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| **Child Protection Caseworker Capacity Assessment Tool** |

**Definition**: A capacity assessment is a supervision practice used to examine a newly recruited caseworker’s knowledge, skills and attitudes. It outlines areas where further development and support may be needed to perform effectively in the role.

**Purpose of the Tool:** The Capacity Assessment Tool should be used to assess the caseworker’s attitudes, knowledge and skills. These are minimum competency standards for all caseworkers providing case management services. The results of the assessment should inform the capacity building and development actions that a supervisor provides in individual and group supervision sessions.

**Frequency/Duration:** Should be conducted immediately after the caseworker is recruited and reassessed in 3-6 month intervals, depending on the organizational capacity, staff ratios and needs.

**Guidance:**

**Before**

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| The Supervisor Should |
| Upon recruiting a new caseworker, it is suggested that the supervisor organize an extended individual supervision session in a quiet and private space. In order to review the whole assessment about 2-3 hours are needed. If it is preferred, this process can be broken down into 2 or 3 separate sessions. |

**During**

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| The Supervisor Should |
| Begin by describing the capacity assessment process to the caseworker. The supervisor can say:  *This is a tool that has been developed with some of the key standards that are expected of a child protection caseworker. We don’t expect you to be an expert and have perfect answers from the very beginning. It takes time to understand child protection case management guiding principles and how to apply them with children and families. During our first weeks together, this assessment will determine the areas where you need more technical support. After the assessment, we will continue working together to build your knowledge and skills. After a few months, we will revisit the assessment to see how you are progressing.*  Explain to the caseworker that the assessment is divided into three sections and that you will be taking notes in order to remember her/his responses. Invite the caseworker to raise any questions about the tool or the process to ensure s/he feels comfortable.  The supervisor should ask the questions on the questionnaire in order and give the caseworker time to explain/describe their answer.Allow the caseworker to speak openly and ask clarifying questions. Supervisors are encouraged not to provide answers, but should respond if there are some alarming issues that require immediate discussion and direction.  Once the assessment is complete, the supervisor and caseworker should discuss what are the suggested priorities in each area for technical capacity building and development. |

**After**

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| The Supervisor Should |
| During regular individual supervision sessions, the supervisor should refer back to the capacity assessment in order to provide ongoing coaching to the caseworker. If several caseworkers need guidance in the same area, the supervisor can organize a training or development session during group supervision. The supervisor should also arrange shadowing sessions for the caseworker to observe the application of guiding principles in practice.  After approximately 3-6 months, the supervisor should re-assess the caseworker to determine her/his progress and continuous development needs. |

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| **Date** |  |
| **Caseworker** |  |
| **Supervisor** |  |

**Caseworker Capacity Assessment**

**Part One: Child Protection Attitudes**

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| **Statements** | **Does the caseworker:** | | | | **Caseworker’s Response and Notes from Discussion** | **Development Priority?** |
| **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. Children have something to offer the community. |  |  |  |  |  |  |
| 2. Violence can be the child’s fault. |  |  |  |  |  |  |
| 3. Residential care should be a last resort for long-term child care arrangements. |  |  |  |  |  |  |
| 4. Children who experience traumatic events cannot recover or become productive members of society. |  |  |  |  |  |  |
| 5. A caseworker should always consider a child’s opinion and wishes when making a decision that will affect her or him. |  |  |  |  |  |  |
| 6. It is acceptable for parents or caregivers to use physical force to punish a child. |  |  |  |  |  |  |
| 7. Children tell the truth about abuse or separation. |  |  |  |  |  |  |
| 8. Children can be abused by a close family member or friend. |  |  |  |  |  |  |
| 9. Children deserve kindness, support and care after being abused or separated from their families or caregiver and this is my responsibility |  |  |  |  |  |  |
| 10. Children don’t experience mental health problems. |  |  |  |  |  |  |
| **Actions to be taken** | **Supervisor:** | | | | **Caseworker:** |  |

**Part Two: Case Management Knowledge**

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| **Knowledge Questions** | **Possible Correct Responses** | **Caseworker’s Response and Notes from Discussion** | **Development Priority?** |
| 1. What are some Guiding Principles of case management? | 1. Do No Harm 2. Promote the Child’s Best Interests 3. Non-discrimination/Treat Every Child Fairly and Equally 4. Adhere to Professional Ethical Standards and Practices/Apply Code of Conduct 5. Seek Informed Consent and/or Informed Assent 6. Respect Confidentiality 7. Ensure Accountability/ Be Responsible for Actions and the Result of Those Actions 8. Empower Children and Families to Build Upon Their Strengths 9. Base All Actions on Child Development, Child Rights, and Child Protection 10. Facilitate Meaningful Participation of Children 11. Provide Culturally Appropriate Processes and Services 12. Coordinate and Collaborate 13. Observe Mandatory Reporting Laws and Policies |  |  |
| 2. How should a caseworker promote the best interests of a child within case management? | 1. Evaluate the positive and negative consequences of actions, and consult with supervisor on complex cases 2. Discuss options with the child and their caregivers (where appropriate and safe) when making decisions 3. Ensure that all actions taken keep the child safe and promote their physical, emotional, social and cognitive health and well-being 4. Always consider the importance of maintaining family and sibling bonds |  |  |
| 3. What are the limits to confidentiality when working with children? | 1. If there are mandatory reporting laws in place 2. The immediate and urgent need to protect a child’s physical and/or emotional safety 3. The need to obtain parental consent if a young child presents for services (and there is no risk in doing so) 4. If a child is at risk of harming herself/himself or another person |  |  |
| 4. When and how should a caseworker obtain informed consent/assent? | When:   1. At the start of case management services 2. For referrals to other services providers   How:  1. Ensure the child and their  caregiver fully understand the case  management process  2. Ensure that the child and  their caregiver fully understands how the  information collected will be used and  stored  3. Communicate in a child-  friendly manner when gaining  consent/assent from children  4. Encourage the child and  her/his caregiver to ask questions  about the process  5. Follow national laws on  informed consent and assent  6. Ask the caregiver and/or child  (where appropriate) to sign the consent  form and/or give verbal consent |  |  |
| 5. What are the steps of case management? | 1. Identification and registration 2. Assessment 3. Development of the case plan 4. Implementation of the case plan 5. Follow up and review 6. Case closure |  |  |
| 6. What types of child protection issues require a case management response? | 1. Unaccompanied or separated child (UASC) 2. A child that has experienced sexual abuse 3. A child that has experienced neglect 4. A child that has experienced physical abuse 5. A child that has experienced emotional abuse 6. A child that lives or works on the streets or is involved in hazardous labor 7. A child that is emotionally distressed or that has mental health or psychosocial needs 8. A child associated with armed groups or armed forces 9. A child in detention or recently released |  |  |
| 7. What are some common signs of abuse for children? | 1. A significant change in behavior 2. Nightmares 3. Problems in school (hard to concentrate) 4. Withdrawing from friends and community activities 5. Anger and aggression 6. Thoughts of wanting to die; attempted suicide 7. Fear of particular people, places or activities 8. Additional reactions that are common to population/cultural context |  |  |
| 8. What are some key considerations when developing a case plan? | 1. Developed within two weeks of the assessment 2. Involvement of the child and caregiver (where appropriate) or trusted adult 3. Content of case plan should reflect the individual assessment of the child/family 4. Should set specific, time-bound actions outlining who is responsible for what |  |  |
| 9. How can a caseworker empower caregivers to support children? | 1. Assess the behaviors and conditions that contribute to the risk of child maltreatment and determine what is needed to make changes 2. Describe the types of services available and how to access them 3. Facilitate the family’s or caregiver’s investment in and commitment to the outcomes, goals and tasks outlined in the case plan 4. Support parents to find ways of meeting their children’s basic needs 5. Assess resiliencies, strengths, or resources in the family or household that will provide the foundation for change |  |  |
| 10. What are the main criteria for closing a case? | 1. Objectives of the case have been met 2. No significant harm or risk of harm remains 3. The child and family report to the caseworker that they are able to address on-going challenges themselves 4. The child and family relocate and the case file can be closed or transferred as appropriate 5. When a child turns 18 6. In the case of a child's death |  |  |
| **Actions to be taken** | **Supervisor:** | **Caseworker:** | |

**Part Three: Case Management Skills**

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| **Knowledge Questions** | **Possible Correct Responses** | **Caseworker’s Response and Notes from Discussion** | **Development Priority?** |
| 1. How should a caseworker engage with a child during the registration/intake stage? | 1. Warmly greet the child 2. Introduce herself/himself by name, role and organization in a way that the child and caregiver can understand 3. Explain to the child and caregiver the purpose of the interaction in a simple and clear way 4. Provide the child with a choice to have someone else present |  |  |
| 2. How can a caseworker help a child feel safe through verbal and non-verbal communication? | 1. Sit at the child’s level 2. Utilize creative interview techniques (drawing, puppets, dolls, etc.) 3. Use simple language and words that the child uses 4. Stay calm and comforting throughout the interaction with the child 5. Ask open-ended questions 6. Use reframing and summarizing 7. Reflect on what the child has shared 8. Check-in regularly with the child to ensure that she/he is understanding the child accurately 9. Offer a child a chance to take breaks if s/he becomes visibly distressed |  |  |
| 3. What are supportive statements children should hear from caseworkers throughout the case management process? | 1. Thank you for sharing your story with me 2. You can take your time 3. This is not your fault 4. I am sorry to hear this happened to you 5. These are difficult things you are telling me; many feel upset after a thing like that happens 6. You are strong and brave 7. I will try to help you |  |  |
| 4. What are some important choices children should be offered when talking about their experience? | 1. The choice to have a caregiver or trusted person in the room 2. The choice of where to have the conversation 3. The choice to decide when to have the conversation 4. The choice to have a male or female caseworker |  |  |
| 5. How can caseworkers engage with children to understand their feelings and wishes? | 1. Pay close attention to what the child says and how she or he behaves 2. Draw pictures of faces that represent different feelings and ask the child which one is the closest to how she or he feels 3. Ask the child to draw a picture about what s/he is feeling in her/his mind and heart 4. Play games with the child to help her/him relax and feel comfortable to tell his/her story 5. Ask open-ended questions in clear and simple language |  |  |
| 6. How should a caseworker respond if a caregiver becomes hostile or angry during an interview? | 1. Remain composed and calm 2. Do not raise your voice 3. Attempt to calm the person down; try determining what is causing the anger and recognize their feelings 4. Give the person space and time to think 5. Be alert for possible aggression and   leave the situation if it feels unsafe   1. Carry a cell phone, whistle, or personal alarm and use it (where appropriate) 2. Conduct interviews with a colleague to mitigate risks |  |  |
| 7. What are some important considerations when interviewing a child who has experienced abuse? | 1. Do not push the child to speak about her or his experience 2. Tell the child s/he can take her/his time 3. Engage the child in friendly conversation instead of asking heavy questions that might re-traumatize the child (i.e., Can you tell me about your favorite game? Etc.) 4. Tell the child that you are here to help 5. Other culturally appropriate considerations |  |  |
| 8. How can a caseworker demonstrate empathy and respect to children and their families? | 1. Pay attention to verbal and nonverbal cues 2. Determine what is important to the child and family 3. Show a genuine desire to understand their situation 4. Keep an open mind 5. Create an environment of respect and acceptance 6. Listen for an acknowledge difficult feelings and encourage honest discussion |  |  |
| **Actions to be taken** | **Supervisor:** | **Caseworker:** | |

[[1]](#endnote-1)

1. Adapted from Caring for Child Survivors of Sexual Abuse. ( https://www.unicef.org/pacificislands/IRC\_CCSGuide\_FullGuide\_lowres.pdf) [↑](#endnote-ref-1)