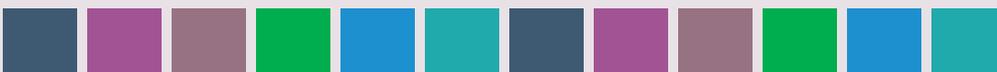


CHILD PROTECTION CASE MANAGEMENT TRAINING MANUAL FOR CASEWORKERS, SUPERVISORS AND MANAGERS



2014



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FACILITATOR'S GUIDE

BACKGROUND INFORMATION

The Case Management Task Force of the global Child Protection Working Group was formed in late 2012 to operationalize Minimum Standard 15: Case Management.¹ During 2013 the Task Force developed Interagency Guidelines for Case Management and Child Protection (Guidelines) and this Training Manual.

The Training Manual was developed following a desk review and scoping study, which involved field visits to east and southern Africa and an online survey distributed to country-level caseworkers and managers through the global Child Protection Working Group. It was revised following piloting in Syria, Mali, Somalia, (for the east and southern Africa region) and Jordan (for the Middle East region) and Task Force feedback.

This Facilitator's Guide gives facilitators an overview of the Case Management Training Manual. It provides guidance on key steps to take before, during and after training, including customising the training to a context and audience. Before conducting any training it is recommended that trainers review this Facilitator's Guide as well as the Guidelines, which provide the body of information the training is based on.

THE TRAINING

The training is designed to meet the following overarching **objectives** for the following participant profiles:

Participant Profiles:	Overarching Objective:
1. Caseworkers	Case workers have knowledge and skills to manage child protection cases according to guidelines.
2. Managers / Supervisors	Managers/supervisors have knowledge and skills to design and implement child protection case management services according to guidelines.

1. Minimum Standards for Child Protection in Humanitarian Action (2012), Child Protection Working Group

CONTENT

The Caseworker Modules A to F includes modules on (sample agendas provided below):

Foundations	Module A: Foundations Module B: The Case Management Process Module C: Case Management Principles Module D: Communication and Case Management	Case Management Guidelines Section 1: Principles and Practices
Case Management Steps	Module E Session 1: Identification and Registration Session 2: Assessment Session 3: Case Planning Session 4: Implementing the Case Plan Session 5: Follow-Up & Review Session 6: Case Closure	Case Management Guidelines Section 3: Case Management Steps
Self-Care	Module F: Self-Care	

The Manager / Supervisor Module G include sessions on:

Session 1: Designing Case Management Services Session 2: Implementing Case Management Services Session 3: Supervision	Case Management Guidelines Section 2: Implementing Case Management Services
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Foundations: While Modules A - D provide the foundation knowledge for case work, Module A covers foundation knowledge for child protection work in general: childhood and the protective environment, child development and child protection. This responds to the case management principle that case work should be founded on sound knowledge of child rights, child development and child protection. However, facilitators should note that Module A is designed as a refresher. If participants have not been trained on these foundation areas before, more time needs to be allocated for this module. More time may also be needed for Module B, which covers the case management principles. Refresher training would likely also be needed.

Specific Child Protection Issues: (E.g. working with unaccompanied and separated children or sexual and gender-based violence) are not covered in depth in the training. They will be referred to when relevant and discussion can be brought out on particular issues depending on the Core Case Studies chosen by the trainer. You will therefore need to provide further training on specific child protection issues specific to the issues the case management services are designed to respond to.

There are three extended Core Case Studies included in the training, which develop throughout each of the case management steps. These cover the following child protection issues:²

- Core Case Study A: Family separation, with child labour and sexual violence
- Core Case Study B: Sexual violence - harmful social norms
- Core Case Study C: Domestic / family violence

One, two or all Core Case Studies could be used, depending on the facilitator capacity and participant needs.

Inter-Agency Child Protection Information Management System (IACP IMS): For contexts using the IACPIMS, it is indicated in the training when it may be relevant to demonstrate a function of the IACPIMS.

Minimum Standards: As well as Standard 15: Case Management the manual also shares:

- Standard 5: Information Management (Module B and exercises in Module E and G)
- Standard 14: Justice for Children (Module A)
- Principle 5: Strengthen Child Protection Systems (Module G1)
- Principle 6: Strengthen Children's Resilience (Modules A-E)

Additional Material: Several modules include optional exercises relevant in some but not all contexts.

Competency Development: Certain case management competencies have been identified in the case management guidelines. The training is designed to begin developing these competencies as well as increasing knowledge. This is done through participatory exercises linked to each step of the case management process. E.g. observation skills at the step of assessment; or negotiation skills at the step of implementing the case plan (see table below). Ideally, these would be further appraised and developed through supervision; a Supervised Practice Framework is provided in Manager/Supervisor Module 3: Supervision. The extent to which competency development is possible depends on the time allocated to such sessions (e.g. in the 5-day training these exercises are largely excluded due to lack of time).

2. The child protection issues to focus on were decided based on findings from the Scoping Study.

Competencies	Module Covered In
Personal Competencies	
Know and question yourself	G3: Supervision
Manage stress and emotions	F: Self-Care
Be flexible and open to change, adapt to cultural differences	C: Case Management Principles
Analyse, think in a critical and creative way and make decisions	D: Communication and Case Management E: Case Management Steps: Session 3: Case Planning G1: Designing Case Management Services G2: Implementing Case Management Services
Be accountable and work with integrity	C: Case Management Principles G2: Implementing Case Management Services
Social Competencies	
Negotiate, manage problems/conflicts (including advocacy)	E: Case Management Steps; ➔ Session 3: Case Planning (problem solving) ➔ Session 4: Implementing the Case Plan (negotiation, advocacy)
Work and coordinate within a team or network	E: Case Management Steps; Session 4: Implementing the Case Plan G2: Implementing Case Management Services G3: Supervision
Show empathy, warmth and genuineness	D: Communication and Case Management
Support and motivate a person / a group	C: Case Management Principles D: Communication and Case Management E: Case Management Steps
Communicate and listen to others	A: Foundations (cultural sensitivity) C: Case Management Principles (participation) D: Communication and Case Management
Methodological Competencies	
Promote participation and cooperation in case management	E: Case Management Steps; Session 2: Assessment; Session 3: Case Planning G1: Designing Case Management Services G2: Implementing Case Management Services



<p>Plan, implement, review the intervention</p>	<p>D: Communication and Case Management E: Case Management Steps; ↻ Session 3: Case Planning; 5: Follow-Up & Review; 6: Case Closure ↻ Session 4: Implementing the Case Plan (basic emotional support)</p>
<p>Technical Competencies</p>	
<p>Know the theoretical framework needed for working with children and families</p>	<p>A: Foundations (child development, protection, basics of child rights) C: Case Management Principles (confidentiality, accountability) G2: Implementing Case Management services (codes of conduct)</p>
<p>Have the specific tools for case management</p>	<p>B: Case Management Process C: Case Management Principles (documenting case management, information management, data protection, information sharing) E: Case Management Steps (information management) ↻ Session 4: Implementing the Case Plan (service mapping; working with others in case management, information sharing) ↻ Session 1: Identification & Registration and Session 2: Assessment (documenting the case management) G2: Implementing Case Management Services (information sharing, information management, data protection)</p>

Session Notes: Each session has associated facilitator resources, handouts and powerpoints available to support the learning. Icons are used throughout to guide the facilitator.

- ↻ Facilitator notes are for use in session but only one copy is needed as they are not given to participants.
- ↻ Handouts are filed according to the session and exercise they are to be provided in. Then their title is mentioned in the session notes.
- ↻ Powerpoints are available for each module but handouts and a flip chart can be used instead if preferred. Where handouts are not available, a printout of the module presentation can be provided. This is not prompted at the end of the module as it is likely many places will email this to participants.
- ↻ OFF: Each session ends with an 'OFF' (a reminder of the learning **O**utcome, a **F**un or encouraging statement and a look **F**orward to the next session or module) to round off participant learning.
- ↻ The following icons are used throughout:

	WRITE on flip chart / use to facilitate discussion.		Any other activity.
	PLENARY DISCUSSION facilitate plenary discussion.		Reference to learning from another session / module. ³
	Reference to the Minimum Standards.		SHARE a handout or tool with participants.
	Reference to the Inter-Agency Child Protection Information Management System.		SHARE a case study with participants
	Group Work activity.		CHECK if participants are on track or have questions.
	Pair Work / turn and talk activity.		GALLERY WALK Use the gallery walk technique (described later on).

SAMPLE AGENDAS FOR THE CASEWORKER MODULES

SAMPLE AGENDA 1

The full training takes 8 days. The number of days can be shortened if you have already covered some content, e.g. foundations or communication. If covering the full 8 days, a minimum two-day break in-between day 1-4 and 5-8 is recommended.

DAY 1	DAY 2	DAY 3	DAY 4
Introduction Module A: Foundations	Module B: Case Management Process Module C: Case Management Principles	Module D: Communication and Case Management	Module E: Case Management Steps Session 1: Identification & Registration

3. It is important to share this with participants to support 'layered learning' where a message is reinforced several times.

DAY 5	DAY 6	DAY 7	DAY 8
Module E: Case Management Steps Session 2: Assessment	Module E: Case Management Steps Session 3: Case Planning	Module E: Case Management Steps Session 3: Implementing The Case Plan	Module E: Case Management Steps Session 5: Follow-Up & Review Module E: Case Management Steps Session 6: Case Closure Module F: Self-Care

SAMPLE AGENDA 2

As 8 days is a substantial period for participants to learn and facilitators to train, where possible it is recommended that the training is broken down further as shown below. (The time in-between training days relates to the timeframes for each of the case management steps). This may be most useful when starting a new programme and managing a new case load. A slower pace of learning is recommended where possible, but take care not to not leave staff working on case management steps they are not trained on.

The time in-between training days would enable supervision of individual caseworkers to begin in-between training, including direct supervision of their case work with children and families (Supervised Practice). A framework for Supervised Practice is provided in Manager Module 3: Supervision.

Days 1–4		Participants can begin identifying, registering cases and providing immediate support
Day 5	Within 1 week of days 1-4	Participants can begin conducting full assessments
Days 6-7	Within 2 weeks of day 5	Participants can begin developing and implementing case plans
Day 8	Within 1 month of days 6-7	Participants can follow-up and review and close cases and understand self-care practices

SAMPLE AGENDA 3

If you need to cover all content, reducing time for the training is not recommended as the topics are complex. However, 5-day training is possible if the need for training is urgent and time is limited, e.g. in emergencies.

	Day 1	Day 2	Day 3	Day 4	Day 5
09:00	Opening, ground rules and pre-test	Module E session 1: identification & registration	Module E session 2: assessment	Module E session 3: case planning	Module E session 5: follow-up & review
		Exercise 1	Exercise 1	Exercise 2	Exercise 1
	Module b: case management process				
	Exercise 1	Exercise 2	Exercise 2		Exercise 2
	Exercise 2				Exercise 3 (30 min no group work)
	15 Minute break				
	Module c: case management principles				Module E session 6: case closure
	Exercise 1	Exercise 3	Exercise 3	Exercise 3	Exercise 1
	Start Exercise 2		Exercise 4	Exercise 4 (45 min case conferencing or group work)	Exercise 2
			Start exercise 5		
	1 Hour lunch				
				Module E session 4: Implementing the Case Plan	Module F: Self-Care
	Finish exercise 2	Exercise 4	Exercise 5	Exercise 1	Exercise 1
		Exercise 5	Exercise 6	Exercise 2	
	15 Minute break				
				Module F: self-care	
Exercise 3	Exercise 6	Exercise 7	Exercise 3	Exercise 2	
Exercise 4	Exercise 7				
		Module E session 3: Case Planning			
		Exercise 1			
17:00	Closing	Closing	Closing	Closing	Closing, Post-Test and Evaluation

PARTICIPANT PROFILES

Caseworkers: For guidance on training caseworkers with limited prior training or experience in child protection or case management see the section below on customising the training. *Caseworkers* who are not managers but acting as supervisors should complete Manager/Supervisor Session 3: Supervision, but do not need to complete the other two modules in this section.

Managers and Supervisors: If managers and supervisors have not previously been trained and / or are not practiced in case management, they should be directly involved in the training on the Caseworker Modules, so they learn and develop skills in the same way as caseworkers, and because they are accountable for the standards the programme aims to meet. Releasing managers / supervisors for this may be challenging if the programme is underway. Additional capacity may be needed to provide the training or run the programme while the manager / supervisor take part in the training, which may require funding.

OTHER AUDIENCES

Agencies: The training can be used with one agency or an interagency group. The latter can support relationship building and coordination.

Government: The primary audience for the training is non-governmental organisations as governments may have additional procedures that affect the directions provided. However, if governments wish to use this training it is recommended that it be coordinated with any other training that is or has taken place, and extra attention paid to customisation (description below).

Referral Actors: This training is designed for caseworkers and their managers and supervisors. Training may be needed for key service providers or referral actors involved in case management. However, it is recommended that such training be developed separately. Content may include: understanding what case management is, communication with children, confidentiality and the referral pathway.

Community Based Groups: It is recognised that the level to which community based groups perform the role of a caseworker will vary from context to context. In general, this training is not designed to target community based groups, particularly those not involved in case management.

DELIVERING THE TRAINING

CUSTOMISING THE TRAINING

Facilitators will need to customise (adapt) the content of the training according to participant expectations and learning needs.

The first step is to decide which modules are relevant for the target group and context. This can be done by:

- Reviewing the competencies and learning outcomes of each module (see below) to help you decide which content to cut or emphasise.
- Asking participants to complete a Participant Profile ahead of the training.

It may be helpful to train staff of different levels separately, to balance group dynamics and ensure full participation; e.g. training caseworkers in one group and manager/supervisors in another.

If participants have limited prior training or experience in child protection or case management it is strongly recommended that you:

1. **Orientate them on case management first**, e.g. ask them to read Standard 15 before the training.⁴
2. **Facilitate Module A: Foundations in full**: If participants don't have this foundation knowledge a lot of the later training is unlikely to make sense. You may need to allocate another day for this module as it is currently designed as a refresher.
3. **Keep the overall level simple** – the training is designed for an average participant level. You may need to take more time or simplify sections so that participants understand.
4. **Consider the need to add additional content**: including on specific child protection concerns/needs (e.g. working with separated children or survivors of sexual violence). For guidance and resources on this you can contact the Capacity Building Task Force of the CPWG (see cpwg.net).

If you are not including Module A: Foundations in your training, note that the case management principles – Empower Children and Families and Building on their Strengths; Provide Culturally Appropriate Processes and Services; Practice Based on Sound Knowledge of Child Development, Rights and Protection, are not covered elsewhere in the training package and so still need to be brought in elsewhere.

Due to the diversity of case management systems and needs in different contexts, further customisation (contextualisation) of the following modules is needed:

Specific exercises to customise:

- Module A Session 1: Where local culture and customs are discussed.
- Module A Session 3: Optional Exercise - Using the Justice System in Case Management
- Module D: Attention to culture, custom and language may be needed.
- Module E 3 and E 5: If you are using case conferences, including Best Interests Determination or case management meetings.

Further customisation of the material is needed for:

- **Tools**: Tools that have been agreed locally should be used instead of sample tools.
- **Case Studies**: Information in the Core Case Studies should be reviewed and made relevant to the context; including the nature of the case and interventions made. What is in the child's best interests will vary according to context, so it is not possible to give a globally appropriate case study. To be as clear as possible with participants, it is recommended to consult colleagues with local knowledge.
- **Timeframes** (timescale targets): may need to be adapted for each of the case management steps.

4. Minimum Standards for Child Protection in Humanitarian Action (2012), Child Protection Working Group

- ↻ **Steps** within the case management process: Individual steps should not be eliminated but different terminology can be used to describe them locally.
- ↻ **Video** - If video has been used in the Training Manual (Modules A and D) and it will not be possible to use this in training, then a presentation or role play should be developed instead.

PREPARING FOR THE TRAINING

Participants: Provide participants with a copy of the participant agenda and any prior reading to be completed ahead of the training so participants are informed about the content and subject.

Resources: There is a list of all resources (handouts and trainer resources) at the start of each Module Plan and an icon in the Session Notes when handouts should be shared. Copy and organise resources in advance of the training. Make sure there are enough for each participant or each group as appropriate.

Training Materials: In addition to the handouts and facilitator resources the following materials are needed:

- ✓ Training room (large enough for all participants, facilitators, group work and activities)
- ✓ Separate room for breaks / lunches if possible (so the training venue is not disturbed)
- ✓ Food and refreshments, transportation / accommodation
- ✓ Flip chart stand(s), flip chart paper, coloured marker pens, masking tape or sticky tack to stick flip charts
- ✓ Participant pens, notebooks and folders
- ✓ Projector and laptop (if using the slides), speakers and internet (if using videos), camera with video function (if videoing participant interviews see below)
- ✓ Plain card / thick paper for certificates, envelopes for certificates
- ✓ Folder, punched pockets / paper clips, hole punch, stapler and scissors for organising resources
- ✓ Ball of string / wool / rope for referrals activity
- ✓ Additional printing paper and ink (unless using a company to print)
- ✓ If possible: name badges, prizes / sweets for activities

Venue: The venue should be checked and set up the day before the training. All equipment should be tested. There are different ways of setting up the training room, depending on the possibilities and context. Consider fresh air, light, ease of movement, sight lines from different angles, and the display of materials.

Agenda: After customising the training you can prepare your agenda. You may need to allocate more time for sessions, depending on your facilitation style, the logistics of the training or if you have a co-trainer.

Following up on planned actions:

- ↻ In both the Manager/Supervisor and Caseworker trainings it is optional to develop an action plan (optional exercise in Module C and Module G1). Before training begins, consider and plan who will be available in country to follow-up, to ensure action plans are implemented.
- ↻ If you are introducing Supervision through this training, think about who is available to provide support and coaching to newly trained Supervisors as they begin to implement the learning and tools shared.

If capacity is not available in country you may need to advocate and fundraise for this. Several key donors have committed to operationalising the Minimum Standards and should therefore be supportive of such efforts. For support contact the global CPWG: <http://cpwg.net>

FACILITATING THE TRAINING

Co-Trainer Support: A co-facilitator is strongly recommended for this training, due to its length and style, to ensure maximum learning during the various activities and group work. For example, with one facilitator it may not be possible to use more than one Core Case Study. Furthermore, the training becomes more dynamic if there is a change of facilitator for each exercise or session as appropriate. Once the timetable is agreed, the trainers can divide the modules between them, according to experience and interest. Take time to establish a comfortable and effective working relationship. Good team work will affect the quality of the learning. Trainers will likely need a meeting to reflect and plan at the end of each training day.

Videoing: If budget is available it is recommended that participants are videoed conducting role plays on communication with children and families. This supports competency development, learning and reflection as participants can observe themselves. It is recommended that this is done with participants individually or in small groups and in the language they will use with children and families. They can then share their own observations and the trainer can give feedback (and participants, if briefed on how to provide it). This can be done at the start and end of the training and at additional points during the training if possible. At minimum it should be done at the start and end of Module D: Communication and Case Management.

Introducing the Training – Depending on the module you choose to start your training with, time for introducing the training will need to be factored in at the start. This may mean starting earlier, finishing later or condensing some content. This requires an introduction or welcome from the facilitator, an ice-breaker and participant introductions, setting ground rules and sharing housekeeping information, an overview of aim, objectives and agenda for the training. This takes at minimum 30 minutes. An additional 30 minutes is needed if participants will complete a pre-test. Additional time is needed if participants may be late.

The Ground Rule of Confidentiality: As this training is on case management, and confidentiality is one of the case management principles, when setting the ground rules for the training you will need to ensure that participants are very clear about how to maintain confidentiality during the training. This may need to be refreshed throughout the training, especially before exercises where case studies or personal experiences are discussed. You should highlight that, while participants can talk about their experiences as a caseworker, if they are sharing a case example they should not use identifying information, which includes the person's name(s), exact age, location or any other details or descriptions that would mean someone hearing the example could identify the person. You may want to give an example of details that might be shared, even without names, ages and exact locations, but could still lead the person to be identified.

Disclosures: The subjects discussed in this training manual are sensitive and potentially distressing to participants who are survivors of abuse or who have experienced emergencies first hand. It is recommended that the facilitators organise to have a separate person, who is trained in handling disclosures, available on site, to support any participants that become upset or make a disclosure during or after training. Participants should be made aware of this person and how to contact them.

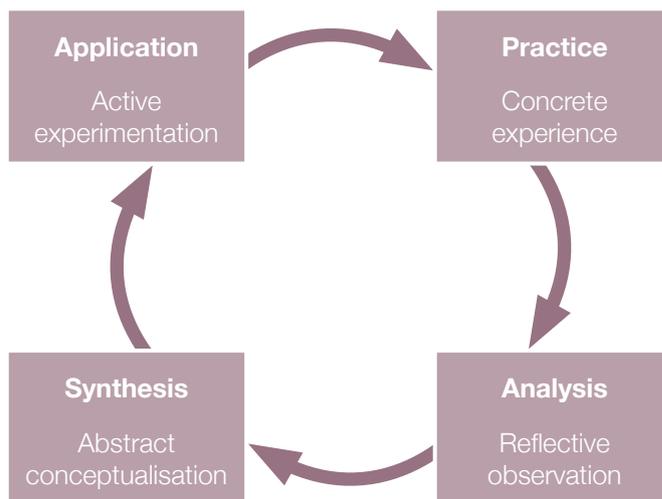
Experiential Learning - The Training Manual has been designed so that learning is active and experiential where possible (see below). Where participants are already doing case work it is likely that their practice may differ from that recommended in the Guidelines. Reflection on current practice before and after exercises that expound on the Guidelines is regularly prompted in the Training Manual.

EXPERIENTIAL LEARNING

Most adults do not retain information if they are only passively involved in learning. Active learning helps participants remember and use what they have learned. This involves interaction and participation as well as time to reflect on and repeat what one has learned. Training should be active, but it should also be experiential – this means that participants should experience something practical in a participatory way before theorising the experience and applying the learning.

This 4 step approach to learning was developed by Kolb:⁵

THE STAGES OF EXPERIENTIAL LEARNING



1. A concrete **experience** - Practice
2. A **reflection** on the experience - Analysis
3. **Elaborate** better **ways to approach the experience** - Synthesis
4. Go through the **experience** actively **again** - Application

The approach is useful because it delivers information in small pieces in order to prevent overload and tiredness. It also gives participants the opportunity to both practice and reflect on the material that they have learned.

Participatory Techniques – the following techniques are used in the Training Manual. Using diverse techniques responds to varied adult learning styles and supports learning for all participants.⁶

5. Working with Children and Their Environment (no date) Terre des Hommes: <http://tdh-childprotection.org/documents/working-with-children-and-their-environment>, pp. 13 – 14.

6. For more information see: www.2.le.ac.uk/departments/gradschool/training/eresources/teaching/theories/honey-mumford. A learning styles questionnaire can be found at: www.science.ulster.ac.uk/nursing/mentorship/docs/nursing/oct11/Learning%20Styles%20Questionnaire%20%20short%20version%20Aug10.pdf

Plenary Discussion	Verbal exchange of ideas between facilitators and participants. Should be limited to one topic. Brainstorming in plenary provides a quick way to generate ideas from the group. First a question is posed and then ideas are written on a flip chart.
Turn and Talk (Pair Work)	Participants discuss in pairs / small groups where they are seated. This can be used when you do not have enough time for group work but you want to generate discussion among participants and / or break up a presentation.
Individual Reflection	Individual reflection can be used in preparation for role plays, to track individual learning or as a form of brainstorming. Participants can write ideas on sticky note and pastes them to a piece of flip chart paper or hands them to the trainer to display. It is useful when reflecting on confidential topics.
Gallery Walk⁷	Participants circulate around the room, compose answers to questions, and/or display their work, and read and reflect upon answers given by other participants. A gallery walk is an engaging active learning technique that involves movement, allows for the participation of the whole group and helps re-energize participants. In a gallery walk, participants are able to see how others approached an activity or question, learn new ideas from their peers and refine their own ideas based on the new information they see. Furthermore, in a gallery walk, the trainer can assess participants' understanding of material. Participants should always be engaged in the work they are reviewing, e.g. by adding something to others' work or looking for similarities/differences among their peers' work and responses.
Case study	The group is presented with information on a real or realistic situation. They discuss and analyse the issues and can spend longer providing solutions and actions.
Activities	Usually done in teams and used to get a message across. May involve the use of props.
Role Plays	Participants act out a commonly encountered situation, making them picture what they would do in that situation and to generate discussion on do's and don'ts. This gives them first-hand experience of how it would feel to be in that situation, even if they don't already have any.
Teach Model Practice	The trainer explains and demonstrates how to do something and then participants complete the task for themselves. Useful when sharing a technique that needs to be done in a particular way and without on-going support from the trainer / caseworker.
Quiz / Re-Cap	A quiz / re-cap can be used to show what a participant already knows or to reinforce what has been discussed in a session. For suggestions contact the Capacity Building Task Force of the CPWG: http://cpwg.net Key learning points are shared at the end of all exercises where appropriate and learning outcomes should be revisited at the end of each session to support re-capping of learning.
Handouts	Sharing handouts is helpful for participants who learn best through reflecting on what has been discussed, experienced and shared in the session afterwards.

7. Creating Healing Classrooms: A Multimedia Teacher Training Resource (2011), International Rescue Committee



Ice-Breakers and Energisers: Energisers have been included in most modules of the Training Manual, matching with a key learning from that module. Additional ice-breakers, energisers and activities to get participants into groups can be found in: A Parrot on Your Shoulder⁸ and 110 Ways to Energize Groups.⁹ Presentations from optional exercise Creative Interview Techniques in Module D: Communication and Case Management can also be used as energiser throughout the training (see the facilitator note in the module).

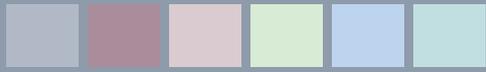
Closing the Training – needs evaluation forms to be completed, certificates to be provided and time for any closing speech and photos. This takes at minimum 30 minutes. An additional 30 minutes is needed if you want participants to complete a post-test.

EVALUATING THE TRAINING

Reporting: Think about reporting before training and agree how and when to write it. It is easier to write up key notes at the end of every day, as part of a daily review and in preparation for the following day, than to wait until the end of the training when details are forgotten.

8. A Parrot on Your Shoulder: A guide for people starting to work with orphans and vulnerable children (2004) International HIV/AIDS Alliance, www.savethechildren.org.uk/sites/default/files/docs/Ch_7._Annex_C_Parrot_on_your_shoulder_1.pdf

9. 100 Ways to Energize Groups: Games to use in workshops, meetings and the community (2002) International HIV/AIDS Alliance www.participatorymethods.org/resource/100-ways-energise-groups-games-use-workshops-meetings-and-commuinity



MODULES A – F: CASEWORKER MODULES



MODULE A. FOUNDATIONS

MODULE AIM:

To provide participants with basic knowledge of child rights, development and protection so they can apply this to achieve child protection outcomes during case management.

TIMING:

6 hours 30 min

SESSIONS:

1. Childhood and the Protective Environment (2 hours 45 min)
 2. Child Development (1 hour 30 min)
 3. Child Protection (2 hours 15 min)
-

CHILD PROTECTION MINIMUM STANDARDS:

7 – 14: Child Protection Needs

CPIE COMPETENCY FRAMEWORK:

- ↻ Understanding protection concerns for children
- ↻ Understanding child protection programming
- ↻ Using a rights-based approach in child protection
- ↻ Cultural sensitivity

CASE MANAGEMENT GUIDELINES COMPETENCY:

- ↻ Know the theoretical framework needed for working with children and families: relationship dynamics in the context; child development in the context; cultural practices impacting on child welfare.
 - ↻ Adapt and be flexible: Be flexible and open to changes; adapt to cultural differences
 - ↻ Support and motivate a person / a group
-

RESOURCES:

- ↻ Flip chart paper, stand, pens and masking tape
- ↻ Participant notebooks and pens
- ↻ Laptop, projector (internet and speakers needed to show the optional videos)
- ↻ Sticky tack

Facilitator resources:

- ↻ Children's Capacities Completed Example
- ↻ Child Development Re-Cap
- ↻ Signs of Abuse Cards

Handouts:

- ↻ Session 1 Exercise 1 Group Work
- ↻ Session 2 Exercise 1 Handout – Child Development
- ↻ Session 2 Exercise 2 Group Work: Children's Capacities at Different Ages
- ↻ Session 3 Optional Exercise: Working with Legal Frameworks
Module Presentation
Working with Formal Legal Frameworks
- ↻ Module Presentation

■ SESSION A.1. CHILDHOOD AND THE PROTECTIVE ENVIRONMENT

Aim	To help participants consider how childhood and the protective environment vary depending on the context where the child lives and why understanding this is important for case management.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Compare the legal, cultural and contextual standards and approaches to child rearing and child protection locally. ➤ Recognise the importance of knowing legal, cultural and contextual standards and approaches to child rearing and child protection to case management. ➤ Relate the concept of the protective environment to child protection. 	
TIME	2 hours 45 minutes	
BODY		
1 hour 30 min (Page 24)	Exercise 1: Our Context: Group work to discuss childhood and family life in the context where participants are working.	Preparation Handout
30 min (Page 25)	Exercise 2: Culturally Appropriate Casework: Reviewing and discussing the case management principle: Provide Culturally Appropriate Processes and Services.	
45 min (Page 26)	Exercise 3: Protective Environment: Discussing the protective environment there might be around a child.	

Module Introduction (5 min)

SHARE the aim and learning outcomes for the session (slide 3) and exercises according to agenda.

SAY > In this module we are going to cover four of the case management principles:

1. Provide Culturally Appropriate Processes and Services – we will look at this in Session 1 when we explore children and childhood in different communities and cultures, and think about how to provide culturally appropriate services.

2. Empower Children and Families to Build upon Their Strengths – we will look at the importance of child and family participation in Session 1 when we look at the protective environment model. This is looked at in more detail in Module E1 Exercise 2 and Module E2 Exercise 3.



3. Conduct all Case Work Based on Sound Knowledge of Child Development Child Rights and Child Protection. As standards for the treatment of children vary across cultures and regions, it is essential to understand universal standards of child rights to ensure international norms and standards are respected and incorporated into case decisions.¹⁰ Session 1 looks at the protective environment and child rights, Session 2 looks at child development, and Session 3 at child protection.

¹⁰. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force.

Exercise 1 - In Our Context (1 hour 25 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to compare the legal, cultural and contextual standards and approaches to child rearing and child protection locally.

PREPARATION > Make sure you know what the UNCRC and the national law says about the questions asked (and other key areas of child protection where possible).

FACILITATOR NOTE > This exercise helps the trainer learn about the context, introduces the rest of the module and helps to establish how much participants already know about childhood, child development and child rights.

SAY > In this exercise we are going to look at childhood in relation to the communities we work with. The session is designed to relate to the case management principle: “Provide Culturally Appropriate Processes and Services”. This exercise will help us to begin thinking about what that might look like where we work.



GROUP WORK

SAY > You are going to work in groups for 15 minutes to answer a set of questions I will provide you with. Prepare a presentation to share with the group and nominate someone to present to the group.

COUNT OFF participants into 3 groups by asking them to line up in order of ‘how long they have worked in child protection’ (or another topic as appropriate). Put those with most experience in Group 1, those with less in Group 2 and those with the least in Group 3.



SHARE the Module A Session 1 Exercise 1 Group Work handout with each group.

PRESENTATION > After 15 minutes of group work have presentations for 5 minutes per group. At the end of each presentation make the necessary corrections where there is a clear answer.



PLENARY DISCUSSION > When all groups have presented, invite questions and discussion. If this did not already come up in presentations, ask if the answers might differ for certain groups of children in the community – e.g. according to tribe, sex, religion, urban / rural etc.

SHARE the key learning points for the exercise (slides 5 and 6).

SAY (after slide 5) there are different expectations for children in different cultures. Cultural expectations of childhood can differ from the realities of childhood. National law and international child rights standards set different expectations for childhood again. It is important for you to understand all these dimensions of childhood to be effective in case management.

SAY (after slide 6) we may have experienced our own childhoods a long time ago and so it is easy to forget what it is like to be a child.

- Situations also change for different generations of children.
- Children's participation in case management is therefore essential.



CHECK if participants have any final questions / comments before moving on.

Exercise 2: Culturally Appropriate Case Work (30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to recognise the importance of knowing legal, cultural and contextual standards and approaches to child rearing and child protection.

PREPARATION > If participants have not done any case management before, you may need to simplify this exercise to make more time for plenary discussion and gauging participant attitudes and using the 'Car Park', while returning to the slides later in the training, e.g. in Module C: Case Management Principles.

SAY > This exercise helps us think about why the principle: "Provide Culturally Appropriate Processes and Services" is important in case management.



PLENARY DISCUSSION > Why might culturally appropriate processes and services be important for effective case management?



WRITE the key points that participants share on flip chart.

SAY > Without consideration of the cultural context, the quality of case management services can be hindered.¹¹

SHARE Slides 8 and 9 on what caseworkers can do to provide culturally appropriate services.



CHECK if participants have any questions on the points shared.

11. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force.



PLENARY DISCUSSION > Would we use the same approach where community care and protection methods are harmful to children?

SHARE Slides 10 and 11 on when the best interests of the child conflicts with cultural values.

SAY > In some contexts, confronting these protection issues and cultural practices can lead to conflict and may create additional risks for children, families and communities as well as for caseworkers.¹² This is why it is essential to assess risk before acting. It is also why we are discussing this point early in the training, but we will come back to it throughout the training as it is a very complicated part of case management.

SAY > With difficult issues like female genital mutilation, non-education of girls or child labourers we can:

- ↻ Develop harm reduction strategies
- ↻ Seek to address the underlying causes of social conditions.¹³
- E.g. families who send girls to school might be given priority access to cash transfer or livelihood projects.
- You may also find that health messages work better than rights messages on some issues, e.g. health messages against early pregnancy or child labour rather than questioning early marriage or child labour from a rights perspective.

CHECK if participants have any final questions / comments before moving on.



SHARE the key learning points (slide 12).

Exercise 3 - Protective Environment (40 min)

LEARNING OUTCOME > By the end of this exercise participants will understand how the concept of the protective environment relates to child protection.

FACILITATOR NOTE > This exercise can also be done standing. A participant represents the child and other participants represent different layers of the protective environment. The participants join hands to form rings around the 'child' as layers are discussed and agreed upon. This works best with two facilitators.

SAY > In this exercise we are going to look at child rights and the protective environment. The exercise relates to the case management principle that: We should conduct all case work "Based on Sound Knowledge of Child Rights". We also look briefly at the case management principle: 'Empower Children and Families to Build upon Their Strengths' which we will return to later in the training (Module E Session 2).

12. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force.

13. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force.



Activity

SAY > I would like you to draw a diagram on a piece of paper / in your notebook. The diagram will show a child in the centre. Then I want you to draw / write names of all the different kinds of people who might have responsibility for the child or participate in their protection. You can put these people into layers or circles depending on who is most important / closest to the child you have in mind. Give them a few minutes.



CHECK participants have understood by moving around the room. It may help to draw a picture on flip chart paper of the circles that are included in the Protective Environment model but without any of the labels.

SAY > How many different kinds of people did you come up with? (Ask the person with the most to share some of them with you).



WRITE the examples that they share on sticky notes and display them on the flip chart.

SHARE the Protective Environment model on slide 14.

SAY > The protective environment is a model developed to explain who is responsible for delivering children's rights, or making sure that the environment around them is protective.

SHARE how some of the examples they came up with fit into the different levels:

- Draw out the Protective Environment on a fresh piece of flip chart
- Take each of the sticky notes you wrote out before in turn, and ask participants which layer of the protective environment the example falls under. Continue until all the sticky notes are in place.

FACILITATOR NOTE > It is important to emphasise children's responsibilities here, including children's responsibilities to each other, which forms an important part of the protective environment. Children's responsibilities are included in the UNCRC and are further emphasised in the African Charter on the Rights and Welfare of the Child.

Empower Children and Families to Build upon Their Strengths



CHECK if participants have any questions so far.

SAY > We are now going to briefly discuss the role of the child and family in case management.

PLENARY DISCUSSION > If needed, facilitate plenary discussion on the following questions:

- How do we define a family? What types of family are there?
- What are some general features of a family?
- What part do they play in children's lives and their protection?

SHARE the following from the case management principle Empower Children and Families to Build upon Their Strengths:¹⁴



All children, and their families, possess resources and skills to help themselves and contribute positively towards finding solutions to their own problems. Caseworkers must engage children and families to play an active role in case management.

Case management should focus on empowering children and their families to recognise, prevent and respond to child protection concerns themselves.

In addition to identifying problems and providing services, caseworkers must consider the child and family's strengths and resources, or 'protective factors', and how to build their capacity to care for themselves.

While caseworkers are providing an important service, it is ultimately the child and their family's lives that are affected; they must always be active participants in the decisions made for their care.

Helping children to participate in decision-making is an important part of the recovery process which builds their sense of control over their lives and helps them to develop natural resilience.¹⁵

SAY > This will be discussed more later in the training.

SHARE the Key Learning Points (slide 15).



CHECK if participants have any final questions / comments before moving on.



FACILITATOR NOTE > Risk and Protective Factors within the child's protective environment are discussed in Module E1: Identification and Registration. How to identify strengths is discussed in Module E2: Assessment. This is incredibly important as it will help us build case plans about child and family support systems. This means that any case work that is done will be more sustainable as there will be a system to support it once the case is closed and the caseworker is no longer actively involved.

Session Conclusion (5 min)



REMIND participants of the session aim and learning outcomes (slide 16) and ask if they feel they have been met.

SAY > This session should have helped you to think about how to provide culturally appropriate services, the role of others in delivering children's rights to protection, and the importance of empowering children and families to protect themselves; something we will discuss more later.

SAY > In the next session we will look at child development and its relevance to case management.

14. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force.

15. Resilience is the ability to survive and even thrive under abnormal or difficult conditions. For more information see www.resilienceproject.org

■ SESSION A.2. CHILD DEVELOPMENT

Aim	For participants to learn how humans develop throughout childhood and some key positive and negative influences on child development.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Explain how experiences and family relationships may affect child development. ➤ Give examples of key capacities children of different ages usually have and how these vary according to context. ➤ Relate the concept of the protective environment to child protection. 	
TIME	1 hour 30 min	
BODY		
45 min (Page 29)	Exercise 1: Supports and Challenges to Child Development: The impact of family relationships, attachment and toxic stress on child development.	Internet Handouts Facilitator Res
45 min (Page 35)	Exercise 2: Children’s Capacities: How children develop at different ages and stages of life, considering cultural differences.	Handout Facilitator Res

Session Introduction (5 min)

SHARE the aim and learning outcomes for the session (slide 18) and exercises according to the agenda.

SAY > In this session we will look at child development. First we look at how children develop at different ages and developmental stages. Then we will look at the role of the family in child development and the impact of child abuse on child development.

Exercise 1 – Supports and Challenges to Child Development (40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to explain how experiences and family relationships may affect child development.

SAY > In this session we are going to look at child development and the case management principle that: We should conduct all case work “Based on Sound Knowledge of Child Development, Child Rights and Child Protection”.

Without such knowledge, case plans may not adequately address children’s needs and uphold their rights, and could even be harmful to the child. Child development knowledge helps you determine how to involve and communicate with children, depending on their age and evolving capacity.¹⁶

16. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force., Section 1.



CHILD DEVELOPMENT

SHARE Slides 20 and 21 on Child Development and why it is important for caseworkers.

SAY > (About slide 20) The graph shows that 80% of a person's brain develops by the time they are three years old. The first three years are very important. The way the child's brain develops during these first three years can affect the child for the rest of his or her life. It has an impact on children's ability learn, how they behave, communicate, interact with others, and how they cope with change and stress throughout life. Evidence also shows that the brain changes in adolescence, due to puberty, affecting motivation and emotion primarily.¹⁷

SAY > (About slide 21) Scientific evidence shows that:

- The environment in which children live
- The experiences they have
- The care they receive
- The type of interactions that children have with their parents/ caregivers (especially in the first three years of a child's life) have an impact on children's brain development.

Nutrition; safe, positive, non-violent environments; and positive relationships with parents/ caregivers can help children's brains develop to their full potential. Conversely, poor nutrition; unsafe, negative, violent environments; and lack of love and nurturing relationships with parents/ caregivers can have a *negative* effect on children's brain development.

FACILITATOR'S NOTE > You can either share the following information verbally, use the video link provided, or a mixture of both to facilitate the next part of the exercise.

SAY > This part of the exercise will help us understand how children's brains develop and it will provide you with some ideas for how to help children develop as fully as possible.



SHARE the film: Experiences Build Brain Architecture (2 minutes). (If you don't have internet the below information cover all the points included).

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/brain_architecture/

SAY > We are born with around 100 billion *brain cells* called (neurons).¹⁸ Throughout our lives, we will not grow many more brain cells. What *do* continue to develop after we are born, especially in the first three years of life, are things called circuits (*synapses*) between these brain cells. Circuits pass electrical or messages (chemical signals) between brain cells, which is how the brain works.

These circuits enable children to do things, like understand language, talk, think, learn, walk, catch a ball, trust others, and manage their emotions. They are like electrical wires that - when connected - enable the lights to turn on.

17. Adolescent Brain Development: A period of vulnerabilities and opportunities, (2004) Dahl, R. New York Academy of Sciences, 1021: 1-22.

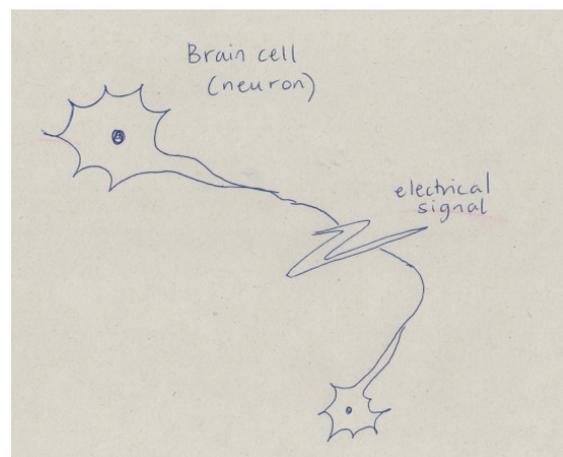
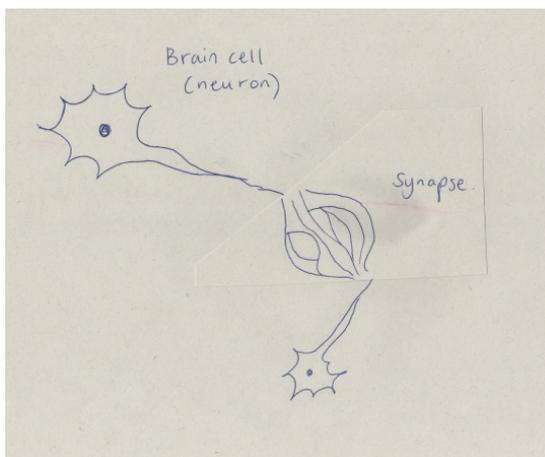
18. Children and Brain Development: What We Know About How Children Learn (2001 and 2011) J. Graham and L.A. Forstadt: <http://umaine.edu/publications/4356e/>

If the synapses or circuits between neurons are used repeatedly, they become permanent. If they are not used, they will remain weak and may die away (e.g. when we forget the vocabulary of a language we do not practice). This also affects adults, especially as they age.

FACILITATOR NOTE > You may want to use the following example to help explain this. Imagine there is a village with many, many homes. Between these homes is the bush. For people in the homes to know each other, form positive relationships, and work together well, there must be paths that connect the homes. For the path to be clear and to not become overgrown, this path must be walked and cleared regularly. If you do not walk the path regularly between your home and other homes, the path will become difficult to see, the relationship between people in your home and in the other homes will suffer. It is similar with the pathways between cells in the brain. For positive neurological pathways to develop and become strong, the pathways must be used.



WRITE > You may want to draw some pictures of brain cells forming circuits when electrical signals are triggered through learning, as shown below.



CHECK if participants have any questions before you move on.

THE IMPACT OF NURTURING, LOVING PARENTING ON CHILD DEVELOPMENT

SAY > So now we know how the brain develops, we are going to look at the role of parents on child development, and the affect parental love and nurturing can have. This is something you may be able to support through case management.

SHARE Slide 22 The Impact of Nurturing, Loving Parenting.

SAY > Loving, nurturing experiences with caring adults activate the circuits between brain cells and help children learn positive skills and ways of interacting with others and getting their needs met.

Parents / caregivers can do many things that can help stimulate children's brains in positive ways and help them develop positive skills.



Quality, stable relationships (often referred to as secure attachments) between children and parents are good for child development.

SHARE Slide 23 on Attachment.



FACILITATOR NOTE > You may want to demonstrate the following activity to explain attachment and its implications for child development further. You may also find the following video useful: <http://www.youtube.com/watch?v=apzX-GEbZht0>

ATTACHMENT ACTIVITY¹⁹

PREPARATION > Get 3 glasses half filled with water.

DEMONSTRATE > Start with two glasses. Hold one in each hand. Tip the water back and forth between the glasses as you tell the story. (One glass represents the child and one represents mother/primary caregiver).

SAY > 'It all starts in the womb.... With liquid exchanges, food and nourishment exchanges, the connection through the first movement of the baby – butterflies, kicking, singing, talking and responses... Then the baby is born... the maternal infant dance.... Touching, holding, smells, cuddles, rocking, cooing, laughing, smiles, snuggling, babbling, sucking, clinging, face to face interactions, kissing, cleaning / washing, giving nutrition...The mother brings pleasure.... Soothing... nourishment...The infant brings pleasure to mother...'

Essentially there is a **RECIPROCAL POSITIVE FEEDBACK LOOP**, which forms the attachment. These neuro-chemical activities lead to normal brain development.

PLENARY DISCUSSION > What happens if something dramatic or incredibly stressful occurs?

DEMONSTRATE > Pour water from the child's glass into the mother's glass until there is almost no water left.

PLENARY DISCUSSION > What does the child need to do to survive?

SAY > Stop giving...

DEMONSTRATE > Put the mother's glass down and place your hand over child's glass.

SAY > Then a new caregiver comes in... (perhaps a foster carer). They start to try and give to the child but what happens?

DEMONSTRATE > Pick up the remaining glass and keep your hand over the child's glass. Try to pour water into the child's glass so that it splashes over your hand.

19. Child Protection in Emergencies Face to Face Training (2014) Child Protection Working Group (unpublished).

PLENARY DISCUSSION > The child is not able to accept their interactions. It takes a lot of time and effort from the new caregiver before the child can open up again.

SAY > 'Bonding is the PROCESS of forming an attachment...Attunement is the reciprocal nature of quality attachment...' Without STABLE, CARING and STIMULATING caregiving the child's potential for normal attachment and bonding will not be realised.

SHARE Slide 25 on what happens if attachment is disturbed.

FACILITATOR NOTE > It may be useful to share the benefits of family-based care compared with residential care here, especially if your case management services focus on children without appropriate care.

THE BENEFITS OF FAMILY-BASED CARE COMPARED WITH RESIDENTIAL CARE²⁰

Family-based care is preferable to the use of residential care, particularly over the long-term.

- Care should be arranged within the child's own community.
- Residential care should be used as a temporary measure until family-based care can be developed.
- No new residential facilities should be established that are designated to provide care for large numbers of children on a permanent or long-term basis.

Depending on how family-based care is used traditionally, and on the way agencies support and monitor foster and kinship care, it has a range of benefits including:

- The child remains within a family setting and is therefore better prepared for family reunification.
- The child is more likely to have individual attention than in a residential setting, resulting in stronger child development and wellbeing outcomes.
- The child builds up a social support network and gains support from the family and the community.
- The child is integrated within the community, using community-based services such as schools and health clinics, and is at less risk of being targeted and stigmatised.

The priority for children under three to be in family-based care: Children under the three are particularly vulnerable to the harmful effects of institutionalisation. They typically are unable to receive the individual attention and stimulation required for their healthy development. Often, young children will spend a significant proportion of the day in a cot, with limited opportunities to experience the outside world.

This has a number of detrimental effects including: Physical under-development; hearing and vision problems; developmental delays; poor health and sickness; isolation during illness, when they most need comforting; physical and learning disabilities as a consequence of developmental delays; emotional and social problems as a result of a lack of an emotional attachment during early childhood.

20. Adapted from: Alternative Care in Emergencies Toolkit (2013), Interagency Working Group on Unaccompanied and Separated Children, pp. 60-61.



CHECK if participants have any questions before you move on.

THE IMPACT OF TOXIC STRESS ON CHILD DEVELOPMENT

SAY > Now we understand the role of love and nurture on child development, let's look at the impact of toxic stress on child development.

SHARE Slide 26 – The Impact of Stress on Children, explains that most stress is not harmful. Then share slide 27 which looks at different types of stress, including toxic stress, which is harmful. You may wish to share the below examples of the different types of stress, which will largely depend on the situation:

- Positive Stress: meeting strangers, dealing with every day frustrations (not getting what you want).
- Tolerable Stress: death or serious illness of a loved one, a frightening injury, parental divorce.
- Toxic Stress: chronic neglect, family violence, physical or sexual abuse, parental mental illness, ongoing emotional abuse.

SAY > Strong, prolonged or repeated physical or emotional stress (including forms of child abuse or children repeatedly witnessing violence in their home or community) can have a negative impact on children's development if it is chronic, uncontrollable or experienced without the child having supportive caregivers to help them through it.

When children experience prolonged or repeated periods of physical or emotional stress, their brains produce a stress hormone (*cortisol*). High levels of this hormone over time can deteriorate the connections or circuits between brain cells and damage the way the brain functions.²¹ This is called 'Toxic Stress'.

When children are abused or exposed to violence, their brains are focused on survival and responding to threats. As a result, other parts of their brain aren't activated as frequently and won't develop as fully.²²

The presence of an adult that a child is attached to can help the child to regulate their stress levels, but without such an adult, stress may have the negative impacts just described.



SHARE (if helpful) the film 'Toxic Stress' (2 minutes).

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/.

SHARE Slide 28 -Impact of Extreme Neglect on Brain Development

21. Children and Brain Development: What We Know About How Children Learn (2001 and 2011) J. Graham and L.A. Forstadt: <http://umaine.edu/publications/4356e/>

22. Understanding the Effects of Maltreatment on Brain Development (2009) Child Welfare Information Gateway.

SAY > Specialists viewing brain scans of the key emotional areas in the brains of **severely** abused or neglected children have likened the experience to looking at a black hole. In extreme cases (the right hand picture is of a child already neglected before birth) the brains of abused children are significantly smaller than normal, and the (limbic) system, which governs the emotions, may be 20–30 per cent smaller and contain fewer circuits (synapses). The brain does retain some degree of capacity to change throughout life, although at a much lower level than in childhood.²³



PLENARY DISCUSSION > What do you think could be done to prevent toxic stress?

SHARE Slide 29 - Preventing Toxic Stress - and slide 30 - Early interventions that can help.



PLENARY DISCUSSION > Have you heard of the term ‘resilience’ before? Can you help define it? (You may want to make a note of what they say on a flip chart).

SAY > Resilience is the ability to survive and even thrive under abnormal or difficult conditions. (For more information see www.resilienceproject.org). Efforts to increase resilience, such as early interventions, can help to reduce the negative effects of situations that can otherwise lead to toxic stress (as just described).



SHARE the key learning points (slide 31) and the Session 2 Exercise 1 handout – Child Development.



CHECK if participants have any final questions / comments before moving on.

FACILITATOR NOTE > A quiz to re-cap this learning is available in the Facilitator Resources. This needs editing before printing. Don’t share the handout before the re-cap as it has the answers!

Exercise 2 - Children's Capacities (40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to give examples of key capacities children of different ages usually have and how these vary according to context.

SAY > We are going to do some group work for 15 minutes to look at how children develop and what they can do at different ages or developmental stages, including how this might be different in different places. Each group will be assigned a different age group. If you feel that what children can or can not do does not fit clearly into the age brackets set in the handout, that is fine and you can mention that when you present.



SHARE the handout - Session 2 Exercise 2 Group Work: Children’s Capacities at Different Ages.

23. Early Intervention: The Next Steps, (2011) Allen, G. for UK Government, available from: <http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf>



SAY > You will need to complete the table for your age group and make your part of the table into a presentation on the flip chart. Make sure you think about the situation where you work.

SHARE Slide 33 - Child Development Group Work Questions, which outlines the following questions each group should look at:

- Children's capacities at different stages of development
- Any behaviour you would expect from children of the ages shown in the table.
- Any variation that may exist in terms of gender, disability, ethnicity and religion.

COUNT OFF participants into 4 groups and assign an age range to each group.

PRESENTATIONS > Give each group 5 minutes to present their work.



PLENARY DISCUSSION > Facilitate discussion on the following:

- Any points of clarification or additions? (Share and discuss the Children's Capacities Completed Example – in Facilitator Resources - if needed or refer to it if helpful).
- (If working in a humanitarian crisis) are children's capacities changing as a result of the crisis?
- Any other factors that may affect development?

SAY > The connections between brain cells (neurons) in different parts of children's brains develop at different times. As different parts of the brain develop, children become capable of doing new things. This is sometimes referred to as developmental 'stages' or 'milestones'.

It is important to remember that development does not occur in a straight line, evenly, or in the same way for each child. While development is sequential (each new area of development as it is achieved, in turn impacts on the next ones to follow - i.e. a child must be able to stand on one leg before they can master kicking a ball etc.), it varies from child to child and from culture to culture! *E.g. In Cameroon some babies sit alone on stools at 5 months –this would be considered exceptional in many countries.*

Given this, developmental milestones are simply a guide, not a prescriptive approach to child development, as children will vary significantly in their progression through mastering new skills. Some develop very rapidly, so it seems they miss a stage (e.g. those children who parents claim went from bottom shuffling to walking, missing crawling) whilst others may take a long time to progress but get there in the end. Some may do better with motor skill development and lag a little in language development, or vice-versa. Again this relates to the experiences the individual child has as well as their specific temperament.

The pace of development is very rapid in the early years and slows as the child becomes older. Hence it is in the early years when positive change can be most beneficial for the child, although this does not suggest that it is too late once the child reaches adolescence for positive change to occur. All of us can generally benefit from positive change throughout life.



(Link this back to the importance of early intervention)



SHARE the key learning points (slides 34 – 35) .

CHECK if participants have any final questions / comments before you move on.

Session Conclusion (5 min)

REMIND participants of the aim and learning outcomes for the session (slide 37) and ask if they feel they have been met.

SAY > Case management aims to enhance care and protection so that children can develop to the fullest extent possible.

SAY > The next session will look at the specific child protection concerns that children can face and which we respond to with case management.

■ SESSION A.3. CHILD PROTECTION

Aim	To introduce participants to the definitions of abuse, exploitation, neglect and violence and signs that can help identify abuse and child protection concerns.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Define child protection and know how protection concerns may differ in emergencies. ➤ List signs of child abuse, exploitation, neglect and violence. ➤ Relate children's rights to the justice system and be able to explain how justice systems may be used in case management. 	
TIME	2 hours 15 min + 1 h	
BODY		
1 hour 30 min (Page 37)	Exercise 1: Defining Child Protection & Understanding Child Abuse: Participatory activities and discussion to share and understand definitions and key issues.	Preparation
45 min (Page 41)	Exercise 2: Identifying Abuse: Key signs of the different categories of abuse.	Facilitator Res Preparation
1 hour (Page 42)	<i>Optional Exercise: Using the Justice System in Case Management:</i>	Preparation Handout

Module Introduction (5 min)

SHARE the aim and learning outcomes for the session (slide 39) and the exercises according to the agenda.

SAY > In this session we define the major forms of child abuse. We then look at some additional child protection concerns and some signs that may help us identify child abuse.

Exercise 1: Defining Child Protection and Understanding Child Abuse (1 hour 25 minutes)

LEARNING OUTCOME > By the end of this exercise participants will be able to define child protection and know how protection concerns may differ in emergencies.



FACILITATOR NOTE > Caseworkers need to receive specialised training in handling specific child protection needs, which needs to be covered in addition to this training.

SAY > In this session we are going to look at child protection. The session relates to the case management principle that: We should conduct all case work 'Based on Sound Knowledge of Child Development, Child Rights and Child Protection'. Without such knowledge, case plans may not adequately address children's needs and uphold their rights and could even be harmful to the child.²⁴

In this exercise we are going to look at the five core types of child abuse, as defined by the World Health Organisation. Later in the exercise we will look at the specific child protection needs that might be present where we are working and that are included in the Minimum Standards for Child Protection in Humanitarian Action (e.g. family separation).

SHARE Slide 41 - Define Child Protection to define child protection and child abuse.

SAY > Child protection is not the protection of all children's rights but is concerned with a subset of these rights: protection rights.



PLENARY DISCUSSION > Spend some time discussing what is meant by an 'omission' – failure to provide something that keeps a child safe (this can be referred to again when discussing neglect).



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- ↪ There are five types of child abuse, as defined by the World Health Organisation. What do you think these might be? (Physical, Emotional, Sexual, Neglect, Exploitation).
- ↪ Can you define the 5 types of abuse?



WRITE their responses on flip chart.

SHARE the definitions of physical, emotional and sexual abuse, exploitation and neglect from slides 42 - 46 – Physical Abuse, Emotional Abuse, Sexual Abuse, Neglect and Exploitation.

SHARE Some examples of neglect if useful:

Neglect:

- ↪ Abandonment
- ↪ The failure to properly supervise / protect children from harm as much as possible
- ↪ The deliberate failure to carry out important aspects of care, which results in, or is likely to result in, harm to the child.
- ↪ The deliberate failure to provide medical care.
- ↪ Carelessly exposing a child to harm.

SAY > The term violence can be used to describe all forms of abuse.

²⁴. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 1.

SHARE Slide 47 Child Protection in Humanitarian Crises to define the additional child protection needs that require attention in emergencies. You may need to also take some time to discuss how some of the other definitions that participants may know (e.g. categories of gender-based violence from the GBV IMS) relate to the five forms of abuse from WHO and the child protection needs from the Minimum Standards.



Check the Learning

PREPARATION > Write the five forms of abuse on pieces of flip chart paper and put them around the room.

SAY > I am going to read out a statement. You should decide which abuse you think is described in the statement and move to stand underneath one form of abuse, all of which are around the room.



CHECK participants understand before beginning.

SAY the following statements and use the below to facilitate discussion after each.

- Repeatedly shouting at a child who is not doing well at school **EMOTIONAL**
- Leaving a small child at home all day **NEGLECT**
- Hitting a child with a belt **PHYSICAL**
- Forcing a child to watch pornography **SEXUAL**
- Giving a child alcohol or illegal drugs **PHYSICAL** (discuss whether it could relate to others as well)
- Asking pupils to clean teachers' personal living quarters **PHYSICAL** (discuss whether this is **EXPLOITATION** or not)



PLENARY DISCUSSION > After any statement where participants are not all standing under the correct sign (e.g. the last two statements may create discussion) ask a few people who are standing in different places to give reasons for why they are standing where they are. Help them to either understand the form of abuse that is represented by returning to the definitions or explaining that some abuses do not fit clearly under just one form of abuse, which is ok.



TURN AND TALK > Bring participants back together in their seats. Give them a few minutes to discuss in pairs whether the following statements show an abusive situation:

- A mother locks a 4 year-old in his room for an hour for weeing on himself
- Parents encourage a 10 year-old girl to steal groceries to eat at home

Read out the first statement then give participants a few minutes to discuss before reading out the second statement.



PLENARY DISCUSSION > Discuss their answers in plenary.

SHARE the following points to conclude (also on slide 48 – Is it abuse?):

- ↻ Abuse rarely fits clearly into just one of the five categories.
- ↻ In deciding whether an action is abusive we need to look at the possibility that the action will cause harm (refer back to the definition of abuse), not whether the intention was to cause harm (as abuse can still be caused by an omission - or failure to realise that an action is abusive or a failure to prevent abuse from occurring).
- ↻ To understand a situation properly more information may be needed.
- ↻ Your own attitudes and experiences can influence your assessments and you must be aware of this.
- ↻ You may want to note that child to child abuse is a complicated case as some children may not be able to understand the consequences of their actions in the same way as others - especially younger / less mature children, which is why the age of responsibility under the law is usually set at an age within adolescence rather than at a younger age.



TURN AND TALK > Ask participants to discuss the following questions:

- ↻ How might abuse be prevented?
- ↻ How might it be responded to?
- ↻ What might cause someone to abuse a child?
- ↻ Who abuse children?



PLENARY DISCUSSION > Allow the pairs to share their discussions in plenary.



WRITE > Notes on the last two questions on the flip chart.

FACILITATOR NOTE > You may want to share some of the following examples:

Example of preventing abuse: Studies of child-parent interactions conducted by the International Rescue Committee as part of a parenting training in West Africa identified parental lack of empathy with a child who was distressed or in pain as an influencing factor in a cycle leading to child maltreatment. Targeted interventions were made to teach parents about the importance of empathy in child rearing.

The International Rescue Committee's child protection programmes in Syria successfully responded to a case of early marriage. The mother of a girl with mental health problems wanted her to get married. The caseworker worked with the mother to resolve the case by: First acknowledging the mental health problem and the resultant lack of capacity for the girl to make an informed decision about the marriage; then considering that this may result in a wrong decision and possibly marital problems and divorce at a later stage; finally agreeing to first try to improve the girls' mental health problems before thinking about marriage again.

SHARE Slide 49 Possible Causes of Child Abuse.

SAY > Several factors in a person's life may combine to cause them to abuse a child. No one has been able to predict which factors will cause someone to abuse a child.

SHARE Slide 50 Possible Perpetrators of Child Abuse.

SAY > Who are the people with positions of power over children in your community?

SHARE the key learning points (slide 51).



CHECK if participants have any final questions / comments before moving on.

Exercise 2: Identifying Abuse (40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to list signs of child abuse, exploitation, neglect and violence.

PREPARATION > Make five life-size drawings of children (e.g. by drawing around a facilitator lying down on two pieces of flip chart stuck together). Label them: Physical Abuse, Emotional Abuse, Sexual Abuse, Neglect, and Several Forms of Abuse. Stick each drawing to the walls around the room with some good space in-between them. Put several blobs of sticky tack or pieces of sticky tape on each drawing.

SAY > People are not always aware of or don't pay attention to the signs of abuse. Child abuse can go on for years without being identified. Caseworkers need the skills, knowledge and experience to identify abuse when others do not.

SHARE Slide 53 Identifying Abuse.



Signs of Abuse

SAY > We are going to do a short activity to look at some of the key signs for different forms of abuse. I am going to give everyone 2/3 cards with a sign of abuse on them. You should read the card (checking with the facilitator if you are not clear what it means) and then decide whether it may indicate one of the five forms of abuse which are written on the drawings of children around the room. If it could indicate several forms of abuse, you can put it on the drawing labelled 'several forms of abuse'.

SHARE the Signs of Abuse Cards (in Facilitator Resources).

CHECK > Give participants just 10 minutes to complete the activity, so encourage them to begin without delay! As they move around the room have facilitators nearby to help stick the cards to the drawings and clarify any of signs of abuse if needed.



PLENARY DISCUSSION > Bring each drawing to the front of the room. Taking each in turn summarise the signs that have been stuck onto the flip chart. Ask participants if they understand all the signs of abuse listed. Ask participants if all of them are placed correctly. Move the sign to another drawing if misplaced. Refer to slides 54 - 58: Signs of Abuse: Physical Abuse, Emotional Abuse, Sexual Abuse, Neglect, Several Forms of Abuse, as you go if needed.

SHARE Slide 59 - Signs of Abuse which explains signs of exploitation and special considerations for children with disabilities, both of which are a bit more complicated and so not shared in the exercise.

SHARE the key learning points on Signs of Abuse (slides 60 & 61).



CHECK if participants have any final questions / comments before moving on.

Optional Exercise: Using Rights and the Law in Case Management (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will be able to relate children’s rights to the justice system and be able to explain how justice systems may be used in case management.



FACILITATOR NOTE > The core guiding principles of the UNCRC have not been covered here as they are covered in Module C: Case Management Principles.

PREPARATION > To help you facilitate the session, review the national legal framework and what the community is doing. Review slides 69 - 71 in particular and customise if needed ahead of the session.

SHARE the concept of rights claims and the obligations of duty bearers using slide 63.

SAY > Duty bearers can help to create a protective environment for a child if they are performing their obligations properly.



PLENARY DISCUSSION:

➤ Where are children’s rights to protection defined?

SAY > The UNCRC and other international rights instruments describe the rights applicable to all children. These instruments become law once a country has signed and ‘ratified’ (given formal support for) them. They are often then incorporated into domestic law as well.

Quiz on the UNCRC

When was the UNCRC Adopted? 1989.

Which countries have signed and/or ratified it? All countries apart from the United States, South Sudan and Somalia (which has signed but not ratified it).²⁵

How does it define children? As people aged 0-17; something that contradicts the responsibilities placed on children in many contexts but reflective of what we know about child development (next session).



PLENARY DISCUSSION > Do you know the rights included in the UNCRC?

SHARE Slides 64 and 65 - Key Child Protection Articles in the UNCRC.



PLENARY DISCUSSION > Do you know any other international or national legal frameworks that are relevant to children in our case management work?

SHARE Slide 66 - Other Key Rights Frameworks.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Where are responsibilities for children's rights defined?
- Who has them? (Who is in a child's life and may need to do something if a child is at risk of or thought to have been abused?)
- What relevance do these have to case management?

SHARE Slides 67 - Where are responsibilities for children's rights defined? and 68 - Relevance of parental responsibility to case management.

SAY > The UNCRC highlights legal guardians / others legally responsible for the child as well as parents / relatives and the community.



PLENARY DISCUSSION > Why might this be?

SAY > Where formal child protection systems are working it may be decided that children should be removed from harmful caregivers. However, this should always be decided as part of a formal process with strict procedural safeguards and with the full knowledge of the parents / caregivers. This is therefore something we will discuss again during the training.



PLENARY DISCUSSION > Do you know how national legal frameworks are enforced?

25. See http://treaties.un.org/Pages/ViewDetails.aspx?mtdsg_no=IV-11&chapter=4&lang=en for a full list.



FACILITATOR NOTE > If the formal system functions well where you work, you may want to share the Working with Formal Legal Frameworks handout as well as the below slides.

SHARE Slides 69- 71: Types of Law, Working with Formal Legal Frameworks/Justice Systems, Child protection matters likely to involve systems. Check along the way if participants have any questions.

FACILITATOR NOTE > You may want to share an example of a customary law enforcement mechanism (e.g. traditional councils of elders / dispute resolution mechanisms) and ask participants if there are customary laws and enforcement mechanisms where they work / have worked / are from.

SAY > Once a framework like the UNCRC has been signed and ratified it is then converted into national law, forming the formal legal framework.



PLENARY DISCUSSION > Can you think of any challenges in using the law in case management? Discuss possible solutions.



WRITE key points they raise on a flip chart.

Example topics that might come up:

Challenges	Possible Solutions
There is no national system	You may need to work with community-based groups to prevent and respond to protection concerns instead. This should be done in accordance with the case management principles, including confidentiality, informed consent and best interests of the child. It will be important to identify and train focal points to be part of an organised referral network and to ensure confidentiality. Work to map available services and develop referral pathways and focus on supporting children and families to access services.
The national system is not implemented or is not effective.	Raise awareness on existing framework. Advocate for its implementation with government.
The Government is party to the conflict	Protection of children will be the priority over working with the law and government actors. You may want to work with community-based groups as described above. Ensure strong information management and data protection procedures are in place.
Government has lost control of its territories	
Customary law is in conflict with children's rights / Child rights are not respected by local communities	Raise awareness in the community, including with leaders, on child rights and their grounding to try to convince them of their value, e.g. children are developing until the age of 18, which is why certain rights are in place; the risk of physical and emotional abuse to children's long-term development (see next session). Raise awareness with children so that they know that they can report violations. Exercise caution when intervening on cases to ensure the child's safety and carefully explain informed consent and the likely next steps that will be taken in the case. Report criminal cases to the national authorities, highlighting any security concerns for the child, family or others involved. If one or two cases are successfully responded to by the formal system then practices can change quickly (provide the below case study if there is time). If national authorities are not functioning (as above) feed into international rights monitoring reports.
National law or the way the system operates contradicts children's rights.	Carefully consider how you coordinate and work with the national system and ensure strong consent procedures. Discuss and advocate for any needed revisions of national laws and ways of working with government. Sensitively raise awareness in the community on rights.



SHARE the key learning points (slide 72).



CHECK if participants have any final questions / comments before moving on.



Module Conclusion (5 min)

REMIND participants of the aim and learning outcomes for the session (slide 73) . Ask if they feel they have been met.

SAY > Understanding the different forms of child abuse and child protection needs in emergencies and knowing the signs of the different forms of abuse are essential knowledge for caseworkers. This knowledge and understanding should help you to effectively identify and begin working with children in need of case management.

SHARE Slide 74 - Foundations: Module Conclusion.

SAY > Now we have reached the end of Module A: Foundations. You have covered the essential material that you need to begin looking at case management in more detail in the following modules.

SAY > The next module is Module B: The Case Management Process where we will learn the definition of case management and look at the case management process described in the case management guidelines.



MODULE B. CASE MANAGEMENT PROCESS

MODULE AIM:

Participants are introduced to the case management process and understand how their local practice compares.

TIMING:

2 hours

SESSIONS:

Session 1 Case Management Process

CHILD PROTECTION MINIMUM STANDARDS:

15: Case Management

CPIE COMPETENCY FRAMEWORK:

N/A

CASE MANAGEMENT GUIDELINES**COMPETENCY:**

Have the specific tools for case management.

RESOURCES:

- ↪ Flip chart paper, stand, pens and masking tape
- ↪ Participant notebooks and pens
- ↪ Laptop, projector
- ↪ Facilitator resources: case management Process Exercise
- ↪ Handouts: enough copies for each participant of:
 - Exercise 2 handout - case management process
 - Exercise 1 - case studies
 - Module presentation



SESSION B.1. CASE MANAGEMENT PROCESS

Aim	Participants are introduced to the case management process and understand how their local practice compares.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Define case management and know what a case is. ➤ Distinguish the case management process in use where they work to processes used elsewhere. ➤ Describe the case management process in the case management guidelines. 	
TIME	2 hours + 45 min	
BODY		
30 min (Page 48)	Exercise 1 - Defining Case Management: Participants learn the definition of case management and when to open a case.	Handout
45 min (Page 51)	<i>Optional Exercise - Where we Work: Participants map out the situation for case management where they work.</i>	<i>Preparation</i>
1 hour 30min (Page 53)	Exercise 2 - The Case Management Process: Participants learn the case management process.	Facilitator Res Handout

Module Introduction (5 min)

SAY > This module lays the foundation for the following modules in the training, which go into each step in the case management process in detail.

SHARE the module aim, learning outcomes (slide 2) and exercises according to agenda.

Exercise 1 - Defining Case Management (25 min)

LEARNING OUTCOME > By the end of the exercise participants will be able to define case management and know what a case is.

SAY > We are going to start by defining case management.



TURN AND TALK > Give participants 5 minutes to discuss in pairs and note down:

- What case management means to them? (Define it if possible).
- Why we do it?



WRITE participants' comments on flip chart.

SHARE (once participants have covered all the points of the definition, come close to it or tried very hard to do so) the case management definition and standard using slide 4 – Defining Case Management.

SHARE Slides 5 and 6 – Why Do We Do Case Management? And: When To Use The Case Management Process?

SAY > Why do you think the people who wrote Standard 15 included ‘managing information well’ in the definition of case management?

SHARE (after participants have provided some thoughts) that they did this because managing information is a central part of case management.

SHARE Slide 7 – Why Information Management Is Important.

SAY > To help us understand what case management is, the case management guidelines share with us some core characteristics of case management.

SHARE Slide 8 – Core Characteristics of Case Management - and highlight the following points after each:²⁶

After point 1 highlight that this does not mean that children are considered in isolation from family and community - case management is *family focused*, but *child centred*. We should ensure that concerns are addressed systematically in consideration of the **best interests of the child** and building upon the child and family’s natural resilience.

After point 2 highlight that the process should involve **children’s meaningful participation** and family empowerment throughout.

After point 4 highlight that this should be within a formal / statutory system, where this exists.

After point 5 highlight that the case worker (can also be called a key worker or case manager) is responsible for coordinating the actions of all actors, ensuring the case is managed in accordance with the established process and ensuring that decisions taken are in the best interests of the child.

SAY > I want us to spend a bit more time on point 1 on the slide.



PLENARY DISCUSSION > Facilitate plenary discussion on the following questions:

- What do you understand a case to be?
- Can you give some examples of what you would consider to be a case?
- Or a situation when you would expect to need to open a case?

26. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force., Section 1.



OPTIONAL ACTIVITY: If participants do not seem to be clear on what a case is / when to open a case, do the following short exercise:



SHARE the scenarios from slide 9 – What is a case? (These are also available as a handout – Exercise 1 - Case Studies)

SAY > is case management needed for the children described?



TURN AND TALK - Give the pairs a few minutes to answer the question for each case study.

Ellie - Answer: No – There are no indications that Ellie has a protection concern.

Sarah - Answer: Gather further information – there is a protection risk because Sarah is an adolescent girl sleeping in the same room as males without any female company. However, this issue may be possible to be resolved without opening a case.

Frida - Answer: No – This is a social issue that needs to be resolved through wider community mobilisation, advocacy and policy change. The situation described does not indicate that Frida has a specific protection concern or that she is treated differently from others in her community, although her community is treated differently than others in the country.

David - Answer: Yes – David has multiple child protection concerns that need to be assessed and responded to with his participation. He is not living with his parents although they seem to be alive, and he is working in a factory operating heavy machinery. This may be legal under the law at David's age (see MS 12), which would impact on the situation. However, even if it is legal it still constitutes a major hazard to his health and so the situation would need to be assessed and responded to. Furthermore, David's living and sleeping situation is not clear and needs to be assessed to find out if there are further protection risks that result from it and what can be done.

SHARE (if useful for discussing the David case study) the Child Labour definition:

Child labour is work that is unacceptable because the children involved are too young and should be in school, or because even though they have reached the minimum working age (usually 15), the work that they do is harmful to the emotional, developmental and physical wellbeing of a person below the age of 18.

Many child labourers are victims of the worst forms of child labour (WFCL), such as forced and bonded labour, using children in armed conflict, trafficking for exploitation, sexual exploitation, illicit work or other work which is likely to harm their health, safety or morals (hazardous work).

Source: Minimum Standard 12: Child Labour



SAY > Whether we would open a case would depend on the registration criteria an organization or government has put in place, which we will discuss in Module E1: Identification and Registration. The main things to know right now to decide whether to open a case not are: what the abuse is/may be, as discussed in Module A, and whether risks are present, which will be discussed in Module E1.

SHARE > (to further clarify what we mean when we talk about case management) that: case management focusses on **individual** children, not groups of families or communities, as in the Frida case study. Explain that we will be discussing this more throughout the training.

SAY > We are now going to look at the case management process from the case management guidelines.

SHARE the key learning points (slide 10).



CHECK if participants have any final questions / comments before moving on.

Optional Exercise - Where we Work (45 min)

LEARNING OUTCOME > By the end of the exercise participants will be able to distinguish the case management process in use where they work to processes used elsewhere.

PREPARATION > Draw out your 'ideal map' for the context (see table below).



Group Work

SAY > You are going to work in groups with other people from your organisation / location to develop a map of all the elements of your current case management services. You will have 20 minutes for this.

You can include anything you like – principles, steps you take in the case management process, tools that you use such as forms or procedures and guidelines, additional services you offer, your referral networks. You can also think about what is not yet in place but that you would like to be in place or you think should be in place. Put everything that is already in place in one colour and everything not yet in place in another colour.

COUNT OFF participants into groups which are appropriate for the context and not too large or small.



GALLERY WALK > Once the groups are finished display their maps around the room. Let the participants and facilitator do a gallery walk of the different 'maps'.



SHARE your pre-prepared map (see suggestions for what to include in the table below). Explain where in the training the different elements will be covered. Highlight that some elements are covered in the caseworker modules and then in the manager modules in more detail or in a different way.

Element	Additional Elements / Tools	Module Covered
Staff Policies	Codes of Conduct / Child Safeguarding Policy	B / Manager
Registration	<ul style="list-style-type: none"> - Registration Criteria - Risk Levels - Registration and Consent Forms 	E1 / Manager
Referral Mechanisms	Service Directory, Referral Map, Service Contracts	E4 / Manager
Information Management System	<ul style="list-style-type: none"> - Data Protection and Information Sharing Protocols, Reference Codes - Paper Data Protection - Electronic Data Protection 	B, E1 / Manager
Case Management Forms	<ul style="list-style-type: none"> - Assessment Form, Case Plan, Referral Form, Case Notes, Follow-Up Form, Closure Form 	E 1 – 6 / Manager
Monitoring and Reporting	<ul style="list-style-type: none"> - Case Load Analysis and Reporting Tool - Case File Audits 	Manager
Supervision	<ul style="list-style-type: none"> - Supervision Tools 	Manager
Knowledge of the Formal System (suggested questions to be used as relevant to context)	<ul style="list-style-type: none"> - Relevant government departments and: <ul style="list-style-type: none"> o What they do in relation to case management and implementation of the law; o What teams, structures or institutions operate underneath them and what their purpose is; o To what administrative level they reach and if their structure changes at different levels; o How best to report to or engage with them (e.g. coordination); - Any agencies (e.g. NGOs) that the government works with on key issues such as legal aid, residential care or diversion. - Mandatory reporting requirements. - The government’s policy on use of customary law. 	Foundations / Manager
Appropriate Interventions	<ul style="list-style-type: none"> - What would culturally appropriate services look like? - What is the protective environment in the context? - How can referral mechanisms be strengthened? - How child-friendly are existing services? 	A E1 and E4 D

SAY > This exercise should have made you aware / reminded you of the gaps that may need to be filled by different agencies in the different locations where you work. For most of these elements the training will provide the practical first steps for strengthening them. It may be helpful for each agency or a coordination group in each location to keep an Action Plan, which can be updated during the training and taken forwards afterwards.



GROUP REFLECTION > Suggest that the groups go back to their maps to fill in any of the additional gaps they noted when reviewing the pre-prepared map. This can be further updated once they have learned about the different elements during training.



CHECK if participants have any final questions / comments before moving on.

Exercise 2 - The Case Management Process²⁷ (1 hour 30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to describe the case management process in the case management guidelines.

SAY > We are now going to learn and discuss the case management process. We are first going to do an exercise. Then we will have further discussion and presentation as needed. This is a very important session as we are learning the process that it is going to form the structure of the rest of the training.



PART 1 - THE STEPS

SAY > Can I have 6 volunteers? (If you have a mixed group choose those with less knowledge or experience of case management and ask the others to let them try before helping them).

SHARE with each volunteer one of the cards marked with a case management step (in the Facilitator Resources - “Identify and Register”, “Assess”, “Case Planning”, “Implement the Case Plan”, “Follow-up and Review”, “Case Closure”). Ensure these are not numbered and not given out in order.

SAY > You need to negotiate and discuss between yourselves, asking the other participants to help if needed, the order you think these different steps are supposed to be taken in. Then you need to arrange yourselves in the order you think is correct.

SAY > (To the other participants in the room) Do you agree with the order they have placed themselves in? Re-organise if necessary so that they are in the following order):

1. Identify and Register
2. Assess
3. Case Planning
4. Start Case Plan
5. Follow-Up and Review
6. Case Closure.

27. This exercise is adapted from the Caring for Child Survivors training package (under development), Thompson, H. for UNICEF and the International Rescue Committee..



SHARE the handout – Exercise 2 - The Case Management Process, which provides a diagram and very brief explanation of each step in the process.

SAY > In some places some of the steps are combined which may mean that one form is used to capture several steps, even though you are still performing each step. E.g. in the Minimum Standard case management contains 5 steps as ‘Assessment’ and ‘Case Planning’ are combined into a single step, whereas in the case management guidelines these two steps are separate.



PLENARY DISCUSSION > The case management guidelines recommend that an initial assessment is undertaken when the child is identified and registered. Why do you think this might be necessary? Or if we are doing this why would a comprehensive assessment also be necessary?

- ✓ **Why an initial assessment is needed** - So that urgent issues can be spotted and responded to before waiting until a comprehensive assessment and case plan to be able to respond / start the case plan.
- ✓ **Why comprehensive assessment is then also needed** - We might not identify everything at registration / initial assessment so comprehensive assessment is also needed
- ✓ **Assessment should be an on-going process** - You don't have to do just one assessment

SAY > Doing an initial assessment does not mean that you are skipping the step of assessment and case planning as these are still needed to make sure you have not missed out vital information. However, it *does* mean that in some cases (the more urgent cases) you may need to spend more time at step 1 than in other cases (the less urgent ones). We will discuss this more in Module E –Case Management Steps.



CHECK if participants are clear and comfortable with the steps that have been shared. Perhaps they are not using all the steps where they work. If so, try to highlight how what they are doing where they work is similar or different to the process being described in the exercise / guidelines. Make clear that the different steps and why they are needed will be discussed in more detail throughout the training. Try not to move on until everyone is clear.

PART 2 – LOOPS AND FEEDBACKS

SAY > Do you think anything indicated on the diagram is missing from the representation in front of you? Anything at all? It doesn't have to be words on the page, it could be a symbol?

SAY > (Somebody may notice the arrows). Excellent! The arrows are missing. But why might I be interested in the arrows, as they are just connecting each step? Is there one different or particularly important arrow in the diagram?



CHECK > if they notice the dotted arrow connecting ‘Follow-Up and Review the Case Plan’ and ‘Assessment’: if they don't, draw their attention to it.

SAY > I am going to need 2 more volunteers to demonstrate ‘dotted arrows’.

SHARE with the 2 new volunteers a card marked with an arrow and a statement (included in the Facilitator Resources - “Return to Previous Step”, “Return to Previous Step”).

SAY > You now need to negotiate and discuss where you think these *possible* steps may fit then place yourselves in-between the 6 steps already in place.

SAY > (To the other participants in the room) Do you agree with the order they have placed themselves in? Re-organise if necessary so that the “Return to Previous Step” fits between “Follow-Up and Review” and “Assessment” and “Follow-Up and Review” and “Case Planning”.

(You may need to guide them to move from standing in a line, to being in a circle, which is easier to illustrate the loops and feedback mechanisms between different stages in the case management process).



PLENARY DISCUSSION > Discuss the purpose of returning to a previous step and why it might be necessary in case management.

- ✓ The situation might change – our intervention can even change the situation.
- ✓ The Minimum Standard’s diagram of the case management process shows that we may need to **re-assess after follow-up and review** if we find out that something was missing from our assessment, or has changed in the child’s life that means we need to re-assess (e.g. a change of caregiver).
- ✓ We may also **return to case planning after follow-up and review** as we may find that the situation is the same (so no need to re-assess) but that the plan is not working and needs to be reviewed.



CHECK that participants understand and ask if they have any questions before you move on.

PART 3 – ADDITIONAL SMALL STEPS

SAY > I now need 2 more volunteers.

SHARE with the each volunteer a card (in Facilitator’s Resources: “Final Follow-up” and “Re-Open the Case”).

SAY > As before, you need to decide where you best fit in the group standing in front of us.



PLENARY DISCUSSION > Explain that if necessary a case can be reopened and have a discussion on why this might be necessary. Participants should find it easy to place the step “Final Follow-up”. Note that while this is not included in the diagram shown in the Minimum Standard, it is mentioned afterwards in a section on timeframes in case management, which will now be discussed. It is also mentioned in Caring for Child Survivors but described as Service Evaluation.



CHECK that participants understand and ask if they have any questions before you move on.



PART 4 - TIMEFRAMES

SAY > (While participants are still standing) We now need 4 final volunteers to demonstrate how the timeframes that are suggested can be followed for each step in the case management standard (this may be the remainder of your participants).

SHARE a card with a timeframe on it with each of the 4 new volunteers (in Facilitator Resources: “Within 1 Week”, “Within 2 Weeks”, “At Least Once Every Month”, “At Most 3 Months Afterwards”).

SAY > As before you need to negotiate and discuss which of the case management steps these timeframes may relate to, then place yourself behind the case management step you think you relate to, holding your card above the head of the person holding the card with the step on it (this is only really important if you want to take a photo!).

SAY > (To the other participants in the room) Do you agree with where they are placed? Re-organise if necessary so that the steps and timeframes correspond as shown in the table below).



PLENARY DISCUSSION >

- Do you think these timeframes are realistic compared to the timeframes you tend to follow where you work?
- Is it hard to do an assessment within a week?

SAY > The timeframes that were just shared are from the Minimum Standards and serve as a guide only. Programme and case plan-specific timeframes can be set instead, according to what is in the child’s best interests. However, the most important point is that we should be timely in our actions so that children are protected and the situation does not change for the worse before we are able to intervene.

FACILITATOR NOTE > The below box provides a summary of the timeframes in the Minimum Standards and the additional guidance provided in the Case Management Guidelines. It may be useful to review these with participants. Where timeframes have been agreed locally share these (updating them to adhere to the guidelines first where possible and appropriate).

	Minimum Standards	Case Management Guidelines
Assessment	Within one week of identification	Within one month maximum in non-emergency settings
Case Plan	Within two weeks of the assessment	
Follow-up and Review	At least once every month	At least every three months (more regular if situation changing rapidly or risk level high)
Final Follow-up	At most three months after the case is closed	Or less in an emergency setting to ensure the situation remains stable and to seek feedback on service provided



PLENARY DISCUSSION > Ask participants to sit back down together and turn to the handout of the case management process diagram shared earlier:
 ➤ Can you remind me of the six steps that we started the exercise with?



WRITE their answers on flip chart. Amend until they are the same as the six steps described.



PLENARY DISCUSSION > Take some time to discuss each step in turn:
 ➤ Are they similar or different to what you are doing where you work right now?
 ➤ Do you have any questions about them (these will be discussed in a lot more depth in Module E so you can put some questions in the Car Park if covered later)?
 ➤ What case management forms or other tools might be needed at this step of case management (e.g. those mentioned in the Where We Work Exercise)?

You may find it useful to refer to slides 13-20 to give an introductory explanation of each of the case management steps according to the Case Management Guidelines.

Optional - SHARE the relevant tool (listed in the Where we Work Exercise) and spend a few minutes summarising it. These will be returned to in Module E.

SHARE the Key Learning Points (slide 21).



CHECK if participants have any final questions / comments before moving on.



Module Conclusion (5 min)



REMIND participants of the module aim and learning outcomes (slide 23). Ask if they feel they have been met.

SAY > This is the end of Module B: Case Management Process. The module should have introduced you to the core elements of the case management process, and you should now be comfortable with appraising how the case management process where you work / have worked compares with the process described in the case management guidelines. We will look at each step in the process in the coming modules.

SAY > The next module will cover the case management principles that should underpin all your case work.



MODULE C. CASE MANAGEMENT PRINCIPLES

MODULE AIM:

To share the case management principles and encourage participants to anticipate potential challenges applying them.

TIMING:

4 hours 15 min

SESSIONS:

Session 1 Case Management Principles

CHILD PROTECTION MINIMUM STANDARDS:

15 Case Management; 5 Information Management

CPIE COMPETENCY FRAMEWORK:

- Integrity
- Accountability
- Cultural Sensitivity
- Understanding Protection Concerns for Children

CASE MANAGEMENT GUIDELINES COMPETENCY:

Know the theoretical framework needed for working with children and families: Understanding Protection Concerns for Children

Have the specific tools for case management (documenting the case management, information management, data protection, information sharing)

RESOURCES:

- Flip chart paper, stand, pens and masking tape
- Participant notebooks and pens
- Laptop, projector
- Sticky notes
- Handouts: enough copies for each participant of:
 - Exercise 2 group work - principled Reflection
 - Exercise 3 group work - information management principles
 - Exercise 4 case study - information management
 - Exercise 4 tool – data protection protocol
- Module presentation
- Sample data protection protocol (see case management guidelines and use local version if exists)
- Module presentation



■ SESSION C.1. CASE MANAGEMENT PRINCIPLES

Aim	To share the case management principles and encourage participants to anticipate potential challenges applying them.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Describe the principles in the case management guidelines. ➤ Apply the principles to situations relevant to where you work. ➤ Adapt case management practices while adhering to the principles when mandatory reporting is in place. ➤ Describe the purpose and contents of a data protection protocol. ➤ Know the Information Management Minimum Standard and practical ways of implementing it. 	
TIME	4 hours 15 min + 1 h	
BODY		
25 min (Page 61)	Exercise 1 - Which Principles? Identifying all the principles.	
1 hour 45 min (Page 61)	Exercise 2 - Principled Reflection and Explaining the Principles: Group work and short exercises to apply the principles.	Handout
1 hour (Page 64)	Exercise 3 - Information Management Principles: Participatory exercise to share the meaning of each sub-principle.	Preparation Handout
1 hour 5 min (Page 65)	Exercise 4 - Data Protection Protocols: Discussion and group work on good practice for information management and reviewing a data protection protocol.	Handouts Facilitator Res
1 hour (Page 68)	Optional Exercise – Presentation and case studies to use where mandatory reporting is relevant to the context.	Preparation

Module Introduction (5 min)

SAY > In this module we will explore each of the case management principles, including how they may be applied in the contexts where you are working, and look at practical ways of implementing the information management principles. These principles form the foundation of your case management practice and will be considered throughout the rest of the training as well as in this module.

SHARE the aim and learning outcomes for the module (slide 2) and exercises as they relate to the agenda.

Exercise 1: Which Principles? (20 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to describe the first set of principles in the case management guidelines.



TURN AND TALK > Participants discuss in pairs for 5 minutes what they think the principles of case management might be, or what they would choose as case management principles if they were writing the case management guidelines!

FACILITATOR NOTE > If participants seem stuck you can give them a hint by asking them if they know any of the guiding principles of the UNCRC or any principles about information management.



WRITE participant responses on flip chart. If possible write their responses on individual sticky notes so that you can move them around later. Work with the group to create one list of all of the principles that have been identified. (If you have written them on sticky notes you can move them around to group them together).

SHARE the first set of principles using slide 4 – Case Management Principles. Congratulate participants for coming up with any correct/almost correct principles. Do not explain any principles - this comes later.

SAY > The principles at the top left are the core guiding principles of the UNCRC. The principles at the top right are concerned with professional practice. The principles at the bottom of the slide were covered in Module A: Foundations (empowering children and families to build upon their strengths will be looked at in more detail in Module E: Case Management Steps).

SHARE the second set of principles using slide 5 – Information Management Principles.

SAY > We will return to these in a separate exercise.

PLENARY DISCUSSION > Facilitate discussion on the following question and clarify where terms differ/ overlap/ contradict: How is the list you generated similar / different to the case management principles?



CHECK if participants have any final questions / comments before moving on.

Exercise 2: Principled Reflection and Explaining the Principles (1 hour 45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to apply the principles to situations relevant to where you work.



Group Work

SAY > We are now going to work in four groups to look at the first set of principles in more detail.

SHARE Slide 4 again and point to the first 8 principles at the top of the slide.

SAY > You are going to discuss what these principles mean and how they relate to your work / where you work. Each group will look at two principles. You will be provided with a handout from the case management guidelines to explain the principles.

SHARE Slide 7 to explain what the groups need to do (also in the handout).

SAY > You will have 20 minutes for the group work and 10 minutes to make your presentation on both of the principles you are allocated.

SHARE Slide 8, which indicates the principles that each group will look at (also in the handout).

COUNT OFF the participants into four groups. If participants have diverse experience you can assign certain groups of participants certain principles based on what will be most effective.



SHARE the handout – Exercise 2 Group Work - Principled Reflection.

FACILITATOR NOTE > If participants have difficulty thinking of examples (e.g. if they have little experience or are not very familiar with any of the principles, you can share some examples below if relevant.

Examples of Applying the Principles in Case Management

Best Interests: Challenges: Community prioritising the family or community's stability or best interests over that of the child; weighing up the different factors that affect what is in the child's best interests can take a long time; Attitudes and customs may influence what some people think is in a child's best interests – training can help with this; Whether to take a child back to an institution where they were abused or to deny them education as there are no other institutions for disabilities in the country.

Participation:

- Successes: Participation can be empowering and make children more resilient. Children's participation helps us to know their opinion about what is in their best interests and helps them to feel they have some control over the situation. It also helps us understand what is normal for the child and therefore to understand and analyse the situation.
- Challenges: If a case plan is developed without children's participation they may reject it; it can be challenging to convince older child to change behaviour that is harmful to them and this may be what they think is in their best interests.

Non-Discrimination: Successes: Providing the same service to all children; not making judgemental comments to children / families. Challenges: Exclusion of disabled children from services by the way they are designed; service provision targeting certain political groups or ethnicities but not others for various reasons.

Do No Harm: Challenges: Multiple interviewing due to lack of coordinated systems; agencies making decisions about removing children from harmful caregivers without the necessary safeguards; institutional care should be a last resort especially for young children due to risk of harm to their development.

Accountability: Success/Challenge: Managers are accountable for training and ongoing supervision of caseworkers so they don't do harm; agencies may be accountable for reporting protection concerns as part of their internal child protection policies or mandatory reporting.

Coordinate and Collaborate: Successes: Mapping out services including existing structures; understanding mandates better through developing procedures and agreements.

PRESENTATIONS > Give each group 10 minutes to make their presentations and for any questions and answers. Make sure you share any points from the case management guidelines on each principle that participants miss out or that need clarification after each presentation (see the handouts which include full text from the guidelines).

ENERGISER > An energiser that would work well here is Do as I Say Not as I Do.

Do as I Say Not as I Do²⁸: An activity to encourage concentration, observation and co-ordination. It works best when it is fast moving.

How does it work?

- Participants stand in a circle and choose a leader.
- The objective is to follow what the leader says and not what she or he does.
- The leader has to say three times the name of a body part, touching it at the same time (for example, 'head, head, head', while tapping their head three times). The leader then has to add another body part, saying its name and touching it at the same time (for example, 'head, head, head, shoulders').
- After a while, the leader might say 'nose, nose, nose, ear', while touching their nose three times but then touching their eye.
- Those participants who follow the action rather than do what the leader is saying are out of the game.

28. A Parrot on Your Shoulder: A guide for people starting to work with orphans and vulnerable children (2004), International HIV/AIDS Alliance, www.savethechildren.org.uk/sites/default/files/docs/Ch_7._Annex_C_Parrot_on_your_shoulder_1.pdf.



Role Play

SAY > We are now going to do one last short exercise.

SHARE Slide 9 – Explaining the Principles Role Play - and explain the exercise. (Participants can perform the role play in the local language if appropriate as it can be helpful to practice translating key terms).

SAY > You will have just 10 minutes to practice your role plays. Then one or two pairs will be invited to demonstrate in front of the wider group if they wish.

COUNT OFF participants into pairs.

CHECK > While participants are role playing circulate around the room to see if anybody’s role play is particularly interesting, or demonstrates a simple and clear explanation. If so, invite the pair to demonstrate in front of the group if comfortable. (You may also be able to see if participants have accurately understood the principles and if more explanation is therefore needed or not).

SHARE the Key Learning Points (slide 10).



CHECK if participants have any final questions / comments before moving on.

Exercise 3: Information Management Principles (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will be able to define the second set of principles (information management principles).

PREPARATION > Write the titles as show in the boxes below on three pieces of flip chart. Stick them to the walls around the room, or place them on tables. Put several marker pens next to each.

Seek Informed Consent and/or Assent	Respect Confidentiality	Observing Mandatory Reporting Laws & Policies
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SAY > Case management involves collecting information to help us understand, plan and monitor the work we do with the children and families. This is personal information that belongs to the child and parent/caregiver. It is often very sensitive. As a result, there are some specific, important, case management principles that govern information management.



Gallery Walk

SAY > I have put three pieces of flip chart up around the room. Each one is labelled with one of the three information management principles at the top.

I would like you to go around and write something that comes to mind when you read the principle on each of the flip charts. If someone has already written what you wanted to say that's fine – there's no need to write it again. Take time to have a look at and think about what other people have written.

Try not to write everything at first so that everyone has a chance but make sure that by the end everything you think should be written there is included.



GALLERY WALK > Give participants 10 minutes to write on and view the flip charts.



PLENARY DISCUSSION > Bring the four flip charts to the front of the room so that everyone can be seated. Go through each in turn, summarising and clarifying the points made by the participants.



SHARE any missing information on each principle using slides 14 – 20 or the handout - Exercise 3 Group Work – Information Management Principles. Check participant understanding as you go.

SHARE the Key Learning Points (slide 21).



CHECK if participants have any final questions / comments before moving on. (Bear in mind that the next 2/3 exercises will look at data protection, information management – and mandatory reporting if relevant – in more detail).

Optional Exercise: Mandatory Reporting. *If you are covering this exercise facilitate it now. You will find it at the end of the Session Plan.*

Exercise 4: Data Protection Protocols (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will know the Information Management Minimum Standard and practical ways of implementing it; and be able to describe the purpose and contents of a data protection protocol.

ENERGISER > To emphasise the importance of the information management and to remind participants of how easily information can be leaked and distorted if we are not extremely careful, you can start with the Pass the Message energiser.



Pass the Message

This activity shows how something someone says can be distorted as it is passed on from one person to another and another.

What is Needed? A long and complicated sentence.

How does it work?

- Participants stand or sit in a wide circle.
- Lean over to someone sitting next to you and whisper the sentence to them.
- That person then whispers what they have heard to the next person, and so on, until it has been passed along the whole group.
- Ask the last person to say aloud what they have been told.
- The sentence may be different from the original one.
- This can be followed by a discussion on examples in real life when something participants have said has been misunderstood.

SHARE the first two bullet points of slide 24 – Information Management.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Why do you think personal information needs to be safeguarded?
- What might happen if it is not safeguarded?
- How might it be leaked?

(You can refer back to the energiser here if you like).

SHARE the case study below (*available as a handout*) by reading it or asking a participant to read it.



British Police Access Victim Database to Commit Sexual Violence

In 2012, a leading newspaper revealed 56 cases of sexual violence, including rape, assault, harassment and exploitation by police officers at all levels and from all parts of the United Kingdom, occurring over the previous 4 years. Some of the officers had accessed the police database to access details of victims of robbery, domestic violence, teenage runaways, drug addicts and sex workers. These women and girls were then sent hundreds of menacing and sexually explicit messages – adding a threat that they would be watching them. The cases showed similar themes:

- The ease with which police officers can access and misuse confidential information
- A lack of supervision and awareness of suspect behaviour
- A failure to record and monitor the history of complaints
- A trend in which women who complain they have been raped, sexually assaulted or inappropriately targeted by a police officer have to battle to be believed

Source: <http://www.theguardian.com/uk/2012/jun/29/police-abuse-vulnerable-women-girls>

SAY > This case study is from a country where information management system and case management services are strong but people were still exposed to extreme risk when the information management system and case management services were not properly set-up or monitored.

SHARE the last two bullet points of slide 24 Information Management.



PLENARY DISCUSSION > Facilitate discussion on the following question:

➤ During which processes do you think information management and data protection will be important?



WRITE what participants say on flip chart.

SHARE Slide 25 – Information Management refers to:

SHARE Slides 26 and 27 – Data Protection Protocols - to explain in more detail why information management refers to the multiple steps of data collection, processing, analysis, sharing and storage.



Group Work

SAY > We are now going to work in groups to look at some practical ways that we can keep information safe, which might be included in a data protection protocol. We will then look at a data protection protocol.

SHARE Slide 28 – Information Management Group Work, which suggests the following questions for each group to look at:

➤ GROUPS 1 & 2: What are some ways of protecting paper case files?

➤ GROUPS 3 & 4: What are some ways of protecting electronic records?

SAY > You will have 10 minutes to provide examples and then you will share these with the wider group. Make notes of your discussion in your notebook.

COUNT OFF participants to get them into groups.

PRESENTATIONS > Invite groups 1 & 2 to share one point that they came up with in turn, not repeating any points made by the other group, until all their points have been shared. Then do the same for groups 2 & 3.

SHARE any points from slides 29 – 32 on Paper Based and Electronic Information Management that were missed or unclear.



For participants using the CP IMS explain that: The administrator can add new users and assign them user names, passwords and access privileges to perform the various functions within the database. This option will only be available to the CP Database Administrator(s). It allows the administrator to individually assign privileges to different users; the administrator can restrict some privileges for one user, while allowing another user to have greater privileges.

SHARE Slides 33 – 37 to cover the remaining points relating to Good Practice for Information Management, Reference Codes and Ownership and Access.

SAY > Reference codes can be used when saving word documents and sending emails related to the case. Case file audits can be used to check for breaches of data protection and information sharing protocols.²⁹

OPTIONAL ACTIVITY > *If you need to allocate reference codes you can do this by explaining how codes for the programme will be structured and who will generate and allocate them. Then write your codes on pieces of paper folded over in a hat / box and ask a caseworker to take their code from the hat. Then they can write their code on a list that is circulated or come up in turn to tell the facilitator their code.*



SHARE the Exercise 4 Tool - Data Protection Protocol, or if there is already a locally customised data protection protocol share this instead. Review it as a group. Explain any parts of the protocol that have not already been covered in the exercise.

SHARE the Key Learning Points (slide 38).



CHECK if participants have any final questions / comments before moving on.

FACILITATOR NOTE > A quiz to re-cap the session’s learning on Information Management is available in the Facilitator Resources. This needs editing before printing. Make sure participants don’t use their handouts to check the answers!

Optional Exercise: Mandatory Reporting (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will be able to adapt case management practices while adhering to the case management principles when mandatory reporting is in place.

PREPARATION > Where possible find out the answers to the questions asked on slide 30 ahead of the exercise, so that you can share the answers with participants during the exercise.

29. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

SAY > As mandatory reporting is in place in the country where you are working, we are going to spend a bit more time discussing what this means for your case management practice.



PLENARY DISCUSSION > Does anybody remember what mandatory reporting means?



WRITE the key points of what they say on the flip chart.

SHARE the first point on slide 41 – Mandatory Reporting, which is the same as slide 20 previously shared.



PLENARY DISCUSSION > How does this differ from referring a child to a protective service if they are in imminent danger?

SHARE the other points from slide 41 – Mandatory Reporting.



CHECK participants understand the difference and what mandatory reporting is.

SAY > Where child protection systems exist and mandatory reporting laws are in place, agencies should have procedures in place for reporting abuse.

SHARE the following examples of procedures where mandatory reporting can be covered:

- Internal child protection / safeguarding policies. Often these set higher standards regarding the responsibilities of staff than are sanctioned in law.
- Data protection protocols and information sharing protocols.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- What do you think we might need to know to be able to adhere to mandatory reporting requirements in a way that adheres to the case management principles?
- What questions might we have to ask the government authority?



WRITE what participants suggest on a flip chart.

SHARE Slide 42 – Questions to Inform Procedures, which lists out the questions to ask. If you have already found out the answers to the questions provide them. If you have not, ensure a clear action point is set and assigned to someone in the group to find out the answers.

SAY > The way that we report into mandatory reporting systems will depend on how the system functions.

SHARE Slide 43 – Reporting where mandatory reporting is in place, which has guidance on how to report into mandatory reporting systems that are in place and functioning.

SAY > In humanitarian settings, where governance structures often break down and laws exist in theory but not in practice, mandatory reporting requirements can raise ethical and safety concerns. In such settings, mandatory reporting can set off a chain of events that potentially exposes the child to further risk of harm, and as such it may not be in the child's best interest to initiate a mandatory report.

SHARE the following examples:

- Investigators may show up to a child's home, therefore potentially breaching a child's confidentiality at the family or community level (prompting retaliation).
- Services for children may be non-existent, thus creating additional risk (e.g., voluntary separation from family, placement in institutions or confiscation of private records).
- The local authorities may themselves be abusive or they may simply be ignorant of best practice procedures or guiding principles.

SHARE Slide 44, which looks at criteria that would indicate when to use the best interest's principle instead of mandatory reporting and slide 45 on steps to take in this situation.

PLENARY DISCUSSION > What do you think the child and family need to know about mandatory reporting?



WRITE what they say on the flip chart.

SHARE Slide 46 – If a mandatory report is required let the child and family know.

SHARE the Key Learning Points (slide 47).



CHECK if participants have any final questions / comments.

Module Conclusion (5 min)

REMIND participants of the module aim and learning outcomes (slide 49) and check if they feel they have been met.

SAY > This is the end of the Case Management Principles Module. I hope you now know all the principles! Your knowledge of the principles will be deepened throughout the training – as we will continue to refer to them. (You can give a prize to participants that mention a principle correctly throughout the training).

SAY > The next module looks at communicating with children and families during case management, one of the key skills every caseworker needs.



MODULE D. COMMUNICATION AND CASE MANAGEMENT

MODULE AIM:

To provide participants with in depth knowledge and techniques for communicating with and interviewing children of different ages and capacities.

TIMING:

6 hours 30 min

SESSIONS:

Session 1 Communication and Case Management

CHILD PROTECTION MINIMUM STANDARDS:

15 Case Management

CPIE COMPETENCY FRAMEWORK:

Empathy; Promoting Children's Participation And Agency; Communication; Building Trust; Cultural Sensitivity;

CASE MANAGEMENT GUIDELINES COMPETENCY:

- Communicate and listen to others
- Show empathy, warmth and genuineness

- Analyse, think in a critical and creative way and make decisions
- Support and motivate a person / a groupPlan, implement, review the intervention: Understand barriers families face to accessing services.

RESOURCES:

- Flip chart paper, stand, pens and masking tape;
- Participant notebooks and pens;
- Laptop, projector;
- Colouring pencils or pens and paper (for optional exercise)

Facilitator Resources: Creative Interview

Techniques Handouts: Enough copies for each participant of:

- Exercise 2 Handout - 9 Communication Principles
- Exercise 3 Handout - Organising and Managing the Interview
- Exercise 4 Handout - Age and Developmental Stage
- Exercise 5 Case Study - Sarah
- Exercise 5 Handout - Giving Feedback
- Exercise 8 Case Study - Children who Do Not Talk
- Optional Exercise Handout 1 - Creative Interview Techniques
- Optional Exercise Handout 2 - Blob Tree
- Module Presentation
- Module Presentation

■ SESSION D.1. COMMUNICATION AND CASE MANAGEMENT

Aim	To provide participants with in depth knowledge and techniques for communicating with, and interviewing, children of different ages and capacities.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Explain how communication is relevant to case management. ➤ Know best practices for communication during case management. ➤ Know how to organise and manage an interview with a child. ➤ Give examples of how to communicate with children of different age groups and capacities. ➤ <i>Distinguish between communication practices in different contexts and cultures.</i> ➤ <i>Know best practices for the use of interpreters during interviews.</i> ➤ Use a range of verbal and non-verbal communication skills. ➤ Know how to overcome common challenges in communication with children. ➤ <i>Know how to use creative techniques when communicating with children.</i> 	
TIME	6 hours 30 minutes + 1 h 45 min	
BODY		
45 min (Page 73)	Exercise 1 – What is Communication? Exercise to introduce key points on communication in case management.	
45 min (Page 74)	Exercise 2 - Do's and Don'ts: Reflection and discussion on what should take place in interviews with children.	Preparation Handout
1 hour (Page 75)	Exercise 3 - Organising Interviews: Group work to discuss the practicalities of interviews.	Handout
45 min (Page 76)	Exercise 4 - Age and Developmental Stage: How communication should differ for individual children.	Handout
30 min (Page 77)	<i>Optional Exercise – Communication According to Culture</i>	
15 min (Page 77)	<i>Optional Exercise – Using Interpreters</i>	
1 hour 30 min (Page 78)	Exercise 5 - Verbal Communication: Discussing language, types of question and discussion topics to use with children. Practicing techniques with role play.	Handout
45 min (Page 82)	Exercise 6 – Non-Verbal Communication: Discussing observation, active listening and sharing non-verbal communication techniques to use with children.	
1 hour (Page 83)	Exercise 7 - Overcoming Barriers: Discussion of barriers to a successful interview and how to overcome them.	Handout
1 hour (Page 84)	<i>Optional Exercise – Using Creative Interview Techniques: Participants practice creative interview techniques that can be used.</i>	<i>Preparation Facilitator Res Handout</i>

Module Introduction (5 min)

SAY > This session helps us to understand good communication, how to encourage children to communicate and express themselves and how to tailor communication to children's cultures.

SHARE the session aim, learning outcomes (slide 2) and exercises according to agenda.

Exercise 1: What is Communication?³⁰ (40 min)



PLENARY DISCUSSION > By now (*noting how many days into the training we are*) we know quite a lot about each other and so we may feel we know each other well. How would you feel if I asked you to share something private about yourself with the person sitting next to you? Something that few other people know? (Participants may say 'shy', 'uncomfortable', even 'resentful').

SAY > We can often feel this way when asked to share personal information but this is how interviews can feel for the children and families we are working with, and we are usually asking them to share this information with us when we have only just met them!



PLENARY DISCUSSION > How we can put children and families at ease during an interview? (Participants might suggest to ask some friendly questions to children to break the ice, such as "what is your favourite thing to do?")

SAY > We will talk more about how to put a child at ease throughout this module. However, it is also important to realise when there is a problem, which can be done by putting children at ease:

If child has no positive things to talk about you may wonder about their wellbeing, or the warmth between the child and family. Imagine what a depressed or unloved child is like compared to an uncomfortable child. We need to understand whether it is our presence that is making the child uncomfortable or something deeper. It is important to start the interview light to see if you can find out if the child has a capacity for joy and light-heartedness, and to see if they are able to be open in front of the adults around them. If they are not these could be indicators of risk.

SAY > We cannot always rely on people to tell us everything that is going on. If people are harming a child they will not want us to find out what is happening. In such situations we need to find other ways to assess.

This exercise highlights how hard it is to share personal information, particularly information that is sensitive or that you have not told anyone else before. It is often even harder for children. In this module we are going to discuss how we communicate with children in depth and as it relates to our case management work.

30. This exercise is adapted from: Child Protection Case Management Training Libya (2012), Jones, C. for Save the Children Libya (unpublished).

PLENARY DISCUSSION > Why good communication is central to good case management?

SHARE Slide 4 – Communication and Case Management (after hearing what participants have to say).

SHARE some key characteristics of communication and effective communication with slides 5 and 6.

SAY > (To link again to what this means for case workers / case management).

- As caseworkers we deal with children and adults who are often upset, angry and in need of our support
- We need to **understand** the people we are talking to and **adapt** our communication style to their needs
- You should have some time to discuss and practice these skills today



CHECK if participants have any questions / comments before moving on.

Exercise 2: Do's and Don'ts (45 min)

LEARNING OUTCOME > By the end of this exercise participants will know best practices for communication during case management.

PREPARATION > Prepare a 2-3 minute role play to demonstrate poor communication during a case management interview with a child or family. Or you could ask some participants to prepare one.



PLENARY DISCUSSION > What 'don'ts' were shown in the role play?



WRITE the points participants share on flip chart.



TURN AND TALK > Ask participants in pairs to discuss a bad practice that they have seen or experienced in an interview with children. Ask them to think about how it felt to be the child and how it felt to be the caseworker / interviewer in the situation described.



PLENARY DISCUSSION > Spend some time discussing participant experiences and try to reach some suggested solutions (from the group) to the situations they describe.



TURN AND TALK > Ask the pairs to help you to come up with some good practices that should guide communication with children so that the experience is positive and safe for the child. (They should not discuss how to organise the interview as this is discussed in the next exercise).



PLENARY DISCUSSION > Ask each pair to share their most important good practice in turn (not repeating previous pair's responses). Go around again if participants have more to share.



WRITE their suggestions on flip chart.



SHARE the handout '9 Principles for Communicating with Children'. Highlight points not already covered. Congratulate participants for points identified.

SHARE the key learning points (slide 8).



CHECK if participants have any final questions / comments before moving on,

Exercise 3: Organizing Interviews³¹ (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will know how to organise and manage an interview with a child.



Group Work

SAY > We are going to do some group work to discuss how to organize an interview.

SHARE Slide 11 – Organizing and Managing Interviews Group Work, which covers the questions each group should focus on.

SAY > You are going to have 15 minutes to discuss your answers to the question your group has been set and to prepare your presentation on flip chart. You will then have 5 minutes to present.

COUNT OFF participants into four groups.

PRESENTATIONS > Give each group 5 minutes to present. Ask at the end of all presentations if participants have any questions, comments or additions. Check if any points need to be added using Exercise 3 handout - 'Organising and Managing Interviews'.



PLENARY DISCUSSION > Highlight any points not yet discussed from the handout. You may want to ask: 'Did anybody have any experiences regarding the timing of interviews and how long they should last? What about taking notes during the interview?' etc.

31. This exercise is adapted from: Child Protection Case Management Training Libya (2012), Jones, C. for Save the Children Libya (unpublished); Facilitator's Notes for the Implementation of UNHCR BID Guidelines (2011) UNHCR, available from: <http://www.refworld.org/pdfid/4e4a58dc2.pdf>.

SHARE the ‘Organising and Managing Interviews’ handout.

FACILITATOR NOTE > Depending on the context, it may be useful to spend some time on how to make interviews with children culturally appropriate. For example, in some cultures time needs to be spent discussing with and engaging the head of the family before meeting with the women and children.

SAY > Does anybody have any final questions or comments before we move on?

SHARE the key learning points (slide 12).



CHECK if participants have any final questions / comments before moving on.

Exercise 4: Age and Developmental Stage³² (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to give examples of how to communicate with children of different age groups and capacities.

PREPARATION > Write out four flip charts with the following titles. Put them on tables around the room with some marker pens on each table.

Infants & Toddlers (0-5 years)	Younger Children (6-9 years)	Younger Children/ Older Adolescents (10–17 yrs)	Children with Disabilities or Mental Disorders
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SAY > Do you remember the exercise we did in Module A: Foundations where we looked at children’s capacities at different ages/developmental stages. What do you remember from it?

SHARE Slide 15 – Age and Developmental Stage - to introduce the topic.

SAY > We are going to a quick gallery walk. I have put four flip charts on tables around the room with four age-ranges or special capacities of children written on them. I would like you to go around and write down what special considerations / good practices caseworkers may need to use for children of these ages / capacities.



GALLERY WALK > Once participants have finished writing on the flip charts give them some time to review what has been written as a gallery walk and make sure you have done so as well!

32. This exercise is adapted from: Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings (2012), International Rescue Committee and UNICEF: http://www.unicef.org/pacificislands/IRC_CCSSGuide_FullGuide_lowres.pdf; Communicating with Children: Helping Children in Distress (2000) Save the Children, available from: <http://www.savethechildren.org.uk/resources/online-library/communicating-children-helping-children-distress>



SHARE the handout - Age and Developmental Stage and review anything that was not included in the flip charts.

SHARE the key learning points (slide 16).



CHECK if participants have any final questions / comments before moving on.

Facilitator's Tip: There are two additional short exercises that can be added to this module if relevant in the context where you are working (see below). If relevant you may want to facilitate them here.

Communication According to Context and Culture: Relevant if participants are working with cultures or population groups who differ from their own in the way they communicate.

Using Interpreters: Relevant if interpreters are being used in the context.

Optional Exercise - Communication According to Context and Culture (30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to distinguish between communication practices in different contexts and cultures.

SHARE Slide 19 – Communication and Culture Pair Work.



TURN AND TALK > Ask participants to discuss one question in pairs for 10 minutes.

CHECK that participants understand and aren't all answering the same questions.

PLENARY DISCUSSION > Spend 15 minutes discussing participant responses.



CHECK if participants have any final questions / comments before moving on.

Optional Exercise - Using Interpreters (20 min)

LEARNING OUTCOME > By the end of this exercise participants will know best practices for the use of interpreters during interviews.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- What are the challenges with using interpreters?
- What can we do to avoid these challenges?



WRITE what they say on flip chart.

SHARE Slides 21 and 22 – Using Interpreters.



CHECK if participants have any final questions / comments before moving on.

Exercise 5: Verbal Communication³³ (1 hour 30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to use a range of verbal communication skills.

SAY > Asking questions in the right way helps a child to relax and communicate freely. There are three types of questions we can ask.



PLENARY DISCUSSION > What do you think these three types are?

SHARE Slide 24 - Three Types of Question.

SHARE Slide 25 – Closed, Open and Leading Questions - and the following examples of closed questions (don't share any examples of leading or open questions yet): E.g. "How old are you?", "Where do you live?"

SAY > Sometimes we want to ask closed questions but they do not encourage the child to talk. They are conversation-enders or limit what children can say.

With leading questions, children usually find it hard to answer differently to the way that is suggested even if they disagree/the situation differs. They think you don't want to hear about negative feelings /worries.

Open questions are the best form of questions as they show you are interested and actively listening to what you are being told. They help you learn more about a child's life, feelings, and what is important to them. To come up with an open question, focus on the central issue you want to ask about, e.g. "how about school?"

Closed and leading questions are often used in normal life but in casework the goal is to use open questions so that the best information can be received from child/family.

33. Content adapted from: Communicating with Children: Helping Children in Distress (2000) Save the Children, available from: <http://www.savethechildren.org.uk/resources/online-library/communicating-children-helping-children-distress>



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- What kind of question is this: “Are you with your parents?” (Leading because it leads the child to say yes and not disclose if the people she or he is with are not his or her parents)
- How could you make this an open question? (Participants might suggest: “Tell me about your family”, “Can you tell me how you got here?”)
- Do you have other examples of leading and open questions?



WRITE their suggestions on flip chart and write ‘open’ or ‘leading’ next to each once you are agreed.

SHARE the examples of open and leading questions on slide 26.

SAY > It’s not just open questions that are good to use. We may also want to use comments.



PLENARY DISCUSSION > What are some comments that might be useful? (Participants might remember the healing statements shared earlier).

SHARE Slide 27 – Open Questions and Comments.

SAY > It is important to avoid stereotypical comments that may be common in a particular culture but not be helpful, e.g. “you’re a man, don’t cry.” Generally, people find that it is helpful to use a mixture of closed questions, to find out certain facts, and open questions, to encourage free expression. But only ask one question at a time or the child will be confused.

SHARE Slide 28 - Active Listening.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Has anybody heard of paraphrasing, summarizing or reflecting back?
- If someone says yes: Could you try to explain them for the group?

SHARE Slide 29 - Paraphrasing.



PLENARY DISCUSSION > What might some examples of paraphrasing be?

SHARE the following examples: “So, what I hear you saying is...”, “It sounds like you...”, “If I understand you correctly...”, “You are telling me that...”

SHARE Slide 30 - Summarising:

SHARE the following example of Summarising:

“May I just check that I have understood this correctly? You have told me of a few options that you have available. You could go to live with your uncle who lives an hour away but you and he get into fights so this would not be a sustainable option. Or you could stay here in the camp but you would like to find work which is difficult. Or you could travel back to your

home country which is still dangerous due to the war. What do you see as the advantages and disadvantages of each of these possibilities?"

SHARE Slide 31 - Reflecting Back.

SHARE the following example of Reflecting Back:

Mother: The other women in the community do not speak to me anymore. They say that we are not good people and that they cannot be seen talking to me.

Caseworker: You sound hurt about being excluded because of people's lack of understanding.



Practicing the Technique³⁴

SAY > We are now going to do a short exercise in groups of 3 to practice what we have learnt.

COUNT OFF participants into groups of 3. Label each group participant A, B or C.

SHARE Slide 32 to explain the exercise (participants can make the noise of a buzzer or ding a glass with a pen to make a noise instead if they prefer).

SAY > You will each have 3 minutes for the exercise and should change roles so every one has a chance to practice.

CHECK participants change roles by shouting out when 3 minutes have passed.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Is it difficult to ask open questions? Why?
- What did B notice about the way they were questioned? Etc.



PLENARY DISCUSSION > Are there any other good practices for verbal communication you can think of? Did you come up with any good questions?



WRITE the points they suggest on a flip chart.

SHARE Slides 33 – 36 to facilitate the discussion on the following points if helpful.

- Using icebreakers
- Choosing the right words
- Checking you have understood / been understood
- Avoid saying 'why' or 'how come'
- Not putting words in the child's mouth

34. Content adapted from: Working with Children and their Environment (no date) Terre des Hommes: <http://tdh-childprotection.org/documents/working-with-children-and-their-environment>

SAY > (In relation to the last points on slide 33) If you say to a child “did he drive you away in his car?” the child may answer negatively—if the actual vehicle was a truck.



Role Play Exercise

SAY > We are now going to work in pairs on a short role play involving Sarah, a girl who has just come to an internally displaced person’s camp after a very frightening experience of war.

You will have 10 minutes to do this and 10 minutes to provide feedback, giving you 20 minutes for the exercise in total.

One person will play Sarah, the child. The other will play the caseworker who tries to get to know Sarah and to comfort her. The caseworker should aim to use some of the good practices and skills discussed so far in the module, especially the verbal communication skills we have just discussed.



SHARE with the participant playing Sarah the Exercise 4 Case Study and with the participants playing the caseworker the Exercise 5 Handout - Giving Feedback.³⁵ Check if they have any questions after reading them.

COUNT OFF participants into pairs and ask them to begin.

CHECK participants swap roles by giving them some notice around a few minutes before the first and second 10 minutes to be wrapping up the conversation and giving feedback. Then give them notice to change roles when the first and second 10 minutes have passed.



SHARE the relevant handouts with each pair as they swap roles (it is important not to give them to everyone at the start or they will be distracted by them).

Sarah: You were kidnapped with your mother and spent some time in captivity where you were separated from your mother and saw many horrible sights and murders. You managed to escape with some other people but now you are very sad because you do not know where your mother is, or even if she is alive.

Source: Communicating with Children in Distress.



PLENARY DISCUSSION > Which good practices/skills did you use/get feedback on?

SHARE the key learning points (slide 37).



CHECK if participants have any final questions / comments before moving on.

³⁵. Note that this is not supposed to be a comprehensive guide on giving feedback but some very simple quick guidance. Giving feedback is covered in more detail in session G3: Supervision if needed.

Exercise 6: Non-Verbal Communication (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to use a range of non-verbal communication skills.

SHARE Slide 25 to introduce the exercise.



Listening Skills

SAY > We are going to do an exercise working in pairs to practice our listening skills.

- One person will be the **listener** who tries to encourage the speaker as much as possible.
- The other person will be the **speaker**, who speaks for five minutes about a problem in their day-to-day work.
- While the speaker is talking he or she should watch the listener to see how the listener is encouraging the conversation.
- After 5 minutes you will swap roles.



PLENARY DISCUSSION > What did you notice about your partners' non-verbal communication?



WRITE a list of what they share on flip chart highlighting any key points mentioned about listening, body language and observation.

SHARE Slides 40 – 44 on non-verbal communication, body language and observation (40 & 42 are key).

ENERGISER > End the exercise with an energiser called 'Who is the Leader', which is about observation skills.

Energizer: Who is the Leader?

Participants sit in a circle. One person volunteers to leave the room. After they leave, the rest of the group chooses a 'leader'. The leader must perform a series of actions, such as clapping, tapping a foot, etc, that are copied by the whole group. The volunteer comes back into the room, stands in the middle and tries to guess who is leading the actions. The group protects the leader by not looking at him/her. The leader must change the actions at regular intervals, without getting caught. When the volunteer spots the leader, they join the circle, and the person who was the leader leaves the room to allow the group to choose a new leader.³⁶

SHARE the key learning points (slide 45).



CHECK if participants have any final questions / comments before moving on.

36. 100 Ways to Energize Groups: Games to use in workshops, meetings and the community, (2002) International HIV/AIDS Alliance

Exercise 7: Overcoming Barriers³⁷ (55 min)

LEARNING OUTCOME > By the end of this exercise participants will know how to overcome common challenges in communication with children.

FACILITATOR PREPARATION > Write down four barriers to communication on small pieces of paper (e.g. those addressed in slides 48-54), fold them and put them into a hat or a bowl.

SHARE the following case study or the facilitators can role play it for participants:



A boy of 14, Inusse, violently attacked another boy, Gani, without any apparent provocation and refused to say why. Inusse suspects that Gani's father beat up his father and other men in the community. He feels angry and humiliated about what was done to his father, but does not want to criticise Gani openly.



PLENARY DISCUSSION > What barriers to communication is this role play showing?

SAY > This case study / role play shows a child who is refusing to talk. This is one example of a barrier to communication that can occur during case management.



Role Play

SAY > You are going to work in groups for 5 minutes to prepare a 1 minute role play demonstrating a barrier to communication.

COUNT OFF participants into groups and have one person from each group take a piece of paper from the bowl / hat with a barrier to communication written on it – emphasizing that they should not show this to the other groups, who will guess the barrier that is shown in their role play.

PRESENTATIONS > After each presentation ask the group what barrier to communication may have been represented and share any points from slides 48 – 54 that you feel will be helpful: Children who Do Not Talk, Children who Deny Abuse, Caseworker Discomfort, Relationships Breaking Down.

37. Content adapted from: Communicating with Children: Helping Children in Distress (2000) Save the Children, available from: <http://www.savethechildren.org.uk/resources/online-library/communicating-children-helping-children-distress>



PLENARY DISCUSSION > Are there any other barriers to communication you have experienced or could experience in case management?



WRITE their suggestions on a flip chart and group them if there are many.

SHARE any of the barriers below that have not been mentioned and that you did not share through the role play activity.

- ↪ Children with disabilities and mental disorders
- ↪ Very young children
- ↪ Adolescents
- ↪ Where there are language barriers
- ↪ Where the subject matter is particularly sensitive
- ↪ Where the child is emotionally distressed.

SHARE the Key Learning Points (slide 55).

CHECK if participants have any final questions / comments before moving on.

Optional Exercise: Using Creative Interview Techniques (1 hours)

LEARNING OUTCOME > By the end of this exercise participants will know how to use creative techniques when communicating with children.

FACILITATOR NOTE > If you would like to facilitate this exercise but do not have much time, you can include the introduction and group work for the exercise in the agenda for the day (approximately 30 minutes), then presentations can be made throughout the rest of the training as energisers.

PREPARATION > Put one of the cards from the Creative Interview Techniques – in Facilitator Resources on tables at the back of the training room along with some coloured pencils / pens and plain paper. There are many to choose from so choose those most relevant to the context.



PLENARY DISCUSSION > Have you found interviews with children challenging?



WRITE a list of reasons they share on flip chart.

SAY > Creative methods of engaging children can be used with children who find direct interview challenging. This might be the case for the reasons just discussed in the Overcoming Barriers Exercise.



Group Work

SAY > We are going to do some group work to practice some creative techniques to support children who are not initially very comfortable talking during a case management meeting. These can be used at various stages throughout the case management process and for various child protection issues.

You are going to work in pairs to practice using creative techniques on a certain theme. You will have 15 minutes to practice and to prepare a 2-3 minute demonstration for the rest of the group. You may want to make this into a role play. I am going to number you in groups. You are then going to find the table at the back of the room with a card with a numbered creative technique on it. Choose the one that matches the number your group was given.

COUNT OFF participants into groups, numbering each.

PRESENTATIONS > After 15 minutes bring participants back together ready to present. Give 5 minutes for each pair and questions afterwards.



PLENARY DISCUSSION > After all the group preparation / presentations ask participants:

- Which techniques might be useful for certain age groups of children?
- Which techniques might be useful for certain stages of the case management process?
- Which techniques might be useful with certain child protection issues?

SHARE the key learning points (slide 58) and key points to consider for creative techniques (slide 59).



CHECK if participants have any final questions / comments before you move on.

FACILITATOR NOTE > Depending on the context, it may be important to note here that using these techniques does not mean participants are providing advanced mental health and psychosocial support interventions. They are just techniques to break the ice and enable communication and case management.

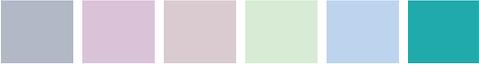
Module Conclusion (5 min)



REMIND participants of the aim and learning outcomes (slide 61) and ask if they have been met.

SAY > Communication is a two-way process. It involves paying attention to the other person, being a good listener, being aware of non-verbal communication, using simple language, using open questions and making sure you are understood.

SAY > Now that you understand how communication works and some key points for communication during case management, we are going to begin Module E: Case Management Steps.



MODULE E.

CASE MANAGEMENT STEPS

MODULE AIM:

To provide participants with knowledge and skills to complete the case management process according to the guidelines.

TIMING:

4 ½ days

SESSIONS:

1. Identification and Registration (6 hours 40 min / 1 day)
2. Assessment (6 hours / 1 day)
3. Case Planning (5 hours)
4. Implementing the Case Plan (6 hours 30 min / 1 day)
5. Follow-Up & Review (2 hours 15 min)
6. Case Closure (2 hours)

CHILD PROTECTION MINIMUM STANDARDS:

15 Case Management

NOTE:

The competencies and resources for this module are provided in the individual session plans.

CASE MANAGEMENT GUIDELINES COMPETENCIES:

- Support and motivate a person / a group
- Have the specific tools for case management (documenting the case management)

RESOURCES:

- Flip chart paper, stand, pens and masking tape
- Participant notebooks and pens
- Laptop, projector, (internet and speakers needed to show the optional video)

Facilitator Resources:

- Market place activity role cards
- Power walk role cards and big open space
- Notes on core case studies step 1

Handouts: Enough for one per participant

- Exercise 1 Handout - Sources of Identification
- Exercise 2 Handout – Risk and Protective Factors
- Exercise 3 Handout 1 - Case Management Flow Chart
- Exercise 3 Handout 2 - Risk Levels
- Exercise 3 - Core Case Studies A / B / C Step 1
- Exercise 4 Handout - Best Practices for Communication at Registration
- Exercise 5 Handout – Sample Informed Consent / Assent and Child Rights Statement
- Exercise 5 Tool 1 - Sample Consent Form (*use local version if exists*)
- Exercise 5 Tool 2 - Generic Sample Registration Form (*see Case Management Guidelines for other versions; use local version if exists*)
- Exercise 6 Tool 1 - Sample Case File Cover Sheet
- Exercise 6 Tool 2 - Sample Record of Significant Events and Contacts
- Exercise 7 - Case Studies
- Module Presentation

■ SESSION E.1. IDENTIFICATION & REGISTRATION

Aim	To provide participants with knowledge and skills to complete the case management step of identification and registration, according to the case management guidelines.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Relate best practices for identification to the context where they work. ➤ Know best practices for referrals. ➤ Recognise the purpose of using criteria as part of registration. ➤ Employ best practices for opening and closing interviews and taking informed consent / assent. ➤ Use a personal script for registration and taking informed consent / assent ➤ Know common errors in registration forms. ➤ Intervene in response to immediate concerns identified at registration. 	
TIME	6 hours 40 min	
BODY		
1 hour 20 min (Page 88)	Exercise 1 - Best Practice for Identification: Group work and presentation on sources of identification and best practices.	Preparation Handout Internet Facilitator Res
1 hour 15 min (Page 92)	Exercise 2: Risk and Protective Factors: Power Walk and group work to identify and understand possible risk and protective factors in the protective environment.	Preparation Handout Internet Facilitator Res
1 hour (Page 95)	Exercise 3 – Using Registration Criteria: Discussing registration criteria and risk levels and why they are needed. Using the Core Case Studies to apply the learning.	Handout
30 min (Page 98)	Exercise 4 - Age and Developmental Stage: How communication should differ for individual children.	Handout
1 hour (Page 100)	Exercise 5 - Developing and Practicing Scripts: Developing and practicing scripts using a template form.	Preparation Handouts
30 min (Page 101)	Exercise 6 – Registration and Documentation: Discussing how to document cases to best practices. Optional competition to spot common errors in documentation.	Preparation Handouts
1 hour 5 min (Page 104)	Exercise 7 - Responding to Immediate Concerns: Case study and group discussion.	Preparation Facilitator Res

Session Introduction (5 min)



PLENARY DISCUSSION > Can you remind me of what the 6 case management steps are according to the case management guidelines?



WRITE the six steps onto the flip chart.

SAY > Today's module looks at the first step: Identification and Registration.

SHARE Slide 2 with the case management process diagram and step 1 highlighted in red. Then share the module's aim, learning outcomes (slide 3) and an overview of the exercises according to the agenda.

Exercise 1 - Best Practice for Identification (1 hour 15 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to relate best practices for identification to the context where they work and know best practices for referrals.



Market Place Role Play

PREPARATION > Label 4 locations in the room: Camp A, Camp B, Market in camp A and Child Friendly Space in Camp A (you can replace the names with local names of camps or villages as appropriate). Adapt the role cards (in Facilitator Resources) and discussion points as appropriate to the types of child protection needs that you plan to respond to. The role cards currently include the following child protection needs: Child labour, sexual violence, children associated with armed forces and or armed groups and unaccompanied and separated children.



SHARE the Market Place Activity Role Cards (in Facilitator Resources) one with each participant. Tell them not to show other people their role card.

SAY > You can add any detail you need to the role you have been given to bring it to life. As long as it is appropriate within the role. You will need to move around the room as much as possible, meeting other people and working out how they can help you perform your role.

CHECK how participants are getting on getting in role. Give 10-15 minutes for the role play to unfold.



PLENARY DISCUSSION > Ask a few people to feed back on their experiences:

- What was your role and how did you feel in it?
- What were the challenges from the perspective of the role you played?
- What were your observations about the actions of others?
- How real was the scenario?
- How can these lessons help us in how we work?

Discussion points that might be shared:

- Children couldn't find community workers
- Children alone aren't always separated
- Transport was lacking to respond
- Mass movement – people were confused
- Child alone but nobody came to help
- Lack of NGO logos for the child to see where to go
- Community involvement is key
- Some children at risk don't want to be identified

SAY > This role-play exposes the problems that can arise with certain approaches to identification.

It is important to quickly identify some types of protection need, e.g. unaccompanied and separated children, especially those that are very young. However, when identifying separated children, it is important to be clear about why you are identifying them. If expectations are raised that children who are separated will go into care, you may cause secondary / false separations. It is essential that you don't move babies or very small children, as their location can provide clues and people in the area may have information on the location of the parents. Also their clothing and belongings should be kept as they can be essential for tracing.

Other child protection needs have to be identified more subtly / less directly so that the child is not put at risk or their situation is not exposed / confidentiality breached; e.g. sexual violence cases or children associated with armed forces and armed groups. It is important to conduct interviews in as safe or private a place as possible and in as sensitive a manner as possible.

FACILITATOR NOTE > If you intend to identify unaccompanied and separated children, as part of your case management services, it is recommended that you facilitate a specific exercise here around identification and registration of unaccompanied and separated children, as there is other important information to share.

SAY > Children in need of case management services can be identified from a variety of sources.³⁸

PLENARY DISCUSSION > In the context where you work, which sources may they be?

38. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.



WRITE participant suggestions onto a flip chart, grouping them under the following **headings**³⁹, adding any that they miss out and sharing some of the examples provided in *italics* if relevant:

- ➔ **Community members** and **civil society**
- ➔ Other government authorities including their caseworkers
- ➔ **Law enforcement agencies** (*e.g. abandoned babies may be taken to the police and serious abuse may be reported to the police*).
- ➔ **Population registration services**
- ➔ **Other humanitarian agencies / sectors**
- ➔ **Health and education services:** *Education actors (e.g. teachers and school counsellors may spot children who are abused and neglected as well as children experiencing challenges at school, such as bullying). Health actors (e.g. disabilities, physical and sexual abuse, children coming for services without adult care).*
- ➔ **Child protection agencies**, including staff within your child protection programmes (sometimes called 'active case finding') *e.g. during monitoring of relevant environments (e.g. centres for newly arriving displaced communities) or following release or recovery from an exploitative environment (association with fighting forces, exploitative labour, trafficking).*
- ➔ Self-referral by **children and families**



SHARE the Exercise 1 Handout - Sources of Identification, which represents the flow of identification and registration and includes suggested identification sources. You can also use slide 5 to share this.

CHECK if participants have any questions or comments on the handout.

FACILITATOR NOTE > The way that your agency engages with community members will depend on the way the programme has been designed. You may want to share some or all of the information from section 2 of the case management guidelines on working with communities here. There is also a case study on the role of children in supporting identification that you can share.

SAY > Once children have been identified, they should be referred to a child protection agency.⁴⁰

SHARE Slide 6 to explain the steps when referral can be used.



SHARE the following film <http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners>



PLENARY DISCUSSION > What type of referral is show in the film?

39. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

40. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

SUPPORTING IDENTIFICATION AND REFERRAL

SAY > Mechanisms for identifying children need to be part of any well-developed and functioning child protection system. We are going to take some time to discuss how to identify/refer without breaking the case management principles.



TURN AND TALK > Participants take 10 minutes to discuss one of the following topics in pairs.

1. How to Support Identification / Referrals
2. How to Support Self-Referral⁴¹



FACILITATOR NOTE > If you want to challenge the group further you could ask them to think about the question in relation to specific actors: What would be effective ways of supporting identification / referrals with specific actors (e.g. visual tools instead of forms for community referrals where literacy rates are low). Service Mapping is covered in Module E4: Implementing the Case Plan.



PLENARY DISCUSSION > Have one pair share their discussions on topic 1. Allow the other pairs to add any additional points until all have been shared. Then do the same for topic 2.

SAY > To ensure that vulnerable children are appropriately identified, awareness raising needs to be done among the affected communities, and other people named in the handout shared earlier, including caseworkers, so that they can coordinate and make good referrals.



PLENARY DISCUSSION > What should we should raise awareness on?



SHARE some suggested topics on what you would raise awareness on – including signs of abuse were mentioned in Module A: Session 3 - using slides 3 - 5.

SAY > Child protection needs that are taboo in the community, or not seen as abusive by the community, may only be referred if the community is aware agencies will respond. However, if you are the only agency responding to a particular protection concern (e.g. sexual abuse or child recruitment) raising awareness on this may put your agency and those you are working with at risk; assess risk before deciding whether and how to share that you are working these issues.

SAY > Safe identification can be supported by a Referral Mechanism or Standard Operating Procedure, which we will discuss in Module E4: Implementing the Case Plan and the Manager/Supervisor Modules.

SAY > Children can also be engaged in identification and referral, as children at risk often confide in other children. However, if you take this approach, appropriate support for any children who identify and refer a case needs to be provided in case the situation is upsetting for them.

⁴¹. Exercise adapted from: Integrated Child Protection & GBV Case Management Training Manual: Module Two (draft), CESVI, Obstacles on the Path to Help exercise.



PLENARY DISCUSSION > Have one pair share their discussions on topic 2. Allow the other pairs to add any additional points until all have been shared.

SHARE Slide 7 – To support identification - and then slides 8 – 10, which cover the points made in slide 7 in more detail.

SAY > For some children it is very difficult to come forward and seek help. Sometimes this is related to the context in which the abuse took place, or it could be due to the current situation the child is in. In cases of long-lasting and serious abuse children may have developed survival strategies to adapt their behaviour to reduce the risk of further abuse that might be 'worse'. In such cases reporting would involve relaxing these coping strategies, which might be hard to do – requiring the child to admit abuse is happening and face the impact of dealing with it, on their family's, and their own, emotions and well-being.

SHARE the key learning points (slide 11).



CHECK if participants have any final questions / comments before moving on.

Exercise 2: Risk and Protective Factors (1 hour 15 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to list risk and protective factors at different levels of the protective environment.

PREPARATION > Customise, print and cut out the Power Walk Role Cards (in Facilitator Resources). Prepare flip charts as below:

Group 1: Child		Group 3: Community	
Risk Factors	Protective Factors	Risk Factors	Protective Factors
Group 2: Family		Group 4: Society	
Risk Factors	Protective Factors	Risk Factors	Protective Factors



Power Walk⁴²

SAY > I would like you to all stand side-by-side here (e.g. along the edge of a wall in the training room or along a wall of a building if doing the exercise outside).



SHARE a role card with each participant and tell them not to show it to the other participants.

42. Child Protection Case Management Training Libya (2012), Jones, C. for Save the Children Libya (unpublished).

SAY > Do not tell anyone else your role, but take a few minutes to think yourself into the role. Imagine what life is like as this person, what they think, what they feel, etc. We have purposefully not given you more information about the child, as we want you to imagine the situation they are in.

I will read out a statement. If you can answer yes (in character), take one step forward. A large step means you can say yes easily, a small step means it is somewhat true for you. If you cannot answer, stay still.

SHARE > Read the following statements, one at a time, allowing time for participants to consider the question and move forward.

- You go to / have gone to school
- You feel safe
- You have lots of information about children's rights and how to protect myself
- You are not discriminated against in any way
- Your family is with you
- You do not need to worry about money and food
- You are healthy and happy
- You can access medical facilities when you are sick
- Your family is influential in the community/ people respect them
- You have adequate leisure time (play for children)
- You can easily have someone to help you when you are in trouble
- People will listen to your opinions

SHARE > Participants should now be spread across the room. Once all the questions have been read out, ask participants to reveal their identity, one by one, by reading aloud their role card.



PLENARY DISCUSSION >

Ask those in middle and back:

- How did you feel?
- What were your principal protection issues?
- What made you vulnerable?
- What gave you protection?
- Ask participants at the front: what gave you protection? Do you have any obligation to those at the back?
- Ask the whole group: Are you surprised by anybody's position?

SAY > The power walk shows that:

- Every child is different and needs to be considered as an individual
- There are risk and protective factors, including people, around children that can influence their protection.

Our primary objective as caseworkers is to prevent abuse from happening or continuing. One way that we can do this is to strengthen the protective environment that is around the child.



REMINDE participants of the exercise on the protective environment in Module A: Foundations.

SHARE Slide 14 to explain Risk and Protective Factors.



CHECK participants understand: Ask for one example of a risk factor and one of a protective factor. Highlight that some child protection needs (e.g. family separation) are a risk factor rather than a form of abuse (as discussed in Module A: Foundations).



Group Work

SAY > We are going to look at risk and protective factors that may exist within the different levels of the protective environment. You are going to work in groups for 15 minutes to think about this.

You will need to prepare a presentation on a flip chart with risk factors down the left side and protective factors on the right; they don't have to correspond. I will tell you which level your group will consider.

COUNT OFF participants into 4 groups.

SHARE one of the ready-prepared flip charts with each group so they know the level they will consider.

PRESENTATION > Once participants have finished their group work, display each group's work by sticking the presentations to the wall. Summarise each of the presentations in turn. Try to draw links between them. Check with participants after each presentation if anything has been missed. If so, write it on the flip chart. Refer to slides 15 – 18 if needed.



SHARE the Exercise 2 Handout - Risk and Protective Factors. If you have agreed risk and protective factors locally share these instead.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Do any of the risk and protective factors in the handout need explanation?
- Are any risk and protective factors missing? (e.g. locally-specific factors)

SAY > Healthy development may be slowed down or even prevented by the presence of risk factors in a child's environment, whether they affect children, their parents, or both.

Protective factors encourage and enable healthy development. They may be directly protective of children or may act through the protection of their parents.

To use the risk and protective factors in case work:

- Think about how they interact during assessment.
- Build the protective factors when implementing case plans so they reduce the risk factors.
- *E.g. if you raise awareness in the community about disability you may reduce the risk that a disabled child is stigmatised.*
- Look out for risk and protective factors that have increased or reduced during case plan review.

SHARE the key learning points (slide 19).

CHECK if participants have any final questions / comments before moving on.

FACILITATOR NOTE > Some people might argue (e.g. disability or gender rights activists) that risk factors are entirely outside the child in terms of unfriendly/unsupportive environment that 'disables' them from living normally.

Exercise 3: Registration Criteria (1 hour)

LEARNING OUTCOME > Recognise the purpose of using criteria as part of registration.

SAY > We are now going to discuss which cases we register, and how understanding risk and protective factors can help us respond to the most urgent cases first, after registration.

What is Registration Criteria?

SAY > Registration Criteria (or 'vulnerability' or 'eligibility' criteria as it is sometimes called) defines the children your agency will register for case management services.



SHARE the Exercise 3 Handout - Case Management Flow Chart. Highlight the section of the flow chart that asks 'is this a valid concern'.

SAY > What is meant by: 'is this a valid concern'?

- 'Does this child need help?'
- 'Can you provide it'? (i.e. 'does your agency register this type of case?')

SHARE Slide 22 to explain registration criteria further.

SAY > If you do not register this type of case you would need to refer the child on. If you receive many cases - identified from other sources and referred to your programme - which do not meet your registration criteria, you may not be able to respond.

SHARE Slide 23 – Children that don't meet your registration criteria – which provides information on what to do in this situation.



PLENARY DISCUSSION > Can you think of any examples of registration criteria? E.g. from where you work.



WRITE their suggestions on flip chart. (E.g. they may say 'orphans' or different categories of 'survivors of gender-based violence').

How to Develop Registration Criteria

SHARE Slide 24 – Developing Registration Criteria



CHECK if participants have any questions so far.

Risk Levels

All programmes should set Risk Levels.

This helps you to:

- ➔ Differentiate between cases that are more and less urgent.
- ➔ Better manage your caseload.

Having pre-defined risk levels is especially important if you are responding to:

- ➔ All child protection concerns including those that carry low and high risk
- ➔ A protection concern that affects large numbers of children, e.g. family separation some of whom may be more at risk than others.

SAY > Imagine that you are working in an agency that has expertise in working with disabled children. Therefore, your registration criteria is disabled children.

SHARE Slide 25 – Case Example of Registration Criteria and Risk Levels, which shows the different risks (and protective factors) that two children with a disability might be exposed to.

SAY > These two children have a very different situation in terms of risk and protective factors, which puts one child at ‘low risk’ of harm coming to them, and one child at ‘high risk’ of harm coming to them.

SHARE Slide 26 – More About Risk



SAY > (After the second point) For example, emotional abuse has a lower impact in the short and medium term, but over the long term can be extremely damaging. As discussed in Module A: Foundations Session 2: Child Development.

SHARE Slide 24 – Developing Registration Criteria - again.

SAY > Your local analysis should involve affected children, their families and communities and those working with children, and should help you to define who is a vulnerable child in the given context.

- ➔ E.g. in some contexts the services available for and social attitudes towards disabled children may provide more protection than in other contexts, and so disabled children are not always vulnerable.

So, in some cases you might only register disabled children with other risk factors (the second child on the slide) while in others you might register all disabled children.

Case management can also be used as an approach within prevention or early intervention programmes. This may mean that the children in your caseload are identified on the basis of vulnerability, rather than actual risk level or harm. In such programmes you would register all disabled children as you want to ensure you prevent any harm, rather than responding to actual, identified harm or risk of harm.

SAY > So, registration criteria helps us to **differentiate** between cases, and identify cases that may be in more **urgent** need of case management services.



PLENARY DISCUSSION > Have you set risk levels where you work? Can you think of examples of cases that might be high, medium or low?

SHARE Exercise 3 Handout 2 - Risk Levels. Discuss any questions / comments participants have.



CHECK if everyone understands before moving on: what registration criteria is; how risk levels may be used to differentiate between cases that are more urgent within those cases that are registered.

Why is Registration Criteria Needed?



PLENARY DISCUSSION > Discuss participant responses to the following questions:

- What cases do you register / respond to?
- Are you always clear which cases your agency registers / responds to? / Is this written down (as criteria)?
- What problems might be caused if caseworkers do not know which cases their agency supports?

FACILITATOR NOTE > Facilitate general discussion to begin with, answers are provided later. You may want to remind participants of the different children in the power walk and ask if they would register them or not.

SHARE Slide 27 – Problems caused by not knowing which cases agencies support - and the examples/additional information provided below on problems that might be caused.

High caseloads:

- Can overwhelm the limits of your response.
- Mean you cannot respond to the specific needs of children.
- Can cause staff burnout.
- *Confusion in the community* about the purpose of case management can be created.

Non-intervention:

- You may not be able to reach the children most at risk as you are overwhelmed.
- If overwhelmed you may fail to transfer cases to another agency that could provide help.

SHARE Exercise 1 Handout – Sources of Identification again and highlight that case management agencies may either be the agency being referred to (blue) or the agency identifying and referring (green).



SAY > All actors in a referral pathway need to know which cases each other register so referrals are effective. We will discuss this more in Module E4: Implementing the Case Plan.

FACILITATOR NOTE > You may want to facilitate the Who are You energiser here as it can be used to relate to identification.

Who are you?⁴³

Ask for a volunteer to leave the room. While the volunteer is away, the rest of the participants decide on an occupation for him/her, such as a driver, or a fisherman (they may want to choose one of the roles in the power walk).

When the volunteer returns, the rest of the participants mime activities. The volunteer must guess the occupation that has been chosen for him/her from the activities that are mimed.



Pair Work



TURN AND TALK > Participants spend 5 minutes discussing:

1. Whether you would register the case described in the case study where you work.
2. The risk level you think is appropriate for the case.

COUNT OFF participants into groups of around 4 people where they are sitting.



SHARE Exercise 3 - Core Case Study A/B/C Step 1 – Role of the Child (one for each group).



PLENARY DISCUSSION > Ask each group to read out their case study and discuss their responses.

SHARE the key learning points (slide 28).



CHECK if participants have any final questions on the exercise before moving on.

Exercise 4 - Best Practice for Registration (30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to employ best practices for opening and closing registration interviews and informed consent.

SAY > Once a child has been identified and referred to the correct child protection agency they should be registered with that agency.

SHARE some basic best practices for registration using slide 31.

43. 100 Ways to Energize Groups: Games to use in workshops, meetings and the community (2002) International HIV/AIDS Alliance www.participatorymethods.org/resource/100-ways-energise-groups-games-use-workshops-meetings-and-community, p. 5.

SHARE Slide 32 to cover the information that should be captured at registration.

SAY > In some situations, it is accepted that the gender of children may not match their biological sex, such as for transgender or intersex children. If this is the case, it may be more correct to ask the gender of children rather than their sex.⁴⁴



SHARE and review the handout - Best Practices for Communication at Registration⁴⁵ with participants. Respond to any questions they have on the four topics included.



PLENARY DISCUSSION > Have you experienced any challenges on these topics where you work?

FACILITATOR NOTE > It may be helpful to share the following with participants:

SHOULD INFORMATION BE SHARED IF IT MIGHT PUT THE CHILD AT RISK?

This will very much depend on the situation. Sometimes it is necessary to act in a way that is in the best interests of the child even if they disagree, but this is unusual and would often be the case where serious abuse is taking place within the family. You may also find that sharing information on certain cases is helpful for referrals but may put the child at risk. For example, children associated with armed forces and groups. However, you may find that you can put additional confidentiality measures in place to ensure the safety of everyone involved and to secure the child's consent. For example, restricting the number of staff that you share the details of the case with, or only sharing non-identifying information until you are clear what service the referral service provider can deliver for the child. Separate processes for gaining consent for sharing information in the media should be followed and is available from the Child Protection Working Group: www.cpwg.net

HOW DO WE MAKE DECISIONS BASED ON A CHILD'S AGE AND MATURITY?

This will very much depend on the individual child, the situation they are in and the context where you are working. A useful concept to remember is one from UK social services - 'Gillick Competency'. This refers to a case in the UK where a judge ruled that a doctor had not breached parental consent by proscribing contraceptives to a girl under 16 - Miss Gillick - as he judged her to have the maturity and level of understanding required to give consent. This case went to the high court for a decision and the process of decision-making regarding the capacity of individual children to give consent is now referred to as Gillick competency, to emphasise that it refers to an individual child each time.

SHARE the key learning points (slide 33).



CHECK if participants have any final questions / comments before moving on.

44. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force.

45. This includes information on informed consent / assent included in Module C: Case Management Principles.

Exercise 5 – Developing and Practicing Scripts (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will be able to use a personal script for registration and take informed consent / assent and know how to complete registration and consent forms according to best practices.

PREPARATION > Place the following around the room so that there will be enough for each participant and so that the room is set-up for the pair work later in the exercise:

- ↳ 2 x Exercise 5 Tool 1 - Sample Consent Form
- ↳ 2 x Exercise 5 Tool 2 - Sample Generic Registration Form
- ↳ 2 x Exercise 3 Core Case Study - Step 1 (either A, B or C for each pair)
- ↳ 2 chairs (and a table if you can)



SHARE the Exercise 5 Handout - Sample Informed Consent / Assent and Child Rights Statement. Review and discuss them.



PERSONAL REFLECTION > Participants work alone to develop a script to use to introduce: themselves, the interview process and informed consent at the point of registration. (The scripts do not have to cover everything. Participants can start by taking notes of what to cover then follow by drafting the script).



Pair Work Exercise (40 min)

SAY > We are now going to work in pairs to practice our scripts. You will have 15 minutes each to practice your scripts to introduce yourself, the interview, take informed consent and register the child. You will use a Sample Consent Form and a Sample Generic Registration Form and the Core Case Studies used earlier in the training, but with the Role of the Caseworker now also added. You don't need to proceed to the initial assessment questions included in the Registration Form as this will be discussed later in the module. You may not get through all of these steps but see how you go. After each person has taken 15 minutes to practice you will have 5 minutes to share feedback on the child-friendly interview skills shown before swapping roles.



SHARE the handouts just mentioned.

CHECK participants are keeping time throughout the pair work by timing 15 minutes, 5 minutes, 15 minutes and another 5 minutes and calling out / going around to each pair and sharing these timings and reminding the group of what should be done.



PLENARY DISCUSSION > Can be facilitated around the following topics:

- ↳ How did you find the exercise? How did it feel to be the child / case worker?
- ↳ Did the caseworkers introduce themselves? Did they ask for informed consent before starting the interview? Did they explain the limits of confidentiality?

- How did you find the script? Is all the information important? How different is it from what you would normally ask a child?
- Was the caseworker able to get all the information that was described in the role of the child with the questions they asked?

FACILITATOR NOTE > If questions / comments relate to the individual cases ensure that the case is summarised first so that the rest of the participants understand.

It may be helpful to share the following:

If the child starts to share confidential information before you have gone through the consent process you will need to stop them so that you can go through this first. Not doing this is likely to erode any trust you could establish with the child and risk the entire case management process. This is especially important in cases where you may have to make a mandatory report, or where you may need to act in the child's best interests to protect them from harm but where they may not give consent.

You may never get consent:

- E.g. if the case is of abuse within the family and someone other than the child/ family has reported. In such cases it would usually be the police and government caseworkers that investigate the case. Non-government caseworkers may play a role in collecting information that can support them.
- E.g. if what the child wishes would be harmful to them (this needs to be carefully explained as part of the consent process).

SHARE the key learning points (slide 36).



CHECK if participants have any final questions / comments before moving on.

Exercise 6 - Registration and Documentation (30 min)

LEARNING OUTCOME > By the end of this exercise participants will know how to complete documentation according to best practices.

SAY > Documentation is the process of collecting and storing information specific to individual children and their families, including information that the child and family provide directly as well as any information collected indirectly. It also includes any notes made by caseworkers in relation to a child.⁴⁶



PLENARY DISCUSSION > Why we need to document our case management work?

⁴⁶ Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.



WRITE their suggestions on a flip chart.

SHARE Slide 39 – Why document our cases - and explain anything participants did not mention.

SAY > Documentation is not the goal! Case management could happen without documentation BUT documentation IS required for all of the reasons just discussed, especially to adhere to the case management principle of accountability.



PLENARY DISCUSSION > Who owns the child's file?

SAY > While caseworkers, agencies and government department may be collecting and storing documentation, they are doing so on behalf of children and families. This information belongs to the children concerned and they are entitled to see their case files. This will need to be done in a sensitive manner, as it may be upsetting for the child. It may be necessary to screen files to ensure that confidentiality of others mentioned in files is not broken. Caseworkers, agencies and government departments are the custodians of the child's information and have the responsibility to protect it on behalf of the child.⁴⁷



PLENARY DISCUSSION > How should we maintain records so that we keep the case management principles?

SHARE Slide 40 – Case File Management.

SAY > On the front of each file you may also find it useful to mark the date the case file was opened and the date it was closed, for easy reference.



SHARE and review with participants:

- ➔ Exercise 6 Tool 1 - Sample Case File Cover Sheet, which can be used to organise case files;
- ➔ Exercise 6 Tool 2 - Sample Record of Significant Events and Contacts, which can be used to record activities that occur.

SAY > The Sample Record of Significant Events can be used either to record a direct contact, such as when a family is visited (however it is important to differentiate between when to use this and any follow-up form you have) or indirect, for example if the teacher comes to discuss how things are going in school.⁴⁸

The section of each file marked 'strictly confidential' should be used to store information that is particularly sensitive and cannot be shared with certain actors.⁴⁹

47. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

48. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

49. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

PLENARY DISCUSSION > What minimum documentation should a case file contain?

SAY > Case files should contain at least the following: Consent Form, Registration Form, Assessment Form, Case Plan, Follow-Up Form(s), Closure Form (to mark each step of the case management process).

PLENARY DISCUSSION > What else might case files contain?

SAY > Case files might also contain: Any additional Assessment Forms (e.g. any initial or specialised assessments), any Referral Forms, any Records of Significant Events and Contexts and print-outs of information sent over email in association with the case.



PLENARY DISCUSSION > What does a badly managed case file look like?

SAY > Case files should be organised so that paperwork does not fall out / get damaged. This is best done using a hole punch and string with a plain cardboard file; stapling the documents together risks tearing the documents.

FACILITATOR NOTE > If possible bring examples of well and poorly organised case files to demonstrate – these may need to be constructed!

SHARE the key learning points (slide 41).

CHECK if participants have any final questions / comments before moving on.

If Using the CP IMS: Use Session 5.3: Adding a New Child's Record to the Database (ie. Registering a Child in the Database) of the Training Manual Inter-agency Child Protection Information Management System to explain to participants the key considerations for the Registration stage.

If working with unaccompanied and separated children: Use the Unaccompanied and Separated Children Handbook to explain to participants why taking photographs of children at the point of registration is important.

If using the CPIMS and working with unaccompanied and separated children: Use Session 5.11: Using the Photo Tool to View, Print and Export Children's Photos and Session 5.15: Using the Record Matching Function for Family Tracing and Reunification Programs of the Training Manual Inter-agency Child Protection Information Management System to explain how the CP IMS can be used to support photo-registration and tracing.

Optional: Spotting Errors in Documentation (15 min)

PREPARATION > Have ready completed forms with pre-set errors.



SAY > We are going to review our partners' completed Registration Forms (from the last exercise) to spot any errors that have been made. This can help us to improve our documentation. So please swap your forms with your partners. (It is best not to make this into a competition as you are reviewing participants' actual work).

CHECK > Help the pairs to spot errors and to discuss improvements.

Exercise 7 – Responding to Immediate Concerns (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will be able to intervene in response to immediate concerns identified at registration.

PREPARATION > Write the group work instructions on flip chart. Think about how the three case studies might be responded to where you work. Some guidance that may be suitable in certain contexts is provided below.

SHARE Slide 44 and 45 to explain Types of Assessment and Initial Assessments.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- What immediate concerns might children have that we can identify and respond to at the point of initial registration and assessment.
- What are some of the immediate concerns you have responded to in your context?



WRITE their suggestions on flip chart.

SHARE Slide 46 – Responding to Immediate Concerns - to add any they miss out. (Many of the response options are likely to be context specific and will need local customisation). Use the points below to further elaborate any of these response options.

FACILITATOR NOTE > If you are working on gender-based violence programming now would be a good time to share key points about the child's health needs assessment (pp. 127-9 of Caring for Child Survivors).

Possible Immediate Concerns

Healthcare: May be necessary if the child is injured or in need of medication within a certain timeframe, e.g. to respond to sexual violence, or if newly arriving from a war or hunger-affected context or after a long journey.

Safety:⁵⁰ In cases where serious risk factors have already been identified and where the case has been identified as either high or medium risk, this must be completed before the child leaves the registration interview. In cases of child abuse, especially if the abuse is serious and happened at home, the caseworker should ask the child (if age six or above) about their safety concerns. This should be done in private – away from the parent / caregivers. This may elicit further information that would not be obtained otherwise. If a child refuses to speak to the caseworker alone, and/or the child and caregiver appear upset or agitated, then the caseworker should use his/her judgement and determine whether to proceed with their involvement.

Care: Unaccompanied children without any adult care, or those with adult care assessed to be safe, will need overnight care. If they are identified late in the day arranging this may be quite urgent.

Alerting the national authority: This may be necessary where there are mandatory reporting laws. It may also be needed when you are handling cases that have legal implications and therefore may require the involvement of the national authority / government caseworkers at a later point: e.g. abandoned children, the potential need to remove a child from harmful caregivers and the death of a child. This helps them to be available when needed and reduces the risk of non-government case management agencies bypassing important processes.

Food and drink: Some children will not be able to concentrate without some refreshment, especially if they have had a long journey, e.g. arriving displaced populations.

Non Food Items / Clothing: Programmes should have emergency clothing in case a child would be at greater risk without, e.g. abandoned babies and some abuse cases. This should have clear distribution criteria to prevent misuse or false cases and should not all be the same as this can enable affected children to be identified.

Legal / Justice Needs:⁵¹ In cases of physical or sexual violence where a crime has been committed, caseworkers should ask general questions about the child and family's interest in pursuing a justice response (if such a response is even possible).

Direct Support: Unaccompanied/older children may not allow you to help until you have earned their trust, but you can provide essential information they may need to protect themselves, e.g. about medical care or protection services. So even if you do not see them again they can access these services. Children may need to call someone who can help them/to inform of their location. Programmes should have access to a 'duty phone' with enough credit/airtime. This should only be used when needed to prevent false cases.

50. Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings (2012), International Rescue Committee and UNICEF: http://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf, p. 136.

51. Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings (2012), International Rescue Committee and UNICEF: http://www.unicef.org/pacificislands/IRC_CCSGuide_FullGuide_lowres.pdf, p. 136.

SHARE Slides 47 – Healthcare and Safety Assessment, 48 - Overnight Care and Alerting the National Authority and 49 – Legal / Justice Needs - for more information if needed.



Next Action Exercise

SAY > We are going to work in groups to look at the core case studies discussed earlier.



WRITE the group work instructions on a flip chart:

- Discuss the **immediate concerns** the child faces.
- Decide the **immediate actions** that may need to be taken and **by when**.

COUNT OFF participants so that two pairs that discussed each of the Core Case Studies come together to make a group of 4.



SHARE > After 10 minutes, share the Exercise 7 Case Studies - of 'Next Action's for each of the core case studies with the groups. Give them another 10 minutes to discuss the 2 questions again. They may re-assess the risk level if needed.



PLENARY DISCUSSION > Spend 5 minutes discussing each case study in turn. Review the Notes on Core Case Studies Step 1 (in the Facilitator Resources) if needed, considering first what would be appropriate in the context.

FACILITATOR NOTE > You may need to check if participants have any questions about the fact that in Case Study A (Omar's case) the Psychologist shared information with the caseworker at Helping Children in Crisis. You may need to return to the explanation of informed consent used earlier in the training and in the consent form, about when information may need to be shared if the caseworker / psychologist (as he would also have a similar consent form) believes the child is in danger / risk of harm (slide 18). So, this should have been explained to Omar when Informed Consent was taken. The psychologist has shared information with the caseworker because he believes Omar may be in danger due to the possibility that Omar has been sexually abused and in contact with sexually transmitted infections. He knows Helping Children in Crisis handle such cases.

SHARE the key learning points (slide 50).



CHECK if participants have any final questions / comments.

Session Conclusion (5 min)

REMINDE participants of the module's aim and learning outcome (slide 52) and ask if they feel it has been met.

SAY > With the learning from this module your registration process should now be professional and complete. You should be confident about what to do if you find yourself

in a situation where a child needs immediate support at the point of registration. It is important to continue to improve your skills. Perhaps you can take time once per month to shadow your colleagues and give feedback.

FACILITATOR NOTE > If supervision is taking place in the context you can mention that such feedback can also take place as part of supervision.

FACILITATOR NOTE > You may need to share with participants now that before beginning Module E2: Assessment participants will need to have read the Core Case Study Step 2 for case study A, B or C – whichever their group is focussing on as they will go straight into discussing it in Module E2.

SAY > This is the end of the module on identification and registration. The next module is assessment which is an important module as assessment is one of the most important steps of case management.



■ SESSION E.2. ASSESSMENT

Aim	To build participant knowledge and skills in conducting assessments with and for children and families.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Know types, timeframes and best practices for assessment. ➤ Know the elements of a child's situation to be considered in assessment. ➤ Use the strengths based approach to assessment. ➤ Recognise the influence of perception on observation in assessment. ➤ Know how to conduct home visits safely and effectively ➤ Distinguish between factual and non-factual information and know / explain how to justify non-factual information in case management forms. ➤ Plan an assessment and analyse assessment findings. 	
TIME	6 hours	
BODY		
45 min (Page 109)	Exercise 1 - Best Practice for Assessment: Discussing types, timeframes and best practices for assessment.	Preparation (Intro)
1 hour (Page 111)	Exercise 2 - Elements of Assessment: Discussing common assessment domains in relation to the core case studies.	Handouts
45 min (Page 112)	Exercise 3 - Strengths Based Assessment: Discuss strengths based assessment in relation to participant experience.	Preparation
45 min (Page 115)	Exercise 4 - Observation Skills: Exercise to understand how perception affects observation and discuss observation skills	Preparation Facilitator Res
1 hour (Page 118)	Exercise 5 - Home Visits: Role play and discussion on purpose of home visits and how to manage them, including safety.	Preparation Facilitator Res Handout
45 min (Page 119)	Exercise 6 – Writing and Analysis Skills: Mini exercises to improve writing and analysis skills.	Preparation Handout
1 hour (Page 121)	Exercise 7 - Practicing Our Learning: Participants apply learning from the module with case studies, presentation and discussion.	Handout

CASE MANAGEMENT GUIDELINES COMPETENCIES:

- Promote participation and cooperation: Encourage children and families to take part in the identification of their needs and resources during assessment.
- Have the specific tools for case management (documenting the case management)

RESOURCES:

- Flip chart paper, stand, pens and masking tape;
- Participant notebooks and pens;
- Laptop and projector

Facilitator Resources:

- Picture Format – with 4 culturally appropriate pictures that could be interpreted in different ways inserted into it.
- Role Play Cards
- Handouts (enough copies for one for each participant)
- Exercise 2 Tool – Generic Sample Assessment Form (or use other assessment forms in the guidelines or the form being used locally)
- Exercise 2 Handout - Dimensions of Children's Wellbeing
- Exercise 5 Handout - Problems and Solutions for Home Visits
- Exercise 6 Handout - Problem Analysis Tree
- Exercise 7 Handouts - Core Case Studies A / B / C Step 2
- Module presentation

Session Introduction (5 min)

PREPARATION > Participants need to read Core Case Study Step 2 for their case ahead of the session.

SHARE Slide 2 with the case management process diagram and step 2 highlighted in red.

SHARE the module's aim and learning outcomes (slide 3) and an overview of the exercises according to agenda.

Exercise 1 - Best Practice for Assessment (40 min)

LEARNING OUTCOME > By the end of this exercise participants will know types, timeframes and best practices for assessment.

SHARE > the following information on assessment from the case management guidelines:

SAY > Assessment is a process of gathering and analysing information in order to form a professional judgement about the situation for a child. This considers not only the risks that the child faces, but also the strengths, resources and protective influences in the child, their family and their environment.

The purpose of an assessment is to identify needs, looking both at the immediate risks the child is facing as well as their long term needs, so that a case plan can be developed to address those needs. It is not an exercise just in gathering information, but provides the basis on which subsequent decision will be made.

Careful thought should be put into how the assessment is conducted and how the child and their family are involved, as this is the first opportunity for a caseworker to develop a helping relationship with the child.⁵²



PLENARY DISCUSSION > Check participants remember what was said in Module E1: Identification and Registration about initial assessment using the following questions:

- What is an initial assessment?
- When might we do an initial assessment?
- What might we be looking at during the initial assessment?
- So, what is the difference between an initial and a comprehensive assessment?
- Do you do either an initial assessment or a comprehensive assessment or both where you are working?

SHARE Slides 5-7 to explain comprehensive assessments, associated timeframes and basic stages for all assessments – initial and comprehensive, noting the following points after the slides.

SAY > (After slide 5) The comprehensive assessment is the basis on which all other case work is done. For this reason it needs to identify how serious the risk factors are, how available the protective factors are and what options are available – e.g. in the child's extended network, etc. This information is essential if decisions are to be made that are in the best interests of the child.

SAY > (After slide 6) Assessment is a 'snap shot' of a child's situation and wellbeing, and as such changes over time as more information is known or the circumstances for the child change. It can be tempting to 'wait and see' especially when key information is outstanding, but this can lead to the child remaining in limbo (often known as 'drift'). For this reason, the comprehensive assessment should always be completed within a month maximum and should be done more quickly in emergency contexts. The assessment should be revised and updated throughout the process of review.⁵³

SAY > (After point 2 on slide 7) Information for assessment can come from a variety of sources including available reports/information on the child, observations and interviews with the child and their family, discussion with other agencies and those who know the child and home visits. You can gather this information using a variety of tools, including discussions /interviews, checklists, activities, questionnaires and scales.⁵⁴

SAY > (After point 3 on slide 7) It may be that some children give contradictory information themselves, either accidentally or for reasons of their own. As their caseworker, you will need to cross check this information, identify the contradictory information and try to resolve the differences.

52. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

53. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

54. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.



PLENARY DISCUSSION > What considerations might we need to make for children's participation in assessment and making sure assessment is culturally appropriate?



FACILITATOR NOTE > You may wish to share the information shared in Module C: Case Management Principles and Module D: Communication and Case Management here if you did not cover these modules in full earlier.

SHARE Slides 8 – 12 – Participation in Assessment, Non-Participation, Quotes from Children About Case Management, and Culturally Appropriate Services.

CPIMS

SHARE that the CP IMS can help users track follow-up visits and other important actions by setting a Time Scale Target that will alert the user when an action in a child's case is due or overdue. You can facilitate Session 6.4: Setting Time Scale Targets and Overdue Tasks of the Training Manual: Inter-agency Child Protection Information Management System alongside this session.

SHARE the key learning points (slide 13).



CHECK if participants have any questions / comments before moving on.

Exercise 2: Elements of Assessment (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will know the elements of a child's situation to be considered in assessment.



WRITE > Draw a picture of a local plant (e.g. an ear of corn / bean) on the flip chart.

PLENARY DISCUSSION > If I was a plant / seedling what would I need to grow? Allow participants to share a few ideas.



Build a Child Group Work

SAY > I would like you to continue this exercise in groups, but drawing out everything they think a **child** needs. (Keep these drawings so that they can be used in the Session 3: Case Planning).

FACILITATOR NOTE > If participants have read the Core Case Studies Step 2 in advance, as requested, they can do their drawing for the child in their case study. This can then be used in Session 3 Exercise 2 and is recommended for participants less experienced in case planning.

PRESENTATIONS > After they have finished drawing what is needed for a child to grow healthily, invite each group to share and explain their drawing to the wider group.

SAY > Depending on the case management services you are delivering and your registration criteria, the elements of a child's situation that need to be considered in the assessment can vary.⁵⁵ Essentially, you need to look at all the things that a child needs to grow and develop healthily.



SHARE the Exercise 2 Handout – Dimensions of a Child's Wellbeing (summary points on slide 16) and the Exercise 2 Tool – Generic Sample Assessment Form (or the form in use locally) and see how the assessment elements included in each compare with what the groups came up with. You may also want to share slides 17 and 18, which have additional points of assessment for living and care arrangements, and additional assessments that may be needed in an emergency.

SAY > When undertaking assessment, it is normally more helpful for you to identify *needs* rather than services required (known as needs-led assessments).

E.g. you should say a child is *in need of education* rather than saying the child needs to go to school. There are many different ways of providing a child with an education (such as tutors, education clubs and literacy groups), school is just one way.

Especially where resources are scarce, expressing needs can be helpful in encouraging people to be creative about finding solutions, rather than being focused on the lack of services. The other danger in service-led assessments is that you may end up just allocating services that exist rather than meeting needs.⁵⁶



SHARE the key learning points (slide 19).

CHECK if participants have any questions / comments before moving on.

Exercise 3: Strengths-Based Assessment (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to use the strengths based approach to assessment.

PREPARATION > Prepare two pieces of A5 paper for each participant.

55. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

56. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

FACILTIATOR NOTE > This exercise responds to the case management principle of Empower Children and Families to Build upon Their Strengths, which can be mentioned again here (see Module A Session 1).



SAY > This exercise looks at the case management principle: Empower Children and Families to Build upon Their Strengths, which we covered briefly in Module A: Foundations.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- What do we mean by assessment of strengths?
- What might some other words for strengths be? (E.g. advantages, skills, assets, aptitudes, competencies, capacities, resources, supports, **protective factors**...)

FACILTIATOR NOTE > If participants would like examples of strengths you can present slide 22, but they should help you discuss how these may differ according to the context / communities they are working with. Examples will be shared in the exercise.

SAY > The purpose of the assessment is to work with the child to identify problems, and needs, but also strengths and resources – or protective factors - that she/he has in her/his life. These strengths might be within the individual child or within the protective environment.

PLENARY DISCUSSION >⁵⁷ Have you tried to identify strengths / protective factors during assessment or case management before?

SAY > As case workers we often come up with the negative points or risk factors. While it is important to identify gaps and problems it is also important to identify strengths / protective factors as these help us to see how we can fill gaps and resolve problems, especially in contexts where we are relying on direct support to resolve the child / family's problems because there are few referral services. Reinforce all that is positive!



Identifying Strengths / Protective Factors

SAY > We are going to do a short personal exercise now to challenge you. Think of your most difficult case; the child or family that had very complex situation. Take a few minutes to write down all the things about this child or family that were problems or risks. (Give participants a few minutes for this).

FACILTIATOR NOTE > This exercise is best performed as a personal exercise - not in pairs or groups - to ensure confidentiality. Also, you would need at least an extra 10 minutes to do it in groups.

57. Content from here to end of exercise adapted from: Curriculum for Case Management in Child Welfare in Romania (2001), World Vision and The Jordan Institute for Families at University of North Carolina School of Social Work



SAY > Count the number of problems you identified. Write the total number you came up with nice and big on the pieces of paper I give you (give participants a minute to do this and then share their numbers) and raise your card for the other participants to see.

IDENTIFY the highest numbers that each participant arrived at on a flip chart. (If one participant has many more than others you may want to check with them in case the exercise is understood / if there is repetition).

SAY > Ok, now it's a competition to see who can identify more strengths / protective factors than problems / risk factors, while thinking about the same case. (Give them another few minutes for this). Then count the number you come up with and write it on the second piece of paper I will give you and raise your card for the other participants to see.

SAY > Congratulate the 'winner' and ask them if they would like to share their list of challenges / risks and strengths / protective factors.

PLENARY DISCUSSION > (If anyone was unable to identify more strengths than problems), ask if they would like to share their list to see if others can help them identify more strengths.

Questions might include:⁵⁸

- ✓ What extended family do they have who love or support them?
- ✓ Do they have relatives they can resort to?
- ✓ How do they survive? / How have they survived in the past?
- ✓ Who has offered support and advice in the past and how did they find these people?
- ✓ What do they do to cope with their problems?
- ✓ What was happening when things were going well in the past?
- ✓ What's the longest they've ever been employed?
- ✓ What is it about you and your life that have given you real pride and pleasure?



PLENARY DISCUSSION > How did you find that exercise?

SAY > It is difficult but that's why we are working in a group – so we can help each other. Remember that strengths / protective factors can come from the protective environment as well. They don't all have to come from within the child and family.



PLENARY DISCUSSION > What things might we say to children and families to help them to recognise their strengths and when they are doing well?

SHARE > (If needed) the following example of compliments and praise: "I'm very impressed that you are here for our meeting. You clearly want to do something about this situation."

⁵⁸ Including points from Saleebey, 2002, referenced in A Brief Introduction to Social Work Theory (2009), David Howe, Palgrave Macmillan, Hampshire., p.102.

SHARE the key learning points (slide 23).



CHECK if participants have any final questions / comments before moving on.

Exercise 4 - Observation Skills⁵⁹ (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to recognise the influence of perception on observation in assessment.

PREPARATION > Gather 3 culturally appropriate pictures that could be interpreted in many different ways and cut and paste them into the picture format in the Facilitator Resources (some example pictures have been included already). Place these on 3 tables at the back of the room.



SAY > We are going to do an exercise where you will look at a picture and without talking to others nearby you will need to make a note at the bottom of the page of what you see on the photo. Then you will fold the page to hide what you have written, before passing it onto the next person who writes their comments above the fold and not on the fold. So it is important to leave enough space for the next person!

(You may want to demonstrate this. You may also want to organise participant chairs so that they cannot look at what each other are writing (e.g. in a circle with chairs facing out). The pictures are on tables around the room.



GALLERY WALK > When everyone has commented on each photo, unfold them and put them up on the wall. Invite everyone to stand up and 'visit the exhibition'. (If you have only a little time, while participants are sitting down show them the photo again and read aloud the most interesting observations, to note the similarities and differences).



PLENARY DISCUSSION > Around the difference in each person's perceptions in relation to each picture.

SHARE > Some examples from each of the pictures. If participants saw a lot of abuses in the pictures suggest that this might be because we are child protection workers and discussing child protection issues a lot.



PLENARY DISCUSSION > How might this exercise relate to case management?⁶⁰

59. Exercise adapted from: Working with Children and Their Environment (no date) Terre des Hommes: <http://tdh-childprotection.org/documents/working-with-children-and-their-environment>

60. Working with Children and their Environment (no date) Terre des Hommes: <http://tdh-childprotection.org/documents/working-with-children-and-their-environment>

SAY > Often appearance does not necessarily show what lies beneath. For example, some signs of child abuse are very distinct (bruises and broken bones), while in other cases the child's appearance does not necessarily show what they are going through. Abuse is not always shown by visible indicators.

Our personal knowledge, experiences or context can influence how we **perceive** a situation. Considering how we perceive things is of special importance for case management as it can influence how we analyse the assessments we make.

Observation is a key skill that we can strengthen to help us perceive things in a way that is fair and less prone to negative bias from our own experience. We saw more risks than strengths in the pictures, which as we discussed earlier may limit our understanding of the options available to children and families to resolve their problems. We also need to look past what might be influencing our perceptions and try to see what we might at first miss.

SHARE Slide 26 and remind participants what they said about this picture (if you used it, if not ask them what they see). Then share slide 27 to show how different the situation can be if we remove our **perceptions** (the blurred vision).

SAY > Don't stop at the first information you gather. The real situation may be completely different. Not all the pixels are there, like in this picture.



Personal Reflection

SAY > How many of you would say you approach the children and families you work with, or even other people in your lives, with bias? Take a few minutes to be very honest with yourself and think about what your negative perceptions may be,

SHARE the following words and ask participants to make a note of the first word that comes into their head as they are said:

“Woman”, “Muslim”, “Christian”, “African”, “Sex Worker”, “Child Labour”, “White”, “Arab”, “Youth”, “Adolescent Girl”, “Teacher”, Imam”, “Black”, “Girl”, “Girl Mother”.

SAY > Most of us have some underlying prejudices. We need to recognise that we cannot control our perception filters. It is important to acknowledge these to be able to check yourself so that we can continue to work with families in a way that is respectful.



PLENARY DISCUSSION > Where do these interpretations/perceptions come from?

SHARE Slide 28 – Skills for Assessment - Observation.

SAY >⁶¹ We think we know, we interpret, we suppose, we generalize, we judge. But our **perception is not the reality**, but rather a personal view of reality, built up over years through beliefs and values influenced by **family and society** and by more current things, such as the kind of day you've had.

61. Working with Children and their Environment (no date) Terre des Hommes: <http://tdh-childprotection.org/documents/working-with-children-and-their-environment>

In the same way that a map is a representation of territory and not the real territory itself, we can look at the world through very personal ‘filters’ of perception, which prevent us from seeing the situation clearly and uniformly.

These are sometimes referred to as ‘rose-coloured glasses’ because we can sometimes see things in a positive ‘rosy pink’ light when influenced by something such as love for a person.

SHARE Slide 29 – Personal Filters.

SHARE examples for each filter:

Physiological filters: E.g. a really angry person cannot react appropriately in a situation of conflict because emotions are overwhelming. A small person does not experience an event on a stage in the same way a tall person does.

Socio-cultural filters: E.g. in some countries it is not considered appropriate for a woman to laugh loudly. This trait is not acceptable, and people will suggest she will not easily find a proper husband. In other countries a woman with a hearty laugh would be considered good-humoured, and some men would find it attractive.

Experiential filters: If you have never travelled and do not know that in some countries it is polite to make a loud noise when eating to show one’s satisfaction, one might be shocked by this behaviour. An elderly person does not relate to death in the same way as a young person does.

SHARE Slide 30 – Personal Filters...

SAY > But which reality is true and which is not? Before thinking that we are ‘right’ and the others ‘wrong’, before acting or intervening in any situation, it is important to become aware of how we are looking at reality, and analyse what is happening within ourselves.

SHARE Slide 31 – Skills for Assessment – Observation....

SHARE the Key Learning Points on perception (slide 32).



CHECK if participants have any questions or comments before moving on.

SAY > During case work, if we cannot reduce our level of bias towards a certain child or family to an absolute minimum then we should hand the case over to another caseworker. It is better to do this than to do a bad job and do harm to the child. It is also important to recognise that lack of knowledge can create bias. We must get to know the culture of the people we are working with to prevent bias.



Why and How to Observe

FACILITATOR NOTE > You may find it the right time to do an energiser. If so the following can help discussion on observation skills:



Three truths and a lie⁶²

Everyone writes their name, along with four pieces of information about themselves on a large sheet of paper. For example, '*Alfonse likes singing, loves football, has five wives and loves PRA*'. Participants then circulate with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the 'facts' is a lie.

SAY > Why is observation useful during case management and when might we observe children?

SHARE Slides 33 and 34 – Developing Observation Skills and Why Observe and the following case example if needed / useful.



Case Example: During assessments, rather than jumping to conclusions – saying, for example, “Myriam doesn’t like other children” – try to observe actual behaviour. You may find that your conclusions were incorrect. After observing Myriam, her foster mother said: “I never saw her play with anyone else. She wanted to but other children pushed her away when she tried to join in.” Two or three short periods of observation give a lot of information.



TURN AND TALK > Ask participants to discuss in pairs for 5 minutes what they might be able to observe in children or families that would be useful for their assessments?



PLENARY DISCUSSION > Spend 10 minutes discussing the points they share.

SHARE Slides 35 – 38 – When to Observe and What we Can Observe if helpful.

SHARE the key learning points (slide 39).



CHECK if participants have any final questions / comments before moving on.

Exercise 5: Home Visits⁶³ (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will know how to conduct home visits safely and effectively.

62.100 Ways to Energize Groups: Games to use in workshops, meetings and the community (2002) International HIV/AIDS Alliance www.participatorymethods.org/resource/100-ways-energise-groups-games-use-workshops-meetings-and-community, p. 5.

63. Adapted from: Integrated Child Protection & GBV Case Management Training Manual: Module Two: Module Two (draft), CESVI; Standard Operating Procedures for Child Protection Case Management in Dadaab: Case Management Section (2011), C. Jones for Save the Children (unpublished).



PLENARY DISCUSSION > How do you make assessments?

SAY > Information for assessment can come from a variety of sources including available reports/information on the child, observations and interviews with the child and their family, discussion with other agencies and those who know the child and home visits.⁶⁴



Role Play Group Work

SAY > We are going to do some group work to prepare a role play of a home visit. You will have 2 minutes to demonstrate your role play and 5 minutes to prepare it. The groups will look at one of the following scenarios, exploring what the challenges are.

COUNT OFF participants into three medium sized groups and number them.

SHARE one of the Role Play Cards from the facilitator resources with each group.

PREPARATION > While participants are preparing their presentations, organise a semi-circle of chairs around a space for the role plays to be performed. This helps to ensure everyone can observe properly. Fold three small pieces of paper with the numbers 1, 2 and 3 written on them.

PRESENTATIONS > Ask someone from each group to pick a number out of a hat to decide which group will go first, second and third. Don't share the scenario of what is happening with other participants to see if they can guess. If presentations are likely to be lively or humorous brief participants not to make so much noise that they disturb the learning. Give the groups 2 minutes each with the other participants observing.



PLENARY DISCUSSION > After all the role plays have been performed, bring the group together to discuss the challenges that they might face doing home visits and how they might overcome them.



SHARE the Exercise 5 Handout - Problems and Solutions for Home Visits, which includes guidance on caseworker safety.



CHECK if participants have any final questions or comments before moving on.

Exercise 6 - Writing and Analysis Skills⁶⁵ (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to distinguish between factual and non-factual information and know / explain how to justify non-factual information in case management forms.

⁶⁴ Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3. ⁶⁵ Exercise adapted from: <http://www.writeenough.org.uk/>

⁶⁵ Exercise adapted from: <http://www.writeenough.org.uk/>

PREPARATION > At the back of the room on the left hand side put a sign saying 'FACT' and on the right hand side put a sign saying 'NOT FACT'.

SAY > It is often through an analysis of documented information taken during assessment that we plan our intervention and make serious decisions about a child's life. So, it is very important that we write case notes and complete other documentation (such as forms) with care and accuracy, based on fact and professional judgment (analysis of the meaning of non-factual information based on sound knowledge of child development, rights and protection) and avoiding language that is dismissive or offensive, or which is based on their own personal bias and views rather than on a professional basis.⁶⁶



Opinion Line Exercise

SAY > We are going to do an opinion line so I am going to ask you to stand up along the back wall of the training room. I am going to read out a series of statements and I want you to decide if you think the statement is a fact or not. If you think it is a fact you will move towards the sign on the left. If you think it is not a fact you will move towards the sign on the right. If you are undecided you can stay somewhere between the two signs depending how you feel.

SHARE the following statements one at a time and have discussion after each.

1. The bruise is consistent with the child having hit his head on the door *Not a fact but a professional observation.*
2. The child was seen playing with his siblings when we visited *Fact.*
3. There is not enough love and care in the child's life *Needs to be supported with reasons.*
4. Amina is good at keeping her house clean *Vague. Is it relevant?*
5. The child said his father hit him *Fact.*
6. John does not care for his son properly *Vague. What does properly mean?*
7. This is the first incident of abuse to the child *Better to write: This is the first known or reported incident of abuse to the child.*

SHARE the tips for writing well from slide 42 to expand on the discussions in the exercise.

SHARE Slide 43 with an example of points listed in an assessment.



PLENARY DISCUSSION > What is missing?

- Reasons for the caseworker's analysis that the situation is abusive.
- Sufficient evidence - just hearsay of the child's friends' parents.
- Details as to how the interviews with the child and parents were conducted.
- Verbal accounts from the parents.

SHARE Slide 28 with another example of points listed in an assessment.

66. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.



PLENARY DISCUSSION > What is missing?



SHARE the Exercise 6 Handout - Problem Analysis Tree Tool and go through it with participants.



WRITE > Draw a problem analysis tree on flip chart for one of the core case studies (or a participant could come up to do this if they feel comfortable).

SHARE the key learning points (slide 45).



CHECK if participants have any final questions or comments on the exercise.

Exercise 7 - Practicing Our Learning⁶⁷ (55 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to plan an assessment and analyse assessment findings.



Group Work

SAY > You will have 40 minutes to discuss the case study and answer the following questions.

SHARE Slide 48 – with the group work instructions. Re-share Exercise 7 Case Study with the Core Case Studies Step 2 if needed.

FACILITATOR NOTE > You may need to explain to participants that the child and family's identifying information of the child is not included in the assessment form. This helps us adhere to the confidentiality principle. This information is kept in the registration form which is filed separately. All other forms are linked to the case not by identifying information but by the reference code at the top of the form. The form can be further anonymised by using the reference code instead of the child's name but this is difficult for training.

COUNT OFF > Put participants in the same groups as they were in for the Identification and Registration module, to look at the same cases that they discussed before.

CHECK > While participants are working go around and have each group share their discussions with you (this works best if you have more than one facilitator so that you are not rushing between groups). This can be done instead of having the groups make presentations.



CHECK if participants have any questions/comments on the exercise or wider module.

67. Adapted from Module 4: The Assessment Process (unpublished), Terre des Hommes Albania



Session Conclusion (5 min)



REMIND participants of the module’s aim and learning outcomes (slide 50) and ask if they feel they have been met.

SAY > This module should have provided you with a good understanding of what a comprehensive assessment involves, what it is that we are assessing and some skills for doing assessments.

SAY > This is the end of the module on Assessment. The next module takes us to the next step of the case management process, which is Case Planning.

SESSION E.3. CASE PLANNING

Aim	To build participant capacity to develop a case plan with and for children and families according to the case management guidelines.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Know the definition of case planning according to the case management guidelines. ➤ Design a case plan based on analysed information. ➤ Know best practices for case planning according to the case management guidelines. ➤ Design a case plan with child and family participation. ➤ Describe case conferencing. 	
TIME	5 hours	
BODY		
30 min (Page 123)	Exercise 1 - Introduction: Short discussion and presentation to introduce the case management step of case planning.	Handout
1 hour 30 min (Page 125)	Exercise 2 - Developing a Case Plan: Group work to develop case plans for the Core Case Studies.	Handouts
1 hour 30 min (Page 126)	Exercise 3 - Understanding Case Planning: Participatory presentation on case planning and case planning meetings.	
1 hour 30 min (Page 128)	Exercise 4 - Case Planning Meetings: Role plays to demonstrate case planning meetings.	Preparation Handouts

CPIE COMPETENCY FRAMEWORK:

- Problem Solving
- Decision Making

CASE MANAGEMENT GUIDELINES COMPETENCY:

- Analyse, think in a critical and creative way and make decisions: Find creative solutions and show initiative.
- Promote participation and cooperation in case management: Work with children and families to help them make informed decisions throughout the case management process
- Negotiate, manage problems/conflicts (including advocacy)

RESOURCES:

- Flip chart paper, stand, pens and masking tape;
- Participant notebooks and pens;
- Laptop, projector, (internet and speakers needed to show the optional video).
- Handouts: Enough for one for each participant
 - Exercise 1 Tool - Sample Case Plan
 - Exercise 1 Handout – Example Completed Case Plan
 - Exercise 4 Handout - Case Planning Steps
 - Exercise 4 Tool - Sample Case Conference Minutes
 - Module Presentation

Session Introduction (5 min)

SHARE the slide with the case management process diagram and step 1 highlighted in red (slide 2). Then share the session's aim and learning outcomes (slide 3) and exercises according to the agenda.

Exercise 1 – Introduction (25 min)

LEARNING OUTCOME > By the end of this exercise participants will know the definition of case planning according to the case management guidelines.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Who has done case planning before?
- Can you help me to come up with a definition or a basic set of statements that define case planning?



WRITE participant suggestions on flip chart.

SHARE Slide 5 – What is a Case Plan?

SAY > About the points on the slide:

- (Needs identified in the assessment) – The case plan should respond to the problems identified in the assessment as well as risk and protective factors.



- ↻ (What should happen to meet the needs) – We need to set either an overarching goal / result or a number of objectives (use the term you and the participants prefer or are used to). These should ideally be reached prior to case closure.⁶⁸ We will discuss objectives some more later. We need to be clear about those needs that cannot be met so we do not raise the expectations of the child/ family that they will be able to receive services and support that are not actually available.⁶⁹ E.g. some basic needs may not be able to be met in some contexts, but we should ideally be able to provide children and families with any services that are accessible to other people in the community.
- ↻ (Actions needed in the short, medium and long term) - Agree problems to be addressed first and then those that should be addressed afterwards and plan ahead.
- ↻ (Who should do the actions) - Children, families, the caseworker, other service providers or community.
- ↻ (Frequency / dates of follow-ups and reviews) – The case plan can also include a plan for the frequency of follow-up visits, depending on the risk level and needs of the child.⁷⁰



CHECK if participants have any questions / comments on what has just been shared?



PLENARY DISCUSSION > Why do we need a case plan?

SHARE Slide 6 - Why Do Case Planning?



CHECK if participants have any questions on what has just been shared.



PLENARY DISCUSSION > (If participants have already been doing case planning, ask):

- ↻ What kind of documents do you use for case planning?



SHARE the Exercise 1 Tool - Sample Case Plan. Review it with participants, answering any questions they have about, and providing some examples of, what might be written in each section of it. You can use or share the Exercise 1 Handout – Example Completed Case Plan if helpful, or save until later. You may want to note that Case Plans can also include a resources column to identify the resources needed to deliver each activity. In this case plan this should be outlined within the section Needed Action.

SAY > In this module you are going to have the chance to develop a case plan and then planning, including case planning meetings involving children, families and sometimes other actors. Then you are going to have chance to practice a case planning meeting with a child and family through role play.



CHECK if participants have any final questions / comments before moving on.

68. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

69. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

70. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

Exercise 2 - Developing a Case Plan (1 hour 30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to design a case plan based on analysed information.



Group Work

SAY > At the end of Module E2: Assessment you analysed the assessment findings for each case, so you should now have a good understanding of what you as case workers think the situation is.

Now you are going to work in the same groups as before – for the Core Case Studies - for around 30 minutes to develop a case plan for the Core Case Study your group is looking at. Remember to include resources under the Needed Actions.

You will need to write out your case plan on flip chart - a large scale version of the Sample Case Plan shared earlier – to present to the group.

FACILITATOR NOTE > If some participants have done case planning before and others haven't, you may want to change the groups around so that participants are of mixed experience levels.

FACILITATOR NOTE > If participants used the Core Case Studies in the Build a Child Activity in Session 2 Exercise 2 you can return to these here as they already list out the child's needs. You can then ask them to identify resources that are needed to address each of those needs and to put the 'needs' into short, medium and long-term. You can circulate and support them with this before they begin making their case plans. Try to encourage participants to think of direct support / community support that can be provided to address needs identified (which is likely to be more sustainable) rather than NGO services and money, although this may be needed to address some needs.



CHECK > While the groups are working check if they need help. If they are struggling you may want to suggest that they include some of their initial actions so that they have something to start with.



PLENARY DISCUSSION > After 30 minutes bring participants back together and ask if they found it easy or difficult to develop the case plans.

PRESENTATIONS > Have each group take 10 minutes to present their case plans including questions, answers and facilitator feedback after each. They should summarise the nature of the case first.



FACILITATOR NOTE > You may want to spend some time discussing some / all of the following points:

- ⌄ The need to respond to serious/urgent/uncomfortable issues as well as the obvious/comfortable ones.
- ⌄ The need to be specific in the actions set and to ensure resources are available to complete them.
- ⌄ The importance of referring to risk and protective factors identified in assessment, and addressing risk factors / building on protective factors in the case plan.

SAY > Everyone has made a good start at developing case plans. It is important to remember that case plans are fluid documents that can be revised at any time if a child's situation or needs change. So, while making every effort to develop a very good case plan we should also be open to changing it if needed.



CHECK if participants have any final questions / comments before moving on.

Exercise 3: Understanding Case Planning (1 hour 30 min)

LEARNING OUTCOME > By the end of this exercise participants will know best practices for case planning according to the case management guidelines.

SAY > We are now going to spend some time looking going through some guidance and examples on how to develop goals/*results/objectives* and activities, and other approaches to case planning. Then you are going to have chance to go back into your groups and improve on your case plans.

SHARE the first point of slide 8 – SMART Objectives.



PLENARY DISCUSSION > Does anybody know what SMART stands for?



WRITE what is shared on a flip chart – in case there is debate and discussion on what the letters stand for.

SHARE the second point of slide 8. Note that there are many different things that the SMART acronym can stand for but these are the most common meanings and those that are most relevant to case planning.

SAY > The language used in the goal/*result/objectives* should also be understandable to the child and family as they will participate in setting them – which we will discuss more in a moment.



PLENARY DISCUSSION > Were the goals/*results/objectives* we came up with in our case plans SMART? Re-review some of the goals/*results/objectives* and see if you can make them smarter.

SHARE (if helpful) some of the goals on slide 9 – Examples of Goals to see if they are SMART or not. You may want to discuss whether words like ‘ensure’, ‘guarantee’ and ‘wellbeing’ have been used correctly (are ‘ensure and guarantee’ achievable? Is ‘well-being’ specific?)

SAY > It is very difficult to make a goal perfectly SMART but it is important to keep the SMART acronym in mind when drafting your goals as it will improve them.



PLENARY DISCUSSION > What kinds of activities might be included in a case plan?



WRITE what participants suggest on flip chart.

SHARE the examples of activities on slides 10 and 11 – Examples of Activities.



PLENARY DISCUSSION > What resources / services might be needed to implement the case plan? (Note that by resources you are thinking about resources that can be mobilised from within the family and their own extended network).



WRITE the suggestions participants make on flip chart.

SHARE any points that were missed from slide 12 – Examples of Services / Resources - adding any points mentioned below.

- (Direct support / services) - Helping children and families identify solutions, mobilize resources from their extended network (e.g. by supporting them / advocating for them in meetings with others), supporting the child / parents’ psychosocial wellbeing.
- (Parenting education/support) - Providing parents with support to appropriately and safely care for the child.
- (Support alternative care givers) – E.g. support groups, training and income generation for foster parents caring for unaccompanied children.
- (Working with the justice system) – E.g. bringing government caseworkers to authorize alternative care and removals, or discuss custody disputes.
- (Specialist services) - Making referrals for services not provided locally, e.g. assessments of children’s specific disabilities or mental disorders.

SAY > Resources and services weren’t included in our case plan as we wanted to keep things simple, but they are often included in Case Plan Formats. It is important and useful to locate resources so that missing resources do not prevent the case plan from working. We are going to discuss a few last points on approaches to case planning that can help us before going back into groups to improve our case plans.

SHARE Slide 13 - Approaches to Case Planning.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- What is a contingency? (Something unforeseen, unpredictable)
- Is that the way our cases are?
- What did we want for our case plans? That they are flexible or rigid?



- ↻ Can you think of examples of a contingency you might build into a case plan? (This could be as simple as planning to hold another meeting to develop a new plan).⁷¹
- ↻ Can you think of examples of twin track planning? (This essentially means having a plan B – or a second plan that you are preparing to implement along with the first. E.g. if a child is not attending school you might consider both trying to enrol the child in school as well as looking for a tutor.⁷² E.g. if a child is unaccompanied you might consider both trying to trace their parents while looking for extended family members locally and trying to support his/her current informal care / finding an interim care placement.)

FACILITATOR NOTE > You can also share slide 14 - Examples of Twin Track Planning and 15 – Permanency Planning if helpful.



Group Work

SAY > We are now going to go back into our groups to improve the case plans we developed before. I want to see SMART goals, diverse activities (where we are likely to need to use contingency, twin tract and permanency planning) and a varied set of resources and services. I also want you to put your activities in that short, medium and long-term order, focussing first on any safety issues or issues that may be exposing a child to severe harm. You will have a further 20 minutes for this.

PRESENTATIONS > Give each group 5 minutes to present and then take a few minutes to share feedback on the revised case plans. (Participants who have not been doing case planning before may still find it difficult. If participants have not been able to make strong improvements to their case plans you will need to spend more time on case planning in a later session).

SHARE the Key Learning Points (slide 16).



CHECK if participants have any final questions / comments before moving on.

Exercise 4 - Case Planning Meetings (1 hour 25 minutes)

LEARNING OUTCOME > By the end of this exercise participants will be able to design a case plan with child and family participation and describe case conferencing.

PREPARATION > Write out the flip charts needed for the session ahead of time.

71. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

72. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

SAY > The case plans we have developed earlier just involved us as caseworkers, but not the child and family.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Have you involved children and families in developing case plans? Would it be useful to do so?
- Have you involved others in developing case plans? Would it be useful to do so?

SHARE Slide 19 - Case Planning Meetings.

SAY > Case planning meetings can take time – between two hours and a whole day - and require preparation and facilitation. So, we are going to look at them in more detail now.

INVOLVING THE CHILD AND FAMILY / CAREGIVERS

SAY > Sometimes case planning meetings involve just the child and family.



SHARE Slide 20 on steps to take in a Case Planning meeting with a child and family. Share the Exercise 4 Handout - Case Planning Steps and go through it with participants. **Share the steps here?**

SAY > If you convene a case-planning meeting, you will need to think about how to ensure that the child and family can fully participate in a meaningful way.⁷³



PLENARY DISCUSSION > How might we ensure the child and family's full, meaningful participation?

SHARE Slide 21 – Ensuring child / family's meaningful participation - and associated points below.

- (After the first point) It may not always be appropriate for children to be involved in case planning, e.g. for very young children and for children with mental disorders. However, children's opinions shared during assessment should always be considered during case planning.
- (After the third point) Giving advice is telling someone what you think they should do and how they should do it - giving your personal opinion.



PLENARY DISCUSSION > How should we manage the conversation instead?



WRITE participant suggestions on flip chart. Examples:

- Explain the positives and negatives of every option (but don't confuse the child!)
- Keep the same tone of voice and facial expression when explaining options.
- Be careful with words used to explain pros and cons and other details.
- Try to work out all the different things that could be done: "Would it be possible...?", "What might happen if...?"
- Help the child and family choose practical, safe solutions. Even young children can be involved in this kind of discussion.

73. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.



PLENARY DISCUSSION > What would you do if the actions the child/family propose would be harmful to the child?

SHARE Slide 22 – Talking About Harmful Practices.



CHECK if participants have any further questions on what has been shared.

FACILITATOR NOTE > You may want to facilitate the Juggling Ball Game energiser here as it can relate to the concentration a caseworker needs when balancing all the information collected and opinions shared to find an objective that will serve the child's best interests during case planning.

Juggling ball game⁷⁴

Everyone stands in a close circle. (If the group is very large, it may be necessary to split the group into two circles.) The facilitator starts by throwing the ball to someone in the circle, saying their name as they throw it. Continue catching and throwing the ball, establishing a pattern for the group. (Each person must remember who they receive the ball from and who they have thrown it to.) Once everyone has received the ball and a pattern is established, introduce one or two more balls, so that there are always several balls being thrown at the same time, following the set pattern.

INVOLVING OTHERS

SHARE Slide 19 – Case Planning Meetings – again and refer to the points on 'where appropriate'.



TURN AND TALK > Participants discuss the following questions (on slide 23 – Pair Work Questions) for 5-10 minutes (as needed):

1. When would it be useful to involve the following actors in case planning meetings?
 - Other significant people in the child's life
 - Other service providers
 - Relevant authorities
2. When would it be appropriate to involve the above actors?
3. What would you need to do to make it appropriate in any situation?



PLENARY DISCUSSION > Allow participants to share the points they came up with.

74. 100 Ways to Energize Groups: Games to use in workshops, meetings and the community (2002) International HIV/AIDS Alliance www.participatorymethods.org/resource/100-ways-energise-groups-games-use-workshops-meetings-and-community, p. 4.

FACILITATOR NOTE > You might want to share the below information to help the discussions:

1. **When would it be useful to involve the following actors in case planning meetings?**
2. **When would it be appropriate?**

a) Other significant people in the child's life:

- **Useful** if they are going to be involved in delivering part of the case plan (e.g. relatives or friends providing care for the child, providing support to the child)
- **Useful** if the meeting might be stressful and they would provide emotional support.

Appropriate if the child / family consent.

b) Other service providers:

- **Useful** if they are going to be involved in delivering part of the case plan or following up:
 - E.g. a teacher may be able to feedback on the child's wellbeing at the point of review as compared to when the assessment was made.
 - E.g. local leaders may be involved in negotiating for community support for the family / reduced discrimination.
 - E.g. community groups might be involved in measures to improve safety.

Appropriate if the child and family consent.

c) Relevant authorities:

- **Useful** where mandatory reporting is in place.
 - E.g. what the child and family wish to do will place the child at risk of severe harm and it is in their best interests to report to the authorities.
- **Useful** where formal child protection systems are functioning in accordance with child rights.
 - E.g. in countries where formal child protection systems are functioning in accordance with child rights government caseworkers are often involved in discussing all cases where there are alternative care arrangements being made and where a court order is required (examples of such cases were shared in Module A, Session 3, Optional Exercise - Using the Justice System in Case Management).

Appropriate if this is in the child's best interests and where this has been explained as part of the process of taking informed consent.

SAY > If you are going to involve other actors in the case planning meeting, it might be useful to start by holding a meeting with the child and family to discuss who might need to attend the meeting and what information can be shared with them (discussing what the child / family has previously consented / assented to, which can be updated – and what is in the child's best interests including any implications this has for information sharing). You may also want to prepare them by describing what will happen – the venue, the agenda, and who will facilitate the discussion, etc.



FACILITATOR NOTE > You may find it useful to show some of the following film – <http://www.youtube.com/watch?v=P8Zc8QiJV7Y> - perhaps while explaining what is happening but without the sound (or prepare a role play based on the film which is more appropriate to the context). At 2 minutes 20 seconds the child and caseworker decide who should attend the meeting.



PLENARY DISCUSSION > How might the involvement of others (significant people in the child's life, other service providers or relevant authorities) influence children and families' participation?

SAY > In some cases it may be appropriate to hold one meeting where children, families and the other people just discussed participate, but this can also be stressful for families, especially for children.

The child / family can feel very vulnerable in front of many people of authority, and may not feel able to say anything, or may react to the situation negatively; especially in high risk cases where participants may strongly disagree on what needs to be done.

Such meetings require very careful facilitation to make sure people are able to talk openly without relationships breaking down. Where caseworkers do not have a legal mandate to do case management it is not possible to oblige children and families to participate when they are not willing.

It may be most useful to share all the information and concerns that have been noted and then to leave the family together to decide on a plan they feel would be appropriate together, which is then presented to the caseworker for approval – as long as it is in the child's best interests.

FACILITATOR NOTE > Family decision-making is demonstrated in the previously mentioned film at 4 minutes 30 seconds.

SAY > In many contexts it will not be appropriate for the child/family and others to all participate in the same meeting. It may be more appropriate to have discussions with the child / family first to explore options, then to meet with others to see how they can contribute (or if they are decision makers for them to explain what is possible) and then to share feedback with the child and family.

CASE CONFERENCING

SHARE Slide 24 - Case Conferences and slide 25 – Case Planning Meeting and Case Conference Examples.

SAY > (After point 2 on slide 24) Such as those managed over an extended period of time, or involving many actors in their implementation.

FACILITATOR NOTE > If different terminology is being used locally or if the term case conference has been used differently locally (e.g. to describe case management meetings) it may be useful to share the points made in Module E Session 5 to differentiate between case management meetings, case conferencing and case planning / review meetings. For further clarity on any points made contact the Case Management Task Force.

- **OPTIONAL** - *If participants have been involved in case conferencing already:*



TURN AND TALK > *Work pairs to discuss the questions on slide 26:*

Experience Sharing

- *What happens in the case conferences you attend?*
- *Which cases are discussed?*
- *How are they managed?*
- *What would you say are 'best practices'?*



PLENARY DISCUSSION > *Facilitate discussion on the questions.*



WRITE *the best practices participants come up with (where they match with what has been listed on slide 27) on a flip chart. Where they do not match if they are good practices add them, but where they are not good practices discuss and explain why they are not included.*

SHARE Slide 27 - Best Practices For Case Conferences.

SAY > Action points should be taken and shared for follow-up. These can be taken in individual children's case plans or as a separate summary document.



SHARE and review Exercise 4 Tool - Sample Case Conference Report.

SHARE Slide 28 – Information Sharing Case Study, in which a caseworker accidentally shares identifying information during a coordination meeting.

SAY > This case study demonstrates why case conferences must be a separate forum from general coordination meetings. All participants of case conferences should attend by invitation only, as these people should be relevant to the cases being discussed and appropriately trained. This means that interested senior managers cannot attend ad hoc case conferences without prior discussion and agreement by those involved.



CHECK if anyone has any final questions / comments about case planning before moving on.



Group Work

FACILITATOR NOTE > You will need at least two facilitators for this exercise.

SAY > You have 5 minutes to prepare and 15 minutes to role play a case planning meeting for the Core Case Studies. The role play should demonstrate good practices. A facilitator will observe, helping if needed. In preparation you need to decide who will participate, e.g. it could involve just the child and family or also other actors as relevant / appropriate in the case. In practice you should make this decision in consultation with the child and family, but you don't need to take time to role play this. You will need to explained your decision making process briefly to the facilitator at the start of the role play.

COUNT OFF participants into two or three groups (depending on the number of facilitators – ideally each participant should be able to play a role, e.g. as a family member, service provider etc.)



SHARE fresh copies of the Sample Case Plan if needed.



CHECK > Facilitators should give the groups around 5 minutes to prepare, 15 minutes for the case conference to be acted out and 10 minutes to discuss and provide the participants with feedback.

PLENARY DISCUSSION > Facilitators and participants discuss any major feedback on the role plays and remaining questions. You may want to discuss whether a case conference would have been needed for any of the cases discussed rather than a case planning meeting.

FACILITATOR NOTE > You may need to emphasise that the case planning meeting should not be used for negotiation or 'mediation' of the case. Those who are involved in case planning should be able to work together without the need for negotiation disturbing the meeting. If any negotiation is needed this should be a part of implementing the case plan (see Module E4: Implementing the Case Plan).

SHARE the key learning points (slide 29).



CHECK if participants have any final questions / comments before moving on.

Module Conclusion (5 min)



REMIND participants of aim and learning outcomes (slide 31) for the session and ask if they feel they have been met.

SAY > We hope that you now feel confident to develop a practical case plan that is designed with the participation of children and families as this is a very important step of case management. Case planning meetings involving children and families should ideally happen for all cases. Case conferences are more complicated and whether they should take place is the decision of managers and coordination groups.

SAY > Session 4: Implementing the Case Plan is next and looks at implementing the case plan using direct support and referrals.



■ SESSION E.4. IMPLEMENTING THE CASE PLAN

Aim	To introduce participants to the case management step of implementing the case plan and build their knowledge and capacity to implement case plans.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Explain the case management step of implementing the case plan. ➤ Use a tool to begin developing a referral mechanism. ➤ Know how to work in a team / network with cooperation. ➤ Know why an information sharing protocol is needed and what is included. ➤ Use appropriate negotiation skills to ensure case plans are implemented in ways that do not violate children’s rights. ➤ Describe the issues a caseworker may advocate for on behalf of children and families in relation to their case plan. ➤ Demonstrate techniques to provide basic emotional support. 	
TIME	6 hours 30 min	
BODY		
1 hour (Page 138)	Exercise 1 - Developing Referral Mechanisms: Reviewing referral mechanisms and developing one specific to the context.	Preparation Handouts Facilitator Res
30 min (Page 142)	Exercise 2 - Working with Others: Participatory discussion on the reasons for, challenges and solutions to working with others.	
1 hour 15 min (Page 145)	Exercise 3 - Information Sharing: How to share information to adhere to case management principles and using protocols.	Handouts
1 hour 15 min (Page 148)	Exercise 4 - Negotiation: Participants learn ways of negotiating and practice steps to negotiate during case management.	Preparation Handouts
1 hour 15 min (Page 151)	Exercise 5 - Advocacy: Discussing the skill of advocacy and its application in implementing the case plan, including negotiation.	
1 hour 45 min (Page 153)	Exercise 6 – Basic Emotional Support: Participants consider the caseworker role in providing basic emotional support as a direct service and practice techniques.	Preparation Handouts

CPIE COMPETENCY FRAMEWORK:

- Negotiating
- Advocacy

CASE MANAGEMENT GUIDELINES COMPETENCY:

- Work in a team / a network with cooperation
- Have the specific tools for professional practice (service mapping; working with others in case management, information sharing)
- Negotiate, manage problems/conflicts (including advocacy)
- Support and motivate a person / a group
- Plan, implement, review the intervention: Know how to help families provide appropriate support to their children.

RESOURCES:

- Flip chart paper, stand, pens and masking tape;
- Participant notebooks and pens;
- Laptop and projector.
- Facilitator resources: Referral pathway exercise cards
- Handouts: Enough copies for each participant of:
 - Exercise 1 Tool - Sample Referral Pathway
 - Exercise 1 Handout - Sample Service Directory
 - Exercise 3 Tool 1 - Sample Referral Form
 - Exercise 3 Tool 2 - Sample GBV Information Sharing Protocol
 - Exercise 4 Handout - Steps of Negotiation
 - Exercise 6 Handout - Basic Emotional Support Techniques
 - Module Presentation

Session Introduction (5 min)

SHARE the case management process diagram with step 4 highlighted in red (slide 2).

SAY > Once the case plan is developed, it is then possible to move onto the next step of implementing the plan. Implementing the case plan relates to the actions taken in order to implement the plan – sometimes referred to generally as ‘case work’. Based on the plan, you should work with the child, the family, the community and any service providers to ensure the child receives the appropriate services.⁷⁵

You can formally link the child with an appropriate service provider through a process called ‘referral’. This is normally only done with the permission of the child and family and when the agency is unable to meet the child and family’s needs without outside assistance.

It is sometimes thought that case management cannot exist without referral services. This is not true.⁷⁶ Case management services can be an effective model when only one agency is working with the child and their family, as a direct service or support in itself. Caseworkers can address many protection issues themselves, through the role the case worker plays in helping the child and family access community resources through advocacy and negotiation and through supporting them emotionally.

Today we will first look at referrals and then at direct support / services.

75. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

76. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 1.



SHARE the module's aim, learning outcomes (slide 3) and overview of exercises according to the agenda.

Exercise 1 - Developing Referral Mechanisms (55 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to use a tool to begin developing a referral map and know what is included in a referral mechanism.

PREPARATION > Ask a participant who you think would be confident and comfortable playing the role of the child in the referrals exercise (of a girl who has been raped) in front of the group – some may not.



Referrals Exercise

SAY > We are going to do a short exercise to look at referrals at the point of identification. I need you all to stand in a circle. (Move the group to an open space in the room to form a circle. Bring the volunteer into the centre of the circle).



SHARE with the volunteer the ball of string. Share with some of the members of the circle all of the Referral Pathway Exercise Cards (in Facilitator Resources). Don't share them in order as you go around the circle but instead share each card with participants on either sides of the circle to the previous card – this helps the ball of string make a better tangle.

SAY > Can everyone I have given a card to hold it up so the others can see your role and you can see the instructions on the back.

On Each Card:

- Child (On the back of card: Go to 'Child's Mother' and explain what happened: You are a 16 year-old girl who has been raped by a man you don't know when going to the latrine at night. You don't know what to do)
- Mother (On back of card: send child to the Community Leader)
- Community Leader (On back of card: send child to the Women's Group for support)
- Women's Group (On back of card: send child to the doctor/clinic for health care)
- Doctor/Clinic #1 (On back of card: send child to Police #1 for official medical reporting form)
- Police #1 (On back of card: send child back to doctor/clinic #2; explain that no charges can be filed without medical proof)
- Doctor/Clinic #2 (On back of card: send child back to police with medical proof)
- Police #2 (On back of card: send child to court)
- Court (child is instructed to re-tell her story at court)

SAY > The child is Amina, a 16 year-old girl who has been raped by a man she doesn't know, whom she encountered when she was going to the latrine at night. Explain that she doesn't know what to do so she goes to her mother for help.

Use the following instructions to guide the activity:

TELL the 'child' to walk over to the person holding the 'Mother' card and to give her the end of the string to hold onto while the child keeps hold of the rest of the ball. The 'child' should tell her 'mother' what happened. *The mother then sends her to the 'Community Leader'.*

TELL the 'child' to walk over to the "Community Leader," unrolling the ball of string. When she reaches the "Community Leader" she hands the string to that person to hold, but keeps the ball. She should explain what has happened so far and then listen to what the person says.

And so forth... The 'child' re-tells her story each time and is directed by each participant in the circle to the person to go to next. By the time the 'child' has followed all the instructions, she is in the middle of a tangle of string with all the different actors holding a piece of the tangle. She has also re-told her story multiple times and without any participation in the decision making process.



PLENARY DISCUSSION > Ask participants:

- How many times did the child have to tell her story? Why?
- Is there anyone missing from the circle who might be involved where you work?
- What must this have been like for the 'child'? (the child tells the story 9 times)
- Could a situation like this one happen where you work?
- What's the ideal situation?

SAY > The exercise shows the following problems:

- Time being wasted in what is an urgent case
- Lack of coordination among service providers
- Breaches of confidentiality
- Multiple interviewing which will do harm to the child

Most importantly, this exercise shows us the importance of a strong referral system for ensuring the child meets a caseworker before further harm is caused. The girl in our exercise met a lot of service providers and has been through a lot, but **no case management has yet occurred**. No case management agency has taken up her case. She has no case worker. There is nobody following any of the case management principles or steps to ensure she receives the support she needed. No consent has been taken and the process has not been explained to her.

FACILITATOR NOTE > You may want to highlight that in Amina's case she was able to receive services because she and the community knew where to find the right help.

SHARE Slide 5 – Implementing the Case Plan - and 6 – Referrals at 2 Steps of Case Management.

SAY > We already discussed referrals in Session 1: Identification and Registration that cases can get referred to us after they have been identified. In today’s module we are looking at referral when implementing the case plan.

SHARE Slide 7 – Best Practice for Referrals - and 8 – Developing / Strengthening Referral Mechanisms and the additional points below each.

SAY > (After the first point on slide 7) At least for the first time, where possible, to help with introductions and ensure the referral is understood by the agency receiving it.⁷⁷

(After the second point on slide 7) Continually educate yourself about relevant services and service providers. Referrals often work best when you are familiar with the provider.⁷⁸

SAY > (After the first point on slide 7) especially participation, non-discrimination, best interests and survival and development.



CHECK if participants have any questions on what you have shared.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- What do you think should be included in a referral mechanism?
- What do you have in your local referral mechanisms? What have you had before?



WRITE their suggestions on flip chart.

They might suggest (if not you can share these points):

- A referral form clearly indicating the information that should be provided and ensuring confidentiality.
- Referral pathway showing which cases should be reported to whom and how referrals should be done (this can be referred to as a referral map as it is sometimes in the form of a flow chart) and which agency / actor if any is responsible for coordinating certain services.
- A Service Directory showing:
 - Names and contacts of focal points
 - Address and opening hours of service providers
- A system of coding types of incident to maintain confidentiality.
- A system of counting referrals made and received to monitor how systems are working.

SHARE Slide 9 – Developing / Strengthening Referral Mechanisms which highlights the need for a referral pathway and the establishment of focal points.

77. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

78. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

SAY > It is common to start by mapping out the services available in the context through what is often called a Service Directory – this helps to identify the focal points within each agency.

This exercise often shows that some locations are receiving lots of services and others are not, or it might show that certain services are lacking. Once we know the services that are available we can begin to reorganise the services so that they are more balanced and so that more children have the chance to access a full range of services. This may require careful discussion and negotiation between agencies but can be a valuable investment of time in the long-term. After this has been done you may be more inclined to invest time in developing a referral pathway for each location.



SHARE the Exercise 1 Tool - Sample Referral Pathway and review it together.



Developing a Service Directory Exercise

SAY > We are going to work in small groups for 30 minutes to begin to develop a service directory for your context based on the information they already have. You will then be able to complete this after the session.



SHARE the handout - Sample Service Directory, which is a simple version of a service directory to get participants thinking about their context.



CHECK participants are clear on what they would fill in for each section.

SAY > You don't need to fill in information that you don't have with you at the moment, e.g. phone numbers / email addresses, but you can put a tick where this information should go. Where information is missing, e.g. you do not know any legal aid agencies, or you know of them but have never visited the office and introduced yourself then you have an action point to do so!

COUNT OFF participants into groups of maximum 3 people from the location where they are currently working if possible. (It works best to put people in groups with others that work in the same location, rather than in the same organisation).

PLENARY DISCUSSION > Facilitate discussion around the following questions:

- Did you notice that any services were missing? (This might be the case in active conflicts where access is challenging or national systems disturbed).
- Do you know many of the focal points in the organisations you identified?
- Had you been to many of the organisations before? (You may find that even when agencies have exchanged contacts and focal points know each other they still do not know the services provided by each other's agency clearly).
- Do you have any service contracts in place? (e.g. a Memorandum of Understanding with mental health hospitals to provide services, or with Handicap International to provide orthopaedics).
- *(If you are making an action plan with your group ask them to add the completion of the service directory, and to discuss developing a referral pathway with other organisations where they are working).*



SHARE the key learning points (slide 10).



CHECK if participants have any final questions / comments before moving on.

Exercise 2 - Working With Others⁷⁹ (30 min)

LEARNING OUTCOME > By the end of this exercise participants will know how to work in a team / network with cooperation

SHARE Slide 13 to explain the difference between direct services and referrals (again if needed).



TURN AND TALK > (Make sure that participants are not sat with someone from their organisation / programme). Ask them to talk in pairs about the services their organisation / programme offers as direct support/services and the services that they refer children and families to.



PLENARY DISCUSSION > Ask each pair to share one service/type of support they implement directly and one they refer children and families to.



WRITE their points on flip chart.



PLENARY DISCUSSION > Who else do you / might we work with when implementing a case plan (they can think about any kind of case management-related work here including making referrals and sharing information).



WRITE their answers on flip chart.

They might suggest:

Other professionals that have contact with the child and family:

- ↪ Health and mental health workers
- ↪ The police
- ↪ Teachers
- ↪ Legal professionals (e.g. magistrates, advocates)
- ↪ Border officials
- ↪ Community based organisations
- ↪ Community leaders
- ↪ Religious leaders

79. Adapted from Module 4: The Assessment Process (unpublished), Terre des Hommes Albania; Curriculum for Case Management in Child Welfare in Romania (2001), World Vision and The Jordan Institute for Families at University of North Carolina School of Social Work (training manual and participant notebook).



PLENARY DISCUSSION > What are the benefits / reasons for working with others when implementing a case plan?



WRITE their answers on flip chart.

They might suggest:

- We can't do it all ourselves. No one person involved in a child's case will:
 - Have all the knowledge on the child and family that may be needed.
 - Be able to provide all the services that may be needed.
- We can learn from working with others – new approaches and techniques.



PLENARY DISCUSSION > What are the challenges of working with others? (Take time to discuss the challenges and understand them clearly so you can better respond).

SAY > I am going to write down the list we come up with and then we are going to talk together about how we might overcome each of these challenges (this should prevent participants going into deeper discussion on challenges and solutions before your list is complete!)



WRITE a list down the left hand side of a flip chart. (Some suggestions of points that might be shared are provided in the table below).

SAY > Now I want us to think about how we might overcome these challenges.



TURN AND TALK > Allocate in pairs one of the challenges to discuss each, or let them talk about the challenges freely (this is more useful if some are very easy and some are very hard and if all participants are experiencing similar challenges).



PLENARY DISCUSSION > Facilitate discussion on the participants' ideas on how to overcome each of the challenges. Highlight where points will be further discussed during the rest of the module.



WRITE the key points of their suggestions on the right hand side of the flip chart (see suggestions in table below).

SAY > Standard Operating Procedures – including Referral Mechanisms and Information Sharing Protocols - can help to make working in coordination with others when doing case management more effective, more enjoyable and in line with the case management principles.



Challenges	Solutions
Funding / Resource Issues (e.g. not having transport / staff available to coordinate / material support for children and families).	Ensure funding is allocated. Collaborate with other agencies to share resources if appropriate.
Different Agency Perspectives / Philosophy (you may disagree about situations and potential solutions).	Discuss (using negotiation skills we will discuss later). Develop Standard Operating Procedures so you can either work together or have complementary services that do not affect the other.
Competition / History of Tension or Conflict	Difficult to solve. Have a mediating actor involved.
Lack of Obligation to Work with Others	Make coordination and collaboration contingent on funding. Use coordination mechanisms to develop usable procedures / service contracts that help to resolve such issues.
Multiple Agencies Involved in Case / Multiple Interviews	If more than one agency / caseworker is involved in a case allocate a 'lead caseworker / keyworker' so that only one assessment and case plan are developed and all other contact with the child and family is well coordinated.
Lack of Clarity on Referrals (which services are available, who is eligible, how are they accessed).	Develop a referral mechanism that outlines this level of detail and is regularly updated.
Lack of Referral Services / Services Infrequent	Address service provision gaps with government, donors, and other agencies (using advocacy skills).
Lack of Feedback on Referrals Made	Don't make referrals unless you know the service provider is able to deliver. Pick up the phone and speak to the service provided to check what is possible before sharing case information. Build timeframes for feedback on referrals into Standard Operating Procedures. Accompany the child or family to the place where the service is provided. Make the appointment for the child and family and accompany them to the first appointment. If they prefer to go alone call afterwards to see how it went and remind them to keep going.
Service Providers want Confidential Information About the Case (e.g. to verify the child's situation / justify reasons for giving the service by getting).	This is most often not appropriate. Develop referral mechanisms and standard operating procedures to outline what can be done. Develop service contracts with individual agencies to clarify case management principles, what information can / cannot be shared and what services are available.
No System for Following-Up Referrals Made	The case worker maintains overall responsibility to follow up to ensure services are provided. Record all referrals made. Add reminders to follow these up in your diary/database.



PLENARY DISCUSSION > What might be included in a Standard Operating Procedure?



WRITE their suggestions on a flip chart.

SHARE Slide 14 – Standard Operating Procedures.

SAY > These are some examples of what might be included in a local Standard Operating Procedure for case management. (On the first point you can give the example of mandatory reporting laws or aspects of national law around alternative care that may need to be adhered to). We are going to look at referral mechanisms and information sharing protocols in the next two exercises as they are key tools that you can start with even before a wider standard operating procedure is in place, which can take a lot of time.

SHARE the key learning points (Slide 15).



CHECK if participants have any final questions / comments before moving on.

Exercise 3 - Information Sharing (1 hour 15 min)

LEARNING OUTCOME > By the end of this exercise participants will know why an information sharing protocol is needed and what is included.



SHARE the case study on slide 18 with participants (shared in Session 3: Case Planning as well).



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Could this happen where you work?
- Does the case study show good or bad practices for working together and information sharing?
- Which case management principles have been broken?



WRITE the principles that have been broken on flip chart.

Participants might suggest:

- *Accountability– staff have not been trained on information management principles.*
- *Need to know and Confidentiality– sharing enough information to locate the child, the child-friendly space worker took the staff from the other organisation to meet the child, revealing his/her identity in full.*
- *Do No Harm – multiple interview and exposing the child's personal experience in the community and at the coordination forum leaving him / her open to stigma and further abuse.*



PLENARY DISCUSSION > Can you think of any other bad practices or challenges with information sharing in case management.

SHARE Slide 19 – Challenges with Information Sharing.

SAY > (To reinforce the points made in the slide):

- ➔ **Decisions are made about data without the consent or knowledge of the child / family:** Children’s files should be treated as carefully as we would like our own medical records to be treated. We would never want our own sensitive / private information to be shared outside of what we had agreed. This is an issue of ethics.
- ➔ **Lack of understanding of the level of data to be shared:** Agencies are often asked to share unnecessary levels of detail regarding children and families. Case files should never be shared outside the realm of a referral and without the client’s written informed consent. This avoids multiple interviewing and to minimise breaches of the principles. Otherwise only quantified and “unidentifiable” data should be shared.
- ➔ **Safety and security**—Agencies collect sensitive data that needs to be protected. Releasing sensitive data (intentionally or unintentionally) in a way that does not fully consider all of the possible implications can breach principles and put children, families, communities and caseworkers at risk and lead to misinterpretation (e.g. within the media) who may not be well-versed in the context.
- ➔ **One-way information sharing** – Agencies often share their data without receiving any information as to how the data was used or with whom it was shared.
- ➔ **No process or procedures in place to inform information sharing**—Organisations collecting data often fail to decide what data is actually needed at what level, for what purposes and how it will be used *before* they start sharing it. Similarly, organisations requesting information be shared with them often fail to clarify and communicate to others what specific data they need, for what purposes and how it will be used *before* they request it.

SAY > There are two kinds of information sharing that may need to take place as part of case management:

- ➔ Sharing identifying / case information which takes place as part of a referral
- ➔ Sharing anonymous data

SHARE the first two bullets of slide 20 – Sharing Identifying Data (as part of referral) - to remind participants of some key points around information sharing as part of a referral.

SAY > Poor information sharing on serious cases in the UK has led to children dying. If the professionals had spoken to each other about their concerns they would have realised that the case was a lot more serious than their one-time contact with the child indicated. If you think a child is at risk of serious harm you can share information to protect the child, but this **must** be explained when taking informed consent. This is what the psychologist did in the Omar case study (one of the core case studies) when he shared information with the caseworker.

SHARE the final bullet point from Slide 20.

SAY > A teacher might become annoyed by the way a school counsellor treats a case that he/she referred if the case is referred on to the police for investigation without the teacher understanding why this step was taken. Due to this reaction the school teacher might not

continue to further collaborate or refer cases to the caseworker. Only share identifying information on your case as part of a referral – this way the person you are sharing with will understand why you are sharing, what is expected of them, what you have already done and what further collaboration will take place including feedback, which should all be included in the referral form.

SHARE Exercise 3 Tool 1 - Sample Referral Form (or the one in use locally if available).

SAY > Why might it be useful to share anonymous information on cases.



WRITE what they say on a flip chart and compare against slide 21 – Sharing Anonymous Data.



CHECK if participants have any questions before you move on.



Information Sharing Protocols Group Work



PLENARY DISCUSSION > Do you have any information sharing protocols where you are working?

SHARE key points about information sharing protocols using slides 22 – 34 – Information Sharing Protocols, 24 – Information Sharing Protocols and Informed Consent and 25 – Purpose of Information Sharing Protocols.

SAY > You are going to work in small groups to discuss what you think should be included in an information sharing protocol. Make the discussion relevant to where you work if possible (it may be most useful to put participants into groups with others they are working with / in similar contexts to). You will have 10 minutes to do this.

PRESENTATIONS > Take 20 minutes for group presentations.

SHARE Slide 26 – What is Included in Information Sharing Protocols?



SHARE Exercise 3 Tool 2 - Sample Information Sharing Protocol.

SHARE the key learning points (slide 27).



CHECK if participants have any final questions / comments before moving on.



FACILITATOR NOTE > You may want to facilitate the What we Have in Common energiser here. It can relate to what a caseworker may need to do to build relationships with children, families, communities and others as part of direct support when implementing the case plan, which is a good link into the next three exercises.

What we have in common⁸⁰

Participants sit on chairs in a circle with one chair missing. One participant stands in the middle (the facilitator does this the first time to demonstrate). The facilitator calls out a characteristic of some people in the group, such as *'having children'*. All those who have children should swap places and the person in the middle tries to find a seat so another person is left in the middle. Either the facilitator or the participant in the middle then calls out more characteristics, such as *'liking football'* and those who do change places. Continue as many times as you like.

Exercise 4 - Negotiation (1 hour 15 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to use appropriate negotiation skills to ensure case plans are implemented in ways that do not violate children's rights.

SAY > The next three exercises focus on direct support / services that you may need to provide as part of implementing the case plan: negotiation, advocacy and basic emotional support.

SAY > In this exercise we are going to look at a technique to help you negotiate on behalf of the children and families you are working with. Negotiation can be used during advocacy as it also seeks to influence positive change.

In case management a lot of caseworkers talk about 'mediating' disputes. While mediation is very relevant to case management, in this training we have decided to focus on negotiation instead. A mediator is supposed to be a neutral party who helps people to resolve a problem. Usually a caseworker is usually not a neutral party - they have a stake in what is happening as they are representing one side of the party and their rights, and they are bound by the case management principles, particularly best interests of the child, and sometimes by mandatory reporting laws as well. Mediation usually requires a great deal of training to perform the mediation role in full whereas negotiation is a skill that can be improved through simpler training on strategies and steps. If where you are working negotiation and mediation is a major requirement of your case work, you may think about requesting a full training on mediation.

80. 100 Ways to Energize Groups: Games to use in workshops, meetings and the community (2002) International HIV/AIDS Alliance www.participatorymethods.org/resource/100-ways-energise-groups-games-use-workshops-meetings-and-community, p. 5.



Arm Wrestling

SAY > I want you to start this exercise by arm wrestling with your partner! I'm going to give you 30 seconds to see how many times each person can win. Try your hardest!



WRITE (after 30 seconds) the 'scores' of each person in the pair on the board.

SHOW an arm wrestle (where the other person has been briefed not to try) where both participants are equal in the number of times they win and lose in the 30 seconds.

SAY > We have both scored 20 points. What can we learn from this situation? (Participants should realise that a 'win-win' situation has just been demonstrated. If not explain that this is what was demonstrated). 'Win-win' is where we want to get to when negotiating and something we are going to look at a little more today.



Reactions when Faced with a Conflict

PREPARATION > Put a chair symbolising conflict in the middle of the room.

SAY > I would like you to take one minute to think about a specific conflict you have experienced – if possible during case management - and to physically position yourself in relation to the chair. (Participants might assume positions demonstrating distancing themselves – staying far away, self-defence - back turned away, getting involved - foot on the chair, etc.)



PLENARY DISCUSSION > When everyone is in position each explains the reasons for the position they have taken. (They might say that their position is showing fear, running away, domination, avoidance, adaptation, collaboration or even compromise). Ask a few participants what kinds of conflict they were imagining (personal, professional, or interpersonal might be mentioned). Briefly talk about these behaviours and their advantages and drawbacks. Is there a behaviour that is better than the others, especially during case management? (E.g. a conflict between what you feel is in the best interests of the child and what the family or child thinks is in the best interest of the child).

SHARE Slide 30 - Negotiation.

SAY > The case plan may simply be about negotiating with a family and you may have to deal with a lot of negative emotions and anger towards you as a caseworker.

SHARE Slides 31 – 32 on Conflict Behaviours and 33 – 34 on Negotiation with participants.



Situations Needing Negotiation

PREPARATION > It is good to *prepare several situations in advance in case the group cannot think of an idea that they all want to discuss*: E.g.

- ↻ Negotiating with a parent who is abusing a child.
- ↻ Negotiating with a child living on the streets to move into safer accommodation.
- ↻ Negotiating with a community member to ask for his support in advocating against early marriage.
- ↻ Negotiating with a donor around an information sharing protocol.

SAY > I am going to put you into groups of three. You will need to decide on a conflict situation - real-life if possible - that might occur during case management, preferably while implementing the case plan. Two of you will then act out the conflict and its outcome, while the other participant watches.



SHARE the Exercise 4 Handout - Steps of Negotiation with the watching participant, so that she or he can check off which ones are used by the participants without them knowing it. Brief him or her that when the other participants finish or reach a block in the negotiation, this is time to share with them the handout and for them to discuss it before trying again. (After the groups have been negotiating for a while go around to check that this is taking place and to try to keep all groups on the same timeframe).



PLENARY DISCUSSION > Discuss the various conflicts demonstrated, the conflict behaviours / ways of negotiating the situation that were used (congratulating any groups that were able to collaborate) and the steps of negotiation used.

SAY > It is interesting to **know and understand our own reactions**, strategies and typical behaviours regarding conflicts as some are more efficient than others. It may be challenging to change and manage our reactions to achieve a compromise or preferably a collaborative agreement during case management but it is necessary if we are to ensure children are protected and their rights upheld. I am going to share with you now some steps that you can use to help you better negotiate conflicts during case management.

SHARE the key learning points (slide 35).



CHECK if participants have any final questions / comments before moving on.

Exercise 5 - Advocacy (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to describe the issues a caseworker may advocate for on behalf of children and families in relation to their case plan.

PREPARATION > Using the case plans developed by the groups in Module E3: Implementing the Case Plan, check that there is a clear advocacy target at the community (extended family would be ok) or service provider level and related objective that can be followed for each case in the activity later in the exercise. If not make one up that is relevant.



PLENARY DISCUSSION > Can you help me to define advocacy?



WRITE their suggestions on flip chart.

SAY > We are focussing today only on advocacy during case management that relates to individual cases. With this in mind would you define advocacy any differently?

SHARE Slide 38 – Advocacy.



CHECK that participants understand the difference between general advocacy and advocacy that relates to case management by asking for a few examples of each.

- E.g. A radio programme to influence behaviour change around physical punishment in schools (*general advocacy*).
- E.g. Advocacy to a head teacher to reduce bullying in a school that is affecting a child in your case load (*case-specific advocacy relating to the child's case plan*).

Also check that they understand the exercise is not focussing on advocacy in terms of the work done by legal advocates in court and that it will not give them the skills to be a legal advocate / para-legal.



TURN AND TALK > Participants discuss the following questions in pairs and their discussions shared in plenary.



WRITE the following questions on flip chart:

- Have you had to advocate on behalf of children and families as a part of case management before?
- Have a child / family you have worked with ever advocated for themselves?



WRITE their answers on flip chart paper where they relate to case management. (Where they relate to advocacy that is not individual case related, explain that these examples are not being written down because we are only focussing on advocacy that relates to individual cases).

SAY > Highlighting children and families' strengths as part of case work can help them to feel more confident and more willing to advocate for themselves. If you advocate on behalf of children and families they may be inspired to advocate for themselves.

SHARE > the following if participants cannot think of any examples:

- Advocacy with a child without appropriate care to live in family environment again.
- Advocacy with a child to not to return to a war zone to fight.
- Advocacy with an adolescent girl to finish her education before getting married.
- Advocacy on behalf of a newly arrived displaced family to access the national school system (where the policy on this is not yet clear).
- Advocacy on behalf of a family from a minority ethnic group to gain fair access to services by advocating on their behalf to the local leaders of the majority group.
- Advocacy on behalf of a large family, with a head of household with a mental health problem that leads to violent outbursts, to access a second shelter to give the family some space from each other when needed.

SHARE any examples that they have not mentioned that are relevant to the context and useful to the discussion.

SAY > Remember, all of these activities can only be done with consent of the child.

SHARE Slide 38 again and highlight the last bullet point.

SAY > Once a caseworker assesses how much the child and family can advocate on their own behalf, their responsibility is either to:

- Build the confidence / capacity of the child and family to do so, or;
- To intervene on their behalf.

Sometimes the target of our advocacy is the child and family themselves rather than others because the solutions lie within them!



WRITE > Try to identify some of the **activities** highlighted on slide 39 within the participant examples you have written on the flip chart. Circle them if you find them.

SHARE Slide 39 – Advocacy Activities for Caseworkers.



PLENARY DISCUSSION > Do you think these activities are different from the case management activities we have already been discussing?

SAY > They are not different, as advocacy is such a key skill for case management. We have already discussed the need to share information with the child and family in Module E1: Identification and Registration. We have looked at the child and family's participation in assessment and case planning so that their voice is heard in any steps that are then taken to implement the case plan.

There are some key skills that we have already looked at or that we are shortly going to look at that are essential for advocacy as part of implementing the case plan:

- Negotiation skills, which we will discuss in the next exercise and
- Skills in presenting a case to those in power



Advocacy Group Work⁸¹

SAY > We are going to do a short group work on presenting a case to those in power.

SHARE Slide 40 – Advocacy Activity.

SAY > I would like your advocacy objectives to relate to the case plans you have developed for the core case studies. The target you are advocating to should be someone relevant to the case as well. When you present the target will be played by the facilitator. You will have 15 minutes to practice.

COUNT OFF participants into groups of around 4 people.

CHECK with each group that they have a person to advocate to and advocacy topic. Find out who the persons they are advocating to are so that you can play them well.

PRESENTATIONS > After two minutes, a time-keeper must interrupt the caseworker / advocate to end the time for the session and the facilitator playing the service provider / person from the community should be rushed off to another meeting.



PLENARY DISCUSSION > After each presentation facilitate brief discussion on the following questions:

- What was the advocate's objective?
- Was the message convincing?
- What did the advocate do well?
- What could the advocate have done better?

SHARE the key learning points (slide 41).



CHECK if participants have any final questions / comments before moving on.

Exercise 6 - Basic Emotional Support (1 hour 40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to demonstrate techniques to provide basic emotional support.

PREPARATION > For the Basic Emotional Support Techniques activity it can help to set up an area of the room that looks like a family home in the community. E.g. putting some mats on the floor. This helps bring the demonstration to life. Read through both techniques described in the Basic Emotional Support Techniques handout.

81. Adapted from the Child Protection Sub Cluster Coordinator Training (2011) Child Protection Working Group.

FACILITATOR NOTE > For further techniques on basic emotional support and psychosocial support that need more in depth training see <http://www.repssi.org/>. You may also want to share some techniques from the Optional Exercise: Creative Interview Techniques from Module D: Communication and Case Management.

The life line exercise requires sensitive facilitation so that difficult memories from a person's life are not brought back. It is important to stick to the facilitator's script and ideally have a co-facilitator who can circulate and check that participants are comfortable.

SAY > An essential direct service provided is the psychosocial support done by the caseworker themselves during regular monitoring and other meetings with the child and the family. Using child friendly communication, providing advice on daily challenges, and being a resource for the family are key ways that caseworkers can develop a positive relationship with the family. These routine interactions are a unique form of psychosocial support, which can contribute to the entire family's wellbeing when done correctly.⁸²



Life Line

SHARE an example 'lifeline' on the flip chart or using slide 44.

SAY > In our own lives there have been 'down points'. During these 'down points' we have drawn on **resources** to help us. These resources help us recover and not be affected, which increases our **resilience** to future down points.



TURN AND TALK > In pairs participants share the people, things, values, support, etc, that enabled them to overcome problems without discussing the problems themselves. (You may want to ask them to write each point on a sticky note – which can save time as you read through their notes rather than sharing in plenary).



PLENARY DISCUSSION > Ask participants if they would like to share any resources. (Or if you have used sticky notes place their notes on a flip chart).



WRITE a list on flip chart (or review the sticky notes). Try to group the points together if possible into categories that stand out (e.g. relationships, activities, identity) and make note of these to the group.

SHARE your own resources if helpful (e.g. if participants have not come up with very many).

FACILITATOR NOTE > If some categories are missing, you can ask:

- ↻ Who are the most important people to you?
- ↻ What can you do well?
- ↻ What do you do in everyday life?
- ↻ What is your goal in life?
- ↻ What values are important for you?
- ↻ What are your beliefs?
- ↻ What are the features of your personality?

82. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.



PLENARY DISCUSSION > How do you think this exercise might apply to case management and direct support?

SAY > As caseworkers, one of our roles is to provide **direct support** or to simply ‘be there’ for children and families. Through this we can become a **resource** for them during down points, helping them to overcome challenges and achieve a better situation. Through this support children and families can increase their resilience.

CHECK participants remember how resilience is defined. [The ability to survive and even thrive under abnormal or difficult conditions.]

SAY > This does not mean that you are going to be able to provide counselling or other specialised mental health services, as this is not your role as a caseworker and to become a counsellor requires years of training and specialised supervision. However, you should become more aware of what your direct relationship with a child and family, through caseworker, can help them with. Direct support is about being there for a child and family until they are able to cope alone or with sustainable support from their wider family and community.



Optional - Teach Model Practice⁸³

FACILITATOR NOTE > This activity helps to explain the value of the “teach - model - practice – model” rather than unsupported approaches as shown here.

PREPARATION > On the back of a flip chart stand pin a simple drawing, e.g. a child with a tent next to him or her. Make sure there are simple clear lines. The participants cannot see the drawing.

SAY > We are going to do a quick drawing exercise. Can I have a volunteer please? (Choose someone who will be confident to do the exercise). (When someone has volunteered say to them) I need you to instruct the participants to draw the same picture in their notebooks as you have in front of you but without saying what it is. For example, you cannot say, “When you are done, it should look like a car.”

SHARE the drawing on the back of the flip chart. Participants share their drawings to see how they differ.



PLENARY DISCUSSION > Ask how the exercise made them feel. Was it difficult to do something without a clear picture of how things should look in the end?

SAY > This exercise should remind you that it is much easier to learn about and appreciate something when it is first explained and demonstrated to you and then you have chance to practice it with support and feedback. Caseworkers providing direct support / services often have to teach children and families skills that are new to them. It is helpful to use a teaching model called ‘teach – model – practice’.

83. Adapted from: Curriculum for Case Management in Child Welfare in Romania (2001), World Vision and The Jordan Institute for Families at University of North Carolina School of Social Work.

SHARE Slide 45 – Teach Model Practice - to explain the model further.

SAY > We are now going to use ‘teach – model – practice’ to learn a technique that can be used with children supported by their caseworker or by their parents for when the child is in need of basic emotional support.



Basic Emotional Support Techniques

SAY > I am going to pretend to be the caseworker. I need a volunteer to pretend to be a parent.

DEMONSTRATE > With the volunteer playing the parent first:

- **Teach** / explain the Body Relaxation Exercise including the cooked / uncooked beans analogy if useful (don’t read out the handout - bring the exercise to life)
- Then **model** it by showing them how to do it as if they were the child
- Then allow them to **practice** it with the facilitator pretending to be the child.

Then ask for the parent’s feedback on how it went and allow them to practice again if needed or with another volunteer or the observing participant group pretending to be the child.

SAY > With some people, the step of ‘modelling’ one time is enough for them to feel confident to then ‘practice’ themselves. In other situations, they may need these steps repeated several times.



PLENARY DISCUSSION > (Ask the volunteers):

- How did the second experience (where the facilitator taught them the basic emotional support techniques using the 4 step process) differ from the first (where they had to draw a picture based on no example or support)?

(The group should recognise that the second teaching strategy is far more effective).

FACILITATOR NOTE > If there is time, ask for more volunteers and allow them to use the model to practice the Body Relaxation Technique. This can also be done in small groups if you feel participants understand the model well enough and if you have more time.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Do you have any questions or comments on the techniques used?
- Could you use the techniques for direct support?
- Are any other approaches they think might be useful? E.g. those used in the culture of the communities you are working with (participants may suggest, dance, song, drumming, storytelling, etc).



SHARE the Exercise 6 Handout - Basic Emotional Support Techniques.

SHARE the key learning points (slide 46).



CHECK if participants have any final questions / comments before moving on.

Session Conclusion (5 min)



REMIND participants of the learning outcomes for the session (slide 48) and ask if they feel they have been met.

SAY > Working with others can be one of the most challenging parts of case management, including when making referrals and sharing information. Managing the processes and relationships involved well, will save you time and result in better outcomes for children.

With the learning from this module you should find making referrals, decision making around information sharing, and providing direct support easier. We hope that you will find this learning makes a positive difference in your casework with children and families.

SAY > In the next module we look at Follow-Up and Review of case plans.



SESSION E.5. FOLLOW-UP AND REVIEW

Aim	To provide participants with the knowledge of the case management step of follow-up and review and the opportunity to practice resolving common problems identified at review.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Explain the case management step of follow-up and review. ➤ Know some tools that can be used to manage caseloads requiring follow-up and review. ➤ Resolve some common problems that are identified at review. ➤ Apply best practices for review in relation to planning a review meeting. ➤ Know the difference between case review and planning meetings, case conferences and case management meetings. ➤ Know the case management forms to be used for certain cases. 	
TIME	2 hours 15 mins	
BODY		
45 min (Page 159)	Exercise 1 - Understanding Follow-Up and Review: Presentation, discussion and small group work on follow-up and review.	Preparation Handouts Facilitator Res
30 min (Page 162)	<i>Optional Exercise - Tools to Help Us: Discussing tools to use to manage caseloads.</i>	<i>Handouts</i>
30 min (Page 163)	Exercise 2 - When Progress is not Occurring: Discussion on problems that may be identified during review and ways to address them.	
1 hour (Page 165)	Exercise 3 - Case Review Meetings: Planning a case review meeting for each of the core case studies.	Preparation Handouts
1 hour (Page 166)	<i>Optional Exercise – Forms Bingo: Bingo exercise to make sure participants know the case management forms to be used for certain cases.</i>	<i>Preparation Facilitator Res</i>

CASE MANAGEMENT GUIDELINES COMPETENCY:

Plan, implement and review the intervention: Produce, implement and review case plans with children, families, and others as appropriate

RESOURCES:

- Flip chart paper, stand, pens and masking tape;
- Participant notebooks and pens;
- Laptop and projector.
- Additional items needed for optional exercise – forms bingo.

Facilitator Resources

- Optional Exercise – Forms Bingo
- Handouts: Enough copies for each participant of:
 - Exercise 1 Tool - Sample Follow-Up Form
 - Exercise 2 Handout - Problems Identified During Follow-Up and Review and Possible Solutions
 - Exercise 3 Handout – Case Management Forums
 - Exercise 4 - Core Case Studies Step 3
 - Module Presentation

Session Introduction (5 min)

SHARE the slide with the case management process diagram and step 5 highlighted in red (slide 2). Then share the module's aim, learning outcomes (slide 3) and overview of the exercises according to the agenda.

Exercise 1 - Understanding Follow-Up and Review (40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to explain the case management step of follow-up and review.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Do you use the terms 'follow-up' or 'review' where you work? How are they used?
- Do you use other terms at this step of case management.

SHARE Slide 5 – Follow-Up and Review.

Follow-Up

SAY > Let's look at follow-up first.

SHARE Slide 6 – What Follow-Up Is.

SHARE the following examples of how you might follow-up referrals or direct support/ services:

Referrals:

- Checking the child received needed medical support
- Checking the child has registered for school

Direct Support / Services:

- Checking how mediation with parents has influenced their behaviour towards the child
- Checking that the child's relationship with the parents is improving
- Checking that the child continues to attend school
- Checking if the breathing techniques you taught the child to help them relax have helped.

SHARE Slide 7 – Why Follow-Up Is Needed.



TURN AND TALK > How do you do 'follow up' where you work?



WRITE the points that are shared on flip chart.

SHARE Slide 8 - 9 – How do you do follow-up where you work? - and any of the points in the box that are not mentioned:⁸⁴

84. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3 (apart from points in italics).



- ⇒ **Scheduled home visits** – if appropriate, home visits may be part of the intervention plan for direct service delivery and follow-up. You must consider the repercussions of home visits to ensure that the child/family is not exposed to harm (for example by drawing the attention of neighbours/community to the child and their family).
- ⇒ **Ad hoc home visits** - these can be particularly important for following-up the situation in the home and are useful when the home environment is volatile or levels of care are low. Ad hoc home visits may provide a better opportunity to observe the child or to find the child alone if parents/caregivers have previously refused an individual interview.

Before carrying out a home visit it is important to establish what the purpose of the visit is, and how the visit will be used to support the child and family.

- ⇒ **Phone calls** - these may be necessary for care placements that need follow-up in the initial stages, and can be useful for children living in remote areas.
- ⇒ **Confirmation from relevant service provider** that the child who was referred to their service actually received the service.
 - *As the caseworker for the child and family, you are the case plan's coordinator.*
 - *You serve as the link between all of the people involved in implementing the plan.*
 - *Just as you have clear expectations with the family, you also need to have clear expectations with any referral service providers, including yourself.*
 - *You are responsible for knowing which services are working for a family and which ones are not.*
 - *Even if you are not providing the service directly, you have the responsibility to find out about the service's effectiveness.*
 - *Your function does not end with a referral. You want to advocate for your families, yet you want to do it in a manner that will help build and improve relationships with other service providers.*
 - *Establishing a 'service contract' with the referral agency can assist with accountability.*
- ⇒ **Informal** community based monitoring and follow-up activities: e.g. contacting the child's teacher if they are involved in supporting the child as part of the case plan, or follow-up through community groups.

With the child and family's consent you can ask other people in their lives how they are doing, e.g. if tasked with improving their levels of care for the child or improving previously challenging behaviour.

- ⇒ **Meetings with Child and Family:** quite simply!

SAY > Follow up can occur at any point from when the child is first registered and an initial intervention begins (responding to a child's immediate needs) until the child's case is closed.

Once a case plan is developed the schedule of follow-ups can be recorded there. The frequency of follow ups will depend on the situation of the child, their specific needs and the risk level of the case. For example, if children are placed in safe houses for a limited time, daily phone calls may be essential to check on the child's safety and wellbeing. The pattern and frequency may be adapted as the case progresses and the child's situation improves.

Review

SAY > Now let's look at Review.

ENERGISER > complete the Changing Direction energiser:

Changing Direction

Participants form a circle. Explain that participants will hold either their right or their left hand flat over their head to indicate which participant is next. As participants follow the instruction given by their neighbour the movement will be sent all the way around the circle. Participants also need to count as they go. Only the person counting number seven can change the direction – or not if they don't want to. Repeat this until the clap is running smoothly around the group and changing direction without missing a count.



PLENARY DISCUSSION > How did the energiser relate to review?

SAY > Review looks at how the case is progressing and whether we can move forward in the case management process to the step of case closure or whether we need to return to one of the previous steps, e.g. assessment or case planning.



PLENARY DISCUSSION: Facilitate discussion on the following questions:

- Are you doing reviews where you work?
- What would you likely need to discuss during review?

SHARE Slide 10 - Review.

SAY > At review you may find that you need to:⁸⁵

- Revise the case plan because it is not working.
- Develop the case plan to look at other problems identified in assessment but not addressed in the first case plan.

SAY > We are now going to look at some tools that can help us to organise our case loads and then we are going to look at some challenges that might be identified at follow-up and review before moving on to look at when case review meetings may be needed.

85. A Brief Introduction to Social Work Theory (2009), David Howe, Palgrave Macmillan, Hampshire.

SHARE the key learning points (slide 11).



CHECK if participants have any final questions / comments before moving on.

Optional Exercise: Tools to Help Us (30 min)

LEARNING OUTCOME > By the end of this exercise participants will know some tools that can be used to manage caseloads requiring follow-up and review.



SAY > We have seen that case review should take place once every three months, or more regularly if needed, and follow-up should take place at least once per month. The timeframes you set will vary according to the context, the case and the programme but what is clear is that we need to keep track of them.



PLENARY DISCUSSION > How do you schedule and keep track of the timeframes for follow-up and review that you have set for whole case loads that you are responsible for?



WRITE their suggestions on a flip chart.

They may suggest the following:

- ➔ Case Logs (paper or electronic – excel sheets)
- ➔ Diaries (paper or electronic – paper can get lost so electronic is best)
- ➔ Databases (using access rather than excel and enabling more sophisticated actions)

(If participants suggest forms or case notes, highlight that we are not talking about individual cases at this point but about whole case loads).

SAY > A lot of programmes use a case log to track their cases. This is often a set of columns that list the basic details of the case and its current status as well as the dates for pending actions. Case logs may be paper-based (e.g. log books) or electronic (e.g. excel sheets). They have pros and cons and need regular review.

SHARE Slide 14 – Paper Based Case Logs.

SAY > Databases can perform the role of both case logs and diaries.

SHARE Slide 15 – Electronic Case Logs, 16 – Diaries and 17 – Databases.

SAY > Databases are usually only useful to caseworkers, for following-up their needed actions, if they have direct access to the database or if someone who does produces a list of cases to be actioned by a particular date for them.



TURN AND TALK > Ask participants to discuss in pairs the kinds of things that should be included in forms that are used to document monitoring and follow-up actions. Give them 10 minutes for this.



PLENARY DISCUSSION > Ask participants to share one point per pair with the wider group (making sure they do not share something that has already been said – this will save time).



WRITE their points on the flip chart.



SHARE the Exercise 1 Tool - Sample Follow-Up Form or the follow-up form being used locally.

SHARE the key learning points (slide 18).



CHECK if they have any questions about it before moving on.⁸⁶ If participants would like to review other follow-up form formats they can find a Child Case Follow-Up Form in Caring for Child Survivors.

CPIMS

For contexts where forms are still being customised, handout the CP IMS Follow-Up Form and Services Provided Form for participants to review as an example. Also explain that there are also other forms that are available for local customisation, e.g. Children in Care Follow-Up.

Exercise 2: When Progress is not Occurring⁸⁷ (30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to resolve some common problems that are identified at review.

SAY > This exercise will help participants to discuss how to use follow-up to predict potential problems that may have to be overcome for progress to occur in the implementation of the case plan. People often develop wonderful case plans but they don't succeed.



PLENARY DISCUSSION > Can you share some reasons why case plans don't succeed? E.g. the planned supports around the child and family weaken (e.g. a supportive neighbour moves away).



WRITE these points on the left hand side of the flip chart paper.



PLENARY DISCUSSION > Ways of overcoming these reasons for case plans not succeeding / ways to make case plans successful.



WRITE these points on the right hand side of the paper.

86. For more information see the Training Manual Inter-agency Child Protection Information Management System (2012) A. Brusanti and L. Haines for UNICEF, Save the Children and the International Rescue Committee, available from: <http://www.childprotectionims.org/>

87. Adapted from: Curriculum for Case Management in Child Welfare in Romania (2001), World Vision and The Jordan Institute for Families at University of North Carolina School of Social Work.



You can use the below table to help you facilitate the discussion if helpful (also available as a handout to share with participants – Exercise 2 Handout - Problems Identified During Follow-Up and Review and Possible Solutions).

Problems	Solutions
People don't do what they agreed to do.	<ul style="list-style-type: none"> ➤ Follow-up with those implementing the plan in-between reviews. ➤ Do not allow others involved to put all responsibility onto you (the caseworker). If everyone supports and is involved in the plan success is more likely. ➤ If people are not following through with plans the caseworker should identify the barriers and help address them.
Families resume problematic behaviour (E.g. domestic violence, neglect, poor use of finances, or any troublesome behaviour that they were trying to change).	<ul style="list-style-type: none"> ➤ Nearly everyone has challenges when they try to change something about themselves. ➤ Lessons can be learned each time the behaviour resumes, which can help prevent returning to the behaviour in future. ➤ Children and families should not perceive you as trying to catch them doing something wrong. ➤ Maintain a relationship that enables them to be honest with you by frequently, openly, and straightforwardly reviewing the family's progress with everyone involved. "I just stopped by to see how things are going" is not considered a review and people may not share challenges properly if a meeting is described this way.
Deliberate sabotage of the case plan.	It may be necessary to confront the behaviour to figure out what the message is that they have not been able to say directly. (See the exercise below).
The child and/or family disagree with the plan and cannot tell you.	<ul style="list-style-type: none"> ➤ During visits, look for what has changed and not changed. ➤ Ask the family to help you understand why things are the way they are. Tell them what you see. Help them feel comfortable telling you if the plan is not working. ➤ Help them see any progress they have made. Help them learn to recognise and appreciate even small steps they take. Although be sure to praise legitimate accomplishments only. ➤ Remember that changing a plan is ok. If the child and family's situation changes the case plan is likely to need to change.
The family is overwhelmed / stressed and has not had time to make changes agreed to.	<ul style="list-style-type: none"> ➤ Some lack of intervention is to be expected and is normal, especially during times of stress. ➤ Don't be discouraged but help people to see the value of continuing with the plan. ➤ It is helpful to have a visual reminder of successes of the child and family. As actions from the case plan are completed check them off the list as "accomplished" or "met". ➤ Don't forget that while you are involved in the plan, the child and family lives it. It takes huge commitment to stick to a plan.

FACILITATOR NOTE > If participants have not conducted much case work it may be helpful to have them review one of the Core Case Studies Step 3 in pairs and discuss what they would do in response to the information provided (the case studies are used in the next exercise in relation to review as well).

SHARE the key learning points (slide 21).



CHECK if participants have any final questions / comments before moving on.

Exercise 3 – Case Review Meetings (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will be able to apply best practices for review in relation to participating in a review meeting and know the difference between case review meetings, case conferences and case management meetings.



PLENARY DISCUSSION > Do you hold case review meetings where you work?

SAY > All case reviews should be done with the child and family, unless this would not be in the child's best interests or possible. Therefore, a case review meeting with the child and family needs to be held.

Complex cases such as those managed over an extended period of time, or involving many actors in their implementation, may require multi-sector / inter-agency (as appropriate) reviews called 'case conferences'.⁸⁸



REMIND participants of discussion in Module E Session 3: Case Planning on case conferences.

SAY > Another case management forum that is important to know about are case management meetings.

SHARE Slide 25 - Case Management Meetings.

SAY > At these meetings, information shared on cases should be anonymous, discussing situations without reference to identifying information, and should be held in confidential locations.⁸⁹

SHARE Exercise 3 Handout – Case Management Forums.

88. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.

89. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.



Group Work

FACILITATOR NOTE > This exercise works best if you can have a facilitator in each group who can chair the case management meeting. You can use managers and supervisors for this if you prepare them in advance.

SAY > We are now going to do some group work where you plan a case review meeting (*not a case management meeting*) for the core case studies. You will have 15 minutes for the group work and we will have 5 minutes to present on each case. You should come up with:

- ➔ What you will need to do to prepare for the meeting, including who to talk to and who to invite.
- ➔ Discussion / agenda points for the meeting

COUNT OFF participants into the 3 groups that have been discussing the Core Case Studies.



SHARE Exercise 3 - Core Case Study Step 3 with the groups as relevant.

PRESENTATIONS > After 15 minutes give each group 5 minutes to present their plan for the review meeting to the group.



PLENARY DISCUSSION > Facilitate discussion on the following:

- ➔ Any points of clarification for any of the plans.
- ➔ Any questions on the purpose of the review meeting and what should take place.

SHARE the key learning points (slide 26).



CHECK if participants have any final questions / comments before moving on.

Optional Exercise – Forms Bingo (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will know the case management forms to be used for certain cases.

FACILITATOR NOTE > This exercise needs to be adapted according to forms in use in the context. It will only work if you are clear on when each forms are needed for which cases and if participants are aware of them all (you would need to have shared them throughout the training so far)!

PREPARATION > Adapt the grid and case studies (in Facilitator Resources) to suit the context. You will need 3 different sets of 8 matching tokens (e.g. different shaped items but all the same – stones, sticks and leaves works fine, or different coloured marker pens), as well as, prizes, and possibly a whistle if the group is likely to become very excited!

Draw your grid on a piece of flip chart (see examples below – on the left is the general case management forms – on the right are forms that may be used in a family tracing and reunification programme using UNHCR’s Best Interests Determination procedure). This should list out all the different case management forms that can be used in the programme. The case studies may be simpler or harder depending on how simple or hard you want the exercise to be.

Consent Form	Protective Factors	Child Under 5 Form	Tracing Request Form
Assessment Form	Case Plan	Adult Verification Form	Child Verification Form
Referral Form	Follow-Up Form	Reunification Form	Best Interests Determination Form
Case Closure Form	Case Conference Minutes	Alternative Care Form	Court Order

COUNT OFF participants into 3 groups. Give each group a set of matching tokens. There should be as many as there are forms on the grid.

SAY > I am going to read out a case study for you. You must decide within your group which forms would have needed to have been completed **by now** for the case if we had done our work properly (not those that may need to be completed in the future).

Once you have decided put your tokens on the square for each form you have decided on. **Do not talk loudly** or the other groups will hear you. **Do not begin putting down tokens** until I have read the case study **twice**.

When the group thinks they have got it right they must shout **Bingo**. Once a group has shouted Bingo **everyone must stop putting down their tokens**. I will then check and can either grant the group that shouted Bingo the winner of if you are not yet correct I will allow all groups to continue readjusting your tokens until they are correct.

SAY > Read out the case studies (in Facilitator Resources)⁹⁰ one at a time to form a round.

90. Case studies adapted from the Facilitator’s Notes for the implementation of UNHCR BID Guidelines

CHECK > Keep track of the scores at the end of each round!

SHARE a prize with the winning team at the end of all the rounds.

Session Conclusion



REMINDE participants of the module aim and learning outcomes (slide 28) and ask if they feel they have been met.

SAY > If you are effective in following-up and reviewing their cases then the whole process of case management is more likely to have lasting success for children and families, meaning that more cases can be closed.

SAY > This is the end of the module on Follow-Up and Review. The next session is Case Closure.

SESSION E.6. CASE CLOSURE

Aim	To provide participants with knowledge of the case management step of case closure, examples of how to communicate case closure to children and families awareness of why this is important.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Explain the case management step of case closure including criteria for closure and transfer. ➤ Give examples of how to communicate case closure to children / families. ➤ Know why communication at case closure is important. 	
TIME	2 hours	
BODY		
1 hour (Page 169)	Exercise 1: Understanding Case Closure: Presentation, discussion and small group work on criteria for closure, case re-opening and record keeping at closure.	Handouts
1 hour (Page 171)	Exercise 2: Developing Scripts: Role play to practice the step of case closure and evaluation with children and families.	Handouts

CASE MANAGEMENT GUIDELINES COMPETENCY:

Plan, implement and review the intervention: Produce, implement and review case plans with children, families and others as appropriate

RESOURCES:

➤ Flip chart paper, stand, pens and masking tape

- Participant notebooks and pens
- Laptop and projector
- Session handouts: enough copies for each participant
 - Exercise 1 Tool 1 - Sample Case Closure Form
 - Exercise 1 Tool 2 - Sample Case Transfer Form
 - Exercise 2 - Core Case Studies A / B / C Step 5
 - Module Presentation

Session Introduction (5 min)

SAY > Case closure is the last of the case management steps but an incredibly important one. If we do not close cases we are not able to:

- Keep track of our work
- Start new cases
- Give children and families a sense that they have achieved their case plans.

Case closure requires certain processes to be followed including communicating the step to the child and family and evaluating the whole intervention. In this module we will discuss these processes.

SHARE the slide with the case management process diagram and step 6 highlighted in red (slide 2). Then share the module's aim, learning outcomes (slide 3) and exercises as they relate to the agenda.

Exercise 1: Understanding Case Closure (55 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to explain the case management step of case closure including criteria for closure and case transfer.



PLENARY DISCUSSION > In your programmes when can you close a case?

SHARE Slides 5 and 6 – Criteria for Case Closure.

SAY > A case may also be closed in the event of the death of the child, although an analysis should be done into the circumstances of the child's death to ensure that no other children are at risk. Any incident of child death should be reported to the Government department responsible for child protection.⁹¹ The same procedure should apply if a child goes missing.

If a child goes missing, and you can no longer manage their case, as a result it may be useful to mark the case inactive rather than open or closed so that you can more easily organise and manage your open files and so that you continue to actively look for the child, which you would not do if the case was closed. This status can also be updated into the CP IMS.



CHECK this is well understood by the participants.



PLENARY DISCUSSION > How this might be done where you work?

SHARE Slide 7 – Best Practice for Case Closure, which covers authorising case closure, timeframes for case closure and the final follow-up (sometimes called service evaluation).

91. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 3.



CHECK if participants have any questions or comments on what has been shared.

PLENARY DISCUSSION > Can you provide an example of when a closed case might need to be reopened?

Examples might include:

- ↪ When a previously stabilised situation deteriorates.
- ↪ When a child presents with a new protection concern (such as a reunified child who later experiences sexual violence).



SHARE Exercise 1 Tool 1 - Sample Case Closure Form or the form being used locally for case closure.

SHARE Slide 8 - Re-opening a Case after Case Closure and associated documentation.



CHECK if participants have any questions on re-opening cases.

CPIMS

In contexts where the CP IMS is in use you can facilitate the session on Case Re-Opening from the CP IMS training manual here and share the Case Re-Open Form.



PLENARY DISCUSSION > What do you understand when I say 'case transfer'?



WRITE their correct answers on flip chart.



SHARE Slides 9-13 to share best practices for case transfer and Exercise 1 Tool 2 - Sample Case Transfer Form or form being used locally for case transfer.

SAY > Case transfer **differs from referral** where these **responsibilities remain** with the original caseworker.

CPIMS

In contexts where the CP IMS is in use explain that: The CP IMS has a transfer function that allows you to electronically transfer a child's case to another agency. It also has a referral function that allows you to electronically refer out a child's case to another agency. An electronic transfer is done after the actual process has been completed as described in this session (i.e. the child and family are prepared, receiving agency is briefed on the case, agreements/ protocols are in place, etc.)

SHARE the key learning points (slide 14).



CHECK if participants have any final questions / comments before moving on.

FACILITATOR NOTE > You may find it the right time to do an energiser. Changes can be used to relate to the sustainable change in a child's life that a caseworker would be looking for in order to close a case.

Changes

How it works: Get people in pairs and ask them to turn their backs to their partners. Ask them to change one element of their appearance or clothing without their partner seeing (e.g. roll up a sleeve, do up a button, etc). Their partner then has to guess what has been changed. You can repeat the exercise.

Exercise 2: Developing Scripts (55 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to give examples of how to communicate case closure to children and families and know why communication at case closure is important.



TURN AND TALK > Participants take a few minutes to discuss in pairs:

- Would case closure be difficult to explain to children / families?
- What can you say to make it easier / make sense?



WRITE their responses / suggestions of challenges on flip chart.

SAY > Case closure is difficult as children and families may not want the case to be closed. Many children and families are fearful that they will not succeed without the help of the case manager.



PLENARY DISCUSSION > What can we do to make case closure easier, more helpful / more rewarding?



WRITE their responses on the flip chart.

They may suggest:

- Expectations were not clear at the start
- Timeframes were not clear at the start
- They may feel abandoned

SAY > As the child and family gains strength the caseworker must pull back, moving towards case closure.

SHARE Slides 17 and 18 – Developing Scripts.



PERSONAL ACTIVITY > Give participants 5 minutes to develop a script to use during case closure, reflecting the key information shared during the module.



Role Play

SAY > You will have 10 minutes each in pairs to practice your scripts with a partner using a case study. One participant will play the child and the other the caseworker for 10 minutes before swapping roles.



SHARE Exercise 2 - Core Case Studies Step 4.

COUNT OFF participants into pairs.

SHARE the key learning points (slide 19).

CHECK if participants have any final questions / comments before moving on.

Module Conclusion (5 min)



REMIND participants of the aim and learning outcomes (slide 21) for the module and ask if they feel they have been met.

SAY > You should now feel confident to practice the step of case closure in accordance with the Case Management Guidelines. By following the best practice guidance shared in this session you will be able to better keep track of your case load, have the capacity to begin new cases with the knowledge that your previous cases have been properly closed, and you and the children and families you work with should have a greater sense that you have achieved the case plans you developed together.

SAY > This is the end of the module on Case Closure and the last of the case management steps modules. The next module is the final module of the training and looks at self-care.



MODULE F. SELF-CARE

MODULE AIM:

To make participants aware / remind them of the stressful nature of case management and to encourage them to develop and use strategies for self-care.

TIMING:

2 hours 30 min

SESSIONS:

Session 1 Self-Care

CHILD PROTECTION MINIMUM STANDARDS: N/A

CPIE COMPETENCIES: N/A

CASE MANAGEMENT GUIDELINES

COMPETENCY:

↪ Manage emotions and stress

RESOURCES:

- ↪ Flip chart paper, stand, pens and masking tape
- ↪ Participant notebooks and pens
- ↪ Laptop and projector
- ↪ Handouts: enough copies for each participant of:
 - Exercise 1 Handout – Personal Signs of Stress
 - Exercise 1 Handout 2 - Signs of Stress
 - Exercise 2 Handout Stress Busters
 - Module Presentation
 - ModulStrips of paper and envelopes (enough for each participant)
 - Module Presentation

■ SESSION F.1. SELF-CARE

Aim	To make participants aware/remind them of the stressful nature of case management and encourage them to develop and use strategies for self-care.	
Learning Outcomes	<ul style="list-style-type: none"> ↪ Define the types of stress. ↪ Know personal signs of stress. ↪ Know some self-care strategies. 	
TIME	2 hours 30 min	
BODY		
50 min (Page 174)	Exercise 1: Understanding Case Closure: Presentation, discussion and small group work on criteria for closure, case re-opening and record keeping at closure.	Handouts
1 hour 40 min (Page 177)	Exercise 2 - Self-Care Strategies: Learning and practicing self-care strategies.	Preparation Handout



FACILITATOR NOTE > Sharing personal experiences of stress is avoided in this module but some personal reflection does take place. This can be difficult for people who have experienced major stress in their lives before. If you are aware of anyone who has undergone major stress before, discuss this with them ahead of time to see if they are comfortable to participate or not and to discuss alternatives (e.g. a private session, or if they already have well-developed self-care strategies they may opt-out).

You will most likely not be aware of previous/current stress among participants. Make participants aware that you are doing the module at least a week in advance so they can raise any concerns with you. When facilitating the module, be sensitive throughout to participants that express concerning comments.

It is recommended in the Facilitator's Guide that facilitators organise to have a separate person, who is trained in handling disclosures, available on site, to support any participants that become upset or make a disclosure during or after training. Participants should be made aware of this person and how to contact them.

It works best if the module is delivered by a professional counsellor who can then be available afterwards. Or, you can arrange to refer participants to someone else for further discussion if needed. Further resources can be found here: www.hhri.org/thematic/helping_helpers.html

Module Introduction (5 min)

SHARE the module aim, learning outcomes (slide 2) and exercises according to agenda.

SAY > This is the last module of the training on case management and possibly the most important, as self-care are the things that focus on the impact our case management work may have on us. The module aims to provide us with understanding and strategies to ensure that we can continue to work as happy, safe and healthy caseworkers for as long as we want to.

SAY > In this module we are going to identify the factors that may cause us stress as caseworkers, and strategies for self-care. Topics will be identified and noted privately. You will only be invited to share if you feel comfortable.



CHECK that this makes sense to participants and if everyone feels comfortable before moving on.

Exercise 1 - Understanding Stress and Emotions (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to define the types of stress and will know personal signs of stress.

SHARE Slide 3 – Stress and Case Management to explain how case management and stress can be linked, emphasising the positive points about case management.



SAY > When YOU think about stress, what comes to your mind? Write any word or sentence that comes to mind on a sticky note. When you are done come and put it onto the flip chart at the front.

SHARE Slide 4 - Stress.



PLENARY DISCUSSION > As participants put their sticky notes onto the flip chart re-organise them around the four types of stress (basic, cumulative, critical incident and compassionate) if possible and summarise the points shared on each.

SHARE Slides 5 - 11 to explain each form of stress as you go (using the notes below if needed). Spend most time on compassionate stress, as the form of stress most relevant to case management.



CHECK if participants have any questions after each form of stress is discussed.

NOTES ON TYPES OF STRESS > You may want to think of basic stress as 'daily stress'. This can increase with changes such as being away from home, working with new people, uncertainty, etc.

Examples of cumulative stress are:⁹²

- Heavy workload
- Poor communications
- Lack of basic comforts
- Being in situations where you feel powerless
- A chaotic work life
- Feeling overwhelmed
- Having to learn a lot in a new space of time
- Feeling isolated
- Sleep deprivation or ill health

A set of basic stress factors can ultimately create high stress if not dealt with effectively and at the right time. This is when cumulative stress becomes burnout.



PERSONAL REFLECTION > What are the types of cumulative stress you experience?

SAY > We do not suddenly burnout. People undergo a process marked by physical, emotional and behavioural signs that could have been identified and addressed at an earlier stage. Ignoring, denying or neglecting warning signs over time gradually creates a state of burnout.

⁹². Personal Resilience and Wellbeing in the Field: Child Protection Trainees Handbook (2008) Sian Kelly for Save the Children (unpublished).

If we look at the start of the graph on slide 7:

- ↻ If someone were operating at the start of the curve, they might be bored or worried as they are not being challenged to perform at all.
- ↻ At the point of 'peak performance' or healthy tension there will be a level of basic stress and possibly some cumulative stress but this is comfortable and enjoyable.
- ↻ But if you go over the top of the curve you enter burnout, where this stress is no longer manageable, enjoyable or healthy. You start to feel exhausted and cannot sustain energy.



PERSONAL REFLECTION > At what point on the curve do you usually work at? How do you keep within the healthy section of the curve? How do you recognise that you are working within a dangerous section of the curve? What are the warning signs that stress is getting bad for you? What can you do to move back into the safe section?

SAY > You may benefit from some of the following strategies:⁹³

- ↻ Focus on good things
- ↻ Remember, you are not responsible
- ↻ Put a mechanism in place to distance yourself without being 'detached'
- ↻ Think about the gift you are giving by listening

SAY > Emotional reactions to what we see and hear are normal considering the work we do. These are some of the most common long-term reactions.

SAY > We have to recognise these reactions in ourselves, prevent them from interfering with our effectiveness while we're at work, and prevent them from interfering with our personal lives when we are away from work. Knowing this information is only valuable if we put it to use in our lives. We know there are 3 steps to changing any behaviour.

SHARE Slide 12 – 3 Steps to Behaviour Change.

SAY > We are now going to do an activity to help you take the first step: recognise when stress is affecting you. I want you to write down in your note books the answers to the following questions:

- ↻ How does *your* body tell you that your stress level is high?
- ↻ What tells *your family or colleagues* that your stress level is high?



PERSONAL REFLECTION > Participants take time in private, perhaps moving to sit somewhere around the room, to complete Exercise 1 Handout 1 - Personal Signs of Stress.



SHARE Exercise 1 Handout 2 - Signs of Stress. Give participants some time to review it.

PLENARY DISCUSSION >

- ↻ Any questions or clarifications on what is included?
- ↻ Any reflections from what is included that participants want to share?
- ↻ Any additional points that could be included?

93. Personal Resilience and Wellbeing in the Field: Child Protection Trainees Handbook (2008) Sian Kelly for Save the Children (unpublished).

SAY > Everyone's response to stress will be different. People also have different ways of reducing stress.

- E.g. For some people running two miles would be a stress reducer. For others it would be a punishment to have to run two miles.
- E.g. In some cultures solitude may be an effective self-care strategy while in others solitude may be strange and discomfoting, with socialising preferred.

In the next exercise we will look at how our work creates stress for us, then at ways to combat the stresses in our lives and jobs.

SHARE the Key Learning Points (slide 13).



CHECK if participants have any final questions / comments before moving on.

Exercise 2 - Self-Care⁹⁴ (1 hour 35 min)

LEARNING OUTCOME > By the end of this exercise participants will know some self-care strategies.

PREPARATION > Cut strips of paper (enough for one for each participant per participant) by cutting a piece of A4 paper along the short edge several times.

SAY > We are now going to look at the next steps to changing / responding to stress causing behaviour.

SHARE Slide 12 – 3 Steps to Behaviour Change - again.

SAY > We are now going to look at steps 2 and 3.



Group Work Exercise (30 min)

SAY > We are now going to do some group work to discuss what you can do to avoid or prevent stress, including any self-care strategies you have. Don't share personal things you are not comfortable with. If you feel comfortable then it is fine to share.

COUNT OFF participants into groups in which they will feel comfortable discussing self-care strategies. E.g. in some cultures it may feel most comfortable for males and females to discuss separately. Or if you have a group with people from different cultures they may feel most comfortable discussing separately. Take care when making decisions about groupings and consult the participants if appropriate.

94. Adapted from: Curriculum for Case Management in Child Welfare in Romania (2001), World Vision and The Jordan Institute for Families at University of North Carolina School of Social Work



PLENARY DISCUSSION > Ask participants to share the main points of their discussion.



SHARE any of the Stress Busters from Exercise 2 Handout. Review any that are relevant to the context and that have not already been shared by participants.⁹⁵

SAY > We are now going to try some stretching techniques, as one form of stress buster. All of these stretches should be done slowly and gently. You will follow me as I do the exercise. I will also explain what to do as I go along.



PERSONAL REFLECTION > If you have some spare time in the session you can practice the belly breathing and body relaxation exercises from Module E4: Implementing the Case Plan as these are as useful for adults as they are for children.

Challenge to Change



SAY > We have talked about a lot of approaches to reducing stress. Each approach helps some people more than others or fits better with their lifestyle or personality. It is so important to be willing to do things for yourself to avoid burnout or illness.

I would like you each to choose one self-care strategy you have identified as helpful today and that you know that you do not do enough, e.g. to begin exercising three times per week.

I would like you to write that commitment in your calendars, or save it as a reminder on your phone on a date three months away. *(As facilitator you can remind yourself to email the participants to remind them in three months' time as well!)* The idea is that participants will have a reminder of their commitment. If they have failed to meet their challenge, it may re-spark their commitment to themselves.



Sharing Feedback

SAY > We have now spent several days together in this case management training and we have now reached the final day. We have been able to get to know each other quite well and I want us to take this opportunity to share something you like, admire or appreciate about each other. It will be anonymous and in the future you will be able to refer to the comments if you feel the need for reassurance. Receiving positive feedback feels good and you can therefore use this feedback when feeling stressed or down.

SHARE some strips of paper with each participant (which can be created by cutting a piece of A4 paper along the short edge several times) and explain that they should write their sentence on one side and the person's name on the other. Give people the time they need to complete the exercise then place the strips face down / name up on the facilitator's table so that they can be sorted and distributed in an envelope with the participant certificates.

⁹⁵ Some tools that can be used in this exercise are provided in the facilitator resources - adapted from: Child Protection in Emergencies Face to Face Training (2014) Child Protection Working Group, unpublished.

SHARE the Key Learning Points (slide 16).



CHECK if participants have any final questions / comments before moving on.

Module Conclusion (5 min)



REMIND participants of the aim and learning outcomes (slide 18) for the module and ask if they feel they have been met.

SAY > Hopefully the reflection that has been encouraged and strategies that have been shared today will help you to cope with the stress you may experience as a caseworker. Supervision is the forum where the concerns discussed in this session can be shared and addressed if you need.

SAY > This is the end of the Self-Care module and the end of the training.

SHARE the training evaluation form to complete anonymously (provide a box for them to place their completed forms in). Also share any post-test and training certificates as needed.



MODULES G 1-3: MANAGER / SUPERVISOR

As noted in the Facilitator's Guide, if managers and supervisors have not previously been trained and / or are not practiced in case management, they should be directly involved in the training on the Caseworker Modules. If Managers and Supervisors do not participate in the Caseworker Modules in full you may want to select some modules, sessions or exercises to cover with them before commencing the Manager Modules, e.g. Modules B and C.



MODULE G.1. DESIGNING CASE MANAGEMENT SERVICES

MODULE AIM:

Participants are able to plan and design case management services that are appropriate to the context of the wider child protection system.

TIMING:

2 days

LEARNING OUTCOMES:

Participants will be able to:

- ↻ Describe the main contexts for developing or introducing case management services.
- ↻ Discuss why careful consideration needs to be made before starting case management.
- ↻ Describe when case management may be an appropriate intervention in both emergencies and development contexts.
- ↻ Recognise the 'assess, analyse, decide' model for designing case management services.
- ↻ List key areas to assess when considering whether to develop or introduce case management services.
- ↻ Demonstrate how assessment questions may be used in a particular context.
- ↻ Recognise the capacities agencies need to implement case management.
- ↻ Propose different options for services that can be delivered suitable to context, based on assessment and analysis.
- ↻ Justify programme design decisions while advocating for funding.
- ↻ Design short, medium and long-term case management services.

- ↻ List the key elements needed to implement case management services.

SESSION SUMMARY:

Session 1: introduction (4 hours)

Session 2: assess and analyse (4 hours)

Session 3: decide (4 hours)

CHILD PROTECTION MINIMUM

STANDARDS: 15 – Case Management

CPIE COMPETENCY FRAMEWORK:

Assessing Needs: (2) Implements stakeholder needs assessment results in programming.

Managing Projects: (2) Analyses information to integrate into programming

Leadership: (2) Communicates a vision and motivates others towards it.

Strategic planning with child protection actors: (1) Identifies priority child protection concerns and related gaps that need to be and can be addressed in the context; (2) Analyses existing capacities and identifies resource restraints.

CASE MANAGEMENT GUIDELINES COMPETENCY:

- ↻ Promote participation and cooperation in case management: Understand the importance of coordination among service providers to deliver holistic support to children.

RESOURCES:

- ↻ Flip chart paper, stand, pens and masking tape
 - ↻ Participant notebooks and pens
 - ↻ Laptop and projector
 - ↻ Facilitator resources
 - Matching cards
-

HANDOUTS:

Enough copies for each participant of:

- ↻ Session 1 Exercise 1 Group Work - Contexts to Develop or Introduce Case Management
- ↻ Session 1 Exercise 2 Group Work - Group Work Instruction and Case Study
- ↻ Session 1 Exercise 2 Handout - When Case Management May Be Appropriate
- ↻ Session 1 Exercise 3 Handout - Challenges and Opportunities
- ↻ Session 1 Exercise 4 Handout 1 - The Assess, Analyse, Decide Model
- ↻ Session 2 Exercise 1 Group Work - What to Assess
- ↻ Session 2 Exercise 1 Handout - Assessment Checklist
- ↻ Session 2 Exercise 1 Handout 2 - Role of Government, Child and Family in Case Management
- ↻ Session 2 Exercise 2 Group Work - Using Assessment Information
- ↻ Session 2 Exercise 3 Handout - Analysing Agency Capacity and Constraints
- ↻ Session 3 Exercise 1 Group Work - Decision Making
- ↻ Session 3 Exercise 1 Handout - Decision Making Flow Chart
- ↻ Session 3 Exercise 2 Group Work - Advocating Your Decision
- ↻ Session 3 Exercise 3 Group Work - Developing Activities
- ↻ Module Presentation

■ SESSION 1 PLAN – INTRODUCTION

Aim	Participants are introduced to the case management approach, when it might be appropriate and the ‘assess, analyse, decide’ model.	
Learning Outcomes	Participants will be able to: <ul style="list-style-type: none"> ➤ Describe the main contexts for developing or introducing case management. ➤ Discuss why careful consideration needs to be made before starting case management. ➤ Describe when case management may be an appropriate intervention in both emergencies and development contexts. ➤ Recognise the ‘assess, analyse, decide’ model for designing case management services. 	
TIME	4 hours	
BODY		
1 hour (Page 184)	Exercise 1 - When to implement Case Management Services– Participants suggest when case management may be used; the guidelines and case studies are shared.	Handout Preparation Facilitator Res
1 hour 30 min (Page 186)	Exercise 2 – Introducing or Developing Case Management – Group work to plan services in response to humanitarian crisis; discussion on whether case management is always appropriate.	Handout
45 min (Page 186)	Exercise 3 – Challenges and Opportunities of Case Management – Plenary discussion.	Handout
45 min (Page 188)	Exercise 4 – The Assess Analyse Decide Model – Reviewing the ‘assess, analyse, decide’ model.	Handout

■ SESSION 1 – NOTES FOR TRAINER – INTRODUCTION

Session Introduction (5 min)

SAY > This module will help you to plan a case management programme that is appropriate within the context of the wider child protection system.⁹⁶ This includes taking into account the existing processes within the country, both formal and informal, and analysing the need and relevance for a case management response.⁹⁷

SHARE the aim and learning outcomes for the session (slide 3) and exercises according to the agenda.

96. These can be broadly defined as the people, processes, laws, institutions and behaviours that normally protect children, in line with the definition in the CPMS (principle 5).

97. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

Exercise 1 - When to implement Case Management Services (55 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to describe the main contexts for developing or introducing case management services.

FACILITATOR NOTE > If appropriate, you can conduct this as a 'speed dating' exercise where participants with the 'context card' are sat on tables and participants with the 'case study cards' have 3 minutes to talk with them to see if they match before a bell rings for participants to move on. At the end participants discuss who they feel they best matched with. This can be useful as it ensures everyone participates (when moving around the room it is easier for people to opt out if they are not successful with their first few discussions).

PREPARATION > Print and cut out the cards for the Matching Cards Game. There are 8 cards which you can give out one or several times – but make sure if you give any card you also give its matching card so that participants are not unable to find their match.



Matching Cards (25 min)

SAY > We are going to start the module with an exercise to get you moving around and talking to each other.

I have some cards that I am going to give out. Some cards have a case study of a context and other cards have a context in which it might be appropriate to introduce or develop case management services.

Everybody will get a card. You need to move around the room to find out what is written on other people's cards, discuss with them, and decide whether your cards match. Some cards are the same so if you meet someone with the same card you can either move on or work together to find your partner or partners.

If they don't match – don't give up! – continue moving around the room until you find someone you match with. If you just can't find someone you think you match with, you need to be able to explain why!



SHARE the Matching Cards with participants (in Facilitator Resources). Shuffle well before you give them out.



CHECK participants understand the exercise and are interacting well with each other while doing the activity. Give them as long as they need to complete the exercise, encourage anybody that is finding it difficult.

SHARE (when the participants have all / mostly all found their match) the matching cards one by one at the front of the room by sticking them to a flip chart while participants are seated – or pinning them to a wall and standing nearby (if using the horseshoe they can stand inside the horseshoe looking at the flip chart).

You can share the context cards by saying ‘who has the following card’, reading the start of the context card, then letting one of the participant(s) come to the front to pin the card on the flip chart / wall and finish reading out the card. (Collect up the other cards with the same context as you go so they don’t get lost).

After one context card has been read out ask ‘who had a case study that matched with this context?’ Have one of the participants with the matching card come forward to stick it up next to the context card and read out the case study. (Collect up the other cards with the same context as you go so they don’t get lost).



PLENARY DISCUSSION > Facilitate discussion using the following questions after each matching pair has been identified:

- Do you agree that the cards match?
- Do you have any questions or comments about this context?
- (Explain that there will be time in a small group work next to discuss other case studies / perhaps places where participants have actually worked / supported that may also relate to each context).



Group Work

SAY > The four contexts that we just looked at are included in the case management guidelines. You are now going to spend 15 minutes in groups doing the following:

SHARE Slide 5 with the group work instructions:



SHARE Session 1 Exercise 1 Handout - Contexts to Introduce or Development Case Management which also includes the group work instructions.

COUNT OFF participants into groups of around 4/5.



PLENARY DISCUSSION > Invite each group to share one or two contexts that they discussed and any other points of discussion that are relevant to discuss in plenary.

SAY > Each context where case management may be developed / introduced has a number of competing interests and influences that need to be carefully considered during initial planning stages.⁹⁶

SHARE the key learning points (slide 6).



CHECK if participants have any final questions / comments before moving on.

96. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

Exercise 2 – Introducing or Developing Case Management (1 hour 30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to discuss why careful consideration needs to be made before starting case management.

SAY > Now we have been introduced to some of the contexts when it may be appropriate to develop or introduce case management, we are going to do some group work for you to think about planning case management services. You will have 30 minutes for the group work and 5 minutes each to make your presentations.



SHARE the Session 1 Exercise 2 Group Work – Group Work Instruction and Case Study.

COUNT OFF participants into groups of around 4/5.



CHECK the groups understand the group work around 5 minutes in and check they are on track with completing the task around half way through the time available.

PRESENTATIONS > Give each group 5 minutes to present and take a few minutes for any questions or clarifications from the facilitator or the group after each.



PLENARY DISCUSSION > Facilitate discussion using the following questions:

- ↪ Is case management appropriate?
- ↪ We must assess properly in order to know this. Information provided in the handout was not enough to make an assessment on.
- ↪ How might we assess?
- ↪ What are some of the risks of not doing it?



SHARE and review with participants Session 1 Exercise 2 Handout - When Case Management May be Appropriate.

SHARE the key learning points (slide 8).



CHECK if participants have any final questions / comments before moving on.

Exercise 3 – Challenges and Opportunities of Case Management (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to describe when case management may be an appropriate intervention in both emergencies and development contexts.

SAY > We are going to work again in groups to brainstorm the possible benefits and challenges of case management with or without an assessment having been done first. You may want to think about the case management principles as you do this. You will have 15 minutes to come up with a list of challenges and opportunities to share with the group based on your own experience and understanding.

SHARE pens and flip chart with the groups to help them prepare presentations.



PLENARY DISCUSSION > Ask groups to share one opportunity and one challenge each (not repeating points already shared) until all the points have been shared.



WRITE their suggestions on flip chart.

SHARE the challenges and opportunities of developing or introducing case management in emergencies and development contexts and possible alternatives using slide 10 – Challenges of Case Management and 11 - 13 – Introducing Case Management in Emergencies – Challenges (noting the below points after slide 12).

SAY > Can you help me define what informal systems of child protection are in comparison to formal systems?

Formal systems include structures, mechanisms or processes in the system that have some degree of institutionalised organisation and officially recognised/mandated.

Informal systems are structures, mechanisms or processes where functioning is less specifically prescribed, usually at community or family level.

Source: Strengthening National Child Protection Systems in Emergencies Through Community-Based Mechanisms: A Discussion Paper.

SHARE the point 1 of slide 14 - Balancing Competing Priorities.

SAY > For example: increasing understanding of child development to support quality assessments of children's situations. Such skills and capacities can be easily transferred as mechanisms and processes are created or strengthened throughout the child protection system.⁹⁹

SAY > Case management procedures can be highly detailed and complex.

SHARE the point 2 of slide 14.

SAY > When many organisations are working together to coordinate their response and support the government, there can be lengthy negotiation processes to agree forms, protocols and procedures for how all the parties will work together.¹⁰⁰

SHARE the point 3 of slide 14.

99. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

100. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

SHARE Slides 15 – Introducing Case Management in Development Contexts and 16 – Alternatives to Establishing Case Management.



PLENARY DISCUSSION > Use the slides to generate any final discussion points on challenges and opportunities if there is time. Has anybody experienced any of the challenges described in the presentation? How did you overcome them?



SHARE the key learning points (slide 17) and the Session 1 Exercise 3 Handout - Challenges and Opportunities.



CHECK if participants have any final questions / comments before moving on.

Exercise 4 - The Assess / Analyse / Decide Model (40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to recognise the 'assess, analyse, decide' model for designing case management services.

SAY > We have discussed that it is not always appropriate to develop or introduce case management services. We have also looked at some challenges and opportunities of developing or introducing case management services in emergencies and development contexts as well as some alternatives to directly developing or introducing case management services.

In this exercise we are going to look at what you should do if your organisation is thinking about developing or introducing case management services.

Did you make any assessments when deciding whether to start case management where you work?



SHARE the Session 1 Exercise 4 Handout 1 - The Assess – Analyse – Decide Model / slide 19 with participants.

SAY > To explain the module you will need to:¹⁰¹

- Assess the operating environment outside your agency.
- Analyse the capacity and constraints within your agency in relation to case management services within the operating environment assessed.
- Use this analysis to inform your planning and decision making.

You will need to look at the following aspects of the context:

- **Country** – government capacity and existing services (formal system)
- **Community** – community capacity and existing services (informal systems)
- **Child protection needs and access and security issues** (relevant for non-crisis as well if country is large / diverse and if existing child protection needs and security issues interact with those of the emergency) **and existing services** (if the crisis has already been going on for some time).

101. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

When it comes to deciding, you should question:¹⁰²

- Whether case management is an appropriate response in the wider context of existing governmental, non-governmental and community-based child protection mechanisms, in which your agency is working;

And if so:

- How can your agency best contribute to case management services in line with the case management principles, taking external and internal capacities and constraints into consideration?



PLENARY DISCUSSION > Do participants understand the model? Do they feel they could apply the model where they work? Would it be useful?



CHECK if participants have any final questions / comments before moving on.

SHARE the key learning points (slide 20).

Session Conclusion (5 min)



REMINDE participants of the aim and learning outcomes of the session (slide 3) and ask if they feel they have been met.

CHECK if participants have any final questions / comments before moving on.

SAY > With the learning from this session we hope you feel ready to move into looking at and using the 'assess, analyse, decide model' in more detail.

SAY > In the next session we will look at the first step of the 'assess, analyse, decide model' – assessing the context.

¹⁰². Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

SESSION 2 PLAN – ASSESS AND ANALYSE

Aim	Strengthen participant knowledge of what and how to assess and analyse before deciding whether to develop or introduce case management.	
Learning Outcomes	Participants will be able to: <ul style="list-style-type: none"> ➤ List key areas to assess when considering whether to develop or introduce case management services. ➤ Demonstrate how assessment questions may be used in a particular context. ➤ Recognise the capacities agencies need to implement case management. 	
TIME	4 hours	
BODY		
15 min	Participatory Re-Cap – to facilitate at the start of Day 2.	
1 hour 30 min (Page 190)	Exercise 1 - What to Assess? Group work to identify key questions and information sources to assess the context.	Preparation Handouts
1 hour 30 min (Page 192)	Exercise 2 - Using Assessment Information – Group work to assess the context and analyse agency capacity with case study.	Preparation Handouts
45 min (Page 193)	Exercise 3 – Analysing Agency Capacity – Plenary discussions to review key aspects of agency capacity to analyse.	Handout

SESSION 2 – NOTES FOR TRAINER – ASSESS AND ANALYSE

Session Introduction (5 min)

SHARE the aim and learning outcomes for the session (slide 22).

Participatory Re-Cap (15 min)

CHECK participants remember the learning from the day 1 by facilitating a participatory re-cap.

FACILITATOR NOTE > As the training has three sessions spread over two days, you will likely start session 2 at the end of day 1. If doing so, it is best to save the re-cap for the start of day 2.

Exercise 1 - What to Assess? (1 hour 25 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to list key areas to assess when considering whether to develop or introduce case management services.

PREPARATION > Write the five areas that need to be assessed on flip chart.

1. Child protection needs
2. Government capacity
3. Community capacity
4. Existing services
5. Access and security issues

Then write out five flip charts with the following titles for participants to display the sticky notes from their group work on.

Child protection needs	Government capacity	Community capacity	Existing services	Access & security
------------------------	---------------------	--------------------	-------------------	-------------------

SAY > We are going to do some group work for 30 minutes to look at what questions we might need to ask at the assessment stage of deciding whether case management is an appropriate intervention and if so what kind of case management. I will put you into groups and the number of your group will correspond to a category (reveal the flip chart with the five areas) that will be explained in the group work instructions).

COUNT OFF participants into five groups, numbering them 1-5.



SHARE the Session 2 Exercise 1 Group Work - What to Assess (you can put copies on the 5 tables).



GALLERY WALK > Ask each group to display their sticky notes on flip charts (with titles prepared earlier). Do a gallery walk to review each flip chart together as a group and put the sticky notes into categories where possible. For each assessment area in turn review the Session 2 Exercise 1 Handout - Assessment Check List with participants, which provides some questions that may be asked and documents in which you might be able to find some of the answers.



SHARE the Session 2 Exercise 1 - Role of Government and Community in Case Management and take some time to go through it with participants.



PLENARY DISCUSSION > How are you working with the government in case management where you work? How are you working with the community in case management where you work? Can you see anything in the handout that you could do to improve the way that you work?

REMINDE participants to include anything from the handout that they would like to introduce where they work to their Action Plans.

SHARE the key learning points from the exercise (slide 24).



CHECK if participants have any final questions / comments before moving on.

Exercise 2 - Using Assessment Information (1 hour 30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to demonstrate how assessment questions may be used in a particular context.



WRITE on the flip chart the following:

- Group 1 – Children
- Group 2 – Parents and Community Members
- Group 3 – Key Community Stakeholders
- Group 4 – Key Government Stakeholders

SAY > You are going to work in groups for 20 minutes to look at the situation in a specific case study context. You will need to:

- Decide what to ask to local people to help you understand the situation better. You will need to think about one group of people as shown on the flip chart.
- You will then be able to practice asking these questions through role play – one of the facilitators will act the role of the person you are interviewing.
- You will then go back into groups to discuss what you have learned from the interviews to decide what you think the best type of programming would be.

COUNT OFF participants into four groups, numbering them so they can see which group of people their group should prepare questions for.



SHARE the Session 2 Exercise 2 Group Work - Using Assessment Information.



Role Play

PREPARATION > Facilitators playing the roles of the various people to be interviewed should prepare by reading the facilitator notes on the context.

PRESENTATION > Give each group 5-10 minutes of 'interview time'.



Group Work

SAY > Now that you know more about the situation in Haiti, I want you to go back into your groups and decide what you think the best type of programming would be, ready to present this to the group. You will have another 15 minutes to do this.



PLENARY DISCUSSION > Allow participants to share their decisions in plenary. Then facilitate discussion on the following:

- Similarities/differences for each of the different types of programming suggested.
- Why were certain types of programming chosen?

- What assumptions were made?
 - Any expected constraints or challenges? (These might focus on agency capacity as will be discussed in the next exercise).
 - Possible outcomes of this type of response (direct or indirect)?
-

SHARE the Key Learning Points (slide 26).

SAY > What does it mean to triangulate information?

It means cross-checking what different people say about something / say in response to the same question, to get a full picture of what has been said or to verify what the clearest picture of the situation is. You can use this technique when making assessments of individual children and families as part of the case management process as well.



CHECK if participants have any final questions / comments before moving on.

Exercise 3 – Analysing Agency Capacity (40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to recognise the capacities agencies need to implement case management services.

SAY > In this exercise we are going to look at the analysis of agency capacity that needs to take place alongside an assessment of the context to determine:

- If case management is appropriate; and
- If it is, to decide what kind of programming would be suitable.



TURN AND TALK > Participants discuss in pairs for 5-10 minutes the kinds of thing that might need to be considered under the six sections of the Analyse section of the Assess – Analyse – Decide Model:

1. Human resources
2. Financial resources
3. Potential risks of providing case management services
4. Vulnerable population coverage
5. Type of intervention
6. Exit strategy

You may want to assign one of the six sections to each pair.



PLENARY DISCUSSION > Participants share the suggestions they come up with.



SHARE the Session 2 Exercise 3 Handout - Analysing Agency Capacity and Constraints.



PLENARY DISCUSSION > Review the handout and discuss any similarities and differences with what was shared by the pairs.

SHARE the key learning points (slide 28).



CHECK if participants have any final questions / comments before moving on.

Session Conclusion (5 min)



REMIND participants of the aim and learning outcomes of the session (slide 22) and ask if they feel they have been met.

CHECK if they have any final questions before moving to the next session.

SAY > With the learning from this session we hope you feel confident that you could assess the context, to help you decide whether either developing or introducing case management would be appropriate.

SAY > In the next session we will look at the second and final steps of the 'assess, analyse, decide model' – analysing the assessment findings and deciding on the programme design, if it is found that case management would be appropriate.

■ SESSION 3 PLAN – DECIDE

Aim	Build participant knowledge and capacity to decide on and advocate for their chosen programme design.	
Learning Outcomes	Participants will be able to: <ul style="list-style-type: none"> ➤ Propose different options for services that can be delivered suitable to context, based on assessment and analysis. ➤ Justify programme design decisions while advocating for funding. ➤ Design short, medium and long-term case management services. ➤ List the key elements needed to implement case management services. 	
TIME	4 hours	
BODY		
1 hour (Page 195)	Exercise 1 – Decision Making – Group work to decide on the services needed and how the agency can contribute.	Handout
45 min (Page 197)	Exercise 2 - Advocating Your Decision: Participants practice advocating their decision to a donor.	Handout
1 hour 30 min (Page 197)	Exercise 3 – Developing Activities: Participants design activities relevant to the case study context in groups.	Handouts
30 min (Page 198)	Exercise 4 – Implementing Case Management Services: Discussing elements needed to implement case management services – as discussed in Module G2.	

■ SESSION 3 – NOTES FOR TRAINER – DECIDE

Session Introduction (5 min)

SAY > Now that we know what is involved in assessing the context to see if case management is appropriate and we know how to analyse agency capacity to become involved in case management services. We are going to look at how we make a decision to develop or implement case management services.

SHARE the session aim and learning outcomes (slide 30) and exercises according to agenda.



PLENARY DISCUSSION > How do you make decisions around beginning new services normally? How might we make decisions using the ‘assess, analyse, decide model’?

Exercise 1 – Decision-Making (55 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to propose different options for services that can be delivered, suitable to context and based on assessment and analysis.



Group Work

SAY > We are going to do some group work on decision making. You will have 30 minutes to decide which case management services you are going to propose, based on the assessment information and analysis of agency capacity that you discussed in the last session. You will have 5 minutes to present and justify the decision you made.



SHARE the Session 3 Exercise 1 Handout - Decision Making Flow Chart and Session 3 Exercise 1 Group Work - Decision Making.

COUNT OFF > participants into four groups.

PRESENTATIONS > Give participants five minutes to present.



PLENARY DISCUSSION > Facilitate plenary discussion on the following points:

- Each group's decisions and the reasons they give, referring back to the handout where needed.
- Deepen participant understanding of key points in the handout by relating the learning back to the contexts where participants work / have worked.
- Which cases could be handled appropriately and safely at community level in their opinion and why?

SHARE the key learning points (slides 32-33).

SAY > There may be situations in which it is appropriate to establish case management services separate from the formal (government) case management services.

SHARE the first two bullet points of slide 33:

SAY > This is particularly true in conflict-affected humanitarian contexts. Examples of such child protection issues include killing and maiming, abduction, recruitment, detention or sexual violence.

A parallel system is also applicable when:

SHARE the third bullet of slide 33.

SAY > In contexts such as these, additional consideration should be given to defining an exit strategy, including handover and storage of information on children, before initiating a case management services.



CHECK if participants have any final questions / comments before moving on.

Exercise 2 - Advocating Your Decision (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to justify programme design decisions while advocating for funding.

SAY > You have now decided on the type of intervention that you think is appropriate in the context and what your agency's role will be in delivering it. You are now going to have the chance to advocate for this decision to one of your biggest donors.

SHARE Slides 35 – What is Advocacy? – 36 – Three Levels of Advocacy Strategy – 37 – How do we effectively advocate?¹⁰³



Group Work

SAY > You are going to work in the same groups as the last exercise to prepare your advocacy points. You will have 15 minutes for this. You will need to nominate one of your group members to be the advocate, as you will then have 5 minutes to share your advocacy points with the donor, who will be played by one of the facilitators.

SHARE the Session 3 Exercise 2 Group Work - Advocating Your Decision.

PRESENTATIONS > Give each advocate 5 minutes to present while facilitator(s) play the role of the different likely donors for case management programmes in the context (you could adapt the exercise so that one group needs to advocate to government to get their buy-in for the project, if appropriate to context).

SHARE the key learning points (slide 38).



CHECK if participants have any final questions / comments before moving on.

Exercise 3 – Developing Activities (1 hour 30 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to design short, medium and long-term case management activities.

SAY > As well as using our decisions around services to implement in advocating to donors, we may also need to use them to share with head office so they can help us to fundraise or develop a programme strategy.



Group Work

¹⁰³. Adapted from: Child Protection in Emergencies Face to Face Training Package (2014), Child Protection Working Group.

SAY > You are now going to work in groups for 30 minutes to review a summary of an assessment and an analysis of our agency capacity to design activities.



SHARE the Session 3 Exercise 3 Group Work - Developing Activities.

COUNT OFF participants into four groups and number them so they correspond with the groups written on the handout.

PRESENTATIONS > Give each group 10 minutes to make their presentations and to receive any comments and questions from participants and the facilitator(s).



PLENARY DISCUSSION > Facilitate discussion on the following questions as useful:

- What might we need to implement these activities (staffing / resources / partnerships / additional knowledge or training)?
- Have participants implemented activities like this in the past? Would they feel confident to do so? What other case management activities have participants implemented and in what kinds of context?



CHECK if participants have any final questions / comments before moving on.

Exercise 4 – Implementing Case Management Services (25 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to list key elements needed to implement case management services.

SAY > As well as developing activities, what other elements of our plan might we need to develop to get our case management services funded and ready to implement?

SHARE (Participants might suggest the following, if not share them):

- Registration criteria
- Information management systems (case files and case logs, diaries and any electronic systems)
- Other policies and procedures needed (e.g. a child safeguarding policy)
- Human resources (capable / competent caseworkers, supervisors, data management staff, others?)
- Any other resources needed (e.g. for running the information management system, vehicles, office space, etc.)

SAY > We are going to look at these elements in more detail in the next module – G2: Implementing Case Management Services, as even though we will need to include them in our project plan / proposals, they will also be used throughout case management itself.



CHECK if participants have any final questions / comments before moving on.

Session Conclusion (5 min)



SHARE the key learning points of the module (slides 40 and 41).

REMINDE participants of the aim and learning outcomes for the session (slide 30) and ask if they feel they have been met.

SAY > Now you have completed this module you should be able to use the 'assess, analyse, decide' model to design case management programmes that are appropriate to the child protection system in the context, therefore minimising any risks and challenges of case management and maximising your chances of positive outcomes for children and families.



MODULE G.2. IMPLEMENTING CASE MANAGEMENT SERVICES

MODULE AIM:

To provide participants with knowledge and tools to design key elements needed to implement case management services.

TIMING:

7 hours + 1 hour 15 min

LEARNING OUTCOMES:

Participants will:

- Know some examples of registration criteria
 - Be able to use contextual analysis to develop programme specific criteria
 - Be able to design locally specific procedures for case management.
 - Give examples of the different ways data analysis can support programming.
 - Be able to describe the special considerations for human resources and case management.
 - Know resources available to support the development of child safeguarding policies.
 - Optional: Adapt the case management forms needed to implement case management services to the context where they work.
-

SESSION SUMMARY:

Session 1: Implementing case management services

CHILD PROTECTION MINIMUM STANDARDS:

15 – Case Management;
5 Information Management.

CPIE COMPETENCIES:

- Accountability
 - Integrity
-

CPIE COMPETENCIES:

- Accountability
 - Integrity
-

CASE MANAGEMENT COMPETENCIES:

- Have the specific tools for case management (information sharing, information management, data protection). Work and coordinate within a team or network
- Promote participation and cooperation in case management
- Understand the importance of coordination among service providers to deliver holistic support to children.
- Know the theoretical framework needed for working with children and families: Understanding Protection Concerns for Children

RESOURCES:

- Flip chart paper, stand, pens and masking tape
- Participant notebooks and pens
- Laptop, projector (and Internet and Speakers if possible)
- Additional resources for the optional exercises (see below).

Handouts: Enough copies for each participant of:

- Exercise 1 Handout - Action Plan
- Exercise 1 Group Work - Risk Levels
- Exercise 2 Group Work 1 - Vulnerability Criteria
- Exercise 2 Group Work 2 - Risk Levels
- Exercise 2 Handout 1 – Risk Levels
- Exercise 2 Handout 2 – Vulnerability Criteria for Differential Interventions with UASC
- Exercise 2 Handout 3 - Risk and Responsibility Matrix
- Exercise 3 Handout 1 - Considering the Use of a Database for Case Management
- Exercise 3 Handout 2 – Issues to be Analysed
- Exercise 4 Handout 1 - What is included in Information Sharing Protocols?
- Exercise 4 Handout 2 - What can be included in Case Management Procedures?
- Exercise 4 Handout 3 - What can be included in Service Contracts?
- Exercise 5 Handout - Case Management and Human Resources
- Exercise 5 Tool – Competency Framework
- Optional Exercise Handout 1 – Essential and Non-Essential Case Management Forms and their Purposes
- Optional Exercise Handout 2 – Guidance on Customising Paper Forms
- Optional Exercise Handout 2 – Guidance on Customising Paper Forms
 - Module Presentation

■ SESSION G2 PLAN – IMPLEMENTING CASE MANAGEMENT SERVICES

Aim	To provide participants with knowledge and tools to design and implement procedures needed to implement case management services.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Know some examples of registration criteria. ➤ Be able to use contextual analysis to develop programme specific criteria. ➤ Be able to design locally specific procedures for case management. ➤ Give examples of the different ways data analysis can support programming. ➤ Be able to use a competency framework in staff recruitment and capacity building. ➤ Know resources available to support the development of child safeguarding policies. 	
TIME	7 hours + 1 hour 15 mins	
BODY		
15 min (Page 203)	Exercise 1: Introduction – Introducing participants to the module in more detail and action planning that will be done.	Handout
2 hours 30 min (Page 204)	Exercise 2: Vulnerability, Risk and Eligibility Criteria – Practical exercises to develop criteria using case study and group work.	Handouts
1 hour 45 min (Page 210)	Exercise 3: Information Management – Discussing information management and data analysis.	Handout
1 hour (Page 215)	Exercise 4: Protocols and Procedures: Groups review and discuss customisation of protocols and procedures.	Handouts
45 min (Page 217)	Exercise 5: Human Resources – Discussing human resource needs in case management and reviewing the competency framework in relation to recruitment and capacity building.	Handouts
45 min (Page 218)	Exercise 6: Safe Working Practices – Reviewing requirements for programmes.	Internet
1 hour 15 min (Page 220)	<i>Optional Exercise – Customising Case Management Forms – reviewing sample forms and sharing best practice for customising and standardising forms.</i>	<i>Handout</i>

Module Introduction (5 minutes)

SAY > After completing session G.1 you will have considered whether to develop or introduce case management services and practiced deciding on the nature of your project including developing short, medium and long-term activities.

You will have also discussed the capacities agencies need to be able to implement case management services. As well as capacities, there are some essential tools and procedures that agencies should have in place if they are going to implement case management services within the standards set in the Minimum Standards and case management guidelines.

This module aims to help you to design the appropriate case management tools and procedures as part of your child protection services and within the context of the wider child protection system.¹⁰⁴ This includes taking into account the existing processes within the country.

Supervision is an additional process that must also be performed to adhere to the case management guidelines. This is described in more detail in the session G3: Supervision, and targets those who will provide supervision.

SHARE the module aim, learning outcomes (slide 2) and exercises according to agenda.

Exercise 1: Introduction

(10 min)

LEARNING OUTCOMES: By the end of this exercise participants will know some examples of registration criteria and be able to use contextual analysis to develop programme specific criteria.

FACILITATOR NOTE > If you facilitated the optional exercise from Module B: Where We Work from the caseworker modules (where participants mapped out the situation for case management where they work), remind participants of this and facilitate plenary discussion on the gaps in your case management services or in the wider child protection system that participants noted in the exercise.

SAY > Once you have decided that case management is an appropriate intervention, you need to design and implement it within your programme.¹⁰⁵

Four main issues need to be considered:

SHARE Slide 4 – Implementing Case Management Services.

SAY > In this module we are going to look at each of these 4 issues in turn and also at operational procedures / guidelines that can capture all of the 4 issues clearly.

¹⁰⁴. These can be broadly defined as the people, processes, laws, institutions and behaviours that normally protect children, in line with the definition in the CPMS (principle 5).

¹⁰⁵. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

Standard guidance and tools always need some adaptation to the context, so we are going to spend some time discussing what we might need to do where we work to make the tools and procedures discussed in this training module a reality.



PLENARY DISCUSSION > Discuss with participants who should complete the action plan (e.g. if one person is representing each agency they will all need to do it, whereas if there are many participants from one organisation then one or two participants can agree to take responsibility for the action plan, although they can all be involved in its development). Make sure agreement is reached for each agency.



SHARE the Exercise 1 Handout - Action Plan with responsible participants.



CHECK if participants have any final questions / comments before moving on.

Exercise 2: Vulnerability, Risk and Eligibility Criteria (2 hours 30 min)

LEARNING OUTCOME > By the end of the exercise participants will know the difference between vulnerability risk and eligibility criteria and be able to use contextual analysis to develop programme specific criteria.

SAY > The first of the four issues that we discuss in this module is criteria for which children will be registered for case management services. We can also call this 'registration criteria'?



TURN AND TALK > Give participants 10 minutes to discuss the following in pairs:

- Why might be important to set registration criteria?
- How would you go about developing it?
- What criteria might be included?

SHARE Slides 6 and 7 – Why is Criteria Important and slides 8 and 9 – How should criteria be developed.

SAY > Vulnerability is context-specific – just because a child falls into a particular category (for example has a disability) does not mean that they are necessarily vulnerable – it depends on each individual child's situation.¹⁰⁶

SHARE Slide 10 – Criteria should be:

SAY > So your assessment of the context and analysis of agency capacity will come in useful again when developing registration criteria.



PLENARY DISCUSSION > Why is it important for criteria to be relevant to the context?

¹⁰⁶ Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

SHARE the following case study if useful:

Defining Child Abuse in Japan¹⁰⁷

Reported cases of child abuse in Japan increased 17-fold in the ten years between 1990 and 2000 (p.132). Initial low rates of abuse were attributed to the belief that there was 'virtually no child abuse in Japan' (p.133). It was later realised that people were reluctant to report, including professionals obliged under mandatory reporting laws.

Further surveys showed that cases of a practice that can be translated as 'family suicide' (where a parent who was planning to commit suicide would first kill his / her children) (p. 138) were largely suspended (p.137). Socially, parents were seen as being responsible by committing this act (p. 138). This can be explained through consideration of the Japanese cultural belief that children are the 'extension of, rather than separate from, the parent' (p. 139). Essentially the rights of the family came before the best interests of the child.

While a widespread act - and one that would be considered murder in other contexts - family suicide was not considered child abuse by authorities and therefore not reported in national statistics. However, other definitions of child abuse were defined and more widely recognised in society, which caused national statistics to rise.

SAY > (after 'detailed') The criteria may include other sector-related vulnerabilities and risks (e.g. health, shelter) as well as child protection vulnerabilities/risks.¹⁰⁸

SHARE Slide 11 – Criteria should be:



PLENARY DISCUSSION > Do agencies where you work share such criteria already?



Group Work

SAY > You are going to work in groups to develop your own / locally appropriate vulnerability criteria using the information we have discussed so far in this exercise. You will have 15 minutes to do this.



SHARE the Exercise 2 Group Work 1 Handout - Vulnerability Criteria.

COUNT OFF participants into four numbered groups. (Participants could develop the criteria for their own programmes, in which case put them into groups with their colleagues. Alternatively, they can create criteria for the Libya and Haiti case studies used in session G2: Designing Case Management Services).

107. Family and Social Policy in Japan: Anthropological Approaches, (2002), Goodman R., Cambridge University Press.

108. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.



GALLERY WALK > Do a gallery walk of the different criteria that have been set.

SAY > Vulnerability factors do not necessarily indicate a specific level of risk.¹⁰⁹

SHARE the following examples (if appropriate to context):

You may decide that ‘school drop-out’ is one of your vulnerability criteria due to the increased risk of child labour that this can pose. However, this does not necessarily mean that a child who has dropped out of school is at high risk of or actually experiencing child labour. This would need to be separately assessed.

You may decide that ‘HIV/AIDS’ is one of your vulnerability criteria due to the increased medical risk of harm if a child living with HIV/AIDS is neglected. However, this does not necessarily mean that a child who is living with HIV/AIDS is at high risk of or actually being neglected. This would need to be separately assessed.

SAY > Can you think of another example?

So, what this means is that you need to set locally appropriate vulnerability criteria but you also need to set risk levels upon which you will register children / upon which children will become eligible for case management services, otherwise you will over-register and not be able to properly support all the children you have registered.

Again, your criteria *must* be context specific. In some contexts school drop-out may be very unusual, illegal and a major cause for concern, while in other contexts it may be very common, e.g. where school fees have to be paid and there is widespread poverty.

SHARE Slide 12 – Risk Levels.

SHARE the following example of harm to the child in the short / immediate, medium and long-terms:

E.g. some forms of abuse, such as emotional abuse, have a lower impact in the short and medium-term, but over the long-term can be extremely damaging for children.¹¹⁰



SHARE Exercise 2 Handout 1 - Risk Levels (which was also used in caseworker Module E1: Identification and Registration) as an example of risk levels that can be set.



SHARE Exercise 2 Group Work 2 - Risk Levels.



TURN AND TALK > Give participants 15 minutes to complete the exercise.

109. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

110. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.



PLENARY DISCUSSION > Read each short case study aloud and for each one ask for a volunteer to share the risk rating they allocated to the case and to explain briefly why they did so. Suggested risk ratings are provided in the table, and discussion points are provided below the table, to help the facilitator to guide discussion around participant responses.

1 = Low risk 2 = Medium risk 3 = High risk		1	2	3
1	A father slaps his 14-year-old daughter for meeting a boy after school. She has a mental disability.	x	x	
2	An unemployed businessman strikes his wife after a being out all night with his friends. The children are asleep in the next room.	x	x	
3	A 9-year-old boy frequently arrives at school without having eaten any breakfast or dinner the night before. He is not properly dressed.	x		
4	A sports teacher watches the boys go to the toilet.			x
5	A child of 4 has his favourite teddy bear burnt as punishment.		x	
6	A girl of 14 is forced to marry by her parents.		x	x
7	A girl of nine with a severe visual disability is photographed naked by her uncle.			x
8	A boy with a chronic illness needs an operation. His parents deny the operation due to their cultural beliefs.		x	

Discussion Points

- What do cases 4, 6 and 7 have in common that causes them to be placed at the higher end of the spectrum? (They all involve sexual abuse or the risk of it, which is very serious and usually very complicated to respond to).
- Discuss cases 6 and 8 in relation to the cultural and legal context in country. (The national law would take precedence over any cultural belief of a family but where it contradicts cultural belief and practice these cases can be very complicated to respond to and need to be handled carefully to prevent greater risk to the child).
- Discuss cases 1, 2, 3 and 5 in relation to the risk they pose to the child:
 - Case 2 – more information would be required to determine the level of risk this would pose to the child including the frequency of the violence and whether it can be stopped, the impact it is having on the mother, and any impact it is having on the children, including whether they have witnessed it. It is important to note that where domestic violence is occurring children often also get hit.
 - Case 1 and 3 similar to case 2 in terms of the additional information that would be required to be able to assess the level of risk and the possibility that the situation can change.
 - Case 5 indicates a higher level of risk as the reaction of the parent towards a mistake made by a young child seems to be disproportionate, indicating a potential that this parent may react in other severe ways. It is important to remember that long-term emotional abuse can have a significant impact on a child’s wellbeing (as discussed in caseworker Module 1: Foundations).

SAY > You are going to go back into groups to develop your own (locally appropriate) risk levels to go with the vulnerability criteria you have developed. You will have another 15 minutes.



SHARE Exercise 2 Handout 2 - Criteria for Differential Programming for UASC - in case participants will find this useful as another example of eligibility criteria.



GALLERY WALK > Do a gallery walk of the different criteria that have been set.

SAY > For groups unable to complete the criteria, add this to your action plan, including any community consultations you will do.

FACILITATOR NOTE > *If you have time / feel this exercise would be useful go through the following final part of the exercise.*



TURN AND TALK > Give participants 5 minutes to discuss in pairs:

- Would it be necessary / useful / appropriate for specific groups of staff to be responsible for different types of cases?
- Certain child protection issues
- Cases with higher levels of risk

PLENARY DISCUSSION > Participants share their thoughts with the wider group.



SHARE the following to highlight some pros and cons of each approach:

Pros	Cons
More experienced staff can handle more complicated / higher risk cases.	When staffs handling complex/ higher risk cases are on leave a gap may be left.
This gives a sense of job progression to staff, which may help with staff retention.	With gaps in staffing / funding, staff that are not ready to move up may have, to creating tension/risk of bad programming.
You may be able to set slightly smaller caseloads for staff handling the more complex / high risk cases, especially if they are also acting as supervisors.	If different groups of staff handle different issues you will need to invest time; making sure cases are appropriately inter-referred / jointly managed and that staff know procedures to follow, including training staff on the essential information that can help them identify and inter-refer the more complex / higher risk cases.
If more complex / higher risk cases require case conferencing or working with others, such as government social workers, having dedicated staff responsible for these cases may make coordination easier.	
You will not have to train all staff on all the issues the programme responds to in depth.	

SHARE Exercise 2 Handout 3 - Risk and Responsibility Matrix as an example of a tool that can be used to organise case allocation and explain any aspects of it as needed.

PLENARY DISCUSSION > Is this something that you already use / could use where you work?

SHARE Slide 13 – Developing registration criteria involves looking at:

SAY >

- The child protection needs the agency is able to respond to will be decided when you design the case management services, following your assessment of the context and analysis of agency capacity.
- The population group you work with may be refugees, internally displaced people, host communities, non-displaced or hosting communities, urban communities, etc.
- Case management can serve a prevention function - it can also respond to risks that have been identified / risks that a particular protection issue may occur (you may want to refer to the last row of the Risk and Responsibility Matrix if this has been shared). This is often referred to as Early Intervention.

SHARE the following example of early intervention for family separation if appropriate with slide 14 – Criteria for Prevention / Early Intervention.

SHARE the following example if useful:

- Poor housing and alcoholism may be problems leading to the protection concern of family separation / loss of parental care.

SHARE the key learning points (slide 15)



CHECK if participants have any final questions / comments before moving on.

Exercise 3: Information Management (1 hour 45 min)

LEARNING OUTCOME > By the end of the exercise participants will be able to give examples of the different ways data analysis can support programming.

FACILITATOR NOTE > Information management systems can vary greatly from context to context, depending on the way they have been designed. Therefore, this exercise does not focus on specific databases, information management systems or case management systems, although it does describe some systems that can be used. The exercise is designed for use in contexts where participants are not using any information management system currently. If training participants in a context where there is an information management system in place you are encouraged to customise this exercise to suit the context; e.g. you could give participants access to a version of the system(s) that is adapted for training (i.e. does not include real case information) so they can practice using it; You can also provide examples / data sets that can be analysed according to the examples provided in the exercise.

SAY > In setting up case management services you will need to:¹¹¹

- Put in place a safe and confidential system for collecting, storing and sharing information.
- Ensure all your staff understand and comply with information management protocols, including processes for appropriate documentation and record keeping (as discussed in the caseworker modules), database access and use and information sharing.

PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Are you using any tools to help you manage information as part of your current programme? What are they like? What do they help you to do? What are the benefits and challenges with them?
- Have you used any other information systems in the past? What were they like? What did they help you to do? What are the benefits and challenges with them?

SAY > In this exercise we are going to have a look again at tools that can help you to manage your case loads, focussing on databases. We are then going to look at the analysis that might be possible, using the data you collect in your information management system (whether a database or an excel sheet / electronic case log) and what we might use that analysis for. Finally, we are going to look at customising information sharing and data protection protocols to your context.

111. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

Does anybody remember which tools we discussed in Module E5: Follow-Up and Review that can be used to track timeframes in case management? We looked at:

- Case logs to track whole caseloads (paper or electronic – i.e. excel sheets)
- Individual caseworker diaries (again either paper or electronic)
- Databases (built from our case management forms)

SAY > We looked briefly at databases before but will discuss them in more detail now. It is important to distinguish between:¹¹²

- Registration databases (for record-keeping only) and
- Case management databases (for documenting and managing the case management process for individual children – e.g. tracking at what stage they are at and alerting caseworkers of pending actions according to timeframes set).

SHARE Slide 17 – Databases (Information Management Systems).

SHARE > Slide 18 (if participants would like more information on the IA CP IMS).

SAY > The CP IMS can be used as a day-to-day reference tool. For example, if you wanted to visit a child you could use the child's Reference Code to quickly check your IMS for information about his/her address and you could also retrieve his/her case file from the file registry.

FACILITATOR NOTE > As long as managers have participated in training on the caseworker modules they will know about record keeping. If they have not then you may want to cover the content on Documentation and Record Keeping (from Module E1: Identification and Registration) now.

SAY > There are also incident reporting systems that do not record any identifying information but track the general information on the incident affecting the child, to enable data analysis (but case management for the individual child is separately tracked).

If you are thinking of using a database you will need to do the following:

SHARE Slide 19 – Using Databases.

SAY > Fully integrate data staff into the child protection team and include them in capacity-building activities to ensure they understand child protection concerns and response processes, and especially data protection and confidentiality issues.

SAY > Will it always be appropriate to use a database? E.g. do you think a database is appropriate / needed where you work?

SAY > A database is recommended where there is likely to be a high volume of cases and therefore a large amount of information to cope with. Otherwise, a database may not be needed.

¹¹² Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

A paper-based system for recording information (forms stored in case files and possible a paper case log) and a simple spreadsheet / electronic case log for tracking cases and tasks can be good enough.¹¹³

Remember: Databases are tools to support the case management but not case management itself¹¹⁴ – they will not help you to do quality case management but they will help you to keep track of what you do (whether it's quality or not).

Deciding whether to use paper files or an electronic database to store and manage the information collected should be done depending on:

- The size of the case load
- The geographic location of the children and
- The resources available to set up an electronic database system, such as the IA CP IMS.¹¹⁵



SHARE (If participants' agencies are considering setting up a database) and go through Exercise 3 Handout 1 - Considering the Use of a Database for Case Management .

Data Analysis

SAY > As long as you have an electronic system for information management or case management (i.e. a database or an excel sheet / electronic case log) you can generate data that can then be analysed. This can be done by creating a graph or chart.

This can provide you with information on a variety of aspects of case management being done and the relationships between them, including where to target preventative services.

For example, you could create a chart that looked at the number of boys affected by a particular protection concern, compared to the number of girls. Using this for cases of family separation, you might find that more boys are affected than girls (which is usually the case in family separation).



PLENARY DISCUSSION > What might this analysis help you to do?

SAY > Participants might share the following example. If they do not you may want to share them, if appropriate to the context:

For example, it might help you with planning the alternative care system that needs to be established or developed. For example, you may have an interim care centre that needs specific areas for boys and a smaller area for girls that is separate and locked, as well as female staff that are 'on call' to come in if a girl arrives.

113. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

114. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

115. Minimum Standards for Child Protection in Humanitarian Action (2012) Child Protection Working Group, Minimum Standard 5: Information Management



WRITE on the flip chart:

- The aspects of your case management work that could be analysed; and
- What the analysis might help you with.



TURN AND TALK > Spend 5 minutes discussing two points on the flip chart in pairs.



PLENARY DISCUSSION > Discuss the examples they share using the Issues to be Analysed handout, which includes some examples but there are plenty of others that could be shared.



PLENARY DISCUSSION > Will data analysis always tell us the true picture?

SAY > It will not. We need to supervise the work as well (as discussed next).

For example:

- Data can be inaccurate.
 - There may be other factors influencing the data than you had at first noticed.
 - Some caseworkers might not follow the procedures and may close cases without authorisation before they are really ready to be closed.
- Your analysis needs to be verified through going and checking what is really happening before concluding that trend is as it seems.

However, once you know a trend is accurate you can begin using the data for the reasons we have just discussed:

- Designing your programme, including prevention and response activities.
- Hiring, training, supervising and managing staff.
- Fundraising for more resources and using existing resources better.

SAY > I now want us to look at two different kinds of analysis we can use:



WRITE on flip chart:

- **Trend Analysis**
- **Cross-Referencing**

SAY > Do you know what either of these terms mean?



WRITE on the flip chart:

- **Trend Analysis** – allows you to look at how data changes over time.
- **Cross-Referencing** – comparing two questions to see how they are inter-related.

SAY > Can you suggest an example of either trend analysis or cross referencing?

SHARE the following examples if participants don't share them and if relevant to context (available as Exercise 3 Handout 2 – Issues to be Analysed):

Trend Analysis – For example, you might look at the reported cases of children associated with armed forces and groups over a six month period.

This could help you to analyse whether:

- The incidence of child recruitment has gone up
- Reports of child recruitment have gone up (e.g. because people have heard about or gained trust in your service)
- There has been some release/escape from fighting forces leaving children free to return.

Cross Referencing – An example from Zimbabwe – They used a monthly case file audit tool - the Quality Case Files Tool - to monitor the quality of documentation by different caseworkers. This was then cross referenced with population data per location which showed that caseworkers achieving lower quality documentation were in districts with larger populations; the number of caseworkers was the same in every district despite the varying populations of each district. This meant that caseworkers in heavily populated districts had more cases and less time for documentation and record keeping. Discussions were held with donors to see if more caseworkers could be secured for larger districts.

SAY > What you can analyse from the data you enter into your system(s) will depend on:

- What data you have collected, which is determined by how you have designed your case management forms.
- How clearly you have entered the data into your information management system.

For example, if you record the age of some children and the date of birth of others, you would need to clean all of your data before you could make an analysis based on age. If you do this some years after the children are registered and you did not record the registration date, you will not know if children are the same age as when registered.

For example, you customise your system so you can track which referrals have been made and when to follow them up. If you then adapt this form, so it is broken down by the agencies you refer to, you can see which referrals are working well and which are working less well. You can then work on resolving problems with agencies where referrals are working less well. (The CP IMS Services Provided Form can be used for this).

There are some simple things you can do to help you provide the basic data analysis.

SHARE Slide 21 – Organising Data to Support Simple Data Analysis.

SAY > This can easily be done in a database or spreadsheet / electronic case log.



PLENARY DISCUSSION > Can you think of other things data analysis can be useful for?

SHARE the slide 22 – What Data Analysis Can Be Useful For - and the examples below if helpful/appropriate to context:

Managing large caseloads – If you have a large caseload and you are not keeping track of what you have done, risk levels and associated timeframes you may:

- Be quickly overwhelmed.
- Not respond to the most urgent cases.
- Compromise the community's understanding of your work.
- Reduce your chances of receiving community referrals of identified children.

Monitoring and Evaluation – Using the non-identifying data from your caseload you can provide clear analysis to monitor and evaluate your programme. For example, in Liberia caseload data was used to measure the success of programmes to reintegrate children associated with armed forces and groups, e.g. enrolment, completion, drop out and jobs secured afterwards - for catch up education, vocational training and life skills activities.

Advocacy to help children – For example, in Sri Lanka non-identifying caseload data was used to lobby fighting forces of all kinds to end child recruitment.

Caution: Using data for lobbying can carry risks and needs to be very carefully thought through before making a decision to do it, including a full risk assessment. In many contexts it may be safer to respond to cases and not speak out, or to just advocate but not speak out; doing both can pose a risk to children, staff and community members you are working with.

Advocacy for funding – Data analysis can help you to show the positive results of your case management work. For example, if your positive response to a high profile case results in an increase in reported incidents of the same kind of case. You might also be able to show that you have been meeting timeframes agreed in case management procedures, or which services you have provided.

SHARE the key learning points (slide 23).



CHECK if participants have any final questions / comments before moving on.

Exercise 4: Protocols and Procedures (1 hour)

LEARNING OUTCOME > By the end of the exercise participants will be able to design locally specific procedures for case management.

SAY > Sharing information that you generate needs to be very carefully thought through, which is why we have Information Sharing Protocols.

REMINDE participants of what was covered on data protection and information sharing protocols in the caseworker modules. (It was mainly justifying their purpose and how they relate to the case management principles – a sample data protection protocol / or the locally customised version was also shared).

SHARE Slides 25 – 26 on data protection and information sharing protocols:

SAY > In terms of how long information should be stored, this may be subject to legal provisions within the country as well as the specific protection concerns or issues the child faces. In the case of adoption cases or alternative care situations, information may need to be stored long beyond the closure of the case.¹¹⁶

116. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

SAY > In setting up a case management service, a safe and confidential system for collecting, storing and sharing information is imperative. You need to ensure that all staff understand and comply with data protection and information sharing protocols.¹¹⁷

SAY > We are now going to have a look at these protocols again and at general case management procedures to see what we think might be included where you are working.



WRITE on flip chart:

- Data protection protocol
- Information sharing protocol
- Case management procedures

SAY > You are going to work in small groups to look at one of the above tools and discuss what you think should be included in it. Be as detailed as possible. Make your suggestions relevant to the places where you work and the challenges you face if possible. (It may be most useful to put participants into groups with others they are working with / in similar contexts / locations to). You will have 15 minutes to do this.

Case management procedures will include your data protection and information sharing protocols but will also include other key useful information.

COUNT OFF participants into 3 groups (you can let them choose their group).



SHARE the Exercise 4 Tool 1 and Tool 2 - Sample Information Sharing Protocol and Sample Data Protection Protocol with any participants that do not still have theirs from the previous sessions.

PRESENTATIONS > Take 20 minutes for group presentations and discussions.



SHARE Exercise 4 Handout 1 - What is Included in Information Sharing Protocols and Handout 2 - What Can be Included in Case Management Procedures (sometimes called Standard Operating Procedures or SOPs).

SAY > What you include will depend on:

- Whether your procedure will be internal or interagency.
- How long/short you want it to be (training on the procedures for staff will be needed however short it is).
- How far you have developed your child protection mechanism.

Whether you include definitions / terms and guiding principles will depend on whether these differ from the case management guidelines; for example, if different terms are used locally and differences need to be clarified.

SAY > There is one other tool that you may want to add to your case management procedures: Service Agreements. These support your referral processes, which we looked at in the caseworker Module E4: Implementing the Case Plan.

¹¹⁷. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.



SHARE Exercise 4 Handout 3 - What is included in Service Contracts and go through it with participants.



PLENARY DISCUSSION > Are you using any service contracts/agreements as part of your current programme? What are they like? What do they help you to do? What are the benefits and challenges with them?

SAY > I want you now to add one or all of the following to your action plans:

- Data protection protocols
- Information sharing protocols
- Case management procedures:
 - State whether these will be internal or interagency;
 - Note any service agreements needed.

SHARE the key learning points (slide 27).



CHECK if participants have any final questions / comments before moving on.

FACILITATOR NOTE > If you are going to use the optional exercise it works best if facilitated now.

Exercise 5: Human Resources (45 min)

LEARNING OUTCOME > By the end of the exercise participants will be able to describe the special considerations for human resources and case management.



Group Work

SAY > You are going to work in four groups for 15 minutes to discuss one of the following topics each.



WRITE the following topics on flip chart.

1. Staff Qualifications
2. Staff Competencies and Skills
3. Staff Training
4. Staff Numbers

- Discuss and Answer: What is important and relevant to case management programmes in relation to your group's topic?
- Prepare a short presentation for the group.

PRESENTATIONS > Give each group 3-4 minutes each to present. Invite one or two comments / questions from participants after each if there is time.



SHARE the Exercise 5 Handout - Case Management and Human Resources.



PLENARY DISCUSSION > Facilitate discussion on:

- Any points the group have missed from the handout.
- Is the guidance is relevant where they work?
- Could they apply the guidance where they work?



SHARE the Exercise 5 Tool - Competency Framework and give participants some time to go through it and ask any questions / make any comments they have.

SAY > This is the list of competencies that caseworkers, including their supervisors and managers, should have. The competency framework can be used in staff recruitment, capacity building and in Supervision.



PLENARY DISCUSSION > Its use during supervision will be discussed in session G3: Supervision but how do you think it might be used in recruitment and capacity building?



SHARE the key points on using competency frameworks on slide 29.

CHECK if participants have any further questions / comments on using the competency framework.

SHARE the key learning points (slide 30).



CHECK if participants have any final questions / comments before moving on.

Exercise 6: Safe Working Practices (40 min)

LEARNING OUTCOME > By the end of the exercise participants will know resources available to support the development of child safeguarding policies.

SAY > The final issue you need to consider to be able to implement case management services safely and according to standards is 'Safe Working Practices'.

This includes consideration of both:

- Mandatory reporting requirements (in context where this is applicable) and
- Child safeguarding procedures

PLENARY DISCUSSION > (Only if Mandatory Reporting is applicable in the context): Mandatory reporting was already discussed in the caseworker Module B: Case Management Principles. Do you remember what was covered?

SHARE (Only if Mandatory Reporting is applicable in the context): Slides 32 and 33.

SAY > (Whether or not mandatory reporting requirements are in place in the context): Your agency may choose to make reporting of certain child protection concerns mandatory, in line with your child protection policy (sometimes called child safeguarding policy) /staff code of conduct.¹¹⁸



PLENARY DISCUSSION (Whether or not mandatory reporting requirements are in place in the context):

- Does your organisation have any codes of conduct, child safeguarding policies.¹¹⁹
- Have you signed the UN Secretary General's bulletin on protection from sexual exploitation and abuse (PSEA)?¹²⁰

SAY > Codes of conduct / child protection (or safeguarding) policies and the UN Secretary General's Bulletin on PSEA:

- Are directly linked to child rights, child protection and accountability;
- They help us keep children safe from harm within our own organisations.

SAY > (If there are agencies that do not have a child safeguarding policy) A child protection / safeguarding policy sets out what steps the organisation will take to prevent threats to children from within their organisation (by their staff / volunteers / visitors) and also how they respond to concerns regarding the protection of a child.¹²¹



PLENARY DISCUSSION > Why do you think a child safeguarding policy is needed? (This is an important question as a lot of people don't believe child abuse can take place from within an organisation).

SHARE Chapter 3: What would make children feel safe in your organisation? 3 minutes 52 seconds – 10 minutes 1 second (6 minutes 9 seconds total), available from: <http://vimeo.com/41364727> and on slide 22. The video explains the practical steps organisations can take to make children safe in the organisation.

SAY > At minimum, your agency should have codes of conduct in place for staff, including expectations about reporting concerns, and data protection protocols. You must ensure that caseworkers sign up to these commitments and understand the implications for their work.¹²² If you do not have a child protection / safeguarding policy in your agency this is something you need to add to your action plan now.

SHARE the link to the following resources using slide 34 (and below).

- Keeping Children Safe toolkit where participants can access all the material needed to design and implement their policy: <http://www.keepingchildrensafe.org.uk/toolkit>.
- Safeguarding Children in Emergencies Pocket Guide, which is an easy to digest version of the full toolkit for busy emergency managers: <http://www.keepingchildrensafe.org.uk/sites/default/files/KCS%20emergency%20pocket%20guide.pdf>

118. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

119. <http://www.keepingchildrensafe.org.uk/>

120. <http://www.un.org/en/pseataaskforce/overview.shtml>

121. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

122. Inter Agency Guidelines For Case Management & Child Protection - The role of case management in the protection of children: A guide for policy & programme managers and caseworkers (2014) Case Management Task Force, Section 2.

SHARE the key learning points (slide 35).



CHECK if participants have any final questions / comments before moving on.

Optional Exercise – Customising Case Management Forms¹²³ (1 hour 15 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to adapt the case management forms needed to implement case management services to the context where they work.

PREPARATION > Ask participants to bring blank copies of their case management forms. Make print outs of the Guidance on Customising Paper Forms handout.

If possible have one laptop per group and a flash drive / internet access available for the exercise so that forms do not have to be printed (there are many). If this is not possible, print out the template forms described (if using printed forms, you may need to restrict the exercise to just the essential forms).

SAY > We have already discussed the value of having standard forms between agencies. The purpose of this exercise is for participants to have reviewed the forms that are needed to implement case management services and know how to adapt the forms to the context where they are working.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Which case management forms are essential for all the case management steps to be completed to minimum standards?
- What is the purpose of each of these forms?



SHARE the Optional Exercise Handout 1 – Essential and Non-Essential Case Management Forms and Their Purpose.

SAY > I would like you to think about:

- Which of the essential case management forms are not being used in your case management services at the moment?
- Which of the non-essential case management forms, or forms for specific child protection needs, are not being used in your case management services but you would like to use?

SHARE the slides 37 – Standard Forms, 38 – Standardising and Harmonising Forms and 39 – Simple Forms.

SAY > Once you are sure that you need to create a new form the following steps should help you to do this in the most straightforward and organised way possible, for the best outcome:

SHARE Slide 40 and 41 - Customising a Form / Creating a New Form.

123. Adapted from: Training Manual Inter-agency Child Protection Information Management System (2012) A. Brusanti and L. Haines for UNICEF, Save the Children and the International Rescue Committee, available from: <http://www.childprotectionims.org/>

SHARE Optional Exercise Handout 2 - Guidance on Customizing Paper Forms and review as a group if there is time / it is appropriate.



Group Work

FACILITATOR NOTE > If you are already at the stage of wanting to develop standardised forms across agencies you can do so with this exercise, but you will need to schedule more time, as you will need to review the templates and the existing forms of one or more agencies. Participants must consider both their individual agency's needs and the best way to ensure viable inter-agency usage of the forms.

SAY > You are going to work in groups to customise the form based on the guidance just provided in the slides and handout. You will have 30 minutes for this.

COUNT OFF participants into groups. (Groups can either represent each agency – useful if there are multiple agencies attending all with some forms they need to develop – or if you there is just one agency and a lot of forms to develop they can get into small groups and review one form each).



SHARE the template forms (as relevant).

SHARE Slide 42 – Implementing New Forms and the key learning points (slide 43).

SAY > Make a note of any actions you need to complete in your action plans. If interagency forms need to be completed you may need to form a small taskforce.



CHECK if participants have any final questions / comments before moving on.

Module Conclusion (5 min)



REMIND participants of the aim and learning outcomes for the (slide 44) module and ask if they feel they have been met.

SAY > Now you have completed this module you will be able to complete your action plan and begin implementing a case management programme that is fully in line with the case management guidelines!

SAY > If you are also going to be performing a supervisory role you may also need to complete the Supervision Module, but if not you have now completed the case management training. Thank you very much for your participation throughout the training.



MODULE G.3. SUPERVISION

MODULE AIM:

For participants to understand the role of a supervisor, gain skills and learn tools for supervision.

TIMING:

5 hours 30 min

LEARNING OUTCOMES:

- Know the function and purpose of supervision in case management.
 - Demonstrate the use of a Reflective Practice record to prepare for supervision.
 - Use the Supervised Practice Framework as part of supervision.
 - Distinguish between the role of a manager and the role of a Supervisor.
 - Demonstrate active listening techniques in the context of supervision.
 - Provide feedback in a way that is clear and constructive.
 - Know how to facilitate a case management meeting with caseworkers.
-

SESSION SUMMARY:

Session 1: Understanding and Managing Supervision

CHILD PROTECTION MINIMUM STANDARDS:

15 – Case Management

CASE MANAGEMENT GUIDELINES COMPETENCY:

Know and question yourself
Work and coordinate within a team or network

RESOURCES:

- Flip chart paper, stand, pens and masking tape
- Participant notebooks and pens
- Laptop and projector

Handouts: enough copies for each participant of:

- Exercise 1 Handout - Function and Purpose of Supervision in Case Management
- Exercise 2 Tool 1 - Reflective Practice Record
- Exercise 2 Tool 2 - Supervised Practice Framework
- Exercise 3 Handout 2 – Roles of Supervisors and Caseworkers
- Exercise 4 Handout - The Grow Model
- Exercise 5 Handout - Giving Feedback
- Exercise 5 Group Work - Feedback to be Given
- Exercise 6 Group Work - Case Management Meetings
- Exercise 6 Handout - Case Management Meetings Case Studies
 - Module Presentation

■ SESSION G3 PLAN – UNDERSTANDING AND MANAGING SUPERVISION

Aim	For participants to understand the role of a supervisor, gain skills and learn tools for supervision.	
Learning Outcomes	<ul style="list-style-type: none"> ➤ Know the function and purpose of supervision in case management. ➤ Demonstrate the use of a Reflective Practice record to prepare for supervision. ➤ Use the Supervised Practice Framework as part of supervision. ➤ Distinguish between the role of a manager and the role of a supervisor. ➤ Demonstrate active listening techniques in the context of supervision. ➤ Provide feedback in a way that is clear and constructive. ➤ Know how to facilitate a case management meeting with a team of caseworkers. 	
TIME	5 hours 30 min	
BODY		
40 min (Page 224)	Exercise 1: Supervision and Case Management: Discussing the role of supervision in case management and who it targets.	Handout
1 hour 10 min (Page 225)	Exercise 2: Supervision Tools: Introducing the Reflective Practice Record and Supervised Practice Framework.	Handout
40 min (Page 226)	Exercise 3: Management and Supervision: Discussing the role of Manager and Supervisor and challenges performing both roles.	Handout
1 hour (Page 226)	Exercise 4: Skills for Supervision - Active Listening: Learning about and practicing active listening using the Supervised Practice Framework.	Handout
45 min (Page 229)	Exercise 5: Skills for Supervision – Communication and Feedback: Learning about and practicing giving feedback.	Handout
1 hour (Page 231)	Exercise 6: Supervision Tools: Learning how to facilitate Case Management Meetings.	Handout

■ SESSION 1 NOTES FOR TRAINER – UNDERSTANDING AND MANAGING SUPERVISION

Session Introduction (5 minutes)

SAY > This session will introduce you to the concept of case management Supervision and the skills and tools you need to perform Supervision. We will also discuss the differences in the role of managers compared to supervisors for those of you who are planning to perform both roles.

SHARE the module aim and learning outcomes (slide 2) and exercises according to agenda.

Exercise 1 - Supervision and Case Management (35 min)

LEARNING OUTCOME > By the end of this exercise participants will know the function and purpose of supervision in case management.

SAY > I want you to write words or a sentence on sticky notes that explain what you think supervision is in relation to case management; When you are finished come up to the front to put your sticky note on the flip chart. (Briefly re-organise the sticky notes while reading through them as participants sit back down).

REVIEW the sticky notes with the group. (Do not comment on whether they are correct or incorrect).



SHARE Function and Purpose of Supervision in Case Management handout, which has the same content as slides 4 – Supervision of Casework and Individual Cases, 5 – Support for Personal Wellbeing, 6 – Support for wider processes, 7 – Supervision has the following functions, 8 – Confidentiality and Supervision and 9 – Who Receives Supervision - in case you wish to display any to discuss in depth.

SHARE the key learning points (slide 10).



CHECK if participants have any final questions / comments before moving on.

Exercise 2 - Supervision Tools (1 hour 10 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to demonstrate the use of a Reflective Practice record to prepare for supervision and use the Supervised Practice Framework as part of supervision.

SAY > We are now going to review two supervision tools that you can use with caseworkers in Supervision. The first is the Reflective Practice Record.

SHARE the Exercise 2 Tool 1 - Reflective Practice Record and review the tool with participants.

SAY > The purpose of the Reflective Practice Record is for participants to record their thoughts, feelings and activities after a significant event as part of casework. This may be a meeting with a child and family, a new development in a case, something that challenged their safety, a case conference. They could really discuss any event that they would like to reflect on and discuss with their supervisor. Or, the supervisor can suggest an event that they feel would be useful for the caseworker to reflect on.

The caseworker can then reflect on this event and share their reflections with you during supervision. You can then use Active Listening to help them to try to come to a solution to the challenges identified (as we will discuss later on).



CHECK participants understand the tool and each of the questions included in it.



PERSONAL ACTIVITY > Give participants 10 minutes to practice using the tool with a case or event they found challenging during casework in the past. This should not be something that they will find upsetting if possible, and should not risk a confidentiality breach, as it will be discussed later in the training environment rather than in a closed, confidential setting as it would be in real supervision.



PLENARY DISCUSSION > Discuss participants' feeling in response to the following questions:

- How did you find completing the Reflective Practice Record?
- Can you imagine using this in future?
- Can you imagine discussing this with your caseworkers as part of supervision?

SAY > We are going to have chance to practice using the tool in a later exercise but first we are going to review the Supervised Practice Framework, which is the main supervision Tool we are going to share in this module and the tool that would capture the key points of discussions that come out of using the Reflective Practice Record.



SHARE Exercise 2 Tool 2 - Supervised Practice Framework and review the guidance information (pp. 1-3) with participants.



PERSONAL ACTIVITY > Give participants 15 minutes to complete the competency ratings for some competencies in the framework so they get a feel of the framework.

SHARE the key learning points (slide 12).



CHECK if participants have any final questions / comments before moving on.

Exercise 3 - Management and Supervision (40 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to distinguish between the role of a manager and the role of a supervisor.



TURN AND TALK > Considering the purpose and function of supervision as discussed earlier, participants talk in pairs for 10 min about the role supervisors should play compared to the role managers should play.



PLENARY DISCUSSION > Participants share the key points of their discussions.



WRITE any points that are correct on flip chart (see handout):

Roles of Supervisors	Roles of Managers

SHARE Slides 14 - 17 – Challenges balancing case management and casework supervision, 18 – who can supervise - and Exercise 3 Handout - Roles of Supervisors and Caseworkers.

SHARE the key learning points (slide 19).



CHECK if participants have any final questions / comments before moving on.

Exercise 4: Skills for Supervision: Active Listening¹²⁴ (1 hour)

LEARNING OUTCOME > By the end of this exercise participants will be able to demonstrate active listening techniques in the context of supervision.

124. Adapted from the Coaching Toolkit for Child Protection in Emergencies: Guidance and Tools for Coaches based on experience from the Child Protection Trainee Scheme (2009), Tony Dines for Save the Children UKv

SAY > The best approach to supervision is to use active listening and effective questioning so caseworkers can reflect on their performance, come to their own conclusions and make their own decisions about how to develop and improve.

SAY > Active listening skills are as relevant in supervision as they are in casework.

SAY > Do you remember learning about active listening before?



PLENARY DISCUSSION > What do you know about active listening?

SHARE that:

- Active listening is a process used to encourage caseworkers to explore and discover for themselves:
 - What their major issues are.
 - What they might consider doing about them.
 - The steps they will take as a result.

- Active listening involves:
 - Positive body language.
 - Using open, closed and 'why' questions appropriately.
 - Paraphrasing what is said, reflecting feelings and summarising facts.

These are all things we discussed in Module D: Communicating with Children.



CHECK participants remember each of these techniques.

SHARE the following information through participatory presentation:

Let caseworkers try to solve problems themselves first: It is best to let the caseworker first try to solve the problem themselves. People learn better if they try to solve a problem themselves rather than just being given the answer. To do this you need to hold back from giving advice and guidance at first. We want caseworkers to learn to problem solve, rather than to believe there is an answer to everything and it comes from you! What happens when you are not there?

Help caseworkers become comfortable with uncertainty: In casework we might receive a case that presents in the same way five times. The second time we might think – I know this case and I can solve it this way! But then we realise that every case develops differently and requires a different response. We need to be comfortable with this uncertainty as uncertainty is a core characteristic of case management and the sooner we realise this the more confident we will be.



Reinforce the need to listen actively to understand each situation in full: This is why we begin case work with an assessment, which involves asking a lot of questions, so we can understand the situation as best we possibly can. The same approach applies to supervision. We need to ask questions before we can really know what is going on and in doing this caseworkers may be able to come up with an answer themselves.

Comfort with uncertainty and application of the case management principles are key strategies for helping caseworkers confidently manage challenging cases: We need to build the instincts of caseworkers to be comfortable with uncertainty and to be confident in applying the case management principles (most importantly), and process, to many different situations. All will have different outcomes but as long as we have followed the principles we will not have caused any harm even if the case has been difficult to solve.

Ensure caseworkers are clear about this approach (of them solving problems before you give advice) or they may become frustrated!



PLENARY DISCUSSION > Will the approach of not giving advice always be relevant?

SAY > If there is an urgent case to respond to you may need to be directive at times, but when clear time is set aside for supervision you can take a step back, actively listen to the caseworker and see what solutions the caseworker can devise themselves.



Group Work

PREPARATION > It is best to prepare a participant to participate in the demonstration ahead of time by:

- ↳ Asking if they would be willing
- ↳ Asking them if they can think of a problem they would feel comfortable discussing in front of the group.
- ↳ Checking the nature of the problem is so that you can be sure it is appropriate.

SAY > The Grow Model is good for using our active listening skills to help caseworkers solve problems they are struggling with.



SHARE the Exercise 4 Handout 1 - Grow Model with participants and review it together.

SAY > I need a participant to volunteer to demonstrate the grow model by sharing a problem they have to the group while you role play being the 'Supervisor'.

SHARE the demonstration for around 5 minutes, covering each of the stages.

SAY > You now have 20 minutes to practice the GROW Model in pairs, with 10 minutes each acting as the Supervisor. You can use the scenario that you reflected on with the Reflective Practice Record if that helps.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- How did you find using the GROW model?
- Do you use any techniques like this already?
- Do you think you would use the model where you work?

SHARE the key learning points (slide 21).



CHECK if participants have any final questions / comments before moving on.

Exercise 5 - Skills for Supervision: Communication and Feedback (45 min)

LEARNING OUTCOME > By the end of this exercise participants will be able to provide feedback in a way that is clear and constructive.

SAY > After we have listened to caseworkers and used active listening to help them overcome a particular challenge, we may need to give some feedback of what we have observed, if they have not already been able to identify the challenge or solution to the problem themselves.

SHARE Slide 23 - Feedback.

SAY > Constructive feedback is used to identify areas for improvement, and actions that could achieve that improvement. In supervision you will often need to use constructive feedback, but always give purely positive feedback where it is due.

SAY > Do you have any advice / tips / pointers for giving effective feedback?



WRITE participant suggestions on flip chart.

SHARE Slide 24 - Feedback.



SHARE the Exercise 5 Handout - Giving Feedback¹²⁵ and review it with participants.

125. Working with Children and their Environment (no date) Terre des Hommes: <http://tdh-childprotection.org/documents/working-with-children-and-their-environment>.



Group Work

SAY > You are going to role-play a situation where feedback is given and received.

One person will play the 'Supervisor'. The other the 'Caseworker'. You will then swap roles.

When you are playing the Caseworker you will bring the situation you reflected on earlier using the Reflective Practice Framework to the supervision session. The Supervisor will listen to what was said and then provide feedback on what they observed (you will need to imagine that they present during the situation described). The person playing the Supervisor will choose one of the types of feedback described in the handout and they will give this feedback to you.

So, the person practicing here is the Supervisor as they are practicing giving the feedback. How to say it, how to structure it, etc.

For the Caseworker, you cannot practice receiving the feedback as the feedback you will receive is not real. You may want to react in the way you feel you would in real life, to make it more real for the person playing the Supervisor, but leave them enough space to practice without your 'character' getting in the way.

You will have 10 minutes before swapping roles then another 10 minutes in your reversed roles.



SHARE the Exercise 5 Group Work - Feedback to be Given.

COUNT OFF > If you think that some participants are likely to be more comfortable / confident giving feedback than others you can let these participants go first at playing the Supervisor: Ask participants to line up according to their level of comfort in giving feedback; divide the group in two with those more confident labelled Supervisor first and those less confident labelled Caseworker first. This way 'Caseworkers' can learn from Supervisors, or take their time as Caseworker to become more comfortable.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- ➔ How did you find the exercise?
- ➔ Do you feel ready to provide constructive feedback to your Caseworkers now?

SHARE (If participants have remaining concerns about giving constructive feedback) The following pointers in response to concerns raised.¹²⁶

SAY > We often avoid telling people unpleasant things because it can make us feel bad, or we find it uncomfortable to cope with another's distress / anger. An essential question to ask ourselves in this situation is: Can we afford not to give feedback?

¹²⁶ Working with Children and their Environment (no date) Terre des Hommes: <http://tdh-childprotection.org/documents/working-with-children-and-their-environment>.

Will they get very upset and, if so, how will we deal with it? In practice, this is not likely to happen often. If someone does get upset you can show that you genuinely empathise with the person's feelings and distress without changing the points you are trying to make. You can offer to give the person a short break to give them some time to compose themselves. If you are concerned that the person may have a violent reaction to your feedback, make sure you are within calling distance of help, and arrange your seating in such a way that you are nearest an exit.

Will it affect the relationship with that person in a lasting way? Giving constructive feedback should not affect your relationship with that person, if you have a good working relationship with them and if you give the feedback in a skilled way. Sometimes it can improve the relationship because you can discuss issues openly and you are interested in the development of that person.

Will they hear what we say, or will they distort it? Check whether you have been heard accurately by asking the person to paraphrase what you have said to them and by giving them a chance to comment. It is always useful to paraphrase their comments back to them too, to check you have fully understood them. Make it clear that you intend to understand them and their views.

Will it really affect the way they behave? This depends on whether they accept the feedback or not. In the final analysis, people must make their own decisions whether or not to accept the feedback offered to them. If they do not, it will be vital to clarify boundaries, conditions of the CPTS and other management requirements. Someone may not accept the feedback, but if that means they refuse to make the required behaviour changes, the consequences need to be clearly pointed out. Sometimes the person accepts the feedback at the time, but then does nothing to change their behaviour. This will usually be because they have left the feedback session without clear objectives, or without a step-by-step action plan to enable them to implement those objectives. Giving feedback is not an end in itself but the beginning or continuation of a process between two people.

SHARE Slides 25 – Concerns with giving feedback and 26 – failure to give constructive feedback can result in - and the key learning points (slide 27).



CHECK if participants have any final questions / comments before moving on.

Exercise 6 - Supervision Tools: Case Management Meetings (55 min)

LEARNING OUTCOME > By the end of this exercise participants will know how to facilitate a case management meeting with a team of caseworkers.



PLENARY DISCUSSION > What do you understand a case management meeting to be?



WRITE points participants share that are correct on flip chart.

SHARE Slides 29 – 30 – Case Management Meetings.



PLENARY DISCUSSION > Facilitate discussion on the following:

- Have you been involved in case management meetings before?
- How was it handled? What did it include?
- Why would involving management in those meetings be necessary?

SAY > Participation of managers in case management meetings is essential so that:

- Case load backlogs, or other areas where the case management guidelines are not being adhered to, are identified and management implications for clearing them recognised (e.g. closer supervision of supervisors, hiring more staff, re-setting vulnerability criteria with communities – to be discussed later in the module)
- Operational obstacles to case management can be addressed.
- Needed support to supervisors and the wider team (including training) can be identified.
- Challenges relating to coordination with other agencies can be identified.
- Analysis of the caseload can be shared with caseworkers and considered in relation to wider programme planning.
- Additional services the programme needs to fundraise for can be shared.



Group Work¹²⁷

SAY > We are going to practice role playing a case management meeting now.

You will be divided into two large groups and allocated a challenging case to discuss. Each group will have two caseworkers who will present cases, a supervisor who chairs the meeting and other caseworkers participating. You will have 25 minutes.



SHARE the Exercise 6 Group Work - Case Management Meetings with participants and the Exercise 6 Handout - Case Management Meetings Case Studies with the participants playing the role of the caseworkers whose cases will be discussed (they will choose one case each).

COUNT OFF participants into 2 large groups and number them.



PLENARY DISCUSSION > Facilitate discussion on the following questions:

- Did the caseworkers find the discussion helpful?
- Did the other caseworkers find this helpful?
- Did the Supervisors find it easy to chair the discussion?
- Would it be easy / difficult / helpful in real life?
- Did the caseworkers share any identifying information about the case?

SHARE the key learning points (slide 31).

127. Adapted from: Case Management Training Jordan (2013), UNHCR, Save the Children and UNICEF (unpublished).



CHECK if participants have any final questions / comments before moving on.

Module Conclusion (5 min)



REMIND participants of the aim and learning outcomes (slide 32) for the module and ask if they feel they have been met.

SAY > Now you have completed this module you will be able to begin working as a supervisor.

SAY > You have now completed the case management training package!



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■ MODULE D. REFERENCES:

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■ MODULE G. REFERENCES:

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