childcare institutions of Addis Ababa who have their own "social workers". The first governmental childcare institution is Kolfe. It is found in Addis Ketema Sub City, Woreda 05, locally named "Taiwan Akababi". The second governmental childcare institution is Kechene. It is found in Gulele Sub City, Woreda 04, locally named "Menen Akababi". The last one is Kebebethehay. It is found in Gulele Sub City, Woreda 04, locally named "Afenchober Akababi".

3.4. Participants of the Study

The participants of the study are employees assigned as “social workers” and their supervisors or managers of the governmental childcare institutions. Generally there were seven participants: four “social workers” and three “social workers” supervisors or the managers of the governmental childcare institutions. The reason I decided this number of participant is that, based on my preliminary assessment I found out that the total number of “social workers” in the governmental childcare institutions are nine, among them, the number of “social workers” who have been working in the institutions for more than six months are six. Each governmental childcare institution has two “social workers” who have been working there for more than six months. Among the six “social workers” I interviewed four of them because in data collection through interviews, in the fourth interview with “social worker” data saturation has been reached. In addition, in each governmental childcare institution there is one supervisor of “social workers” or a manager of the governmental childcare institution and I have interviewed all of them.

3.5. Inclusion Criteria

Since the study focused on social work practice in childcare institutions, individuals who are employed in Addis Ababa governmental childcare institutions as “social workers” were the study participants. Additional inclusion criteria used to select participants is the participant’s willingness to participate in the study and participants who have a minimum six months of work experience on their current work position because they relatively have rich information and experience on the issue under study. Besides employing “social workers”, the other criterion to choose these governmental childcare institutions was that, the governmental childcare

institutions serves the OVC of the population and has many years of experience compared to other nongovernmental childcare institutions.

3.6. Sampling Technique

Qualitative research uses non-probability samples for selecting the population for study. In a non-probability sample or purposive sampling, units are deliberately selected to reflect particular features of groups within the sampled population. The sample is not intended to be statistically representative, but the characteristics of the population are used as the basis of selection. This feature makes purposive sampling well suitable to small-scale and in-depth studies. In purposive sampling the sample units are chosen based on particular features or characteristics which will enable detail exploration and understanding of the central themes which the researcher wishes to study (Ritcihe, Lewis & Elam, 2003).

Accordingly the researcher employed purposive sampling in choosing the participants of the study. The researcher purposely selected participants for this study keeping in mind that the purpose of the research is to get in-depth understanding of the issue by collecting comprehensive data instead of taking representative sample for generalization of the result to the larger population of social work practitioners in other childcare institutions of the country.

3.7. Sample Size

The tentative plan of the study sample size was six employees working in the position of "social worker" and three supervisors or managers of the governmental childcare institutions. Among the six "social workers" one "social worker" was not willing to participate and another"social worker" was not interviewed because data saturation was reached in the fourth

interview with a “social worker”.Data collection through in-depth interview was stopped in the forth interviewwith “social worker” participant because, no new information was not emerging. Data saturation entails bringing new participants continually into the study until the data set is complete, as indicated by data replication or redundancy. In other words, saturation is reached when the researcher gathers data to the point of diminishing returns, when nothing new is being added (Bowen, 2008).Therefore four in-depth interviews with the “social workers” and three key informant interviews with the “social workers” supervisor or manager of the governmental childcare institutions were carried out. Generally this study included seven participants.

3.8. Method of Data Collection

The data of qualitative inquiry is most often people’s words and actions, and thus requires methods that allow the researcher to capture language and behavior. Techniques of gathering these forms of data can be categorized as primary and secondary sources of data. These include; observation of experimental natural settings, document and textual analysis (Berg, 2001).Consequently in conducting this study, the researcher used primary and secondary data collection methods. Primary sources of data are collected via in-depth interview, brochures of the governmental childcare institutions and observation. Also, secondary sources of data like journals and articles, in addition published and unpublished data are employed to complement the data.

3.8.1. In-depth Interview

By exploring research participant’s thoughts, feelings and thoroughly understanding their point of view, In-depth interview helps to see the world from the eyes of the participants (Alston

& Bowles, 2003). Since case study method is used in this study it is important to deeply examine the issue under study. Therefore In-depth interview helped the researcher to develop profound understanding of the issue under study from participant's point of view. It enabled the researcher to make comparisons of what different participants think about social work practice in the governmental childcare institutions. Therefore all the seven study participants of the governmental childcare institutions, which are, the "social workers" and the "social workers" supervisors or managers of the institutions whom in this study are taken as key informants are engaged in an in-depth interview. These participants are selected assuming that they have rich experiences and ideas to share on the issue at hand. The tools the researcher used to collect the data are in-depth interview guides.

Key informant interviews involve interviewing individuals who are likely to provide needed information, ideas, and insights on a particular subject. Key informants are selected for their knowledge and role in a setting and their willingness and ability to serve as translators, teachers, mentors and/or commentators for the researcher (Barbara & Benjamin, 2006). By using key informant interviews in this qualitative study the researcher employed interview guides that list the topics and issues to be covered during the interview. The interviewer subtly probed informants to elicit more information and taken notes, which are developed later. In order to get pertinent data for the study the key informant interview is conducted with the "social workers" supervisors or managers of the governmental childcare institutions. The participants are selected for key informant interview because they are supposed to have expertise knowledge about the issue under study and they are interviewed by using key informant interview guide. One "social worker" participant was interviewed in only one session

and for the rest of six participants two in-depth interview sessions were held. In average one up to one and half hour was used in a session with each participants of the study.

Semi-structured interviews are particularly well-suited for case study research. Researchers ask predetermined but flexibly worded questions which provide tentative answers. In addition, researchers using semi-structured interviews ask follow-up questions designed to probe more deeply, on the issues of interest to interviewees. In this manner, semi-structured interviews invite interviewees to express themselves openly and freely and to define the world from their own perspectives (Hancock & Algozzine, 2006). Semi-structured interviews are generally organized around a set of predetermined open-ended questions, with other questions emerging from the dialogue between interviewer and interviewees (Barbara & Benjamin, 2006).Accordingly, since this study is case study the researcher used semi-structured or open-ended questions for all participants of the study to deeply investigate the issue at hand.

3.8.2. Observation

The data is also collected through observing the interaction of "social workers" with OVC and OVC interaction with each other. Also the living situation and services for OVC in the governmental childcare institutions were observed. Observation can be defined as field work description of activities, behaviors, actions, conversations, interpersonal interactions, organizational or community process of any other aspect observable human experiences (Patton, 2001). Observation was the best way to see things that are not explained in the interview.

As complete observer a researcher minimizes his or her immersion in the social phenomenon being investigated. In non-participatory observation the researcher tries to remain

as detached as possible from the situation being observed (Ruane, 2005). Therefore, in this study non-participatory observation was one of the data collecting mechanism in which the researcher go to the institutions several time and observed how "social workers" interact with OVC, how OVC interact with each other, the services for OVC and their living environment by using observation check list as an instrument.

3.8.3. Document Review

Document analysis is a systematic procedure for reviewing or evaluating documents both printed and electronic (computer-based and Internet-transmitted) material. In qualitative research, document analysis requires that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge. Documents contain text or words and images that have been recorded without a researcher's intervention (Bowen & Glenn, 2009). Accordingly, for this study, relevant documents of the governmental childcare institutions were reviewed such as organizational brochures. In addition the researcher has reviewed different literatures,guidelines and policy documents.

3.9. Method of Data Analysis

"Data analysis, in qualitative research, begins in the field during data collection as notes are recorded, initial interpretations are made and the like. Data analysis consists of preparing and organizing the data for analysis, reducing the data into themes through a process of coding and condensing the codes, and finally representing the data in figures, tables, or in a discussion form" (Creswell, 2007, p.164). This study has employed specific qualitative technique of thematic data analysis approach. Thematic analysis is a method for identifying, analyzing, and reporting

patterns or themes with in data. It organizes and describes a data set in detail. Also, interprets various aspects of the research topic (Brawn & Clarke, 2006). Thus, this research data is processed using thematic analysis procedure. The process consisted; transcribing audio recorded data, preparing and organizing the data, reducing the data into themes through a process of coding and concentrate the codes, and finally representing the data in a discussion form. The steps in the data analysis process of this study were as follows:

Since all interviews are conducted in Amharic, after data collection, the researcher transcribed the data or field notes in to textual materials. Then, go through the data (interview transcription) repeatedly until understanding of the main points is achieved. After this, according to (Boyatzis, 1998 as cited in Saldana, 2008, p.16) "pre-coding is done by circling, highlighting, bolding, underlining, or coloring rich or significant participant quotes or passages that strike the researcher". Consequently, the researcher highlighted significant information's that provide an understanding of the participants' experience. Pen with different colors and the copy of the original interview transcript are used to highlight these statements. These also helped for reference.

To codify is to arrange things in a systematic order, to make something part of a system or classification and to categorize (Saldana, 2008). Coding purpose is to have ideas that show what is going on in the data and it is drawn from the unstructured and messy data (Morse & Richards, 2002). In coding process the researcher has given attention to specific characteristics of the data and described the codes which review the primary topic of the selected code.

The coding process is followed by categorizing. In qualitative research categorizing is finding for patterns and grouping exactly alike or very much alike data's that have something in

common within coded data (Saldana, 2008). Consequently, this research categorized the coded data depending on the similarity and relationship of codes.

"A theme is an outcome of coding, categorization, and analytic reflection, not something that is, in itself, coded" (Saldana, 2008, p.13). Themes are concepts that explain how categories are connected. Once all the text has been coded, themes are found in the text segments in each code, and by taking out common or significant themes in the coded text segments. In this study, themes are emerged from the categories by taking out common and significant linkages. Braun and Clarke (2006) stated that searching for themes begins when all data is coded and collected and you have a long list of the different codes you have identified across your data set. This process involves organizing the different codes into potential themes, and collating all the relevant coded data within the identified themes. The researcher analyzed the codes and considers how different codes can be combined to form a theme. In accordance a description of every code is held to organize the theme.

The basic procedure in reporting the results of a qualitative study are to develop descriptions and themes from the data. Then, present these descriptions and themes that convey multiple perspectives from participants and detailed descriptions of the setting or individuals (Creswell, 2009). After all these processes, the researcher intensely examined those themes and wrote the final composite analysis by interpreting and looking for meaning out of those themes.

3.10. Quality Assurance

Since qualitative research findings cannot be accurately measured and are usually articulated in words of participants, making sure the quality of the data is an important task.

There are chances for biased, dishonest or unethical research therefore assuring the quality of the data is ensuring integrity or confirmabilityof the research. In qualitative study objectivity is ensured through emphasizing on human factor and empirical firsthand knowledge of the research settings which implies that researcher should not detach themselves from events and people they are studying, to the contrary they should gain personal insight, feelings, and human perspectives to understand social life better (Kreuger & Neuman, 2006). As a result, the researcher has collected the necessary first hand data from the "social workers" and "social workers" supervisors or managers of the governmental childcare institutions, without being influenced by personal bias as much as possible. This study has given due consideration to the issue of integrity by being mindful of personal beliefs and biases that may interfere in obtaining information for the qualitative data.

The other method to assure trustworthiness of qualitative data is triangulation. According to Creswell (2007, p. 377) "Triangulation is a methodological approach that contributes to the validity of research results when multiple methods, sources, theories, and/or investigators are employed". In this study different method of data collection like in-depth interview, key informant interview and observation are incorporated in order to ensure the quality of data. In addition, organizational broachers are used for data triangulation. Also different types of participants (data source triangulation) are used; "social workers" in one side and supervisors of the "social workers" or manager of the governmental childcare institutions in another.

According to Billups (2014) credibility is one of the criteria to ensure trustworthiness of qualitative data. Member-checking and peer debriefing are important in credibility. Member checking is when selected participants of a study are asked to review the findings or preliminary

analysis to assess whether those findings reflect what they expressed to the researcher. This feedback may be obtained either in writing or in face-to-face conversations. In this study, member checking was used after the researcher transcribed the data in to written form to check whether the transcribed data really represent what the participants said or narrate in the process of data collection.

Peer debriefing is getting feedback from another researcher to compare conclusions; peers may address questions of bias, errors of fact, competing interpretations, convergence between data and phenomena, and the emergence of themes, all of which comprise a lengthy but important process for reinforcing credibility (Billups, 2014). Peer debriefing was employed in the study through accessing comments from the advisor of the researcher, as well as with colleagues (MSW 2nd year students) of researcher. They examined the data collection tools, the finding and the conclusion of the study.

According to (Bitsch, 2005; Tobin & Begley, 2004 as cited in Anney, 2014)transferability refers to the degree to which the results of qualitative research can be transferred toother contexts with other respondents. A researcher facilitates the transferabilityjudgment by a potential user through ‘thick description’ and purposeful sampling. In this regard this study has reported all the findings of the study in detail. And, in-depth methodological description of the research process is presented. This will help future researchers to apply the finding of the study to similar settings and target populations.

3.11. Limitation of the Study

The limitation of this study is its results cannot be generalized because of the nature of the research approach. This study is conducted using qualitative approach particularly case study. And According to Kalof, Dan and Dietz (2008) lack of generalizability is the greatest limitation of case study research. Thus, as a case study research, this study also shares this limitation. The study is qualitative research with exploratory nature which systematically focused on exploring the social work practice in Addis Ababa governmental childcare institutions by focusing on limited number of participants without statistical representation.

3.12. Ethical Consideration

According to (Beauchamp, 1982 as cited in Alston & Bowles, 2003 p.21) there are five ethical criteria for research. They are autonomy or self-determination (includes informed consent and confidentiality), non-malfeasance (not doing harm), Beneficence (doing good), Justice (are the purposes just) and positive contribution to knowledge. In this study issues of confidentiality and privacy are communicated well. Confidentiality is guaranteed by ensuring that data obtained are used in such a way that no one other than the researcher knows the source of the information. No real names of participants are attached to the information obtained, instead codes are used. Privacy refers to the freedom an individual has in determining time, extent and general circumstances under which private information will be shared with or withheld from others (Burns & Grove, 2003). In this study privacy is maintained by conducting the interview in the place and time chosen by the participants. The researcher informed the participants that results will be presented in the form of a research report. For participants who are willing the researcher

have used tape recorder. The tapes and written documents are safely stored and will be destroyed after the study.

Autonomy of study participants in this studyisensured by using informed and voluntary participation in the research process. The study participants are told about rights to obtain clear and complete information about the purpose and characteristics of the research as well as the right to withdraw or decline participating in the research. The other principlesare non-malfeasance and beneficence. It requires a commitment to minimize the risks and maximizing the benefits to research participants. In this regard participants are informed that their involvement in the study would not create any risk to their relationship with their family and community. The researcher explained the purpose of the study as being for academic uses and information provided by participants will be kept in a safe place where it can only be accessed by the researcher.

The other ethical principle is Justice. Justice requires ensuring a fair distribution of the risks and benefits resulting from the research. The findings of the study are believed to bring important direct and indirect benefits for study participants in the future. Based on the findings since the researcher sees the “social workers” practice in terms of NASW standards for social work practice in child welfare, this may help the “social workers” to see whether their practice is in accordance with NASW child welfare standard of social work practice or not or to check whether they are practicing social work professionally. Based on this result the study would help the “social workers” to evaluate and improve their practice. Additionally, as an exploratory research the study findings are believed to provide valuable information for policy advocates,

policy makers, social service providers in developing programs for OVC and in general it contributes to the body of social work knowledge.

3.13. Challenges of the Study

There were different challenges faced by the researcher while conducting this study. The first challenge was the bad bureaucracy system that exists in BoWCA. Since the governmental childcare institutions are administrated by Addis Ababa BoWCA, the support letter that is written from Addis Ababa university school of social work that asks for collaboration was submitted to the BoWCA so that they can allow the study to be carried out in the three governmental childcare institutions. Therefore the bureau was supposed to write formal letters to the institutions. But the personnel's of the BoWCA that are in charge of writing these letters were not willing to take responsibility and do the job. Instead they tell the researcher to go to different offices to get the letter. Hence there was a long process to get the letters to conduct the study. These things forced the researcher to suffer and to unnecessarily go to the bureau several times. Therefore the researcher was unable to start the data collection on time. Nevertheless this challenge was concurred by creating a good rapport with BoWCA personnel's and patiently explaining the purpose of the study is for academic reason.

The second challenge was accessing "social workers" for in-depth interview. At the time of data collection since most of the "social workers" was terminating from the governmental childcare institutions. It was difficult to get them in specific time and place. Even if most "social workers" were willing to participate in the study since their contract in the institutions was in the ending phase, most of them were searching for other job and they don't go to the institutions instantly. Therefore this makes it hard to meet them in order to arrange appointment for

interview. Consequently the researcher was forced to go far places to get the participants. In addition after the researcher arranged appointment with “social worker” participants and some key informants for interview, there was a lot of rescheduling the interview sessions. Some participants repeatedly cancelled the appointments they had with the researcher. Also there were participants who came late to the interview. This has elongated the time of data collection. These challenges were mitigated by patience.

The other challenge was the lack of adequate data on the research topic in the governmental childcare institutions. Even if there are documents like “social workers” reports, which are very useful to the study, theinstitutions personnel’s were not willing to give the reports. Therefore they only gave brochures to the researcher. However, the researcher used different data collection methods such as in-depth interview, observation and document review, to get information regarding the issue under study and used the available documents.

The last challenge in conducting this study was not getting depth information on the issue under investigation. Except one participant all of the participants of the study are not professional social workers or they are not graduates of social work profession. Therefore they couldn’t provide rich information to the questions they are asked. In addition, since the participants don’t have social work knowledge, there were participants who don’t understand some of the questions being asked. But this challenge was mitigated by using probing skill and explaining the questions in detail manner.

3.14. Summary

The study objective was to explore social work practice in governmental childcare institutions of Addis Ababa. By using qualitative exploratory research method, the researcher used cross-sectional case study approach. To collect data for the study, the researcher used in-depth interview, observation and document review. The research methods are used in order to explore the governmental childcare institutions “social workers”; role, knowledge, skill, ethics and value, challenge and prospect. By using these research methods the researcher gathered detailed information on the issue under investigation and the results are presented in the following chapter.

CHAPTER FOUR- DATA PRESENTATION

4.1. Introduction

Based on the various methods incorporated to collect data, findings of this study are organized in different themes. This includes recruitment and service delivery mechanism, major services and roles of “social workers”, “social workers” knowledge, “social workers” skill, “social workers” value and ethics, challenges and prospects of “social workers” in the governmental childcare institutions. For very broader themes sub-themes are organized. Also at the end of the chapter summary of the findings is presented.

4.2. Recruitment and Service Delivery Mechanism

The governmental childcare institutions are composed of a large number of street children who come from the streets of Addis Ababa. There are also children who committed juvenile crime. After they finish their rehabilitation, if they don’t have family to accept them back, they join the institutions. In addition, there are children who live in the institutions because their family or care givers could not afford to raise them, as a result of acute poverty. Children who come from the streets to the governmental childcare institutions are characterized by; children who are abandoned on the street and street children who come from rural or urban areas of Ethiopia. Among the street children, there are children who run away from their parents and who have been missing for a long time. In addition, death of parents, divorce, peer pressure and poverty influence these children to be separated from their family or care givers.

Police, BoWCA and community members bring OVC to the institutions by writing formal letter so that the children can be accepted. Polices bring the OVC from the street by doing

street raids, BoWCA of the sub-city where the children used to live in brings OVC to the institutions after OVC are identified to get services from the institutions. Community members or representatives of the community where children used to live, also brings OVC to the institutions if they have a proof that the child's family cannot afford to raise him/her. After OVC are brought to the institutions through the above three segments of the society, "social workers" start giving services for them.

The first service OVC get after they are registered to the institutions is health service. In this service the children go through a medical checkup. This is done in order to know their health status and to continue giving other services of the institutions. After the medical exam is done if the child is not healthy or have a health related problem like disability and HIVAIDS, he/she will be refereed to other organizations that work with these types of children. But if the child is healthy, he/she will get access to other available services in the institutions. In this regard "social workers" work to place the children in one of the five alternative childcares that are stated in alternative child care guideline of MoWA. They are; community-based childcare, reunification and reintegration program, foster care, adoption and institutional care service (MoWA, 2009). Most of the time "social workers" of the governmental childcare institutions place the OVC to reunification, reintegration, foster care and adoption programs. One of the "social worker" participants put the process of service delivery as:

> After children are brought to my office based on IDFTR^{+} form I immediately start my assessment. The assessment is about the child family, age, educational status and why he/she is departed from his/ her family. The form is used to fill case history of the child, in which it is used as a document of basic information

for the child future interventions. Like, in reunification the information written in this document will be used to trace the child's family and reunify him/her because his/her family place and other related information are identified in this form (Sw-1).

The "social workers" of the institutions are hired by UNICEF and they mainly give reunification and reintegration services for OVC. They use UNICEFs form of service delivery called IDFTR^{+} as a guide to give services for the OVC. I- stands for identification of OVC, D- for documentation of OVC, F- for family, T-means tracing and R^{+} means reunification and reintegration. By using IDFTR^{+} form "social workers" register OVC. This form entails their information regarding the place where they come from, their age, family information and other personal data. Then based on this information "social workers" work to reunify and reintegrate the children.

The institutions give services to OVC by dividing them in a certain age group. In accordance, the observation confirmed that children's living arrangement is divided by their age groups. Therefore children who belong to the same age group share similar bed room and dining room. Also they spend most of their time together. Participants described this further by mentioning their age categories. Participants from Kebebethehay governmental childcare institution stated that both genders live in the institution and the children are categorized in three age groups, they are; children who are new born babies up to 2years, 2 years up to 4years and 4years up to 8 years of age. Participants from Kolfe governmental childcare institution stated that the children who live in the institution are male and participants from Kechene governmental childcare institution stated that the children who live in the institution are female. In both

institutions there are three categories of children. They are children from the age of 8 up to 12, 13 up to 15 and 15 up to 18. But all participants of the study stated that there are children who are above the maximum age range that is positioned in the governmental childcare institutions.

Participants stated that most of the services delivered for OVC in the institutions are in line with MoWA's alternative childcare guideline. Based on this guideline the institutions give different kinds of services to OVC living in the institutions. The types of services stated in the alternative childcare guideline are: - shelter, food, supplementary nutritional assistance, academic and/ vocational education, care and affection, health care and counseling, play and recreation, special care and attention for children with disabilities (MoWA, 2009). In line with this the observation indicated that OVC living in the - institutions get food, shelter, health, education and play and recreation services.

According to data generated from document reviews of the governmental childcare institutions and participants, in general the institutions give eight kinds of services for OVC. They are food, cloth, shelter, health care, education, and psychosocial services that include play and recreation, counseling and services that help children to develop their physical, emotional and mental abilities. In addition to health, education, food and shelter services the observation confirmed that there are play and recreation services delivered to OVC living in the institutions. This includes showing movies and playing games. Regarding showing movies the data gathered from SW-3 stipulated that children watch movies that are selected by "social workers". This is done because the movies that are selected can be appropriate to OVC age. In contrary to this finding an observation conducted in Kebebethehay governmental childcare institution indicated that children watch films that are not appropriate to their age.

4.3. Major Services and Roles of Social Workers for OVC

According to the data generated from this study, in the governmental child care institutions the primary role of “social workers” is assessment and documentation of OVC information. In documenting personal information about OVC background,“social workers” use UNICEFs IDFTR^{+} form as a guide to assess information. This assessment involves the child age, the place where he/she come from and family living place. Similarly the data generated from KI-2 indicated that; in documentation “social workers” gather data about the children by doing background checking.For instance in adoptions service “social workers” prepare documents to send to court. This includes birth certificate, police clearance and medical exam. “Social workers” in this situation also compile and follow up the adoption process.

Participants of this study stated that “social workers” give two major services for OVC living in the institutions. The services are reunification and reintegration. In reunification, “social workers” trace or find OVC families or other care givers and reunify children with them. In reintegration OVC are reintegrated to the community after they are equipped with the skill necessary to lead their own independent lives. In this regard evaluating children who should be reunified or reintegrated are the main role of “social workers”. The “social workers” also participate in counseling, education and training services. The major services and roles of the “social workers” are presented in different categories below. These are: reunification, reintegration, foster care, referral, adoption and psychosocial support. In addition,“social workers” role in research and system development of the governmental childcare institutions are presented.

4.3.1. Facilitating for Reunification of OVC

"Social workers" assess OVC background in relation to family and other care givers living place. This is done to gather and document information about them. Then "social workers" start looking for their family or other care givers like extended family members who are willing to help the child by doing what is called family tracing. Before reunifying them "social workers" give them psychosocial support because there are OVC who came with different psychosocial problems. Therefore to rehabilitate them in collaboration with the institutions counselor's all participants of the study stated that "social workers" give counseling. However, as SW-4 states the counseling service that "social workers" give to children is not intensive. She states:

> Counseling is used in reunification service. In counseling "social workers" help children to adjust to the new environment of the institution before reunification. For instance the children tell social workers false information about their parents and other things, so that they cannot be reunified. In this situation by using play therapy like music and drawing pictures or by using different techniques social workers work to elicit the right information.

In reunification of OVC "social workers" take the role of family tracing. In this role "social workers" assess the living place of the child family by asking the child where his/her family is located. After the place is known, the "social worker" contacts with the BoWCA social workers, from the place where the child family lives in. Reunification is done for children who have families or caregivers that can help them. The children come from different areas with different reasons like; there are children who come through brokers who tell them they would have a great job if they go to the city.

There are children whose families could not afford to raise them and also there are children who came to live with their extended family members and when there is a dispute among them they run away and start living on the street. These types of children families don't know where their children are and "social workers" find or investigate their family through telephone contact with BoWCA social workers in the given region or place where the child family is living in. Then if the BoWCA social workers manage to get the children family, the governmental childcare institutions "social workers" give the children their necessities like cloth and sanitary products and go with the children to their family living place in order to reunify them.

4.3.2. Reintegrating OVC to the Community

In reintegration, vocational trainings are popular. Participants declared that OVC who are above the age of 15 are the main receivers of vocational trainings in reintegration service. In this process OVC get trainings based on their needs. Therefore the trainings are given based on what the children want to be trained at or based on their inclination and interest. This is done so that the children can be educated based on their wish and work on it after they are reintegrated to the community. After they finish their training and start working, the OVC live in the community by forming a group. The interview with SW-1 and SW-3 pointed out that the OVC live in group within the community. Before reintegration "social workers" give the OVC life skill training about saving, entrepreneurship and health care that includes HIV/AIDS. In addition the OVC can be supported to get license so that they can work as a driver. They can also get trainings as a hair dresser.

"Social workers" support OVC to continue their education and for those who are not continuing their education they assign them to get vocational trainings. In educational services of the governmental childcare institutions,"social workers" take the role of care giver by supporting children to get or to continue their education. "Social workers" play a crucial role in enrolling OVC to school by taking the role of a parent or a caregiver. In this process "social workers" help children in registration to school, doing follow up about whether the children are going to school or not and checking whether the children do their assignments or not. When there is a discipline problem of a child in the school, "social workers" go to school for them as a parent/care giver to talk about the issue with the concerned bodies. Therefore "social workers" as care givers take the responsibility of caring, supporting and following up the children status in their education.

4.3.3. Placing OVC in Foster Care

Foster care service for OVC in the institutions are not given broadly and the service at its nascent stage. According to data gained from key informant interview with KI-2,foster care service is on its starting position as a pilot program and it started based on experience sharing from other successful regional states. In addition nearly all of the children placed for foster care are given for foster to adoption and recently many foster families are willing to participate in this program therefore the governmental childcare institution is working broadly on it. By using the criteria of what a foster parent should be, in order to be a foster family and what the foster parent want, "social workers" participate in matching foster family needs with OVC who are going to be placed in foster care. But the data of this study confirmed that there is still lack of awareness in the community about foster care service for OVC.

4.3.4. Referral or Linking OVC with Service Providers

In delivering services for OVC, "social workers" work with different stakeholders by linking and referring service seekers to other social workers and institutions. For instance in reunification by creating linkage and working with other social workers who are found in other institutions, "social workers" do family tracing and they reunify children with their family easily, because the family tracing is done with the help of social workers from the area where children come from.

Disabled and HIV/AIDS affected children are the main users of referral services; these children are referred to other organizations that work with this type of children and who have linkage with the governmental childcare institutions. The link with other organizations that work with disabled and HIV/AIDS affected children are prepared through the government. In similar context the data gained from KI-1 stipulated that, in giving health service, if the children have health related problems like HIV/AIDS, "social workers" refer to other institution that work with children who are living with HIV/AIDS, if not they will stay in the institution to get another services.

According to the findings of this study, all of the "social workers" identify services based on MoWA alternative childcare options that are suitable for OVC situation. After this is identified, "social workers" take the role as a facilitator of different services for OVC in the institutions by linking and referring OVC to get the needed services. "Social workers" help OVC to get services like health, education, shelter, food, cloth, psychosocial services and other services that are given by the governmental childcare intuitions and other institutions. In facilitating different services,"social workers" also take the role of advocator. As an advocator

“social workers” work on the behalf of children to meet their needs. SW-4 stated that she advocates for OVC by identifying gap in service delivery. She advocates forfulfilling the gap in chair, water glass and recreation services like she advocated for the children to go for vacation.

4.3.5. Facilitating for Child Adoption

All participants mentioned that they used to give inter-country adoption services in the institutions. But now this service is suspended because the government prohibited inter-country adoption and is promoting local adoption because most childcare institutions used to do inter-country adoption as money making business. Since the awareness level of the community about local adoption has grown, the governmental childcare institutions are now working on local adoption. In this service there are many adoptive parents who are waiting to get the service. As said by one of the key informants, in recent years theinstitution mostly does local adoption. In this process “social workers” identify the adoptive family needs and match with the child who is going to be adopted. She added:

> We have our own procedure in giving adoption service. Children who are given for adoption are mainly children who are abandoned on the street, therefore if polices confirmed that they couldn’t find the child family in two months after the child is brought to our institution we give the child to adoption. The adoption is done through matching the adoptive family needs with the child status that is going to be adopted. Then the court will allow whether the child should be adopted or not (KI-2).

SW-4 further described the adoption service by explaining the whole process as follows:

First the adoptive parents apply to Addis Ababa main office of BoWCA to get children based on their need like gender and age. They also give documents that contain their medical certificate and evidence that shows their monthly income is above 3000 birr per month. Also document that shows they are free from crime and letter from social organizations like '*edder'*, from their place of living that talk about their good behavior. After they fulfill these criteria's they will be referred to one of the governmental childcare institutions based on age and gender of the child they want to adopt. Then "social workers" in the governmental childcare institutions sign contract to give the child to them. Before the child is adopted, he/she will do medical examination and all the documents will be given to court so that the adoption can be legal. "Social workers" facilitate the documents to be fulfilled regarding the child like the medical exam, birth certificate and other things.

4.3.6. Providing Psychosocial Support

All the interviews conducted with the study participants indicated, "social workers" are playing an important role in psychosocial support of OVC. According to the interview made with SW-1, "social workers" give different psychosocial support for OVC like play therapy and counseling. This is done because the OVC has different psychological problem that resulted from what happened in their life. In relation to "social workers" giving counseling to OVC, as said by SW-3; by working with the governmental child care institution counselors,"social workers" give counseling service to children. These help the children in behavioral related problems. It helps them to have

behavioral and attitudinal change so that they can become disciplined citizens of the country. KI-3 describes:

> "Social workers" give services for OVC problems like depression which impacts them personally, without them the OVC can commit suicide because they face different problems like sexual and physical abuse. They also give them life skill training which helps them in developing their self confidence and in giving value for them-selves.

She added:

> The care givers mostly spend much of their time with OVC than the "social workers" and those children who are abused or have difficult behavior create dispute with their care givers. In this situation since the care givers are not professionals they insult OVC and this impacts OVC emotionally and psychologically, but the care givers do not understand this impact on OVC. They complain the children are disturbing them and they should be fired from the institution. Then the disputes will become aggravated. The "social workers" in this situation try to ease the situation and work to create an agreement between them. "Social workers" tell the children, the care givers are mothers for them, so they should not disrespect them, and for the care givers, the "social workers" tell them, they have to be sorry for the children and try to understand their situation.

4.3.7. Developing Systems

Participants explained that "social workers" have a great impact in developing the system of service delivery in the governmental childcare institutions. "Social workers" participate in developing systems based on the MoWA alternative childcare guideline services and the institutional mandates to develop or rearrange the existing service delivery system. They participate in rearranging the existing system of service delivery to suit OVC needs. SW-1 expressed the situation by referring his own personal experience as follows:

> When I join the governmental childcare institution the place used to be a place where many OVC live without proper care. Since care givers have served very long years in the institution they were careless about the children. In which there were cases like death of OVC, which was not a big deal for the care givers but for me and other social workers, it was a shocking experience therefore we start rearranging the system of service delivery. We refer disabled and OVC who are living with HIV/AIDS to different organizations that work with these types of children so that they can get appropriate services. There were also children who don't have vocational skill and who are not continuing their education. Plus children who completed their education just live in the institution without job because their communication skill is poor but after me and other social workers are recruited this system has changed because we reunify and reintegrate the children.

According to key informant interview with KI- 2, since "social workers" are part of the management of the institution, they participate in system development. This is done by using

MoWA alternative childcare guideline as a guide. It discuss about what child care institution must have or should include in order to be a childcare institution. The "social workers" participate to shape the organization system in delivering services by checking whether it meets this standard or not.

4.3.8. Research

The other service of "social workers" for the governmental childcare institutions is doing evaluative researches. All of the participants declared that "social workers" participate in evaluative research. Especially "social workers" participate in evaluative researches about client satisfaction or OVC satisfaction with service delivery. Furthermore "social workers" do evaluative researches on satisfaction of workers in the governmental childcare institutions. In this types of researches "social workers" examine the services of the institutions and identify the gap in service delivery for OVC.

4.4. Use of Social Work Services

Participants were asked about the use of "social workers" service for the organization. Most participants indicated that "social workers" are playing very important role in reunification service. In delivering reunification services "social workers" are helping both the OVC and the institutions. When "social workers" help children to go back to their family they help to manage the number of OVC in the institutions because, if "social workers" don't reunify children on time it will be difficult to give support for all OVC for the reason that their number will become much higher. If there are no "social workers", the OVC will also stay in the institutions unnecessarily because they will not be reunified on time. Since "social workers" reunify the children on time,

the capacity of the governmental childcare institutions in accepting new OVC will be maximized which helps to have more space to accept and give service for other OVC.

The key informants explained the use of "social workers" services for the organization by saying they are the backbone of the organization. For instance KI-2 and KI-3 stated that "social workers" are the backbone of the institutions. They help in facilitating service for OVC. For children "social workers" work to fulfill the principle of best interest of the child, in doing so by respecting the OVC needs, since it is advisable to raise children in their family they do family tracing in reunification of OVC. In relation to the use of "social workers" in reunification, KI-1 said:

> "Social workers" do family tracing by looking for children family and reunifying them. In documentation,"social workers" collect full information about the child place of birth, family and age, which helps in reunification and when the child grow up it will help him or her to have self concept because he or she will get full information about his or her self.

One "social worker" participant indicates the impact of social work services specifically on children and broadly at national level by stipulating:

> When children who have to be reunified are not reunified on time in general as a national level there will be an impact on economy because of there will be unnecessary money that will be spend in giving children the services. So "social workers" help to alleviate this problem. For children who are not reunified and who are living in the institution it will impact their sense of self (identity) because

> they are exposed to different environment that they are not used to and they develop other behavior (SW-3).

4.5. Social Workers Knowledge

All participants explained that "social workers" use their practice knowledge in delivering services for OVC. They said "social workers" use their knowledge that is gotten through their experience in their practice with OVC. Especially in reunification process based on previous experience, "social workers" easily identify and know the places where children come from. The key informant interview data with KI-3 indicated that "social workers" apply their practice knowledge because applying theoretical knowledge takes time. SW-1 added:

> On the first time of working in the institution I used to implement what I have learned in class like the theories and other things, but after a while through experience I internalize, adopt and start using my experience in my practice as knowledge. Therefore through process it changes. Now I can't state any theory I remember that I use in my practice. I use the knowledge that I have in high school, a master is only for paper plus I learned it while I was working.

In contrary to this finding SW-4 stated that she use her professional knowledge in her practice. In this process she uses theories that she learned in her professional background. She uses eclectic theory as a guide to give service for children. Based on this theory she selects the best theory that suits to the case situation that she is going to handle.

Participants were asked the definition of social work. None of them gave the professional definition of social work and there was also a participant who doesn't give any definition of

social work. Furthermore it has been identified that the governmental childcare institutions do not have a definition of social work profession. Participants gave their personal definition of social work. For instance SW-1 and SW-3 stated that social work is a spiritual work. SW-3 mentioned that, for instance in reunifying children, the children parents become very happy and they give "social workers" a great recognition and respect. In return this gives "social workers" spiritual satisfaction. In contrary to this definition KI-1 defines social work as follows:

> "Social workers" are people that work to avoid the gap in the relationship between the workers of the institution and the OVC, so that the children cannot feel isolated. Also works to alleviate the social relationship gap between the children and the community.

Another key informant added social work is a social activity. It is not only about working with children; it is also about working with the care givers and other workers of the institution. "Social workers" collect/organize and give counseling and training to meet the organization goal, which is supporting the OVC (KI-3).

4.6. Social Workers Skill

4.6.1. Communication Skill

"Social workers" use communication skill to help OVC in different scenarios. Communication skill is used frequently by "social workers" in service delivery for OVC living in the institution. This skill is used from the first contact with OVC to the end or until children services are terminated. In the first contact of children "social workers" use communication skill

to assess children background and document their information. In relation to this issue SW-2 expressed:

> Some children don't tell "social workers" all the information needed when they first come to the institution. When these kinds of things happen I use my rapport building skill to elicit the needed information. I talk about other things to engage and communicate with the child easily. This will help to improve my communication with the child and to build trust so that he/she can tell me the needed information freely.

KI-3 explained communication skill of "social workers" further as follows:

> Verbal and nonverbal communication skill is used by "social workers". Verbally they appreciate the children by saying you are doing a great job, be strong and by approaching them friendly. Nonverbal communication is used by facial expression and touching. Even if the "social workers" don't effectively know sign language, they also try to communicate with children who have hearing problem.

"Social workers" use of communication skill is also being observed by the researcher. The observation confirmed that "social workers" approach OVC friendly. In addition "social workers" and OVC interact peacefully and kindly. Also, according to the data gained from SW-4, since the "social worker" is sociable she plays with the children. These help her to develop good rapport and to develop a strong bond with the children. In this process she uses the children language to engage with them. As a result her communication with the children develops. In this regard, she also uses her listening skill by carefully and attentively listening to what the children

say. The use of communication skill is also shared by SW-3, he stated; In the process of assessment since there are children who doesn't give the right information because they don't want to be reunified, he slowly ask different questions about their background again and again to full fill the right information about the child and his/her family.

4.6.2. Collaboration Skill

According to the interviews with study participants, collaborationskill of "social workers" is mainly used to give services for disabled or for children who has health related problem like HIV/AIDS. This is done by working together with other organizations that work with these types of children, so that the children can get the services from them. "Social workers" work with other social workers by using their collaborationskill in reunification service. For children who need special care like children who are living with HIV/AIDS they refer them to organizations that work with these types of children. This is done through the link they have with the organizations. SW-1 expressed his collaborationskill by referring case scenarios as follows:

> Since I have many contacts with different charities I use my collaborationskill to give different kinds of services for the children. Every charity wants to have contact with governmental childcare institution so that they can have OVC assigned or given for them. Therefore by using this need of the charities I contact with them and we work together to give services for the children. Especially In celebrating holidays by using my collaborationskill I personally call different bodies to fulfill different things in celebrating the holidays. Consequently the children used to be very happy. But recently Addis Ababa BoWCA gives order to

> stop this trend because they hold the position not by education but through politics. Hence they don't understand it is important for the children. As a result the children's are now affected by the decision and they are bored.

4.6.3. Assessment Skill

All participants of the study declared that all "social workers" use their assessment skill in giving service for OVC. Most of the time they use their assessment skill in documentation process of children background. In assessing children background "social workers" ask different questions to elicit the right information. Sw-3 put it as, "based on IDFTR^{+} form I assess and document the child information. In this process I slowly ask his/her background again and again to fill full information about the child and his/her family situation". UNICEFs IDFTR^{+} form is used by "social workers" as a guide to do assessment.

4.7. Social Workers Value and Ethics

The data collected from all participants indicated that there are general values and ethical principles in the governmental childcare institutions that guide all personnel's. But when it comes to NASW professional social work values and ethics, neither "social worker" participants nor key informants are aware of it, consequently the "social workers" don't apply them in their practice. "Social workers" use their own values and ethics and their professional background values and ethics. In the application of personal values SW-1 articulated that, the value he uses is love. He uses love as a value to serve the OVC because he wants to be a father figure for them. He added:

> I used to take them to my home and they cook food, wash cloth and when I go to rural area, they sleep in my house. There is no principle or guideline that guides our practice but we practice based on our personality and based on our readings. In the institution there is noting that say you have to follow this ethical guideline or not.

Some of the "social workers" participated in the study related the ethics and values of social work with their professional background. According to data gained from SW-2, he doesn't know or practice professional social work ethics and values, but based on his knowledge on psychology profession he use the profession ethics and values. Some of them are confidentiality, not abusing the child and consent of the child. In relation to consent of OVC for instance in giving counseling "social workers" inform about the service to the children and the counseling must be done based on the willingness of the child, not by influencing the child by beating or threatening him/her. Regarding the ethical principle of confidentiality the interview with KI-3 indicated that "social workers" use confidentiality in their practice; in which no one knows any information about the children, other than the children and the "social workers", but there are some information given for the sake of reporting.

4.8. Major Challenges of Social Workers

4.8.1. Coordination

According to the findings of this study the main challenge the "social workers" face is lack of coordination of services for OVC. Hindering factors related to coordination between

"social workers" and managers of the institution are identified. Also there is coordination challenge between "social workers" and other institutions in helping OVC. SW-2 put it as:

> There is lack of coordination in service delivery for OVC. Most of the time the budget allocated that need to be released for children is not released on time. This affects our practice like In tracing families of OVC, after finding family; challenges related to budget and other services happen which becomes difficult to reunify OVC on time. In addition, for children who are going to school and who are in need for immediate service like uniform, photograph and exercise book, since the BoWCA doesn't give this services in the right time the children doesn't go to school and they are highly affected by this. When "social workers" ask why these things happen, everyone in the position doesn't want to take responsibility in taking care of the problem instead they blame it on one another. Therefore there are hindering factors in smoothly running the services because of the bad bureaucracy that the governmental childcare institutions have which resulted from lack of good coordination.

"Social worker" participants indicated that there is a coordination problem of working in partnership with leaders or managers of the governmental childcare institutions. Since the leaders don't have the required knowledge to lead the "social workers" they do not understand their work. One "social worker" participant further explains by sharing a case scenario as follows:

> One time when we were doing reunification the manager of the institution goes to other place for training without signing a check that we need to get. Therefore parents who come from very remote areas to the cities in order to be reunified

with their children were forced to stay in the city unnecessarily. This happened several times, in which many "social workers" became upset, unsatisfied and they have left the institution.

In relation to this issue, according to the data obtained from SW-4, there is a lack of awareness about social work profession among the managers of the institution. The managers don't give value for the profession. They doesn't understand and give credit for what "social workers" do, in which they give "social workers" other jobs that doesn't concern them and "social workers" are forced to do silly things.

4.8.2. Materials

"Social workers" also face challenges related to materials. "Social workers" need different materials in their interventions with OVC. But the lack of needed materials is a big challenge for them. The study participants stated that there is material scarcity in delivery of basic needs like clothing, uniform and exercise book. In addition, there is lack of materials needed for reunification and "social workers" don't get the finance in appropriate time for these services. Furthermore there is lack of materials that are needed for recreation service. The data generated from KI-3 indicated that in counseling and recreation services the OVC need reward and appreciation like by giving toys. But these kinds of things are not done because there is a lack of material to fulfill this need.

4.8.3. Time

According to data obtained from key informants "social workers" face lack of enough time in their intervention. The interview conducted with KI-1 has indicated that "social

workers"doesn't have enough time to work in social relationship of OVC because they mostly spend their time in reunifying children, which forces them to go to different parts of the country. Moreover In reunification service, even if social work practice needs a lot of time, the "social workers" are given a limited time by managers of the institution based on the budget allowed to do the reunification. Hence the children get back to the streets within few days because "social workers" don't intervene with the child and the family that the child is going to be reunified with. For instance, when there is a conflict between child and his/her family since the conflict will not be resolved by "social workers" because of the budget and time issue. Consequently reunified children mostly come back to the street with in few days after reunification. This also affects "social workers" motivation. KI-2 put it as:

> "Social workers" don't practice professionally but based on the organizational culture and context. Since they are not practicing alone and they work with other stakeholders, they are supposed to match and work with them. For instance if one child cry because he/she doesn't want to be reunified to the family, "social workers" can't do anything thus they give the child to the family without any kind of intervention.

4.8.4. Motivation

"Social workers" face challenges in relation to their motivation to work in the institutions. The main causes of this motivational challenge emerged from lack of recognition and appraisal or rewards for the work that "social workers" do. According to "social worker" participants the work they are doing is very hard but other workers of the institutions including the managers don't understand this. In addition there are no motivational factors like rewards or

appraisals to keep them motivated and these make social workers to be discouraged and not to be committed in their job. In addition this resulted in a burnout of “social workers”.

Aside from not getting the appropriate appraisal from the managers of the institution which discourages the motivation of “social workers”, the study identified that there are other things that kills “social workers” motivation for their work. The participants stated that since the “social workers” contract for working in the institutions is in its ending position they asked for the institutions to renew their contract and employ them, by adding their payment scale, but this request was denied by the institutions. The participants declared that since “social workers” job is hard their payment should be increased so that their motivation to work will be maximized. In addition to this there are challenges related to resources. Appropriate resources are not given for needed intervention with OVC as a result there are “social workers” who become discouraged and who terminated from their job. This has also been confirmed by the observation conducted in all study sites, in which the governmental childcare institutions were facing high “social workers” staff turnover.

4.9. Prospects of Social Work Practice

The different data sources stated that even if “social workers” are facing many challenges in their practice some prospects exist in the governmental childcare institutions. The prospects or the opportunities that exist in theinstitutions help “social workers” in their practice with OVC. Even if it is not enough the main opportunities existing in the institution are open place for practice with OVC and trainings prepared for “social workers”.

Regarding having an open place for social work practice with OVC, SW-1, KI-1 and KI-3 indicated that there is opportunity to work with OVC in the compounds of the institutions. There is open area like office to social work practice, to work with other colleagues in the institution, to make decision freely and they have a chance for developing structure of service delivery for the OVC. The "social workers" get the opportunity to help a lot of OVC in one place. They can work at any time with them and they have the opportunity to solve problems, in theinstitutions.

Study participants explained that even if it is not enough and continuous there are training opportunities in the institutions for "social workers". The trainings are delivered by different organizations. Mainly UNICEF prepares trainings related to child care and they are given once a while. Furthermore there are trainings which are prepared for "social workers" by the governmental bodies through BoWCA. In similar instances "social workers" get trainings from other organizations through the link that they have with them.

4.10. Suggestions to Improve Social Work Practice

At last study participants were questioned about their suggestions to improve social work practice in their governmental childcare institution. All "social worker" participants including a key informant suggested that the governmental childcare institutions should be managed by people who at least have knowledge of social science and understand what social work practice is all about. They stated that, if the managers of the institutions have background knowledge on social science or social work profession it will be easier to communicate well and work together to give effective service for OVC. This will also help to fulfill the goals of the institutions and to

have effective communication between “social workers”. These help to give proper service to children. As SW-1 describes:

> I recommend the managerial position to be controlled by a social worker or a social science graduate because he/she has the knowledge gotten from the educational experience. This manager will have the necessary knowledge to manage the institution and they will have the ability to guide and lead other recruits. The managers of the institution also should be people who has a hart for serving children or who have interest in serving children by nature, so that better service can be given to children. The managerial position should not be given based on the manager political affiliation but it should be based on knowledge the manager occupies.

SW-2 added to the issue as follows:

> Peoples who hold the managerial position are not equipped with social work knowledge; they hold the position through political affiliations and experience. In general social work field has to be promoted for concerned bodies like, the institution “social workers” need to tell their job description so that they will not be assigned by the managers to do things that doesn’t concern them. There should be a well-defined job description that includes what should be done and what is expected from social workers.

Regarding the profession of social work, study participants suggested that the work need to be done by professionals and it should be supported by different bodies. Sw2 put it as:

> I recommend social work professionals to advertize and promote the profession. They should show they can do the job because it is done by nonprofessionals like people who are graduated by management are working as a social worker. Todevelop the profession, I think the work need to be done with concerned bodies like social workers, so that valuable service can be given to OVC. For poor country like Ethiopia most of the problems are social problems therefore social work and social science are very essential to solve this social problems and we are expected to work a lot

Participants asserted that to improve social work practice in the institutions, the government should give attention to the profession by supporting social science especially social workers with the help of all concerned bodies. For instance Universities and education minister of the country should give attention to the profession because social work professionals are needed in the country. Social workers also must work hard to promote their profession. KI-2 asserted that; since social work is humanitarian activity social workers should be committed to their work whatever or wherever they are working by not focusing on their payment.

The other key informant explained her suggestion to improve social work practice in the governmental child care institution by saying:

> The institution should facilitate and support the environment for “social workers” so that they can practice professionally. For managers of the governmental childcare institution and other stake holders or institutions that work with the governmental childcare institution, since the work is not done professionally by

> working together they should investigate what the profession is all about and what it should be, so that it can be done professionally. They should ask themselves to professionally practice social work what should we have to do? (KI-2).

Narrating about her suggestion to improve social work practice in the governmental childcare institution one of the key informants said, organization leaders should know and understand the use of "social workers" and what "social workers" are doing in giving services for OVC. Also if there are opportunities in education, material and finance, "social workers" will do a better job therefore these kinds of opportunities should be facilitated (KI-3). She added:

> There should be opportunities given for them in resource or material like stationary, so that they can use their ability efficiently to give effective service. Since the institution is a temporary living placement for children not permanent living place, for "social workers" if these materials are fulfilled the children will be reunified and reintegrated effectively on time. As well as the children numberliving in the institution will decrease this will be beneficial for the future of the institution so that it can be managed appropriately by avoiding overcrowding of children.

Another key informant stated there should be rewards prepared for "social workers" so that they can stay in the institution longer. These rewards can be given by the institution and a concerned body to avoid high turnovers like what is happening right now (KI-1). He added:

> When they first came to the institution "social workers" want to practice what they have learned but this becomes difficult because it can clash with the

institution situation. Therefore pre-training is essential for orientation about the organization after they are recruited. There should also be an attention given for "social workers" safety and security.

4.11. Summary

Many OVC are benefiting from institutional childcare system. In this childcare system "social workers" participate in delivering different kind of services to OVC. The study identified that the governmental childcare institutions use MoWA alternative childcare service list as a guide to give services for OVC. "Social workers" also use the five alternative childcare guidelines which are stated in MoWA alternative childcare guideline. Among the service lists and the five alternative childcare guidelines,"social workers" mainly deliver reunification and reintegration, foster care, referral and linkage and psychosocial services. Reintegration and reunification services have been identified as the major services of "social workers" given for OVC. These services are given based on UNICEFs IDFTR^{+} form.

The study also identified major roles of "social workers" in the institutions. The roles are identified under the services the "social workers" give to OVC. The "social workers" play a major role in family tracing, care giving, assessment, facilitating different services for OVC, advocacy, system development and research.

In terms of knowledge the study identified, all participants doesn't know the professional definition of social work. Also they don't know what social work practice is really about. Mostparticipants indicated that the social workers use their practice skill that they got from their experience in working with OVC.

The study indicated that the “social workers” of the institutions use communication, partnership and assessment skill. The participants of the study also indicated that they are not aware of NASW professional ethics and values. In addition the governmental childcare institutions don’t have any ethics or values that are prepared to specifically guide social work practice. The “social workers” use their personal and their professional background ethics and values to guide their practice.

Challenges and prospects of social work practice in the institutions have been identified by the study. The major challenges of “social workers” face in the institutions are related to the lack of; coordination, time, material and motivation. In relation to prospects of social work practice the study identified that in the governmental childcare institutions there are opportunities regarding the availability of open space for “social workers” to intervene with OVC and even if it is scarce there are also training opportunities given for “social workers”. At last the study participants indicated that the institutions should be managed by peoples who are graduates of social work and social science related fields, so that they can understand and give recognition for the work of the “social workers” and work together to facilitate effective services for OVC.

CHAPTER FIVE- DISCUSSION

5.1. Introduction

This chapter discusses the major findings of the study by comparing with other studies conducted in this area. Also, MoWA alternative childcare guideline of Ethiopia and NASW standard for social work practice in child welfare are used to discuss some findings of the study. Four sections are presented to discuss major themes of the finding.

5.2. Services of Childcare Institutions and Social Workers Role

The study identified that the governmental childcare institutions give services based on the MoWA alternative childcare guideline of Ethiopia. The general services stated in this guideline are used to guide the service delivery in theinstitutions. The alternative childcare guideline states the services as: - shelter, food, supplementary nutritional assistance, academic and/ vocational education, care and affection, health care and counseling, play and recreation, special care and attention for children with disabilities (MoWA, 2009 pp.14-15). Similarly the major services of the governmental childcare institutions are; food, cloth, shelter, health care, education, and psychosocial services that include play and recreation, counseling and services that help children to develop their physical, emotional and mental abilities. In one way or another, all of the services stated in the alternative childcare guideline are given for OVC in the governmental childcare institutions.

This finding of the study is quite similar with the finding of Biemba, Walker and Simon (2009). They stated that services provided by the GOs and NGOs for OVC include; food and nutrition, home based care, shelter, child protection, health care, psychosocial support, education

and skill training. Furthermore they identified five models of care. They are community based care, informal foster care, institutional care, mobile and home based care. Some of these models of care are similar to the five alternative childcare guidelines of MoWA. They are community care, foster care, reunification and reintegration, adoption and institutional care (MoWA, 2009). This study show that "social workers" select the best alternative childcare option that fits the client situation by using MoWA five alternative childcare guidelines presented to care for OVC. Among the five alternative childcare options most of the time "social workers" of the governmental childcare institutions engage in the placement of OVC to reunification and reintegration, foster care and adoption services.

The study indicates that, in the governmental childcare institutions,"social workers" take numerous roles in delivering services for OVC. The study identified the roles under the services of the "social workers". "Social workers" take the role of assessment and documentation of client's information, counseling in different psychosocial problems of OVC, family tracing in reunification service, teaching in life skill training, care giving in educational and vocational services, take the role of facilitator in facilitating different kinds of services. In addition they participate in; advocating for OVC needs, in system development of service delivery and in conducting research. Among these research findings some of them are shared by the study of Ngwu (2009), who stated social work practice roles as broker of human services, teacher, counselor, advocator, case manager, facilitator, enabler, activist and other roles in health care of OVC.

The findings of this study showed "social workers" take social catalyst role by taking the responsibility of giving services to bring change in the life of OVC. In individual level "social

workers" use the information gained from their assessment to link OVC with needed services like,medical checkup, education and counseling. They facilitate different services for OVC by coordinating with their colleagues and other institution workers and they directly provide counseling, assessment, advocacy, search for families/ relatives and background check. "Social workers" also participate in changing the service delivery system of the institutions. This is supported by the finding of Rosichy & Northcott (2010). The study found that social workers take social catalyst role and become responsible for the provision of services that will bring about change for the individual, family, community, or system. In individual level, social workers will: use information gained from an initial assessment to link children and families with needed services (e.g., counseling, medical, educational, legal, mediation); facilitate intra and inter system coordination by coordinating services in one domain (e.g., health) with services in another (e.g., employment) and/or provide services directly (transportation, counseling, preparation for court, advocacy, high quality assessments for both children and families, child welfare check, search for relatives, background check). On a broader level, social workers also advocate for systemic change (pp.3-4).

5.3. Knowledge and Skill of Social Workers Working in Childcare Setting

The study indicates that "social workers" use their practice knowledge or the knowledge that is gotten through their experience in their practice with OVC. And only one "social worker" participant stated she uses theory that she learned in her educational background, therefore the study indicated that there is a lack of practicing social work theory in the institutions. This supported the findings of Colburn (2010) who outlined there is a lack of practicing social work

theory specifically in counseling services in his study of orphan care and social work practices in orphanages of Accra in Ghana.

The finding of this study shows that there is lack knowledge about social work practice in institutional childcare system. Participants don't know the professional definition of social work or what social work practice is all about. Plus, most of the participants are not trained in social work profession. In addition, the governmental childcare institutions had neither social work definition nor job description for social workers. Therefore they don't know what social work practitioners in childcare institutions should be equipped with to give services for OVC. This knowledge gap compromised services of "social workers". For instance in reunification and reintegration the specific activities that should be done under these services are ill managed because of the lack of professionally trained social workers. This also created challenge in the collaboration of"social workers" and the managers or social worker supervisors to give services for OVC. In the middle the children are being affected because they are not getting the appropriate services they need to get from the institutions "social workers".

The study showed that there is a lack of practicing essential social work theories in the governmental childcare institutions. Most"social workers" don't know and implement social work theoretical knowledge in their practice like child development theory, parenting styles and etc…. in contrary to this finding according to NASW standard for social work practice in child welfare, there is standard about the knowledge requirement of social workers who are working in child welfare. Standard 5 stated that "social workers in child welfare shall demonstrate a working knowledge of current theory and practice in child welfare.Social workers in child welfare shall

possessknowledge related to child development,parenting issues, family dynamics, and thecommunity/local systems where the client lives in (NASW, 2005p.13)".

Findings showed that "social workers" use communication, collaboration and assessment skill. By using communication skill "social workers" develop good rapport with the children and assess their background to document the right information which will be used in future interventions. "Social workers" also use their communication skill in intervention sessions with OVC by encouraging them verbally and non-verbally. "Social workers" also interact with the children friendly, play with them and listen to them, which helps to develop a good rapport. This communication gradually grows in to OVC trusting "social workers". Plus this development of trust helps the "social workers" in their intervention with OVC.

By using collaboration skill, "social workers" of the governmental childcare institutions work with different institutions to give services to OVC. "Social workers" work with different institutions that work with disabled and HIV/AIDS affected children. By using the link that they have with these institutions they refer OVC who are disabled and HIV/AIDS affected to them. Assessment skill is also applied by "social workers". Using this skill "social workers" ask different questions to elicit the right information about OVC background. Some of the findings of this study are similar with NASW (2005 p.10) standard for social work practice in child welfare. Standard 1 stated that –"child welfare requires knowledge and skills in assessment, active engagement, intervention, the use of authority, and an expert ability to negotiate and manage appropriate community resources".

In respect to the requirement of knowledge to supervise social workers, the study showed that the institutions managers are in charge of supervising "social workers". But none of the

supervisors neither have a graduate degree in social work nor have received training related to social work supervision. Participants in this study suggested that to improve social work practice of the institutions, the governmental childcare institutions should be managed by people who at least have knowledge of social work or social science, so that they can understand what social work practice is all about and remove challenges related to coordination. Consequently, they said, problems related to coordination which resulted from the lack of understanding about social work practice will be resolved and effective service will be given for OVC.

In relation to this finding of the study about the knowledge of social work supervisors NASW has settled a standard to this specific issue. But the standard is quite opposite to the findings of this study. NASW standard for social work practice in child welfare standard 16 declared that social work administrators in child welfare shall ensure appropriate, effective service delivery to children and families. The administrator, in accordance with legal mandates, shall establish the policies, procedures, and guidelines necessary for effective social work practice in child welfare. The administrator is expected to have a graduate degree from a CSWE social work program and at least five years post graduate, direct child welfare experience. He/she must be competent in management activities such as budgeting, financial planning, public speaking, fund raising, and navigating the political process. He/she must be licensed to practice social work as prescribed by law in his or her state and hire social work staff with accredited BSW and MSW degrees, demonstrated work skills, and characteristics that reflect the ethnic composition of the clientele served by the agency. He/she must establish a salary schedule that is fair and reasonable with regard to the social worker's education, work experiences, and job responsibilities. He/ she should recruit and allocate program funds sufficient for emergency, ongoing, and family support services and establish operational definitions of child abuse,

neglect, sexual abuse, emotional abuse, and exploitation of children. Furthermore, the administrator should work to constantly improve services to clients by using written policies and procedures for monitoring day-to-day program operations to include: continuous quality improvement systems; workload and caseload size; clients' rights; training for leadership; and work environment safety (NASW, 2005 pp. 30-31).

Unlike the above standard, the findings of this study show that since some managers of the institutions are graduates of management, they may fulfill the criteria of being competent in management activities. Other than these criteria most of the mandates listed above are not fulfilled by the managers of the institutions or the "social workers" supervisors. This shows there is a gap in practicing essential tools to manage the governmental childcare institutions. But the tools help the managers and the "social worker" staff to have the knowledge, skill and value to assist the clients or the OVC effectively.

5.4. Value and Ethics of Social Workers in Childcare Institutions

The findings of this study revealed that none of the participants know NASW professional social work values and ethics hence, the "social workers" of the institutions don't apply them in their practice. "Social workers" don't have any values and ethics prepared to specifically guide their practice with OVC. Some use their own values and ethics and others use their professional background values and ethics. The study identified love, confidentiality, not abusing the child and consent of the child as the values and ethics "social workers" use in their practice.

In this line NASW (2005, p.10) standard for social work practice in child welfare standard 1 states that,“social workers in child welfare shalldemonstrate a commitment to the valuesand ethics of the social work profession,emphasizing client empowerment andself-determination, and shall use the NASWCode of Ethics (1999) as a guide to ethical decision-making”. NASWCode of Ethics (1999) has stated five core values of social work, under them the standard has settled ethical principles that guide social work practice. They are; service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence. The standard also settled sixteen standards related to social workers ethical responsibilities to clients. Among them some are similar to the findings of this study. They are confidentiality and informed consent. The study identified that social workers respect the confidentiality of OVC, in which they don’t disclose any information to others regarding their clients, but there are some information’s given for the purpose of reporting. Similar to these finding,NASWCode of Ethics(1999 p.11) standard 1.07 stated that; social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person.

Regarding informed consent the study found that in providing service like counseling the service is given based on the willingness of the child to get the service or not. The “social workers” don’t influence the child to be counseled; instead they inform him/her about the service. In relation to this issue NASW code of ethics standard 1.03 states; social workers should provide service to clients on valid consent. Social workers should use clear and understandable

language to inform clients of the purpose of the services, risks related to the services, limits to services(NASWCode of Ethics,1999).

Corresponding to some of the findings of this study, NASW standard for social work practice in child welfare standard 6 states that; Information obtained by the social worker from or about the client shall be viewed as private and confidential, unless the client gives informed consent for the social worker to release or discuss the information with another party. There may be other exceptions to confidentiality as required by law or professional ethics. Social workers should be familiar with national, state, and local exceptions to confidentiality, such as; mandates to report when the client is a danger to self or others and for reporting child or elder abuse and neglect. Clients should be informed of the agency's confidentiality requirements and limitations before services are initiated (NASW, 2005 pp.17-18).

5.5. Challenges and Prospects of Social Work Practice in Childcare

In respect to the challenges of social workers working in the governmental childcare institutions, the results of the study indicated that "social workers" face coordination, material, time and motivational challenges. Regarding the lack of coordination of services to effectively serve OVC, the study reviled that there is lack of coordination between "social workers" and other workers of the institution. Also there is coordination challenge between "social workers" and other institutions in helping OVC. This is because the managers hold the position not by their knowledge but by their politicalaffiliationand they don't have the required knowledge to supervise the "social workers" which resulted in not understanding what social work practice demands. This becomes a hindering factor to give services in collaboration.

Plus the lack of coordination with other governmental institutions specifically with BoWCA is also indicated. The study indicated that there is a bad bureaucracy that exists in governmental level or in BoWCA office and in the governmental childcare institutions to give services for OVC. Similar to this finding, the study of Colburn (2010) about orphan care and social work practices in orphanages confirmed that, there are bureaucracy problems within the government in general and in department of social welfare. The study also identified problems within the government like corruption problems but this is not identified by this study as a challenge.

In relation to challenges of "social workers" the findings of this study revealed that there are challenges of coordination, time, material and motivation. Unlike these finding, Walsh and Trish (1999) found that demoralization is the current issue for social workers. The sense of demoralization has grown with in social work profession because of three reasons. The first one is there is a growing dominance of child protection discourses which located social workers and clients in opponent positions. Second social work become an increasingly public and political activity in which a number of cases were discussed in media as well as in various formal inquires, social workers were facing complex cases and were feeling personally accountable for their professional practices. Third social work was increasingly being framed by legal discourses.

A study conducted by Branhammar and Edstrom (2012) identified two challenges working with street children. The first one is the some street children run away from the institutions because in the street there is no one to control them but, inthe institution they are controlled in by rules and regulations. The second one is economical challenge, in which there is a lack of budget for the services. The second challenge is shared by the finding of this study,

which stipulated that there are problems related to scarce of materials or resources to give services for OVC,this happen because of the financial constraints that the governmental institutions are facing.

This study stipulated that “social workers” don’t have enough time to work in social relationship of OVC because they mostly spend their time in reunifying children, and this forces them to go to different parts of the country. Moreover in reunification service the “social workers” are given a limited time by managers of the institution based on the situation and budget allowed to do the reunification. Hence the children get back to the streets within few days after their reunification because,“social workers” don’t intervene with the child and his/her family. In reunification even if children doesn’t want to be reunified with their family they are forced to get back to their family without any “social workers”intervention. This is opposed to the findings by Branhammar and Edstrom (2012), They identified that in reunification of children and their families, some children do not want to go back home, which make it hard to help them. But in the program the personnel’s never force a child to reunification; instead they discuss it together with both the child and the family.

This study identified lack of coordination or cooperation with in the institution managers and with BoWCA as a challenge. In contrast to this finding the study of Branhammar and Edstrom (2012) identified cooperation as a prospect for social work practice and it helps to give services to OVC. The study found that personnel working in the street children care program use their cooperation with other organizations and authorities that also work with street children as an opportunity to give services for children. In contrary, the findings of this study indicated that

even if it is not enough the main prospects existing in the childcare institution are open place for practice with OVC and trainings prepared for “social workers”.

CHAPTER SIX- CONCLUSION AND SOCIAL WORK IMPLICATIONS

6.1. Introduction

In this chapter conclusion of the study and social work implications are presented. Both of them are elicited from the findings of the study. The conclusion part presents the findings of the study in relation to the research questions. The social work implications part presents the implication of the study finding to different bodies who are interested in incorporating the study finding for future use. Consequently implications for research, for social work education, for social work practice and for social policy are presented.

6.2. Conclusion

The general objective of this study is to explore social work practice in the governmental childcare institutions of Addis Ababa. Consequently, Kebebethehay, Kolfe and Kechene governmental childcare institutions were the places where the study was conducted on. The study indicated that the major services of “social workers” are doing reunification and reintegration for OVC. In addition, foster care, referral, adoption and psychosocial support services are given by “social workers”. Under each service the “social workers” play numerous roles. The study found that the social workers of the institutions take the role of family tracing, care giver, facilitator, advocator, assessment, system developer and researcher.

In relation to “social workers” use of knowledge and skill, except one “social worker” participant, the study indicated that all “social workers” use their practice knowledge when they are working with OVC. As well as, except one participant none of them are graduates of social work profession.However, none of the participants gave the professional definition of social

work. The study shows there is a gap in practicing social work theories that are essential for effective intervention with OVC because, most “social workers” don’t know social work theories and even if they know it they don’t practice it. In addition, the study indicated that “social workers” use skills of communication, partnership and assessment.

“Social workers” are neither guided by NASW code of ethics nor other ethics and values that are prepared to specifically guide social work practice. “Social workers” use ethics and values of their own and other professions that they are graduated from. Giving love, not abusing children, keeping the confidentiality and consent of OVC are identified as the ethics and the values of the “social work” participants.

The results of this study confirmed that social work practice in Addis Ababa governmental childcare institutions is not given due consideration by the “social workers” supervisors or managers of the institutions and BoWCA. Social work practice in the institutions is entangled with several challenges that are complicated and intricate. The challenges are lack of; coordination, time, material and motivation to practice social work. These resulted in a high “social workers” staff turnover. Although challenges are the hindering factors of social work practice, still there are prospects that promote and facilitate social work practice in the institutions. The assets stipulated by the participants of the study include: having an open place for practice with OVC and trainings prepared for “social workers”.

In general, from the findings of the study and by comparing to the literatures and studies, it is clear that there is a knowledge gap among participants on what social work is really all about and what the practice demands; especially this is shown among the managers or the supervisors of the “social workers”. Consequently this knowledge gap has created a challenge on

collaboration among the “social workers” and the managers who in this case are working as “social workers” supervisors. Because of this knowledge gap, social work practice in the governmental childcare institutions is not implemented appropriately or professionally. Even if the “social workers” in the institutions hold the job title of a social worker, they don’t practice it professionally. This has an impact on social work service delivery or it affects the quality of service given for OVC because the way the “social workers” practice their profession is compromised, therefore the children will not get the appropriate services that they need to get.

6.3. Social Work Implications

The findings of the study indicated that the social work service provision in the governmental childcare institutions is facing many challenges and it needs to be improved. The gaps in the service provision needs to be addressed in different ways. As a result this study has proposed various social work implications in relation to research, education, practice and policy.

Regarding implication for future research, the study will give a highlight about social work practice in institutional childcare setting and can be a starting point for future researchers who are interested to further investigate the matter. Therefore, this study indicates potential thematic areas for future research. Conducting intensive study and involving other stakeholders like BoWCA personnel as study participant. Also involving different collaborative agencies to study implementation of social work practice is another direction for future research. In other word social workers cooperation and relation with different stake-holders can be studied. Also, other research can be conducted by comparing social work practice in governmental and nongovernmental childcare institutions. This may help to increase understanding of social work

practice from different settings in comprehensive and in-depth way. In addition, the effectiveness of social work service delivery in addressing clients' needs can be examined.

In Ethiopia there appeared to be a dearth of research that assesses social work practice in childcare institutions. For this reason less is known about the role, knowledge, skill, value and ethics, challenge and prospect of social work practice in governmental childcare institutions. Therefore, this study indicates there is a need to conduct more research to understand social work practice in childcare institutions. Generally, considering that there is a lack of research conducted on social work practice in childcare institutions before, as an exploratory research this study findings offer valuable contributions to enhance our understanding on social work practice in governmental childcare institutions.The study makes a contribution towards indicating the knowledge gap that exists in social work practice in institutional childcare setting.

Regarding Implication for social work education the study has shown the importance of professional social work education for effective social work service delivery. Therefore there should be a lot of professional social workers who are trained and equipped with the knowledge of social work practice in institutional childcare setting. In addition, the different roles, skills, knowledge and values and ethics that are used to give services for OVC should be thought for social work students and for the "social workers" of the governmental childcare institutions too. This can be done through training or formal education of social workers in a higher number. In the process the governmental childcare institutions can play a great role by facilitating the training or the educational opportunities for their "social workers".

The governmental childcare institutions should realize the gap that their unqualified managers created in the childcare institutions social work practice and should facilitate training

and education opportunities for the managers or social workers supervisors or hire new managers who are professional social workers. This should be done because; the knowledge gap that exists in the managers of the institution on what social work practice in institutional childcare demands can be mitigated. Plus, the challenges of coordination and bad bureaucracy resulting from this gap can be resolved. Also Addis Ababa University School of social work and other universities that teach social work should focus on and teach students the specific roles, knowledge, skill, value and ethics that social workers must use when they are working with OVC in institutional childcare setting. They should educate and graduate these kinds of students in a higher number because these types of equipped social workers are needed to care for the growing number of OVC who need special care and treatment in the country.

The findings of this study show the importance of having professionally trained social workers and social workers supervisors. This finding can be used as an input for social work practice in childcare setting like it can be used for teaching the roles played by social workers in childcare institutions. Also it can be used for advocacy and training programs in raising the awareness of different stake holders and the community on social work practice in institutional childcare system. The awareness can be about the negative impact of not having professionally trained social workers and supervisors on childcare institutions social work practice.

Regarding implication for social work practice, the findings of this study identified that there are challenges of coordination to give different services for OVC in the institutions between "social workers" and their supervisors or the managers of the institutions. This is because there is a lack of understanding among the managers of the institution about what social work practice demands. The lack of understanding is not only among the managers of the childcare institutions

but also with in the social workers themselves. Most social workers don't know what kind of professional social work knowledge, skill, value and ethics that they have to use in working with OVC. Both the managers of the institutions and except one social worker all "social worker" participants doesn't have an educational background on social work profession this has created a service gap for OVC and a misunderstanding of what social work practice in childcare setting demands.

Therefore this problem resulted in not giving OVC appropriate social work services that they need to get. This study provides social work practitioners with an understanding that could help them reflect upon their practices and service delivery processes. It also indicates the need to hire professional social workers who are equipped with the knowledge and skill to help OVC. In addition, it informs the governmental childcare institutions on the need to have specific service provision standards and guidelines for social work practice. This can be prepared in terms of job description for social workers. Furthermore, except one "social worker" all "social worker" participants in this study use practice knowledge in giving services for OVC, this reflects the tremendous gap of not having the required knowledge and skill to use essential social work theories in childcare. Thus it indicates the importance of having qualified or professionally trained social workers to help OVC effectively. Generally both the social work supervisors and the social workers must have professional social work knowledge, so that these problems can be avoided.

Regarding implication for policy, the findings of this study demonstrated that in Ethiopia there are no documents that explicitly designed to guide social work practice in childcare settings or in child welfare. Even if the alternative childcare guideline put institutional childcare as one

option to care for OVC, it does not provide specific and comprehensive guideline for social work practice in the institutional childcare system. The findings imply that there is a need for a well-developed standard for social work practice in childcare setting, in order to address the challenges of "social workers" in institutional childcare system. The BoWCA of the country can play a great role by raising awareness to the public through media about social work practice in institutional childcare settings and developing a standard for social work practice in childcare settings so that social workers can practice their profession without confusion on what they should do or what they should not do and this will help to alleviate the assignment of "social workers" to the jobs that that doesn't concern them. Also based on this guideline the childcare institutions can develop job descriptions to specifically guide their "social workers".

The findings also inform the country's social welfare structure to specifically support social work practice in institutional childcare setting. This can be done by improving social workers payment. This will help to alleviate the challenge of high staff turnover that the governmental childcare institutions are facing. Because one of the reasons the high staff turnover appears is because of the lack of appraisal, reward and attention given to "social workers job", which killed "social workers" motivation to stay and work in the governmental childcare institutions.

Furthermore, the study indicates that social work services provided by the GO and NGOs must develop and have clearly stated standards for social work practice in childcare. In this regard the BoWCA should take the appropriate measures to analyze the impact "social workers" have in institutional childcare settings and form rules and regulations regarding social work practice in institutional childcare setting. This can be done by clearly developing policies regarding the recruitment of social workers in childcare institutions. The policies should include

rules that mandate organizations that hire personnel's in social work position, to recruit professional social workers not other related fields. This will help to alleviate the gap in practicing social work knowledge, skill, value and ethics and helps to give effective social work services for OVC.

It is very important to have a standard to guide social work practicetherefore NASW has developed a standard for social work practice in child welfare. The standard helps social workers as guideline and to give effective services for children. For that reason, social workers in Ethiopia also need specific guidelines to the specific area of their practice. In this case concerned bodies like BoWCA and ESSSWA (Ethiopian Society of Sociologists, Social Workers and Anthropologists) should develop social work practice standards in childcare settings. The findings of this study showed that social work service has a great value in helping OVC therefore to improve social work services; the government should also consider social work services as essential for OVC care, so in childcare policy making the government should incorporate social work services, in order to give better childcare services.

In general the finding of this study is the potential source of information for those conducting the study in line with social work practice in institutional childcare settings. This study pointed the process of social work service delivery in institutional childcare system, the roles of "social workers" in the services they give, "social workers" application of knowledge, skill, value and ethics were also shown. Also "social workers" challenges and prospects were identified. These findings can be used as an analysis on social work practice in childcare institutions and helps to develop, policy, programs and plans that intend to help OVC who are getting services from institutional childcare settings.

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Annexes

Table 1: Background Information of Social Worker Participants.

Participants' code	Sex	Age	Educational background (training)	Work experience in the governmental childcare institution as a social worker	The social worker works in
SW-1	Male	32	BA in disaster and risk management and MA in social work	5 years	Kechene governmental childcare institution
SW-2	Male	32	BA in Psychology and MA in developmental psychology	8 months	Kechene governmental childcare institution
SW-3	Male	29	BA in psychology	3 years	Kolfe governmental childcare institution
SW-4	Female	31	BA in sociology	4 years	Kebebethehay governmental childcare institution

Source: Researcher's Field in depth interview, 2017

Table 2: Background Information of Key Informants.

Participants'	Sex	Age	Educational	Institution they	Position in the	Work

code			background	work in	governmental childcare institution	experience in the governmental child care institution
KI-1	Male	34	BA in Biology and MA in Microbiology	Kolfe governmental childcare institution	Manager of the institution and supervisor of social workers	1 year
KI-2	Female	35	BA in sociology and MA in general management	Kebebethehay governmental childcare institution	Manager of the institution and supervisor of social workers	3 years
KI-3	Female	39	BA in developmental study and MA in public management	Kolfe governmental childcare institution	Manager of the institution and supervisor of social workers	6 years

Source: Researcher's Field in depth interview, 2017

Consent Form for Research Participants

Research Title: Social Work Practice in Institutional childcare system: The Case of Governmental Childcare Institutions in Addis Ababa

Researcher Information: Name: Rahel Assefa

Tel. +251913735958

Email: - raheldia17@gmail.com

Post graduate student in School of Social Work, Addis Ababa University

Purpose of the Study: The purpose of this study is to explore social work practice in institutional childcare system by focusing on governmental childcare institutions of Addis Ababa. I am doing this research for senior essay in partial fulfillment of master degree in social work education that I am attending in AAU. This study will not be possible without the participation and partnership of you because the information that you provide will be used in developing knowledge in the area. Therefore I kindly request your participation so that you can provide me important information for the success of my research.

Description of the Study: for data collection the researcher will conduct interviews and observation. One session of an in-depth interview is estimated to take one and half hour and an individual participant will have at least two contacts with the researcher. The use of tape recorder and taking notes in the in-depth interview will be essential to correctly capture the conversations for later use. The recordings will be locked in a safe place, they will not be exposed to any other person and they will be destroyed after the study.

Inclusion Criteria: The inclusion criterion for this research is the participants must be working as a social worker in the governmental childcare institutions and the social workers' supervisors. In addition the participants must have worked in their job position for more than six months and they should be willing to participate in the research.

Exclusion Criteria: social workers' of the governmental childcare institutions and their supervisors who have less than six months of experience in their job position and who are not willing to participate in the research are excluded from participating in the study.

Benefits: This study may not have an immediate benefit to the participants of the study in the time of data collection. However, the finding of the study may come up with various benefits such as improving the public attention and policy inclusion for social work practice in governmental childcare institutions.

Participation: you have to know that your participation is voluntary; therefore you have the right to refuse to participate in the study. In addition you have the right to skip questions that you don't want to answer and if you have question regarding the study you can ask before or after the interview.

Privacy and confidentiality: comfortable places will be used to conduct the interviews of participants based on their choice. Primarily I will respect your right to confidentiality unless the information that you will give cause harm to yourself or others and doesn't violate the law of the country. I will also respect your right to confidentiality by not identifying your identity with what you will say or I will not cite your actual name with in the research report. You should know that

your participation in the research will not affect your relationship with your family and community because all information you are going to give will be kept confidential between us.

If you have any doubt, concerns and questions you can contact me on my telephone. I would like you to sign below if you agree on the above terms and if you are interested to participate in this research.

Participant Code _____

Signature _____ Date _____

Name of the researcher _____

Signature _____ Date _____

Interview Guide Questions for Social Worker Participants

I. Background Information

Sex:

Age:

Educational back ground?

Current position

How long have you been practicing as a social worker in this childcare institution?

II. Social workers role in the child care institution

1. What is the process of service delivery to OVC?
2. What are the services you deliver to OVC?

-Types of services as stated in the service standards of the Ministry of Women and Children Affairs: - shelter, food, supplementary nutritional assistance, academic and/ vocational education, care and affection, health care and counseling, play and recreation, special care and attention for children with disabilities

3. What is the importance of social work service for the organization? (for the children, for smooth service delivery and for smooth communication between children and their care givers)
4. What is the importance of social work service for the clients?

5. What are the roles that you undertake as a social worker?

-Education, fundraising, service projects and academic internships

-Broker of human services, teacher, counselor, advocator, case manager, facilitator, enabler, activist and other roles in health care of OVC.

- Clinician, case manager, consultant, advocate and system development

- Social analyst, social catalyst and social activist.

III. **Knowledge and skill base of social work practice**

6. What is social work or how do you define social work?
7. What kind of knowledge that you use in delivering services to your clients as a social worker?

- Knowledge based in theoretical, factual or practice

8. What kind of skill that you use in delivering services to your clients as a social worker?

- Social work skill like communication, listening, assessment

- Other professional skill

- Personal skill

V Ethics and values that guide social work practice

9. What are the values and ethics that you use in your practice?

   - Social work values and ethics
   - Organizational values and ethics
   - Other professional values and ethics
   - Personal values and ethics

10. What kind of practice standards or guidelines do you use in your practice? (International/ NASW or domestic/Alternative Child Care Guideline)

VI. Challenges and prospects of social work practice

11. What are the challenges you have been facing during your social work practice?

    - Hindering factors related to resources (finance, human and material), the absence of guidelines or policies, effective care planning and professionalization of social work, participation in decision making, lack of awareness about the profession, motivational issues.

- From the institution, community, collaborative agencies, clients, agency supervisor, or any other

12. What are the prospects that promote social work practice?

- Professional growth and development of the social workers'
- Cooperating with other organizations and authorities to support OVC
- Support young people by developing close relationship between them and staff
- To react and respond to client situation by preparing care plan
- Assets in the institution, community, agencies, clients, agency supervisors, resources (finance, human and material) or any other
- What do you suggest to improve the current social work practice in the institution? (expected roles from the institution, agency supervisor, clients or any other)

13. Do you have anything to say or to add?

Thank you for your participation

Interview Guide Questions for the Key Informants

I. Background information;

Sex:

Age:

Educational back ground?

Position in the childcare institution?

How long have you been practicing as social workers' supervisor or manager of the childcare institution?

II. Social workers' services in the child care institution

1. What is the process of service delivery for OVC?
2. What are the services provided by social workers' for OVC?

   - Types of services as stated in the service standards of the Ministry of Women and Children Affairs; shelter, food, supplementary nutritional assistance, academic and/ vocational education, care and affection, health care and counseling, play and recreation, , shelter, psychosocial, education, legal protection, healthcare and counseling, play and recreation, special care and attention for children with disabilities

3. What is the importance of social work service for the organization?

4. What is the importance of social work service for its clients?
5. What are the major contributions of social workers' in the care of OVC? (for the children wellbeing, for smooth service delivery and for smooth communication between children and their care givers)

III. **Social workers role in the child care institution**

6. What are the roles of social workers' in the service delivery?

- Education, fundraising, service projects and academic internships

-Broker of human services, teacher, counselor, advocator, case manager, facilitator, enabler, activist and other roles in health care of OVC.

- Clinician, case manager, consultant, advocate and system developer

- Social analyst, social catalyst and social activist.

7. What are the major roles that you undertake as a social workers' supervisor?

V. Knowledge and skill base of social work practice

8**.** How is the profession of social work defined by your organization?

9. What kind of training do you receive specific to supervision of social workers?

10. What kind of the knowledge is being utilized by social workers in their practice? (theoretical, factual and practice)

11. What are the skills being utilized by social work

- Social work skill like communication, listening, assessment

- Other professional skill

- Personal skill

VI. Ethics and values that guide social work practice

12. What are the ethics and values that guide the social workers practice? (Personal values and ethics, social work values and ethics, organizational values and ethics or any other professional values and ethics).

13. What kind of practice standards or guidelines do you encourage the social workers to use in their practice? (International/ NASW or domestic/Alternative Child Care Guideline)

VII. Challenges and prospects of social work practice

14. What are the challenges social workers are facing in their practice?

- Hindering factors related to resources (finance, human and material), the absence of guidelines or policies, effective care planning and professionalization of social work
- From the institution, community, collaborative agencies, clients, agency supervisor, or any other

15. What are the prospects that promote social work practice?

- Professional growth and development
- Cooperating with other organizations and authorities to support OVC
- Support young people by developing close relationship between them and staff
- To react and respond to client situation by preparing care plan
- Assets in the institution, community, agencies, clients, agency supervisors, resources (finance, human and material) or any other
- What do you suggest to improve the current social work practice in the institution? (expected roles from the institution, agency supervisor, clients or any other)

16. Do you have anything to say or to add?

Thank you for your participation

Observation Checklist

This observation checklist helps the researcher to understand services delivered by social workers to OVC in the childcare institutions.

1. The living condition of the children, housing, clothing and food item they consume
2. Physical setting
3. The different rehabilitation services children receive from social workers
4. The children's interaction with social workers
5. Children's interaction among themselves

የጥናቱተሳታፊዎችንፍቃደኝነትመተየቂያቅፅ

የጥናቱርዕስ፡-ሶሻልወርክትግበራበአዲስአበባውስጥበሚገኙመንግስታዊየህፃናትእንክብካቤመስጫተቋማት

የጥናቱባለቤትግላዊመረጃ፡- ስም፡ራሄልአሰፋ

ስልክ፡ 0913735958

ኢሜል፡ raheldia17@gmail.com

በአዲስአበባዩንቨርሲቲሶሻልዎርክትምህርትቤትየማስተርስተማሪ

የጥናቱአላማ፡-

የዚህጥናትዋናአላማየሶሻልወርክትግበራንበአዲስአበባውስጥበሚገኙመንግስታዊበሆኑየህፃናትእንክብካቤመስጫተቋ ማትምንእንደሚመስልማጥናትነው፡፡ይህጥናትየሚደረገውበአዲስአበባዩኒቨርሲቲሶሻልወርክት/ቤትለማስተርስዲግሪ ማሟያነትነው፡፡ጥናቱያለእናንተተሳትፎእናትብብርውጤታማአይሆንም፡፡ስለዚህትክለኛዉንመረጃለመሰብሰብየእናን ተመልካምፈቃድናሙሉተሳትፎወሳኝነትአለው፡፡ስለሆነምንቁተሳትፎበማድረግለጥናቱመሳካትየበኩላችሁንአስተዋፆ እንድታደርጉስልበአክብሮትእጠይቃለሁ፡፡

ስለጥናቱመግለጫ፡-

የጥናቱባለቤትየቃለመጠይቅእናየምልከታዘዴዎችንበመጠቀምአስፈላጊውንመርጃየምትሰበስብሲሆንአንድቃለመጠይ ቅከአንድስአትእስከአንድስአትተኩልሊወስድ

ይችላል፡፡በቃለመጠይቅወቅትድምፅመቅጃመሳሪያእናፅሁፍበመጠቀምመረጃዎችበአግባቡየሚያዙሲሆንዋናዓላማው ምየጥናቱንወይምየቃለመጠይቁንመረጃሙሉበሙሉበመያዝየጥናቱባለቤትለማስታዎስናየተፈለገውንመልዕክትመረዳ ትእንድትችልለማድረግነው፡፡የተሰበሰበውመረጃበሚስጥርነትተይዞጥናቱከተጠናቀቀበኋላየሚወገድይሆናል፡፡

ተሳታፊዎችንመመልምያመስፈርቶች፡-

በዚህጥናትተሳታፊየሚሆኑትበአዲስአበባውስጥበሚገኙመንግሰታዊየህፃናትእንክብካቤመስጫተቋማትየሚሰሩየሶሻል ወርክባለሙያዎችናየቅርብአለቀዎቻቸው (supervisors)ናቸው፡፡ከዚህበተጨማሪምየጥናቱተሳታፊዎችአሁንባሉበትየስራመደብቢያንስለስድስትወራትየሰሩና ለመሳተፍፈቃደኛየሆኑመሆንአለባቸው፡፡

ተሳታፊያልሆኑትንመለያመስፈርቶች፡-

በአዲስአበባውስጥበሚገኙመንግሰታዊየህፃናትእንክብካቤመስጫተቋማትየሚሰሩየሶሻልወርክባለሙያዎችናየቅርብአ ለቃዎቻቸው (supervisors)ሁነው፤አሁንባሉበትየስራመደብከስድስትወራትበታችየሰሩናፈቃደኛያልሆኑናቸው፡፡

በጥናቱመሳተፍየሚያስገኘውጥቅም፡-

በዚህጥናትመሳተፍየሚያስገኘውቀጥተኛየሆነጥቅምየለውም፡፡ነገርግንከጥናቱየሚገኘውንዉጤትመሰረትበማድረግመ ንግስታዊበሆኑየህፃናትእንክብካቤተቋማትለሚሰሩየሶሻልወርክባለሙያዎችተገቢውንትኩረትናየፖሊሲማዕቀፍእንዲያ ገኙበግብዓትነትሊያገለግልይችላል፡፡

በጥናቱመሳተፍሊያስከትላቸውየሚችሉጉዳቶች፡-

በዚህጥናትመሳተፍሊያስከትለውየሚችልበግልፅየተለየ/የሚታዎቅጉዳትየለም፡፡ነገርግንበጥናቱዝርዝርሂደትውስጥሊ ፈጠሩየሚችሉችግሮችንለመከላከልበጥናቱባለቤትተገቢጥንቃቄይደረጋል፡፡

ተሳትፎ፡-

በዚህጥናትመሳተፍሙሉበሙሉበፈቃደኝነትላይየተመሰረተሲሆንማንኛውምተሳታፊበየትኛዉምጊዜናሁኔታያለመሳተፍሙሉመብትአለው፡፡በተጨማሪምተሳታፊዎችመመለስየማይፈልጉትንጥያቄያለመመለስሙሉመብትአላቸው፡፡ስለጥናቱየሚኖራቸዉንማንኛውንምጥያቄጥናቱከመደረጉበፊትምሆነበኋላመጠየቅይችላሉ፡፡

ሚስጥርጠባቂነት፡-

ለጥናቱተሳታፊዎችአመችየሆነቦታተመርጦቃለምልልሱይደረጋል፡፡በመጀመሪያበጥናቱባለቤትየተሳታፊዎችንመረጃበሚስጥራዊነትየሚያዝሲሆን፤ሙሉበሙሉተግባራዊየሚሆነውግንመረጃውየተሳታፊዎችንወይምየሌሎችንደህንነትአደጋላይየሚጥልእናየሃገሪቱንህግየሚጥስሆኖእስካልተገኘድረስብቻነው፡፡እነዲሁምየተሳታፊዎችንማንነትየሚገልፅማንኛውምነገርየጥናቱሪፖርትየማይጠቀምሲሆንየተሳታፊስምከመረጃጋርተያይዞይፋአይደረግም፡፡በጥናቱላይበመሳተፎከቤተሰበዎ፤እነዲሁምከማህበረሰቡጋርያለዎትንግንኙነትላይተፅዕኖሊያስከትልብዎትአይችልም፡፡ምክንያቱምሁሉምእርሰዎየሚሰጡትመረጃበሚስትራዊነትስለሚያዝነው፡፡ምንምአይነትቅሬታ፣ሀሳብእናጥያቄካለዎትባስቀመጥኩትስልክመግለፅይቻላል፡፡በጥናቱላይለመሳትፍፈቃደኛከሆኑእናከላይበተገለፁትሃሳቦችከተስማሙቀጥሎባለውክፍትቦታፊርማዎትንያስቀምጡ፡፡

ፊርማ፡ቀን _____ _____

የጥናቱባለቤትስም፡ _____

ፊርማ፡ቀን _____ _____

ለሶሻልወርክባለሙያዎችየሚቀርብመጠይቅ

I. ግላዊመግለጫዎች

ዕድሜ……..

እድሜ……..

የትምህርትደረጃ…….

በዚህስራላይየቆይታግዜ……..

II. የሶሻልወርክባለሙያዎችሚናበህጻናትእንክብካቤመስጫተቋም

1. ወላጆቻቸውንያጡእናለችግርየተጋለጡህፃናቶችበማእከሉውስጥየምትሰጧቸውየአገልግሎትአሰጣጥሂደትም ንይመስላል?
2. ወላጆቻቸውንያጡእናለችግርየተጋለጡህፃናቶችበማእከሉውስጥየምትሰጧቸውየሶሻልወርክአገልግሎቶችም ንምንናቸው? (ማብራሪያ፡- መጠለያ፤ምግብ፤ተጨማሪንጥረ-ነገርያላቸውምግቦች፤የትምህርትእናሙያዊስልጠና፤እንክብካቤእናፍቅር፤የጤናድጋፍእናየምክርአገልግሎት፤ መዝናኛ፤የስነልቦናድጋፍ፤የህግድጋፍ፤የተለየድጋፍለእካልጉዳተኛህፃናቶች)
3. የሶሻልወርክአገልግሎትመሰጠቱለድረጅቱምንጥቅምአለው? (ማብራሪያ፡- የተስተካከለአገልግሎትተድራሽለማድረግ፤የድርጅቱንዓላማከማሳካትአንፃር፤መልካምየሆነመግባባትንበህጻና ትእናድጋፍሰጪአካላቶችከመፍጠርአንፃር

4. የሶሻልወርክአገልግሎትለተጠቃሚህፃናትያለውጥቅምምንድንነው?

5. እንደሶሻልወርክባለሙያነትህ/ሽያለህ/ሽሚናምንድንነው?

(ማብራሪያ፡የትምህርትድጋፍመስጠት፤ድጋፍማፈላለግ፤ፐሮጀክትእናአስተማሪ፣ጥናታዊ ፅሁፎችላይመሳተፍ)

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አገልግሎቶችንማገናኘት፤መምህር፤አማካሪ፤ለተገልጋዮችመቆም፤ጉዳዮችንመከታተል፤ማስተባበር፤ማብ
ቃት፤እናሌሎችከጤናጋርየተያያዘሚና

- የጤናድጋፍሰጪ፤ጉዳዮችንመከታተል፤አማካሪ፤እናየአሰራርሂደትማበልፀግ

III. እወቀትእናሙያዊብቃትላይየተመሰረተየሶሻልወርክትግበራ

6. ሶሻልወርክማለትምንማለትነው**?** (ዕርሰዎእንዴትይገልፁታል?)
7. እንደሶሻልወርክባለሙያነትዎለተገልጋዮችአገልግሎቶችንተደራሽለማድረግምንአይነትየሶሻልዎርክእውቀቶችን
ተግባራዊታደርጋለህ/ታደርጊያለሽ**?**

-ቲዮሪንመሰረትበማድረግ፤እውነታዎችንመሰረትበማድረግ፤ልምድንመሰረትያደረገዕውቀት

8. እንደሶሻልወርክባለሙያነቶለህፃናትአገልገሎቶችንለመስጠትምንምንአይነትችሎታዎችንይጠቀማሉ?

- የሶሻልወርክባለሙያዎችችሎታዎችለምሳሌ፡-

የተግባቦትችሎታዎች(የማዳመጥ፣መናገር፣ዳሠሣ፣የሌሎችሙያዎች፤የግልችሎታ)

V. ሶሻልወርክሙያተግባራዊለማድረግምንከተላቸውስነምግባሮችእናእሴቶች

9. ሶሻልወርክሙያተግባራዊለማድረግየምትከተላቸውስነምግባሮችእናእሴቶችምንምንናቸው?

- ሶሻልዎርክእሴትእናየስነ-ምግባርመርሆች
- ተቋማዊእሴትእናየስነ-ምግባርመርሆች
- እነዲሁምሌሎችእሴቶችእናየስነ-ምግባርመርሆች
- ግላዊእሴትእናየስነ-ምግባርመርሆች

10. ሶሻልወርክተግባራዊበምታድረጉበትግዜየምትከተሉትመመሪያእናደንብምንምንናቸው?(አለማቀፋዊደንቦች/NA SW ወይምየሀገርውስጥ/Alternative Childcare Guideline)

VI. ሶሻልወርክንተግባራዊከማድረግአንፃርያሉተግዳሮቶችናመልካምኢጋጣሚዎች

11. ሶሻልዎርክንተግባራዊስታደርግ/ጊያጋጠሙህ/ሽተግዳሮቶችምንምንናቸው?

- ከግብአትጋርየተያያዙተግዳሮቶች(የገንዘብ፣የሰውሀይል፣ጥሬእቃ፣) የመመሪያ፣ደንብናፖሊሲአጥረት፣ጥራቱንየተጠበቀድጋፍመስጫእቅዶችእናሶሻልዎርክሙያጋርበተ ያያዘ፣ዉሣኔዎችላይመሣተፍ፣ከተነሳሽነትጋርበተያያዘ
- ከድርጅቱጋርበተያያዘ፤ከማህበረሰቡ፤ከኢጋርድርጅቶችጋር፤ከተገልጋዮች፤ከተቋሙአመራሮችጋርበ ተያያዘእንዲሁምሌሎች?

12. ሶሻልወርክሙያንተግባራዊለማድረግያሉትመልካምኢጋጣሚዎችምንምንናቸው?

- ሶሻልወርከሮችበሙያቸውየሠለጠኑናያደጉበማድረግ

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ከሌሎችድርጅቶችእናባለድርሻአካላቶችጋርትስስርበመፍጠርወላጅያጡእናለችግርየተጋለጡህፃናቶ ችንመርዳት

- በህፃናቶችእናበስራተኞችመካከልጤናማየሆነግንኙናትበመፍጠርህፃናቶችንመርዳት
- ድጋፍሰጭእቅዶችንበማዘጋጀትለተገልጋዮችችግርፈጣንምላሽመስጠት
- ጠቃሚግብአቶችበተቋሙ፣በማህበረሰቡ፣ድርጅቶች፤በተገልጋዮች፤በተቋሙአመራሮች፤ግብአቶች (ገንዘብ፤የሰውእናጥሬእቃ) ወይምሌሎች

13. ባሁኑስአትያለውንየሶሻልወርክአሰራርንለማስተካከልእርሰዎበግለዎምንአስተያየትአሎት (ከድርጅቱየሚጠበቅሚና፤ከተቋሙአመራር፤ከተገልጋይ፤እንዲሁምከሌሎች)

መጨመርየሚፈልጉትነገርካለ?

ስለተሳተፎዎትአመሰግናለሁ!!

መጠይቅለሚመለከታቸውመስሪያቤትሀላፊዎች

I. ግላዊመግለጫዎች

ፆታ……

እድሜ……..

የትምህርትደረጃ…….

የስራደረጃ……..

በስራላይየቆይታግዜ……..

II. በሶሻልወርከሮችየሚሰጡአገልግሎቶችበህፃናትእንክብካቤተቋሙ

1. ወላጆቻቸውንያጡእናለችግርየተጋለጡህፃናቶችበማእከሉውሰጥየሚሠጣቸውአገልግሎትሂደትምንይመስላል?
2. ለወላጆቻቸውንያጡእናለችግርየተጋለጡህፃናቶችበማእከሉውሰጥየምትሰጧቸውአገልግሎቶችምንምንናቸው?
    - በፌደራልሴቶችእናህፃናትቢሮተቀባይነትያላቸውአገልግሎቶች፡-

      መጠለያ፤ምግብ፤ተጨማሪንጥረነገርያላቸውምግቦች፤የትምህርትእናሙያዊስልጠና፤ከብካቤእናፍቅር፤የጤናድጋፍእናየምክርአገልግሎት፤መዝናኛ፤የስነልቦናድጋፍ፤የህግድጋፍ፤የተለየድጋፍለእካል ጉዳተኛህፃናቶች

3. የሶሻልወርክድጋፍ/ አገልግሎትለድርጅቱያለውጥቅምምንድንነው?
4. የሶሻልወርክድጋፍ/አገልግሎትለተገልጋዮቹያለውጥቅምምንድንነው?
5. በምንአይነትመልኩነውየሶሻልወርከሮቹስራበተቋሙውስጥላሉትወላጆቻቸውንላጡእናለችግርለተጋለጡህፃናትን ለመንከባከብሊጠቅምየሚችለው?

   (ለህፃናት፤የተስተካከለአገልግሎትተድራሽለማድረግእናጥሩየሆነመግባባትንበህጻናትእናድጋፍሰጪአካላቶችከመ ፍጠርአንፃር)

III. የሶሻልወርከርሚናበህጻናትእንክብካቤመስጫተቋም

6. ሶሻልዎርከርባለሙያዎችአገልግሎቶችንሢሰጡያላቸውሚናምንድንነው?

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አገልግሎቶችንማገናኘት፤መምህር፤አማካሪ፤ለተገልጋዮችመቆም፤ጉዳዮችንመከታተል፤ማስተባበር፤ማብ
ቃት፤እናሌላከጤናጋርየተያያዘሚና

- የጤናድጋፍሰጪ፤ጉዳዮችንመከታተል፤አማካሪ፤እናየአሰራርሂደትማበልፀግ

7. እንደሶሻልወርከባለሙያዎችየቅርብአለቃነትዎያሎትሚናምንድንነው?

V. እዉቀትእናሙያዊብቃትላይየተመሰረተየሶሻልወርክትግበራ

8. ድርጅቱሶሻልወርክሙያንእንዴትይገልፀዋል?
9. ሶሻልወርክባለሙያዎችክትትትልላይምንአይነትስልጠናአጊንተዋል?
10. ሶሻልወርክባለሙያዎችለተገልጋዮችአገልግሎቶችንተደራሽለማድረግምንአይነትየሶሻልዎርክሙያእውቀቶችንተግ
ባራዊያደርጋሉ?

-ቲዮሪንመሰረትበማድረግ፤እውነታዎችንመሰረትበማድረግ፤ልምድንመሰረትያደረገዕውቀት

11. ሶሻልወርክባለሙያዎችለህፃናትአገልገሎቶችንለመስጠትምንምንአይነትችሎታዎችንይጠቀማሉ?

- የሶሻልወርክባለሙያችሎታዎችለምሳሌ፡- የተግባቦትችሎታዎች፣የማዳመጥ፣መናገር፣
ዳሠሣ

-የሌሎችሙያዎችን፤የግልችሎታ

VI. ሶሻልወርክሙያተግባራዊለማድረግምንከተላቸውስነምግባሮችእናእሴቶች

12. ሶሻልወርክባለሙያዎችምንምንአይነትስነምግባሮችእናእሴቶችንይጠቀማሉ?

- ሶሻልዎርክእሴትእናስነምግባር

- ተቋማዊእሴትእናስነምግባር

- እነዲሁምሌሎችእሴቶችእናስነምግባሮች

- ግላዊእሴትእናስነምግባር

13. የሶሻልወርክባለሙያዎችምንምንአይነትመመሪያእናደንብእንዲከተሉ ታበረታታላቹ?(አለማቀፋዊደንቦች/NASW ወይምየሀገርውስጥ/Alternative Childcare Guideline)

VII. የሶሻልወርክሙያሲተገበርያለውተግዳሮቶችእናመልካምአጋጣሚዎች

14. ሶሻልዎርክሮችሙያቸዉንተግባራዊሚያደርጉያጋጠሙዋቸውተግዳሮቶችምንምንናቸው?

- ከግብአትጋርየተያያዙተግዳሮቶች(የገንዘብ፤የሰውሀይል፤ጥሬእቃ)

-የመመሪያእናደንብአጥረት፤ጥራቱንየተጠበቀድጋፍመስጫእቅዶችእናሶሻልዎርክሙያጋር በተያያዘ፣ዉሣኔዎችላይመሣተፍ፣ከተነሳሽነትጋርበተያያዘ

- ከድርጅቱጋርበተያያዘ፤ከማህበረሰቡ፤ከአጋርድርጅቶችጋር፤ከተገልጋዮች፤ከተቋሙአመራሮችጋር በተያያዘ፤እንዲሁምሌሎች?

15. ሶሻልወርክሙያንበጥሩሁኔታተግባራዊለማድረግበድርጅቱውስጥምንምንመልካምአጋጣሚዎችአሉ?

- ሶሻልወርክሮችበሙያቸውየሠለጠኑናያደጉየማድረግ

- ከሌሎችድርጅቶችእናባለድርሻአካላቶችጋርትስስርመበፍጠርወላጅያጡእናለችግርየተጋለጡ ህፃናቶችንመርዳት

- በህፃናትናበስራተኞችመካከልጤናማየሆነግንኙነትበመፍጠር ህፃናትንመርዳት

- ድጋፍሰጭእቅዶችንበማዘጋጀትለተገልጋዮችችግርፈጣንምላሽመስጠት

- ጠቃሚግብአቶችበተቋሙ፣በማህበረስቡ፣ድርጅቶች፤በተገልጋዮች፤በተቋሙአመራሮች፤ግብአት(ገንዘብ፤የሰውእናጥሬእቃ) ወይምሌሎች

16. ባሁኑስአትያለውንየሶሻልወርክአሰራርንለማስተካከልእርሰዎምንአስተያየትአሎት (ከድርጅቱየሚጠበቅ ሚና፤ከተቋሙአመራር፤ከ ተገልጋይ፤እንዲሁምከሌሎች)

መጨመርየሚፈልጉትነገርካለ?

ስለተሳተፎዎትአመሰግናለሁ!!

Letter of Declaration

I, the undersigned declare that, this is my original work and has not been presented for degree at other university and all the source of materials used for the research project have been dually acknowledged.

Researcher's Name: Rahel Assefa

Signature: _____

Date: _____

Place:_____

Date of Submission: _____

This thesis has been submitted for examination with my approval as the thesis advisor.

Advisor's Name: Debebe Ero (PhD)

Signature:_____

Date:_____