## CASE MANAGEMENT JOB AIDS

Job aids are tools or diagrams in form of instruction cards and wall charts that provide a brief summary of instructions to help a

- Remember what to do:
- Be sure that they have completed all steps required; Reduce avoidable mistakes; Quickly access the information needed to perform a task.

# Family tracing:

Refers to the process of identifying a child's family and other related information helpful to better understand where the child came from. This includes visits to a family home and community for purpose of (re)building a relationship and exploring the possibility of placing the

child within the home. **Outcomes** Principles to guide **Purpose Precautions** ► Identification of parents/ the process To trace and locate the family members family or primary legal or ▶ Child best interest ► Mind your safety/security ▶Indication of willingness customary caregivers and ▶Don't go alone, go at least 2 people ► Considering family's ability to parent the child preliminarily evaluate the Don't go with the child for tracing to provide care and protection Identification of issues ability and willingness to ►Non-judgmentality and ▶Don't bypass the LC that must be addressed reintegrate the child ▶Mind your dressing style respect to diversity before reunification ►Information sharing with ►Mind your language tone ▶Determine family the family. ▶Do not make promises suitability ⊳Do no harm The process People involved Obtain info from the child's file necessary for family tracing Agree on the CCI team to trace the family Case worker Agree on the date The child Inform the child about the planned family tracing activity PSWO, CDO Make appointment with PSWO/CDO Extended family members Embark on the journey Local Council 1 While in the community with PSWO/CDO, locate the LCI official As a team visit the family LC I official introduces you to the family Introduce yourselves more & the purpose of visit Tools used Engage the family in a discussion-aim at making preliminary assessment Initial Case Record Form Conclude and leave – promise to return for a further interaction Family Tracing Form Hear from neighbours if anything that may needs to be addressed before reunification **Deliverables** Family Tracing Report

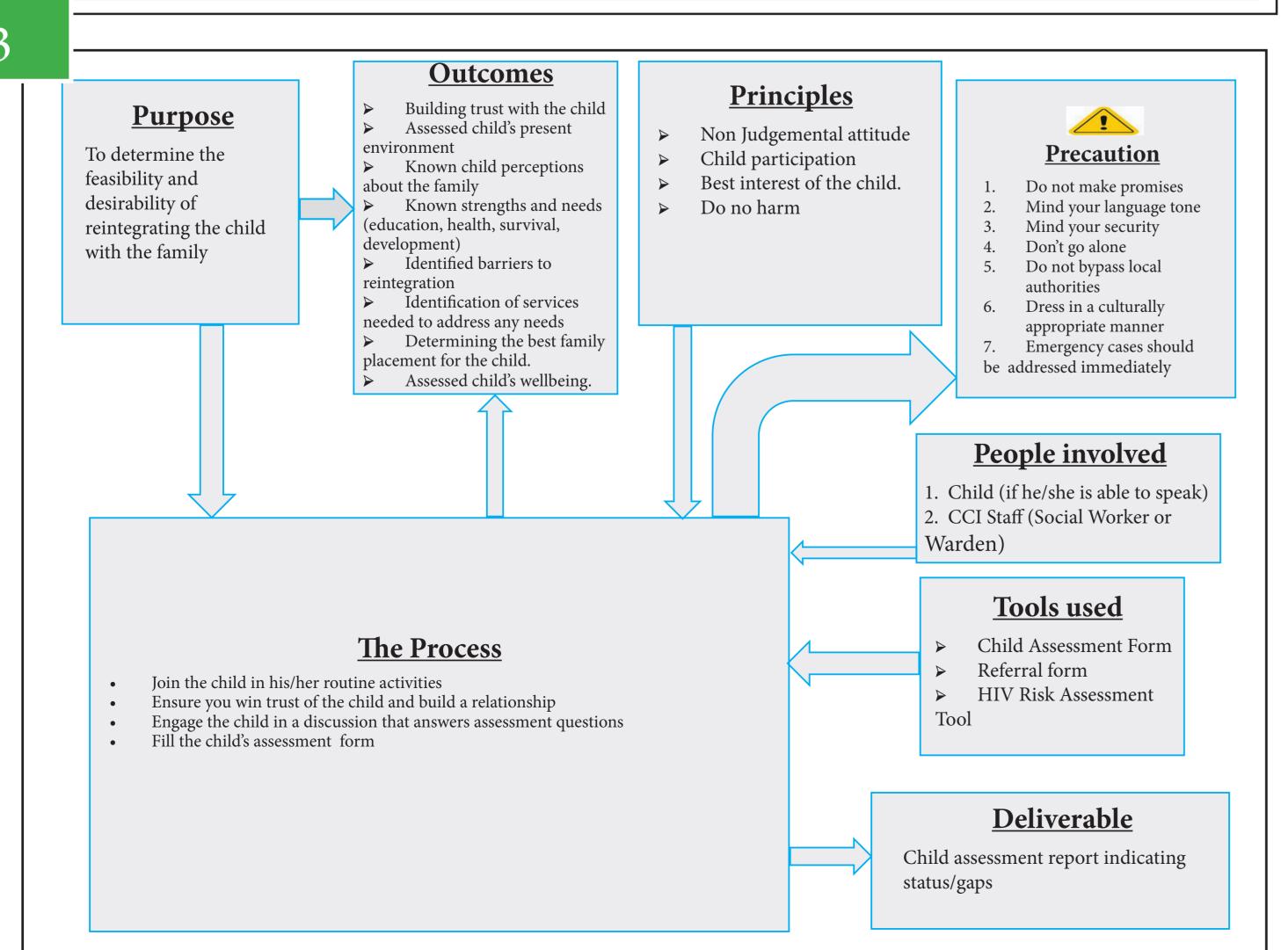
### Case Identification and Prioritization

Refers to the process of identifying vulnerable children and their households that need external support from OVC programmes or services in order to become resilient and progress along a path towards sustainable self-well-being (MoGLSD CM SOPs, 2019).

Case Identification and Prioritization <u>Purpose</u> **Principles Precautions** Outcome 1. To identify • Do no harm 1. Standardize the identification vulnerable children or Best interest of Vulnerable the child households (HHs) in 2. Clearly explain the purpose of the children and HHs Confidentiality the target in need of support Caregiver 3. Don't make any promises participation are identified and 4. Rapport is very important5. Strictly work with community To prioritize prioritized participation the most vulnerable resource persons and local leaders. • Respect the children/HHs for 6. Controlled emotional involvement views of support stakeholders involved Tools used The Process 1. OVC Pre-Identification Visit the target community and Registration Form Identify community leaders & community resource 2. Household Vulnerability persons e.g. para social workers, VHTs, CPC members **Prioritization Tool** (HVPT) • Work with the CDO 3. Observation checklist People involved Work with these stakeholders to generate a list of vulnerable children/HHs Program social worker/ • Other possible ways to identify OVC & their HHs case worker Deliverable include: 2. Local/Opinion leaders • Referrals from health facilities, schools, Office of 3. Para social workers Applicable tools filled
Child/HH PSWO/CDO, police, or other institutions 4. VHTs Conducting a community mapping process 5. CPCs Identification report 6. CDO • Subject the list of HHs obtained to the HH Vulnerability Prioritization Tool (HVPT)

# Child Assessment/Profiling

Child assessment is a process of gathering information about the child, reviewing the information, and then using the information to plan, identify specific needs and strengths/resources of a child or family. Child Profiling/assessments can explore issues related to socio-economic status, health, HIV, status, psycho-social wellbeing, education, nutrition, and protection that affect the child.



# Family assessment

It is a process designed to gain a greater understanding of family's strengths, needs, and resources and how these affect a child's safety, permanency, and well-being. The assessment provide the foundation upon the family improvement/development plan is based.

**Precaution Principles** Outcomes Purpose Avoid making A stand on Treat the family with dignity and whether or not family promises To generate information respect 2. Never judge the reintegration will be Strengths-based assessment on the family's family members pursued Cultural sensitivity strengths, needs, ► An understanding 3. Mind your Individualized family assessment of issues to be language tone resources, systems, Done in partnership with the family addressed. 4. Mind your choices, goals, and (family participation). Assessment of security priorities to inform Empathy the family's economic 5. Don't go alone situation Consider strengths & weaknesses in the development of a 6. Don't go with the > Identification of the child's immediate family improvement/ child for assessment the risk and protective Consider strengths & weaknesses in 7. Do not bypass development plan factors extended family. local authorities Non Judgmentality 8. Mind your Best interest of the child dressing code Confidentiality The process People involved ➤ Agree on the CCI team to conduct family assessment Agree on the date – make an appointment with the family 1. Family members 2. CCI Staff (Social Make appointment with PSWO/CDO or inform them about the planned Worker or Warden) family visit 3. CDO ► Embark on the journey 4. PSWO While in the community, make a courtesy call to the LCI official (assuming you have been there before during family tracing) ➤ Visit the family Tools used (Re)introduce your selves to the family & the purpose of visit ➤ Family assessment tool Engage the family in a discussion-stimulate a conversation to bring out: ➤ Referral form Risk factors (related to the 4 domains) ► HIV Risk Assessment Tool Protective factors (related to the 4 domains) Before leaving: Summarize your key observations and share with the family Deliverable Conclude and promise to return for household case planning Schedule the date for case conferencing at the CCI. Extend the invitation to Household assessment report the CDO and the family to inform case planning

# Examples of risk factors

#### ➤ Parental depression

- ➤ Substance and alcohol abuse
- ▶Family/domestic violence
- ▶ History of childhood abuse
- ➤ Mental ill-health
- **▶**Orphanhood

▶Ignorance about children's rights and what constitutes abuse ► Household economic vulnerability

▶ Sickly adult caregiver

▶Elderly adult caregiver ▶Single parenthood

# Examples of protective factors

Life skills among children e.g. relational skills, critical thinking and critical decision making skills

- Positive parenting skills on the part of caregivers
- Economic wellbeing of the family
- Family stability-violence free
- Conducive and supportive school environment
- Child knowledgeable about his or her rights and what constitutes abuse

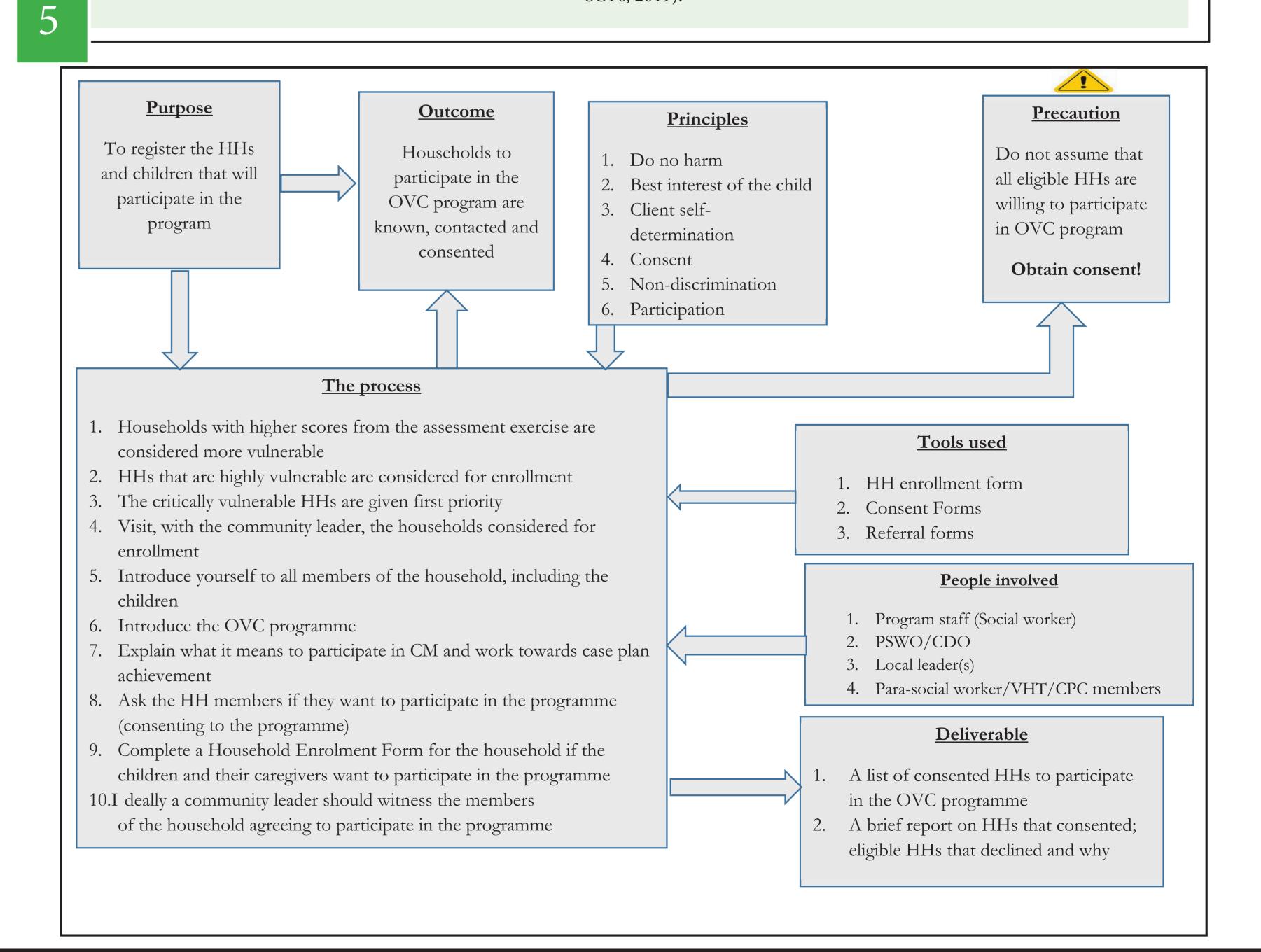
# Sample of guiding (assessment) questions

Source: Sharon L. Johnson (2013). Resources. In Therapist's Guide to Pediatric Affect and Behavior Regulation, 2013 ➤ Are there safety and protection issues that must be addressed?

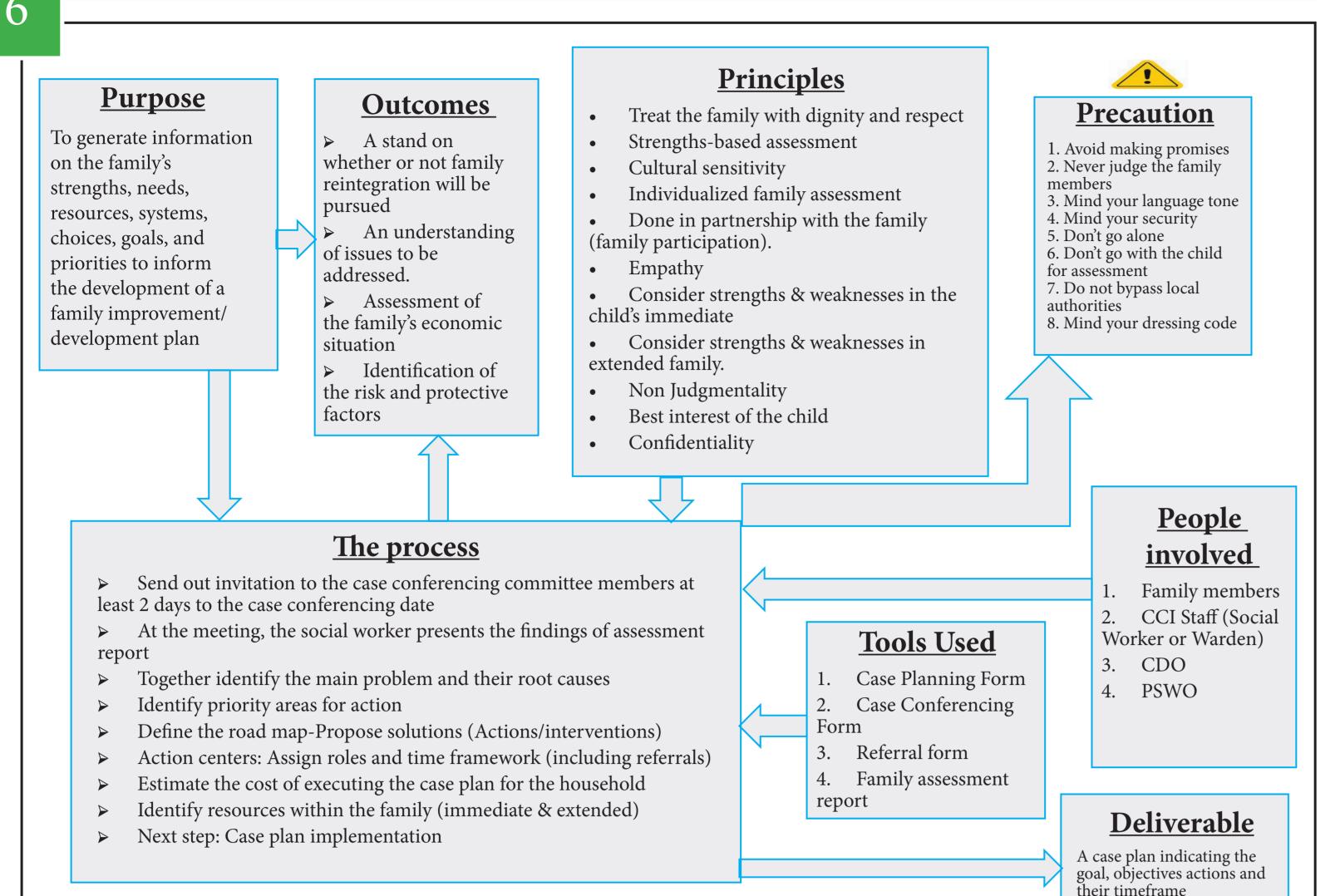
- What are the relative strengths and weaknesses of the family?
- ➤ What are the family's needs?
- ➤ Can the family meet the needs of the child?
- ▶ What are the resources available to the family (extended family, church, community, etc.)?
- ➤ Is the family competent to provide for basic needs?
- Do the parents/caregivers have the ability to manage problem behaviors in age-appropriate ways without any safety risks?
- ▶ Is there any evidence of multigenerational patterns of abuse or neglect, substance abuse, etc.?
- Parental/caretaker ability to empathize?
- Parental/caretaker ability to nurture?
- What resources have been helpful to this family system in the past?
- ► How does this family system cope with stress and crises?

## Enrollment

The process of registering children and households that are eligible for and want to participate in the OVC programme (MoGLSD CM SOPs, 2019).



Assessment information collected must be used in a focu-



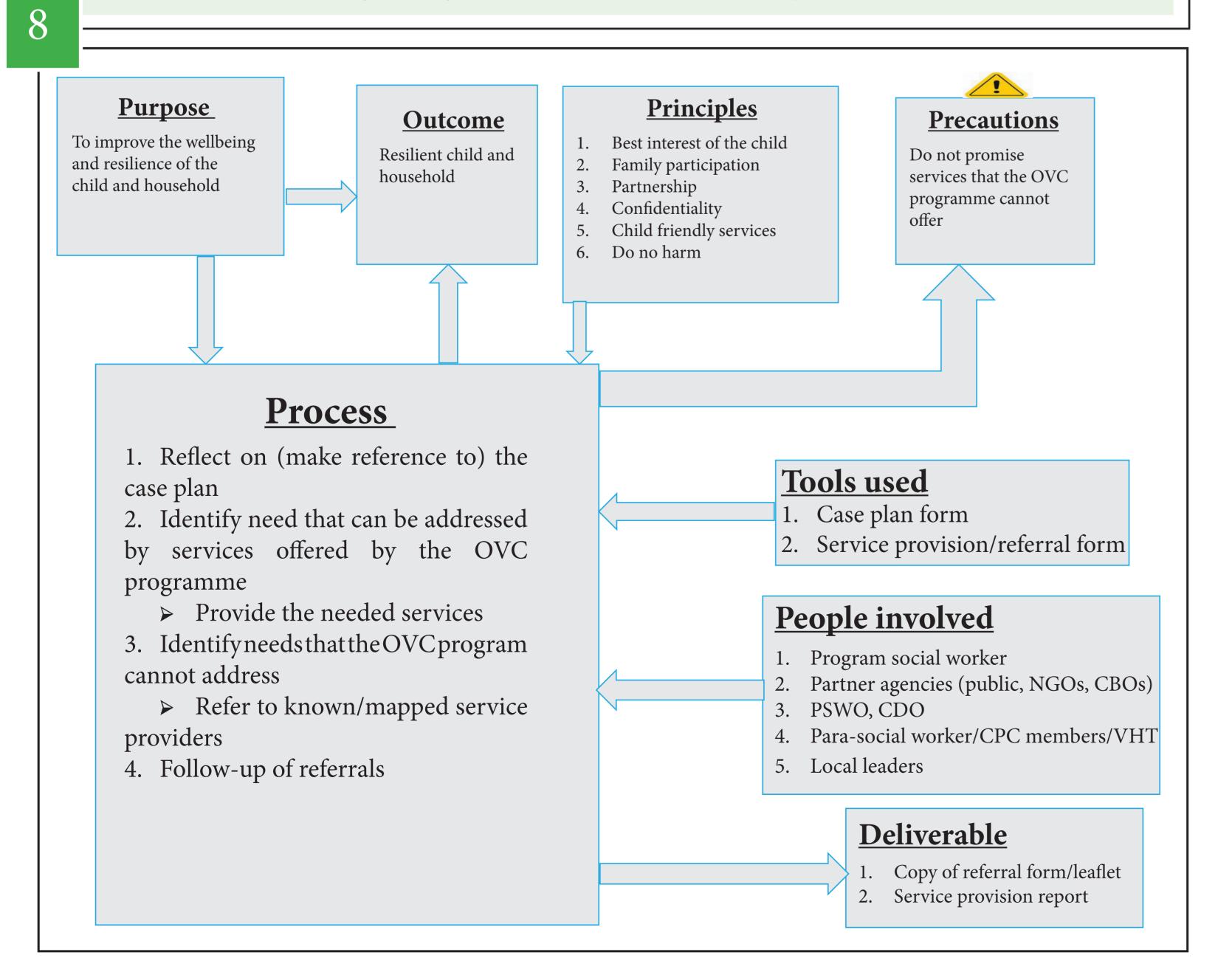
# Case Plan Implementation and Monitoring

This involves acting upon the case plan completed with the child, family members and other stakeholders

**Principles Outcomes Purpose Precaution** Best interests principles ► HH is safe and guarantee's To achieve the case plan Use of professional Must be child wellbeing goal and outcomes i.e. knowledgeable of actors/ judgement > HH is economically able on one hand, to address service providers Cultural appropriateness to care for the child the identified safety Strength-based ➤ Household is food secure and protection issues Work with, not for the and nutritionally rich within the family and family and child ► HH guarantees capacity other environments that > Shared commitment and commitment to meet the undermine child's safety, on the part of case worker, child's education needs permanency, and wellfamily and other professionals being and on the other brought on board hand addressing child ▶ Be respectful related factors such as behavioral challenges. People involved Family The process Child Community • Revisit the completed (agreed upon) case plan Service • Reflect on the stated actions providers-public, • Make sure every party with a role to play as defined in the case plan private sector, CBOs/ understands his/her role in implementing the case plan. **Tools** NGOs • Ensure all professionals noted in the case plan are aware of and Other Case plan agree to their roles professionals Case review • liaise with other service providers as required notes/report • Refer household for specific services where necessary • Ensure the case plan actions are coordinated Deliverable • Monitor progress toward the case plan goals and actions A report on Case plan implementation & monitoring

# Direct service provision and referral

This step involves the Case Worker acting upon/coordinating actions in the case plan that he/she has developed with the caregiver and the child or the case conferencing committee (for the complex cases). Specifically, the Case/Social Worker determines the needs that the child and caregiver cannot address on their own and which programme services will be provided either directly or through referral. For services provided to the child and caregiver through referral, the case worker makes the necessary follow up (MoGLSD CM SOPs, 2019).



# Child and Family Preparation

The process of helping the child and family consider the various aspects of reunification and eventual reintegration.

Precaution Outcome **Principles Purpose** > Immediate barriers to Tell the child appropriate facts, Individualisation To ensure both the do not sugar coat the situation and child protection and care are Best interest of child and family addressed what is happening the child feel positive about, > The child increasingly > Inform the family about the Family and child comfortable with shows a desire for new habits, food allergies, illnesses participation and ready for the child has that the family may reintegration reunification Readiness for a healthy not be aware of or could have forgotten due to child's long stay out and safe reunification of family People involved The process **▶** Child Friends Have constant conversation with the child in care about the plan of reunification CCI social worker Begin early on preparing him/her for the return to the family. Family members Have a constant interaction with the family members Community Supporting the family through pre-reunification visits resource persons Linking the family to relevant support networks in the community > Teachers Helping them to utilize support to address immediate needs Addressing immediate household barriers to child protection **Tools** Build he family's (parents'/caregivers') confidence that a relationship with you will continue after Case plan form Giving the child an opportunity to share his/her feelings. Referral form Get to knowing more about the child's plans (depending on age) Know about the child's fears Prepare the child for bonding visits both at Home and at the CCI Deliverable Preparation of the family members for child bonding visits Making prior child's education plans Documentation of Counsel the child to ensure that he/she is still positive about returning home. the process and clear Counselling family members on certain topics indications of readiness Agree with team around the child, the family and the child about reunification dates for reunification

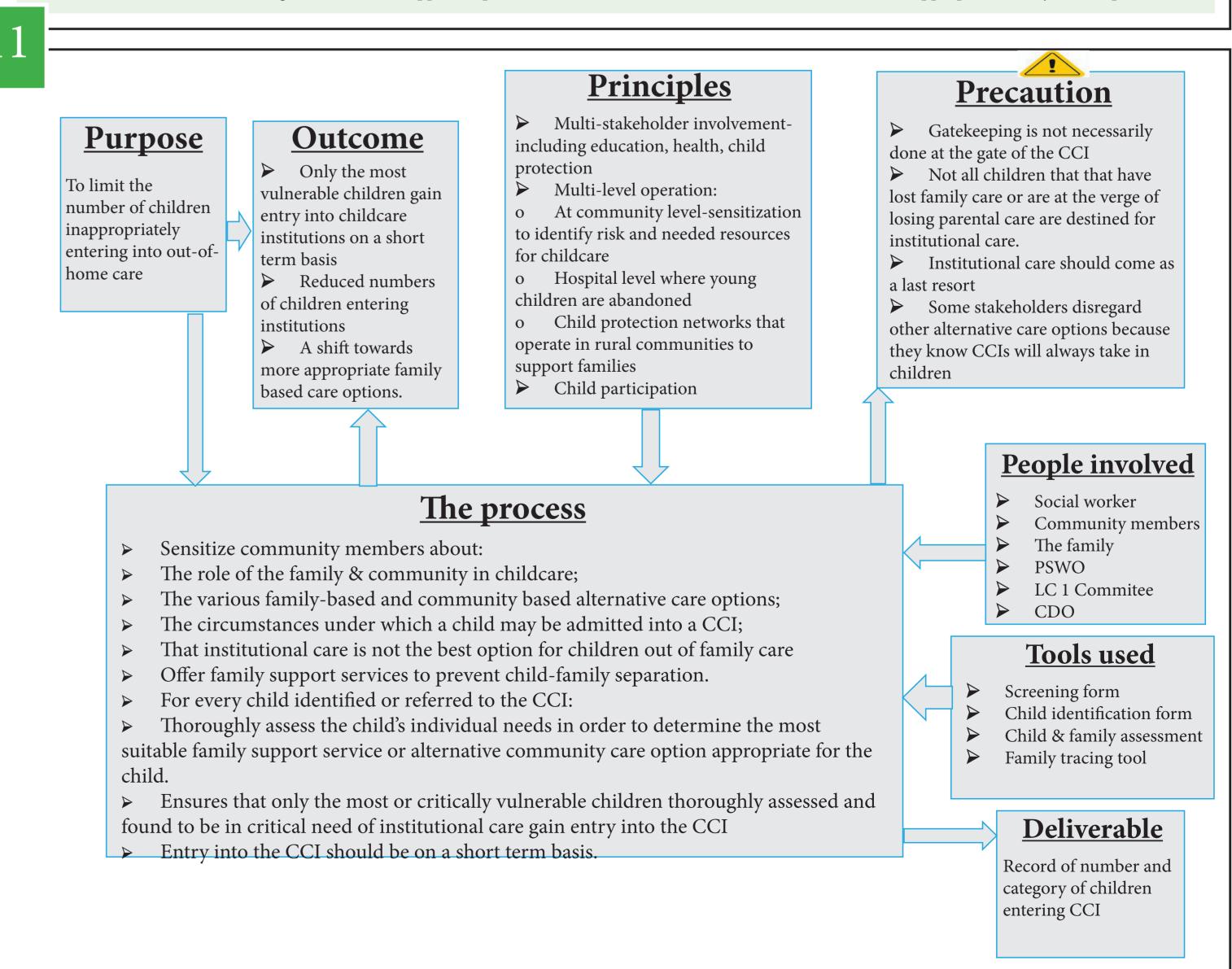
# Post Placement Follow-Up/Monitoring

The process of assessing whether or not the child is fitting into the family, is accepted, is obtaining the needed care and protection as well as watching out for any signs of failed reintegration and addressing them in time.

<u>!</u> <u>Purpose</u> **Outcomes Principles Precaution** To provide ongoing Determination of support support and assessment to Not a fault finding Be respectful necessary for successful ensure that the placement Best interest of the child mission but support mission reunification & reintegration is still in the child's best Not just checking boxes Readiness to give ► Identification of necessary interest while providing a Pay attention to every children voice modifications to the care plan chance to build capacity of Family participation details Determination of success of the family and monitoring Listen to the reunited Child participation reunification the sustainability of child's story Non-judgmentality Determination of success of various activities in the Listen to the other Partnership with reintegration case plan. children's story government structure, Pay attention to what is community structures not said ► Hear from the community members/ neighbours The process Through phone calls, physical visits (face-face visits), home visits and interactions with community members, monitor the child's: People involved o Survival and health (nutrition, illness, medical care, social emotional functioning) Care and protection (disciplinary measures, consistent caregiver etc.) Case worker CDO Education and development (access to school for all children in the family) **PSWO** o Household economic stability and security (source of regular income, financial Tools used Service providers concerns, household assets) Monitoring Minimum monitoring visits schedule **Extended family** Case plan members 1st month of post reunification: Bi weekly visits Referral o 2-6 months: Monthly visits form o 7-15 months: Bi monthly visits o At 15 months: final review of the case plan, goals, objectives and actions needed for Deliverable case closure Make use of government & community structures Follow-up/ monitoring report

# Gate Keeping

Gate keeping is a process of involves preventing the unnecessary entry of a child into the care system and ensuring that only the most vulnerable children gain entry into childcare institutions on a short term basis. Gatekeeping diverts children from unnecessary initial entry into alternative care, and reducing the numbers of children entering institutions. It supports a process of deinstitutionalisation and a shift towards more appropriate family based options.



# Case closure, Transfer or Attrition

#### Case transfer Case Transfer is the process of supporting the movement of a child and/or household from active participation in a the OVC programme to another source of case management support (MoGLSD CM SOPs, 2019) **Purpose** Circumstances for case **Principles** <u>!</u> transfer Voluntariness To ensure continued access Consent **Precaution** 1. A child is on the verge of aging out of a programme to services by Child participation 2. A household moves outside the OVC programme's the child and 4. Family participation 1. Do not force a catchment area family towards 5. Confidentiality transfer. Consent is The OVC programme is relocated to a different area case plan The OVC programme has closed achievement 2. Make sure you The OVC program scope and funding have reduced secure an MoU with before the household has achieved their case plan goals new service provider **Process** People involved Identify additional ongoing household needs and resources 2. Compile a list of children and/or households that require ongoing support and a general 1. All HH members description of the type of support required. 2. Service providers 3. Identify sources of support or other support organizations. deemed appropriate Develop an MOU with alternate/new service providers that are able and willing to accept participate transferred cases 5. Plan the transfer with all members of the household 6. Explain the transfer process to the household Describe the services that will be provided by the new service provider Give the household the option to accept the new services or exit the programme without **Tools** transfer Case transfer form 9. Conduct a final case plan review Consent forms 10. Introduce the family to the new service provider 11. Review the household members' case plan and family folder with the new Case Worker. Case plan 12. Formally transfer copies of the family file folders in a confidential and organized manner. 13. Follow up with and support the new service provider to ensure that the child and household can achieve their goals and become more resilient. **Deliverable** 14. Inform necessary government officials or community leaders of the transfer

Case transfer Report

