

The Effect of Social Service Interventions on Access to Maternal and Child Healthcare: A Systemic Review

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Abstract:

The integration of social service interventions within healthcare systems, especially in maternal and child health, addresses critical social determinants that influence health outcomes. This paper examines the roles, deployment models, and challenges faced by the social service workforce in health settings globally. Drawing on extensive literature and key informant data, it highlights the importance of incorporating social service workers into health systems to enhance access, equity, and the quality of care. Recommendations focus on planning, development, and sustained deployment strategies to optimize their impact on health outcomes, particularly in low- and middle-income countries.

Keywords: Social service workforce, maternal and child health, healthcare integration, social determinants of health, low- and middle-income countries, universal health coverage, person-centered care.

INTRODUCTION

The World Health Organization (WHO) indicates that non-medical factors, including income, education, food, and housing, contribute to 30-55 percent of health outcomes (World Health Organization n.d.). The social determinants of health refer to the conditions in which individuals are born, live, and die. They are recognized as having a significant impact on health inequities observed both within and between countries (World Health Organization 2008). Countries that allocate greater total investment in health and social care spending tend to experience more favorable health outcomes than those that focus solely on health spending (Davis, 2015). The COVID-19 pandemic has highlighted disparities in health care access, treatment, and outcomes among populations, especially in low- to middle-income countries (LMIC) where there is limited investment in health systems and reliance on donor-provided development assistance. Countries aiming to build back better must address social and non-medical factors intensified by the pandemic to enhance health outcomes and mitigate inequities. This endeavor necessitates collaborative efforts across all sectors and civil society (Prasad and Deshwal 2022). The social service workforce is integral in assisting individuals and communities in tackling social and other determinants of health. This role involves the application of a person-in-environment approach to assess needs and facilitate access to necessary services, promote social justice and human rights, and address issues related to behavioral and mental health, violence, abuse, and neglect. This workforce includes a diverse range of governmental and non-governmental practitioners, researchers, managers, and educators, encompassing both

professional and paraprofessional roles. The group encompasses social workers, social educators, social pedagogues, medical social workers, child and youth care workers, community workers, welfare officers, social/cultural animators, and case managers (Global Social Service Workforce Alliance n.d.). To effectively address social and other determinants of health within the humanitarian and development contexts and attain universal health coverage, a well-trained and competent social service workforce integrated with health facilities presents significant potential.

Departments and agencies throughout the United States Government are dedicated to identifying the systems within which they operate, including the health sector. The United States Government's Advancing Protection and Care for Children in Adversity (APCCA) Secretariat has established a sub-working group known as the Global Social Services Workforce Working Group (USG-GSSW). One priority of the group is to examine, evaluate, and promote effective practice models for the integration of social service workers within health facilities. The Global Social Service Workforce Alliance is a network that advocates for the necessary knowledge, evidence, resources, tools, and political will to tackle significant challenges facing the social service workforce. The USG-GSSW has collaborated with the Alliance to produce a technical report that examines the optimal roles and functions of the social service workforce within or connected to health facilities. The report aims to identify effective practice models for the planning, development, and support of this workforce across various regions, especially in low- and middle-income countries (LMIC).

This paper seeks to assist policy makers, civil society, and advocacy groups in articulating the value of the social service workforce within health systems. It presents recent evidence regarding the roles and functions of the social service workforce in health facilities, along with promising practice models and their impact on health outcomes and cost-effectiveness. This document presents key challenges, opportunities, and recommendations for the effective and sustained deployment of the social service workforce in relation to health facilities, based on interviews, research, and data from various countries. This evidence aims to assist advocates in presenting a strong argument for domestic resources or additional external funding to enhance this workforce, thereby improving overall health outcomes.

Background

Numerous countries possess a substantial history of professional social workers and other social service personnel actively involved in hospital and community health environments. In the early 19th century, social workers, referred to as 'almoners,' emerged in the United States and the United Kingdom, operating within health facilities to address the impoverished living conditions that adversely affected patients' health (British Association of Social Workers n.d.). A comparable almoner-based model was established in 1952 in Nigeria, then a British colony, to tackle the increasing number of patients unable to afford health services. Although it remains informally regulated, it persists through social work departments within federally owned health facilities (Okafor et al. 2017a). Countries with a colonial legacy, such as Pakistan and the Philippines, established social work positions in hospitals or mental health institutions, following a comparable timeline (Sajid, Alvi, and Nawaz 2021a). In the context of economic and political shifts impacting patients' access to care during the 1990s, Romania, Saudi Arabia, and Zimbabwe expanded the recruitment of social workers within medical environments. Nonetheless, this relatively new workforce

encounters difficulties in showcasing its value and sustaining its position in these environments (Ciocanel et al. 2018a). A global initiative for person-centered, integrated care is being advanced by the WHO and significant contributors to health and social service system development, such as UNICEF and PEPFAR (World Health Organization 2022a; 2022b; UNICEF 2021; 2019; PEPFAR 2022; 2020). Person-centered care represents a shift in health care, wherein health systems are structured to address the needs of individuals, families, and communities they serve. A culture centered on this approach is developed by informing and engaging users in decisions regarding their own health. This approach aims to ensure that services are affordable, accessible, safe, ethical, effective, evidence-based, and holistic (World Health Organization 2013; PEPFAR 2020). Integrated care involves the coordination of various services, particularly physical, behavioral, and mental health, to ensure that individuals receive care ranging from preventative to curative based on their evolving needs (World Health Organization 2018). In low- and middle-income countries (LMIC) with significant external donor-supported health initiatives, the concept of integrated care has been interpreted and executed in varied ways. This often involves the amalgamation of distinct disease- or health-specific programs, such as the integration of HIV prevention and treatment within family planning services, rather than the unification of health and social care (Mounier-Jack, Mayhew, and Mays 2017).

Several high-income countries, including Canada, the United Kingdom, Australia, Scotland, and New Zealand, have demonstrated a trend toward integrated care through the publication of joint health and social care workforce strategies, advocacy initiatives, and research on the advantages of incorporating the social service workforce into health care across various populations and practice environments (Miller, Glasby, and Dickinson 2021). The WHO projects that the health and social care workforces will total 350 million by 2030, supported by increasing evidence for integration (Global Social Service Workforce Alliance 2022). Currently, a significant proportion of hospitals in the United States maintain dedicated social work units, with the U.S. Department of Labor estimating the presence of 173,860 health care social workers (US Bureau of Labor Statistics 2022). By 2026, the United States health system will require approximately 35,400 additional social workers due to the ongoing shift towards person-centered care, as outlined in the Patient Protection and Affordable Care Act of 2010 (US Bureau of Labor Statistics 2022). Current data indicates that Nigeria has fewer than 2,000 social workers in hospitals for a population of 200 million. In Saudi Arabia, there are 260 social workers in state-run hospitals serving a population of 35 million. Additionally, only 21 percent of primary health care centers in South Africa employ a social worker (Kayode Ogedengbe, interview by author, 18 May 2022). The data indicate an unfulfilled potential for workforce development to address unmet social service needs, thereby contributing to universal health coverage and advancement of Sustainable Development Goal 3.2. Their findings highlight a need to synthesize effective practice models aimed at optimizing the existing social service workforce, ensuring retention, and training the next generation of social service workers, as these professionals persist in advocating for their value and contributions within health settings. According to Allen (2012), “patient health does not solely occur within a clinic; individuals exist within families and communities that offer distinct challenges and resources.”

Due to their specialized education, commitment to social justice and human rights, and foundation in a person-in-environment approach, social workers and related professionals within the broader social service workforce are exceptionally equipped to facilitate the trends of person-centered, integrated health and social care (A. M. Ross and de Saxe Zerden 2020a). The operationalization of existing knowledge regarding the social service workforce's potential to enhance health outcomes, especially for children and families affected by chronic illnesses such as HIV/AIDS, violence, or mental health issues, alongside persistent challenges of poverty, inequality, marginalization, and inadequate infrastructure in low- and middle-income countries, remains ambiguous.

Methodology

This technical report results from desk research conducted between March and July 2022, encompassing two phases of inquiry. The initial phase involved conducting a scoping review of the existing literature by searching the following databases: Google Scholar, PubMed, Scopus, and Web of Science. Gray literature materials were sourced from the Global Social Service Workforce Alliance Resource Library, the U.S. Centers for Disease Control and Prevention (CDC) Promising Practices Database, the PEPFAR Solutions Platform, the U.S. Agency for International Development’s (USAID) Development Experience Clearinghouse, UNICEF headquarters and country office websites, as well as Google search. Relevant journals including Social Work in Health Care, Social Work Education, Interprofessional Care, Preventative Medicine, Lancet, Research on Social Work Practice, Global Health Action, Social Work in Mental Health, and Child and Adolescent Social Work, among other peer-reviewed publications, were examined. Through the application of broad search parameters encompassing social work in health care settings, the roles and functions of social workers, training in health, maternal and child health, integrated health care, behavioral health, and associated costs and benefits, a total of 180 articles and materials in English were identified and reviewed. Of these, 65 peer-reviewed articles and 18 gray literature materials were selected for retention. The review encompassed the period from January 2000 to May 2022, documenting evidence and effective practices regarding the involvement of social service workers in health care environments across high-, middle-, and low-income countries, with particular emphasis on children, adolescents, women, and families in vulnerable circumstances. This scoping exercise does not constitute a systematic literature review and is not comprehensive. Health and behavioral health social workers represent over 70 percent of the total social service workforce in the United States, resulting in a significant number of publications regarding their integration into health settings (NASW 2016a). The reality is apparent in the literature review summarized in Table 1 below.

Table 1. Summary of the literature scoping exercise

Region	Global	North America	Latin America and the Caribbean	Western Europe	Eastern Europe and Central Asia	Middle East and North Africa	Sub-Saharan Africa	South Asia	East Asia and Pacific
Number of resources	10	47	0	3	6	1	10	3	3
Population / health setting	General	Children / adolescents	COVID-19	Community-based care	Emergency	Hospital	Primary care	Maternal and child health	Multiple

Number of Resources	63	20	3	5	2	6	17	8	42
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Findings

In contexts where social work is a developing profession, there is often minimal acknowledgment of the benefits of integrating a social service worker into a healthcare team or specialized unit within a healthcare facility. Moreover, there frequently exists a deficiency of qualified, professional social service workers available for recruitment to these positions. Facilities aiming to address social determinants impacting patient health may seek assistance from two types of personnel: 1) paraprofessional or volunteer social service workers from the local community, and/or 2) current health worker cadres. Para professionals or volunteers, whether recruited directly by the facility or through a community-based organization, may assume roles such as case or care worker, social service assistant, aide, navigator, or various positions including home visitor, peer educator, counselor, or mentor. Workers recruited from a nation's current health workforce to tackle social and other determinants impacting patient health are primarily nurses. This trend highlights the growing recognition of social determinants of health within nursing pre-service education, which is more pronounced than in physician training, though not as extensive as in social work education (UNICEF and Columbia School of Social Work 2019).

Para professionals and current health worker cadres generally undergo specialized short-course or in-service training through government or donor-supported programs that target specific health priorities. For instance, they can be trained to conduct risk assessments for HIV, mental health, or gender-based violence screening, and subsequently participate in high-risk women's and children's health and other home visiting programs (Thurman et al. 2016). In certain situations, these workers are overseen by a qualified social worker with a degree, while in other instances, they are supervised by facility or program staff to reinforce the knowledge and skills acquired during their training (FHI 360 2022).

Patients encounter various social and economic challenges, making it difficult to overcome barriers to care with a paraprofessional or "repurposed" health worker alone. A more specialized approach or intensive, longer-term follow-up may be necessary. Optimal support is provided by a dedicated social work unit or a social worker integrated within a healthcare team or co-located in the health facility. This worker possesses extensive knowledge of social service resources, maintains strong connections with the facility and the community, and is equipped to advocate for the patient, family, and community to enhance overall social conditions (Hoefl et al. 2021). Social workers typically possess a legal mandate, adequate training, and a code of ethics along with minimum practice standards that direct their engagements with individuals, families, and communities, including within private residences. This framework supports their efforts to address the social and environmental contexts and factors influencing health (A. M. Ross and de Saxe Zerden 2020b; A. Ross et al. 2021b). In contexts where the profession is emerging or seeking greater acknowledgment, the recruitment of social workers in health facilities is typically not prioritized. Worker shortages frequently pose challenges, as budget allocations for these roles in facilities are often rare or limited, necessitating reliance on less costly or already funded personnel (Dako-Gyeke, Boateng, and Mills 2018a).

In contexts where social work is increasingly recognized as a profession, yet still developing within health facilities—such as Nigeria, the Philippines, and Romania—social service workers are more frequently assigned to dedicated social work units or operate in limited or standalone social work roles within hospitals (Dako-Gyeke, Boateng, and Mills 2018a). Individuals generally possess degrees or diplomas in social work and have undergone field placements or practical training within a health context. A significant number are classified as medical or hospital social workers and are affiliated with a specialized professional association that, in certain instances, also regulates licensing or certification requirements pertinent to hospital-based practice.⁵ This trend towards specialization is evident in both the advanced training of these professionals and their designated titles, such as medical social worker, care coordinator, and patient navigator. Specialist titles are believed to enhance role clarity and more effectively define the scope of practice within health care delivery teams and settings (National Academies of Sciences 2019). Specialization may arise from certification or licensure requirements, specific standards of practice, and continuing professional education (NASW 2016a; SACSSP n.d.). In nations with a robust social work presence in health environments, there is an ongoing initiative to enhance the specialization of these professionals regarding their ability to bill for services. This includes efforts to secure government-supported insurance, implement wage equity adjustments, or establish designated budget lines for social workers employed by the government or civil service within universal healthcare frameworks (National Academies of Sciences 2019). Regardless of the engagement of social workers or para social workers in health facilities, whether in emerging or established settings, they provide a strengths-based, human-rights oriented, person-in-environment perspective for assessing patients' needs. Based on their educational background or training, individuals may address patients' mental health needs through basic psychosocial support or more advanced individual or group therapies and counseling. These services are frequently constrained in many health facilities in low- and middle-income countries (LMIC), and other health workers often lack the training or time to offer them. They possess a comprehensive understanding of available resources across all levels and are experienced advocates for patients and their families. Deploying appropriately trained social service workers in an evidence-based manner enhances the capacity of health systems to effectively and efficiently meet clinical needs. This approach also addresses existing inequities in health care provision, contributing to the development of more just, people-centered health systems and advancing universal health coverage, consistent with Sustainable Development Goal 3.

Overarching advantages or benefits of having social service workers in health facilities

Cross-cutting advantages or benefits of having social service workers deployed in health facilities include:

The integration of the social service workforce within health facilities enhances the conventional medical model, which primarily emphasizes disease diagnosis and treatment through medical interventions. This approach acknowledges and supports the social and additional factors that contribute to more effective and sustainable treatment outcomes. The integration of a social work perspective can enhance access to guidance and support for modifying behaviors, social circumstances, and environments in specific at-risk populations. This approach may lead to decreased

hospital readmission rates, shorter patient stays, and lower costs for healthcare providers and patients.

Addressing the social determinants of health is crucial, as a considerable percentage of the factors leading to poor health are social and behavioral, in addition to physiological. The social service workforce is essential in identifying, preventing, and addressing factors such as poverty, social exclusion, inadequate nutrition and housing, hazardous living conditions, and experiences of abuse and violence, which can contribute to the prevention or reduction of illness and various health conditions. The preventive role encompasses both primary prevention, which aims to avert the initial onset of health conditions in the entire population, and secondary prevention, which focuses on mitigating ill health among high-risk groups or preventing recurrence (Andrews et al. 2015). Coordinating integrated care and support involves collaboration across various sectors and disciplines. The social service workforce is equipped with the training necessary to assess, plan, and coordinate complex care and support packages. This care may require contributions from medical professionals and therapists, assistance from community volunteers and civil society organizations, and collaboration with local social welfare agencies, early childhood programs, educational institutions, labor services, housing authorities, and law enforcement.

Timely detection and organized response in instances of violence against children, women, or the elderly: Deployment in health settings provides social workers engaged in statutory child protection, as well as those assessing and intervening in cases of intimate partner violence, sexual violence, and elder abuse, with the opportunity for early identification of risk factors and signs of abuse. These may manifest through injuries, behavior, or concerns expressed by patients or their family members upon hospital admission or during emergency treatment. Upon identifying risks and concerns, social workers in health settings are positioned to conduct multi-disciplinary assessments and coordinate with police and other statutory colleagues in child protection agencies. This involves facilitating multidisciplinary case conferences, planning joint interventions, and executing multi-agency reviews of these cases (UNICEF ECARO 2018).

Supporting patients throughout their life course: The role of social workers, in conjunction with the broader social service workforce, is to assist individuals in overcoming significant challenges and transitions. Their collaboration with health professionals allows for the provision of timely and customized support, facilitating patients' navigation through these life challenges and transitions. Notable instances involve assisting older individuals in returning home by coordinating necessary care and support after a fall or stroke, as well as aiding the most vulnerable mothers and their infants—such as adolescents, those lacking partner or family support, or those facing intimate partner violence—during pregnancy, childbirth, and early childhood.

Models for deployment

To maximize the benefits of social service workers' unique skills and competencies within health systems, it is essential to carefully consider their deployment to achieve optimal health outcomes, cost-effectiveness, and overall patient quality of life. The feasibility of various models is influenced by the health system's structure and maturity, labor market dynamics, workforce availability, and the pressing health and socioeconomic needs of the population. Whether through permanent on-site support, participation in multidisciplinary or interprofessional teams, or as community-based

liaisons, it is essential that the chosen model maintains close proximity of workers to the individuals they serve. This proximity fosters trust and facilitates the development of a relationship as individuals explore sensitive physical and behavioral health issues, as well as non-medical factors that may impact care (Feryn, de Corte, and Roose 2021).

1. Roving or liaison model

In certain contexts, such as a small clinic with restricted private space for relationship-building interactions, a roving or liaison model that involves significant time dedicated to home visits may be the most suitable approach. This model is frequently applied in low-resource environments or in contexts where the integration of social services into health systems is evolving. Support from donors has facilitated the application of this approach to enhance connections between clinics and communities within the existing health system, without substantial alterations to staffing or infrastructure. This often involves the use of memoranda of understanding or other collaborative agreements to delineate the roles and responsibilities of clinical and community partners (see PEPFAR case study box). This model effectively integrates facility- and community-based health and social service interventions, demonstrating a correlation with improved health outcomes for women and children. Notable outcomes include decreased maternal mortality, enhanced birth weight, increased symptom-free days for children with asthma, and greater contraceptive use alongside reduced births among adolescent mothers (Steketee, Ross, and Wachman 2017a).

2. Permanent on-site support

In regions where medical social work is institutionalized and governmental mandates exist for social work positions within public hospitals or health facilities, the presence of permanent on-site support is more common. Co-location facilitates the integration of these workers into established clinic processes, such as intake or discharge, and fosters a collective culture within the facility. A review of seven studies examining social work interventions in primary care settings across the United Kingdom, the United States, and Israel revealed enhanced resource access and decreased psychological distress among patients with complex needs. Additionally, there was a reduction in depression and pain scores, as well as a decrease in transmission risk behaviors for a subset of HIV-infected male patients experiencing depression (McGregor, Mercer, and Harris 2018).

3. Interprofessional team model

The interprofessional team model is distinct yet linked to numerous positive outcomes and aligns with person-centered, integrated care. The interprofessional team model is grounded in chronic and collaborative care models, centering on the patient and their active participation in decision-making. It illustrates the necessity of addressing a patient's medical issue through the collaboration of various disciplines, which must also consider non-medical factors to achieve a common objective. Interprofessional teams typically comprise three essential roles: 1) a medical provider, 2) a care manager, often a social service worker, and 3) a consulting psychiatrist or another behavioral health specialist, when accessible. Interprofessional teams in certain contexts have broadened to incorporate personnel from outside the healthcare facility, including lawyers, to address patients' environmental needs more comprehensively (National Academies of Sciences Engineering and Medicine 2019). These teams may function within a healthcare facility or from a community center, such as a city hall or

school, when tasked with delivering home- or community-based follow-up care, contingent upon the establishment of a robust referral system between the team and the healthcare facility (UNICEF 2021b).

Roles and functions

Social service workers in health facilities perform various tasks, both preventative and responsive, aimed at improving the physical and mental well-being of patients and their families. The tasks performed by these workers, in contrast to others in the facility or community, are influenced by a country's public health system and priorities, as well as the status of social work and related social service professions, including labor market conditions and existing regulations regarding training and practice. An assessment of the optimal roles for social service workers in health settings, compared to other roles currently performed by these workers that could be shared with or transferred to other providers, should be conducted by relevant policymakers and administrators as part of workforce planning and management processes. The results of this assessment can inform implementers regarding considerations for developing job descriptions relevant to recruitment, performance evaluation, and the supervision and management of workers in project-based or integrated programming.

- **Behavioral health specialist**

In health facilities, the social service workforce frequently performs brief mental health or psychosocial support interventions with patients or refers them to specialized mental health care or substance abuse treatment. This care may encompass basic psychosocial or emotional support, cognitive-behavioral treatment, problem-solving therapy, or motivational interviewing, contingent upon the level of training and practice requirements. In primary care and other frontline health settings, behavioral and mental health needs frequently remain unrecognized or inadequately addressed, as healthcare providers prioritize the treatment of physical ailments (S. Craig et al. 2016).

Social service workers in health facilities or interprofessional teams utilize their person-in-environment perspective, adherence to a code of conduct, and expertise in biopsychosocial needs assessment to determine when patients may need mental health support. This support is crucial for coping with physical diagnoses, such as chronic or life-threatening diseases, as well as mental health issues like anxiety and depression, and other life stressors, including family relationship challenges and lack of housing or food (S. Craig et al. 2016). Group therapy or mediation skills may be employed to address crises or conflicts involving the patient, family, and/or providers. Social service workers' empathic and active listening skills may be utilized by peers or other health professionals during disasters or epidemics, including HIV/AIDS, Ebola, and the recent COVID-19 pandemic, to manage excessive workloads, stressful environments, and burnout (A. Ross et al. 2021a).

- **Individual level**

In health settings, social service workers are frequently at risk for job burnout, regardless of how established or emerging the field is. Social service workers frequently manage complex patient cases, encountering significant ethical and moral dilemmas, high workloads, and restricted referral resources. These challenges can result in decreased job satisfaction, secondary trauma, staff turnover, and burnout (Padin et al. 2021). In Zimbabwe, the combination of these pressures and an economic crisis resulted in an exodus of health social workers to high-income countries,

adversely impacting the delivery of social services in hospitals that cater to vulnerable populations (Chitereka 2010).

Systemic barriers can contribute to negative perceptions of the work environment, adversely affecting physical and mental well-being, leading to overall job dissatisfaction and burnout (Padin et al. 2021). At this level, opportunities remain to address factors contributing to burnout and elevated staff turnover. Although salary adjustments and enhanced professional recognition necessitate long-term policy interventions, individual staff and facility teams can implement immediate measures. These include initiating training in coping skills, establishing formal or informal peer-to-peer supervision, and making physical modifications to the workplace. Such changes, like creating dedicated spaces for patient and family meetings and counseling, can enhance overall satisfaction (Padin et al. 2021). According to a key informant, job satisfaction is relative, with a good working environment being a fundamental factor beyond salary. Operating in an environment that restricts the expression of professional competence undermines optimal patient care.

- **Policy level**

The insufficiency of funding for establishing and sustaining salaries, office space, and other resources presents a significant challenge to the effective deployment of the social service workforce in health settings, impacting all levels (Sajid, Alvi, and Nawaz 2021a). In certain countries, health social workers frequently struggle to support their families because of inadequate salaries (Chitereka 2010). Insufficient funding hampers the recruitment of additional social service workers, resulting in a limited workforce across multiple hospitals. This situation leads to overextension of staff and contributes to turnover and burnout (Padin et al. 2021). Funding constraints exacerbate existing limitations on resources for patients, creating additional challenges for social service workers in fulfilling their roles, such as conducting home visits or following up with discharged patients when transportation options or reimbursements are unavailable.

Discussion and Recommendations

This paper demonstrates the significant benefits of integrating the social service workforce within health facilities. Literature and key informants provide evidence of the significant roles that social workers, care coordinators, community liaisons, and other social service professionals play in addressing patients' non-medical needs. Their involvement contributes to improved immediate health outcomes, reduced healthcare costs, and enhancements in overall well-being and stability. This document presents recommendations categorized according to the three action fields of the Social Service Workforce Strengthening Framework (Global Social Service Workforce Alliance 2010), which enhance the discussion on optimal training, deployment, management, and supervision of workers in health settings. The considerations presented are not exhaustive; however, they represent the primary factors for policymakers, program implementers, civil society, and advocacy groups to ensure that any model or approach for deploying the social service workforce in a health setting is both effective and sustainable.

- **Field placements (practicum) based in health facilities should be made available**

All trainees in the social service workforce should have access to corresponding opportunities for community-based practice, particularly for medical, nursing, and

other health profession students preparing for integrated care. Field placements allow students to apply their skills in a supervised, real-world setting, facilitating a comprehensive understanding of the obstacles patients encounter in accessing and adhering to prescribed care, along with the local resources available to mitigate these challenges.

Supporting the performance and recognition of the social service workforce in health facilities

- **Regular, supportive supervision for the social service workforce in health settings is vital and should not be overlooked**

Even if the most suitable supervisor is not located at the same site. Off-site or remote supervision by a certified social worker, child and youth care worker, or other professionals must be coordinated with on-site management and overseen by medical or administrative personnel. Medical or other expert personnel may need to give technical supervision and coaching when social service workers participate in interprofessional teams. Group supervision, whether conducted by peers or a qualified supervisor, serves as an excellent method for providing assistance and fostering reflective practice, learning, and professional development.

- **Normative and policy framework to support recognition of the social service workforce and quality assurance**

The mandate, role, and responsibilities of the social service workforce in health settings must be clearly defined in primary and secondary legislation, as well as in the policies and procedures that govern these health environments. In numerous low- and middle-income countries, normative and policy frameworks for social work as a profession are often absent, and this deficiency extends to other social service workforce categories. This situation undermines acknowledgment of these workers' significant contributions, specialized training, and scope of practice in health and other environments, as well as their capacity to ensure the quality of their work. Professional associations are essential in enhancing awareness of the social service workforce's contributions, establishing and promoting quality standards for this workforce, and advocating for the necessary support and resources to ensure effective functioning. They ought to be regarded as allies and leaders in the formulation and execution of these frameworks, contributing to the establishment of minimum education and practice standards, job descriptions, and roles and responsibilities (including statutory protection duties) of the social service workforce across various health settings. These elements must be articulated in legislation and policy documents to guarantee that their mandate is acknowledged and endorsed by facility directors, administrators, managers, and health colleagues.

Conclusion

Social service workers are pivotal in bridging the gap between healthcare services and social determinants of health. Their integration into health systems fosters person-centered care, addressing the non-medical factors that hinder access and adherence to treatment. Despite challenges such as limited recognition, funding, and workforce shortages, the evidence underscores their value in improving health outcomes and equity. Strategic planning, enhanced interprofessional education, and robust policy frameworks are essential to realize the full potential of this workforce in advancing universal health coverage and sustainable healthcare solutions.

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