

Commentary Open Access

# Aspects of Global Social Work-Challenges in an Interdependent and Changing World

#### Sabine Bährer-Kohler

'Invited Professor for Mental Health/ Mental Health & Social Determinants at Tropical Neurology and Neuroinfection Master, International University of Catalonia (UIC), Barcelona, Spain

<sup>2</sup>Managing Director, Dr. Bährer-Kohler& Partners, Switzerland

<sup>3</sup>President, Association for Mental Health- Global Mental Health, Switzerland

#### **Abstract**

Professional 'International Social Work' has specific aims, has specific circumstances, and has specific challenges to face. The increase and the stabilization of the well-being of people around the globe is one of the focus areas. 'Social Work' is embedded around the world in specific settings, specific professional networks, influenced by many factors and international agreements or regulations like the SDGs. 'International Social Work' and 'National Social Work' can push topics, can work with national and international stakeholders, decision makers, networks, associations and federations. Evidenced Based Practice (EBP) or measurements of costs and benefits can be supportive in this context. Social workers can be proud of their profession, of their work, their competences and their capacities to promote the well-being of humans.

# **Publication History:**

Received: August 13, 2018 Accepted: August 20, 2018 Published: August 22, 2018

#### **Keywords:**

International Social Work, Challenges in Social Work, Social Work Profession, Evidenced Based Practice - EBP

#### **Global Social Work**

Social work is related to factors, and social factors are often complex, multidimensional, and difficult to understand, to examine, to evaluate, to assess, and attend to [1], like other factors in other professions.

The current definition of Social Work for any of various professional activities and methods was approved in July 2014, as follows:

'Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing' [2].

Before the new definition of Social Work was launched, the Joint World Conference on Social Work and Social Development was organized in Hong Kong in 2010.

The participants and delegates of the International Federation of Social Workers (IFSW), the International Association of Schools of Social Work (IASSW), and the International Council on Social Welfare (ICSW) agreed that the three named organizations should speak out clearly and together based on their experience of issues and topics relevant to the larger community and society [3].

These concrete objectives are documented in 'The Global Agenda for Social Work and Social Development: Commitments to Actions' published in March 2012 [3].

'International Social Work' addresses practice or policy issues that affect more than one country [4], but 'International Social Work' can influence a single country. The term 'International/ Global Social Work' has been used since at least 1928. 'International Social Work' is generally understood to encompass global social

problems and policy issues, comparative social policy, international professional organizations, networks, and institutions. 'International Social Work' focuses on the development of human rights, equal rights, fundamental rights, ethics, social justice, or for example on migration or poverty [4]. 'International Social Work' focuses on the interaction and exchange between processes of globalization and the development of social welfare at national level, as well as social work and community development locally [5].

There were and are many international regulations which are related to 'International Social Work', especially UN regulations.

For example, the former Millennium Development Goals (MDGs) were eight international development goals, which were established in 2000. Each of the goals comprised specific targets and dates for achieving those targets [7].

Goal 1: Eradicate Extreme Hunger and Poverty

Goal 2: Achieve Universal Primary Education

Goal 3: Promote Gender Equality and Empower Women

Goal 4: Reduce Child Mortality

Goal 5: Improve Maternal Health

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

Goal 7: Ensure Environmental Sustainability

Goal 8: Develop a Global Partnership for Development (United Nations [8]).

\*\*Corresponding Author: Invited Prof. Dr. Sabine Bährer-Kohler, Mental Health & Social Determinants at Tropical Neurology and Neuroinfection Master, International University of Catalonia (UIC), Barcelona, Spain, Tel: +41 (0) 615513059; E-mail: <a href="mailto:sabine.baehrer@datacomm.ch">sabine.baehrer@datacomm.ch</a>

Citation: Bährer-Kohler S (2018) Aspects of Global Social Work-Challenges in an Interdependent and Changing World. Int J Global Soc Work 1: 101. doi: https://doi.org/10.15344/ijgsw/2018/101

**Copyright:** © 2018 Bährer-Kohler. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Later, the Sustainable Development Goals (SDGs) with 169 associated targets came into effect at the beginning of 2016. The 17 Sustainable Development Goals (SDGs) are part of a wider 2030 Agenda for Sustainable Development. They were built on the Millennium Development Goals (MDGs).

### Sustainable development goals (SDGs)

Goal 1: End poverty in all its forms everywhere

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5: Achieve gender equality and empower all women and girls

Goal 6: Ensure availability and sustainable management of water and sanitation for all

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Goal 10: Reduce inequality within and among countries

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 12: Ensure sustainable consumption and production patterns

Goal 13: Take urgent action to combat climate change and its impacts

Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

(United Nations [9])

The United Nations has encouraged all its nearly 200 member states to implement the SDGs in their countries and have encouraged ambitious national responses of each member state.

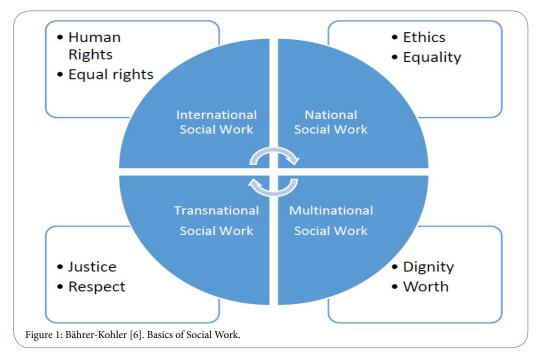
The UN General Assembly, a worldwide unique forum, designed and formulated the responsibilities for the member states. The Assembly planned annual SDG Progress Reports, planned meetings every four years under the auspices of the General Assembly for a systematic follow-up and reviews related to the SDGs.

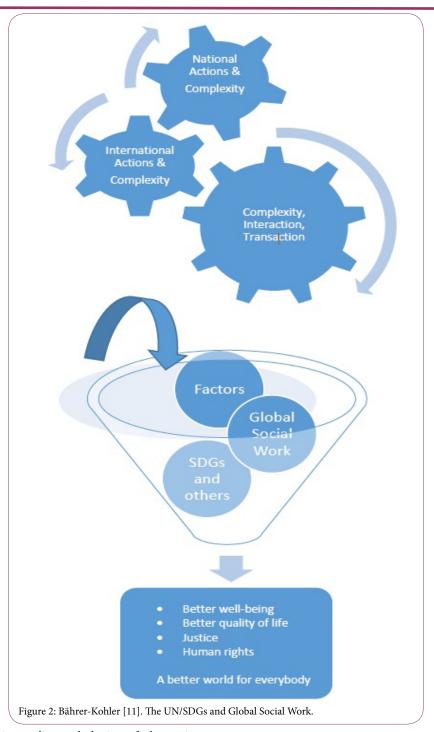
The implementation and combination with 'Social Work' or 'Global Social Work' in this context is an ongoing process, and more than an opportunity to redefine roles [10]. This process is influenced by many issues such as many-faceted factors, aims, demands and expected results by others, faced by political circumstances, political interests, limitations, changes, challenges and tasks. With day-by-day activities, interactions, transactions, and financial limitations.

# **Aspects of Worldwide Challenges**

The themes at this year's World Economic Forum (WEF) in Switzerland were related to 'creating a shared future in a fractured world' [12]. However, to improve the status of a fractured world seems difficult.

Of the major issues currently facing the globe, many of them have transcended national boundaries or political and economic unions and are of a magnitude that no single system or organization, institution, profession, or federation can address it on its own, not even the United Nations with rules, regulations and, for example, with SDGs.





The major issues require pooling and sharing of observations, knowledge, experience, skills, good practice, information, and results across institutions, disciplines/professions, and networks [13].

Solving the world's social work challenges calls for a very complex awareness, knowledge, and competence. Useful and helpful in this context are e.g. 'the 12 Grand Challenges for Social Work' formulated by the American Academy of Social Work & Social Welfare, based on the fact that today societies face serious, interrelated, and large-scale challenges. For example violence, substance abuse, environmental degradation, injustice, isolation, and inequality [14].

These challenges can be related to:

# Wars/conflicts in the 21st century

In 2015 the number of ongoing conflicts/armed conflicts increased to 50 compared to 41 in 2014 [15].

Approximately 90 percent of the last decade's civil wars occurred in countries that had already had a civil war in the last 30 years [15].

# Families/violence

Families with common family structure types as a fundamental

group unit of society have been largely transformed over the past years. And as a result of changes in their structure: smaller to middle-sized households, delayed marriage and childbearing, increasing family diversity, increased divorce rates and single parenthood [16] and often increasing violence or intimate-partner violence. The WHO 2017 fact sheet document that global data indicates that about 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual intimate-partner violence or non-partner sexual violence in their lifetime [17], integrating that most of this violence is intimate-partner violence.

# Violence in childhood

Violence against children has many forms; alone in 2015, around three-quarters of the world's children - approximately 1.7 billion-experienced violence [18].

# Children/poverty

Globally, almost 385 million children were living in extreme poverty in 2013 [19]. At a rate of around 28% in the EU-28, children were at a greater risk of poverty or social disadvantage in 2013 [20]. Still in 2016, 24.8 million children in the European Union (EU), or 26.4% of the population aged 0 to 17 years, were at risk of poverty or social exclusion [21]. Eurostat documented for 2016: almost half of the children were at risk of poverty or social exclusion in Romania (49.2%) and Bulgaria (45.6%). These countries were followed by countries like Greece (37.5%), Hungary (33.6%), Spain (32.9%), Italy (32.8%) and Lithuania (32.4%) [21].

#### **Poverty**

The total number of poor (world total) increased by 2.5 million people (from 766.0 in 2016 to 768.5 million in 2017 [22]. In Europe, 80 million of around 503 million inhabitants [23] are at risk of poverty, while -approx. 14 million young people are not in education, employment or training [24].

# Chronic diseases

Chronic diseases or non-communicable diseases (NDGs), such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are the leading causes of mortality and burden in the world [25]. Chronic diseases are increasing, the burden is growing. Non-communicable diseases prevalence is expected to rise by approximately 57% by the year 2020 [26]. Poverty is often closely linked with NDGs [27].

Dementia is a syndrome and usually of a chronic or progressive nature [28]. In 2015, approximately 46.8 million people worldwide were living with dementia, especially with Alzheimer's disease. This number almost doubles every 20 years, reaching around 74.7 million in 2030 and around 131.5 million people in 2050 [29]. Other expectations document the total number of people with dementia with 82 million in 2030 and 152 million in 2050 [28]. Many of these expected increases will be in developing countries. Already, 58% of people with dementia live in developing countries, but it is estimated that this proportion will rise up to 68% by 2050 [29].

#### Mental health/ mental disorders

The burden of mental disorders continues to grow with significant impacts on health and social, human and ethical rights, and with enormous economic consequences in all countries of the world [30].

Mental, neurological, and substance use disorders are common in all regions of the world, affecting single persons, families, social networks, communities and age groups across all countries.

Alone in Europe and, according to a systematic review of data and statistics from community studies in European Union (EU) countries, in Iceland, Norway and Switzerland approximately 27% of the adult population (aged 18-65) had experienced at least one of a series of mental disorders in the past year [31]. While 14% of the global burden of disease is attributed to these disorders, most of the people affected, approximately 75%, live in many low-income countries with a GNI < 1,005/ [32], and do not have access or limited access to professional treatment/ services they need [33]. The ethical implications of inequalities in mental health for people and nations are profound and should be addressed [34], with respect to special and challenging demands for making responsible, competent and ethical decisions within unique circumstances [35].

About 10% to 20% of all children are affected by one or more mental or behavioral problems or diseases [36,37]. Approximately half of all mental illnesses begin by the age of 14, and three-quarters by the mid-20s [37].

### Suicide of young people

Suicide was the second leading cause of death among children aged 12-17 years in 2010 in the United States [38]; suicide occurs throughout the lifespan and is currently the second leading cause of death among the 15-29 year old young people in the world [39].

#### Suicide

An estimated close to 800,000 people dies due to suicide every year [39]. In the European Region, six European countries fall within the top 20 countries with the highest estimated suicide rates globally, men committing more than 70% of the suicides [31,40]. Despite this data, only 13 European countries have a national suicide strategy or a national prevention strategy [31].

# Cuts in the public budget

For example, the current US government plans cuts in the 2018 budget with cuts for four programs: the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), Medicaid (a joint federal and state program), the Social Services Block Grant (SSBG), and Temporary Assistance for Needy Families (TANF). Approximately, in 2027 the cuts would equal as much as \$346 billion. These cuts meet the specialized needs of the most vulnerable populations. Vulnerable populations include persons of all ages, who are mainly socioeconomically disadvantaged, or with limited resources, and means for example low- and moderate-income children, younger adults and people who are elderly or disabled [41].

In the UK the 'Adult Social Care' spending as a percentage of the Gross Domestic Product (GDP) in England has fallen in recent years and will continue to fall from around 1.2% in 2009, and is estimated to fall to 0.9% in 2020 [42].

#### Socioeconomic changes

Socioeconomic rights for everybody are fundamental human rights, as captured in the Universal Declaration of Human Rights [43].

Socioeconomic changes, often used as an umbrella term, happen like socioeconomic developments. The World Bank [44] published impressive data about GDP (Gross Domestic Product) growth (annual %) from the years 1961-2016 with significant socioeconomic changes: from plus 6.5% (in 1965) to minus 1.73% (in 2010).

Socioeconomic changes are most clearly reflected in the number of children living in poverty. Almost half of the young children in the United States lived in poverty or near poverty in 2016, well aware that poverty and related social determinants of health can lead to many adverse health outcomes in childhood and across the life course [45]. However, the phenomenon is not new. In 2007, it was reported that 13.3 million children in the United States were living in poverty. In 2009, their number had risen to 15.5 million children in the United States. Sell and her colleagues summarized four domains-health, food security, housing stability, and maltreatment-to characterize and describe the well-being of children during recessions [46].

Many countries in Asia and in the Pacific region have recorded outstanding and remarkable achievements in economic growth and poverty reduction in recent decades. This rapid growth has significantly improved living conditions and standards, wealth and better income, comfort, material goods and necessities available, and reduced extreme poverty. On the other hand, this performance in growth and poverty reduction has been accompanied by rising social inequality, less participation and economic inequality in large parts of Asia and the pacific regions [47].

#### Global population

The United Nations Department of Economic and Social Affairs, Population Division [48], showed in the World Population Prospects scale how tremendously the global population might grow until 2100. In addition, that the population is getting older, with different results and prevalence in different regions/areas of the world, means that the population ageing will have great future impact. The global population might grow from 7.3 billion as of mid-2015 and currently 2018 with more than 7.6 billion to more than 10.9 billion by 2100, and an elderly population aged over 60 of 841 million in 2013 or currently 8.4 % of the world population over 65 (% of total) [49]. The large number of people entering old age will challenge national structures and infrastructures, particularly social and health systems. Thus, by the middle of this century there could be approximately 100 million Chinese people over the age of 80 [50]. Globally, the 85-andover population is projected to increase 351 per cent in the 40 years between 2010 and 2050 [50]. Currently in Europe, 25 per cent of the population is aged 60 years or over. In the future, Europe is projected to remain the most aged region in the coming decade [51], with a life expectancy at birth and healthy life expectancy at birth, both sexes, 2015: in Spain with 82.8 years and in Italy with 82.7 years [52, p.8]. Countries with the highest life expectancy at birth were, in 2015, Switzerland for men (81.3 years) and Japan for woman with 86.8 years [52, p.10].

### International migration:

2017: an estimated 258 million people are living in a country other than their country of birth, an increase of 49% since 2000 [53], this means specifically that 3.4% of the world's inhabitants today are international migrants. Also in the past, other data has documented the dramatic situation.

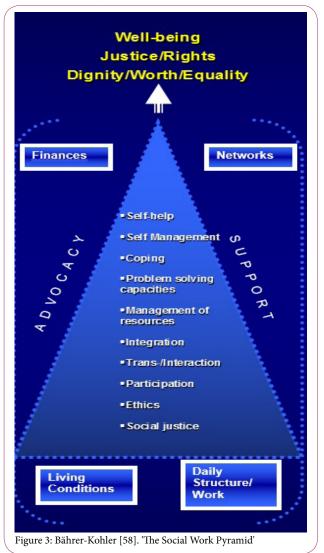
In 2015, there were approximately 244 million people worldwide living outside their country of birth; 31 million of them were children [54]. In 2013, approximately 232 million international migrants were living in a country other than their country of birth. Of these, more than half, nearly 60 per cent, lived in the developed regions, while the developing regions hosted an estimated 41 per cent of the world's total. Between 1990 and 2013, the number of international migrants all over the globe rose by over 77 million or by nearly 50 per cent [55].

International migration is a fact and a global phenomenon. Millions of people and persons of all ages cross international borders for a variety of reasons; this reality is growing in scope, complexity and impact [56].

# Social Work and internal challenges-two aspects of many

Roles and functions of social workers are, for example, the empowerment of clients, problem-solving, advocacy and the promotion of social development [57]. Bährer-Kohler [58]: condensed areas and functions of social workers in a transparent graphic.

From the first contact with a client, one of the most important tasks in social work is taking time to assess the needs.



Int J Global Soc Work

To understand the single client in the specific situation and within the social network, as well as specific needs in a broader context, social context means to be an assessor of needs [59]. If such a qualified understanding and a qualified trained examination are not possible, the empowerment, problem solving and other important goals and functions of social work are restricted.

Social workers need specific professional competences, sound professional knowledge, training & education, continuing vocational training, adequate professional circumstances, working conditions, and capacities.

However, the professional reality shows another picture, in the sense of between 'the ideas, ambition and the reality'. Two examples:

#### Burnout

A study from the UK [60] with 1,359 social workers documents data, alarming data, in this context. The analyzed social workers worked across the UK and in different professional fields, for example, 33% of them were child protection professionals and 22% worked with older people. 62% of the whole study groups were frontline practitioners. The data of the study documents that social workers had high levels of emotional exhaustion and depersonalization compared with a normative sample. The reported emotional exhaustion was associated with the level of caseloads.

The topic for helping professions is not new. The original Maslach Burnout Inventory (MBI) was based on experiences of workers in helping professions in the 1970's [61] and the high risk of burnout in the social work profession is, since years, very well established [62,63]. Siefert et al. [64] and Toi [65] reported role conflicts and role ambiguity, lack of comfort, and dissatisfaction with financial rewards. The feeling of being undervalued at work, excessive job demands, limited latitude in decision-making, and unhappiness about the place in modern services contributed to very poor job satisfaction, reduced job engagement and most aspects of burnout [66].

#### Technology in social work practice/ acceptance of technology

Social work practitioners have and have had concerns and costbenefit considerations to use IT in social work practice [67,68]. Compared to other sectors and especially to the business sector, social work has been very slow to adopt technology [69], but during the last decades an immense expansion of the use of information technology in social work practice is documentable [70].

Today's social work practice includes a wider range of digital and electronic instruments, including a large number of tools and possibilities for electronic examinations [71]. There is more and more growing evidence that technological tools and new technology can promote increased access and availability outside of service institutions [72,73].

But still today, a current survey, the NHS Digital survey [74], with 584 social workers found that 29% of them felt technology during work had a negative impact [75].

# Challenges in Social Work-Awareness, knowledge, information and strategies

The global world seems to be a fractured world, and lot of factors are far away from the spectrum of influences of a social work profession, but these factors can influence professional social work.

Social work is a profession [76], and professional social work has capacities and a profile, but the profession is urgently requested to specify the unique aspects of the social workers' activities [77]. Social Work's professional actions, like other professional actions, happened and happen in an interdependent world [4] with fundamental ambivalence and based on several reasons in the professionalization processes from their very beginnings [78].

The beginning of professional social work came around 120 years ago and has prominent female pioneers. Milestones of social work were, for example, the first paid social worker at London's Royal Free Hospital in 1895, her name was Mary Stewart and she was the so-named 'first almoner' in 1895. In 1898, the Charity Organization Society (COS) of New York City founded the first classes in 'social philanthropy' [79]. Other milestones were the first six-week summer training course of social work in 1898, and the first social worker school in Amsterdam opened in 1899 with the name: 'Institute of Social Work Training', and social work training started in Beijing/ China at the Yanjing University in 1922 [4]. In the past there were always challenges in social work, perhaps with other nuances and intensities [80] and e.g. with fewer global networks & co-operation, and fewer media, mobile and wearable technologies.

But the profession itself can:

- 1. observe vigilant social developments,
- 2. voice its own solutions,
- 3. voice critical opinions and statements,
- 4. use/implement critical social work components [1],
- 5. face challenges with self-confidence [81: 102],
- 6. work with confidence and celebrate its work [82],
- 7. work with an own identity [83],
- 8. present and use opportunities,
- 9. chair and present professional experiences & results,
- 10. develop competencies and professional specialism,
- 11. develop a professional self, self-reflection, and use self-protection [84],
- 12. integrate professional autonomy [85],
- 13. be engaged in research-informed practice and practice-informed research,
- 14. be engaged in science,
- 15. publish specialized articles,
- 16. raise cultural competence to work effectively cross-culturally [86,87],
- 17. raise the profile of social work in general and globally,
- 18. promote strategies on Global Agenda themes,
- 19. be engaged in national and international networks, federations and associations,
- 20. use SDGs and other international regulations for national and international projects and challenges,
- 21. create ideas and strategies for engaging faculties, practitioners, field instructors and students in the curricular and organizational change process,
- promote interventions, create effective and accountable interventions in social work practice,

- 34. obtain investments and funding for social work: the work quality, also in extremely complex activities, social work practice should be documented verifiably in and during the process [88, 89].
- 35. be aware of a 120-year-old history, with brilliant milestones and currently alone in Europe with around 300 institutions offering professional social-work courses [90].

Evidenced Based Practise (EBP) in social work as 'a way of doing practice' [91] came out of a series of analyzes, field testings and interventions in the 1970s [92-94], and was first defined by Sackett in the 1990s, with the formal EBP introduction in 1992 [95]. Evidence means to prove or disprove an issue. EBP started in medicine as evidence-based medicine (EBM) and was later defined by Sackett et al. [96] as 'the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individuals', and integrates also here process structures and knowledge [97]. Later Straus et al. [98] presented a more recent overall definition with the inclusion of factors associated with the use of research evidence and clinical expertise.

The evidence, by itself, does not make the decision, but it can help to support and evaluate the process [99]. There are arguments against and for evidence-based practice in social work; a controversy has grown over the years [100]. The resistance to the use of EBP is well documented, but monitoring and reviewing are essential for many perspectives [101, p.11]. Until today, EBP is not generally standardized in social work practice, nor do comparative global standards of evidence in social work exist [102].

To ensure the effectiveness of the profession a 'cookbook social work' [103, p. 276] can be an idea; more useful and sustainable is data or scientific data, explored within the daily business of social workers and with standards or scientific standards. To explore cost factors and benefits [77] can be supportive to document specific contributions of social work outcomes, and it can be additionally supportive to document specific contributions of social work outcomes in an inter-or transdisciplinary context.

#### Conclusion

Global Social Work has to face internal and external challenges, and is embedded in an interdependent world. However, the 'Social Work Profession' has an incredibly strong value base [104].

Social workers and many actors like governments, politics, stakeholders, institutions, and other professions are indispensable for the promotion of social and economic equalities, promotion of human rights, the dignity and worth of people, and the recognition of the importance of human relationships.

Challenges in social work exist and the social work profession has to underpin the professional competence and professional profile, the competence of social work, internal and external, with the overarching principles for the inherent worth and dignity of human beings, with no harm, respect for diversity and upholding human rights and social justice [2].

The beginning of professional social work was around 120 years ago; the profession can respond with professional competencies to current global shifts in the sense of 'Shaping Tomorrow Together' [105] and to advocate for 'Global Social Work'. As Robinson in 2017 underlined, social workers can be proud of their profession, they can believe in the

value of their work, their competences and their capacities to promote the well-being of humans in the world.

#### **Competing Interests**

The author declare no competing interests.

#### References

- Herz M (2011) Critical Social Work-Considerations and Suggestions. Critical Social Work / Archive Volume.
- IFSW- International Federation of Social Workers (2016a). Global Definition of Social Work 2014.
- IFSW- International Federation of Social Workers (2016b). The Global Agenda for Social Work and Social Development.
- 4. Healy LM (2009) International Social Work.
- ICSW- International Council on Social Welfare (2018) International Social Work.
- 6. Bährer-Kohler S (2018a) Basics of Social Work.
- 7. United Nations-UN (2016a) Millennium Development Goals. MDGs.
- 8. United Nations-UN (2006) Millennium Project 2006: Goals, targets and indicators.
- United Nations-UN (2015) Transforming our world: the 2030 Agenda for Sustainable Development.
- Jayasooria D (2016) Sustainable Development Goals and Social Work. Journal of Human Rights and Social Work 1: 19-29.
- 11. Bährer-Kohler S (2018b) The UN/SDGs and the Global Social Work.
- 12. World Economic Forum Annual Meeting- WEF (2018) About.
- 13. Worldwide Universities Network- WUN (2016) Global Challenges.
- American Academy of Social Work & Social Welfare-AASWSW (2018)
   About. The Grand Challenges for Social Work.
- World Bank Group (2016) Conflict and violence in the 21St Century-current trends as observed in empirical research and statistics. Mr. Alexandre Marc, Chief Specialist, Fragility, Conflict and Violence World Bank Group.
- 16. United Nations- UN (2016b) Family.
- 17. WHO (2018) Violence against woman.
- Kumar Sh (2017) Global burden of violence against children, 2015. In: Know Violence in Childhood: A Global Learning Initiative.
- 19. UNICEF (2016) Ending Extreme Poverty: a Focus on Children.
- 20. Eurostat (2015) People at risk of poverty or social exclusion.
- 21. Eurostat (2017) EU children at risk of poverty or social exclusion.
- 22. World Bank (2017a) The 2017 global poverty update from the World Bank.
- 23. European Commission (2015) Living in the EU. Size and population.
- European Commission (2016) Europe in a changing world-Inclusive, innovative and reflective societies.
- WHO (2018b) Global Health Observatory (GHO) data. Noncommunicable diseases (NCD).
- 26. PWC (2018) Chronic diseases and conditions are on the rise.
- 27. WHO (2017) Noncommunicable diseases. Fact sheet.
- 28. WHO (2017c) Dementia. Fact sheet.
- Alzheimer's Disease International-ADI (2016) Dementia statistics. Numbers of people with dementia.
- 30. WHO (2017b) Mental disorders. Fact sheet.
- 31. WHO Europe (2018) Prevalence of mental disorders.
- Word Bank (2017d) New country classifications by income level: 2017-2018.
- 33. WHO (2018e) Mental Health Gap Action Programme (mhGAP).

- Ngui EM, Khasakhala L, Ndetei D, Roberts LW (2010) Mental disorders, health inequalities and ethics: A global perspective. Int Rev Psychiatry 22: 235-244.
- Cherepanov E (2017) Ethics for global mental health specialists. Journal of Mental Health and Psychosocial Support in Conflict Affected Areas 15: 17-33
- Murthy R, Bertolote J, Epping-Jordan JA, Funk M, Prentice T, et al. (2001)
   The World Health Report Mental Health: New Understanding New Hope.
   Geneva: World Health Organization.
- 37. WHO (2018c) Child and adolescent mental health.
- CDC- Centers for Disease Control and Prevention, Perou R (2011) Web-Based Injury Statistics Query and Reporting System (WISQARS) Atlanta, GA
- 39. WHO (2018d) Suicide data.
- 40. Eurostat (2017b) Almost 60 000 suicides in the EU.
- Lav IJ, Leachman M (2017) The Trump Budget's Massive Cuts to State and Local Services and Programs. The Center on Budget and Policy Priorities (CBPP).
- 42. Association of Directors of Adult Social Services (2018) Budget 2017 representation by the Association of Directors of Adult Social Services.
- 43. United Nations-UN (1948) Universal Declaration of Human Rights.
- 44. World Bank (2017b) GDP growth (annual %). World Bank national accounts data, and OECD National Accounts data files.
- American Academy of Pediatrics (2016) Poverty and Child Health in the United States.
- Sell K, Zlotnik S, Noonan K, Rubin D (2010) The Effect of Recession on Child Well-Being.
- Kanbur R, Changyong R, Zhuang J (2014) Inequality in Asia and the Pacific Trends, drivers, and policy Implications.
- 48. United Nations-UN (2016c) Population Division.
- World Bank (2017c) Population ages 65 and above (% of total). World Bank staff estimates based on age/sex distributions of United Nations Population Division's World Population Prospects.
- 50. WHO- World Health Organization (2011) Global Health and Ageing.
- United Nations-UN (2017b) Population ageing and sustainable development.
- 52. WHO (2016) World Health Statistics 2016: Monitoring health for the SDGs.
- United Nations-UN (2017) The International Migration Report 2017 (Highlights).
- UNICEF (2017) UNICEF Data: Monitoring the Situation of Children and Women.
- 55. United Nations-UN (2013) International Migration Report 2013.
- 56. United Nations-UN (2016d) International Migration.
- 57. Payne M (2014) Modern social work theory. Palgrave Macmillan.UK.
- 58. Bährer-Kohler S (2018c) The Social Work Pyramid.
- Asquith St, Clark Ch, Waterhouse L (2005) The role of the social worker in the 21st centur.
- McFadden P (2015) Measuring burnout among UK social workers. A Community Care study.
- Aronsson G, Theorell T, Grape T, Hammarstrom A, Hogstedt C, et al. (2017) A systematic review including meta-analysis of work environment and burnout symptoms. BMC Public Health 17: 264.
- Kim H, Ji J, Kao D (2011) Burnout and physical health among social workers: A three-year longitudinal study. Soc Work 56: 258-268.
- 63. Bährer-Kohler S (2012) Burnout for Experts. Springer
- Siefert K, Jayaratne S, Chess WA (1991) Job satisfaction, burnout, and turnover in health care social workers. Health Soc Work 16: 193-202.
- Toi H (2015) Professional Values and Conflict among Social Workers in Prisons: An Examination of Role Stress, Strain, and Job Satisfaction in Working with Inmates with Mental Illness and/or Substance Use Disorders.

- Evans S, Huxley P, Gately C, Webber M, Mears A, et al. (2005) Mental health, burnout and job satisfaction among mental health social workers in England and Wales. Br J Psychiatry 188: 75-80.
- Lopez A (2014) Social work, technology, and ethical practices: a review and evaluation of the national association of social workers' technology standards. Soc Work Health Care 53: 815-833.
- 68. Schellberg K (2017) Soziale Arbeit 4.0-oder wie würde Google Soziale Arbeit machen?
- Zorn Th, Flanagin AJ, Shoham MD (2011) Institutional and Noninstitutional Influences on Information and Communication Technology Adoption and Use Among Nonprofit Organizations. Human Communication Research. 37: 1-33.
- National Association of Social Workers-NASH (2005) Standards for Technology and Social Work Practice.
- Reamer FG (2013) Social Work in a Digital Age: Ethical and Risk Management Challenges. Soc Work 58: 163-172.
- Ramsey AT, Montgomery K (2014) Technology-based Interventions in Social Work Practice: A Systematic Review of Mental Health Interventions. Soc Work Health Care 53: 883-899.
- Berzin St, Singer J, Chan Ch (2015) Practice Innovation through Technology in the Digital Age: A Grand Challenge for Social Work.
- 74. NHS DIGITAL (2017) Social Workers and Information Technology.
- McNicoll A (2017) Social workers split on benefits of using technology during home visits. Community Care.
- Deutsche Berufsverband für Soziale Arbeit- DBSH (2018) Professionspolitik ist auch Gesellschaftspolitik.
- Steketee G, Ross AM, Wachsman MK (2017) Health Outcomes and Costs of Social Work Services: A Systematic Review. Am J Public Health. 107: 256-266.
- Nothdurfter U, Lorenz W (2010) Beyond the Pro and Contra of Evidence-Based Practice: Reflections on a Recurring Dilemma at the Core of Social Work. Social Work & Society.
- 79. Columbia School of Social Work (2018) About.
- 80. Kessl F (2009) Critical reflexivity, social work and the emerging European post-welfare states. European Journal of Social Work 12: 305-331.
- 81. Shaw J (1974) The Self in Social Work. London: Routledge, Kegan and Paul
- 82. Boyd A (2016) Social workers lack self-confidence-here's how we can boost our image. The Guardian.
- 83. Wendt WR (2017) Geschichte der Sozialen Arbeit 2: Die Profession im Wandel ihrer Verhältnisse. Springer.
- 84. Webb St A (2015) Professional identity and social work.
- Nadai E, Sommerfeld P, Bühlmann F (2005) Fürsorgliche Verstrickung.
   Soziale Arbeit zwischen Profession und Freiwilligenarbeit, VS Verlag für Sozialwissenschaften, Wiesbaden.
- National Association of Social Workers- NASH (2001) Standards for cultural competence in Social Work Practice. Washington, DC: NASW Press.
- 87. National Association of Social Workers- NASH (2015) Standards and Indicators for cultural competences in Social Work Practise.
- 88. Okpych NJ, Yu JLH (2014) A Historical Analysis of Evidence-Based Practice in Social Work: The Unfinished Journey toward an Empirically Grounded Profession. Social Service Review 88: 3-58.
- Davis TD, Dennis CB, Culbertson SE (2015) Practice Evaluation Strategies Among Clinical Social Workers. Research on Social Work Practice 25: 654-669
- Jones DN (2013) International Social Work and Social Welfare: Europe. Encyclopedia of Social Work Online.
- 91. Mullen EJ, Bledsoe SE, Bellamy JL (2008) Implementing Evidence-Based Social Work Practice. Research on Social Work Practice 18: 325-338.
- 92. Mullen EJ, Dumpson JR (1972) Evaluation of social intervention. San Francisco: Jossey-Bass.
- 93. Fisher J (1973) Is casework effective? A review. Social Work 18: 5-20.
- Reid WJ (1994) The empirical practice movement. Social Service Review 68: 165-184.

Page 9 of 9

- 95. Montero AL, European Social Network (2015) Evidence in public social Services. An overview from practice and applied research.
- 96. Sackett DL, Straus SE, Richardson WS (2000) Evidence-based medicine: How to practice and teach EBM (Vol. 2). London: Churchill Livingstone.
- Staub-Bernasconi S (1986) Soziale Arbeit als eine besondere Art des Umganges mit Menschen, Dingen und Ideen. Zur Entwicklung einer handlungstheoretischen Wissensbasis Sozialer Arbeit. Sozialarbeit 18: 2-71
- Straus SE, Glasziou P, Richardson WS, Haynes RB (2010) Evidence-based medicine: How to practice and teach it. Edinburgh: Churchill Livingstone Elsevier.
- 99. Duke University Medical Center Library and the Health Sciences Library at the University of North Carolina at Chapel Hill (2018) What is Evidence-Based Practice (EBP)?
- Otto HU, Polutta A, Ziegler H (2009) Reflexive Professionalism as a Second Generation of Evidence-Based Practice. Research on Social Work Practice 19: 472-478.
- 101. Scottish Executive, Kerr B (2005) Effective Social Work with Older People.
- Ruth T, Matusitz J (2013) Comparative standards of evidence in social work. J Evid Based Soc Work 10: 285-298.
- 103. Otto HU, Ziegler H (2008) The Notion of Causal Impact in Evidence-Based Social Work: An Introduction to the Special Issue on What Works? Research on social work practice 18: 273-277.
- 104. Robinson S (2017) Social work is in danger of becoming a lost art.
- National Association of Social Workers-NASH (2018) 2018 NASW National Conference.