



Ministry of Gender Equality and Child Welfare

Case Management Training

Facilitator's Guide

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4Children
Coordinating Comprehensive Care for Children



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Introduction

This document is a guide to all trainers who will be training social workers on the use of the Case Management Operations Manual (CMOM).

This is an updated version inclusive of feedback from the Training of Trainers workshops conducted in April and October 2017, input from the facilitators, as well as from lessons learnt from the pilot of the CMOM in Kavango East and West

It is expected that all trainers will use this guide when rolling out the training of the CMOM to other social workers. However, it should be stressed that it is a guide, and trainers will be expected to bring their own experiences to the facilitation, to understand their teams need and to make the training as practical as possible.

How to use this training guide

The training guide provides:

- A three-day Case Management Training of Trainer course.
- An agenda with space to learn, practice and reflect on implications for rolling out.
- Suggested times and guidance on how to conduct each session.
- Accompanying slides per session to guide and provide the trainer with information
- In addition to the 3-day agenda, an additional half day for stakeholder participation is outlined, to sensitize them to case management and promote collaborative approaches, should it be required at regional level.

Core content

The training guide contains the following overall content:

1. Alignment of current child protection practices in Namibia with the Child Care and Protection Act (CCPA)
2. Strengths-based approaches and integrative case management.
3. Case management principles and processes as identified by CCPA.
4. Step-by-step guide to the standard operating procedures.
5. Introduction to the enablers of case management, such as supportive supervision, record keeping, documentation and reporting.
6. Overview of CCPA and integrative case management to inform other key stakeholders at regional or constituency levels.

Training approach

Building on existing skills and knowledge: The training seeks to build on existing experience. The two case studies used are fictional. If, during discussions, a real case is raised, the facilitators will monitor and review how to present case issues in a confidential manner. If there is a need for the continuation of the discussion of the case, this must be in the peer supervisory context. The trainers should give supervisory support to participants, outside the training time, if needed.

Participatory and flexible: The training suggestions allow time for group discussion and reflection. If a session needs more time, for people to understand the issue or explore implementation, it is important to adjust the schedule to accommodate this time, if possible.

Reflective and action-oriented: The approach encourages reflection about social workers' experiences of working with children and families, through practical exercise and collective review.

Key Skills and Competence for Good Facilitation:

- 1) Ensure you project your voice for everyone to hear
- 2) Involve your participants (encourage quieter participants to engage)
- 3) Be organized, prepare well and familiarize yourself with the content before facilitating
- 4) Keep presentation and facilitation simple; know your audience and cater to their level of understanding
- 5) Be sensitive to all participants
- 6) Actively listen to your participants and be attentive, by monitoring their understanding through reflection and additional probing
- 7) Acknowledge the comments of participants – summarize and/or reflect
- 8) Set and manage the pace and atmosphere
- 9) Ensure time management of content and presentation time (being flexible, while not allowing too much divergence and being able to bring topics back on track)
- 10) Create a safe space where no comment/question is wrong

Objectives

- 1) To become familiar with the strengthened MGECW case management system.
- 2) To explore underlying social work and case management principles from a child rights perspective.
- 3) To enable social work supervisors/senior social workers to provide supportive supervision and transfer case management knowledge, skills and tools to MGECW social workers to improve quality of social services.
- 4) To explore opportunities for integrative case management with stakeholders.
- 5) To enable the integration of Case Management Operations Manual into practice through the Training the Trainer process.

Agenda	Morning	Afternoon
Day 1: Introduction to MGECW case management process	<ul style="list-style-type: none"> • Registration and pre-test • Welcoming and Introductions • Children in need of protective services: CCPA and MGECW • Orientation to Case Management Operations Manual (CMOM) • Case management principles and processes 	<ul style="list-style-type: none"> • Step 1: Identification, Reporting, Screening and Registration • Step 2: Intake and rapid risk assessment • Summarization of the day
Day 2: Social investigation, HIV-sensitive and Integrative case management	<ul style="list-style-type: none"> • Recap through presentations • Promoting strengths based approaches and family preservation • Step 3: Social investigation - overview • Social Investigation – child participation and wellbeing indicators • Social investigation – developing care plans 	<ul style="list-style-type: none"> • The nexus between HIV and child care protection and integrative case management – supportive referrals and case conferences • Summarization of the day
Day 3: Supportive supervision, documentation and coordinated action	<ul style="list-style-type: none"> • Recap activity • Court report • Enablers of case management – supportive supervision • Enablers of case management: Documentation, case tracking, record keeping and filing 	<ul style="list-style-type: none"> • Follow up, case review and case closure • Way forward and implementation • Post-test • Closure

Day 1: Introduction to MGECW Case Management Process

<i>Time</i>	<i>Session title</i>	<i>Hours / min</i>
8.00 – 8.30	Registration and pre-test	30 min
8.30 – 9.00	1. Welcoming and Introductions	30 min
9.00 – 10.30	2. Children in need of protective services: CCPA and MGECW	1hr 30 min
10.30 – 10.45	Tea break	15 min
10.45 – 11.30	3. Orientation to Case Management Operational Manual (CMOM)	45 min
11.30 – 12.30	4. Case management principles and processes	45 min
12.30 - 13.30	Lunch	60 min
13.30 – 14.30	5. Step 1: Identification and reporting	60 min
14.30 – 15.30	6. Step 2: Intake and rapid risk assessment	60 min
15.30 – 15.45	Tea break	15 min
15.45 – 16.45	6. Step 2 (cont.): Intake and rapid risk assessment	60 min
16.45 – 17.00	7. Summarization of the day	15 min

Day 2: Social investigation, HIV-sensitive and Integrative case management

<i>Time</i>	<i>Session title</i>	<i>Hours / min</i>
8.00 – 9.00	8. Recap activity – Presentations of job aids and day one highlights with case management roll out reflections.	60 min
9.00 – 10.00	9. Promoting strengths-based approaches and family preservation	60 min
9:30 – 10.30	10. Step 3: Social investigation	60 min
10.30 – 10.45	Tea Break	15 min
10.45 – 11.45	11. Social investigation: Child participation in case management and the wellbeing indicators	60 min
11.45 – 13.00	12. Social investigation: Developing care plans	1 hr 15 min
13.00 - 14.00	Lunch	60 min
14.00 – 15.00	13. The nexus between HIV and child protection	60 min
15.00 – 15.30	15. Integrative case management - supportive referrals, consents and case	30 min

	conferences	
15.30 – 15.45	Tea Break	15 min
15.45 – 16.45	15. (cont.) Integrative case management - supportive referrals, consents and case conferences	60 min
16.45 – 17.00	16. Summarization of the day	15 min

Day 3: Supportive supervision, documentation and coordinated action

<i>Time</i>	<i>Session title</i>	<i>Hours / min</i>
8.00 – 8.45	17. Recap activity	45 min
8.45 – 9.15	18. Court report	30 min
9.15 – 10.30	19. Enablers of case management – Supportive supervision	1 hr 15 min
10.30 – 10.45	Break	15 min
10.45 – 12.00	20. Enablers of case management - documentation, registration and filing	1 hr 15 min
12.00 – 13.00	21. Follow up, case review and case closure	60 min
13.00 - 14.00	Lunch	60 min
14.00 – 15.15	22. Way forward with implementation	1 hr 15 min
15.15 – 15.30	Break	15 min
15.30 – 16.15	22. (cont.) Way forward with implementation	45 min
16.15 – 16.30	22. Closure, post test and evaluation	15 min

Day One

Session 1: Welcoming and introduction to the training

Objectives: For participants to get to know each other; to understand the training objectives; to orient participants to the CMOM; to clarify participant expectations and their roles in rolling out case management to their respective regions.

Materials: PowerPoint presentation slides Session 1; Handout 1: Sign-in Sheet; Handout 2: Pre-training questionnaire; Training Program (objectives and agenda), flip chart paper, participant workbook¹

Time: 30 min

Session 1 Outline:

1. Formal welcoming and introduction to the workshop
2. Trainer and participant introductions – this will vary according to whether participants know each other. Ask each person in turn to state their name, their job, how long they have been a social worker and what they are hoping to gain from this workshop. In other words, their expectations of the training.
3. Have one person note ‘Expectations / Hopes’ on the flip chart and another person calculate the total years of experience in the room.
4. Reflect on the expectations/hopes as well as the total years of experience and wisdom in the room, the variances of years (and types) of experiences as a social worker and how we all can learn from one another. While they familiarize themselves with content and materials to pave the way for more comprehensive practice of social work, they are also the ones who know their staff, their communities and issues. Therefore, they have to utilize each other’s expertise and think of creative ways on how best to roll it out in their regions.
5. Introduction to case management exercise – Relating it to our own lives (if time allows):
 - a. *Ask participants to choose a person they do not know well. Share with their partner something they have to ‘case manage’ outside of their work. Start by giving your own example (making it humorous, if possible) e.g. organising preparing a family meal each day, organising a birthday party.*
 - b. *Ask for volunteers to share their examples. No more than three.*
 - c. *Exercise Reflection: Ask them what they learned about it and how it may apply to social work case management. Some possible reflections can be:*
 - i. *Different needs require different strategies*
 - ii. *Creation of alternative strategies (think about plan b and c in case plan a doesn’t work out)*
 - iii. *Time management of competing priorities (time and responsibility) – challenge of how to choose (hectic schedule requires organization to move smoothly)*
 - iv. *Self-evaluation and self-care (creating and prioritizing having some quality time)*
 - v. *Setting of boundaries (needing to let go of some obligations - saying no)*
 - vi. **Utilizing delegation and collaboration:**

¹ Participants will be given a file which include: a complete set of SOPs, spare copies of all forms, a pre-test and post-test questionnaire and evaluation form, training agenda and a blank sheet for each day of the training. Copies of the case studies and other handouts will also be handed out when needed.

1. *Balancing different roles and dividing the self between needs of others (organizing and planning the times of others to be able to better organize your own)*
2. *Empower/teach others to be self-sufficient, requiring less monitoring*

Reflection from exercise: Ways to make the things that feel impossible become possible; realizing the connection of case management (strategies and skills) within both work and personal lives, offering more meaning to the context. When overwhelmed, need to pause and orient self, look for resources to utilize and act; both applies to ourselves and our clients.

6. Review the workshop objectives:
 - a. To become familiar with the strengthened MGECW case management system
 - b. To explore underlying social work and case management principles from a child rights-based perspective
 - c. To enable social work supervisors/senior social workers to provide supportive supervision and transfer case management knowledge, skills and tools to MGECW social workers to improve quality of social services.
 - d. To explore opportunities for integrative case management with stakeholders.
 - e. To enable the implementation of Case Management Operations Manual (CMOM) into practice through training of trainer methodology.
7. Review the development of Case Management – Where we are coming from?
 - The Ministry identified the need for a uniform system and tools to manage (document, keep records, refer and follow up) cases better;
 - The previous system was inconsistent and applied differently by different regions
 - University of Namibia was approached for a training on Case Management for social workers.
 - Training focused on the theory and formed the basis of discussions for social workers on how to improve the current practice.
 - Practical guidance, related tools and training modules were developed and piloted in East and West Kavango to support strengthened case management practice and are planned to be rolled out across the country.
8. **CCPA stipulates the range of actions to be managed by MGECW**
 - Prevention and early intervention
 - Child Protection proceedings
 - Provides for a series of steps to be taken by MGECW social workers, including
 - a. Mandatory reporting
 - b. Risk assessment
 - c. Investigation
 - d. Supervision of child
 - e. Family reunification

To implement CCPA, set of coherent steps are required
9. Development of a Case Management Operations Manual and related tools (guidance, forms, job aids)

- Based on the requirements of the Child Care and Protection Act
- Contextualized for Namibia
- HIV-sensitive – guiding social workers to identify, support and refer children & families affected by HIV
- Incorporating global best practise
- Important focus on planning for sustainability of the system

Session 2: Children in need of protective services: CCPA and MGECW

Objectives: To provide an overview of the CCPA and the implications for all professionals and other role players and or stakeholders.

Materials: PowerPoint Presentation Slides Session 2, CCPA quiz, papers with Yes and No

Time: 1 hour 30 min

Session 2 outline:

1. Refer to the flipchart sheet with the statement ‘children in need of protective services’ and ask participants to call out types of cases they see in their region, recording their responses. Also ask them where we get our guidance from? *Allow 5 minutes.*
 - *Facilitator refers them to **job aid 2: CCPA Reporting Requirements and how the CCPA identifies who is in need of protection***
2. Ask participants to stand in the middle of the room, with space around them. (*Post ‘Yes’ and ‘No’ signs on opposite walls - clear chairs away if need be*). Point out the ‘Yes’ and ‘No’ and explain that a list of statements will be read out. Participants should decide what they think the answer is and move to the relevant side of the room. After reading out the first statement (*quiz below*), ask participants to explain their answer. Use PowerPoint slides for each question as a complimentary visual to reading the questions. The correct answer is then read/reviewed and the next statement followed. *Allow 25 minutes.*

Quiz on the CCPA

1. The Child Care and Protection Act, No. 3 of 2015, applies to vulnerable children only.

Answer: *No. The CCPA applies to all children. Children in need of protective services and in conflict with the law have special measures provided in the Act, but the Act is relevant for every child who is in Namibia. The CCPA is the overriding legislation for all children, including children in need of protection and care.*

2. The CCPA states that a child who is in need of protective services should be removed and placed in a place of safety while support is being identified.

Answer: *No. A social worker should only remove the child where there is immediate risk to life or wellbeing of the child. Other options include removal of the alleged perpetrator. A social worker should only do this accompanied by the Police. Ideally this should be done with a warrant issued by a Children’s Commissioner (the local magistrate). If the case is too urgent to wait for a warrant, the social worker with Police can immediately remove the child and submit a report to court by the next court day.*

3. It is mandatory for all adults to send a written report to the nearest social worker if they have a concern regarding the protection or welfare of a child.

Answer: *No. It is mandatory for professionals in contact with children to do so. This includes teachers, social workers, police, MGECW administrative officers. Other adults in the community must report their concern to a social worker, or the police if a social worker cannot be reached, but they can do it verbally.*

4. Children have a right to choose whether or not they participate in decisions that affect their lives.

Answer: *Yes. The CCPA states that children have a right to express opinions about their experiences and to participate in decisions that affect their lives. They have a right to be made aware of their right to participate or to not participate, to be protected from victimisation when they do participate and to complain if their right to participate is not respected. There must be active efforts to ensure the participation of children facing any barriers such as disability, language or other form of discrimination. (Age appropriateness to be taken into consideration)*

5. A social worker must conduct a detailed investigation about the child's circumstances within 45 days of receiving a referral about a child who may be at risk.

Answer: *Yes. A social investigation is mandatory. Where the case goes to court, the social worker must produce a detailed report for court within 45 days of receiving the referral, or 30 days if the child has been removed from the home (CCPA 134, 3).*

6. It is the social worker's role to strengthen and preserve families, as part of their role in the CCPA.

Answer: *Yes (but not exclusively). The CCPA provides for family preservation and family strengthening. Family preservation services are aimed at keeping families together and the services should empower families in order to reduce the incidence of the removal of children from families. Family preservation services should empower parents, guardians and caregivers with necessary opportunities, skills, support and guidance to raise their children successfully. The social worker has an important role in this, but it is not the responsibility exclusively of social workers; other responsible adults also have a role.*

3. After this rapid quiz is completed, allow a few minutes to clarify any outstanding questions on the importance of case management for implementation of the CCPA. Explain that this workshop is a platform to clarify any pending questions. Note any concerns or questions on a piece of flip chart paper for later clarification or to come back to during the workshop.

Session 3: Orientation to the Case Management Operations Manual

Objectives: To provide an overview of the CMOM with the standards for practice for the protection of children.

Materials: PowerPoint Presentation Slides Session 3

Time: 45 minutes

Session 3 Outline:

1. Present the PowerPoints, which provide an overview of the case management process, community and statutory actors. Allow time for questions as you go through.
2. Review the sections of the CMOM and emphasize how it should be their guide 'their bible,' for both the social worker, supervisor as well as for the trainers who will lead the empowerment process.

Noting aspects may feel 'overwhelming at first,' but the more they use it, the more familiar they will be and the easier everything will become.

3. The CMOM offers guidance around how to set up case management in your region and almost all aspects around implementation. It allows for all internal and external stakeholders to have an increased role, including Administrative Officers to screen for additional issues (beyond a grant).
4. Review the various sections: have participants open and review the table of contents with you to find the following sections in the CMOM:
 - Purpose is to provide guidance on all aspects of social work case management practice for MGECW social workers.
 - Contains all information needed for a social worker to carry out his or her case management tasks.
 - Policies, strategies and principles that inform case management.
 - Functions required of a social worker.
 - Overview of the case management process, steps and explanation of each step.
 - Forms and operational guidance as to how to fill these in.
 - Job aids to support case management.
5. Review the page with the table of key steps and inform them that we will focus on two case studies that will help with navigating and applying these key steps.
6. In plenary, ask participants to reflect on their current practices on managing cases and the challenges they face. The value of the exercise is to define and compare current practice with the CMOM.

Session 4: Case management principles and processes

Objectives: to familiarise participants with the core definitions of case management and to review this definition in relation to social work principles and techniques.

Materials: PowerPoint Presentation Slides Session 4, 2 flip charts (and/or two flip chart sheets for writing). One with headings: 1) values and 2) principles.

Time: 60 minutes

Session 4 Outline:

1. Ask participants to think about the practice of social work. What guides them? Thinking of the CCPA and how the goal is to serve and protect the whole child with sustainable solutions, what values, principles, characteristics guide our work as social workers? *Allow 5 minutes.*
 - a. Possible suggestions for values: *acceptance of the client, affirming individuality, purposeful expression of feeling, being non-judgmental, objectivity, controlled emotional involvement, self-determination, access to resources, confidentiality, cultural competency, accountability and commitment.*
 - b. Possible suggestions for principles: *Best Interests of the child, family preservation – build on family strengths, prevention and early intervention processes, child participation.*

2. Review PowerPoint slide: Namibia MGECW case management definition: *The process of providing protection and support to individual children and their families who are vulnerable to certain risks, directly or through referral services, and following that process through until goals are met.*
3. CCPA defines children in need of protective services: *a child who is in need of services aimed at providing care, protection or both care and protection to safeguard his or her safety, security and well-being or improving such care, protection or both care and protection*
4. Next slides provide an explanation of the key aspects of case management and it links to the CCPA. Direct participants to the context section of the guidelines for further review after the session. *Allow 15 minutes*
5. Review of social worker skills and techniques on slides:
 - a. Using all of your senses: observation skills, active listening, interpreting non-verbal communication (and also be aware of your own).
 - b. Asking questions – interviewing skills: open/closed questions; reflecting, summarizing, normalizing (not minimizing).
 - c. Using other ways to get information.
 - d. Being creative – challenging issues at times requires creative solutions.
 - e. Timing and trust – clients may not respond today, but they may one day. It's a process.
 - f. Recognizing invisible forces: See what is not seen, hear what is not said, and know what is able to be understood. (There may be more to the issues than what you know. As a social worker, one has to discover the real dynamics and this can take time).
 - g. Show the following two questions:
 - i. *Do you want to go back to the clinic?*
 - ii. *How do you feel about going back to the clinic?*
 Ask participants which question is open and which is closed?
 What is the difference? And which will one learn more from?
6. *Summarize the session:*
 - a. Case management is a process, not a single act
 - b. This definition focuses on prevention as well as response
 - c. It is individually customised for each child and family
 - d. It relies on many actors
 - e. It continues until the child and family no longer need support.

Session 5: Step 1: Identification, reporting, screening and registration

Objectives: To familiarize participants with the steps of identification and referrals to MGECW (via the reporting form)

Materials: PowerPoint Presentation Slides Session 5, *handout 3: Case studies reporting forms, sample registration books, job aid 11: registration and filing screening and registration book sections*

Time: 60 min

Session 5 Outline:

1. Split the participants into two groups. If you have participants from different regions, split them up in order to maximize case type exposure. When groups are divided, hand one group the completed reporting form for Ndapanda and the other for Otto. Note that these groups will work together on these respective case studies throughout the training. Ask the group to review their respective reporting form and discuss the following questions – recording their answers on a flipchart.

Identification and Reporting of Cases - Case Study Review – Ndapanda and Otto:

Question 1: How does a notification like this normally reach you? Is it in writing or verbally or both? Discuss and reflect upon the challenges of referrals.

Ask groups to share challenges of referrals – recording them on flipchart. Review the CCPA mandatory requirement for professionals to complete written referrals. If stakeholders don't have their own referral forms form (e.g. MoHSS, Project HOPE and LifeLine/ChildLine), CM1 forms can be distributed to them.

Question 2: Must a social worker report a case like this straight away to the police? If so, how and, if not, why not and what must the social worker do rather than reporting? What potential variances would require reporting?

Question 3: What parts of the CCPA apply to this case? What kind of case is this? Is the client in need of care and protection?

Question 4: What social work principles and theories could apply in your work with this client?

Note: Question 2/3: According to the CCPA Ndapanda is protected and there is no need for a report to the police, as she dropped the baby off at a safe place. However, until the CCPA is in use, the previous law still applies, which requires a social worker to make a report (but can be done post assessment, so the report would be put in clear context allowing advocacy).

2. **Purpose:** To identify child or children who are vulnerable so that they can receive further support from statutory or non-statutory services.
 - a. If there is a concern that a child is at risk of harm (requires *protective services*)
 - b. Any adult or child in community **MUST** report their concern to a social worker or police officer verbally.
 - c. Professionals **MUST** report their concern to a police officer or social worker using **Form CM 1**.
 - d. Any member of the police or social worker who is **NOT** an MGECW social worker **MUST immediately act** to protect the child and report the concern to a MGECW social worker **within 24 hours** using **Form CM 1**
3. In groups, have them also answer the following questions:
 - a. What is the purpose of this reporting?
 - b. What actions will be taken?
 - c. What will the outcomes be?
 - d. Who else might be involved? How?
 - e. What is the difference between identification and reporting?
 - f. Have participants complete CM1, part 2: Receipt of referral. Have them reflect on the role/importance of completing a receipt. Ask them whether it is important to keep track of it? How

will do they do so? (copy machine, carbon paper copy or a clear note of contents, date and delivery method)

4. Introduce the process of screening:

- How often have clients come to the wrong place?
- How often do clients wait unnecessarily long?
- How often do clients who are applying for a grant have other issues in need of support which are not picked up?
 - a. Screening – that allows for good client service in a MGECW office and also for capturing basic data on each person requiring assistance.
 - b. *See step 2 on screening in the SOPs*
 - c. *Who can do it? Done by Administrative Officers - screen any presenting client for services (beyond the grant) and capture basic information on the Administrative Officer Client Screening Form (AO1).*

5. The registration book/process (reflect on job and sections):

- Are there times clients return and it is hard to find their previous files/notes?
- Do you know how many referrals you received, clients seen and referrals made on any given day?
 - a. What is registration? Registration allows for tracking of SW cases and:
 - accurately captures the number of clients coming for a service through SW offices, the reasons for visits, the number of referrals made and the number of visits which resulted in a case being opened.
 - is also critical to customer service, as clients' records can be effectively tracked for easy referencing and efficient follow up.
 - is a central place to track all presenting clients/cases for quick and easy reference.
 - b. Each constituency office to track each intake.
 - c. What else will it track? Case level of risk, case types, referrals out, MGECW number (so files can be found e easily)
 - d. Important to keep updated – it will only be helpful if used and updated (preferably daily – at least once per week). If not updated, usefulness will be limited.
 - e. If a sample registration book exists, distribute and/or pass around and have groups complete a registration line each for Ndpana and Otto. *Note that registration coincides with intake (next session and to leave any unknown information blank. Registration book is updated as case progresses).*
 - f. Other aspects to note (not necessary to discuss):
 - If more than one SW in an office, each SW MAY, if useful, have their own register to track their own cases/calls, but needs to have clear labeling (case load registry versus intake registry). AOs MAY be interested in having their own version to track all traffic presenting to the office (noting any referrals to a social worker). But again – labeling and use MUST be

clear to prevent duplication of efforts and confusion in information gathering in multiple steps.

Session 6: Steps 2: Intake and rapid risk assessment

Objectives: To understand the intake and risk assessment process and practice undertaking an initial risk assessment

Materials: PowerPoint Presentation Slides Session 6: Steps 2: Intake and risk assessment, Handout 4: completed case study copies of CM2 (Ndapanda and Otto), job aid 11 and 8, case files for each participant and a stapler/fastener

Time: 2 hours

Session 6 Outline:

1. Distribute CM2 (Ndapanda and Otto) and discuss, *what is an intake and why do we do this step?* Ask participants to review the case study intake (first four pages) and ask them to reflect on their past intakes and how this one is different.
2. Ask the group to reflect on the reasons for any challenges that they face around cases. After a few answers, if they have not mentioned it, ask whether they ever have challenges around tracking a client's contact addresses and telephone numbers? If so, how often? What happens if a case's contact information is not kept up to date? Review Form CM2, part 1: Demographic profile, its goal and the guidance:
 - a. This demographic page is the first part of the intake and it is vital that the information is kept up to date.
 - b. Ask whether a social worker needs to complete this section. (Not necessarily. An AO can do it and then refer to a SW. Clients may also have the ability to complete this section).
3. Use the rest of the session to practice completing the remainder of Form CM 2, using the risk matrix and based on the case studies that they have already been using. *If the group is large and, to make good use of time, two groups can work on Ndapanda and two on Otto, with division of the listed tasks for them to report back.*
 - Review the completed intake and learn about their case
 - Ask participants to either complete a genogram and/or ecomap for their case
 - Use the matrix to determine the level of risk
 - Complete the recommendations and actions
 - Review the consent. Is getting written consent important? Why or why not? *Remind participants to look at job aid 8 and respond to any questions.*
 - Respondent page – What is a respondent page, when might we want to use it and with whom? *Remind participants to look at the form guidance to help them with this last question. This exercise will increase their familiarity with use of CMOM and its guidance.*

Ask participants to offer group feedback with further discussion in plenary.

4. Building a case file

- a. Ask participants to reflect on the intake and whether they anticipate this to be a longer case type or a quick in-and out 'low risk' case? Answers: High risk. Distribute a case file to each participant for them to build their file, mentioning that case files should ONLY be used for medium/high risk cases that will require follow up, tracking and will develop over time.
 - b. Ask participants to review job aid 11 file management section and determine where the different sections of the intake form will go in the file (consent and demographic on left and remaining intake in the center).
5. Comparative case types (*If time is short, these questions can be given as homework*):
- a. **Quick/low risk/low follow up cases:**
 - If a case is low risk and follow up will be limited, a case file will not be necessary.
 - Those files will be kept in a lever arch file.
 - Actions and notes will be documented in the action section
 - If more space is needed, use blank notes page
 - b. **Adult cases (no children at risk):**
 - Review intake part 2 GBV adult cases note
 - Why is it there? What variances can one have?
 - If a child is at risk, risk assessment MUST BE DONE
 - If no child is at any level of risk, the full risk assessment section can be skipped and the social worker can move on to recommendation, action steps with respondent page.
 - c. **Disability cases:**
 - Is an intake needed for a disability case? Reflect on past practices (many just complete the form without doing a full assessment – mostly utilizing the doctor's assessment)
 - What is the goal for an assessment by a social worker alongside of the doctor's?
 - Are children/families with disabilities at greater risk and possibly in need of additional support other than a grant? Why?

Session 7: Summarization of Day One

1. Spend a few minutes to clarify any questions arising from the intake step. Review the steps 1 and 2 and associated forms covered in day one. Check that all participants have understood the actions, including the mandatory time frames from the CCPA. Any identified issues that need more time, can be added to the planned recap of day one activity, as outlined below.
2. Explain the idea of 'daily recap'.² At the end of each day participants will be paired or put into small groups to prepare a brief (5-10 minutes) mini-training to present to everyone at the start of the next day.
3. Ask each participant to find someone that they can work with after the day's training or before the start of tomorrow's training. Ask each pair to present on one key aspect of the new SOPs and case management

² adapted from draft Uganda case management for child reunification and reintegration training, in development by Jini Roby & Beth Bradford for 4Children.

that they feel will enable social workers to protect children and families that is new or different to current practice). This should be done creatively... they could organize a game, a short drama, a presentation.

4. Seek volunteers (in pairs) of two to select and review a job aid, requesting a 5-minute presentation on each. Encourage creativity around presentations, as well as how to make it entertaining. **Job aid 4: Strengths-based and resilience-based approaches for case management and Job aid 5: Promoting child and family participation.**

Thank participants and close the session for the day. Remind them of the 8am start tomorrow. Distribute evaluation forms for day 1. Collect and review the evaluations forms to ensure any issues or concerns raised can be addressed the next day.

Day Two

Session 8: Recap through presentations

Objectives: To have each supervisor gain familiarity with identified concepts and/or job aids as well as how to present them back at their site.

Materials: None

Time: 30 minutes

Session 8 Outline:

Ask for volunteers to go first, if no one volunteers, then go in chronological order of steps/processes and then job aids assigned. Be sure the participants open their CMOM to the respective job aid being presented.

Others reflect back on the material as well as why and how it is important to case management. How, as supervisors, can they encourage the use of the job aid and share any other ways to present it?

Some volunteers may need suggestions. One example may be the following exercise, which could be used to illustrate client-centred counselling or Job aid 4: Strengths-based and resilience-based approaches.

Facilitator asks the groups to line up in two rows facing one another. On the ground in front of them, place the written letters 'u' and 'n' and '6' and '9.' Ask one row what they see: 'u' and '6' and ask then the other group: 'n' and '9'. Assign one row to be the counselors and one row to be the clients. The counselors have two minutes to try to get the client to their side and see what they see. Advise the clients that they should not go to the other side unless the counselor is able to convince them. The counselors are not allowed to touch the papers on the floor.

Facilitators should watch the dynamics and, after two minutes, ask both sides how it felt to be in the role and whether any social worker was successful with offering reasons 'why' or 'why not.' Then ask, how many social workers started where the client was - with understanding the client's perception and having the approach be about them. Review the importance of 'being where the client is' to promote strengths and resilience.

Session 9: Promoting strengths-based approaches and family preservation

Objectives:

- To review the goal of family strengthening, prevention and early intervention approaches
- To introduce the concepts of resilience & strengths-based approaches and explore how and where to apply this approach in case management.

Materials: PowerPoint Presentation Slides Session 9, flip chart paper with the words 'Case management that keeps children resilient and strong', Participants will need to use **Job aid 4: Strengths-based and resilience-based approaches to case management** and **Job aid 5: Promoting child and family participation in case management processes**.

Time: 1 hour

Session 9 Outline:

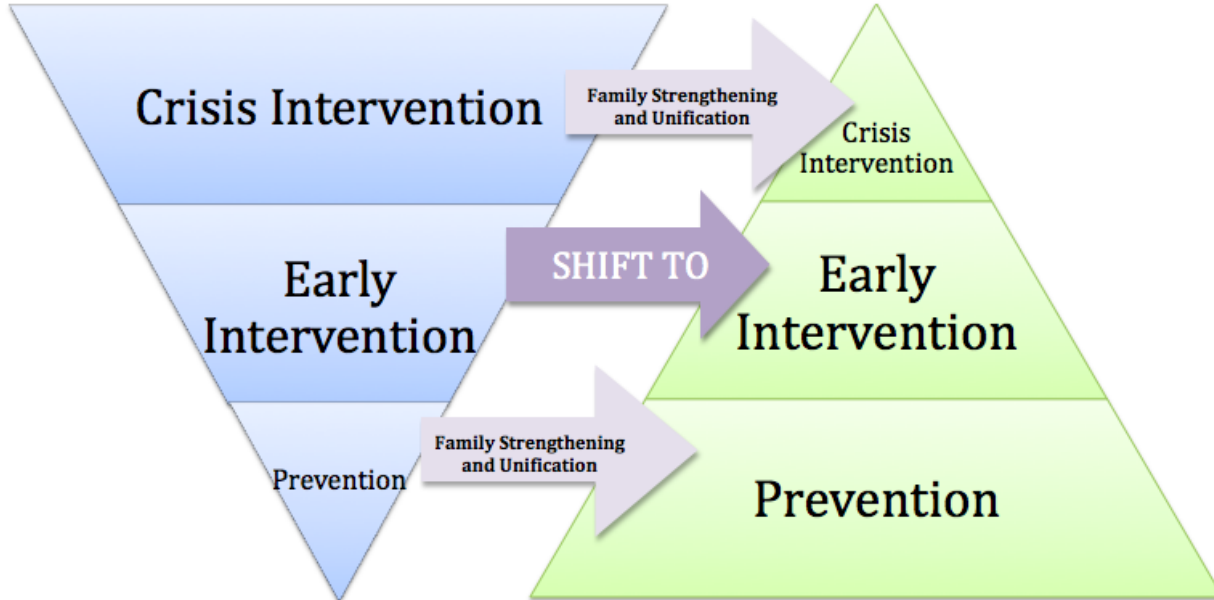
1. Ask participants whether, as social workers, they spend more time reacting to problems? Ask for a few examples? Ask them to reflect, whether the more a problem is ignored/worsens, correlates with worsening complexities/consequences? Example: raping of a teenage girl – with health issues, pregnancy, trauma. If we could go back in time, what could have been done to prevent it? *Early identification that she was at risk.*
2. Brainstorm early intervention examples and/or the benefits of early intervention. Using the rape case as an example, ask which ultimately would consume more time/energy for social worker and client – reacting to a crisis or prevention/early intervention? Direct the participants to the CCPA section on prevention and early intervention (**Job aid 2**) and to the context section of the guidelines for further review after the session. Summarise:
 - a. The CCPA has as its foundation the preservation and strengthening of families.
 - b. Prevention and early intervention is central for managing children’s issues.
 - c. Prevention and early intervention programmes must focus on preserving a child’s family structure, and strengthen and build the capacity and self-reliance, promote appropriate relationships in families, prevent failures in the family environment to meet children’s needs, prevent the recurrence of problems in the family environment and avoid the removal of children from the family environment.
 - d. The CCPA makes provision for kinship care to ensure that a child is still within the family environment.
 - e. Also reflect on shifting the paradigm to prevention and early intervention programming.

Prevention and early intervention

According to the CCPA, prevention and early intervention programmes may include one or more of the following components:

- (a) assisting families to obtain the basic necessities of life, including assisting with accessing grants or empowering them to obtain basic necessities of life for themselves and their children;
- (b) providing families with information to enable them to access services;
- (c) providing families with information about the dangers of alcohol and other drugs and assisting them to address abuse of alcohol or drugs by any family member;
- (d) providing families with information about gambling addiction and assisting them to address such addiction of any family member;
- (e) supporting and assisting families with a chronically ill or terminally ill family member;
- (f) assisting families to provide or access appropriate early childhood development opportunities for children who have not attained the school starting age;
- (g) addressing specific issues affecting or potentially affecting families in the community, such as gender-based violence, health and nutrition issues, reproductive and sexual health issues, child labour, child trafficking or child behaviour problems;
- (h) providing families with information regarding the resolution of disputes at a family meeting; and
- (i) promoting the well-being of children and the realisation of their full potential.

Shift in Provision Services and Levels of Intervention



Adapted from The Thogomelo Project (2016). Induction Manual for Child Protection Social Workers

3. Case Study Reflection (as a plenary or in a group):
 - a. Ask participants to reflect on Ndapanda and Otto cases. If they could go back in time, what early interventions and preventative supports could have been put in place, if any?
 - b. How could their cases have been identified and intervened with earlier?
4. Present PowerPoint slides, which seek inputs from participants about examples of strengths and resilience that they have noted in their work.
5. Write out the phrase on flip chart on 'case management that keeps children resilient and strong'. Ask groups to reflect on their own experiences of child participation and discuss what actions they can take to make sure that the child(ren) and supportive family members are fully involved in the process. Then ask them to apply these ideas to their respective case study and indicate how/why they think it will help.
6. Place the flipchart paper in a place that is easy to see and where it can be kept on the wall. You can explain that in all of the next steps in the process of case management, these principles of promoting strength and resilience should be used. New words can be added as the training progresses – so that participants can assess whether their suggested actions will promote resilience.
7. Show the slides that summarise **Job aid 4: Strengths-based and resilience-based approaches to case management.**
8. Case study reflection (in respective groups):
 1. Even knowing little about their cases, what strengths can they identify in their respective clients?
Some suggestions of client strengths:
Possible answers:
Ndapanda: brought baby to clinic (not left in bush), showed up for appointment

Otto: able to survive on own, made it without support of his family, experience working on farm (possibly good with gardening and has farming skills)

2. Discuss the specific actions that can be done, in all aspects of case management, to promote and identify strengths.

Session 10: Step 3: Social investigation

Objectives: To understand the social investigation process, reflect on existing challenges and strategies and practice completing Form CM 3: Social investigation

Materials: PowerPoint Presentation Slides Session 10 Step 3 Social investigation, Handout 5: Completed Social investigation forms for Case studies (Ndapanda and Otto)

Time: 1 hour

Session 10 Outline:

1. Start the session by looking at a picture – a snap shot of an iceberg. Above the surface is what someone sees. The hidden part can be much bigger in size. Remind them that the risk assessment is rapid but, for effective sustainable understanding, a thorough investigation is required to see and understand what is happening and needed in totality. Otherwise, while you focus on issue A, you may be missing issue B.
2. Divide them into case study groups.
3. Distribute the completed social investigation forms CM3 for Ndapanda and Otto and ask them to review it and discuss the following questions:
 - Who would they need to talk to, meet with, for their social investigation?
 - Can they do it all in one visit?
 - Review the completed social investigations and see what more has been discovered by asking more thorough questions?

Session 11: Child Participation and wellbeing indicators

Objectives: To review communication skills with children and identify ways to solicit children's full participation within the case management process, as well as familiarize participants with the wellbeing indicators

Materials: PowerPoint Presentation Slides Session 11; focusing on child wellbeing and talking to children, blank copies of Form CM 3: Social investigation Part 4 voice of the child with Children's wellbeing indicators.

Time: 1 hour

Session 11 Outline:

1. Start the session with a discussion about children's participation – identifying what participants currently do. Probe using the following questions:
 - a. Why is obtaining the voice of a child important to the process?
 - b. What are the different ways to contact a child?
 - c. Does a parent need to know that you as a social worker are discussing issues with the child?

- d. How would you obtain consent from a parent to discuss case issues with a child, especially if they are reluctant to let you talk to a child?

Empathize – I understand you have hesitations about me talking to your daughter.

Explore options: If I meet her, I don't have to discuss the details now. I would like to just meet her and get to know her a little bit and see if she is okay. Do you think it might be useful for her to have someone to talk to?

Review the child wellbeing indicators, and discuss how you could use them, after a bit of rapport is developed with client (Ndapanda and Otto). In pairs (from their groups), ask them to complete the child wellbeing indicators with their respective client. Switch places and offer a short reflection of the process and discuss the value of the child wellbeing indicators.

- Would it be helpful to do it again at another time? Why? How?
 - When using it, plan a whole session around it. It requires time.
2. Also note the additional strengths finder tool that can also be utilized. (Have them quickly review it and make a couple of recommendations about its usefulness).

Session 12: Social investigation: Developing a care plan

Objectives: To collectively review and practice the process of making a care plan

Materials: PowerPoint Presentation Slides Session 12; Blank copies of Form CM 3: care plan.

Time: 1 hour 15 min

Session 12 Outline:

1. Review key information on care plans relating to the CCPA, highlighting the need for a care plan, especially in cases of children under the protection of the court. It is also mandatory for any medium and high risk cases. Ask participants to offer a few reasons, why this is so.

Suggested answer: to prevent medium risk cases from becoming high risk. Early intervention.

Use the PowerPoint slides on the importance and benefits of a care plan and how this should be done.

2. Care plans are also strategically placed AFTER a social investigation section. Why? Can there be circumstances in which one may do a care plan just after the intake and BEFORE a social investigation? Which scenarios may apply?
3. Explore what to do if there are discrepancies in thoughts around creating a care plan. For example, how would they approach the following?
 - *What should you do to ensure that the plan is in the child's best interests when these conflict with parents' wishes?*
 - *What will you do if there is possible non-compliance with an action that you or another professional recommends, e.g. a health worker?*

Allow for group work to practice the development of a care plan for their client (Ndapanda and Otto, and report back in plenary.

Session 13: The nexus between HIV and child care protection

Objectives: To review how living with or being affected by HIV is inter-related to child protection risks

Materials: PowerPoint Presentation Slides Session 14; job aid 7: Case management for children affected by HIV

Time: 1 hour

Session 13 Outline:

1. Ask, 'Are children living with HIV more vulnerable? Why and how? And whether vulnerable children are more at risk of acquiring HIV? Why and how?
2. Review the connections between HIV and child protection risks:
 - Literature shows children affected by HIV are more likely to be exposed to violence & abuse
 - Children who are exposed to violence & abuse are more likely to become infected with HIV
 - Many cases are highly complex, requiring skilled assessment and management
 - Stigma, among other factors, makes connecting and engagement with clients difficult (challenge of identification and follow up)
3. Namibia has been extremely successful with PMTCT – the number of babies being born with HIV is drastically down - ***Strategic interventions work!***
 - However, where are we not doing enough?
 - Children/Adolescents living with HIV - what problems do we see?
 - Problems with disclosure
 - children not knowing their status
 - not taking their ARVs (medications)
 - getting sick and defaulting
 - infecting others
4. Discuss that while living with HIV can be medically easy with all of the advances,
 - what about psychologically, emotionally, logistically and socially...
 - Psychosocial aspects remain the BIGGEST barrier to testing, linking to care and adhering to ARVs
5. Case study reflection:
 - For your case study client, what potential additional HIV dynamics would you have to consider?
 - How would HIV impact how the case is handled?
 - What additional needs would they have?
 - Can we address the needs alone and which stakeholders would you include?
6. Complexities and HIV:
 - Complexities can impact on care and circumstances can change easily and quickly.
 - A low risk and stable client can become high risk overnight, resulting in non-disclosure, non-adherence, significant depression and even suicide.
 - Any examples?

7. HIV requires strategic approaches
 - PLHIV often do not reach out for issues.
 - Therefore, having the preventative and proactive approaches and quick 'go tos' is advisable'
 - Every child living with HIV should have a level of case management (at least checking in twice a year by someone), referred to SWs as needed.
 - Can we do it alone? *This lays the foundation for the next section with stakeholders.*
8. Ask participants to locate the HIV screening questions on the intake and social investigation forms. What questions are asked?
 - What is their comfort level around asking/probing?
 - Is it important? Why? Some may bring it up on their own, but many will not.
 - Are the questions enough? Do you have to ask these questions on day one?
 - Ask where they can locate additional information? job aid 7: Case management for children affected by HIV

Session 14: Integrative case management - supportive referrals, consents and case conferences

Objectives: To review aspects of integrative case management to maximize effective communication and collaboration; to consider how to involve other stakeholders through referrals and case conferencing.

Materials: PowerPoint Presentation Slides Session 15; job aid 9: hand tool (to be adapted to case conferencing)

Time: 1 hour 30 min

Session 14 Outline:

1. *Ask the group to identify pros and cons of working with stakeholders. Some suggestions are as follows:*
 - Pros: divided tasks, shared case load, minimizes duplication, maximises resources, better comprehensive services, promotes follow-up and can increase morale.*
 - Cons: Can take more time and energy on coordination, dependency on other's priorities, tasks may not be done as hoped/expected.*
1. Divide participants into their case study groups and have them identify and plan to utilize other stakeholders for their respective clients (Ndapanda and Otto). *Allow no more than 15 minutes for group work.*
 - a. Identify other stakeholders for their respective clients (Ndapanda and Otto).
 - b. Reflect on their care plan, thinking about when and where stakeholders could be useful.
 - c. Would additional consents be required to talk to anyone? Reflect on CM2: intake, consent part – would you explore updating it?
 - d. Would you make any referrals? If so, complete referral form CM4
2. Bring the groups back together and reflect on both the consent and the referral form CM 4.

3. What can be the challenges around referrals? And what does it mean to have supportive referrals? How can we promote them?
4. Note that there may be different entry points for working together with different stakeholders and strategies for key actions that may vary to promote good coordination.
5. Introduce the idea of case conferencing, and find out if participants are already conducting case conferences. Show the slides that summarise the case conference process, if useful.
6. *Refer the group to **Job Aid 9:** and review how this hand model can also be adapted for case conferencing.*
 - a. *Why do they want a case conference? What are the goals and desired outcomes for the meeting?*
 - b. *Who could be involved? Identify all stakeholders.*
 - c. *When would they like them to get involved? Different stakeholders could be involved at different times – different case conferences?*
 - d. *Where and when do you want to hold it? Are there existing times that parties come together?*
 - e. *How can it support the client? How will the follow up be?*

The above is often referred to as the WWWWH hand tool to reflect the above questions.

7. *Group work activity: In groups, ask participants to organise a case conference and reflect on the WWWWH hand tool for their respective case study client. Use role play to hold a case conference on the case that they are working with. Group must identify all the actors that should be involved and decide what the issue is for the case conference. Should the child be involved or not? If so, what dynamics may you need to consider in making it client-centered? There may need to be safeguards to meet privately with client and/or family member beforehand to review dynamics (what will and won't be discussed) and ensure comfort levels. In addition, decide what you may not want to talk to the client about.*
8. Ask participants to prepare a role play for a case conference. They should use the WWWWH as a guide to design it. They should also review Form CM 6: Case Conferencing Record. If time allows, have them complete it. If there is not enough time for the role play, it can be presented during the recap.

Session 15: Summary of Day 2

1. Review and spend a few minutes reviewing the agenda for the day and ask which sections they are feeling comfortable with and what they would like more emphasis on? (As a reminder, day 2 covered: Promoting strengths based approaches and family preservation, Step 3 Social investigation – assessment, child participation & wellbeing indicators, developing care plans, HIV and Child Protection, Integrative Case Management (supportive referrals and case conferences).
2. For any identified issues that need more time, ask for volunteers (groups of 2-4) to take on the more difficult topics and prepare a 5-minute presentation on it for the morning. Encourage creativity - a game, a short drama, a presentation. Allow them 10 minutes for planning. Distribute the day's evaluation.

Day Three

Session 16: Recap activity

Objectives: To have each participant gain familiarity with identified concepts and/or job aids as well as how to present them back at their site.

Materials: None

Time: 30 minutes

Session 16 Outline:

Ask for volunteers to go first, if no one volunteers, then go in chronological order of steps/processes and then job aids assigned. Be sure the participants open their CMOM to the respective job aid being presented.

Others reflect back on the material as well as why and how it is important to case management. How, as supervisors, can they encourage the use of the job aid and share any other ways to present it?

Session 17: Court reports

Objectives. To familiarize participants on how to compile an evidenced based report using the information gathered during the intake and social investigation steps of the case management approach.

Materials: PowerPoint Presentation Slides Session 17

Time: 1 hour

Session 17 Outline:

1. Brainteaser to get the group re-focussed and re-energised.

QUIZ: Which of the following cases do you think need a statutory intervention or can be managed by a social worker in the community?

1. Teenage girl who has just given birth to a baby boy?	Statutory
2. Young boy referred by the police for sniffing glue and has run away from home, living on the streets.	Statutory
3. Unmarried father reports to you that his girlfriend is not caring for their child properly and the child is dirty and always seeming to be on his own.	non-statutory
4. Child living with a neighbour who wants to foster her.	Statutory
5. Child living with a granny who is loved and cared for.	Both

2. Have participants, reflect whether their cases of Ndapanda and Otto are statutory or not?

If yes, what parts of the social investigation should go into a court report?

How does the social investigation help with preparing a court report?

Should everything discussed in social investigation go into the report? Can you offer examples of what would and what wouldn't?

Session 18: Enablers of case management – Supportive supervision

Objectives: To provide an overview of supportive supervision and its importance in case management

Materials: PowerPoint Presentation Slides Session 18 on supportive supervision and roles and responsibilities of supervisors, Supportive Supervision Manual.

Time: 1 hour 45 min

Session 18 Outline:

1. As preparation, the trainer should review the section on the role of the social worker in case management in the CMOM as well as the supportive supervision manual.
2. Initiate the presentation by showing the series of photos asking what they see and reflect that perspectives may vary. If you want someone to see your own perspective, you have to often see theirs. Ask them how this applies to being a supervisor and to case management? How can one promote this? This sets the tone for the session.
3. Write the phrase 'supportive supervision' on flipchart paper. Ask participants to call out a definition of what this means and write down all the answers on flip chart (if needing prompting, offer additional terms to guide their mindset e.g. support; guidance; assistance; safe space; learning mentoring coaching).
4. Review definitions and key aspects:
 - Supportive supervision is **a process of helping staff build on strengths and improve their own work performance continuously.**
 - Supportive supervision encourages **open, two-way communication** and building **approaches that facilitate problem solving.**
 - Supportive supervision focuses on **monitoring performance towards goals, and using information from cases for decision-making.**
5. Why is supportive supervision important?
 - Case managers deal with complex cases and their decisions may affect a child's life positively and / or negatively.
 - Supportive supervision can assist, support, and provide oversight to case managers in the management of their caseloads.
 - This can lead to case managers that feel more empowered and result in more effective child protective services.
6. Ask for a couple of volunteers who would like to share their experience of supervision, whether it was informal or formal. Probe with questions such as, why was it useful, what were the elements that made this useful, how did the supervision take place; can you describe the attitude of the supervisor that helped you; what was empowering part of the experience. Some responses that you could use to summarise at the end.
 - Non-judgmental, with a positive approach focusing on the stronger parts rather than the weaknesses
 - Relationship of encouragement – too much criticism is demotivating. Balancing criticism with encouragement allows the supervisee to hear

- Acknowledge the good aspects/strengths with identifying the gaps is motivating (one negative word versus 7 good things to balance). Sandwich approach – identifying strengths first, followed by areas for improvement, ending with more strengths. How important is team building and morale? Ask for other strategies to promote supportive supervision:
- Some suggestions on how to promote – open door policy, utilize staff meetings and structured schedules and agendas for individual and group supervision, supervision should not just be staff meetings. SW- specific options for learning and sharing - case presentations, structured in-service trainings (quarterly), review reports, and team building activities.

7. Key steps in a supervision session

- A *checklist* outlining what will be assessed and what is required for employees to get a positive assessment
- *Discuss challenges and share suggestions* on how to resolve
- *Check and review* to ensure that the social worker can fulfil his or her tasks
- *Follow up* after training to ensure that the social worker has opportunities to apply the skills in their work and to share with colleagues

8. Where there is no supervisor:

- Supervision can be done in groups (peer group). This helps to build solidarity, exchange information, share common experiences and problems/solutions.
- However, individual attention is important
 - With sensitive cases (confidentiality issues)
 - Some case managers are quiet/relevant to talk in groups
 - Some case managers need more nurturing and mentoring to stay motivated

9. Reinforce the usage of the supportive supervision manual.

Session 19: Enablers of case management – documentation, record keeping and filing

Objectives: To understand the social worker’s reporting and monitoring role; to explore the role of supervision in these processes.

Materials: PowerPoint Presentation Slides Session 19; Handout 6: Observational checklist, CM 9: case tracking form and supervision log

Time: 60 minutes

Session 19 Outline:

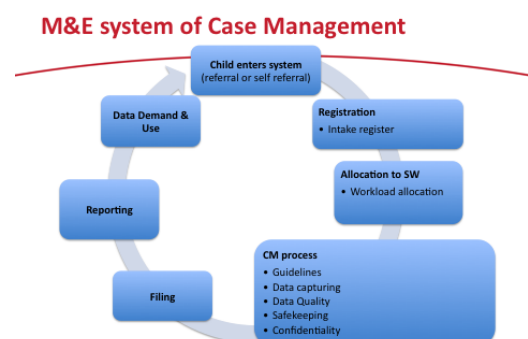
It can feel challenging at times to find a balance between client care and documenting.

Both are critical to provide effective and quality client services.

How can we find the balance?

1. Review the slide M&E system slide:

- Highlight briefly aspects of data collection and the benefits of capturing the realities of case load and



unmet need in order to advocate for more staff or resources to address them.

- Reflect on both M&E and DDU trainings. If some didn't attend, ask those who did to share the highlights.
2. Review the observational checklist and how it is key to identify enablers to case management systems and documentation
 3. Here are some useful questions to ask:
 - As a social worker, what tips do you have to help keep accurate and consistent records at this step in the case management process?
 - As a supervisor, or social work leader in the office, what systems will help social workers keep accurate and consistent records?
 - Ask participants to explore tips for creating opportunities to help them maximize details. Suggestions may be:
 - Writing during interviews,
 - Notes in diaries, sticky notes with trigger words
 4. One minute reality activity:
 - Ask participants, after an hour-long session, how much time would it take to properly document the session?
 - After getting a couple of answers, review the realities that often a social worker won't have that time in between clients. However, if one doesn't capture the important information directly, they are at risk of forgetting it.
 - Introduce the challenge of creating a one minute reality – that each group will have one minute to document as much information as possible on their client.
 - Each group should have a sheet of paper and a pen. One person will be the writer and can only write what the others tell him/her to write. Ask groups to predict whether it can be done or not.
 - Keep time and after one minute, have groups reflect and assess whether they recorded most of the important concepts. Reflect the importance of 'trigger words' – key words and notes to help one to remember. Remind participants that case file notes need not to be perfect, or written in full sentences. Rather they need to capture important information as well as be clear enough for self and others (like a supervisor to understand).
 - Note that while it is not practical to have a client wait for 30 minutes to write proper notes, having them wait 2 to 5 minutes for key notes is acceptable. One should always try to create a 2 minute key point documentation opportunity in between clients.
 - It is important to designate more time later to offer proper elaboration/clarity (for others) as well as to identify any sections missed – that might want to be followed up on during the next session. Mark them clearly (pen mark in margin) for easy spotting during next session.
 5. Another documentation tip is the case tracking form CM9: As a file can also become quite full over time, a summary of the case status is helpful to have. Review CM9: Case tracking and supervision log. Case tracking is the snapshot of the case and would be placed on the right hand side of the chart. Explain how it can assist the supervisor reviewing the file to know the highlights of the case (start date, type of case, level of risk, care plan, case conferencing information, etc). NOTE the importance of this tracking. Place under

it a supervision log (2-3 copies) for supervision notes. Suggestion to have them already in the case file for easy implementation.

6. MGECW reference number and filing: Review/reflect on MGECW guidance around how to determine MGECW numbers and how files will be stored accordingly. Be sure to note in registration book and case file for easy and quick retrieval.

Session 20: Steps 7 & 8 - Follow up, case review and case closure

Objectives: To collectively review and practice the process of following up, reviewing and closing a case.

Materials: Powerpoint Presentation Slides Session 20; Blank copies of forms: Follow up and case review, case closure

Time: 1 hr 15 minutes

Session 20 Outline:

1. Start the session by asking participants:

What do we mean by follow up?

Why do we do it?

What do you currently do around follow up? *(Let them share any good practices and strategies to help with or promote effective follow up. Reflect on previous discussions if already highlighted)*

What are the common barriers you have experienced?

What are the consequences of not following up?

What is the supervisor's role in follow up?

2. Review the aspects involved in follow up along with the form CM7, part 1:

- Carrying out the steps in the care plan.
- Checking on progress with other stakeholders
- Checking in with client
- Documenting after each step on form CM7, part 1: Follow up

3. Ask participants to reflect on their cases:

- Looking ahead 3 months, where are your clients now?
- How are things?
- Based on your ideas, complete Form CM 7, part 1
- How will you assess progress? When and how will you involve other players?

4. Case review: Step 7 (CM7, part 2), ask participants:

- What do we mean by case review?
- How is it different from case follow up?
- How often do we do it? Who attends?
- Why do we do it? Is it mandatory?

- What are the barriers?
 - What is the supervisor's role in the case review?
5. Review the checklist for a case review:
- Formal review
 - Ideally, every 3 months
 - Child and relevant actors attend
 - To review progress together against goals, using information gathered through follow up case conferencing, etc.
 - Not set out in CCPA, but good practice
 - Can lead to case closure
 - Or to revising or updating the care plan
 - Important to note is that a court report includes a suggested review and end date
 - If the child or family does not cooperate to follow recommended/agreed actions, the case can be taken back to court to order cooperation (if the child is still under 18).
6. Step 8: Case closure (CM8), ask participants:
- What are the reasons for closing a case?
 - What are the barriers to closing a case?
 - Who is involved in the decision to close a case?
 - Review **CM 8**
7. Review the form and reasons for closure:
- Review CM 8 and the reasons for closing a case
 - Objectives met
 - Change in circumstances – child no longer in need of care and protection
 - Child and/or family no longer willing to participate
 - Child moved and case transferred
 - Child lost to follow up
- Ideally, the child and family are included and sign off on the form.***
8. Group Activity: Review the case closure for case study clients:
- Imagine yourself in a year's time, walking out of a meeting where a decision has been taken to close Otto's or Ndapanda's case.
 - What do you imagine the situation to be like?
 - How will you feel?
 - Complete Form CM8: Case Closure.

9. Post closure interactions. Discuss the realities of clients returning post-closure. What are the reasons for this? Ask participants how often this happens? Can they offer examples? How do you know what to do? Do they capture this in their tally sheets?

At times clients present after a case is closed, because they:

- want to offer an update;
- need some minor guidance/issues addressed; or
- clients just need a reinforcement session

In many instances, these cases do NOT need to be reopened, but the visit and associated discussions and actions need to be documented.

10. CM 8 allows space for post case closure documentation.
11. Use the rest of the session to practice completing the follow up, case review and case closure forms along with the case tracking, focusing on how to assess progress and when to involve other actors.
12. *It is important to review the documentation of case closure – reflecting on the case tracking checklist, record-keeping and ensuring supervisor sign off.*

Session 21: Way forward with implementation

Objectives: To collectively review understanding of the case management process

Materials: Flip chart

Time: 1 hour 15 minutes

Session 21 Outline:

1. This is an open session to consolidate learning and ensure that participants have the chance to clarify anything that is not clear or have further inputs on key information. This should include reviewing the documentation process carried out as part of the training.
2. Show slides on the way forward. For successful scale up of case management throughout the country, it is necessary to:
 - Plan for and have supportive supervision
 - Plan for case and file management (including caseloads)
 - Support and guide social workers to follow the case management process in the best interests of children and families
 - Promote continuous learning and self-care amongst social workers
 - Utilize peer supervision and other techniques to mitigate lack of direct supervisors
 - Envision a system that is owned and embraced by all social workers in the MGECW
 - Expand system to all categories of social services beyond child protection
3. Ask participants to identify additional needs and get their input around additional structural suggestions, their concerns as well as opportunities for ongoing feedback and action plan revision, as needed.
4. Discuss and plan a potential stakeholder day.

5. Complete the evaluation and allow remarks for closure.
6. Closing activity would be for people to share a word or two about how they feel about case management.
A post-test is conducted and a final evaluation forms completed.

Social Work Case Management Stakeholder Day

Workshop Agenda and Objectives

Stakeholder Day

Objectives

1. To introduce stakeholders the CCPA, its key reporting requirements and their role within the MGECW case management process and in its implementation
2. To share experiences on respective case management systems used and how the different systems intersect
3. To understand the role of the CCPF as a platform for community and stakeholder collaboration
4. To discuss and identify recommendations for more effective integration of services

Stakeholder Day Agenda

<i>Time</i>	<i>Stakeholder Session title</i>	<i>Hours / min</i>
9.00-9.15	1. Welcome and Introductions	15 min
9.15-10.00	2. Overview of key aspects Child Care Protection Act	45 min
10.00-10.30	3. Integrated case management and Child Care and Protection Forums	30 min
10.30 – 10.45	Break	15 min
10.30-11.15	4. Collaboration with MGECW	45 min
11.15-12.00	5. Working together through case management	45 min

Stakeholder day Materials: PowerPoint Presentation Slides Stakeholder Session; Handout 1: Sign in Sheet; Training Program (objectives and agenda), flip chart paper, multiple copies of CM 1 and CM5

Stakeholder Session 1: Welcoming and introduction to the training

Time: 15 min

Stakeholder Session 1 Outline:

1. Formal welcoming and introduction to the workshop
2. Have participants introduce themselves and their organization, offering a sentence or two about how/why they work with children and families.
3. Review the agenda for the morning.

Stakeholder Session 2: Overview of key aspects Child Care Protection Act

Materials: PowerPoint Presentation Slides Stakeholder Session 2; Handout 2: flip chart paper

Time: 55 min

Stakeholder Session 2 Outline:

- 1. Ask participants what they know about case management? After a few comments, review the definition.**
- 2. Ask participants whether they know what guides Namibia's national commitment to children:**
 - Children's rights, including right to a family, in Namibia's Constitution.
 - Vision 2030 upholds family as the most fundamental institution in the society and commits to gender-equitable policies that combat violence and stigma.
 - National Agenda for Children (NAC) 2012-2016 had commitment to "Strengthen integrated child protection, prevention and response services."
 - Child Care and Protection Act, No. 3 of 2015 (CCPA) commits to holistic approach to protecting children.
- 3. Review the Objectives of the CCPA and how it defines protective services:**
- 4. Children and family:**
 - The CCPA has as its foundation the preservation and strengthening of families.
 - Prevention and early intervention is central for managing children's issues.
 - Children have a right to kinship care.
 - The case management approach is key in preserving family life and preventing harm to the child.
 - When a child has to be removed, the case management process seeks, ideally, to support the child's return to the family or, where this is not possible, a permanent family-based option.
- 5. Review the case study Ndapanda:**

Ndapanda is a 15-year-old girl who recently gave birth. She left the baby at the clinic wrapped in a blanket. The Health Extension Worker guesses that the baby belongs to Ndapanda and refers her to

the MGECW social worker. Ndapanda is very nervous and reluctant to go and is worried that she will be reported to the police and her family.

The HEW had seen Ndapanda twice in the first three months of pregnancy. The first time she went to the clinic with stomach pains, when she discovered that she was pregnant. The second time was a week later after the 28-year-old boyfriend punched her in the stomach when she told him that she was pregnant. The clinic at that time reported her case to the police, but never heard about any follow up. She is not in school and no one knows about the pregnancy at home.

- 6. Ask participants, what does Ndapanda need? Ask, whether the HEW can meet Ndapanda's needs alone? Can the MGECW social worker meet them alone? Why not?**
- 7. Review shared responsibility in responding to children needs as mandated by the CCPA:**
 - We all have a responsibility!
 - Any adult or child in the community who suspects that a child requires *protective services* MUST report their concern to a social worker or police officer. This is known as mandatory reporting.
 - A child can self-refer/report. (Walk in office)
 - Any adult or child who thinks that a child is vulnerable and needs other support, instead of or in addition to protective services, MAY inform a Child Care and Protection Forum member or other community-based actor.
 - The CCPA emphasises the importance of many actors being involved: community members, police, social workers from all ministries and civil society, teachers, etc.
- 8. Explain that while the CCPA's regulations have not yet been finalized, MGECW has developed a case management system to address children's needs in accordance with it. Emphasize that the CMOM will need to be reviewed once the regulations are finalised to ensure alignment.**
 - Prevention and early intervention
 - Child Protection proceedings
 - Provides for a series of steps to be taken by MGECW social workers, including:
 - Identification of children at risk - mandatory reporting
 - Intake and risk assessment
 - Social investigation
 - Supervision of child
 - Family reunification

Ask participants, where they see stakeholders fitting in? (at any point)

Stakeholder Session 3: Integrated case management and Child Care and Protection Forum

Time: 45 min

Stakeholder Session 3 Outline:

1. **Reflect on the case study of Ndapanda and how her case demonstrates that:**
 - The needs of children are many and often highly complex.
 - We are often working in isolation from one another.
 - Together we can do more.
2. **Discuss that the required actions in the CCPA rely on many actors in an integrated approach. The aim is that:**
 - Children and families receive a holistic package of care and support.
 - Case management skills are shared across the whole social welfare and health work force.
 - Programs and services to support the child and family are harmonized.
 - Data on outcomes for child and families are shared across different sectors.
3. **Ask participants to share their experiences around clients and referrals. What challenges do they see? After a bit of discussion, review:**
 - Integrated Case Management is more than referrals!
 - Clients may need supportive referrals and /or long-term case sharing:
 - Supportive referrals
 - Via direct relationship/communication between MGECW and a stakeholder;
 - Case conferencing at any point of providing services with any stakeholder(s) that is involved in a case;
 - Child Care and Protection Forum
4. **Show the PTF/CCPF structure and ask whether any one has attended any of the meetings? The CCPPF guidelines revised to be:**
 - Realigned with CCPA
 - Foundation of case management
 - To strengthen the networking with stakeholders to assist with
 - 1.Early identification
 - 2.Screening or exploring options
 - 3.Collaboration
5. **How can the revision of CCPPF assist with cases and promote integrative case management?** Membership, facilitation, frequency, organizational strategies, strategies to promote attendance and engagement.

Stakeholder Session 4: Collaboration with MGECW

Time: 30 min

Stakeholder Session 4 Outline:

1. **Facilitate the discussion around cases and working with MGECW**

- What is your role around working with children/families?
 - What issues have you encountered?
 - How have your experiences been with MGECW?
 - What challenges and barriers have you experienced?
- 2. Distribute and review CM 1: Reporting form - a form to assist with communication. CM1 has two parts:**
- Part 1: the part for stakeholders to complete with client information
 - Part 2: The receipt – which is returned to the referral source
 - *Note: terminology – reporting required for CCPA, but to promote comfort among clients, one can use other words, ‘referral for extra support.’*
 - *If agencies have their own forms, they will also be accepted*
- 3. Distribute and review CM5 which is the referral from MGECW to stakeholders Part 2 should be completed at the referral point and returned to the MGECW.**

Stakeholder Session 5: Working together for case management

Time: 45 min

Stakeholder Session 5 Outline:

- 1. This is a ‘free’ session to consolidate learning and plan for a tangible way forward. In facilitation try to explore any upcoming activities and targets that stakeholders can work on together**
- 2. Discuss referrals, communication strategies, planning strategies as well as prevention, early identification and early intervention activities.**

Handout 1: Blank registration Sheet



**Social Work Case Management
Attendance Sign In Sheet**

Dates:

Venue:

Name	Agency/Role	Day 1:	Day 2	Day 3
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Handout 2: Pre/post-test: Training of case management for children in need of protective services

Name _____

1. Which of the following define case management? (check all that apply)
 - A process of organizing work with clients
 - Addresses individual needs
 - Steps can vary according to local need and resources
 - Actions directed and undertaken only by trained social worker
 - Actions done in a timely manner
 - Can only be provided for one person at a time

2. The CCPA requires that every child who looks vulnerable MUST be reported to a social worker?
True _____ False _____

3. The CCPA allows for children to live with family members (kinship care)?
True _____ False _____

4. Supervision has many purposes. Which of the following statements is NOT a purpose of supervision?
 - Supportive supervision can assist, support, and provide oversight to case managers in the management of their caseloads.
 - Supportive supervision can lead case managers to feel more empowered and result in more effective child protective services.
 - Supportive supervision can hold social workers to account for not delivering on their work.

5. Which of the following statements is NOT resilience?
 - Doing really well when you are healthy and have a good education.
 - The ability to recover from stresses and shocks and to stay as strong, or become stronger than before.
 - A focus on the positive aspects that help children cope and develop normally even when things are tough.

6. List two actions that a social worker could do, while supporting a child, to promote resilience:
 - a. _____
 - b. _____

7. Which of these statements is NOT a strengths-based response?
 - "You did really well on two out of three courses! Keep working hard."
 - "I have noticed that you work very hard to provide for your family."
 - "It seems like you don't have many skills to work with."
 - "Yes, you have a disability, but you have many resources to help you."

8. List three types of prevention and early intervention activities that are considered potentially useful in the CCPA.
- _____
 - _____
 - _____
9. List two workers within the Namibian child protection system who have statutory responsibility to respond immediately to a report of a child in potential harm: _____ and _____.
10. True or False? A social worker must get permission from a magistrate before visiting a child who is reported to be at risk of harm?
 ____ True ____ False
11. Which of the following would be considered medium or high risk and needing further case investigation? (check all that apply)
- Young child exposed to serious domestic violence
 - Person causing violence has left the home with no plans for return
 - Child is accused of perpetrating sexual abuse
 - Child is routinely exposed to belittling, isolation or humiliation
 - Child is regularly angry or depressed
 - The child has a significant carer who shows love and care openly to the child
 - Caregiver is emotionally distant
 - Child has poor understanding of taking ARVS.
12. At what stage(s) of case management should other stakeholders become involved?
- From the beginning
 - After the social worker has conducted a thorough investigation
13. Which is NOT a feature of a case conference?
- It is a forum to share information
 - It is a place to identify the strengths and challenges that the child and family face
 - It is a meeting in court between social worker and magistrate to decide an action on the child
 - It is a meeting where child, family and key stakeholders agree on what can be done to build on strengths and support the child.
14. The child (if old enough) and key family members should always give permission to actions in a care plan?
 ____ True ____ False
15. The child/family should give feedback about the services at the close of case.
 ____ True ____ False

Handout 3: Completed CM1 reporting forms case studies



Ministry of Gender Equality and Child Welfare

CM 1: Reporting of a client to a social worker

Part 1

Please complete page 1 for any child or adult needing mandatory or non-mandatory social services

Particulars of the person making the report / referral		Date of reporting: DD / MM / YYYY	
Type of services needed: <input checked="" type="checkbox"/> Protective services <input type="checkbox"/> Other social welfare services		Reporter: <input type="checkbox"/> Self-referral <input type="checkbox"/> Family/Friend <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Other:	<input type="checkbox"/> Verbal report
Name of person making report: <i>Sergeant Oppermeyer</i>		Organization / Practice # (if applicable): <i>MoS</i>	
Contact information: <i>08178395752</i>			
Client information		CR case number (if applicable):	
Client's surname: <i>Gaoseb</i>		First name(s): <i>Otto</i>	
Date of birth: DD / M?M / YYYY	Age: <i>12</i>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Home language: <i>Damara</i>
Address/ERF no/location/village/constituency: <i>Farm in Omaheke</i>		Citizenship: <input checked="" type="checkbox"/> Namibian <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
Cell:	Other tel:	More than one child concerned: ? <input type="checkbox"/> Yes (If yes, how many?) <input type="checkbox"/> No	
Next of kin name: <i>Daniel ?</i>		Best way to reach client or family:	
Relationship to client: <i>Father</i>		<i>Being placed at afterschool center (Note: if best way is at school, note school name and grade):</i>	
Cell: <i>no phone</i>	Other tel:	Child-headed household: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (write below):			
Presenting / reported problem / case type (Check all boxes that apply; circle subcategory where relevant)			
<input type="checkbox"/> Abuse (physical / emotional) <input type="checkbox"/> Abuse (sexual / rape / incest) <input type="checkbox"/> In need of care or protection (neglect / abandonment / orphans) <input checked="" type="checkbox"/> Child living and working on the street <input type="checkbox"/> Domestic violence <input type="checkbox"/> Child abduction / kidnapping <input type="checkbox"/> Child trafficking <input type="checkbox"/> International social services <input type="checkbox"/> Foster care / adoption <input type="checkbox"/> Custody and guardianship (custody and access / custody and control / guardianship) <input type="checkbox"/> Children's home <input type="checkbox"/> Child maintenance		<input type="checkbox"/> Child exploitation (child labour / early child marriage / sexual exploitation) <input type="checkbox"/> Child in conflict with the law <input type="checkbox"/> Behavioural problems (alcohol / drug abuse / other:) <input type="checkbox"/> Beneficiaries Claims: GIPF / other: <input type="checkbox"/> Health (HIV infected / affected) <i>See job aid 7</i> <input type="checkbox"/> Health and nutrition issues: <input type="checkbox"/> Disabilities (physical / mental / psychological) <input type="checkbox"/> Teenage pregnancy / young mothers <input type="checkbox"/> Psychosocial distress (bereavement / trauma) <input type="checkbox"/> Pre-sentence request / report <input type="checkbox"/> Child witness support services <input type="checkbox"/> Other:	
Reason for reporting: please explain in detail here		Is emergency action required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Picked up in Klein Windhoek for begging on the streets. He says he grew up on a farm in Omaheke. He doesn't know where it is and no tel.</i>		<input type="checkbox"/> Police <input type="checkbox"/> Emergency Medical Services <input checked="" type="checkbox"/> Placement of safety/removal <input type="checkbox"/> Other: <i>Please explain: Otto was brought to the afterschool center</i>	
Signature of person making report:		Date DD / MM / YYYY	

Additional information as appropriate

Case communication:			
• Does the client know that this report has been made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
• If a child, does parent/guardian know this report has been made?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't know
• Does the alleged perpetrator (<i>if there is one</i>) know that this report has been made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has the client been in contact with MGECW on previous occasions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Don't know
If yes, reason:	Date: DD / MM / YYYY Case number:		
Any other support and/or agencies working with client? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, who/connection:			
Additional parties (children / respondent / others) concerned with primary client:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues / needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Other known needs and/or other important/relevant information:			
<i>Otto says that the farm does not treat his father well. There often isn't enough food. Otto came to Windhoek to search for a job to help him get money to help. His mother is not alive.</i>			
Documents accompanying this referral form:			
<input type="checkbox"/> Psychosocial report	<input type="checkbox"/> School report:	<input type="checkbox"/> Medical report	
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Death certificate	<input type="checkbox"/> Other:	
TO BE COMPLETED BY MGECW ONLY			
Report received by:	Official Stamp:		
Date / time of receipt: DD / MM / YYYY Time: HH:MM			
Date case entered in registry: DD / MM / YYYY			
Case assigned to:			



CM 1: Reporting of a client to a social worker Part 1

Please complete page 1 for any child or adult needing mandatory or non-mandatory social services

Particulars of the person making the report / referral		Date of reporting: DD / MM / YYYY	
Type of services needed: <input type="checkbox"/> Protective services <input type="checkbox"/> Other social welfare services	Reporter: <input type="checkbox"/> Self-referral <input type="checkbox"/> Family/Friend <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Other:	<input type="checkbox"/> Verbal report	
Name of person making report: <i>Selma Kambinda</i>		Organization / Practice # (if applicable): <i>Mox/SS</i>	
Contact information: <i>0815468722 and at Kapako clinic</i>			
Client information		CR case number (if applicable):	
Client's surname: <i>Omutshana</i>		First name(s): <i>Ndapanda</i>	
Date of birth: <i>22 / 06 / 2002</i>	Age: <i>15</i>	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Home language: <i>Oshidanga</i>
Address/ERF no/location/village/constituency: <i>The blue zinc shed behind the primary school</i>		Citizenship: <input checked="" type="checkbox"/> Namibian <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
Cell: <i>N/A</i>	Other tel:	More than one child concerned: <i>Newborn</i> <input checked="" type="checkbox"/> Yes (If yes, how many? <i>1</i>) <input type="checkbox"/> No	
Next of kin name: <i>does not want to give details</i>		Best way to reach client or family: <i>at the clinic, office or a discrete home visit</i>	
Relationship: <i>at thi this time.</i>		(Note: If best way is at school, note school name and grade): <i>N/A</i>	
Cell: Other tel:		Child-headed household: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (write below):			
Presenting / reported problem / case type (Check all boxes that apply; circle subcategory where relevant)			
<input type="checkbox"/> Abuse (physical / emotional) <input type="checkbox"/> Abuse (sexual / rape / incest) <input checked="" type="checkbox"/> In need of care or protection (neglect / abandonment / orphans) <input type="checkbox"/> Child living and working on the street <input type="checkbox"/> Domestic violence <input type="checkbox"/> Child abduction / kidnapping <input type="checkbox"/> Child trafficking <input type="checkbox"/> International social services <input type="checkbox"/> Foster care / adoption <input type="checkbox"/> Custody and guardianship (custody and access / custody and control / guardianship) <input type="checkbox"/> Children's home <input type="checkbox"/> Child maintenance		<input type="checkbox"/> Child exploitation (child labour / early child marriage / sexual exploitation) <input type="checkbox"/> Child in conflict with the law <input type="checkbox"/> Behavioural problems (alcohol / drug abuse / other:) <input type="checkbox"/> Beneficiaries Claims: GIPF / other: <input type="checkbox"/> Health (HIV infected / affected) <i>See job aid 7</i> <input type="checkbox"/> Health and nutrition issues: <input type="checkbox"/> Disabilities (physical / mental / psychological) <input type="checkbox"/> Teenage pregnancy / young mothers <input type="checkbox"/> Psychosocial distress (bereavement / trauma) <input type="checkbox"/> Pre-sentence request / report <input type="checkbox"/> Child witness support services <input type="checkbox"/> Other:	
Reason for reporting: please explain in detail here <i>Ndapanda gave birth in secret. No one in her family knew she was pregnant. She was scared, so she left her baby wrapped in a blanket at the clinic.</i>		Is emergency action required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Police <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Placement of safety/removal <input type="checkbox"/> Other: Please explain: <i>We have not yet called the police. Baby is okay and at clinic.</i>	
Signature of person making report:		Date DD / MM / YYYY	

Additional information as appropriate

Case communication:			
• Does the client know that this report has been made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
• If a child, does parent/guardian know this report has been made?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't know
• Does the alleged perpetrator (<i>if there is one</i>) know that this report has been made?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't know
Has the client been in contact with MGECW on previous occasions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Don't know
If yes, reason:	Date: DD / MM / YYYY Case number:		
Any other support and/or agencies working with client? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who/connection:			
Additional parties (children / respondent / others) concerned with primary client:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues / needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Surname:	First names:	Relationship:	DOB: DD / MM / YYYY Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Contact info: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different: Issues/needs: <input type="checkbox"/> Same as primary client <input type="checkbox"/> Different/additional:			
Other known needs and/or other important/relevant information: <i>3 months ago Ndapanda came to clinic complaining of stomach pains and learned she was pregnant. Her boyfriend is 28 years old, from Windhoek. After that visit, she told him that she was pregnant. He became angry and punched her in the stomach. (She thinks he already has a wife and kids). That was the last time we saw her. We called the police, but no arrest has happened. She doesn't have any support.</i>			
Documents accompanying this referral form: <input type="checkbox"/> Psychosocial report <input type="checkbox"/> School report: <input type="checkbox"/> Medical report <input type="checkbox"/> Birth certificate <input type="checkbox"/> Death certificate <input type="checkbox"/> Other:			
TO BE COMPLETED BY MGECW ONLY			
Report received by:	Official Stamp:		
Date / time of receipt: DD / MM / YYYY Time: HH-MM			
Date case entered in registry: DD / MM / YYYY			
Case assigned to:			

Form CM 1: Reporting client to a social worker
To be completed by anyone making a referral to a MGECW social worker, page 2 of 2 (3)
November 2017

Handout 4: Observational checklist

Operations Manual and job aids are available for each social worker in hard copy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printed forms are available to record new cases, update information, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
All documents (operations manual, job aids, forms, etc) are available electronically for all social workers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document with roles and responsibilities of regional supervisors and social workers is available for every social worker in the office	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office door clock is available in the office	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identification cards are setup for each social worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice board with name of social workers and constituency they are responsible for is in place	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notice work schedule is displayed on each social worker door	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registry is setup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data in registry is of quality	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each individual child/family has a file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case files have proper categorization	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case files are stored according to a standard system setup within the office	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case files are in a locked filing cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of caseload is available by type of cases	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of caseload highlights number of cases open, closed and cases requiring follow-up within the next month	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document with role and responsibilities of key stakeholders exists with contact information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Updated CCPA forum guidance available and being used	<input type="checkbox"/> Yes <input type="checkbox"/> No

Summary of cases referred in exists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of feedback on cases referred in from the past month exists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of cases referred out exists	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case load list of new clients (since pilot start)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case load list of clients (pre-pilot)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of feedback from service providers to whom the cases were referred to in the past xxx months exist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you develop any stakeholder list for your constituency? Review stakeholder list? Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a stakeholder engagement plan? See all available records. Comment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Randomly select 2-3 cases per social worker and check if:</i>	
Social worker uses a standard format to record all the clients that s/he sees on daily, weekly, monthly basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data in a case files is of quality	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data in case conferencing is filled in properly	<input type="checkbox"/> Yes <input type="checkbox"/> No

Handout 5: Sample schedule clocks



Handout 6: Workshop evaluation

Please rate the workshop from 1 (low) through to 5 (high).

1. How would you rate how far the workshop met your expectations?

(1 2 3 4 5)

Comment (optional):

2. How would you rate the usefulness of the content?

(1 2 3 4 5)

Comment (optional):

3. How would you rate the facilitators' skills in explaining the issues?

(1 2 3 4 5)

Comment (optional):

4. How would you rate the practical arrangements for the workshop?

(1 2 3 4 5)

Comment (optional):

5. How well do you feel able to implement the SOPs?

(1 2 3 4 5)

Comment (optional):

6. Any other comments?

Thank you!