

TREND ANALYSIS OF SOCIAL WORK PROFESSIONALISM...

Running Head: TREND ANALYSIS OF SOCIAL WORK PROFESSIONALISM

**Trend Analysis on the Application of Social Work Professionalism: The Case of Refugee
Child-Focused Humanitarian Organizations in Ethiopia**

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Child-Focused Humanitarian Organizations in Ethiopia**

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This is to certify that this thesis is prepared by Fisehatsion Afework, titled '*Trend Analysis on the Application of Social Work Professionalism: The Case of Refugee Child-Focused Humanitarian Organizations in Ethiopia*' and submitted in partial fulfillment of the requirements for the Degree of Master of Arts (Social Work) complies with the regulation of the University and meets the accepted standards with respect to originality and quality

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Chair of Department or Graduate Program Coordinator

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Abstract

This study investigated the trend in the application of social work professionalism in delivering child-focused social work services for refugee children in refugee camps in Ethiopia. The study seeks to understand how the various constituents of social work professionalism have been applied by child-focused humanitarian organizations between the years of 2017 to 2023. A time series trend analysis model employed using a predominantly quantitative design which involves survey as data collection method. However, very minimal qualitative information collected through key informant interviews and focus group discussions to complement few findings acquired from quantitative analysis. Child-focused humanitarian organizations in three refugee camps were selected through multi-stage cluster sampling. 206 respondents involving social workers, and other child protection program staffs participated in the study. The research investigated how child-focused social work services align with professional standards and the challenges faced by practitioners. Findings reveal significant caseloads, resource constraints, and ethical dilemmas in service prioritization. However, positive trends emerge, including the implementation of the Child Protection Minimum Standards framework, a client-centered approach, and growing collaboration with the families of refugee children. Findings were translated into actionable recommendations for strengthening social work practice, including increased funding, caseload management strategies, prioritizing child participation, and fostering inter-agency collaboration. A model was proposed depicting key challenges, positive trends, and recommendations to improve child-focused social work services through the lens of professional ethics in refugee settings. This study underscores the importance of a multi-pronged approach to ensure high-quality, ethical services for all refugee children.

KEYWORDS: *Social work Professionalism; Time-series Analysis; Child-focused Humanitarian Organization; and Child Protection Minimum Standards.*

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List of Abbreviations

ACPHA	Child Protection in Humanitarian Action
ARIMA	Autoregressive Integrated Moving Average
ASCO	Ethiopian Authority for Civil Society Organizations
CFS	Child Friendly Space
CSO	Civil Societies Organizations
CWI	Community Well-being Initiative
GBV	Gender Based Violence
HOD	Humanitarian Organizations Dataset
HSO	Human Service Organization
IHS	Innovative Humanitarian Solution
IQR	Inter Quartile Range
I-TECH	International Training and Education Center for Health
NASW	National Association of Social Work
NGO	Non-Governmental Organization
PI	Plan International
RRS	Returnee Refugee Service
SCI	Save the Children International
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme

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CHAPTER ONE: INTRODUCTION

1.1. Background Overview

Child-focused humanitarian organizations are specialized agencies providing child protection and other social work services tailored to vulnerable children who are in protracted crisis contexts. The evolution of child protection in emergency services in humanitarian action can be traced through several pivotal moments. In 1924, Eglantyne Jebb, co-founder of Save the Children International, brought the plight of vulnerable children in a conflict situation to the attention of the League of Nations, leading to the ‘Declaration of the Child’ on the rights of vulnerable children and the subsequent responsibility of adults to protect the rights of children. The declaration has come up with five substantial needs of children which involve (i) the need for their well-being, (ii) rights to development, (iii) right to assistance, (iv) right to relief, and (v) protection. Moreover, World War II witnessed another turning point, where the ‘best interest of the child’ principle guided the placement of kidnapped children. Finally, various conflicts around the world saw the emergence of child protection programs implemented by UN agencies and NGOs, specifically aimed at safeguarding unaccompanied and separated children. These landmark events continue to shape and inform modern approaches to protecting children in times of crisis (Alliance for Child Protection in Humanitarian Action, 2023).

Over the past century, some authors linked human service organizations only with the aspect of organizational settings providing ‘Social Services’ where social workers were actively engaged in a specialized manner (Austin, 2002). The context after World War II has achieved social work profession stability and turned from the state of autonomy over the practice to the process of building occupational identity including the establishment of National Social Work

NASW and the starting of doctoral programs. (Leighninger, 1978). According to the NASW Code of Ethics, the social work profession is founded on six core values (i.e., service, social justice, dignity of a person, human relationship, integrity, and competence). The core values should be obeyed across every practice area along with the other six ethical standards (NASW, code of ethics, 2021).

Globally, 2,505 comprehensive lists of humanitarian organizations are autonomously registered and have been involved in humanitarian relief programs since 2018 (Schopper, 2022). According to the Ethiopian Authority for Civil Society Organizations (ACSO), a total of 429 foreign developmental and/or humanitarian organizations and 2542 civil society (local organizations) are registered in Ethiopia (ACSO, 2021).

The latest partner's accountability matrix of UNHCR (United Nations High Commissioner on Refugees)¹ and Ethiopian Returnee and Refugee Service (RRS)² indicate that 69 partners are supporting the response program for refugees residing in Ethiopia. Out of the 69 partners, 22 are specialized in general protection services, and 14 humanitarian organizations are specialized in child protection services. These 14 child-focused organizations are implementing child protection programs in 24 refugee camps serving 536,488 refugee children which is 56% of the total refugee population residing in the country (UNHCR, Ethiopia Operation 3W Dashboard, 2020).

The existing 14 child-focused humanitarian organizations in Ethiopia provide a range of child protection services for refugee children being hosted in Ethiopia. The child protection services provided by those child-focused agencies comprises six major areas (i) inclusion of refugee children in the national child protection system, birth registration, (ii) case management

¹ UNHCR (United Nations High Commissioner on Refugees) is a United Nations specialized agency mandated to lead refugee affairs globally.

² RRS (Refugee Returnee Service) is an Ethiopian government counterpart mandated to handle the refugee aspect in Ethiopia.

service for children with specific needs, (iii) community-based child-protection mechanism, (iv) education access for boys and girls as one protective mechanism, (v) mainstreaming gender-based violence (GBV) within child protection programming, and (vi) empowerment of youths (UNHCR, Refugee and Protection Strategy, 2021 -2025). The existing Child Protection Minimum Standards in Humanitarian Action (CPMS)³ is the guiding document for any child-focused humanitarian organization to frame the delivery of its child protection services for refugee children (Alliance for Child Protection in Humanitarian Action, 2019).

Studies indicate that non-governmental organizations (NGOs) involved in humanitarian response programs hire less qualified social workers in their frontline service delivery. Nancy Claiborne has found in her study on *“job categories full-time social workers occupy in 20 international nongovernment organizations (NGOs)”* that:

“NGOs sampled used a mix of social workers and personnel from other disciplines. Furthermore, individuals without higher degrees and paraprofessionals filled two-thirds of the direct services positions. Clearly, trained social workers, who were 17 percent of the direct services staff, are underrepresented in traditional social work roles. Such findings suggest that the NGOs in this sample have not professionalized their services” (Claiborne, 2004) (p.215).

In Ethiopian context it is found that there is confusion in delineating the role of social workers in health care and other settings particularly related to HIV/AIDS. Moreover, social workers who are hired in different civil society organizations lack the practical skills and experience to be applied at the agency level (I-TECH, 2010).

³ Child Protection Minimum Standards in Humanitarian Action (CPMS) is a set of 4 pillars and 28 standards aimed at providing a harmonized child-protection service for children being affected by conflict situations and disasters. The first edition of CPMS was launched in 2012 followed by the second edition in 2019 which is currently under use. CPMS has contributed significantly to the professionalization of child protection in humanitarian action which is under the custody of the Alliance for Child Protection in Humanitarian Action (ACPHA). Various child-focused humanitarian organizations and UN agencies are committed to implementing CPMS (ACPHA, 2019)

In a similar trend, child-focused humanitarian organizations in Ethiopia heavily rely on large number of unqualified refugee incentive workers to exercise the role of social workers to handle the child protection service delivery for refugee children. As manifestation in the year 2014 a total of 152 para-social workers (refugee incentive workers) were in charge of providing case management service in Gambella refugee camps (UNHCR, 2014).

Even though Ethiopia does have legal instruments with indirect implications for social work practice, there are no regulatory legal frameworks for the development and management of social workers. This context has left service providers and non-governmental organizations to hire professionals who tend to work with clients without any requirements that expect them to comply with (Hailu, 2013).

Hence, considering the aforementioned historical, global and in-country contexts this research undertaking conducted a trend analysis on how social work professionalism progressed in child-focused humanitarian organizations over time within the framework of child protection response for refugee children. The pressing rationale behind limiting this research to child-focused humanitarian organizations mainly relies on three major essence (1) the lion's share of the refugee population hosted in Ethiopia is comprised of children which is 56% , (2) the dominant feature of services provided for refugee children is child protection (UNHCR, Ethiopia Operation 3W Dashboard, 2020), and (3) compared to other segment of population children are highly vulnerable to protection concerns and different forms of abuse in such crisis affected context since the probability to loss their primary caregivers is high due to family disorganization (Harvard Humanitarian Initiative , 2024). Hence, all these factors provided a decision ground for the researcher to prioritize child-focused humanitarian. It is also the researcher stand that analyzing the discrepancies between the ideal social work service standards and what is

practically happening within these child-focused organizations could showcase on the evolving nature of social work professionalism.

The existing 14 child-focused humanitarian organizations operating in refugee settings in Ethiopia are the unit of analysis. The subject of analysis for this research is the trend in the application of different constituents of social work professionalism by child-focused humanitarian organizations while delivering services for refugee children in Ethiopia. Finally, this study explained the contributing factors for the observed trends and this would inform the future scenarios of social work professionalism in child-focused humanitarian organizations in Ethiopia.

1.2. Statement of the Problem

Preceding studies have navigated through social work professionalism from the context of Human Service Organizations (HSO). Major areas of these studies involve the tradeoff between the autonomy of social workers and appropriate service delivery, preparation of social workers, distribution of social work professionals across the relevant organizational functions, the tension between procedural expectations and social work professional ethics, regulatory frameworks, and cultural sensitivity of social work practices.

Leighninger (1978) conducted a study on the process of social work professionalization considering the expansion of social work education and knowledge base in the 1950s. The study illustrated the tension between the quest to acquire social work professional autonomy⁴ and the delivery of effective service that would impact the occupational identity of social work. High emphasis on autonomy would create a professional monopoly, however; it simultaneously affects

⁴ **Autonomy:** within the framework of this research refers to the intention of social workers to get control over the content, type of social work service, and definition of one's work (Leslie Leighninger, 1978)

the flexibility and effectiveness of service delivery. Morris (1974) similarly explored the place of social work in human services and came up with four dimensions on how social workers are distributed throughout the system of human service organizations since the 1980s. Morris defined the place for social workers in human service organizations in terms of the status and importance they have across the relevant subsystem of the organizations.

Leung (2010) studied the social work professionalism in self-help organizations⁵ in Hong Kong. The findings of the study showed most of the social work positions in the self-help organizations in Hongkong are called 'program officer', 'program manager', and 'program executive' rather than being labeled as a social worker. Leung has found out that this happened due to deliberate intention by the chairs of self-help organizations to detach themselves from the mainstream welfare organization which they were considered to have a sole philanthropic nature and impose professional Jargon against the clients rather than focus on the quality-of-service delivery through acknowledging the power and sovereignty of clients.

Antoni, Reinecke, and Fotaki (2023) have conducted a study on how social workers cope with conflicting temporalities in a child protection agency. The study found that there is a tension between the clock time aimed at controlling the efficiency of social workers and the emotional and other value-based temporality expected from the caring profession. Engstrom (2014) studied organizational justice and child protection social work in Scotland. The study validated that managerial culture within organizations would confine social workers to mechanical, operational, and financial processes instead of equipping them with the capacity to provide a holistic service for children and families. Triggs (2020) did a study on how coaching contributes

⁵ **Self-help organizations:** The self-help organization movement emanates from anti-elitist sentiment which intends to substitute professional Jargon and complicated scientific explanations with simple and direct principles friendly to the service users. It advocates the mobilization of personal and community assets to promote egalitarian relationships with helping professionals (Terry T.F. Leung,2009)

to children's social workers to enhance their practice & fulfill their vocational aspirations. It is found that social workers pass through a tension between caring and the protection of children considered to be at risk of harm. This exposes social workers to anxieties related to institutional risks and audits leading them to stick with guidelines in an exaggerated manner. Nordesjö (2020) showed in his study that although the standardization of tools and management systems could increase accountability, uniformity of services, and legal security; on the other hand, it challenges the social work practice which demands flexibility based on the assessment and needs of the client. George, Coleman, and Barnoff (2007) conducted a study on the gap in traditional structural social work practice which has been confined to the scenario of academics and practitioners. The finding of the study showed that social service agencies go beyond the aspects of traditional service delivery to another level of empowering clients and raising their level of critical consciousness to engage actively in various socio-economic and political contexts.

Healy and Meagher (2007) undertook international comparative research between Australia, England, and Sweden towards Social Workers' Preparation for Child Protection: Revisiting the Question of Specialization. The study finding demonstrates that the social work profession encountered a barrier to preparing emerging professionals for the practice of child - welfare due to the generalist nature of the graduate program instead of a specific specialization on child welfare, family, etc. which is demanded by the public and welfare agencies. Wuenschel (2008) assessed the diminishing role of social work administrators in social service agencies in the USA. The study indicated a gap from the social worker's side in demarcating the difference between administration in social service agencies and other organizations with different natures. A like-minded study conducted by Okitikpi and Aymer (2003) on the preparation of social workers who are supporting African refugee children and their families who have been granted refugee status in London. The findings of the study exhibited social workers merely engaged in

providing first-level services (i.e., Education, Health, and Shelter). Psychological and emotional support was not provided due to the limitation of the social worker's skills and technical expertise in both areas.

From continental context, Mugumbate and Nyanguru (2013) conducted a study on the importance of adapting social professional ethics to the context of indigenous knowledge. The study indicated African 'Ubuntu' philosophy of humanity is compatible with social work ethics of empathy, dignity respect, and solidarity. Edmos and Munyaradzi (2020) conducted an ethnographic study on the Remba/Lemba rites of passage ritual in Zimbabwe on its contribution to the social work profession. The findings of the study indicated the importance of applying both the principle of human rights and rendering the right of the indigenous people to be empowered and provide access to control over the well-being of their community. Gashaye (2020) studied the implementation modality of community well-being initiative (CWI) and Gender Based Violence (GBV) in the context of refugee settings in Ethiopia. The study found that CWI was developed by Western non-governmental organizations that did not consult the social workers and local community. Hillel (2023) has indicated in his study that there is limited localization of Mental Health and Psychosocial Support (MHPSS) services within the humanitarian aid sector. Denov and Shevell (2019) found that the traditional approach of psychosocial support for war-affected refugee children and families resettled in Canada and the USA is dominated by the Western perspective and extremely clinical with little cultural sensitivity.

From the Ethiopian context, Daniel (2013) has conducted a situational analysis of the development and management of social workers. The study found among the 37% of the workforce in the sample non-governmental organizations that were providing child-centered psychosocial services only 7% of them are social workers. Moreover, the study findings

indicated that non-governmental organizations hire ‘incentive volunteers’ to play the role of social workers with limited training and capability. Hiwot (2016) has conducted a study on the roles and challenges of social workers in selected public hospitals in Addis Ababa. The findings of the research indicated that 90 % of the personnel who assumed social work positions in the sample hospitals have academic backgrounds other than social work. It is also found that those social workers have limited involvement in an interdisciplinary team in hospitals particularly in terms of collaboration with the medical team for the medical service delivery. Wicleek (2020) tells the story being as South Sudanese Canadian immigrant who worked previously as a social worker in the Gambella refugee camps in Ethiopia. His social work engagement was challenged by an unstable security situation which negatively affected the satisfaction of social workers in helping refugee clients.

Various specialized areas of social work practice are well-researched (i.e., childcare, psychosocial support, child protection, etc.) including the social work professionalism aspect. However, there is a research gap in linking the dimension of social work professionalism against the organizational culture of humanitarian agencies that are involved in refugee response programs. Those existing studies in Ethiopia conducted on social work professionalism either focused on the health sector or dominantly emphasized the Western country context. Most importantly, as far as my review is concerned, very little is known about how social work professionalism is being applied by child-focused humanitarian organizations in Ethiopia that provide social work services for refugee children. The outcome of the empirical literature reveals that no trend analysis has been conducted so far in Ethiopia considering the temporal progress of social work professionalism in humanitarian organizations operating in refugee settings.

Hence, this specific study seeks to fill the gap by analyzing the trend of social work professionalism in child-focused humanitarian organizations within the context of response to

refugee children affected by conflicts. More specifically, the research executed a trend analysis, from the year 2017 through 2023, on how the various elements of social work professionalism have been progressing across time, emerging conflict situations, and evolving organizational culture in child-focused humanitarian Organizations.

The researcher claims three major rationales to justify the decision in selecting the period between 2017 and 2023 as a unit of analysis to study the trend in social work professionalism.

(1) The year 2017 was characterized by the highest refugee influx in Ethiopia associated with the relapse of conflict in South Sudan in July 2016. (2) In the same period one of the largest refugee camps in Ethiopia i.e., Nguenyiel refugee camp in Gambella region was opened at the 20th of October 2016 which is currently accommodating 112,000 refugees as result since the beginning of 2017 the largest number of refugees in the country began to be relocated to this camp (UNHCR , 2020). (3) Finally, since a consolidated refugee data in Ethiopia is compiled in a yearly basis, I decided 2023 to be the last trend period to be included in the study in order to avoid incomplete data after the year 2023.

1.3. Objectives of the Research

1.3.1. General Objective

Analyze the trend of applying social work professionalism in child-focused humanitarian organizations in the refugee context of Ethiopia from the year 2017 to 2023.

1.3.2. Specific Objectives

Based on the service experiences of child-focused humanitarian organizations on refugee children in Ethiopia this study intends:

- i. To describe the types of child-focused social work services being provided
- ii. To analyze the delivery format of child-focused social work services

- iii. To analyze changing trends in the provision of child-focused social work services
- iv. To explain factors that contributed to the changing trends in the provision of child-focused social work services

1.4. Research Questions

- i. What types of social work services have been provided by child-focused humanitarian organizations for refugee children in Ethiopia?
- ii. What are the formats of delivery for child-focused social work services?
- iii. What major trends have emerged in the provision of child-focused social work services?
- iv. What factors have contributed to the changing trends in providing child-focused social work services?

1.5. Significance of the Study

This study will address the empirical gap in understanding the dynamics of social work professionalism in child-focused humanitarian organizations within the context of social work services for refugee children in Ethiopia. This research will provide insights on the time series trend in terms of applying the various constituents of social work professionalism in child-focused social work services delivery for refugee children across the year 2017 to 2023. Moreover, it shed light on how the changing trends of child-focused social work services do have implications on the quality of the service and well-being of refugee children. It generates evidence on the contributing factors for the changing trends. This will have an ultimate benefit in informing future child protection programming in refugee settings. Finally, apart from the refugee context, it is apparent that the methodology to be employed in this study will have relevance to informing the wider humanitarian context in light of evolving social work professionalism.

1.6. Scope of the Study

The study considered four major constituents of social work professionalism to frame the entire subject of analysis (1) types of child-focused services being provided by humanitarian organizations considering social work practices dimensions i.e., therapeutic, transformational, and social order dimensions (Payne, 2006), (2) application of social work values and ethical principles i.e., NASW's core values and codes of ethics, (3) how social work practice interacts with expectations and/or regulations of three selected child-focused humanitarian organizations, and (4) the qualification and professional development of social workers within those child-focused humanitarian organizations (Payne, 2006). The purpose of my research is to analyse a seven-year trend in the application of those constituents of social work professionalism between the year 2017 and 2023.

The unit of analysis for my research would be the fourteen (14) child-focused humanitarian organizations operating in twenty-four (24) refugee camps of Ethiopia. However, the actual data was collected from three sample child-focused organizations (i.e. Plan International Ethiopia, Save the Children International, and Innovative Humanitarian Solutions) drawn systematically through multi-stage cluster sampling. The participants in this research were employees of the sample child-focused humanitarian organizations who assumed the positions of 'Social worker', 'Project or Program manager', 'Project coordinator', and 'Project officer'. Finally, the study looked for relevant records and documents from the three (3) sample child-focused humanitarian organizations to analyse the trend from the year 2017 up to 2023.

1.7. Operational Definition of Key Terms

Humanitarian organization: Humanitarian organization denotes one form of existence for human service organization with a non-profit arrangement typically focusing on providing emergency relief assistance to people affected by natural disasters, conflicts, wars, and other humanitarian crises (O'Connor &, 2009). Within the context of this research humanitarian organizations are those organizations that are providing a child-focused social work service for refugee children being hosted in 24 refugee camps across Ethiopia.

Child-focused humanitarian organizations: Under the framework of this study child-focused humanitarian organization are specialized humanitarian organizations with a child protection intervention and providing child-focused social work services tailored to vulnerable children who are in protracted crisis contexts (Alliance for Child Protection in Humanitarian Action, 2019).

Child Protection Minimum Standards in Humanitarian Action (CPMS): Within this study CPMS is the guiding document for the provision of child protection program in refugee setting. CPMS incorporate a total of 4 pillars and 28 standards. Pillar -3 of CPMS has incorporated 7 standards which serve as indicators for child protection standard services to be provided in emergency context (1) socio-ecological approach to child protection programming (2) group activities for child well-being (3) strengthening family and caregiving environments (4) community-based child-protection service (5) case management (6) alternative care arrangement (7) justice for children (Alliance for Child Protection in Humanitarian Action, 2019).

Refugee children: Under the context of this research, a refugee child refers to those vulnerable children including unaccompanied minors and separated children who acquired a refugee status by UNHCR and RRS. Refugee children are forcefully displaced from their countries because of conflict situations and entitled to receive a child protection services by child-focused humanitarian organizations operating in 24 refugee camps of Ethiopia

Social work professionalism: This study conceptualizes social work professionalism in child-focused humanitarian organizations from four perspectives: types of services provided, application of ethical principles, interaction with organization expectations/regulations, and qualification/professional development of social workers (Payne, 2006).

Time series analysis: A time series analysis is a statistical method being applied for a data collected across time through repeated temporal observation of variables to understand the change in their regularities and patterns (Shin, 2017). In the context of this research time series analysis is a trend analysis method applied to understand a changing trend in the application of social work professionalism from the year 2017 to 2023 by child-focused humanitarian organizations operating in refugee settings in Ethiopia.

CHAPTER TWO: LITERATURE REVIEW

This literature review section provides a comprehensive overview of previous studies and ongoing discourses relevant to the subject of analysis for this study. It is the opinion of the researcher that the reviewed literature serves as a milestone to compare the findings to be acquired through this study. The overall reviewed pieces of literature are decomposed into 5 major sections for better articulation purposes which include: (i) historical context in the evolution of child-focused humanitarian organizations, (ii) social work in the context of humanitarian organizations, (iii) social work professionalism and its major constituents , (iv) social work professionalism in child-focused humanitarian organization in light of response for refugee children in Ethiopia , and (v) review of relevant theories which synthesizes the relationship between organizational expectations/regulation and social work profession.

2.1. Historical Context of Child-focused Humanitarian Organizations

It is beneficial enough to have a preliminary overview of the overall evolution of humanitarian organizations involved in the protection service of vulnerable groups who were victims of conflict history of the world. Barnett (2011) has classified humanitarianism into two three eras across world history. The first period between 1800 and 1945, is the era of ‘Imperial Humanitarianism’ which is characterized by the devastating World War II and the associated Christian charity movement as a response. This resulted in the emergence of semi-public financed humanitarian organizations like the International Committee of Red Cross (ICRC) and the states involved organizations for instance United Nations High Commissioner for Refugees (UNHCR). The second era covers the period from 1945 to 1989 which is called ‘Neo-

Humanitarianism’; it was characterized by humanitarian agencies being driven by the interest of two superpowers during the Cold War. Finally, the period from 1989 up to the present time is called ‘Liberal Humanitarianism’ which holds the shape of contemporary humanitarian response. (Barnett, 2013)

The Alliance for Child Protection in Humanitarian Action (ACPHA), (2023), has highlighted the timeline of major events in the evolution of child protection in humanitarian action. The briefing made by Eglantyne Jebb, one of the co-founders of Save the Children International, on the 1924 League of Nations conventions held in Geneva was the launching pad for the inception of child protection response for the forgotten vulnerable children affected by conflict crises. This resulted in the adoption of the declaration of the child to leaders across the world. The process of using the ‘best interest of a child’ to decide the placement of children who were kidnapped during World War II was the other turning point in child protection in humanitarian action. Finally, some of the child protection programming initiatives by the UN agencies and NGOs to protect unaccompanied minors⁶ and separated children⁷ during the aftermath of various conflicts in different parts of the world would be the other benchmark (Alliance for Child Protection in Humanitarian Action, 2023).

2.2. Social work in the Context of Humanitarian Organizations

Morris (1974) presented two major factors that contributed to the significant change in the place of social work within humanitarian organizations in the 1980s. First, the change in the demography since World War II which involved medical and mental health complications during the aftermath of the war. The second factor was the erosion of public confidence in the state

⁶ **Unaccompanied Minors** are those separated from their biological parents, primary caregivers, and even other adult relatives and arrive in refugee host countries alone. (UNHCR)

⁷ **Separated Children** are those refugee-vulnerable children who are separated from their biological parents or primary caregiver while fleeing from their home countries but may still be accompanied by other adult family members (UNHCR).

government in its capacity to satisfy the deteriorating well-being of society which resulted in the movements of volunteer associations as a new approach to provide human services. Moreover, the efforts to institutionalize social work intervention by the government through setting up civil service regulations and the transformation of the social work education program contributed to the emergence of specialized social work services. Simultaneously social workers started to acquire specialized positions in human service agencies (Morris, 1974).

Austin (2002) presented that also the educational curriculum of social work in the 1970s emerged incorporating two basic components. One was related to equipping social workers on how to deal with individual clients and families and the second curriculum element intended to provide skills for social workers to fit them with the management aspect of human service organizations. This effort to bring social workers into the management and decision activities of the non-profit sector was the result of a reaction to the less attention given to social work by management functions of human service organizations (Austin, 2002).

Karen conducted a survey against child and family welfare agencies on the perception of child welfare workers and senior personnel towards the educational preparation of social workers and other social science graduates supporting the field practice of child welfare. The finding of the survey indicates that the Social Work profession has a significant role in preparing professionals to effectively engage in primary prevention service on family well-being, secondary service that targets children at risk of abuse and neglect, and a statutory child protection service to address child protection concerns. Moreover, it is found by the survey that the social work profession encountered a barrier to preparing emerging professionals for the practice in child -welfare due to the generalist trend of the graduate program of Social Work rather than a specific specialization on child welfare, family, etc. which is demanded by the

public and welfare agencies. It is found that 59 % of the welfare workers involved in the statutory child protection services are graduates of social science fields other than Social Work. This figure is accompanied by 19 % of welfare workers who are Social Workers by academic training. (Meagherb & Healya, 2007)

Leung (2010) found that most of the social work positions in the self-help organizations in Hong Kong are called ‘program officer’, ‘program manager’, and ‘program executive’ rather than just saying, social worker. He has found out that this happened due to deliberate intention by the chairs of self-help organizations to detach themselves from the mainstream welfare organization which they were considered to have a sole philanthropic nature and imposed professional Jargon against the clients rather than focus on the quality-of-service delivery through acknowledging the power/sovereignty of clients. Hence, social workers in self-help organizations struggle a lot to apply technical and clinical skills since they receive a resistance because of magnifying a deficiency/weakness of service users/clients. As a result of this difficulty, social workers were forced to shift from individual-focused intervention to group-focused intervention to facilitate a learning session between members of self-help groups to work towards their well-being. Moreover, social workers who stayed longer in the self-help organizations were inclined to more values and principles rather than technical knowledge to define the professional boundary of social work (Leung, 2010).

2.2.1. Organizational Procedures and Social Work Professionalism

Chlebanova and Rusnakova (2022) have conducted a study in Slovakia on organizational culture within the context of social services from the perspective of social worker's well-being and how it affects social work professionalism. The study employed a qualitative document analysis method seeking to identify a comprehensive definition of organizational culture with the consideration of social workers' well-being in social service agencies. The study found that most of the documents defining organizational culture within social service agencies merely focus on professional and organizational values, mission, and vision. The definitions often neglect the support and well-being of social workers which ultimately promotes the quality of services to be delivered to the client. The existing legislation on social work encompasses the professional development of social workers as the only mechanism to achieve quality service delivery for clients. However, it misses other dimensions like the well-being of social workers to aid quality social work service delivery for clients. Finally, the study suggests that while social work services ought to be primarily 'client-centered' at the same time the organizational culture of social service agencies needs to see a parallel 'member-centered' approach where the well-being and perspective of social workers can be considered (Chlebanova & Rusnakova, 2022).

Nordesjö (2020) has identified two aspects of procedural standards in the organizational culture in relation to social work professionalism.

Organizational professionalism: this is a scenario where social workers comply with the organizational procedures for providing social services. It involves bureaucratic and mechanical monitoring, evaluation, and accountability frameworks where social workers would be controlled on how and what they should do related to their service provision. Organizational

professionalism is more considerate of normative frameworks, rational-legal authority, and hierarchical responsibility of social workers which makes them accountable not against the conventional standards of social work professionals but rather evaluates their performance against the organizational compliance (Nordesjö, 2020).

Occupational professionalism: occupational professionalism is founded on the trust and responsibility offered by their clients and employing organization to genuinely run the service delivery as per the social work ethical standards and values. This will require them to justify every step they take from the perspective of empirical evidence, clients, and real-time experience at the ground level (Nordesjö, 2020).

On the other hand, Engstrom (2014) has identified three types of organizational justice in relation to the contribution they have for the dissatisfaction of social workers.

Distributive justice within the organization: it is based on a psychological root that deals with ‘Equity theory’ which is all about how individuals compare their own perceived work outcomes to their own perceived work inputs. In the context of Sandra’s study, it is all about how the social workers are satisfied with their pay, recognition, feedback other rewards. The study indicates that although it is difficult to necessarily consider an increase in salary in the current financial situation it is very important to promote social capital including emotional support for the social workers which could enhance their effectiveness and increase their satisfaction (Engstrom, 2014).

Process or procedural justice: how social work-related services are being decided in the organization and how the perspectives of social workers are considered in the decision-making process. It denotes how the decision-making process considers values and ethical aspects of

social work and it also articulate how the process is well consulted with the social worker. According to the study there are some discrepancies between the formulated policies and the reality on the ground as a result social workers most of the time are not encouraged to implement the policies (Engstrom, 2014).

Interactions (Informational or Interpersonal) justice: it is all about the human element and quality of treatment between the service-providing entity and recipients (clients). It also explains how the supervisors and subordinates respectfully interact with each other and the extent to which the organization provides information for its employees about the various procedures (Engstrom, 2014).

Finally in their study , Antoni, Reinecke, and Fotaki (2023), have demonstrated empirically how the temporal tension between bureaucratic working time or ‘clock time’ and ‘process time’ would affect professionalism in human service organization involved in care provision. According to the study the conflict between the clock-time which demands to control the efficiency of social workers and the emotional or other value-based temporality expected from the profession would negatively affect the ethical care practice. To better deliver a care service in child protection there should be some human element and social dimensions to be considered to balance both ‘clock-time’ and ‘process-time’ (Antoni, Reinecke, & Fotaki, 2023).

2.2.2. Dimensions of Social Workers Distribution in Humanitarian Organizations

Morris (1974) in his study towards the place of social work in human service organizations articulated four dimensions on how social work is distributed throughout the system of human service organizations since the 1980s.

Distribution dimension 1: Human service organizations with the full domination of social workers. This accounts for almost 75 % of the professionals and technical personnel who were social workers. According to Morris, family and child-oriented human service organizations composed of volunteers were with this typical trend.

Distribution dimension 2: This category mainly represents those agencies with a medical and health care focus and those organizations focusing on income security interventions. These human service organizations had a strong belief in the importance of social work within their response system. However, in actual terms, less proportion of social workers were employed within their structures.

Distribution dimension 3: According to Robert M. this dimension less accepted the relevance of social workers and a very rare consideration of social workers in their organizational system. This involves schools and correction centers.

Distribution dimension 4: The final human service organizational system is the one that totally ignores social work function and social workers. This mainly involves the private sector practice (Morris, 1974).

2.2.3. Social Work in Child-focused Humanitarian Organizations

The Humanitarian Organizations Dataset (HOD) is the new data set designed for the consumption of scholars, decision-makers, and policymakers composed of a detailed list and profile of currently active non-governmental organizations involved in the humanitarian sector. According to the HOD, there are 2,505 active organizations involved in humanitarian relief

services. The data set also stipulates the interrelationship between those non-governmental and governmental sectors in the response to diverse humanitarian crises. (Schopper, 2022)

A study conducted against NGOs who are involved in humanitarian response programs has come up with new knowledge additions in terms of how the level and number of their employees educated in Social Work Education have implications for service delivery. Accordingly, the level of engagement of social workers in the practice and leadership functions of NGOs diminished due to three main factors

- i. The limited exposure of those social workers in the NGO sector to international social work practices and standards
- ii. Limited curriculum to prepare social work students for management positions in humanitarian organizations
- iii. The dominance of non-traditional disciplines i.e., Business Administration, Management, etc. in the NGO sector (Claiborne, 2004).

Another empirical study conducted in India on the role of social workers in NGOs specialized in response to human trafficking indicates how Social Workers can play a significant role, apart from the frontline rescuing activities, in linking the clients with appropriate state support systems. According to the study, this can be manifested through their role in advocating the entitlements of their clients. (Datta, 2017) Moreover, the turnover of social workers due to dissatisfaction with salary payments and benefits which are not proportional to the above demanding roles in social service agencies are among the prominent challenges (NASW, Social Workers in Social Services Agencies , 2011).

2.3. Social Work Professionalism and its Major Constituents

In addition to articulating the overall engagement of social work within humanitarian organizations, it is beneficial for this study to establish a good account on what constitutes social work professionalism, and this has helped us to frame the entire theme of this research.

Payne (2006) has demonstrated various parameters to delineate the nature of social work profession in his book titled '*what is professional social work?*'

i. The three-way discourse of social work: these are three fundamental views by which the interaction between each views gives guidance on how social work and welfare services should be provided across various social work-oriented agencies. The three views comprise i.e., therapeutic, transformational, and social order views. *Therapeutic view* is all about the mutual reflexive relationship between social worker and the client while providing service which will enhance self-fulfillment and ensure betterment of the client context. *Transformational view* firmly advocates for social change through an egalitarian relationship between community and social workers so that they are collectively empowered and acquire the capability of transforming their own life. *Social order view* entails the need to ensure stability through maintenance of the difficult circumstance encountered by individuals. This view encourages social workers to frame their services by helping individual with the context he/she is living in (Payne, 2006). Hence, considering a tradeoff between these three views would be an important aspect to determine the quality of social work service in a given welfare system.

ii. Application of social work values and ethical principles: Codes of ethics in social work practice is an important instrument to maintain the values of social work. Adherence to ethical principles and standards guiding the behavior of social workers is one trait of social work professionalism. A code of ethics gives social workers the skill to manage ethical dilemmas when tension arises between the application of social work professional values and public acceptance. Ultimately ethical decision making of social workers while providing services would give them a privilege of prioritizing the well-being of their clients in light of social justice principles. The application of social work values and ethical principles can be seen from two dimensions (i) *rule-based approach* which involves codes of ethics based on international guidance on social work practice i.e., IFSW and other national or organizational guidance i.e., NASW (ii) *right-based approach* due to engagement in complex situations where there are the need to protect the rights of clients, social work practice is alternatively be guided by binding human right principles and conventions (Payne, 2006). This study used the NASW core values and ethical standards as one milestone to measure the trend of social work professionalism in child-focused humanitarian organizations.

iii. Interaction between social work and organizational regulation: when social work is being practiced at agency or organizational level the engagement of social workers will certainly be influenced by the regulatory frameworks, business plan and objectives of the organizations. Hence, the tension that arises between the managerial interest/control and the expected standards by social work would have an impact in the process of professionalism at the agency level (Payne, 2006).

Payne has come up with three models to demonstrate how social work practice interacts with the organizational procedure and regulations while providing services at agency level. For the benefit of this study, I have crafted the below simplified illustration considering the three models of Payne to demonstrate how social work and agencies hosting social work interact each other.

Figure 1 Models of Relationship between Social Work and Organizations

Professional - organization relationship modality	A managed relationship approach	Complex structure of accountabilities
<ul style="list-style-type: none"> • Considers organization as a facilitator of space for social work practice to guide services • In such context the organization provides social workers a discretion to carry out their activities based on the requirement of the profession 	<ul style="list-style-type: none"> • Under the context of managed relationship approach the agency gives priority for the organizational objectives, regulations and some of the commitments made to authorities and public • This context will distract social workers to practice as per the professional standards and values 	<ul style="list-style-type: none"> • When organizations face dual accountability both in terms of compliance to regulatory aspect/public and conformity to professional standard, they tries to balance both aspects • Under such context social workers are expected to demonstrate adherence to both organizational procedure and social work professional values and ethics

iv. Qualification and professional development of social workers: in the process of social work practice in different contexts including working in organizational settings, it requires social worker to understand the client situation and capacity of providing the service. To understand

the situation of client social workers, need to have the technical qualification i.e., knowledge and to be able to deliver the service social workers needs to have also certain set of skills (Payne, 2006). Hence, having both technical qualification and well-developed professional skill have determinant role for exercising social work professionalism at organizational level.

2.3.1. Professional Autonomy and Social Work Professionalism

The exposure of social workers during the 1950s to medical practitioners made them observe the professional autonomy acquired by physicians and became a triggering factor for social workers to critically approach professionalism in social work practice (Leighninger, 1978). Leighninger further broadened the explanation by saying although the professional autonomy acquired by the medical practitioners inspired the social workers, at the same time they were criticizing the limitation of medical treatment to specific socio-economic groups. With this background, she agrees that the autonomy of social workers and effective service delivery for clients are the two main goals of social work professionalism in human service organizations. The tension between these two goals has impacted the expansion of the social work knowledge base in the 1950s and the development of social work education programs (Leighninger, 1978).

Morris (1974) also defines the place of social workers within the subsystems of human service organizations means the status and importance they have on the services which refer to autonomy over the service compared to other professional, quasi-professional, and non-professional individuals involved in the delivery of similar service (Morris, 1974). Moreover, Leung (2010) substantiates the tension between the quest for exclusive autonomy and service quality in his study on social work professionalism in self-help organizations in Hong Kong. In the modern social work professional practice, the Social Workers intend to be autonomous in defining the client's life experiences based on a certain knowledge base. Social workers

explain/judge and handle the problematic situation encountered by the client. Hence, the exclusive claim for specific knowledge would maintain the autonomy of social workers but simultaneously affect the quality of the service delivery particularly it violates the notion of the egalitarian relationship between the client and social worker. However, in the post-modernization professionalization of social work, it is not only about application of the certain knowledge but the ongoing construction of contextual knowledge through conversation and dialogue with clients requires a shift from a sole emphasis on what the knowledge of social work constitutes towards the focus on the incorporation of clients perspective into the formal knowledge of social work (Leung, 2010)

Once the various conceptions of professional autonomy are explained, it is important to review existing empirical literature about measurements of professional autonomy is beneficial to measure the autonomy social workers have over the content of the service they are delivering, the control they have over the access of the services, their privilege in defining the scope of their work. This exercise helped to easily measure the trend in the selected child-focused agencies across the years 2017 to 2023.

According to Leighninger autonomy in social work professionalism can be measured from three aspects

- i. Freedom of social workers have in determining service content,
- ii. The access they have to social work services, and
- iii. The privilege they have in defining the scope of their work (Leighninger, 1978).

However, Leighninger, argues that a high emphasis on autonomy within Social Work practice would create a professional monopoly however, it simultaneously affects the flexibility and effectiveness of service delivery (Leighninger, 1978).

Measuring Professional Autonomy: Engel (1970) has presented two dimensions of professional autonomy considering organizational bureaucracy as an independent variable which complements the three aspects measurement aspects of Leighninger (1978). (i) autonomy concerning the individual professional, and (ii) the autonomy which is associated with the occupation itself (Engel, 1970). Although Gloria conducted this study from a medical practitioner aspect, the important measurement aspect of professionalism was adapted to fit with the context of this study.

Individual professional autonomy: according to Gloria it refers to the freedom provided for the individual professional to perform his/her work normatively with the level of critical consciousness he/she has. The individual professional autonomy involves three basic elements:

- i. Innovation:** depending on the relationship with the client the professional might be required to alter the procedural aspect of the hiring organization to better support the client
- ii. Individual responsibility:** when the individual professional is in a position to determine the scope of his work independently or without being under the supervision of managers who are not knowledgeable about the technical aspect of the service
- iii. Communication:** the professional (social worker) has access to all the information vital to his/her work either from the organization or client side. Communication involves also a fair involvement in all relevant discussions concerned with the profession (Engel, 1970).

Although the study conducted by Engel merely emphasized individual professional autonomy, on the other hand, the Swedish scholar Nordesjö (2020) has come up with two models of social professionalism that are (1) organizational professionalism and (2) occupational professionalism. The assumption taken by Nordesjö on occupational professionalism is all about the trust provided by employing human service organizations and clients for the social workers

to manage exclusively the service delivery as per the ethical standards (Nordesjö, 2020). Within the framework of this study, occupational professionalism refers to the autonomy of social workers to apply NASW codes of ethics in child-focused agencies in refugee settings in Ethiopia.

Considering the measurement aspects of the above three scholars i.e., Engel (1970), Nordesjö (2020), and Leighninger (1978) the below table summarizes how the measurements of professional autonomy tally each other. Further to the measurement parameters I have used additional empirical pieces of literature to identify indicators.

Table 1 Measurement Parameters for Social Work Professional Autonomy

Individual Professional Autonomy			Occupational Professional Autonomy	
Measurements Parameters		Indicators	Measurement Parameters	Indicators
Leighninger	Engel			
Determining service content	Individual responsibility	i. # of specialized social workers independently managing specific practice areas ⁸	Ethical adherence ⁹	# of applied elements of NASW codes of ethics ¹⁰
Defining the scope of work	Innovation	ii. Length of time spent in social work practice areas ¹¹		
Access to services	Communication	iii. Practitioners' level of satisfaction ¹²		

⁸ Adapted Gloria's indicator considering the general medical practitioners are less autonomous than the specialized medical practitioners since they only maintain their practice by referrals from clients. In contrast, the specialized one has referrals from both clients and colleagues (Engel, 1970).

⁹ Assimilated the autonomy of social workers to exclusively run service delivery within the framework of ethical standards (Nordesjö, 2020).

¹⁰ In this research context it represents the proportion of those 6 core values/principles and 6 ethical standards of NASW will be used (NASW, code of ethics, 2021).

¹¹ Contextualized the percentage of time spent on various social work activities in a health care setting used as an indicator of their autonomy (Greene, 1990).

¹² Based on Gloria V. Engles in assessing the satisfaction of practitioners in the communication process with the different levels of bureaucratic organizations to ultimately measure the professional autonomy of practitioners (Engel, 1970)

2.3.2. Social Work Ethics in light of Social Work Professionalism

The 2021 revised version of the NASW Codes of Ethics is composed of 6 core values to be applied by social workers and 6 pillars of ethical responsibilities with various sub-stands respective to each responsibility (NASW, code of ethics, 2021). The below tables summarize in a nutshell the codes of ethics that has framed also the context of this research.

Table 2 Cores values and principles¹³

NASW Core Values and Principles	
Core values	Ethical Principles
Service	Social workers are expected to serve people in need and address social problems with no significant expectation of financial fee in return from their client
Social Justice	This value expects social workers to be active agents in the change process to challenge social injustice
Dignity and Worth of the Person	It advocates for social workers to be considerate of human rights and dignity which obliged them to respect the self-determination of their clients
Human Relationships	This value encourages social workers to maintain human relationships with their clients for the success of the intended outcome of the helping process
Integrity	It highlights the expectation from social workers to adhere to ethical practices and build trust with the organizations they are engaged with
Competence	this value stresses the need for social workers to continuously update their professional capacity practices

¹³ Directly captured from the NASW Codes of Ethics, 2021

Table 3 Ethical Standards¹⁴

Ethical Standards	
Category of Standard	Sub-standards
Standard-1: Ethical Responsibilities to Clients	(1.01) Commitment to clients, (1.02) Self-Determination, (1.03) Informed Consent, (1.04) Competence, (1.05) Cultural Competence, (1.06) Conflicts of Interest, (1.07), Privacy and Confidentiality, (1.08) Access to Records, (1.09) Sexual Relationships, (1.10) Physical Contact, (1.11) Sexual Harassment, (1.12) Derogatory Language, (1.13) Payment for Services, (1.14) Clients who lack decision-making capacity, (1.15) Interruption of Services, (1.16) Referral for Services, and (1.17) Termination of Services.
Standard-2: Ethical Responsibilities to Colleagues	(2.01) Respect, (2.02) Confidentiality, (2.03) Interdisciplinary Collaboration, (2.04) Disputes involving colleagues, (2.05) Consultation, (2.06) Sexual Relationships, (2.07) Sexual Harassment, (2.08) Impairment of Colleagues, (2.09) Incompetence of Colleagues, and (2.10) Unethical Conduct of Colleagues
Standard-3: Ethical Responsibilities in Practice Settings	(3.01) Supervision and Consultation, (3.02), Education and Training, (3.03) Performance Evaluation, (3.04) Client Records, (3.05) Billing, (3.06) Client Transfer, (3.07) Administration, (3.08) Continuing Education and Staff Development, (3.09) Commitments to Employers, (3.10) Labor–Management Disputes
Standard-4: Ethical Responsibilities as Professionals	(4.01) Competence, (4.02) Discrimination, (4.03) Private Conduct, (4.04) Dishonesty, Fraud, and Deception, (4.04) Impairment, (4.05) Misrepresentation, (4.06) Solicitations, (4.07) Acknowledging Credit

¹⁴ Directly captured from NASW Codes of Ethics, 2021

Standard- 5: Ethical Responsibilities to the Social Work Profession	(5.01) Integrity of the Profession, (5.02) Evaluation and Research,
Standard- 6: Ethical Responsibilities to the Broader Society	(6.01) Social Welfare, (6.02) Public Participation, (6.03) Public Emergencies, (6.04) Social and Political Action

Considering the time frame and huge resource limitation, standard 4 with seven (7) sub-standards and standard 5 with two (2) sub-standards, a total of 9 sub-standards serve as measurements of social work professionalism of target child-focused humanitarian organizations.

2.3.3. Importance of Contextualization in Social Work Professionalism

Few Pan-African social work scholars firmly advocate for the contextualization of social work professionalism including the ethical aspects to fit with the indigenous culture and knowledge of communities in the continent of Africa. This is also part of the movement to decolonize the social work profession in Africa.

Mugumbate and Nyanguru (2013) have explored in their study the value of an African philosophy 'Ubuntu' in the social work profession. The study showed how 'Ubuntu' originated from the Zulu community which typically signifies an African Philosophy of humanism. 'Ubuntu' literally represents the meaning of 'being self through others' or 'I am because of who we all are. According to both Mugumbate and Nyanguru 'Ubuntu' can be beneficial to and applicable in social work ethics, community-based work, and research undertakings. The center of gravity for 'Ubuntu' philosophy is a given person to be considered human should necessarily

respect the humanity of others as a precondition. The study indicates that the ‘Ubuntu’ philosophy of Humanity is compatible with the Social Work ethics of empathy, dignity respect, and solidarity and this has been integrated as part of the code of ethics of Social Workers in Zimbabwe as adopted by the Council of Social Workers (Mugumbate & Nyanguru, 2015). Both Jacoba and Andrew agree that the ‘Ubuntu’ philosophy would have a role in the organizational administration of social work services which the central focus should be the empowerment of clients instead of imposing our thoughts against their will (Mugumbate & Nyanguru, 2015).

In the same way, Edmos and Munyaradzi (2020) conducted an ethnographic study titled “*In search of culturally sensitive social work practice in the care and protection of children in Zimbabwe: the case of Remba/Lemba culture*”. This study provided empirical evidence on the importance of indigenous African rituals to advance the goals of social work professions. The study used the Remba and Lemba rites of passage rituals in Zimbabwe as a reference to demonstrate the contribution of cultural traits to the transformation of the social work profession within the African Context. The study argues that the rites of passage process is one component of empowering both girls (Komba) and boys (Murundu) to smoothly transition to adulthood through various traditional exercises as a result social work intervention should be attentive to the cultural practices of this community while advocating for human dignity particularly vulnerable children. In a nutshell, the study concluded that the fundamental human rights principle or dignity that is depicted in the Universal Declaration of Human right (UDHR,1948) and the respect for indigenous knowledge and culture as depicted in the United Nations Declaration on the Rights of Indigenous Peoples (2007) are inseparable pieces during social work intervention (Edmos & Munyaradzi, 2020).

2.4. Social Work Professionalism in Humanitarian Organization in Ethiopia

A qualitative study was conducted by Rahel (2017) on the practice of social workers within governmental childcare institutions. The study has identified family reunification of orphans and vulnerable children, reintegration, alternative care arrangement, referral linkage with appropriate services, service delivery system development, and engagement in evaluative research as major areas where social workers actively engage in governmental childcare institutions. However, in a similar study despite the social workers are involved in such a diversified range of activities the knowledge about the professional social work perspectives and theories indicates negative results (Rahel, 2017).

International Training and Education Center for Health (I-TECH) in collaboration with Addis Ababa University School of Social Work and with financial support from USAID has conducted an assessment on social work pre-service training institutions in Ethiopia. The assessment was part of the International Training and Education Center for Health (I-TECH) initiative for institutional transformation through improving the quality of service provided by social workers particularly related to HIV/AIDS. The major findings of the assessment indicate the existence of confusion in delineating the role of social workers in health care and other settings. The study has also found that social workers who are hired at different civil society organizations lack the practical skills and experience to be applied at the agency level. (I-TECH, 2010)

The same study conducted by I-TECH has a finding on the absence of a regulatory agency in Ethiopia to certify social work practice. This has created a context by which individuals working in different institutions can be assigned as social workers without having the

proper know-how, academic remedy, and professional experience in social work practice.

Although few institutions exist like the Ethiopian Society for Sociologists, Social Workers, and Anthropologists they are not playing a regulatory role in providing licenses and delimiting the scope of social work practice. (I-TECH, 2010)

Daniel (2013) agrees that although Ethiopia does not have regulatory legal frameworks for the development and management of social workers. This context has left service providers and non-governmental organizations without any requirements that expect them to comply while hiring professionals aligning with the diverse needs of clients. The survey conducted against 52 projects focusing on children being managed by 38 nongovernmental organizations in a sample sub-city of Addis Ababa indicates that standard social services were being provided by personnel who assumed an officer position with no formal training background. It is found out through the survey that among the 37% of the workforce who are considered professionals in the sample non-governmental organizations providing child-centered psychosocial services only 7% of them are social workers and psychologists, while 20 % account for Nurses and other trained in Education field, 10 % accounts for other social science disciplines i.e., sociology, demography, and social anthropology (Hailu, 2013).

2.4.1. Child Protection Services for Refugee Children in Ethiopia

As per the UNHCR factsheet in May 2023, the total number cross border refugees hosted in 24 refugee camps of Ethiopia is 916,436 who are forcefully displaced because of conflict situations in the neighboring countries and 56 % (536,488) of them account for children. The major origin of countries for the refugees includes South Sudan, Somalia, Eritrea, Sudan, Kenya, Yemen, DR Congo, and the Syrian Arab Republic (UNHCR, 2023). In a different report, while there are 41,670 unaccompanied minors and separated children registered in the refugee

database, there are also another 66,712 children with different vulnerabilities who requires immediate child protection assistance (UNHCR, Refugee and Protection Strategy, 2021 -2025).

The latest partners accountability matrix of UNHCR and Refuge and Returnee Service (RRS)¹⁵ indicates that 69 partners are supporting the response program for refugees residing in Ethiopia. Out of the 69 partners, 22 are specialized in general protection services, and 14 humanitarian organizations are specialized in child protection services. These 14 child-focused organizations are implementing child protection programs to protect refugee children in Ethiopia (UNHCR, Ethiopia Operation 3W Dashboard, 2020). As per the UNHCR strategic plan for 2021 – 2023, the major child protection service to be provided for refugee children are i.e., the inclusion of refugee children in the national child protection system, birth registration, tailored case management service for children with specific needs, community based child-protection mechanism, providing education access for boys and girls as one protective mechanism, mainstreaming gender-based violence (GBV) within child protection programming, and empowerment of youths. (UNHCR, Refugee and Protection Strategy, 2021 -2025).

In order to provide the various child protection service for those thousands of refugee children with particular vulnerability who are being hosted in the 24 refugee camps in Ethiopia, the child-focused humanitarian agencies heavily rely on para-social workers who are refugee incentive workers operating at the respective refugee camp level. For instance, in the year 2014 a total of 152 para-social workers (refugee incentive workers) were in charge of providing case management service in Gambella refugee camps (UNHCR, 2014). These para-social workers are in charge of providing the front line service at the refugee camps, whereas there are Child Protection in Emergency Officers who are most of the time graduates of BA Degree and above in

¹⁵ Refugee and Returnee service (RRS) is the mandated government counterpart to monitor refugee issues in Ethiopia.

social science fields and responsible to coordinate overall child protection programmatic interventions and supervise the para-social workers operating at the refugee camps level (Kebede, 2019).

The Child Protection Minimum Standard in Humanitarian Action (CPMS) is a set of standards that guides the entire child protection services being provided for refugee children in Ethiopia. The CPMS is an international guideline that was developed by the Alliance for Child Protection in Humanitarian Action (ACPHA) which is a consortium of child-focused humanitarian organizations operating in emergency context. CPMS is aimed at standardizing child protection services across emergency contexts in the globe. The first edition of CPMS was launched in 2012 followed by the second edition in 2019 which is currently under use. Hence, the 14 child-focused humanitarian organizations operating in 24 refugee camps in Ethiopia are using CPMS as their guiding tool to provide child protection services. The CPMS outlines four (4) key pillars and 28 standards to guide the entire child protection service in an emergency context. Among the key pillars, pillar – 3 emphasizes standards to develop adequate strategies to provide effective child protection services towards (Alliance for Child Protection in Humanitarian Action, 2019). As per articulation by the researcher those standards under pillar-3 of CPMS are directly linked to the several constituents of social work professionalism.

Table 4 *Illustration of Child Protection Minimum Standards in Humanitarian Context*

Pillars of CPMS	Standards¹⁶
Pillar- 1: Standards to ensure a quality child protection response	Standard 1: Coordination Standard 2: Human resources Standard 3: Communications and advocacy Standard 4: Programme cycle management Standard 5: Information management Standard 6: Child protection monitoring

¹⁶ Relevant CPMS standards will be consumed to synthesize their contribution against the trends of social work professionalism to be identified later at the end of this research exercise.

Pillar- 2: Standards on child protection risks	Standard 7: Dangers and Injuries Standard 8: Physical and emotional maltreatment Standard 9: Sexual and gender-based violence (SGBV) Standard 10: Mental health and psychosocial distress Standard 11: Children associated with armed forces or armed groups Standard 12: Child labor Standard 13: Unaccompanied and separated children
Pillar- 3: Standards to develop adequate strategies.	Standard 14: Applying a socio-ecological approach to child protection programming Standard 15: Group activities for child well-being Standard 16: Strengthening family and caregiving environments. Standard 17: Community-level approaches Standard 18: Case management Standard 19: Alternative care Standard 20: Justice for Children
Pillar- 4: Standards to work across sectors.	Standard 21: Food security and child protection Standard 22: Livelihoods and Child Protection Standard 23: Education and child protection Standard 24: Health and Child Protection Standard 25: Nutrition and Child Protection Standard 26: Water, sanitation, and hygiene (WASH) and child Protection Standard 27: Shelter and settlement and child protection Standard 28: Camp management and child protection

2.5. Theories on the Link between Social Work and Humanitarian Organization

Based on the assessed literature this section reflects on some of the theoretical frameworks which can have direct relevance to the context of interaction between the social workers and their respective human service organizations. Hence, for this specific study purpose the below major theoretical frameworks are presented, and later during the actual study the findings is discussed and analyzed using these theories as guidance.

The Human Relation Approach: the central concept of this theoretical approach focuses on the interrelationship that exists between the performance of organizational leadership and the job performance and/or satisfaction of subordinates as an important determinant of overall organizational effectiveness. (Hasenfeld, 2010) indicated:

“The human relations approach is particularly important in the human services because it is assumed that the attitudes of the staff to their work situation and their coworkers will have direct consequences on how they relate to their own clients. Trust, positive values, and caring emotions are assumed to be determined by how workers feel about their work, how their self-actualization needs are being met, and how the organization facilitates and supports their work.” (p.57)

In the context of this specific study, the human relation approach can be a good lens to evaluate how the social workers interact against their host child-focused humanitarian organization.

Institutional Theory: the basic assumption of the institutional theory is human service organizations are obliged to develop policies, procedures, and regulations in favor of compliance with external influence which are determinant factors for the existence of the organization and means to acquire resources. External actors i.e., states, donors, etc. influence human service organizations which will create a situation of similarity in the structural and functional aspects of various organizations technically called ‘institutional isomorphism’ (Hasenfeld, 2010).

While conducting this specific study there is an intention to systematically understand how the sample child-focused humanitarian organizations are affected by donors, state

regulations, and other compliance factors to practice social work professionalism respective to their organizational context.

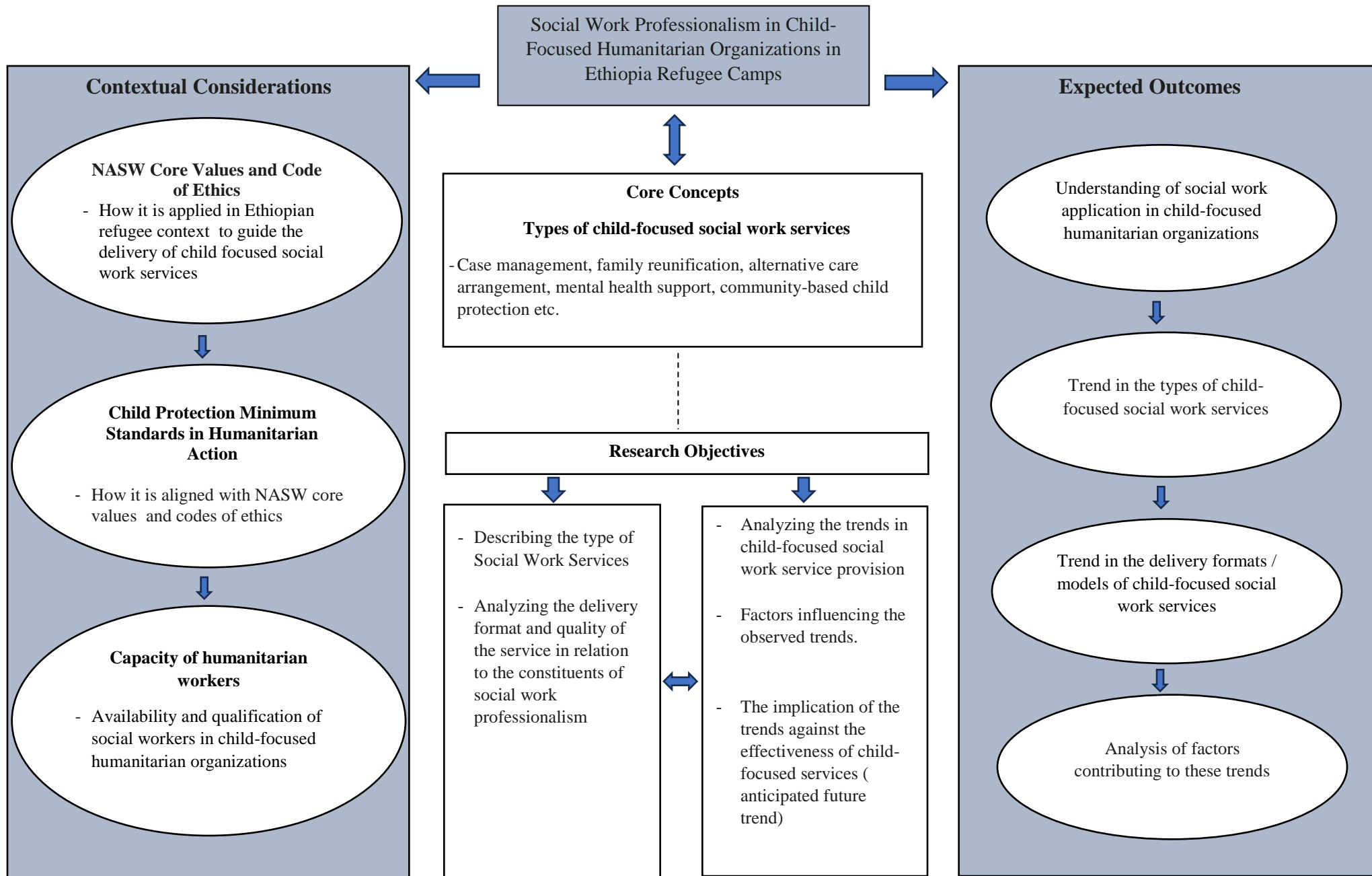
Critical Theory: critical organizational theory challenges the domination of certain members of the organization rather it advocates how every individual in a given human service organization contributes to the effectiveness of the organization. The critical theory also provides emancipatory privilege for clients' contribution towards the effectiveness of service delivery equivalent to the social workers (Hasenfeld, 2010).

In the same way, later through this study, the sampled child-focused humanitarian organizations were systematically assessed on how the clients are considered in the decision-making process equivalent to social workers as part of professional ethics.

2.6. Conceptual Framework of the Study

A conceptual framework of the study is derived with the assumption of conducting a time series trend analysis between the years 2017 -2023 towards social work professionalism in child-focused humanitarian organizations in refugee camps of Ethiopia. The conceptual framework is aligned with the objectives of the research which focuses on data collection on specific social work services, their delivery formats, and the factors influencing their provision. The conceptual framework framed the analysis of this study on how the above data to be collected align with social work professional principles and best practices, considering the child-focused humanitarian organizations delivering social work services in refugee context of Ethiopia. Moreover, it highlights areas where social work professionalism may be strengthened to improve the effectiveness of services for refugee children.

Figure 2 Conceptual Framework for Trend Analysis of Social work Professionalism in Child-focused Humanitarian Organizations



CHAPTER THREE: RESEARCH METHOD

3.1. Research Philosophy

Throughout the data collection, analysis, and interpretation process of this study predominately a '*positivist*' approach was applied. This is associated with a purely quantitative research design employed involving time series analysis of trend in several variables of social work professionalism and a subsequent trend forecasting for similar variables based on past trend records assuming any external factors affecting the prediction are constant. However, a lesser extent of '*interpretivist*' approaches was used in a few component of this study. For instance, (i) a systematic technique used to synthesize the findings acquired from the quantitative analysis against few selected social work theories, (ii) a minimal level of subjective thoughts of respondents used with the purpose of complementing very few quantitative findings to tailor with the context at the ground level, and (iii) a document analysis conducted to learn how the NASW core values which is the guiding framework of social work practice in the academia is aligning with the child protection minimum standard in humanitarian action (CPMS) applicable at grassroots level.

Logic behind the assumed research philosophy: the very rationale behind using a predominantly '*positivist*' research philosophy is because the scope of this study is ultimately interested to statistically test how the different variables related to the types and formats of child-focused social work services for refugee are progressing either in a non-stationery or stationery pattern across time . This has been followed by another principal interest of the study which applied statistical predictive models to forecast future trends through stationarizing the already

identified previous trend. In other talk the scope of this research have shallow delve on how each elements of child-focused social work services types and formats of delivery being applied by social workers while interacting with refugee children which is more of interpretative approach (Pranas , Jolita , & Regina, 2018)

3.2. Research Design

This study constitutes a quantitative method from design point of view. Predominantly the research absorbs a quantitative time series analysis model which is one of the trend analysis statistical methods used by several researchers who are interested in the observation of the trend of a given particular case over proportionally spread out time period (i.e., yearly, monthly, weekly and daily). The time series analysis has three main objectives (1) it enables us to understand whether the pattern of a certain variable is linear, seasonal, cyclic, or irregular (2) it also allows us to forecast future trends of similar variables based on the identified nature of trends over time (European Union, 2012). For this specific study the seven-year trend data related to the various constituents of social work professionalism, as depicted in the conceptual framework, studied through time series analysis to understand their seasonality, trend, irregularity over time. Based on the identified trend further analysis was conducted on the delivery of child-focused social work services for refugee children for the upcoming period beyond 2023.

However, the study used at minimal level qualitative information to complement few of the findings acquired from the predominant quantitative design which enabled the researcher enriches its findings. To acquire those few quantitative information key informant interviews,

focus group discussion and review of CPMS and NASW documents were conducted to highlight few pressing areas as per the quantitative analysis.

The reason behind considering the year 2017 as a starting point for the time series is due to the significant number of refugees who has been hosted in Ethiopia associated with the relapse of conflict in South Sudan in July 2016. In the same period the largest refugee camp in Ethiopia which is currently accommodating 112,000 refugees was established in Gambella (UNHCR, 2023). Hence, through considering 2017 as starting point a time series analysis executed to give better picture on the trend of social work professionalism across the 7 years.

3.3. Study Area and Population

The study population for this specific study is 14 child-focused humanitarian organizations providing social work service for refugee children in Ethiopia. As per the latest UNHCR data there are 24 refugee camps in Ethiopia hosting 916,436 people who are forcefully displaced because of conflict situations in the neighboring countries and 56 % of (536,488) them account for children. The 24 refugee camps are distributed in 5 regional states of Ethiopia i.e., Afar, Amhara, Benishangul-Gumuz, Gambella, and Somali. A total of 69 partners are supporting the overall humanitarian response program for refugees residing in Ethiopia. Out of the 69 partners, 22 are specialized in general protection services, and 14 child-focused humanitarian organizations are specialized in child protection services (UNHCR, 2023).

Table 5 Overview of the study population (child-focused humanitarian organizations) working with refugee children across five regions¹⁷

Name of the child-focused organization	Afar	Amhara/Tigary former camps	Benishangul-Gumuz	Gambella	Somali
IHS - Innovative Humanitarian Solutions		*			
IRC - International Rescue Committee		*			*
JRS - Jesuit Refugee Service		*			
AHA – African Humanitarian Action	*				
BCSG - Bethany Christian Service Global				*	
ZOA - ZOA Relief Hope Recovery		*			
UNICEF - United Nations International Children's Emergency Fund	*	*	*	*	*
PI – Plan International			*	*	
UNHCR – United Nations High Commissioner for Refugee			*		
SCI – Save the Children International				*	*
DICAC – Ethiopian Orthodox Church Development and Interchurch Aid Commission Refugee and Returnee Affairs Department		*			
NRC - Norwegian Refugee Council		*		*	*
DRC – Danish Refugee Council				*	
EECMY - Ethiopian Evangelical Church – Mekaneyesus Development And Social Service Commission	*				
Total sample frame per each region	3	7	3	6	4

¹⁷ Consider that some child-focused agencies are working in more than one region and camps hence the total summation of organizations in each region as depicted in Table 5 might exceed 14 since there will be double counting.

3.4. Research Participants and Inclusion Criteria

Three child-focused humanitarian organizations were considered to be participants of the study who are selected based on a firm sampling procedures applied (see next section 3.5). (i) Innovative Humanitarian Solution (IHS), which is operating in Asayita refugee camp located in Afar regional state. IHS involved in providing child protection in emergency and multi-purpose cash assistance services for Eritrean refugee children hosted in Asayita refugee camp, (ii) Plan International (PI) which is operational in Ngunyyiel refugee camp Gambella regional state (the biggest refugee hosting camp in the country) providing child protection and education in emergency services for South Sudanese refugee, (iii) Save the Children International (SCI) is also participant of this study which is also involved in child protection in emergency and early childhood and development services in Terikidi refugee camp within Gambella regional state.

As an additional inclusion criterion all the three research participant child-focused humanitarian organizations considered being operational in their respective refugee camp, (1) have a minimum 7 years' presence since 2017, (2) the research participants need to have either direct or indirect involvement in the provision of child-focused social work services for refugee children.

3.5. Sampling Techniques and Procedure

3.5.1. Sampling procedure for quantitative design

A multi –stage cluster sampling techniques was employed in this study. The major justifications behind choosing multi-stage cluster sampling are: (i) the 14 child-focused

humanitarian organizations are dispersed geographically across 24 refugee camps and five regional states of Ethiopia under such context it is impractical to list every element of those organizations in their respective camps and regions and came up with comprehensive list of sample frame (Singh, 2007). (ii) The comprehensive list of social workers under each organization was acquired. Hence categorizing the 14 child-focused humanitarian organizations respective to the refugee camps and regions where they are operating served as an ‘auxiliary variable’ where you can easily create homogenous clusters with known size. This allowed the researcher to draw a more representative sample of child-focused humanitarian organizations from each cluster (Fuller, 2009). Hence the below 4 steps were be applied while selecting the sample.

1st stage- selecting the regions: Simple random sampling method was used to select 2(two) regions (clusters) among the 5 (five) regional states. So based on the sampling procedure mentioned **Gambella and Afar region** were selected.

The initial clusters (seed clusters) where the 14 child-focused organizations operate inherently				
Afar (3 camps)	Amhara/ Tigray ¹⁸ (2 camps)	Benishangul-Gumuz (3 camps)	Gambella (7 camps)	Somali (9 camps)
Select 2 clusters/regions through simple random sampling				
Region -1		Region-2		

2nd stage – sampling camps from selected regions: Simple random sampling was applied to select a total of 3 refugee camps form the two regions.

3rd stage sampling: 3 child-focused humanitarian organizations that are working in the selected 3 refugee camps were automatically selected since only one humanitarian organization is

¹⁸ The refugee camps hosting Eritrean refugees in the Tigray region have been moved to the Amhara region due to the recent war in the Tigray region. (UNHCR,2022)

mandated to operate in child protection thematic area (i.e., Plan International in Nguneyyiel refugee camp, Save the children International in Terkidi refugee camp, and Innovation Humanitarian Solution in Asayita Refugee Camp).

4th stage sampling: Because of small and manageable population size of social workers working in the selected three organizations this study employed a census approach, gathering data from all social workers (N=189) working in the selected child-focused humanitarian organizations within the Ethiopian refugee camps of Gambella and Afar regions. This approach ensured the most comprehensive and accurate data collection possible. All of them were considered in the study sample as per below desegregation.

However, while the initial aim was to collect data from all 189 social workers through survey based on the sampling frame outlined in Table 5, the final sample size comprised 150 participants (100% response rate) due to some social workers leaving the refugee camps in Gambella for security concerns and issues related to the cut of ration by World Food Programme (WFP). This deviation from the planned sample size would affect the generalizability of the findings of the survey very slightly to the entire population of social workers in the 14 child-focused humanitarian organizations operating in 24 refugee camps. In convention as per the power analysis (type II error) if **power = 80 % or $\beta = 1 - \text{Power} = 0.2 (20\%)$** it is in acceptable margin (Singh, 2007). However, based on the actual power analysis in the context of this study the **power = 79% ($\beta = 0.21$ or 21 %)** which might slightly affect the strength of the generalizability. Future research endeavors with larger sample sizes could further strengthen the generalizability of these findings.

3.5.2. Sampling procedure for collected qualitative data

Although a minimal qualitative information used in a very few components of this study, a purposive sampling was applied to acquire focus group discussion and key informant interview through considering saturation principle.

Purpose for conducting FGD and KII: the major purpose for conducting both FGD and KII, in the context of this research, encompasses three aspects. (1) With the intention of substantiating few of the quantitative findings against the context of child-focused social work service delivery at the grassroots level so that this will avoid mislead of the study users because of a purely reductionist approach. (2) Both KII and FGD targeted those few less educated social workers providing service at the selected refugee camps and could articulate the questions in the survey.

Homogeneity and selection criteria of FGD participants: all of the FGD participants are social workers at the frontline with a similar level of understanding particularly in terms of their educational level. A total of 48 (8 Female) respondents were participated in 5 Focus group discussion conducted through a purposive selection based on their relevance for child-focused social work services since they are responsible in providing the services at frontline for refugee children.

Selection criteria for KII: six (6) interviewees i.e., 1 child protection manager, 2 child protection coordinators, 2 child protection officers and 1 gender coordinator were interviewed through the KII. All the 6 interviewee were selected purposely since they are responsible to administratively lead the process of child-focused social work service delivery for refugee children in the sampled

child-focused humanitarian organizations and tasked to supervise the social workers at the camp level.

Table 6 Overview on the originally planned versus achieved sample size

	Gambella Region				Afar		Grand Total	
	Ngunyyiel Refugee Camp		Terkidi Refugee Camp		Asayita Refugee Camp		Planned	Achieved
	Planned	Achieved	Planned	Achieved	Planned	Achieved		
FGD	4	3	2	2	1	1	7	5
KII	5	4	3	1	2	1	10	6
Survey	151	123	28	17	10	10	189	150

3.6. Method of Data Collection

To empirically inform the research questions, both quantitative and qualitative data sources were utilized throughout the course of data collection. Four data collection strategies employed which includes (1) document review to acquire relevant time-series evidence, (2) survey that was distributed for child protection officers and social workers involved in providing child protection services, (3) Key informant interview with purposively selected project managers, leadership/management members, and other operation functions of sample child focused agencies, and (4) focus group discussion with selected social workers with less literacy status.

3.6.1. Procedure for the development of data collection instrument

The set research objectives were the cornerstones for determining the process of developing data collection tools. Each research objectives were aimed to be captured through a specific data collection instruments, (i) a survey questionnaire was developed to effectively capture the intended quantitative data aimed at analysing the time series trend for the types and delivery formats of child-focused social work services as depicted in research objective 1,2 &3.

Moreover, a five (5) scale Likert scale measurements were integrated in the survey questionnaire so as to intentionally capture data related to contributing factors for the changing trend in the provision of child-focused social work services across the three child-focused humanitarian organizations which are the study population. This aligns with the interest indicated in research objective 4, (ii) at the secondary level the focus group discussion and key informant interview guides were crafted to further illuminate few information captured through survey.

3.6.2. Survey

A survey questionnaire was used to collect data form social workers and child protection officers who are involved in providing child protection services for refugee children in Ethiopia. Through the survey demographic information about the social workers and child protection officers was collected including their years of experience, academic remedy, and areas of specialization while providing child protection services. The survey composed of an array of closed and open-ended questions.

Closed-ended questions: comprised questions related to types of social work services provided for refugee children since 2017, frequency of service provision, trend in the time spent by social workers on specialized social work practice area, average caseload size etc.

Open-ended questions: incorporates any changes in the types of services provided for refugee children, evolving challenges in delivering child protection services to refugee children, aspects of current service delivery format which works well compared to the experience in 2017, and what improvements could be made to enhance the quality of services.

3.6.3. Document Review

To satisfy the quantitative time series trend analysis a 7 (seven) years organizational records on the types of social work services provided in the sample child focused organizations were collected and relevant human resource records were also reviewed. Additional relevant documents i.e., social work relevant project reports, child protection case management reports, programmatic strategic plan, child protection standard operating protocols, ethical procedures guiding child-focused services, policies etc. used by the organizations were reviewed since the year 2017.

3.6.4. Key Informant Interview

To further complement the time series quantitative data, a key informant interview was conducted against few purposively selected program managers, leadership/management members, and operational functions of sample child focused humanitarian organizations. Through the key informant interview respondents were asked about the overarching child-protection programmatic framework within the sample child-focused humanitarian organizations, how the child-focused social work services changed over time since 2017, the perception on how the evolving trend affects the effectiveness of social work service delivery, how the various constituents of social work professionalism applied along with organizational procedure since the year 2017 etc. All the data was collected in relation to each year to observe the trend, however, this data has been difficult for few of the social workers who struggled to memorize some of the trends in the earlier years.

3.6.5. Focus Group Discussion

Focus group discussions were conducted with refugee incentive social workers in the selected child-focused humanitarian organizations. The focus group discussion had two fundamental purposes. Conduct focus group discussion with social workers (1) to understand their perspectives on how changing trends impact service effectiveness in addressing children's needs and (2) to gain additional understanding from those social workers on the service delivery format and quality.

3.7. Data Quality Assurance

In order to come up with a high-quality data the researcher has employed three mechanisms , (i) data enumerators involved in the survey were trained on the detail substance of each questions and conducted a pilot against few respondents to check feasibility of the data collection process, (ii) while conducting focus group discussion and key informant interview a translator and later transcription conducted to avoid language barrier with respondents, and (iii) so as to generate a dependable data after data collection process particularly for the quantitative data an outlier test conducted to identify coding and other errors and based on the outlier test a statistically acceptable internal consistency adjustment executed through SPSS .

3.8. Data Analysis Method

This research used a combination of four analysis method both for the quantitative and qualitative components (1) descriptive statistics, (2) time-series trend analysis, (3) factor load analysis, and (4) thematic analysis for the minimal qualitative data. For the sake of better articulation, the selected analysis methods are aligned with the respective objectives of the study.

Research objective -1: To describe the types of child-focused social work services being provided by humanitarian organizations for refugee children in Ethiopia since 2017. A descriptive statistic was employed which involves the cross tabulation of frequencies, percentages, means, and standard deviations to understand the nature of child-focused social work services being provided over time for the refugee children in Ethiopia (Singh, 2007). Moreover, to understand the trend overtime a linear sequencing plot was used.

Research objective -2: To analyse the delivery format of child-focused social work services that have been provided by humanitarian organizations for refugee children in Ethiopia since 2017. Similar descriptive statistical and trend analysis was employed.

Research objective -3: To analyse changing trends in the provision of child-focused social work services in humanitarian organizations for refugee children in Ethiopia since 2017. Since the primary objective of this research is to understand the trend in the application of social work professionalism within child-focused humanitarian organizations a time-series analysis was used to satisfy this objective. Once the nature of data collected for objective 1 and 2, an examination of its trends between the period 2017 and 2023 was conducted to determine whether there is a seasonal or cyclic, stationary or non-stationary increasing trend. Based on the identified nature of trend proper time series analysis model was applied (i.e., Autoregressive Integrated Moving Average (ARIMA) and exponential smoothing models) to predict the upcoming trend for 5 consecutive years. A differencing method of transforming the data also applied for those stationery trend data used to determine the appropriate time series model (Shin, 2017).

Research objective - 4: To explain factors that contributed to the changing trends in the provision of child-focused social work services for refugee children in humanitarian

organizations since 2017. A factor analysis with four (4) components reduction techniques was used to calculate the factor load which helped the researcher to identify the factor that significantly contributes to the changing trend in the provision of child-focused social work services for refugee children over time (Singh, 2007).

3.9. Ethical Consideration

Through the process of the study researcher strictly adhered to the ethical standards stipulated in the NASW. Particularly the records to be collected about the sample child-focused organization and its social workers was kept confidential and was used only to analyse time series trends without personally identifiable information. All the collected raw data were permanently deleted once the required analysis is finalized. All the consent procedures were in place for the data during survey and interview with key informants. The individual respondents and child-focused agencies to participate in this research were not subjected to any kind of payment.

3.10. Limitations of the Study

Two fundamental limitations of this study would arise due to the utilized methodological aspects: (i) the time series forecasting models used including ARIMA techniques have assumed other external variables affecting the predictions constant. This means by default since the humanitarian context is full of dynamic contexts the predications used against some of the variables might not be perfect and (ii) due to variation between the planned sample respondents for the survey and achieved one the issue of variability might be slightly affected as described in the power analysis of sampling section.

CHAPTER FOUR: FINDINGS

4.1. Cross-tabulation of Demographic Variables of Respondents

This section seeks to present a high level demographic profile of respondents participated in the study. It also executed a cross-tabulation of few selected demographic variables to demonstrate how they are related to each other in light of the research objectives.

4.1.1. Sex and age profile of respondents

The tabular presentation below illustrates the demographic age and gender distribution of respondent social workers across three organizations i.e., Innovative Humanitarian Solution (IHS), Plan International (PI), and Save the Children International (SCI). The gender distribution demonstrates that IHS has a higher percentage of Female (13.5%) compared to Male who makes up (3.1%). PI Female makes up the vast majority of employees out of the three organizations (82.7%). Similarly, PI's proportion Male accounts 81.6% of the total Male proportion across the three organizations. SCI has similar trend to IHS which has a higher percentage of females (3.8%) compared to males (15.3%). Across all three organizations the average employee age is around 25.6 years old. The median age is 28 years old, indicating that half of the employees are younger than 28 and the other half are older.

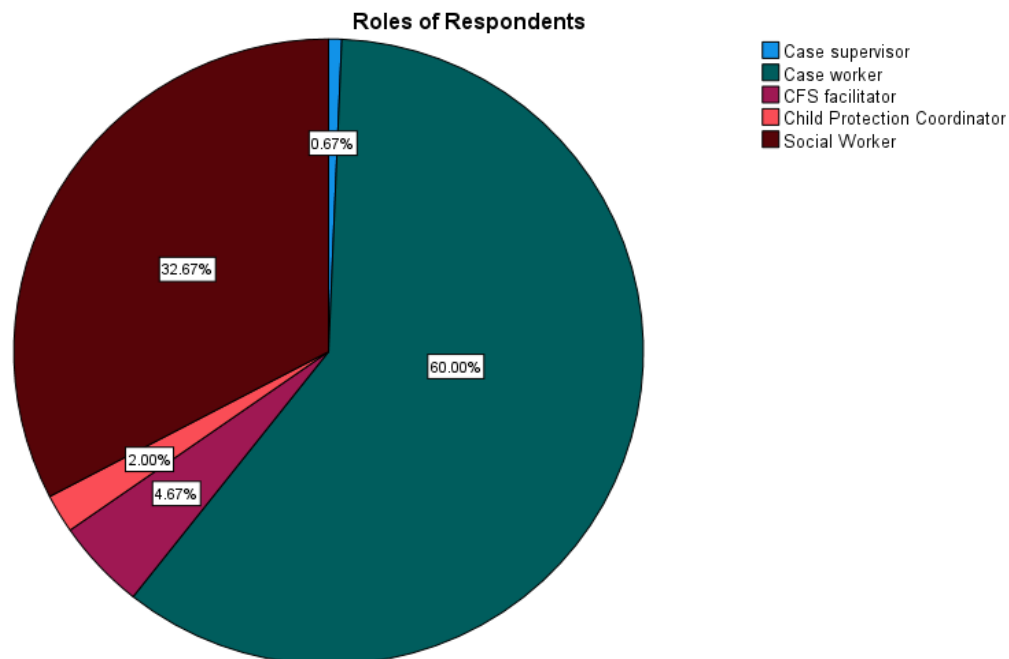
Table 5 Demographic profile of respondents

Organization	Sex				Age				
	Female		Male		Mean	Median	Range	Mode	SD
	N	N %	N	N %					
Innovative Humanitarian Solution	7	13.5%	3	3.1%	29	27	17	27	5
Plan International	43	82.7%	80	81.6%	29	28	38	28	5
Save the Children International	2	3.8%	15	15.3%	31	28	19	43	7

4.1.2. Desegregation on the several roles of respondents

Respondents who participated in the survey of the study are involved in the frontline delivery of child-focused services across all sampled organizations and refugee camps. Based on a linear frequency analysis on the roles of respondents, the largest portion (60%) are titled as ‘Caseworker’ which signifies that caseworkers are the most common type roles involved the delivery of child-focused social work services. This is followed by 32.67 % titled as ‘ Social workers’ , ‘Case supervisor’ accounts for 0.67%, and ‘Child friendly space (CFS) facilitator’ 2.00%. Overall the above trends infers that there are no one way of calling those staffs involved in providing child-focused social work services for refugee children,

Figure 3 Various roles of respondents



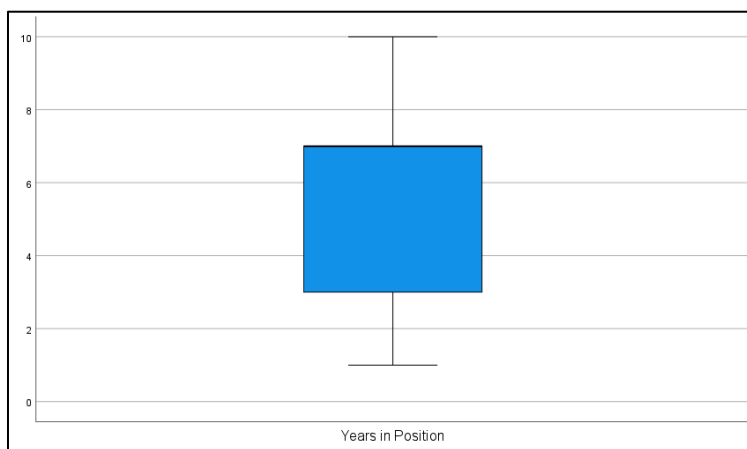
4.1.3. Years of experience of respondent as social worker

Considering the specific interest of this research on trend analysis for seven year, a statistical test was employed to validate whether there is a significant outlier from those respondents who have 7 years of experience in the current position as a social worker to qualify for trend analysis. Hence, based on the result for the analysis of percentile and Inter Quartile Range (IQR) the respondents years of experience in their current position in delivering child-focused social work service for refugee children does not have outlier from 7 year and qualifies to study trends of social work professionalism between 2017- 2023.

Table 6 Test for outlier and percentile and inter quartile range

		Percentiles						
		Percentiles						
		5	10	25	50	75	90	95
Weighted Average(Definition 1)	Years in Position	2.00	2.00	3.00	7.00	7.00	7.00	7.72
Tukey's Hinges	Years in Position			3.00	7.00	7.00		
Interquartile range		4						

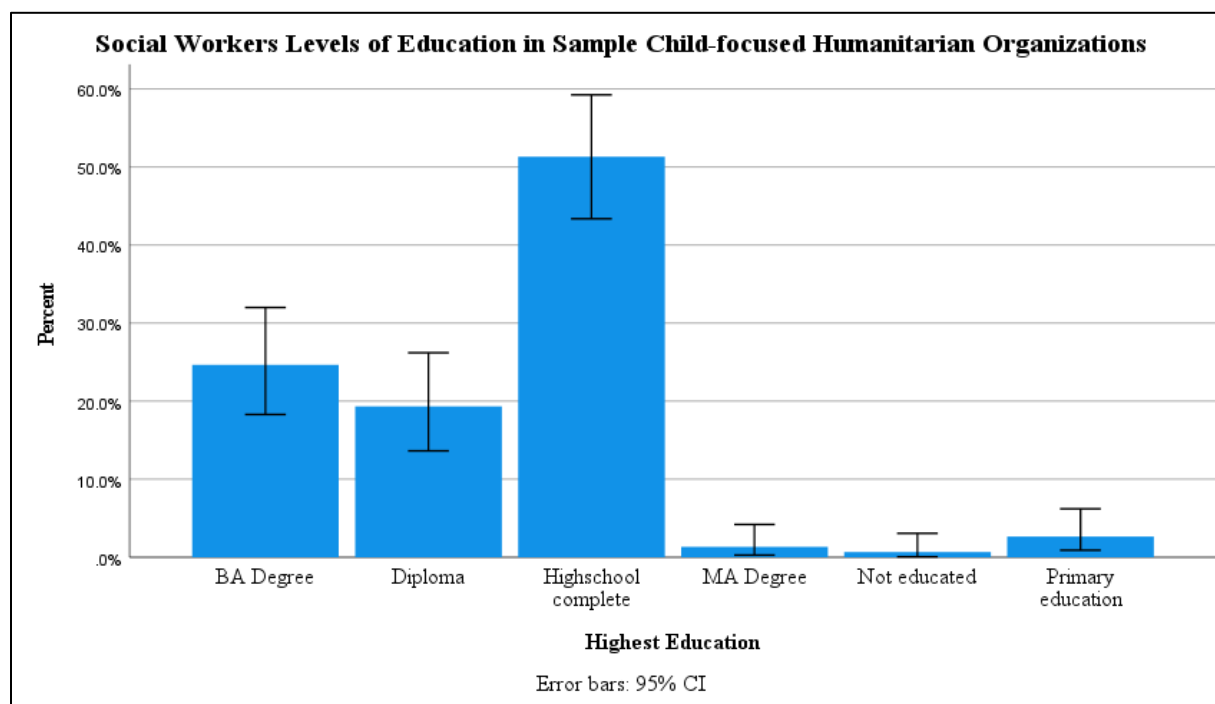
Figure- 4 : Outlier detection in the years of experience as Social Worker



4.1.4. Educational status of sample social workers

Over half (51.3%) of sample social workers only has a high school certificate as their highest level of education, and a quarter (24.7%) of the sample has a bachelor's degree. A smaller fraction (19.3%) of has diploma, and a very insignificant proportion (1.3%) has a master's degree. A very small percentage has only completed primary school or is illiterate.

Figure 5 *Social Worker Levels of Education*



On the other hand, 54 % of the social workers providing child-focused social work services for refugee children are primary and/or high school education completed (54%). Only 14 % of them have studied social work by academic training and 14% also accounts for nursing field of study, followed by other fields like sociology and psychology (around 5% each). Public health and medicine have a smaller presence (2% and 0.7% respectively). There's one social worker listed as illiterate.

4.2. Types of child-focused social work services being provided

4.2.1. Areas of child-focused social work services that respondents engaged

Based on a linear frequency analysis conducted while all of the respondent social workers are involved in providing overall child protection services, 31.3% have mentioned also that psychosocial support service is also among the child-focused social work services being provided for refugee children which is followed by family reunification (17.3%) and education services (14%).

Table 7 Areas of Child-focused services being provided for refugee children

Types of Service Frequencies				
		Responses		Percent of Cases
		N	Percent	
Area(s) child-focused of social work services ^a	Education	21	8.3%	14.0%
	Health including mental health	1	0.4%	0.7%
	Family reunification	26	10.3%	17.3%
	Overall child protection	150	59.3%	100.0%
	Psychosocial support	47	18.6%	31.3%
	Livelihood	5	2.0%	3.3%
	Other	3	1.2%	2.0%
Total		253	100.0%	168.7%
a. Dichotomy group tabulated at value 1.				

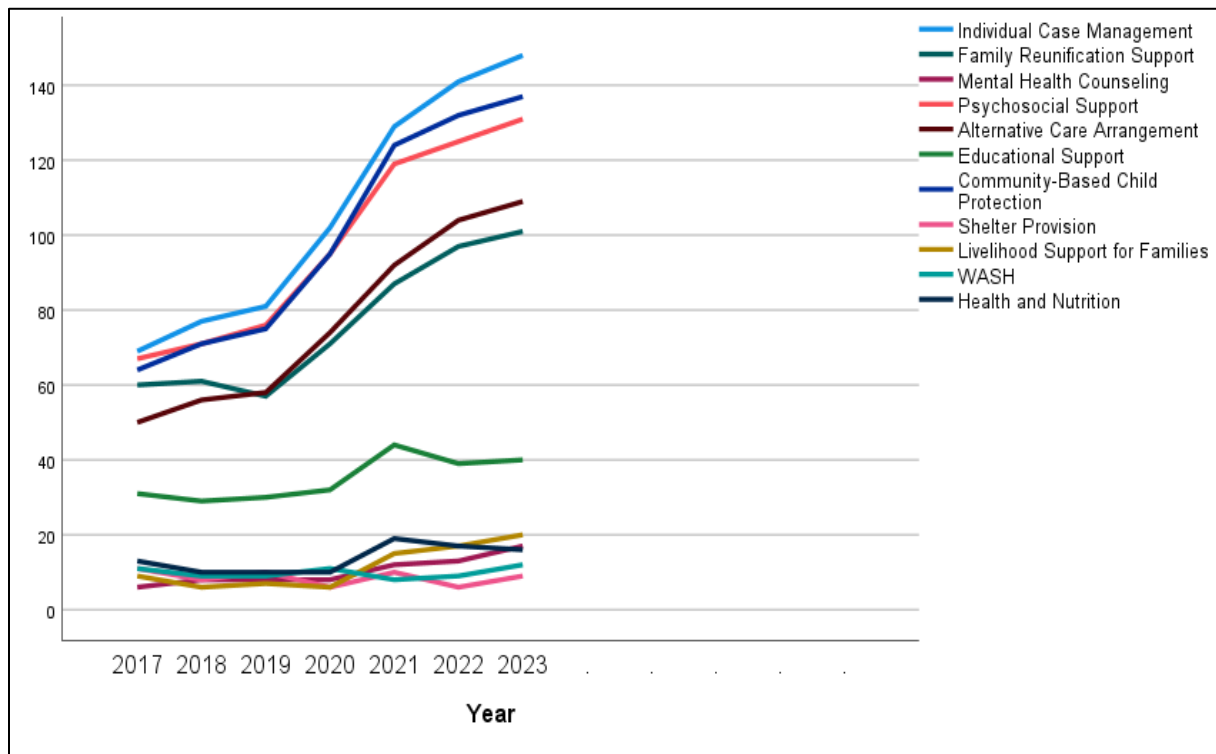
Furthermore for the interest of this research a cross-tabulation analysis was executed in order to investigate in which areas of child-focused social work services those social workers by academic training are involved. The cross-tabulation result indicates that only 15 % of the delivery of the above 6 (six) areas of child-focused social work services covered only by 15% by professional social workers by academic training. Particularly social workers by academic training are highly involved in overall child protection service and psychosocial support. The rest

majority portion of the services is covered by high school graduates and primary school complete incentive workers (56%) and with little involvement of workers with nursing (14%), Sociology (4%), and Psychology (3%), Education (4%), and very insignificant proportion (2%) public health field of study background.

4.2.2. Trend in the types of child-focused social work services provided

A survey questionnaire was administered against the social workers employed in the three organizations operating in three subsequent refugee camps. The survey collected a time-series data on eleven types of child-focused social work services provided since 2017 up to 2023.

Figure 6 Trend chart for child-focused social work services for refugee children



At initial level through plotting time-series sequencing chart in SPSS the researcher was able to identify the nature trend in the provision of each child-focused social work services.

Based on the preliminary sequencing chart three major trend characteristics of the services observed across the time series period.

Trend-1: it is found that five (5) child-focused social work services (i.e., individual case management, community based child-protection, psychosocial support, alternative care arrangement, and family reunification) has a clear non-stationary and significantly increasing trend with consistently increasing means (\bar{x}).

Trend-2: three (3) child-focused services (i.e., shelter provision, WASH service provision, and Health and nutrition) have demonstrated a random walk trend with no clear direction and no consistent decrease or increase of mean (\bar{x}).

Trend-3: another three (3) child-focused services (i.e., mental health services, educational support, and livelihood support for families) showed insignificant increasing trend overtime and a little bit closer to stationarity of mean(\bar{x}).

Figure 7 Trend in the mean of child-focused social work services for refugee children

Report												
Year	Individual Case Management	Family Reunification Support	Mental Health Counseling	Psychosocial Support	Alternative Care Arrangement	Educational Support	Community-Based Child Protection	Shelter Provision	Livelihood Support for Families	WASH	Health and Nutrition	
2017	69.00	60.00	6.00	67.00	50.00	31.00	64.00	11.00	9.00	11.00	13.00	
2018	77.00	61.00	8.00	71.00	56.00	29.00	71.00	8.00	6.00	9.00	10.00	
2019	81.00	57.00	8.00	76.00	58.00	30.00	75.00	10.00	7.00	9.00	10.00	
2020	102.00	71.00	8.00	95.00	74.00	32.00	95.00	6.00	6.00	11.00	10.00	
2021	129.00	87.00	12.00	119.00	92.00	44.00	124.00	10.00	15.00	8.00	19.00	
2022	141.00	97.00	13.00	125.00	104.00	39.00	132.00	6.00	17.00	9.00	17.00	
2023	148.00	101.00	17.00	131.00	109.00	40.00	137.00	9.00	20.00	12.00	16.00	
Total	106.71	76.29	10.29	97.71	77.57	35.00	99.71	8.57	11.43	9.86	13.57	

A sequencing regression was applied to determine the nature of trend in those child-focused social work services when compared to ascending time period. R-square (R^2) was

calculated for each year against the frequency of each child-focused service types so as to measure the association between the trend and time. Based on the result the increasing trend of ‘Alternative care arrangement’ has the strongest association with the increasing time period ($R^2 = 0.921$) which is followed by ‘Individual case management’ with ($R^2 = 0.914$). However, the trend in providing child-focused service related to ‘Educational support’ and ‘Livelihood support for families’ has comparatively weaker association with the increasing time ($R^2 = 0.553$ and $R^2 = 0.696$). On contrary, the trend of two child-focused social work services for refugee children has insignificant association with the increasing time period (i.e., Shelter Provision and Water, Sanitation and Hygiene/ WASH).

A statistical test on the stationary nature of the trend of above eleven types of child-focused social work service was applied to decide the specific time series model for further analysis.

According to stationary test Auto Regressive Integrated Moving Average (ARIMA) model was used to analyse the trend of the eight child-focused service type and Exponential Smoothing was utilized to analyse the trend for the remaining three child-focused social work services.

Table 8 Types of Services Time-series model

Time Series Model Description				
Variables	Stationary R-squared (R^2_a)	R-squared (R^2)	Model ID	Model Type
Individual Case Management	0.00	0.91	Model_1	ARIMA(0,1,0)
Family Reunification Support	0.00	0.83	Model_2	ARIMA(0,1,0)
Mental Health Counseling	0.76	0.88	Model_3	Holt
Psychosocial Support	0.00	0.89	Model_4	ARIMA(0,1,0)
Alternative Care Arrangement	0.00	0.92	Model_5	ARIMA(0,1,0)
Educational Support	0.82	0.55	Model_6	Holt
Community-Based Child Protection	0.00	0.88	Model_7	ARIMA(0,1,0)
Shelter Provision	0.00	0.00	Model_8	ARIMA(0,0,0)
Livelihood Support for Families	0.76	0.70	Model_9	Holt
WASH	0.00	0.00	Model_10	ARIMA(0,0,0)
Health and Nutrition	0.00	0.00	Model_11	ARIMA(0,0,0)

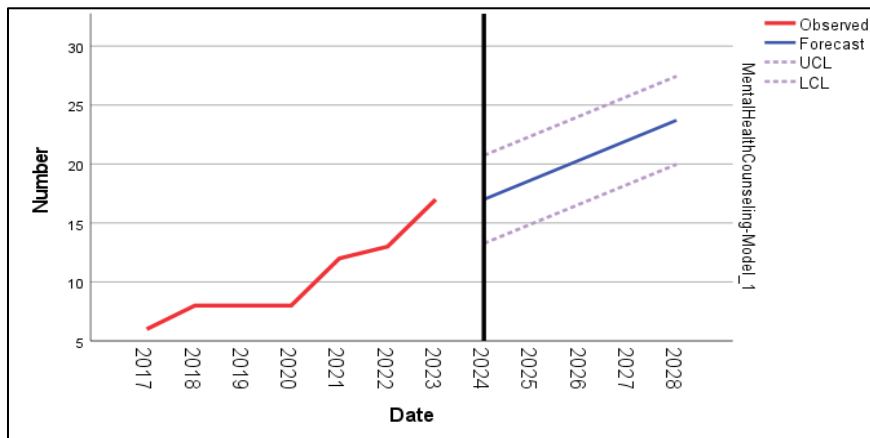
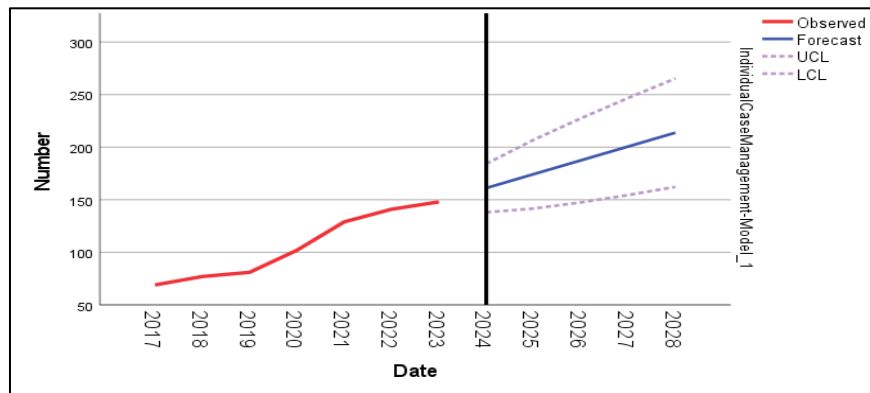
As per the model fit statistical test result, the stationary R-squared value (R^2_a) against each dependent variables of child focused social work services (i.e., individual case management, alternative care arrangement, psychosocial support, community-based child protection, family and reunification support, shelter provision, WASH, and health & nutrition) indicates ($R^2_a = 0.000$) which qualifies the ARIMA model as a best fit for the analysis of the trend. However, the remaining three child focused social work services has an approximate $R^2_a = 1$. (i.e., mental health counselling, education support and livelihood support for families) which allowed the researcher to use exponential smoothing to analyse the trend across the study period (Shin, 2017).

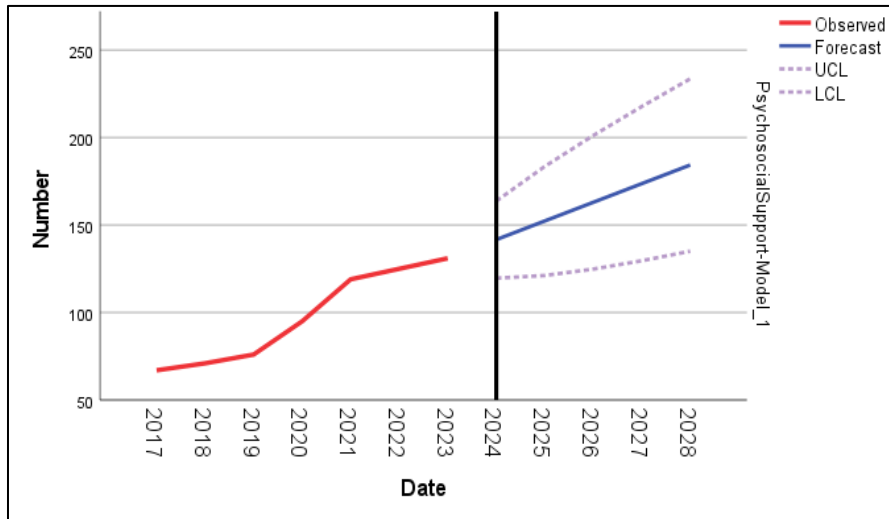
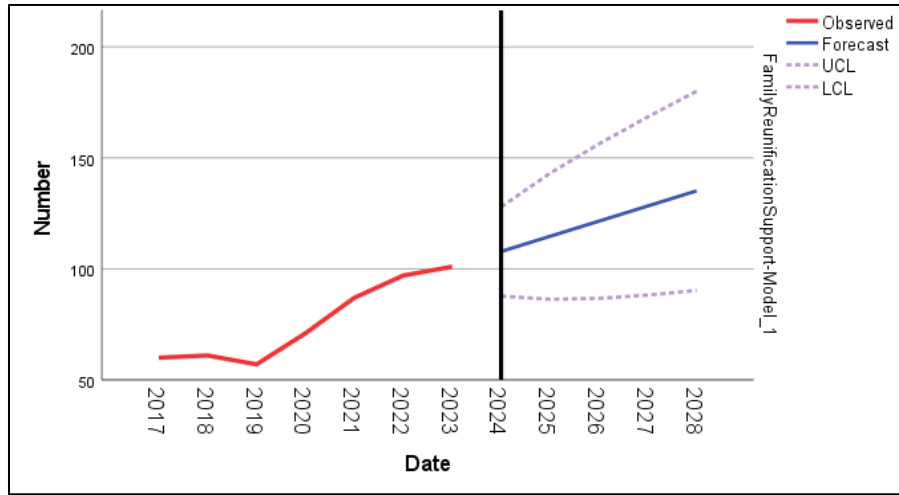
Table 9 Parameters for time-series model service types

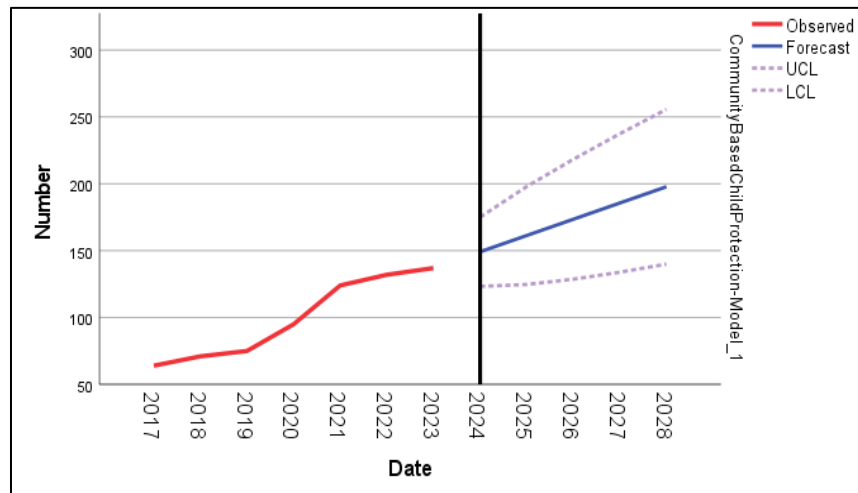
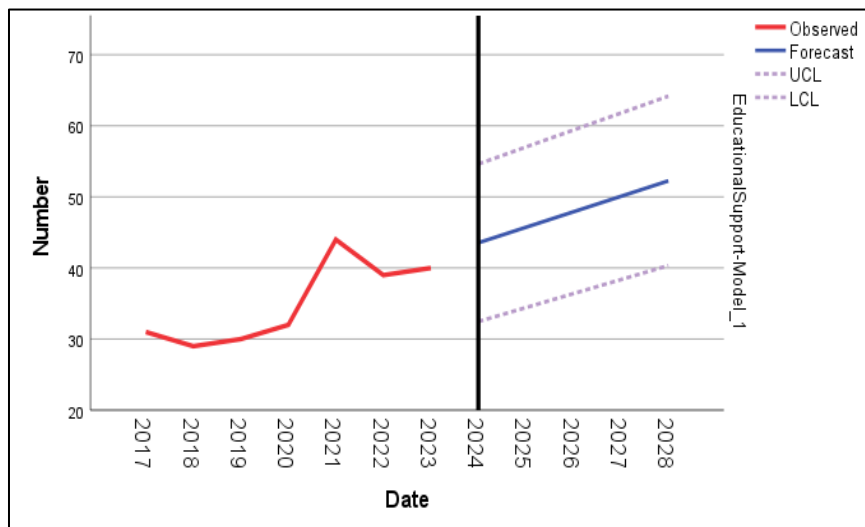
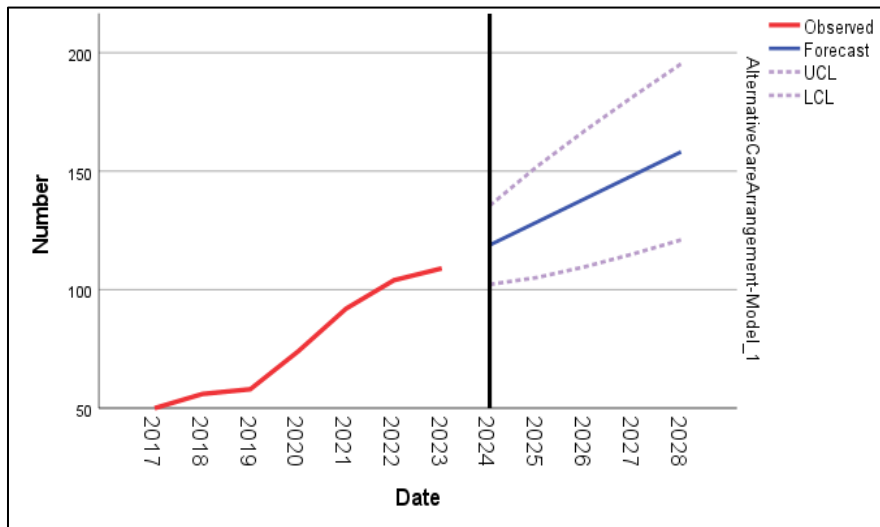
Exponential Smoothing (Holt) Model Parameters						
Model			Estimate	SE	t	Sig.
Mental Health Counseling	No Transformation	Alpha (Level)	0.00	0.47	0.00	1.00
		Gamma (Trend)	0.00	273.06	0.00	1.00
Educational Support	No Transformation	Alpha (Level)	0.20	0.26	0.75	0.49
		Gamma (Trend)	0.00	0.31	0.00	1.00
Livelihood Support for Families	No Transformation	Alpha (Level)	0.00	0.63	0.00	1.00
		Gamma (Trend)	0.00	364.80	0.00	1.00

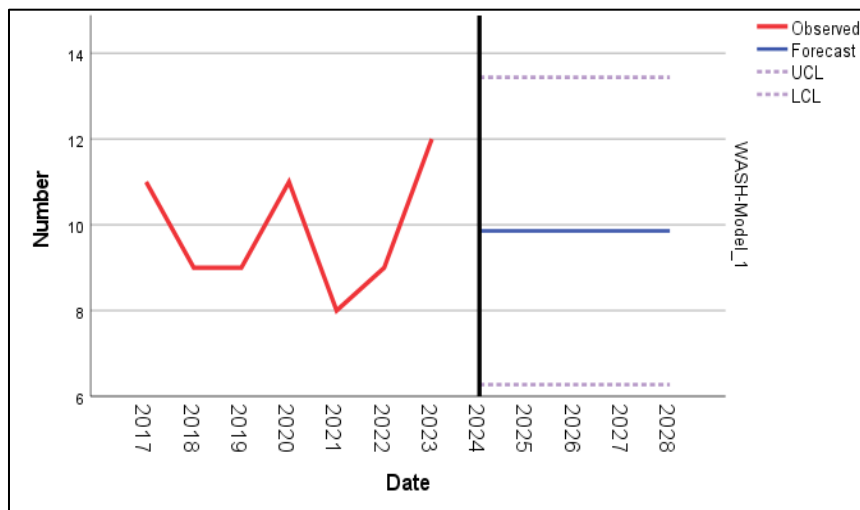
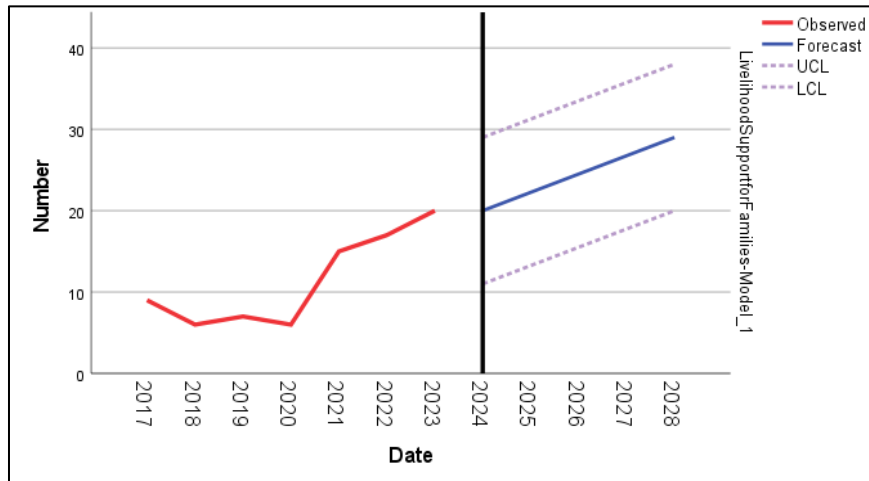
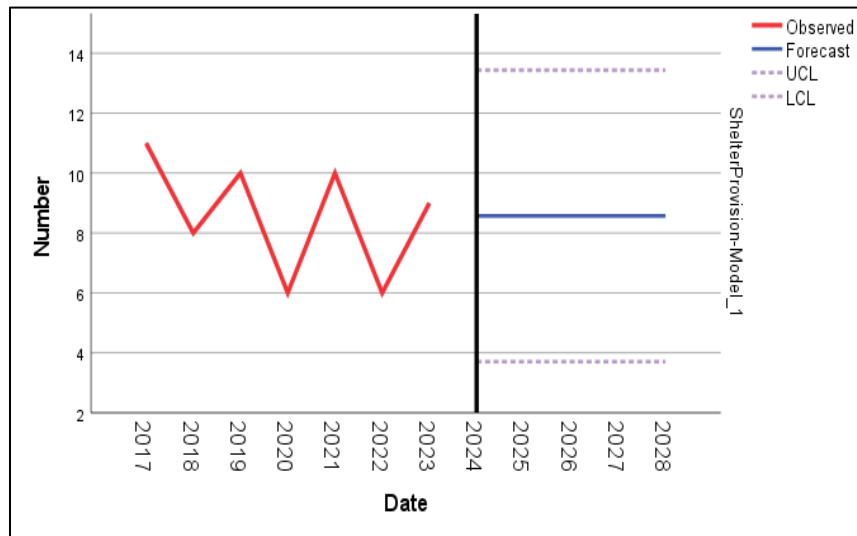
ARIMA Model Parameters						
			Estimate	SE	t	Sig.
Individual Case Management	No Transformation	Constant	13.167	3.664	3.593	.016
		Difference	1			
Family Reunification Support	No Transformation	Constant	6.833	3.188	2.144	.085
		Difference	1			
Psychosocial Support	No Transformation	Constant	10.667	3.499	3.048	.028
		Difference	1			
Alternative Care Arrangement	No Transformation	Constant	9.833	2.638	3.727	.014
		Difference	1			
Community-Based Child Protection	No Transformation	Constant	12.167	4.110	2.960	.032
		Difference	1			
Shelter Provision	No Transformation	Constant	8.571	.751	11.407	.000 *
WASH	No Transformation	Constant	9.857	.553	17.816	.000 *
Health and Nutrition	No Transformation	Constant	13.571	1.429	9.500	.000 *

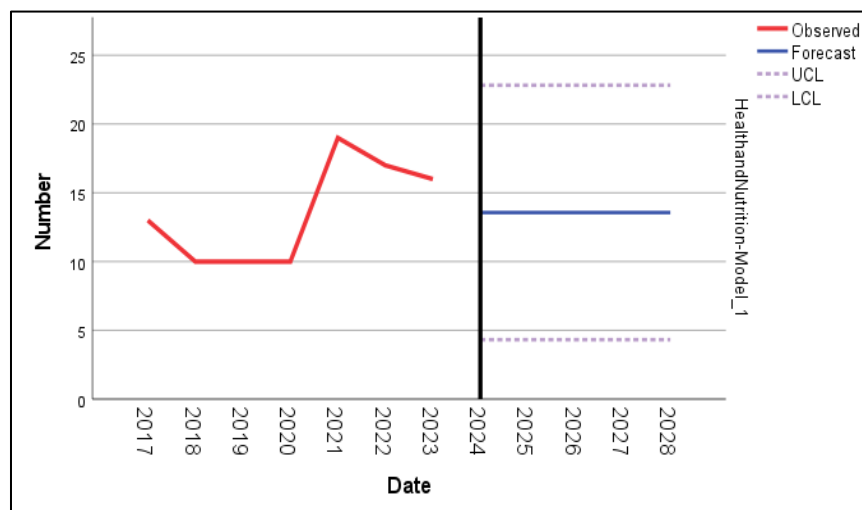
Based on the selected time-series model statistics a prediction in the future trends of each service types made between the years 2024 -2028 taking in to account the historically observed trend between 2017 and 2023. The time series predication result indicates that three (3) among the eight child-focused services type (i.e., health and nutrition, WASH and Shelter provision services for refugee children) will have a statistically significant (sig. = .000) which will have stationary and unpredictable trend. However, the remaining eight (8) child-focused services will probably have an increasing and non-stationary trend based on similar experience in previous period.











Moreover, as a complement to the survey result, the FGD highlighted various services offered to support refugee children in the refugee camp. These include psychosocial support to help them cope with emotional difficulties. Basic necessities like clothing and hygiene products are provided through Non-Food Items (NFIs) for vulnerable children. Adolescents benefitted from life skills training to make positive choices in life, though this program has seen a reduction since 2022. Previously, adolescents also had access to a library and a Child-Friendly Space for recreation and learning, but these services have transitioned to support youth programs. Importantly, the program facilitates referrals for children requiring specialized care and arranges alternative care for abandoned children. Finally, they offer family tracing and reunification services to help children reconnect with their families if separated during displacement.

4.3. Formats of delivery for child – focused social work services

4.3.1. Settings (Places) where child-focused services provided

A comparison of mean was conducted against the frequency of responses respective to each year and individual physical set up where child-focused services are provided. The result indicates that child friendly spaces are consistently considered as the most (35 %) preferred place

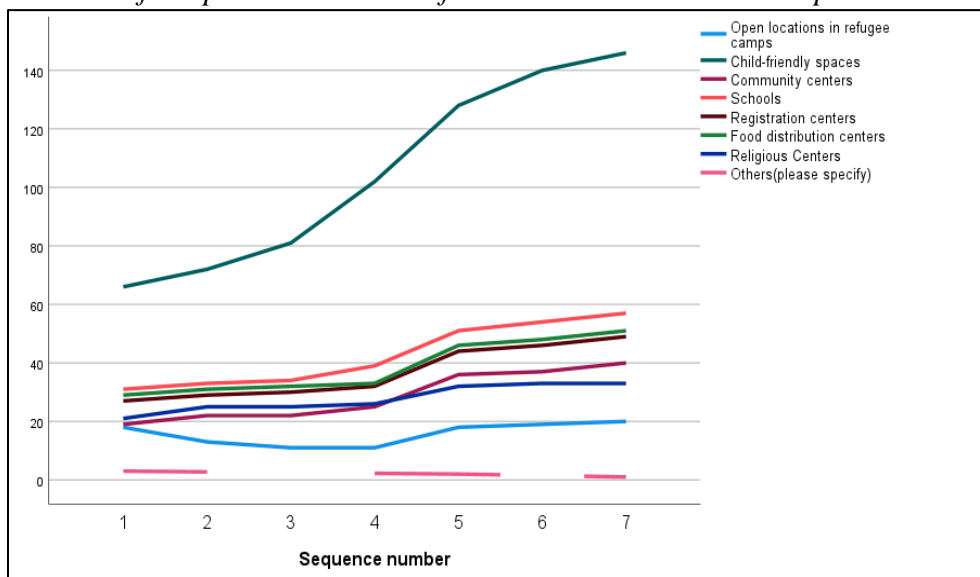
by the sample humanitarian organizations to provide child-focused social work services. Schools and food distribution centers followed with 14 % and 13 % preference to provide child-focused social work services for refugee children.

Table 10 Mean Comparison on the places (settings) where child-focused social work services provided

Report								
	Open locations in refugee camps	Child-friendly spaces	Community centers	Schools	Registration centers	Food distribution centers	Religious Centers	Others
Mean (Frequency of response)	15.71	105.00	28.71	42.71	36.71	38.57	27.86	2.00
N (Years)	7	7	7	7	7	7	7	3
Std. Deviation	3.904	33.242	8.635	10.965	9.232	9.325	4.776	1.000

In addition a linear sequencing analysis was conducted to see trend in the place preference of humanitarian organizations to provide child-focused social work services. The sequencing analysis indicates child friendly space shows a non-stationary and significant increasing trend ($R^2 = 0.938$) compared to other preferred places (settings) across the year from 2017-2023.

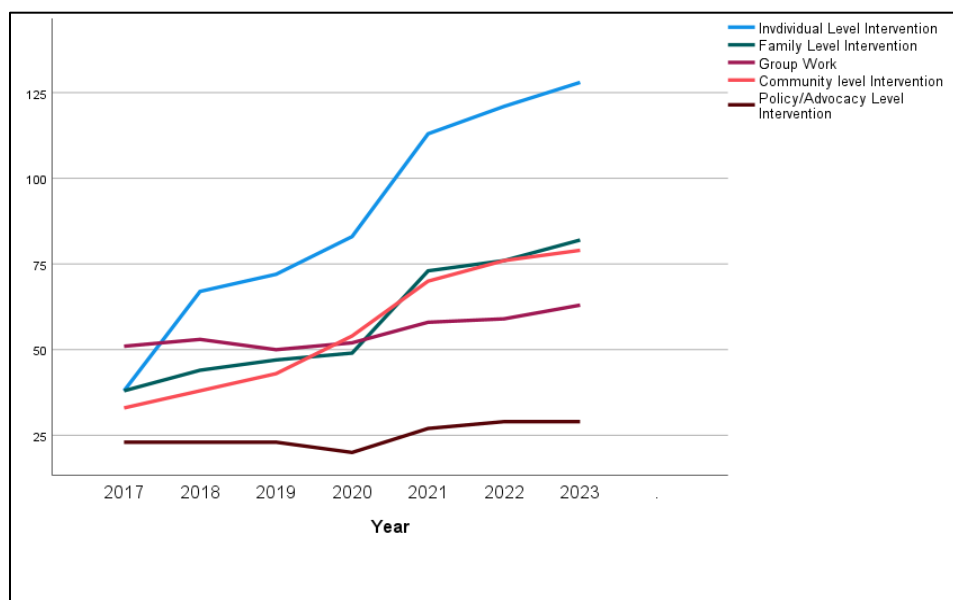
Figure 8 Trend of the place where child-focused social work services provided



One of the important qualitative information acquired from the key informant interviews which complements the above finding related to the place where child-focused social work services provided for refugee children is, during the inception phase of South Sudanese refugees influx in 2017 most of the services were provided at open locations in the refugee entry points and reception centers. This has been further elaborated by one of the child protection coordinator that refugees immediately after entering in the country they are supposed to stay at the entry point for few weeks until they settled in the assigned refugee camp. Hence, at the entry point mostly there are no organized child friendly spaces rather there are temporary recreational centers at open locations where they can get psychosocial support through play activities until they move to the main refugee camp.

4.3.2. Levels of child-focused social work interventions

Respondents were also asked about the various levels of intervention they have been using across time while providing child-focused social work services for refugee children between the years 2017- 2023. The result demonstrated that; (i) individual level of intervention has a statistically significant increasing and non-stationary trend across time. Most importantly, its trend have strong association with years ($R^2 = .945$), (ii) community level intervention also indicates that it have a consistently increasing trend with strong association with time or years ($R^2 = .922$), (iii) family level intervention have also an increasing trend across time with a non-stationary trend and still strong trend association with time ($R^2 = .894$), (iv) group work (level of intervention) has a very slight increasing trend and moderate association with time ($R^2 = .783$), and lastly (v) intervention at policy or advocacy level has an insignificant increasing trend and stationary nature particularly starting from the year 2021. The R-squared result for policy level intervention showed a weak association with time ($R^2 = .526$).

Figure 9 Trend on the level of interventions while providing social work services**Table 11** Time series modeling and R-squared value for levels of intervention of child focused social work services

Time Series Model Description				
Variables	Stationary R-squared (R^2_a)	R-squared(R^2)	Model ID	Model Type
Individual Level Intervention	.844	.945	Model_1	Holt (Exponential Smoothing)
Family Level Intervention	.814	.894	Model_2	Holt (Exponential Smoothing)
Group Work	.768	.783	Model_3	Holt (Exponential Smoothing)
Community level Intervention	.000	.922	Model_4	ARIMA(0,1,0)
Policy/Advocacy Level Intervention	.799	.526	Model_5	Holt (Exponential Smoothing)

Based on sationarized R-square value (R^2_a), three levels of interventions (i.e., individual, family, group and policy level has demonstrated an R^2_a value closer to 1, as result an exponential smoothing time series model applied for predicting upcoming trend. However, the community level intervention $R^2_a = 0.000$ was significant enough to use ARIMA model for the prediction of upcoming trend.

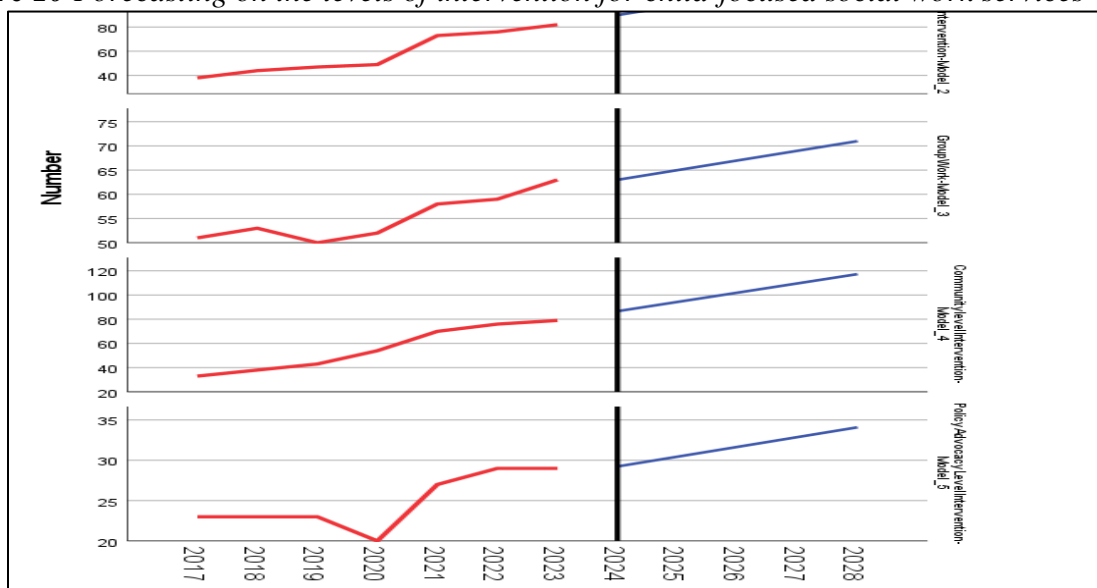
Table 12 Time series model parameters for trend in levels of intervention for child-focused social work services

Exponential Smoothing Model Parameters						
Model			Estimate	SE	t	Sig.
Individual Level Intervention	No Transformation	Alpha (Level)	0.29	0.31	0.95	0.39
		Gamma (Trend)	0.00	0.11	0.00	1.00
Family Level Intervention	No Transformation	Alpha (Level)	0.20	0.19	1.06	0.34
		Gamma (Trend)	0.00	0.20	0.00	1.00
Group Work	No Transformation	Alpha (Level)	0.00	0.65	0.00	1.00
		Gamma (Trend)	0.00	346.32	0.00	1.00
Policy/Advocacy Level Intervention	No Transformation	Alpha (Level)	0.03	0.23	0.13	0.91
		Gamma (Trend)	0.00	5.91	0.00	1.00

ARIMA Model Parameters						
			Estimate	SE	t	Sig.
Community level Intervention	No Transformation	Constant	7.667	1.994	3.844	.012 *
		Difference	1			

Based on the appropriate time series modeling applied the anticipated trend on the level of interventions for child-focused social work services has forecasted for the period of 2024-2028. Fortunately all the four levels of intervention will probably demonstrate an increasing and stationary trend in a similar fashion like the previous periods (Significance test for all is > 0.05).

Figure 10 Forecasting on the levels of intervention for child-focused social work services



4.3.3. Who provides the identified child-focused services for refugee children?

As per the cross tabulation in the below across the year 2017 – 2023 five top child focused social work services are mentioned by respondents that are being provided primarily by professional or trained social workers. These services involves (i) individual case management service, (ii) psychosocial support, (iii) community based child protection structure, (iv) alternative care arrangement, and (v) family tracing and reunification. However, the remaining 6 services are provided either by non-professional social workers.

Count		Child-focused social work service											Total
		Individual Case Management	Family Reunification Support	Mental Health Counseling	Psychosocial Support	Alternative Care Arrangement	Educational Support	Community-Based Child Protection	Shelter Provision	Livelihood Support for Families	WASH	Health and Nutrition	
Year	2017	54	35	5	43	36	16	44	2	7	3	4	249
	2018	60	44	6	49	40	17	52	2	7	3	4	284
	2019	63	34	6	48	42	18	50	2	7	5	7	282
	2020	81	46	7	67	53	17	63	1	7	2	4	348
	2021	110	58	7	91	72	20	83	1	7	2	4	455
	2022	119	61	8	95	77	19	88	1	9	2	4	483
	2023	125	69	8	100	81	23	100	7	8	3	4	528
Total		612	347	47	493	401	130	480	16	52	20	31	2629

TREND ANALYSIS OF SOCIAL WORK PROFESSIONALISM...

To substantiate the result a chi- square test was employed to investigate the whether there is a significant association between the increasing trend of time and the frequency of child-focused social work services being provided by professional social workers.

Chi-Square Tests (service type*frequency of professionals who are in charge of services * time trend)			
Chi-Square Tests (service type*frequency of professionals who are in charge of services * time trend)			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.477 ^a	60	.997
Likelihood Ratio	32.364	60	.999
Linear-by-Linear Association	2.933	1	.087
N of Valid Cases	2629		
a. 20 cells (26.0%) have expected count less than 5. The minimum expected count is 1.52.			

4.3.4. Account of refugee children receiving child-focused social work service

Through the survey information was collected on the specific category of refugee children who are entitled to receive child-focused social work services across the period between the years 2017 to 2023. Moreover, a time series analysis applied to understand the nature of trend on the overall caseload of children who are receiving those child-focused services and additionally similar trend analysis conducted on the numbers of refugee children who are being followed up by the social workers across the sample organizations and refugee camps.

Based on an ordinary frequency analysis made unaccompanied and separated children were consistently the highest beneficiaries (i.e., an average response of 43%) of child-focused social work services across the year 2017 to 2023. This is followed by those refugee children with special needs or children living with disabilities across the trend period which is indicated by an average 31 % of respondents. 19 % of the respondents said all refugee children have been targeted by the child-focused social work services and 4 % respondents indicated only refugee

girls were targeted. Moreover, few respondents (3%) of them mentioned other categories of refugee children (i.e., child headed households, neglected /abandoned children, young mothers, abducted children, and former child soldiers).

However, so as to generate strong evidence against the trend of those refugee children who have been provided with child-focused social work services form the year 2017 to 2023 a time series analysis applied by decomposing the response acquired in each seven year. As indicated in the below sequence chart (Figure 7) the refugee children who are unaccompanied and separated demonstrated a significant and non-stationary increasing trend across time in terms of consistently using child-focused social work services ($R^2 = 0.915$), which is followed by refugee girls ($R^2 = 0.912$) and refugee children with special needs($R^2 = 0.878$).

Figure 11 A linear trends in the type of refugee children provided with child-focused social work services

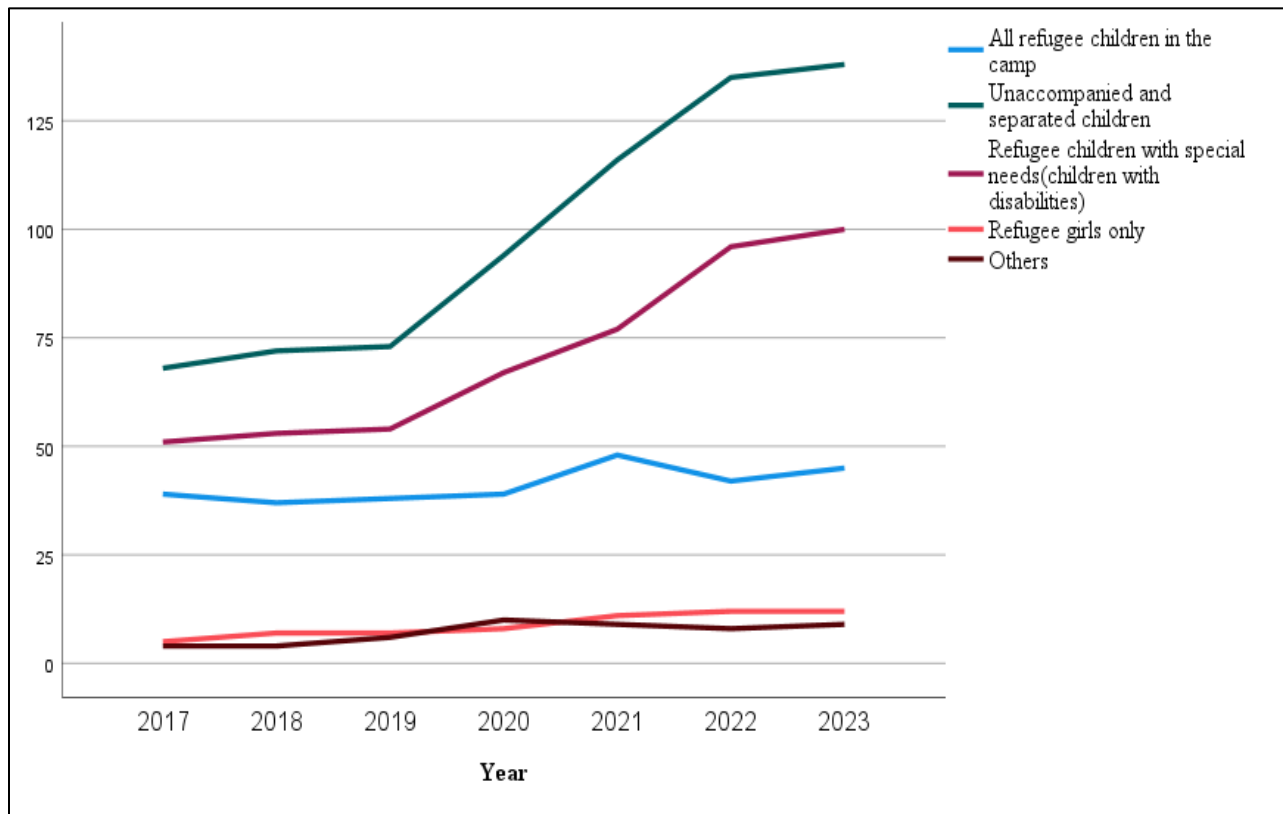


Table 13 R- squared value for trend in target children by child-focused social work services

Type of refugee children entitled for child-focused services	R-squared (R ²)
All refugee children in the camp	.448
Unaccompanied and separated children	.915
Refugee children with special needs(children with disabilities)	.878
Refugee girls only	.912
Others	.578

Complementary to this finding from FGD indicates that Some of the FGD participants has also mentioned about post 2017 years services that all refugee children used to be provided with child-focused social work services in the beginning, however the organization began to shift its approach to prioritizing most vulnerable children (i.e., separated, unaccompanied, children living with disabilities and girls) due to funding cuts.

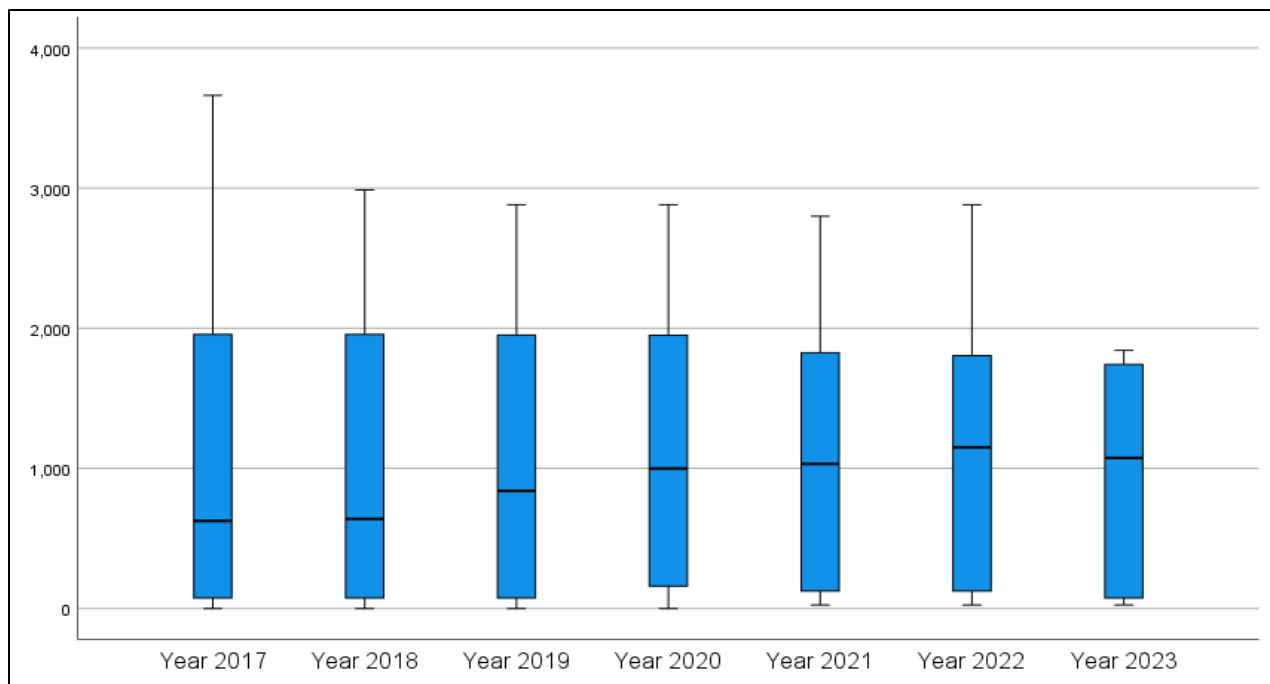
4.3.5. Trend in the caseload of refugee children

Respondents were asked two questions relevant to the volume of caseload they are managing (i) the average number of caseloads they deal with respective to each year and (ii) they were also asked on the number of children case they follow up and/or manage per day. Based on the survey result at initial level an outlier statistical test was conducted if there are any outliers in both responses and at next level an adjustment on the identified outliers was made to get a reasonable time series trend for both variables. Finally, a time series analysis was made with an appropriate model to investigate the historical trend from 2017 to 2023 and forecast for the coming four years based on the observed trend.

4.3.5.1. Outlier test as a pre-condition before conducting time series analysis

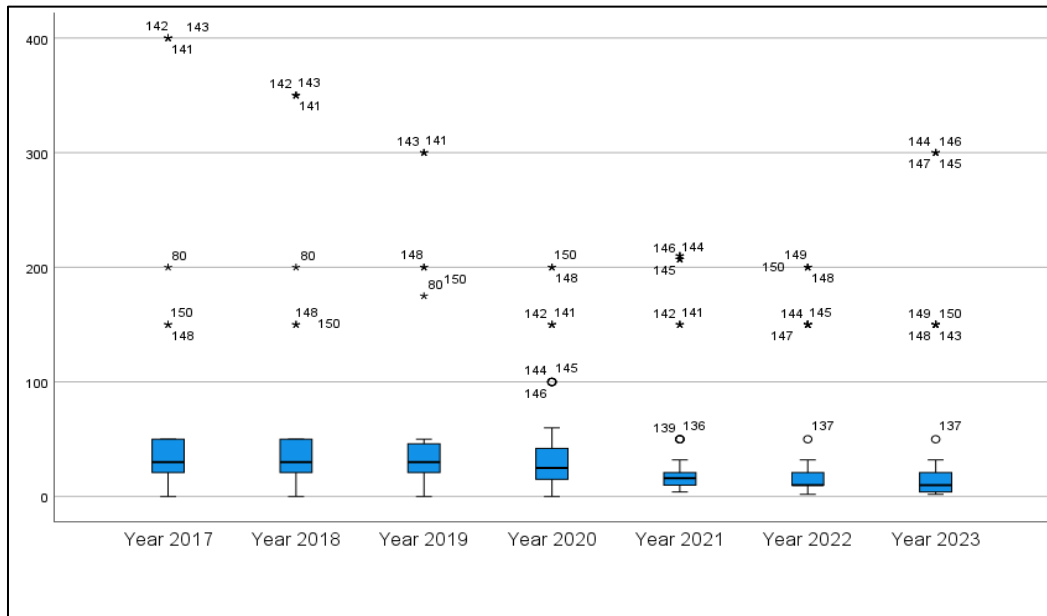
Based on the outlier test for Interquartile Range (IQR) the responses for the total caseload of children who are receiving child-focused social work services did not show any outlier (See Figure 13 below). Hence, straight forwardly a time series analysis conducted to investigate the nature of trend for the average number of refugee children caseload and its extent of association with the elapsed time between the years 2017 to 2023.

Figure 12: Outlier (IQR) test for average number children caseload per year



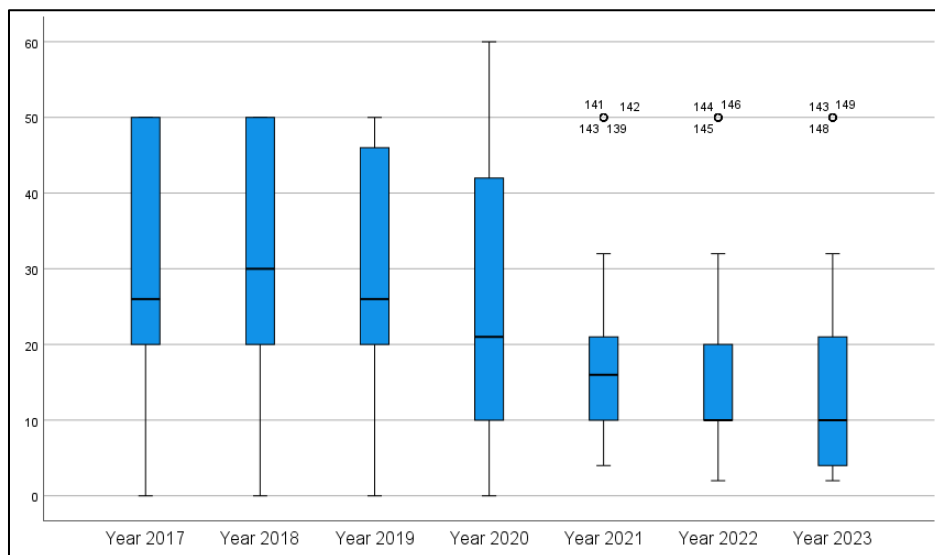
In contrast the outlier test against the response on average number of refugee children case managed and/or followed indicates that there are several extreme outliers deviating from the interquartile range. (See Figure 14 below)

Figure 13 Outlier (IQR) test for average number children caseload per day



Hence, before proceeding to the time series analysis an outlier adjustment was taken particularly in those extreme outliers in order to get a realistic trend analysis towards the number of average refugee children cases managed by the social workers. Please see the below figure on the new look.

Figure 14 plot after extreme outlier adjustment on the number of caseload managed per day



4.3.5.2. Time series analysis in the caseload of children

Based on the result acquired from a quick sequencing chart it is found that (i) the average number of caseload per year showed non-regular (unpredictable) trend which shows in some years an increase and in other year a decrease. This is substantiated by the R- square result ($R^2 = -0.09$) which implies almost nil association with the increasing time period. (ii) the variable related to average number of children case one social worker manages per day shows a clear and stationary decreasing pattern from the year 2017 to 2023. The R- square ($R^2 = 0.878$) result also infers a strong descending association of caseload per day with the increasing time period.

Moreover, a stationarized R-square test was applied to select an appropriate time series model to predict the upcoming 5 years trend (2024 up to 2028) in both average caseload per year and per day. As a result an ARIMA model was applied to run a time series analysis for the average caseload per year ($R^2_a = 0.313$) and Exponential smoothing was applied to execute the time series analysis of average children caseload managed by one social worker per day ($R^2_a = 0.000$).

Table 14 Time series model for trend on average caseload of child-focused social work services

Model Fit statistics					
		Stationary R-squared(R^2_a)	R-squared(R^2)		Model Type
Model ID	Average caseload per year	.313	-.094	Model_1	Brown (Exponential Smoothing)
	Average children one social worker manages (serves) per day	.000	.878	Model_2	ARIMA(0,1,0)

Exponential Smoothing Model Parameters						
Model			Estimate	SE	t	Sig.
Average caseload per year-Model_1	No Transformation	Alpha (Level and Trend)	.061	.023	2.675	.037*

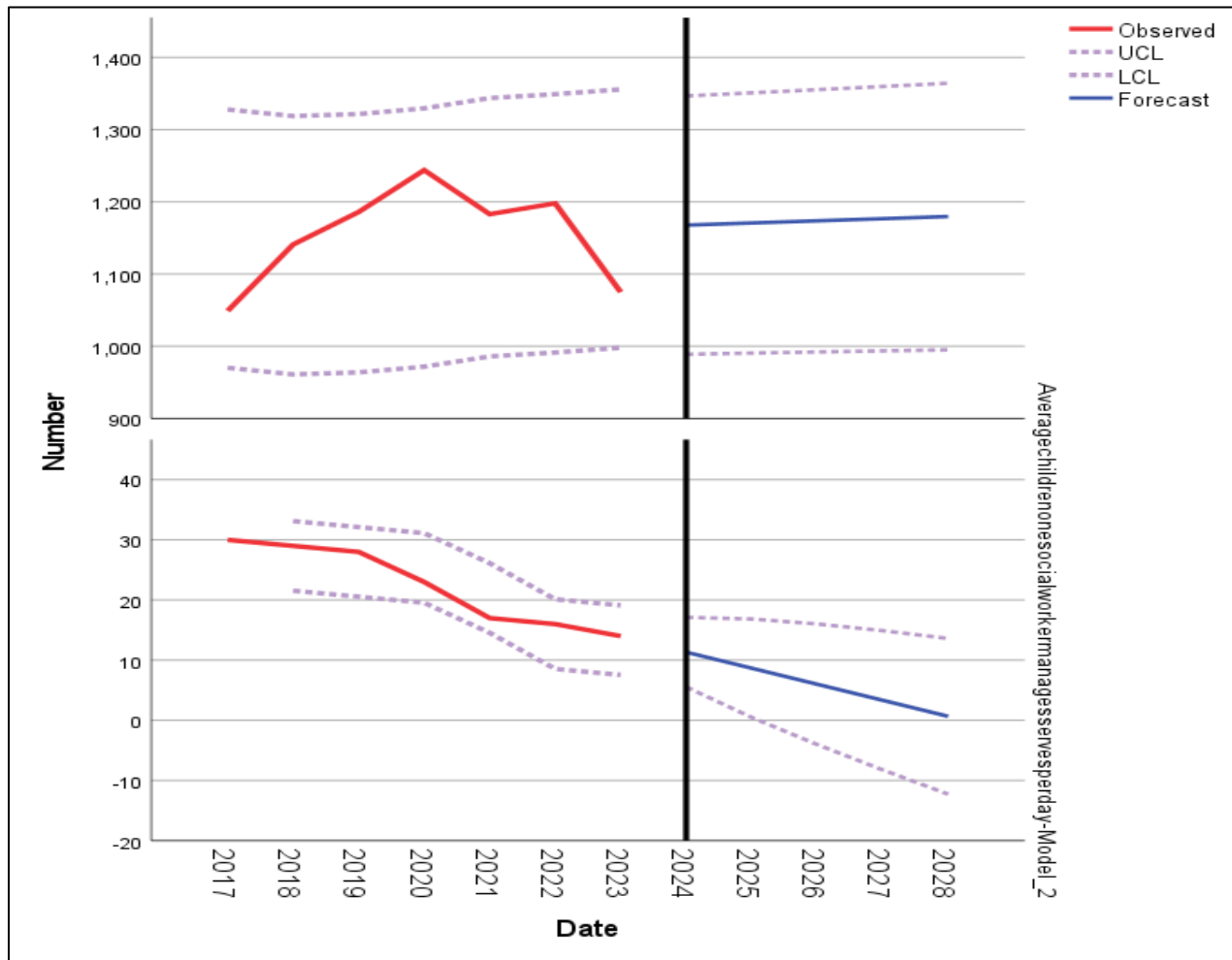
ARIMA Model Parameters						
			Estimate	SE	t	Sig.
Average children one social worker manages (serves) per day-Model_2	No Transformation	Constant	-2.667	.919	-2.902	.034*
		Difference	1			

The selected exponential smoothing and ARIMA models executed through considering the previous historical trend of both average refugee children caseload per year and day to forecast the trend for the years between 2024 and 2028. The forecasting result found out that (i) there will be an insignificant increasing trend in the number of average refugee children caseload until 2028 , whereas (ii) the average number of refugee children to be managed (provided with child-focused service) will have a significant decreasing trend until 2028.

Table 15 Time series forecasting for average number of caseload on child-focused social work services

Forecast						
Model		2024	2025	2026	2027	2028
Average caseload per year-Model_1	Forecast	1168	1171	1174	1177	1180
	UCL	1347	1351	1355	1360	1364
	LCL	989	991	992	994	995
Average children one social worker manages (serves) per day-Model_2	Forecast	11	9	6	3	1
	UCL	17	17	16	15	14
	LCL	6	0	-4	-8	-12

Figure 15 time series trend forecast of average caseload per year and day



Complementary to the survey result few of focus group discussion (FGD) participants have mentioned that one social worker currently manages huge refugee children caseloads which is a fold of the previous year’s caseload.

“One case worker could manage up to 104 children or 2 blocks alone; while, in contrast to previous years, each case worker could manage only 54 cases (children).” FGD, Nguenyiel Refugee Camp

4.3.6. Daily work time spent by social workers to professional activities

The study has investigated the extent to which social workers spent their daily work hours either in professional social work activities related to child-focused social work services or non-professional (routine) activities. The study result showed that 42% (average of the responses from the year 2017 to 2023) of respondents indicated that they spend only a *half proportion* of their daily work time (hour) for professional activities purely related to providing child-focused social work activities. On the other hand, 55 % respondents indicated that they spent either all or majority of their daily working hour related to child-focused social work. In a similar trend 48 % of respondents indicated that they spend half of their working time in non-professional activities which involves administrative tasks, compound clearance and renovation of fences in CFS compound. On the other hand only 36 % of respondents said that they spend small proportion of daily work hours for non-social work related activities.

In overall analysis only approximate to half of the total social workers (55%) in sampled humanitarians organizations and refugee camps spends considerable proportion of their working hour for tasks directly relevant to child-focused social work activities. While the remaining significant proportion spends either half/majority of their time in administrative and other non-social work related clerical activities.

Moreover, the study has applied a chi-square test (χ^2) so as to determine whether there is a significant association between the trends in the extent of daily time effort by social workers for child-focused social work services and the increasing trend of time from 2017 to 2023. The analysis result indicate that there is a statistically significant association between (i) trend in

social workers daily work hour spent to professional child focused services and year (sig. = 0.000) and (ii) trend in social workers daily work hour spent to non-professional activities and year (sig. = 0.000).

Inferentially, close to half proportion of the social workers spend their time in non-professional and non-social work activities which tells there is a clear dilemma on the social workers towards adherence to organizational policy or conformity to social work expected standards with regards to spending much of their time.

Table 16 Association test between social workers time spent on professional child focused services and respective year

Chi-Square Tests (daily time spent on professional activities * year)			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	3227.849 ^a	84	.000*
Likelihood Ratio	2406.603	84	.000*
Linear-by-Linear Association	349.309	1	< .001*
N of Valid Cases	760		
a. 30 cells (28.6%) have expected count less than 5. The minimum expected count is 2.46.			

Table 17 Association test between social workers time spent on non-professional activities and respective year

Chi-Square Tests (daily time spent non-professional activities *year)			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2807.087 ^a	78	.000*
Likelihood Ratio	1830.416	78	.000*
Linear-by-Linear Association	19.768	1	< .001*
N of Valid Cases	760		
a. 48 cells (49.0%) have expected count less than 5. The minimum expected count is 1.95.			

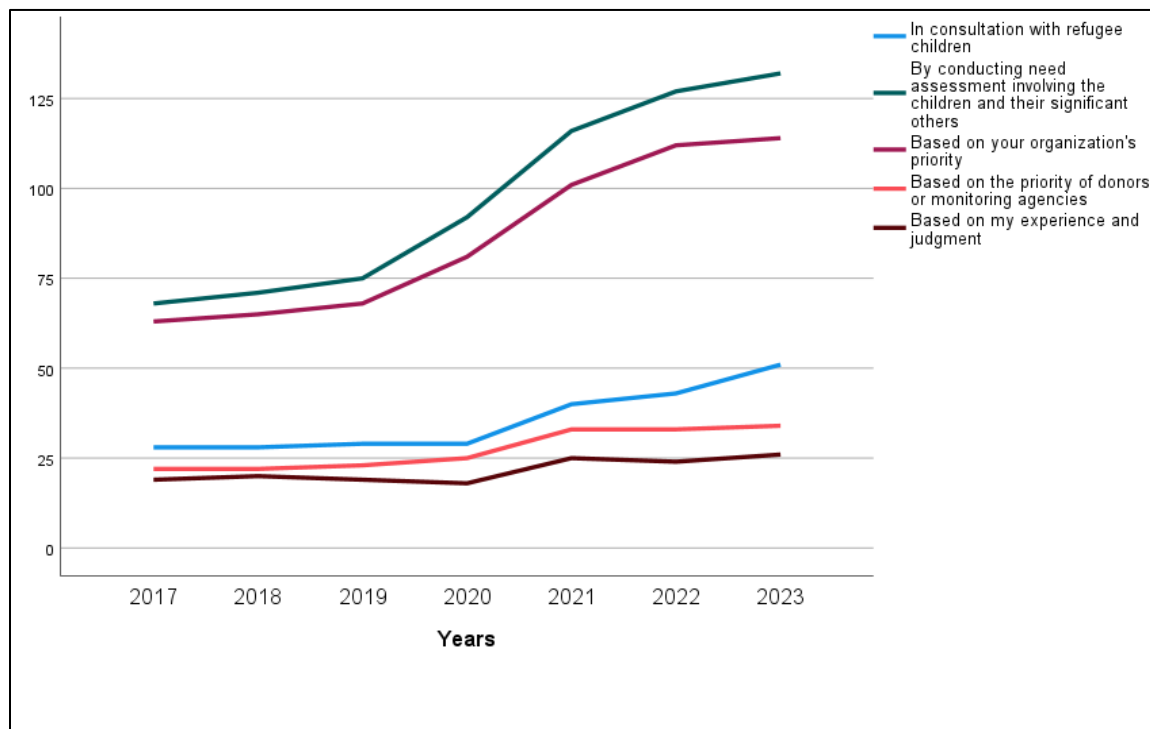
4.3.7. Formats for prioritizing child-focused social work services

The survey result indicates that five (5) major prioritization mechanisms used by social workers to prioritize the types of child-focused social work services to be provided for refugee children. As per frequency analysis conducted across the year 2017 to 2023 , (i) conducting need assessment involving the children and their significant others considered to be the most preferred child-focused services prioritization criteria by 36 % of the respondents, (ii) this has been followed by 32 % response rate who mentioned their respective organizational priority as a preferred criteria for prioritizing child-focused social work service for refugee children, and (iii) conducting consultation with the refugee children as a prioritization criteria was mentioned only by 13% of respondents. Small proportion of respondents (10%) indicated donor or monitoring agencies criteria as a prioritization millstone while the remaining 9% of respondents mentioned that they apply their personal experience and judgment. However, there is one social worker who indicated consultation with local authorities i.e., particularly refugee camp zonal leaders who are members of refugee central committee (RCC) as an additional criteria to prioritize appropriate child-focused social work services for refugee children.

A time series analysis executed so as to understand the trend of applied prioritization criteria to provide child-focused social work services in relation to the increasing time period from 2017 to 2023. Among the identified prioritization criteria's five natures of trends observed along with the elapsed time period between the years 2017 to 2023. (i) Conducting need assessment showed a significant increasing trend across time and a non-stationary increase in mean and variance. The R- square score ($R^2 = 0.906$) implies a strong association between the increasing trend need assessment and time. This is followed by (ii) organizational priority as a

prioritization criteria with a more or less similar increasing and non-stationary trend ($R^2 = 0.896$). Furthermore, (iii) the trend in consultation with refugee children ($R^2 = 0.841$) as a mechanism to prioritize child-focused social work service showed a modest increasing trends overtime and a reasonably significant association with the respective time period. (iv) Relevant to donor/monitoring agencies priority as a benchmark to prioritize child-focused social work service has demonstrated a mixed nature in its trend. Firstly, its consistent increasing and non-stationary trend has been interrupted since 2021 and assumed stationary trend up to the year 2023. At a second level its trend manifested a moderately significant association with the time ($R^2 = 0.837$). (V) Social workers subjective experience and judgment as a prioritization criterion to determine the type of child-focused social work services has a slight increasing and non-stationary trend across the study years. Simultaneously, there is weak statistical association between its trend and time ($R^2 = 0.637$).

Figure 16 A linear trends on the preferred prioritization criteria to provide child-focused social work services



Finally, an appropriate time series model utilized to predict possible future trend of those prioritization criteria's to provide child-focused social work services for the next 5 years period (i.e., 2024 to 2025) through benchmarking the observed historical trend. Based on the stationarized R-square (R^2_a) value for each prioritization criteria respective to each year exponential smoothing was used as a fit time series statistical model to predict upcoming trend.

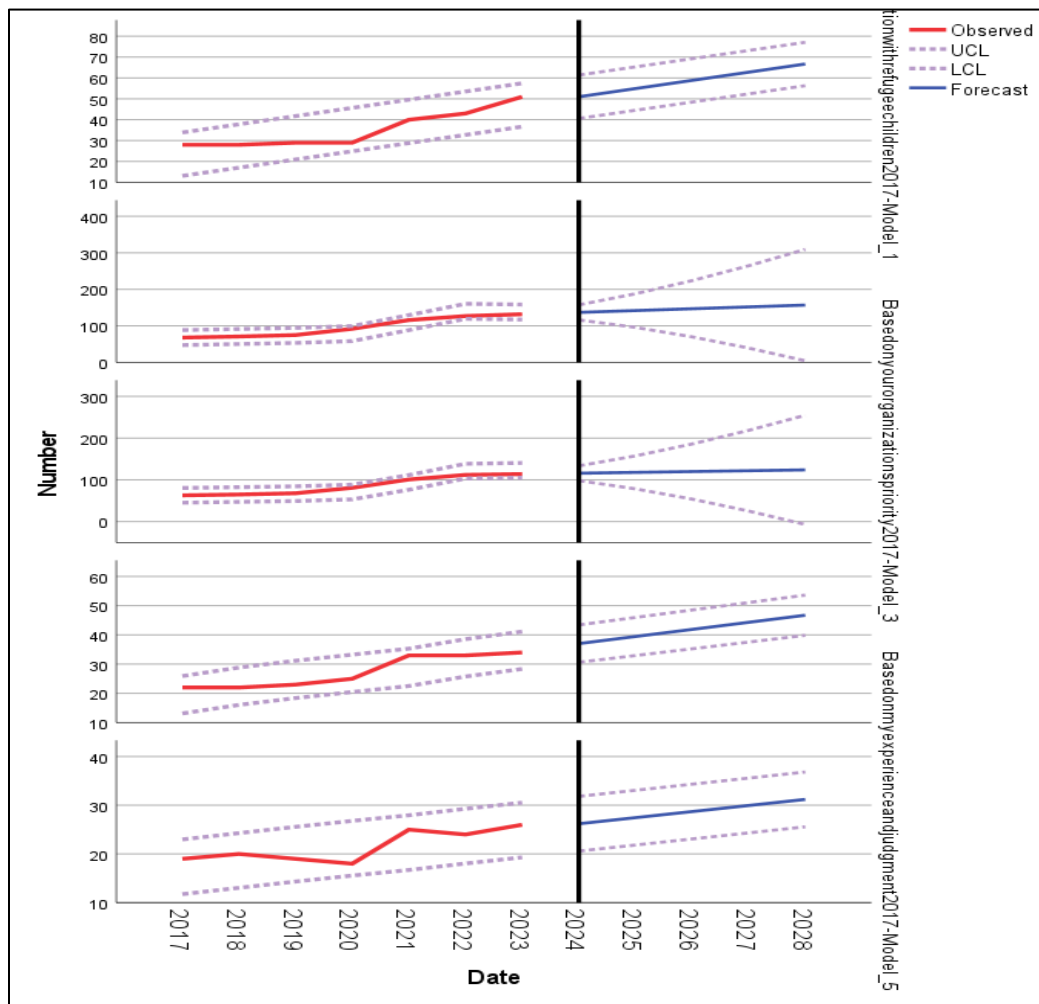
Figure 17 Time series model for trend on prioritization of child-focused social work services

Model	Used time series model type	Model Fit statistics	
		Stationary R-squared	R-squared
In consultation with refugee children-Model_1	Exponential Smoothing	0.69	0.841
By conducting need assessment involving the children and their significant others -Model_2	Exponential Smoothing	0.00	0.906
Based on your organization's priority-Model_3	Exponential Smoothing	0.00	0.896
Based on the priority of donors or monitoring agencies-Model_4	Exponential Smoothing	0.76	0.837
Based on my experience and judgment -Model_5	Exponential Smoothing	0.86	0.637

Exponential Smoothing Model Parameters						
Model			Estimate	SE	t	Sig.
In consultation with refugee children	No Transformation	Alpha (Level)	0.00	0.535	0.00	0.999
		Gamma (Trend)	0.00	268.479	0.00	1
By conducting need assessment involving the children and their significant others	No Transformation	Alpha (Level and Trend)	1.00	0.21	4.76	0.003*
Based on your organization's priority	No Transformation	Alpha (Level and Trend)	1.00	0.235	4.26	0.005*
Based on the priority of donors or monitoring agencies	No Transformation	Alpha (Level)	0.20	0.19	1.05	0.341
		Gamma (Trend)	0.00	0.206	0.00	1
Based on my experience and judgment	No Transformation	Alpha (Level)	0.03	0.232	0.14	0.898
		Gamma (Trend)	0.00	5.51	0.00	1

Based on the exponential smoothing model applied there is a statistical significance related to both conducting need assessment ($R^2a = 0.00$ & sig. = 0.003) and organizational priority ($R^2a = 0.00$ & sig. = 0.005). This implies unlike the previous increasing and non-stationery trend there will be less increasing and stationery trend in terms of using both prioritization mechanisms to provide child-focused social work services across the year between 2024 -2028. However, as per the acquired result, all three remaining prioritization mechanisms to provide child-focused services will demonstrate a statistically significant and increasing trend until 2028.

Table 18 forecast in the trend of applying prioritization mechanisms for child-focused social work services for refugee children



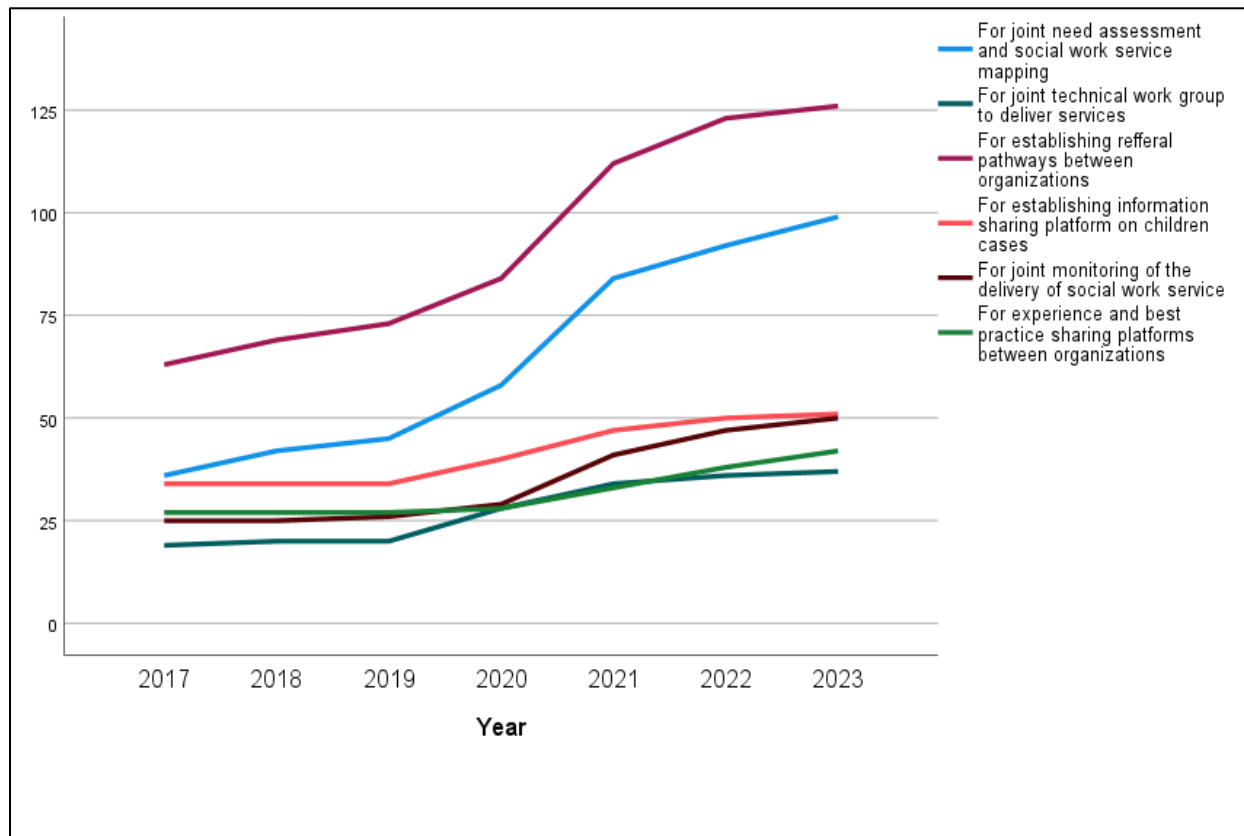
4.3.8. Collaborations and Guiding Standards used

4.3.8.1. Collaboration

The survey has captured information from respondents to understand how sampled child-focused humanitarian organizations are collaborating, across the year 2017 to 2023, with other likeminded organizations to provide a holistic child-focused social work service for refugee children. A linear frequency analysis employed to investigate the trend of social workers collaboration with other agencies while providing child-focused social work services. The result indicates that (i) a mean response of 32% respective to each year stated that collaboration with other humanitarian agencies operating in the sample refugee camp is made so as to establish and run child protection service referral pathway and (ii) this is followed by average of 22 % of social workers collaborate with other agencies for the purpose of conducting joint need assessment and social work service mapping. However, few proportion respondents mentioned other purposes of collaboration with other agencies i.e., establishing information sharing platform on children cases (14%), joint monitoring on quality delivery of child-focused social work services (12%), for experience / best practice sharing between organizations (11%) , and joint technical work group to deliver services (9%).

From the perspective of time, a linear trend sequencing and R-squared value were run to measure the significance of association between the trend in the frequency of collaboration purpose and time (respective years). The result infers that establishing referral pathway and joint need assessment as a purpose of collaboration demonstrated an increasing and non-stationary trend across the year 2017 to 2023 (refer figure 12 below) .

Figure 18 Trend in the purpose of collaboration while providing child-focused social work services



To substantiate the result in terms of the significance of association between trends in the purpose of collaboration to provide child-focused social work services and time (year), R-square is calculated and the trend for all the five (5) identified collaboration purpose indicated a statistically significant association with time (respective years). However, relatively experience and best practice sharing platforms between organizations ($R^2 = 0.921$), joint need assessment ($R^2 = 0.889$), and establishing referral pathways ($R^2 = 0.870$) demonstrated a strongest association with time respectively.

Table 19 R-squared value for purpose of collaboration while providing child-focused social work services

Purpose of collaboration	R-squared (R ²)
For joint need assessment and social work service mapping	0.889
For joint technical work group to deliver services	0.827
For establishing referral pathways between organizations	0.870
For establishing information sharing platform on children cases	0.843
For joint monitoring of the delivery of social work service	0.845
For experience and best practice sharing platforms between organizations	0.921

4.3.8.2. Type of guidelines used for the provision of services

Through the survey respondents were asked on the type of guidelines and standards used by the sampled humanitarian organizations to provide (i) quality child-focused social work services (ii) to guide the ethical and professional conduct of staffs (i.e., social workers, child protection officers, child protection coordinators etc.) while providing child-focused social work services for refugee children.

Guidelines for the quality service delivery: based on a linear frequency analysis executed an average of 51% of the respondents across each year indicated that Child Protection Minimum Standards in Humanitarian Action (CPMS) is the ultimate guiding framework while providing child-focused services for refugee children. This is followed by 47 % response rate in favor of child protection in emergency manuals respective to each humanitarian organization.

Interestingly only 7 % of respondents indicated that they apply NASW standards for social work practice in child welfare while providing services.

Ethical guideline: as part of social work professionalism respondents were asked what kind of guiding framework they use at organizational level to guide the professional and ethical conduct of social workers while providing child-focused social work services for refugee children.

According to the result of similar linear frequency analysis 41 % of respondents indicated that they apply organization specific safeguarding policy and codes of conduct whereas, 21 % of respondents responded that they apply global human rights principles and conventions to resolve ethical dilemma. However, few of the respondents (14%) indicated that they apply NASW's codes of conduct to guide the ethical performance of social workers.

There was also important finding that, based on the cross-tabulation made, 61 % of those who said they use NASW standards for social work practice in child welfare are by academic training social workers, sociologist and psychologist. Similarly, among those who said they apply NASW's codes of conduct to resolve any ethical dilemmas 44 % are social workers, sociologist and psychologist by academic training. Inferentially, the above finding indicates that academic background determines the application of NASW standards in the context of child-focused humanitarian organizations while providing social work services for refugee children.

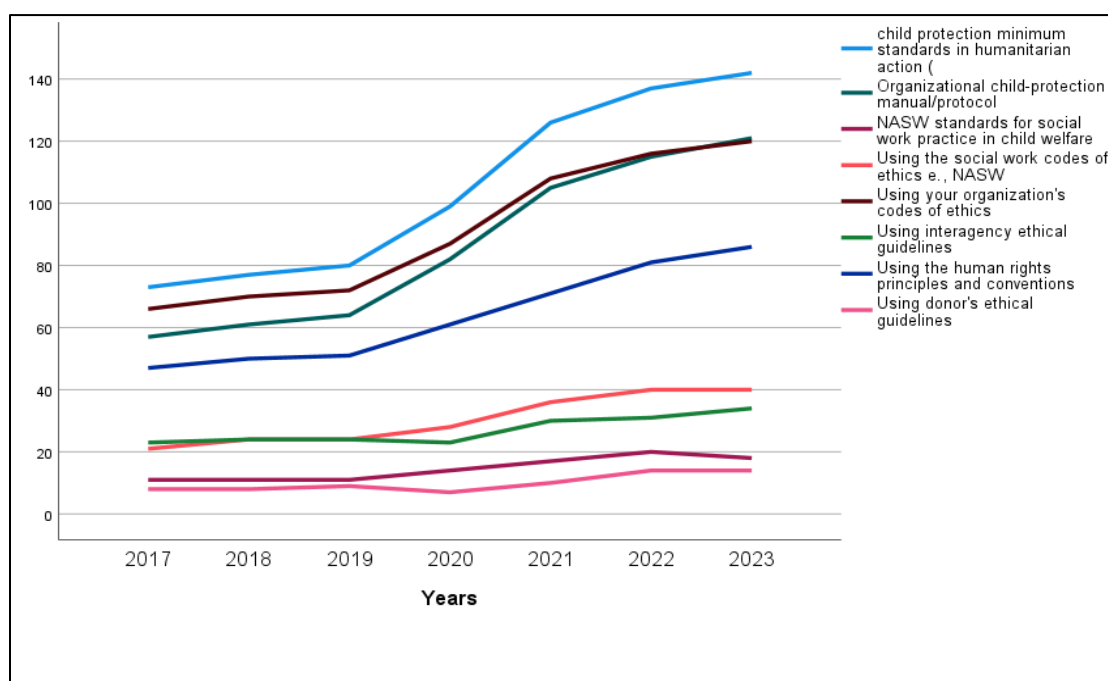
Trend in the application of ethical and service guidelines

Finally considering the interest of this study to understand the nature of trends in various variables related to social work professionalism, the researcher used a trend analysis in the application several standards to guide the provision of social work services and ethical conducts of social workers across time. Based on a linear sequencing analysis (i) the application of child protection minimum standard in humanitarian action demonstrated a significantly increasing and non-stationary. There is also strongest association observed between this trend and increasing year from 2017 to 2023 ($R^2 = 0.886$). (ii) This has been followed by a moderately increasing and non-stationary trend related to applying organizational child protection manuals/protocols to guide the provision of child-focused social work services. A very strong

association is also identified with the increasing time period ($R^2 = 0.902$). However, (iii) the trend for application of NASW standards for social work practice in child-welfare shows a decreasing and stationery trend across time. The statistically significant association with time is also slightly less than the previous one ($R^2 = 0.799$).

With regards to the trend in applying ethical guideline to shape the behaviors of social workers, the significantly increasing and non-stationery trend is observed by (i) organizational safeguarding policy /codes of conduct with strong association with increasing time from 2017 – 2023 ($R^2 = 0.886$). (ii) Using global human right principles and conventions as a standard to guide the ethical performance of social workers while providing child-focused services demonstrated a slight increasing and non-stationery trend across time, but the trend showed a very strong association with time ($R^2 = 0.929$). On contrary, (iii) the application of NASW social work codes of ethics shows an insignificant increasing and less stationery trend , but with moderately significant association against time ($R^2 = 0.844$).

Figure 19 Trend in application of guidelines and ethical procedures



4.3.9. How are child focused social work services are monitored

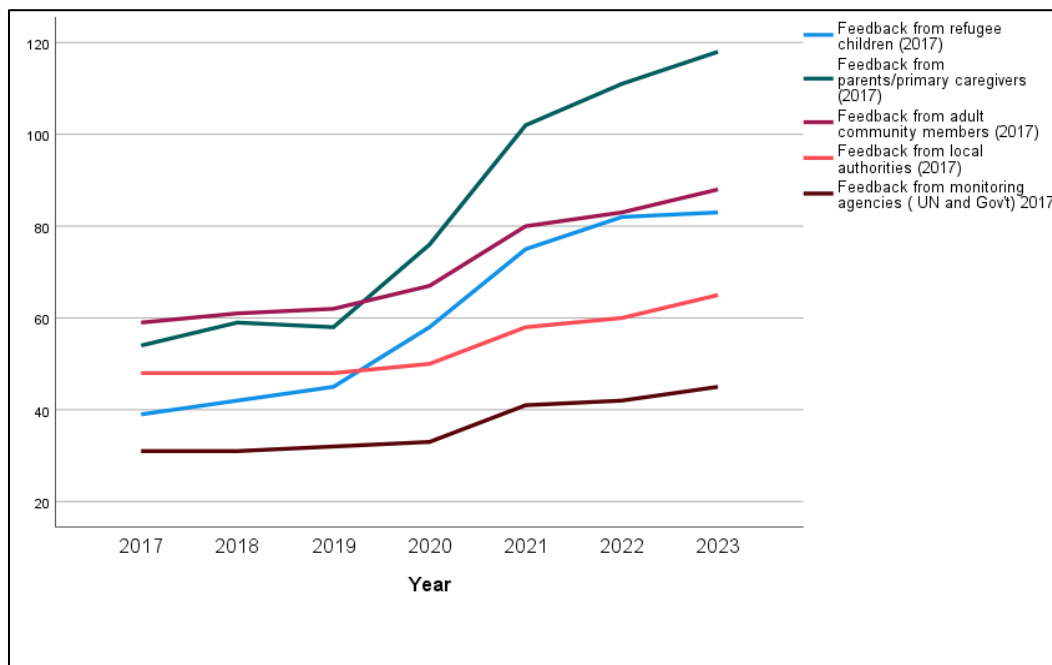
Respondents were asked in the survey about the responsible staff in supervising the delivery of child-focused social work services in the sample humanitarian organizations. 84 % of the respondents consistently responded that project officers with child-protection background are the responsible one in supervising the quality of day to day provision of child-focused social work services for refugee children. However, very few of respondents mentioned that colleagues who are either project managers/coordinators (13%) or operation managers (3%) are responsible for monitoring the quality of child-focused social work services being provided for refugee children. These responses have been consistently maintained across their responses from the year 2017 to 2023. On the other hand information on the frequency of monitoring was also collected through the survey. The result shows that 79 % of social workers consistently mentioned that supervisor's monitors *every day* the quality of child-focused social work service they are providing for refugee children. Very few of the respondents mentioned every quarter and year (7% each) and 6 % of them indicated every month.

Feedback collection on the quality of services

The survey process further collected information on the feedback collection mechanism by the respective humanitarian organizations against the child-focused social work services they are provides to the refugee children, which is considered to be part of monitoring. Three major categories of information collected one mentioned aspect: (i) information on the regularity (frequency) of feedback collection, (ii) information relevant to mechanism of feedback collection, and (iii) target members of the community from whom feedback collected are the three categories of information collected.

The analysis result of the survey indicates that 47% of respondents mentioned that social workers collect a feedback about the quality of child-focused social work service they are providing for refugee children on *weekly basis*, not that much far proportion (44%) of the respondents said they collect feedback on daily basis.

Figure 20 Trend of social workers from who they collect feedback about the quality of child-focused social work services



The linear sequencing analysis executed to understand the nature of trend form where social workers used to collect feedback about quality of the child-focused social work service they are providing for refugee children demonstrated that : (i) the trend in collecting from parents has a significantly increasing and non-stationery trend across the year 2017-2023.

Simultaneously its increasing trend has a significant association with time ($R^2 = 0.87$), (ii) feedback from adult community members has demonstrated a moderately significant increasing and non-stationery trend across time and also its trend also shows a strong association with the year ($R^2 = 0.86$). (iii) It is interesting that the feedback social workers collecting about the child-focused social services they are providing for refugee children demonstrated a decreasing

trend particularly from the year 2022 unlike the previous year trend from 2017-2021. However, still there is strong association between its trend and the time ($R^2 = 0.92$). In general this shows social workers consistently collect feedback about the service they are providing majorly from adult community members rather than from the children themselves.

Based on calculated stationary R-square value (R^2) an appropriate time series model selected to each variables related to where the feedback are collected from. Based on the R-square value of feedback from refugee children ($R^2 = 0.40$) and feedback from monitoring agencies /UN and Gov't ($R^2 = 0.86$) an exponential smoothing time series model was applied. However, for the remaining related to feedback from parents/primary caregivers ($R^2 = 0.87$), feedback from adult community members ($R^2 = 0.86$), and feedback from local authorities ($R^2 = 0.81$) an exponential smoothing applied to forecast the upcoming trend for the year 2024-2028. The result demonstrated that feedback from parents/primary caregivers and feedback from adult community members will possibly demonstrate a statistically significant increasing and non-stationary trend for the upcoming 5 years period (sig. = 0.044 and sig. = 0.40 respectively).

Table 20 Time series model parameters on feedback collection against child-focused social work services

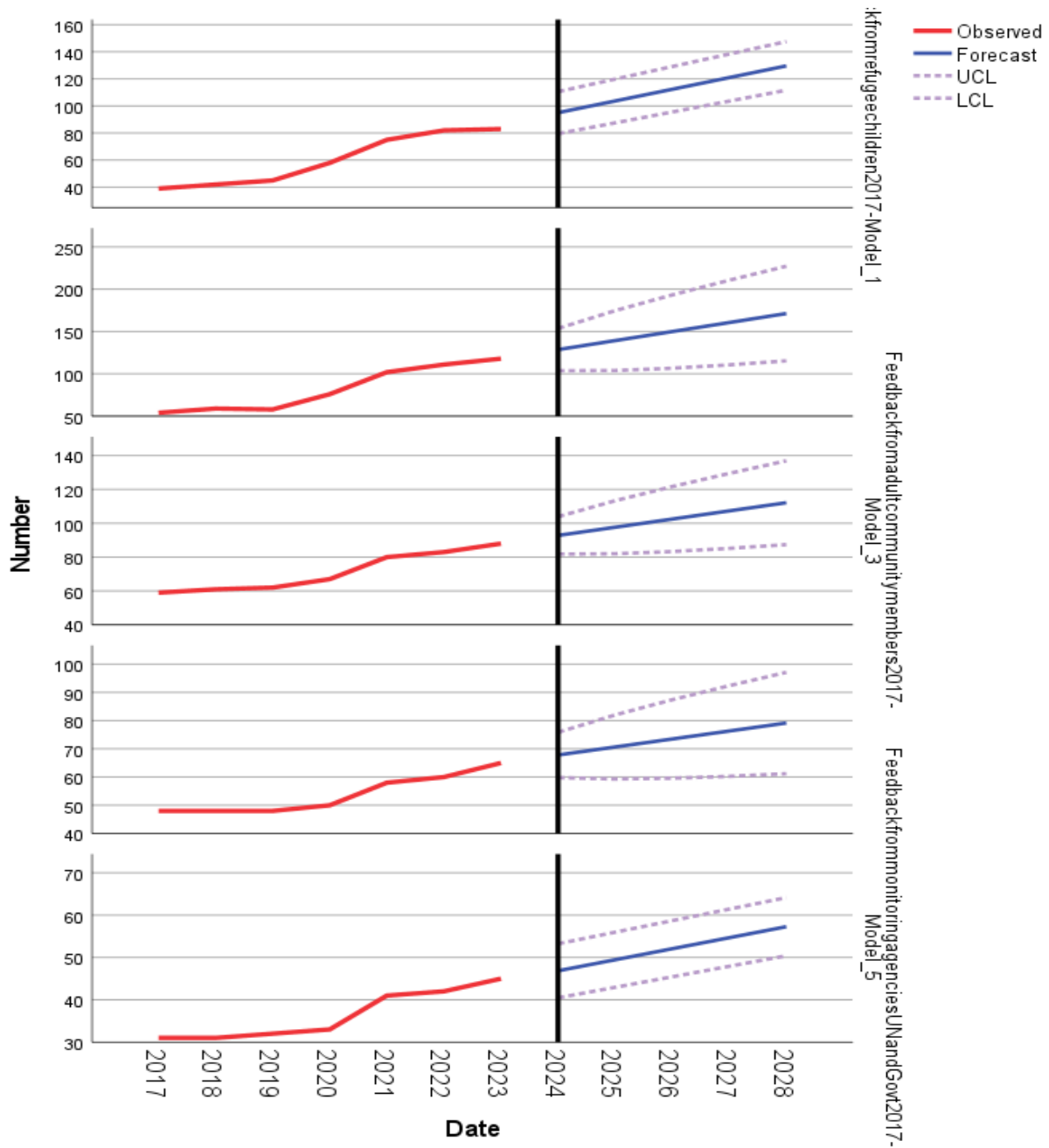
Model Description					
			Stationery R-squared	R-squared	Model Type
Model ID	Feedback from refugee children	Model_1	0.40	0.92	Holt (Exponential smoothing)
	Feedback from parents/primary caregivers	Model_2	0.00	0.87	ARIMA(0,1,0)
	Feedback from adult community members	Model_3	0.00	0.86	ARIMA(0,1,0)
	Feedback from local authorities	Model_4	0.00	0.81	ARIMA(0,1,0)
	Feedback from monitoring agencies (UN and Gov't)	Model_5	0.77	0.86	Holt(Exponential smoothing)

Exponential Smoothing Model Parameters						
Model			Estimate	SE	t	Sig.
Feedback from refugee children	No Transformation	Alpha (Level)	0.29	0.25	1.15	0.30
		Gamma (Trend)	0.00	0.11	0.00	1.00
Feedback from monitoring agencies (UN and Gov't)	No Transformation	Alpha (Level)	0.20	0.26	0.77	0.47
		Gamma (Trend)	0.00	0.31	0.00	1.00

ARIMA Model Parameters							
				Estimate	SE	t	Sig.
Feedback from parents/primary caregivers	Feedback from parents/primary caregivers	No Transformation	Constant	10.667	3.972	2.685	.044*
			Difference	1			
Feedback from adult community members	Feedback from adult community members	No Transformation	Constant	4.833	1.759	2.748	.040*
			Difference	1			
Feedback from local authorities	Feedback from local authorities	No Transformation	Constant	2.833	1.276	2.221	.077
			Difference	1			

Finally, based on a linear frequency analysis conducted social workers in the sample humanitarian organizations prefers to use at first (i) level a suggestion box (37%) for mechanism to collect feedback regularly about the child-focused service they are providing for refugee children. At second level, (ii) face to face meeting with various community members to collect feedback accounts for 33% which is followed at third level (iii) 26 % response for feedback register book as a preferred mechanism.

Figure 21 : forecasted trend in terms of social workers tendency from whom feedback to collect about the quality of child-focused social work service



4.4. Factors contributing for the changing trend in social work professionalism

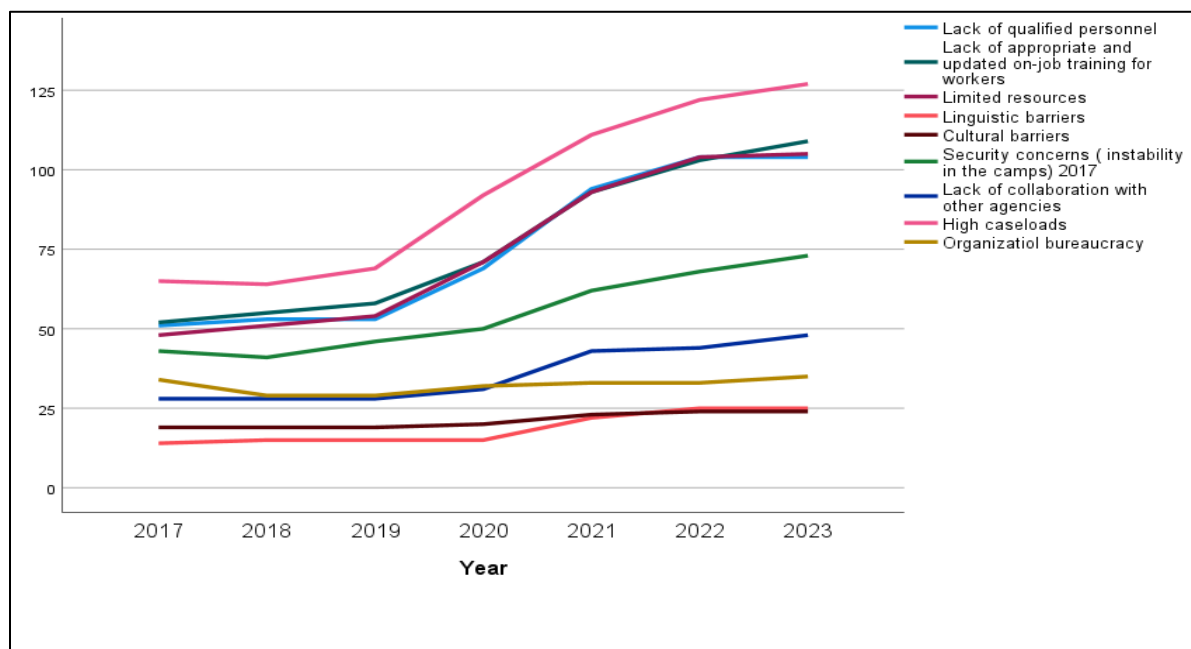
To investigate the factors contributing for the observed changing trend of various constituents of social work professionalism, respondents were asked about the common challenges they have encountered with while providing social work services starting from the year 2017 to 2023. Based on a linear sequencing analysis executed, (i) the presence of high caseload of refugee children compared the number of social workers demonstrated a significant increasing and non-stationary trend across the study time. The calculated R-square value ($R^2 = 0.895$) infers a strong association between the increasing trend in the high caseload and time. Moreover, an average of 19 % of respondents indicated high caseload as the biggest challenge while providing child-focused social work services for refugee children. (ii) lack of updated on-job training for social workers demonstrated a moderately increasing and non-stationary trend. Compared to all other mentioned challenges this showed a strongest association with time ($R^2 = 0.902$). An average of 16 % of the social workers mentioned that lack of on-job training as primary challenge they face. (iii) Lack of qualified personnel (social workers) and limited resources to provide the required child-focused social work services as per standard has demonstrated a moderately increasing and non-stationary trend until the year 2022. Both the challenges related to lack of qualified personnel and limited resources was mentioned by an average of 15 % of the respondents for each as the most pressing challenge affecting the provision of child-focused social work services for refugee children. However, a decreasing trend is observed starting from the year 2022, there is also strong association between the trends of both variables and time ($R^2 = 0.823$ and $R^2 = 0.884$ respectively). (iv) although the issue of security concern particularly the conflict usually happening between the refugee and host community demonstrated a slighter increasing and non-stationary trend compared to the

previously mentioned variables it still have a significant contribution for the changing trend in the provision of child-focused social work services in the sample organizations and refugee camp. Its trend also demonstrated a strong association with time ($R^2 = 0.879$). Moreover, there are few challenges mentioned by the respondents with minimal frequency of respondents.

Table 21 R-square value for trends on the challenges while providing child focused social-work services

Challenges	Percentage % (Responses)	R-squared
Lack of qualified personnel	15%	0.82
Lack of appropriate and updated on-job training for workers	16%	0.90
Limited resources	15%	0.89
Linguistic barriers	4%	0.70
Cultural barriers	5%	0.77
Security concerns (instability in the camps)	11%	0.88
Lack of collaboration with other agencies	7%	0.83
High caseloads	19%	0.90*
Organizational bureaucracy	7%	0.00

Figure 22 Trend in the challenges faced by social workers while providing child-focused social work services



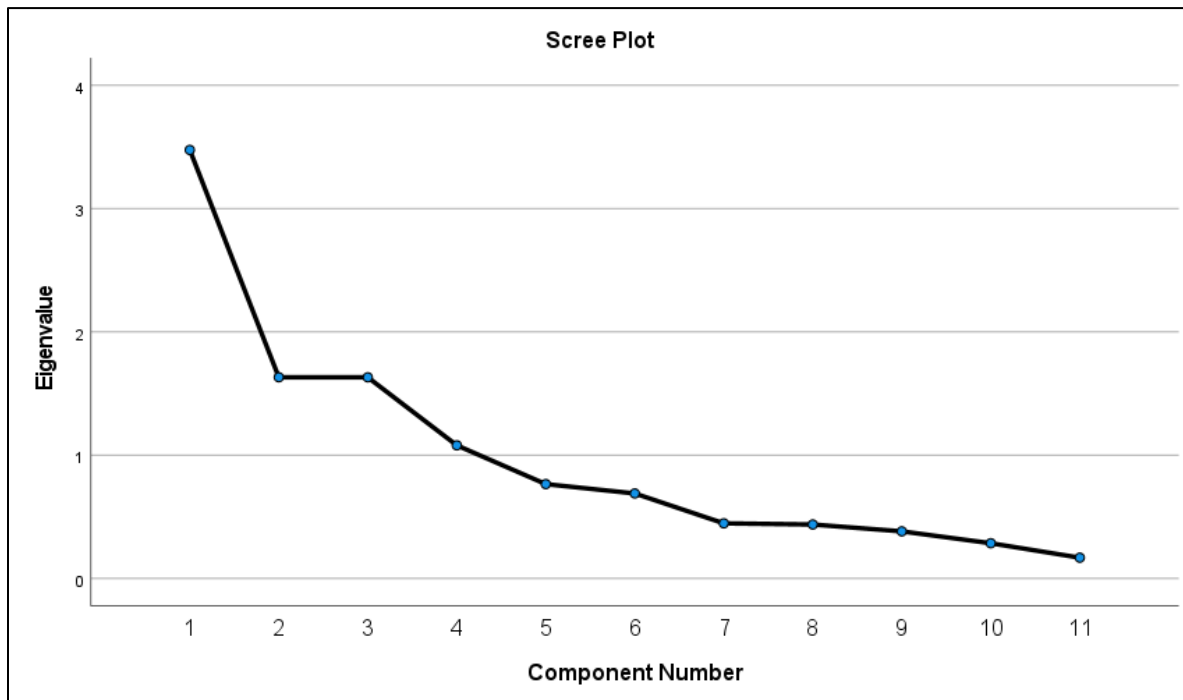
4.4.1. Factor analysis on the contributing factors for changing trends

A Likert scale was used as part of the survey aimed at identifying the perceived contributing factor of respondents towards the changing trend of providing child-focused social work services for refugee children. The responses from the Likert have eleven (11) items which were systematically designed to measure the perception of respondents on the contributing factors for changing trends of types and delivery formats of child-focused social work services for refugee children in sampled humanitarian organizations and refugee camps. One negative factor item, among the 11 items, was reversed to ensure the internal consistency of entire response. Finally a factor analysis was used in SPSS including the sampling adequacy to qualify for tests and factor load analysis through appropriate rotation technique to identify the most influential contributing factor against the trend in the provision of child-focused service. Based on the analysis the sample of the study 149 and 1 missing value passed the sample adequacy with KMO value = 0.602.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.602
Bartlett's Test of Sphericity	Approx. Chi-Square	567.426
	Df	55
	Sig.	.000*

The factor analysis result indicates that four (4) factor components demonstrated a factor load closer to one +1 or -1 compared to the remaining seven (7) factors, which infers statistically significant influence against the changing trend of providing child-focused social work services for refugee children from the year 2017 – 2023.

Figure 23 Factor loading plot for contributing factors for changing trend in child-focused social work services



Based on the factor loading (λ) value against each four components, (i) the shift in the delivery approach of child-focused social work services within humanitarian organizations ($\lambda = 0.838$) showed a statically strongest factor load with significant positive contribution for the observed changing trend in the provision of child-focused social work services for refugee children, (ii) at the second level the increasing number overall refugee children due to new arrivals across each refugee camps found to be the highly but negatively contributing to the changing trend ($\lambda = -.825$), (iii) the funding to run child-focused social work services has a significantly positive contribution for the changing trend at the third level ($\lambda = .824$), and (iv) finally the satisfaction of the social workers themselves against the quality of the child-focused social work service they are providing for refugee children has also a significant and positive contribution ($\lambda = .823$) on the changing trend across the year 2017 to 2023.

Rotated Component Matrix^a				
	Component			
	1	2	3	4
There is a shift in the delivery approach of child-focused social work service for refugee children within humanitarian organizations?	.838*			
I believe that the current social workers providing child-focused social work services for refugee children in my organization are more professional than 2017	.674	.561		
Collaboration with community resources is becoming increasingly important for supporting refugee children since 2017	.620		.434	
I feel that the current child-focused social work service delivery format being applied in my organizations is improved than the year 2017 in addressing the changing needs of refugee children	.559		.389	
There is an increasing demand for social work services due to the rising number of refugee children since 2017	.328	-.825*		
Current training programs adequately equip social workers to address the unique needs of refugee children		.695	.373	
I feel my organization is currently balancing organizational procedure and social work professional standards while providing child-focused social work services for refugee children		.626		.446
I am satisfied with the current quality of child-focused social work services in 2017			.823*	
The extent of emphasis for social work ethical considerations while providing child-focused social work service for refugee is increasing since the year 2017			.763	.383
Funding for child-focused social work services is progressing proportionally with the rising needs of refugee children				.824*
I feel that my organization merely incline to its own Internal procedure instead of social work professional standard while providing child-focused social work services				-.775
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.				
a. Rotation converged in 6 iterations.				

4.4.2. Focus group discussion and Key Informant interview Results

In addition to the survey result the findings from FGD and KII indicates that there is an increase in the number of children who require help due to ongoing conflict and hunger, but budget cuts have forced organizations to reduce the number of social workers. This has negatively impacted service quality. Social workers mentioned also external challenges like conflict and insecurity, and internal challenges like lack of staff and insufficient clean drinking water at the Child Friendly Space has affected the way how they are providing child-focused social work services for refugee children. Moreover, the FGD result revealed challenges that hinder the quality of service delivery in such a way that social workers currently manage high caseloads due to staff reduction and which is not proportional with an increase in the number of children requiring assistance. Furthermore, there has been a lack of recent skills and capacity-building training provided for social workers. Some of the social workers who have participated in the FGD expressed that reaching children through home visit as part of case management process has become difficult due to highly increasing trend of spontaneous movement of child family from one camp to the other and lack of motivation from the social workers themselves to attend regularly the case management as result of less payment and incentives by the child-focused organizations. Finally, the conflict and hunger crisis in 2023 significantly impacted service delivery due to restricted movement between refugee camps and movements to the adjacent community Woreda's (districts).

The outcome of another FGD conducted in Nguneyyiel refugee camp highlight that prior to 2023, social workers in the Nguneyyiel refugee camp offered a comprehensive range of

services to support children. This included registering vulnerable children, distributing essential items, and providing life skills training and recreational spaces for both adolescents and younger children. Additionally, child protection referral services connected children inclusive of specialized care, alternative care arrangements were available for abandoned children, and efforts were made to reunite families who had been separated. However, onwards from the year 2023, the child-protection program has demonstrated a shift. Budget cuts have led to a decrease in essential item distribution and a transition of adolescent-focused programs (life skills training and Child-Friendly Spaces) to serve youth as a whole. While core services like registration and referrals continue, social workers face challenges due to increased caseloads and difficulties reaching children as per the required minimum standard of children follow up to conducted per day. With regards to the impact of high caseloads of refugee children demonstrates the dramatic increase particularly in the case of Nguenyiel refugee camp

“Previously, one case worker might serve at least 50 minimum to 55-57 at most... Now, one case worker can serve up to 2 to 3 blocks or 100 to 150 children alone.” (Nguenyiel FGD)

Moreover, few participants of the FGD have also mentioned the critical gap in the provision of non-food items which assists the regular case management process.

“There were also a lot of services materials which have been provided for the children... clothes for children are not provided anymore. Last year, for example, a least some amount of clothes were brought and distributed to the children, but that was not enough amongst all the children” (Tierkidi FGD)

Participants of focused group discussion (FGD) from Asayita refugee camp in Afar have also mentioned that challenges related to resource limitation to adequately address the

multipurpose cash assistance they are providing for all refugees children and their family members as part of the regular case management process. Moreover, one of the FGD participants in Asayita refugee camp has also mentioned the challenge associated with the closure of nearby refugee camp called Serdo which led the refugees there to relocate to Asayita camp. This has contributed for the increasing trend in caseload of refugee children while the number of social workers was stationary.

The key informant interview conducted with the various administrative and project management staffs of each organization i.e., child protection managers, area managers, operation managers etc. overall revealed both strengths and challenges in their approach to serving refugee children. Almost all the three organizations offer a wide range of child protection services, including case management, psychosocial support, and education assistance. However, their ability to deliver these services is hampered by a lack of qualified social workers within the refugee community. Majority of the KII participants clearly indicated the social workers they are hiring most of them are unqualified and do not have basics of social work profession. Hiring professional social workers at refugee camp level has been challenged by standardized salary payment threshold which is 900 birr per month. This monthly salary payment has been set by the government counterpart (Returnee and Refugee Service) and UNHCR. The KII interviewee indicated that the payment rate is demotivating to attract qualified social workers to the area and forced child-focused humanitarian organizations to look for unqualified Para social workers from the refugee themselves to be hired with the set monthly salary rate. Moreover, staffing shortage coupled with funding limitations, results in high caseloads per social worker and hinders their efforts to provide quality social work services for refugee children. Despite these challenges, the FGD participants mentioned that they prioritize child protection cases through setting

vulnerability criteria's to wisely utilize the limited funding. Respondents said that they have built trust with refugee children and families through a relationship-based service delivery model. They are committed to ethical practice through their own organizational safeguarding policy and codes of conduct and providing ongoing staff training. To improve service quality, most of the KII participants recommended recruiting qualified social workers from the host community, if necessary, and securing increased funding for child protection program.

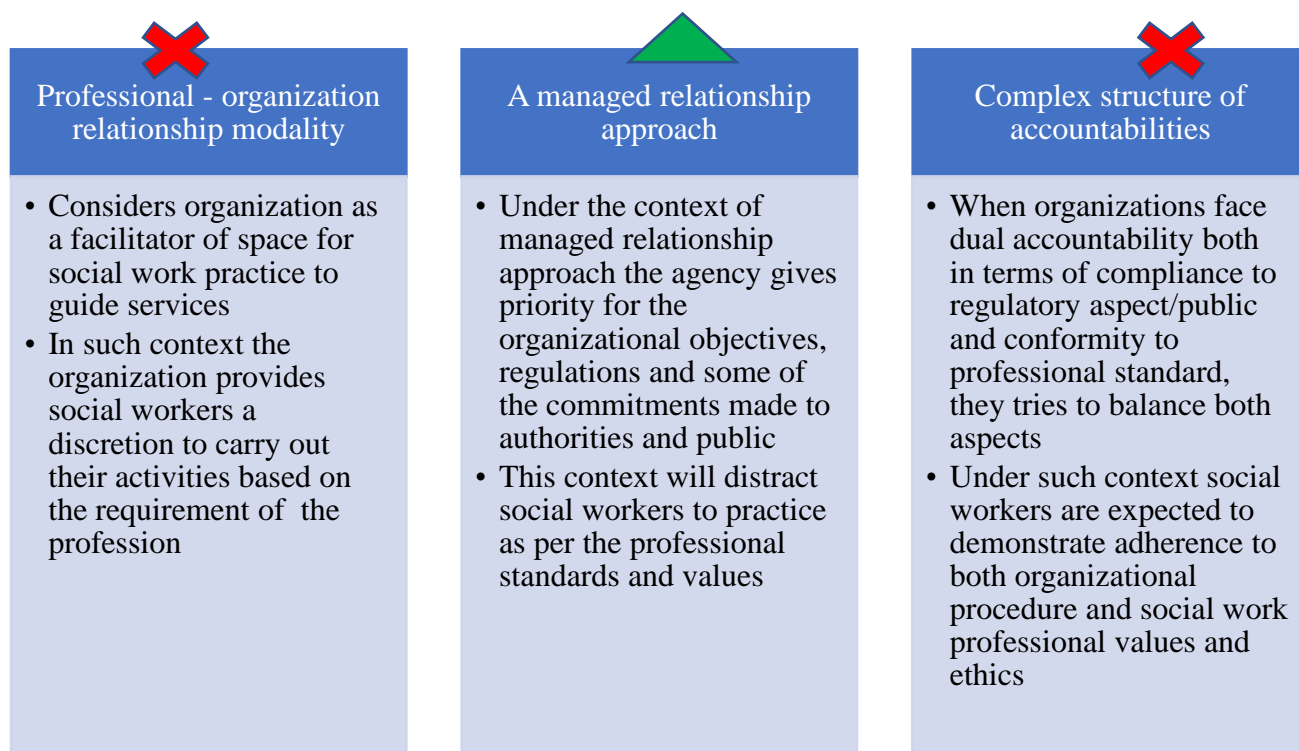
CHAPTER FIVE: DISCUSSION ON MAJOR FINDINGS

The ultimate purpose of this chapter is concerned in providing a synthesis of the pressing findings acquired majorly from survey, at milder extent from key informant interview, and focus group discussion against to some of the theoretical and empirical perspectives highlighted in the literature review. For the purpose of easy articulation I have clustered the discussion in to four (4) categories aligning with the objectives of this study; (i) at the very primary level what natures do the studied organizations have concerning with the models of relationship between social work and organizations mentioned in the literature review, (ii) the trend in the type of child-focused social work services provided for refugee children as compared to standards in social work professionalism , (iii) how are the trends in the formats of delivering child-focused social work services progressing across the year 2017 through 2023, (iii) what are the pressing factors that plays a significant role in determining the trend in social work professionalism while providing child-focused social work services for refugee children

5.1. Nature of the studied child-focused humanitarian organizations

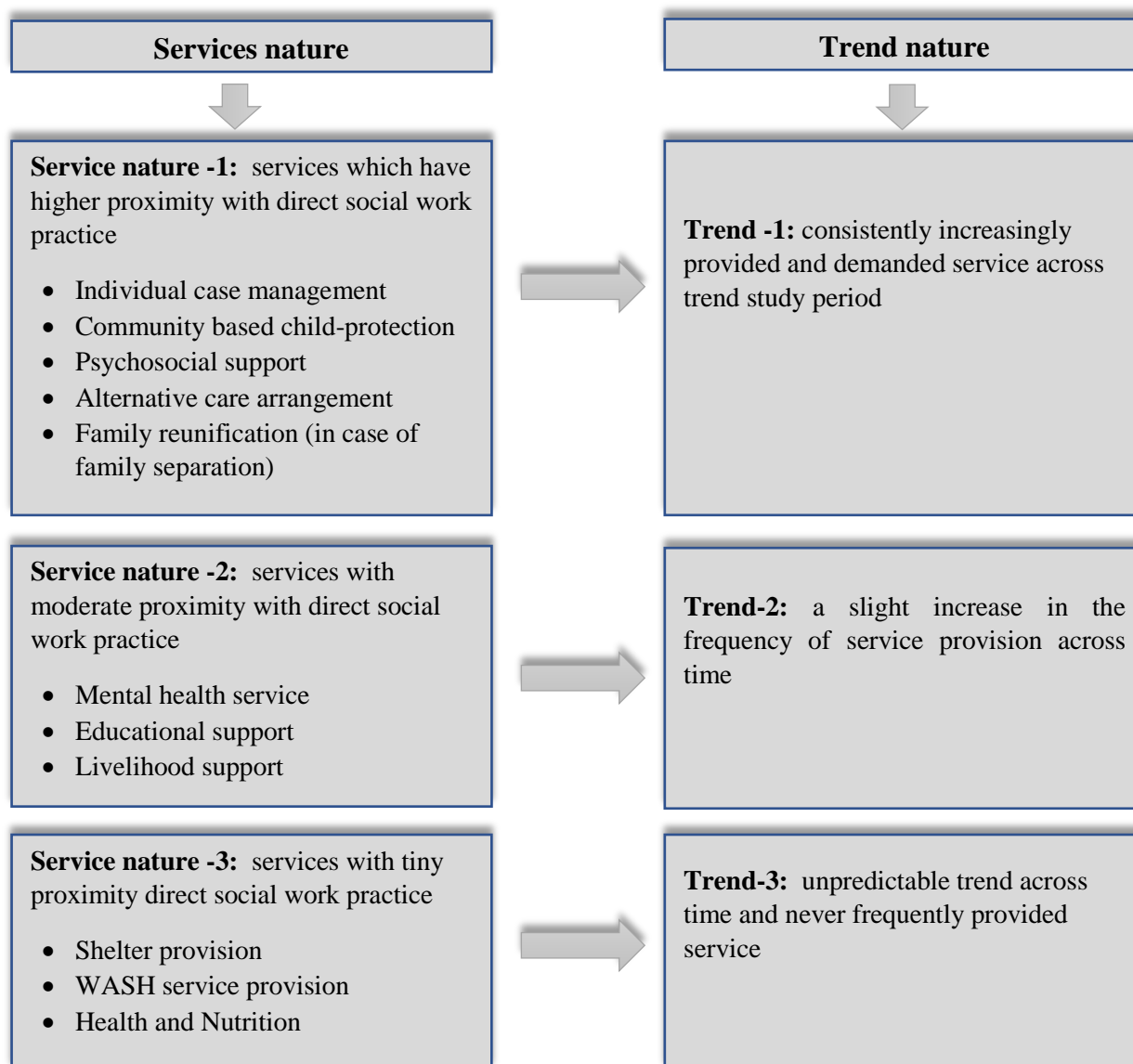
Before heading to the discussion on the trend analysis component it is important to highlight the nature of the studied child-focused humanitarian organizations among the three Payne's '*Models of Relationship between Social Work and Organizations*' depicted in the literature review section. Findings infer that all the selected three child-focused humanitarian organizations follow a model suiting to '*A managed relationship approach*'. As a manifestation some of the findings complementing the above conclusion includes: (i) expectations from social workers to adhere to child-protection minimum standards in humanitarian action and other donor

affiliated guidelines rather than social work professional standards (i.e.NASW), (ii) close to half of the social workers at refugee camp level are expected to spend their time in routine administrative and clerical activities instead of professional social work engagements, (iii) social workers are tasked to manage high caseload of refugee children which implies that the child-focused humanitarian organizations prioritize the cost effective management of huge caseloads with few number of social workers rather than considering how innovatively to manage the huge caseload without affecting the quality of child-focused social work services delivery, and (iv) due to the expectations of monitoring agencies for a fixed and uniform monthly salary rate for social workers the studied child-focused organizations comply with this standard and forced to recruit unqualified social workers. Because of the collective efforts of the above findings, humanitarian organizations providing child-focused social work services for refugee children in Ethiopia do have a nature of managed relationship approach gives priority for the organizational objectives, regulations and some of the commitments made to authorities, donors and public.



5.2. Trend in type of child-focused social work services

This study has managed to map out 11 (eleven) types of child-focused social work services which has been provided to refugee children by humanitarian organizations in Ethiopia since 2017. However, the most interesting finding is the eleven service types can be categorized in to three major categories of service and trend natures across time.



Additionally, the Child Protection Minimum Standards (CPMS) in humanitarian action framework is becoming the leading standard for service delivery, demonstrating a strong alignment with the NASW standards which is the fundamental frame work in Social work practice. Ethical conduct is also receiving greater emphasis, with organizations implementing safeguarding policies and codes of conduct. Some social workers even go beyond by utilizing the NASW standards for social work practice.

Based on the desk review conducted as part of this study the researcher has identified several alignments between CPMS in humanitarian action and NASW standards, as manifestation three crucial areas of alignments has been identified .

Core Values: Both the CPMS and NASW standards emphasize core values central to social work, such as the dignity and worth of the person, the importance of human relationships, and the pursuit of social justice.

Client Centred Approach: Both frameworks advocate for a client-centered approach, ensuring services are tailored to meet the specific needs and vulnerabilities of each child.

Empowerment (Egalitarian relationship between client and social worker): Both CPMS and NASW standards promote the empowerment of children and families, encouraging their participation in decision-making processes.

Ethical Conduct: Both frameworks provide guidance on ethical conduct; ensuring social workers uphold professional integrity and act in the best interests of their clients.

Hence, the increasing use of both CPMS and NASW standards, particularly among social workers with academic training in social work or related fields, signifies a positive trend. This

demonstrates a growing commitment to integrating best practices in child protection with a strong ethical foundation for social work practice. However, these positive trends are countered by significant challenges that hinder the effectiveness of service provision. The most concerning factor is the overwhelming workload faced by social workers. The dramatic increase in caseloads, with a single worker now managing 100-150 children compared to the previous 50-57, severely limits the time and attention they can devote to each case. This inevitably impacts the quality of services offered and the ability to adhere to professional standards. Moreover, it bypasses the CPMS standard concerned with a 1:25 social worker per day as per **Standard 18: 18.1.7.** (Alliance for Child Protection in Humanitarian Action, 2019). Compounding this problem is the lack of readily available updated training for social workers. Without on-going professional development, it becomes difficult for them to stay abreast of the latest best practices and refine their skills. While a slight decrease was observed in staffing shortages, concerns remain regarding the qualifications of the personnel hired due to monthly incentive payment ceiling set by government counterpart on refugees (RRS) and UNHCR which hindered the motivation of social workers and affected also the quality of social work services as per the minimum standards. Security concerns are also on the rise, creating an additional layer of stress and potentially hindering the delivery efforts of child-focused social work services. Based on the observation made by the researcher also the on-going tension between the refugee and surrounding host community has been restricting movements of child-protection staffs to refugee camps from the organizations coordination offices based at the capital of respective regions (i.e. Gambella and Afar regions) which forces the incompetent refugee incentive social workers to unsupervised for several days.

5.3. Trends of child-focused service delivery formats

One of the most significant trends identified is the growing emphasis on needs assessments as a basis for the selection of child-focused social work services. This increasing use of needs assessments indicates the growing commitment of those child-focused humanitarian organizations to apply a client-centred approach and ultimately ensure most pressing protection concerns of refugee children. However, it is found that the need assessments consult majorly the caregivers (family of the refugee children) and other adult members. This totally ignores the consultation with refugee children themselves which contradicts with one of the child protection principles in humanitarian action that is '*child participation*'.

Another positive trend is the increasing collaboration among child-focused humanitarian organizations. The collaboration for service delivery and knowledge sharing is significantly rising across time this will contribute to in place a more holistic approach and potentially help also synergy between child-focused humanitarian organizations which will have dual implication on the quality delivery of child-focused social work services and help to tackle the resource gap observed which led the social workers to handle huge caseload. Additionally, of daily supervision social workers engagement by project officers serves as a quality control measure, ensuring adherence to established standards.

However, a trend which requires special attention has also emerged. For instance, while social workers in the sampled organizations collect feedback from various segments of the refugee population towards how child-focused services have been provided to refugee children, a very little attention was given to collect feedback from the children themselves. This could

indicate communication gaps between social workers and children, or a hesitation on the part of children to express their concerns and violets their right embedded in the United Nations Child Right Convention (UNCRC) which is their right to participation. Further exploration is needed to understand the reasons behind this decrease and ensure children's voices are adequately heard and incorporated into the child-focused social work service delivery process for refugee children.

5.4. Factors affecting Social work professionalism

As per the findings of the study the pressing factors that significantly influence the level of social work professionalism in the selected child-focused humanitarian organizations operating in the refugee camp is the over burden due to high caseloads managed by social workers. Due to extreme number of children assigned to each social worker, it becomes challenging to devote the necessary time and attention to each cases of the children. This would also affect the quality of services provided and hampers the capability of social workers to comply with the professional standards. Another significant factor is the lack of updated capacity building training equipping the social workers with expected standards related to delivery of child-focused social work services. Without regular professional development social workers it would difficult to scale up their skills. Moreover, it is also found that the application of social work standards (i.e., NASW) is determined by the academic remedy of social workers particularly if they are trained academically by social work or related fields.

In spite of these challenges, the study indicates that those child-focused humanitarian organisations applied several strategies to tackle the challenges. One of the strategies employed is the prioritization of cases based on vulnerability criteria since it would difficult to address all refugee children with the existing resource limitation. Furthermore, a strong emphasis is placed

on building trust with refugee children and families. Additionally, while the implementation of safeguarding policies and codes of conduct respective to each demonstrates a commitment to ethical practice, however, the absence of harmonized mechanisms of handling ethical dilemmas while providing child-focused services for refugee children is the area that demonstrates a minimal coordination between child-focused humanitarian organizations in refugee setting in Ethiopia.

5.5. Synthesis of major findings against the relevant theories

This section provides a synthesis of the major findings acquired from this study against three theories mentioned in the literature review. The study provides a moderate support for all three theories: (i) the human relations approach finds its basis in the emphasis on building trust, while (ii) the institutional theory is reflected in the standardization of services. However, limitations exist, such as high caseloads hindering relationship building and salary limitations impacting staff qualifications. Regarding (iii) critical theory it requires further investigation into client participation in decision-making.

The human relations approach: The emphasis on building trust with refugee children and families through a relationship-based service delivery model aligns with the human relations approach. This suggests that the sample child-focused humanitarian organizations recognize the importance of positive staff-client interactions, in the context social workers to refugee children, for effective child-focused social work service delivery. However, the study identified high caseloads and lack of updated on-job training as major challenges faced by social workers. This can negatively impact job satisfaction and ultimately hinder the ability to build strong relationships between social workers and refugee children.

Institutional theory: The increasing use of the CPMS framework, a standardized approach to service delivery, exemplifies the influence of external actors (i.e. UNHCR and RRS) on service provision. This reflects a move towards institutional uniformity (*isomorphism*) in the selected refugee camps. On contrary, the study also found limitations in staffing qualified personnel due to government counterpart (RRS) and UNHCR monthly incentive (salary) payment rate. This suggests that external regulations can sometimes create challenges for organizations to adhere to best practices.

Critical theory: The current data doesn't explicitly address the extent to which refugee children are involved in decision-making processes towards the type and formats of delivery for child-focused social work services. However, further research is needed to explore this aspect on why it happens. The study highlights the importance of prioritizing child protection cases based on vulnerability criteria. This suggests a potential move towards considering client needs and experiences in child-focused service delivery decisions, aligning with the spirit of critical theory.

CHAPTER SIX: CONCLUSION AND IMPLICATION FOR SOCIAL WORK

6.1. Conclusion

The substance information acquired from the exercise of survey data, key informant interviews (KIIs), and focus group discussions (FGDs) conducted within the Nguenyiel , Terikidi and Asayita refugee camps in Ethiopia, provide a comprehensive picture of child-focused social work services are evolving over time and how they could continue assuming other external variables constant. This concluding chapter go highlights to the key findings, exploring both the challenges and promising trends that emerged. It then translates these insights into actionable implications for social work practice in refugee settings across Ethiopia and could also provide insights for like-minded refugee operations across the world.

The prominent challenge lays on the issue of overwhelming caseloads. The dramatic increase in the number of refugee children assigned to each social worker form between 50 and 57 to between 100 and 150 indicates a barrier to quality child-focused social work services provision. This overstretching of social workers not only hinders the time a social worker can dedicate to each cases of children but also impacts their ability to adhere to professional social work standards. The consequences could potentially lead to rushed case management process starting from the assessments up to case closure, unrealistic interventions without identifying the real need of the child, and which ultimately results in a decline in the effectiveness of child-focused social work services provided to refugee children.

One of the aggravating factors for this challenge is the scarcity of resources (funding). Staffing shortages creates critical gaps in service delivery. The lack of readily available updated

training for social workers creates a knowledge and skill gap, hindering their ability to scale up their skill and professional expertise.

The study identified the tension arises, as result if funding limitation, between prioritizing cases based on vulnerability criteria and ensuring adequate child-focused social work service provision for all children. While prioritizing the most vulnerable is ethically sound, it raises concerns about neglecting the needs of other children who might also require significant support and sometimes would be source conflict between the community members. In order to balance these competing priorities an innovative way of child-focused social work service delivery models and the exploration of alternative resource mobilization strategies including community based child protection programming is essential.

Examining these challenges through the perspective of established theoretical perspectives provides further insights. The human relations approach, emphasizing the interrelationship between organizational leadership and staff performance, highlights the potential impact of high caseloads on social worker satisfaction and ultimately, the quality of child-focused social work services we are providing for refugee children. The study stresses this connection, highlighting how overloaded social workers may struggle to build trustful relationship with refugee children and their families.

The institutional theory, focusing on the influence of external actors on child-focused humanitarian organizations, finds significantly increasing use of the CPMS in humanitarian action. This standardized approach reflects the influence of UNHCR, pushing service delivery towards a more uniform and potentially more efficient system. However, the study also reveals

limitations emanating from external regulations, such as incentive (salary) payment structures that may hinder the recruitment and retention of qualified social workers at the grass root level.

Despite these challenges, the study also identifies promising trends offering a hint of prospects in terms of providing child-focused social work services for refugee children in Ethiopia. The increasing use ethical codes of conducts specific to each organization signify a commitment to ethical service delivery. This standardization promotes consistency in child-focused social work service provision across refugee camps.

A shift towards a more client-centered approach is evident in the growing emphasis on needs assessments to tailor interventions to individual children's vulnerabilities. Additionally, prioritizing cases based on vulnerability criteria reflects recognition of the varying needs within the child population. These trends demonstrate a move towards child-focused services that are more responsive to the pressing humanitarian need of refugee children and impactful.

Furthermore, the study highlights the importance of collaboration and relationship building. The growing collaboration with other agencies has a potential to in place an environment where social work expertise and resources can be shared, leading to more comprehensive child-focused social work service delivery. Building trust with refugee children and families through a relationship-based service delivery approaches create a safe space for open communication with children and promote positive outcomes against their well-being.

6.2. Implication for Social work practice

Consolidating all the major findings, the researcher come up with six concrete calls to actions that should be translated so as to improve future trend in the application of social work

professionalism across the refugee context in Ethiopia and to that extent similar contexts in other countries with similar contexts.

Call to action-1: Joint engagement between the academia and humanitarian community:

considering the significant gaps identified in the capacity of social workers and models of child-focused social work services delivery, facilitating a joint platform where both polarized areas work together is an essential initiative due to two major rationales: (i) this exercise would benefit the refugee children to acquire the deserved social work services and (ii) both the academia and humanitarian sector would be beneficial in terms of acquiring new knowledge base through experience sharing

Call to action-2: Securing additional funding, increased funding is paramount to address the root causes of many challenges. It allows for the recruitment of qualified social workers, investment in on-job training, and the acquisition of essential resources to support service delivery. Lobbying efforts directed towards government agencies, international organizations, and private donors are crucial for securing the necessary financial backing.

Call to action -3: Innovative caseload management strategies, developing effective strategies to manage higher child protection caseloads is essential. This could involve hiring additional social workers, utilizing volunteers or community outreach workers for specific tasks, or exploring child focused service delivery models that leverage technology for data management and communication in an advanced way.

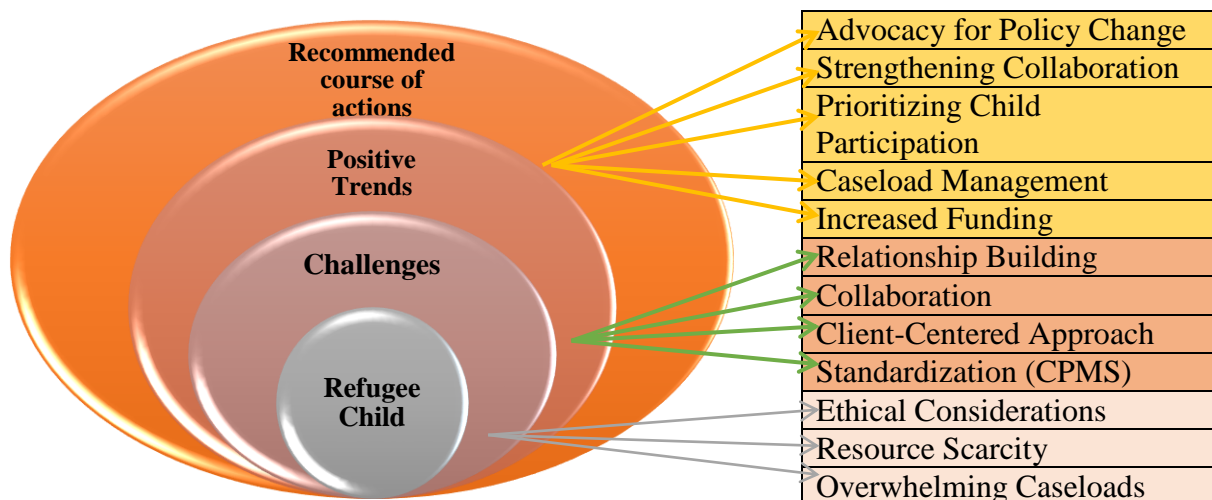
Call to action - 4: Prioritizing child participation, giving voice to children is crucial for ensuring services are relevant and meet their needs. Develop effective mechanisms to lobby feedback from the refugee children directly such as child-friendly surveys and focus group discussion with the children themselves.

Call to action - 5 : Peace building initiatives, considering the on-going conflict between the host community and refugee community which is continuously affecting the smooth process of delivering child-focused social work services for refugee children, there should a standard while designing child protection programs to integrate peace building initiatives as a cross cutting component of every programs/projects.

Call to action – 6: Advocacy for Policy Change, social workers along with their child-focused humanitarian organizations can advocate for policy changes regarding salary structures to attract and retain qualified personnel within refugee camps.

6.3. Recommended child protection model for strengthening child-focused social work services in refugee settings

This framework emphasizes the need for a multi-pronged approach that addresses challenges, builds upon positive trends, and prioritizes child participation to ensure effective child protection services in refugee settings.



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ANNEXES

Annex I: Key Informant Interview (KII)

This key informant interview is a part of the research on ‘*Trend Analysis on Application of Social Work Professionalism in Child-Focused Humanitarian Organizations: The Case of Refugee Children in Ethiopia*, which is a prerequisite for the partial fulfillment of a Master's Degree in Social Work at Addis Ababa University.

Objective of the KII: Thank you for your willingness to participate in this key informant interview. This KII aims to understand the trend in the types and delivery formats of social work services provided to refugee children in Ethiopia by child-focused humanitarian organizations. This is an extension of the survey administered with front-line workers in your organization i.e., Social workers, child protection officers, and child protection coordinators. As the leadership and operation functions of the organization, I want to learn from you about the subject matter from the organizational procedure and policy level. Your responses will be kept confidential and used only for the research purposes and the audio recorded interview will be deleted once the final report of the study is published.

Interview date	
Interview place	
Interviewer	
Interviewee	
Interview start time	
Interview end time	

<p>1. Guidance for introduction and rapport-building</p> <ul style="list-style-type: none"> • Greetings • Forwarding thanks for the willingness to participate in the KII. • Introducing the data collector’s/researcher’s role in the research • Introducing the objectives of the research • Explaining the ethical clearance acquired from different entities. • Indicating the total time required for the interview. • Requesting consent for voice recording the interview • Finalizing consent procedure
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2. Guiding questions for the actual interview	
Questions	Response note
2.1. Background and Experience	
Would you tell me about your role and responsibilities within this organization?	
2.1.1. Since when have you been working in child protection services for refugee children?	
What is your educational background?	
2.2. Organizational profile and its child-focused services	
2.2.1. When did the organization start operation in a refugee or humanitarian context?	
<ul style="list-style-type: none"> • Probe 1: what are the types of child-focused services being provided by the organization? • Probe 2: when did the organization start to provide those child-focused social work services for refugee children? • Probe 3: what was the initial priority of the organization in providing child-focused social work service for refugee children? • Probe 4: what has been the strategic approach of the organization in delivering child-focused social work services for refugee children since 2017? • Probe 5: y Are there changes in the child-focused service delivery system of the organization? If so how and why the changes happened? 	
2.3. Organizational procedure and policy	
2.3.1. Are there any organizational procedures and/or policies guiding the delivery of child-focused social work services for refugee children?	
<ul style="list-style-type: none"> • Probe 1: Can you list those policies and procedures indicating a few details about their component? • Probe 2: When were those policies developed? • Probe 3: Were there any revisions or amendments done against those policies and procedures? When? And what were the major changes done? 	
2.4. Program Development	
2.4.1. How are child-focused programs being developed in your organizations?	
Probe 1: Were there any shifts in how the child protection program has been developed from 2017 to 2023? What were those shifts?	
2.4.2. What are your considerations when you design a child-protection program targeting refugee children?	
<ul style="list-style-type: none"> • Probe 1: Did you consider social work professional standards when designing child-focused services for refugee children s? How? • Probe 2: Are child-focused social work services being provided by the organization properly funded? • Probe 3: How do you explain the practice of child-protection program development since 2017 all the way through 2023? 	
2.5. Organizational staffing perspective	

<p>2.5.1. What is your organizational philosophy in hiring professionals for implementing child protection programs?</p> <ul style="list-style-type: none"> • Probe 1: what academic background is preferred by the organization for hiring social work professionals working at a lower level in providing the services? • Probe 1: what academic background is preferred by the organization for hiring managers who design child-focused services and supervise social workers? • Probe 2: was there any shift in terms of the hiring approach of child protection managers from 2017 to 2023? • Probe 3: what is the philosophy of the organization in terms of staff professional development and capacity building? Has there been any changing trend from 2017 to 2023? • Probe 4: How does the organization monitor the quality of child-focused social work services being provided by refugee incentive workers at camp level? • Probe 5: Is there any strategic guidance by the organization on these refugee incentive workers?
2.6. Organizational expectations on ethical compliance of professionals
<p>2.6.1. Do the organizations have ethical standards to which professional workers need to be abided?</p> <ul style="list-style-type: none"> • Probe 1: what are those ethical standards being applied? When were the ethical standards developed? Has there been any revision or shift since 2017? • Probe 2: How does the leadership of the organization help social workers to resolve the tension that arise between applying social work professional standards and complying to organizational procedures? • Probe 3: is there any space provided by the organization for professional social workers to reconcile the tension between meeting the professionally expected standards of quality services and complying with the organization's requirements and procedures? How is that working and its trend from 2017 across 2023?
2.7. Challenges
<p>2.7.1. What are the challenges you face as a leadership of the organization to exercise social work professional standards in child-protection programming?</p> <ul style="list-style-type: none"> • Probe 1: any changing trends related to the types of challenges between the periods of 2017 to 2023? • Probe 2: Any possible recommendations?
3. Wrap-up question
3.1. Anything you would like to add
3.2. Thanking for the time spent

Annex II: Survey Questionnaire

This survey is a part of the research on ‘*Trend Analysis on Application of Social Work Professionalism in Child-Focused Humanitarian Organizations: The Case of Refugee Children in Ethiopia*, which is a prerequisite for the partial fulfillment of a Master's Degree in Social Work at Addis Ababa University.

Objective of the survey: Thank you for your willingness to participate in this survey. This survey aims to understand the types and delivery formats of social work services provided to refugee children in Ethiopia by child-focused humanitarian organizations. Your responses will be kept confidential and used only for research purposes.

Date Click or tap to enter a date.

Respondent Code [REDACTED]

Section-One: Research Participant Information

- 1.1. Sex
 - Female
 - Male
- 1.2. Age [REDACTED]
- 1.3. Which child-focused humanitarian organization are you currently working for? [REDACTED]
- 1.4. In which refugee camp(s) does your organization operate? [REDACTED]
What is your position/occupation in your current child-focused humanitarian organization? [REDACTED]
- 1.5. For how many years have you been working in your current position in providing child-focused services for refugee children? [REDACTED]
- 1.6. What is your highest level of education?
 - A. Highschool complete
 - B. Diploma
 - C. Bachelor's Degree
 - D. Master's Degree
 - E. Doctorate Degree
 - F. Other (please specify) [REDACTED]
- 1.7. What did you study for your highest level of education? (If you have more than one degree please select all that applies)
 - A. Social Work

- B. Sociology
- C. Sociology and Social Work
- D. Psychology
- E. Law
- F. Medicine
- G. Public Health
- H. Psychiatry
- I. Nursing
- J. Other (please specify)

1.8. In what area(s) of social work services are you currently engaged with refugee children in working for your organization? (Select all that apply)

- A. Child protection
- B. Education
- C. Health including mental health
- D. Family reunification
- E. Psychosocial support
- F. Livelihood
- G. Other (please specify)

Section – Two: Information on the types and delivery format of child-focused social work services for refugee children

Instructions: Please answer the following questions for each year you have worked with refugee children (2017 - 2023).

2.1. What are the child-focused social work services provided by your organization for refugee children since 2017														
<ul style="list-style-type: none"> • Please write 1 for ‘Yes’ and 0 for ‘No’ • Please respond all that applies 														
Service types	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Individual case management														
II. Family reunification support														
III. Mental health counseling														
IV. Psychosocial support														
V. Alternative care arrangement														
VI. Educational support														
VII. Community-based child protection														
VIII. Shelter provision														
IX. Livelihood support for families														
X. Water, Sanitation, and Hygiene (WASH)														
XI. Health and Nutrition														
2.2. What are the levels of intervention you have been using to deliver the service type you have selected in 2.1?														
<ul style="list-style-type: none"> • Please write 1 for ‘Yes’ and 0 for ‘No’ 														
Level of interventions	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Individual level intervention														

II. Family-level intervention														
III. Group work														
IV. Community level intervention														
V. Policy/advocacy level intervention														
2.3. Who is in charge of providing those child-focused social work services for refugee children • Please write 1 for ‘Professional social Worker’ and 0 for ‘Nonprofessional social worker’														
	2017		2018		2019		2020		2021		2022		2023	
who is in charge of services (Codes)	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Individual case management														
II. Family reunification support														
III. Mental health counseling														
IV. Psychosocial support														
V. Alternative care arrangement														
VI. Educational support														
VII. Community-based child protection														
VIII. Shelter provision														
IX. Livelihood support for families														
X. Water, Sanitation, and Hygiene (WASH)														
XI. Health and Nutrition														
2.4. Who is entitled to receive child-focused social work service within the framework of your organization • Please write 1 for ‘Yes’ and 0 for ‘No’ • Please respond all that applies														
	2017		2018		2019		2020		2021		2022		2023	
Entitled beneficiaries (codes)	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. All refugee children in the camp														
II. Unaccompanied and separated children														

III. Refugee children with special needs(children with disabilities)														
IV. Refugee girls only														
V. Others (please specify)														
2.5. What is the total number of refugee children who receive child-focused social work service each year (write total case in the space provided)														
	2017		2018		2019		2020		2021		2022		2023	
Number of refugee children														
2.6. For how many refugee children do you provide child-focused social work services per day (write your answer in the space provided under each year)														
	2017		2018		2019		2020		2021		2022		2023	
Number of children served per day														
2.7. To what extent you spent your work time in professional activities related to child-focused social work service? • Please write 1 for 'Yes' and 0 for 'No'														
	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. All of my time														
II. Majority of my time														
III. Half of my time														
IV. Small portion of my time														
2.8. To what extent you spent your work time in non-professional routine and clerical activities? • Please write 1 for 'Yes' and 0 for 'No'														
	2017		2018		2019		2020		2021		2022		2023	

	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. All of my time														
II. Majority of my time														
III. Half of my time														
IV. Small portion of my time														
2.9. How do you prioritize and determine the types of child-focused social work services appropriate for your refugee children clients? • Please write 1 for 'Yes' and 0 for 'No'														
Formats for the prioritization /selection of services	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. In consultation with refugee children														
II. By conducting need assessment involving the children and their significant others														
III. Based on your organization's priority														
IV. Based on the priority of donors or monitoring agencies														
V. Based on my experience and judgment														
VI. Other (please specify)														
2.10. For what purpose do you collaborate with other humanitarian organizations while providing child-focused social work services for refugee children? • Please write 1 for 'Yes' and 0 for 'No'														
Purpose of collaboration	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. For joint need assessment and social work service mapping														
II. For joint technical work group to deliver services														

III. For establishing referral pathways between organizations														
IV. For establishing information sharing platform on children cases														
V. For joint monitoring of the delivery of social work service														
VI. For experience and best practice sharing platforms between organizations														
VII. No collaboration so far														
VIII. Other (please specify)														

2.11. Where do refugee children receive child-focused social work services?
 • Please write 1 for 'Yes' and 0 for 'No'

Service Locations	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Open locations in refugee camps														
II. Child-friendly spaces														
III. Community centers														
IV. Schools														
V. Registration centers														
VI. Food distribution centers														
VII. Religious centers														
VIII. Other (please specify)														

2.12. What are the biggest challenges you face in delivering child-focused social work services to refugee children?
 • Please write 1 for 'Yes' and 0 for 'No'
 • Please respond all that applies

Challenges	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Lack of qualified personnel														
II. Lack of appropriate and updated on-job training for workers														
III. Limited resources														
IV. Linguistic barriers														
V. Cultural barriers														
VI. Security concerns (instability in the camps)														
VII. Lack of collaboration with other agencies														
VIII. High caseloads														
IX. Organizational bureaucracy														
X. Other (please specify)														
2.13. How did you overcome the challenges you faced above across the time spans from 2017 to 2023														
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>														
2.14. What guidelines do you use when you providing child-focused social work services for refugee children?														

<ul style="list-style-type: none"> • Please write 1 for 'Yes' and 0 for 'No' • Please respond all that applies 														
	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Child protection minimum standards in humanitarian action														
II. Organizational child-protection manual/protocol														
III. NASW standards for social work practice in child welfare														
IV. No guideline used so far														
V. Others (please specify)														
2.15. How do you resolve ethical dilemma you face while providing child-focused social work services for refugee children ? <ul style="list-style-type: none"> • Please write 1 for 'Yes' and 0 for 'No' • Please respond all that applies 														
Guidance for ethical dilemma	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Using the social work codes of ethics i.e., NASW														
II. Using your organization's codes of ethics														
III. Using interagency ethical guidelines														
IV. Using the Human Rights principles and conventions														
V. Using donor's ethical guidelines														
VI. Others (please specify)														

2.16. Who supervises/monitors your process of providing child-focused social work services for refugee children? • Please write 1 for 'Yes' and 0 for 'No'														
	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
I. Project Manager/Coordinator														
II. Operation Manager / Coordinator														
III. Project officer														
IV. Other (please specify)														
2.17. How frequently have you been supervised in your social work service delivery? • Please write 1 for 'Yes' and 0 for 'No'														
Frequency of supervision	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Every day														
Every month														
Every quarter														
Every year														
V. No regular supervision														
2.18. What are the indicators used by your supervisor to measure the quality and effectiveness of the child-focused social work service provided for refugee children since 2017														
2.19. How often have you been collecting feedback about the quality of child-focused social work service for refugee children • Please write 1 for 'Yes' and 0 for 'No'														
Frequency of collecting feedback on service	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0

I. Every day															
II. Every week															
III. Every mont															
IV. Every quarter															
V. Every year															
VI. No regular feedback collection															
2.20. Based on your answer on 2.19. from whom you have been collecting feedback on the quality of social work service you are providing for refugee • Please write 1 for 'Yes' and 0 for 'No' • Please respond all that applies															
From whom feedback collected	2017		2018		2019		2020		2021		2022		2023		
	1	0	1	0	1	0	1	0	1	0	1	0	1	0	
I. Feedback from refugee children															
II. Feedback from parents/primary caregivers															
III. Feedback from adult community members															
IV. Feedback from local authorities															
V. Feedback from monitoring agencies (UN and government counterparts)															
VI. Other (please specify)															
2.21. What mechanism have you been using to collect feedback about the quality of child-focused social work service you are providing for refugee children • Please write 1 for 'Yes' and 0 for 'No'															

• Please respond all that applies														
Feedback collection mechanisms	2017		2018		2019		2020		2021		2022		2023	
	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Face to face meeting														
Suggestion box														
Telephone communication														
Feedback register book														
Other (please specify)														

Section-Three: Information on the perceived changing trends, contributing factor and implication to the provision of child-focused social work services for refugee children.

SN		Strongly Disagree (1)	Disagree (2)	I do not know (3)	Agree (4)	Strongly Agree (5)
3.1.	There is an increasing demand for social work services due to the rising number of refugee children since 2017					
3.2.	There is a shift in the delivery approach of child-focused social work service for refugee children within humanitarian organizations?					
3.3.	I feel that the current child-focused social work service delivery format being applied in my organizations is improved than the year 2017 in addressing the changing needs of refugee children					
3.4.	Funding for child-focused social work services is progressing proportionally with the rising needs of refugee children					
3.5.	Current training programs adequately equip social workers to address the unique needs of refugee children					

3.6.	I believe that the current social workers providing child-focused social work services for refugee children in my organization are more professional than 2017					
3.7.	I am satisfied with the current quality of child-focused social work services in 2017					
3.8.	Collaboration with community resources is becoming increasingly important for supporting refugee children since 2017					
3.9.	The extent of emphasis for social work ethical considerations while providing child-focused social work service for refugee is increasing since the year 2017					
3.10.	I feel that my organization merely incline to its own Internal procedure instead of social work professional standard while providing child-focused social work services					
3.11.	I feel my organization is currently balancing organizational procedure and social work professional standards while providing child-focused social work services for refugee children					

- a. What are the major contributing factors to the changing trends in the types and delivery of child-focused social work services for refugee children? (Please tick all that applies)
- A. Political instability and conflict in the origin countries of refugee children
 - B. Social and interactional dynamics after arriving at the hosting refugee camps
 - C. Dynamics in the day-to-day operation of the child-focused humanitarian organization
 - D. Limited access to education and healthcare for refugee children
 - E. Trauma experienced during displacement and after relocation to refugee camps
 - F. Separation from family members and social networks
 - G. Lack of solidarity and harmony with refugee host communities.
 - H. Other (please specify)
- b. Mention areas needed to improve for the effectiveness of social work services for refugee children in Ethiopia?

Thank you for tasking time to participate in the survey!

Annex III: Focus Group Discussion (FGD)

This focus group discussion is a part of the research exercise on ‘*Trend Analysis on Application of Social Work Professionalism in Child-Focused Humanitarian Organizations: The Case of Refugee Children in Ethiopia*, which is a prerequisite for the partial fulfillment of a Master's Degree in Social Work at Addis Ababa University.

Objective of the KII: Thank you for your willingness to participate in this FGD. This FGD aims to understand the trend in the types and delivery formats of social work services provided to refugee children in Ethiopia by child-focused humanitarian organizations. This is an extension of the survey administered with randomly selected respondents. With this FGD, we want to learn from you about the challenges you face while providing child-focused social work services for refugee children in Ethiopia. Your responses will be kept confidential and used only for the research purposes, and audio recorded during the FGD will be deleted once the final report of the study is published.

Date the FGD facilitated			
Number of FGD participants	M	F	T
Refugee camp FGD facilitated			
Facilitator			
FGD start time			
FGD end time			

4. Guidance for introduction and rapport-building (5 minutes)

- Greetings
- Forwarding thanks for the willingness to participate in the FGD.
- Introducing the facilitator’s/researcher’s role in the FGD
- Introducing the objectives of the research
- Explaining the ethical clearance acquired from different entities.
- Indicating the total time required for the FGD.
- Finalizing consent procedure

<ul style="list-style-type: none"> • Indicating that the overall FGD will take 50 - 90 minutes. Mentioning for participants to feel free in case they want to interrupt the discussion in the middle if they are not comfortable
5. Discussion agendas for the FGD
List of Agenda
Services type and delivery format
5.1. How do you describe your experience as a social worker in serving refugee children? <ul style="list-style-type: none"> - What are the major child-focused services have you been providing for refugee children - How have you been delivering these services for refugee children
Changing trends in the service type and delivery format
5.2. In your experience, how have the types of social work services provided for refugee children changed over the past few years? <ul style="list-style-type: none"> - Can you share any examples of specific changes you have observed? - How have these changes impacted the way you deliver services to refugee children? - What do you think could be the drivers behind the changes in the service delivery?
5.3. In your opinion, how do the changing trends in service delivery affect the effectiveness of social work services for refugee children? <ul style="list-style-type: none"> - Are there specific services that have become effective? Why or why not? - Can you share any examples of how these changes have impacted the needs of refugee children?
Quality of services and challenges
5.4. What are your thoughts on the overall quality of social work services currently being provided for refugee children? <ul style="list-style-type: none"> - Are there any aspects of service delivery that could be improved to better meet the needs of children? - What are some of the biggest challenges you face in providing high-quality social work services for refugee children
FGD exit questions
<ul style="list-style-type: none"> - Readout of key discussion points - Appreciating their participation - Closure of the session

Appendix IV: Consent Form for Focus Group Discussion (FGD)

I am Fisehatsion Afework, a candidate for a Master's Degree in Social Work at Addis Ababa University School of Social Work. As part of my thesis on '*Trend Analysis on Application of Social Work Professionalism in Child-Focused Humanitarian Organizations: The Case of Refugee Children in Ethiopia*' As part of my research undertaking, I am currently conducting this specific FGD.

Kindly note that I have acquired several ethical clearances from various mandated entities as listed below.

1. Ethical clearance from my academic institution (Addis Ababa University) on date _____
2. Approval from the organization you are working on date _____
3. Refugee camp permit from UNHCR and Refugee Returnee Service (RRS) to contact social workers at the camp level on date _____

Based on the above information, this is to kindly request you to participate in this FGD because you are selected through purposive sampling as a front-line social worker providing child-focused social work services for refugee children.

Your responses will be kept confidential and used only for research purposes in an anonymous manner.

To accurately capture the information, you will provide me I am kindly requesting your consent to record group discussion. Once the audio is transcribed to text for further analysis it will be permanently deleted.

Consent Declaration

Please kindly sign in the below space as a confirmation of your consent to be part of the FGD and for your consent to record the interview process.

Sign _____ **Date** _____

Appendix V: Consent Form for Key Informant Interview (KII)

I am Fisehatsion Afework, a candidate for a Master's Degree in Social Work at Addis Ababa University School of Social Work. As part of my thesis on '*Trend Analysis on Application of Social Work Professionalism in Child-Focused Humanitarian Organizations: The Case of Refugee Children in Ethiopia*' As part of my research undertaking, I am currently conducting this specific KII.

Kindly note that I have acquired several ethical clearances from various mandated entities as listed below.

1. Ethical clearance from my academic institution (Addis Ababa University) on date _____
2. Approval from the organization you are working on date _____

3. Refugee camp permit from UNHCR and Refugee Returnee Service (RRS) to contact social workers at the camp level on date _____

Based on the above information, this is to kindly request you to participate in this KII because you are selected through purposive sampling because you are the leader or program manager within the organization.

Your responses will be kept confidential and used only for research purposes in an anonymous manner.

To accurately capture the information, you will provide me I am kindly requesting your consent to record audio. Once the audio is transcribed to text for further analysis it will be permanently deleted.

Consent Declaration

Please kindly sign in the below space as a confirmation of your consent to be part of the KII and for your consent to record the interview process.

Sign _____ **Date** _____

Appendix VI: Consent Form for Survey Questionnaire

I am Fisehatsion Afework, a candidate for a Master's Degree in Social Work at Addis Ababa University School of Social Work. As part of my thesis on '*Trend Analysis on Application of Social Work Professionalism in Child-Focused Humanitarian Organizations: The Case of Refugee Children in Ethiopia*' As part of my research undertaking, I am currently conducting this specific survey.

Kindly note that I have acquired several ethical clearances from various mandated entities as listed below.

1. Ethical clearance from my academic institution (Addis Ababa University) on date _____
2. Approval from the organization you are working on date _____
3. Refugee camp permit from UNHCR and Refugee Returnee Service (RRS) to contact social workers at the camp level on date _____

Based on the above information, I am kindly requesting you to participate in this survey because you are selected through the random sampling method employed.

Your responses will be kept confidential and used only for research purposes in an anonymous manner.

Consent Declaration

Please kindly sign in the below space as a confirmation of your consent to be part of the Survey.

Sign _____ **Date** _____