



The Government of Malawi

CHILD PROTECTION CASE MANAGEMENT

TRAINING MANUAL





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INTRODUCTION

This Child Protection Case Management five-day Training Manual has been developed by the MoGCDSW with technical support from UNICEF Malawi and civil society organisations working in child protection. The training manual was developed to meet the needs of Community Child Protection Workers and other social workers in the Ministry of Gender, Children, Disability and Social Welfare as well as those working in tandem with the justice, health and law enforcement systems including civil society actors providing case management services in Malawi. The training manual is based on the revised Case Management Framework, the Case Management Capacity Development Plan 2014-2020, and the Case Management Tools revised and validated by the Core Working Group on Case Management (consisting of a cross section of government and civil society organisations) in July 2014. It is assumed that the trainer(s) using this Manual will be experienced in both the theories and practice of case management, and capable of generating lectures and presentations based on the information provided in the Case Management Framework, the Case Management Capacity Development Strategy and using other relevant local materials and the media as needed.

TRAINING METHODOLOGY

This manual is designed to be used in tandem with the Case Management Framework, which should be used as the manual for the trainees throughout the training period. Hence, a copy of the Framework should be given to each participant ideally at least one week before the training. The training modules follow the chronological order of the Framework, and is to be delivered over a five-day training period. Training will be optimal if it can be limited to 25 or fewer participants at one time. At the onset participants will be divided into four groups with no more than 7 - 8 members in each group, with varying knowledge and skill levels as well as specializations, so that there are opportunities to engage in productive discussions and at the same time network across sectors. Starting the second day each of the teams will give a recap of the day before, to reinforce the material from the previous day. However, the modules are designed to maximize the available time each day, so there is no room for extended breaks or late starting.

The trainer(s) should preview the modules well ahead of the training, so that they can thoroughly understand the concepts, proposed methods, and prepare additional presentations and activities that they feel will reinforce the learning points. Each module lists the major tasks the trainer needs to do ahead of time, some requiring as much lead time as one month, particularly the section on preparations, to line up speakers, select panelists, etc. The training combines didactic presentations, whole group discussions and small group activities to accommodate a variety of learning methods and feedback mechanisms. Practice based scenarios, role plays and other strategies that promote interactive discussions are also used. The trainers should also consider the level of training and experience of the participants and tailor the material for a wide range of participants.

TARGETED PARTICIPANTS

The manual is designed to build training of trainers (TOT) skills for trainers of case managers and increase their knowledge base for the effective implementation of case management at all levels. The participants will be drawn from all District Social Welfare Offices, relevant government offices and Civil Society Organizations. The focus of the training will be both awareness creation in case management, the role of case managers, developing skills and competencies for training case managers in the communities. All participants should take the pre-test before training starts and take the post-test at the end of the training. These are simple but powerful tools in providing feedback and gauging training needs as well as adding evidence of the effectiveness of training.



DEFINITIONS

ADVOCACY	A set of targeted strategies and actions aimed at decision makers in support of specific policy or programme to address an identified need.
CHILD PROTECTION CASE MANAGEMENT	A coordinated service delivery approach at the individual and household levels involving the identification of vulnerable children, assessment and planning, referral to services and follow up, in collaboration with the extended family, community and other service providers.
CASE MANAGER	A person responsible for overall coordination of identification, assessment and management of individual cases of children in need of care and protection using the Child Protection Case Management approach.
CASE WORK	The process of helping individuals, families and communities to solve their problems. Case work deals with the problems of an individual on a one to one basis; it may also involve intervention with family members and linking with the community around them.
CHILD	A person below the age of eighteen (18) years.
CHILD ABUSE	Any act that endangers a child's physical or emotional health and development, including non-accidental physical violence or injury to the child, sexual violation of the child, and verbal/psychological abuse that humiliates, shames, or frightens the child.
CHILD DEVELOPMENT	The process of change in which a child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and situations in the environment.

CHILD LABOUR

Work that is physically, morally, socially and mentally harmful to the child, or work that robs the child of his or her rights to education, health, play and association. However, light work that does not affect the child's development and is meant for socialization and preparing the child for adult responsibility does not constitute child labour.

CHILD PROTECTION

Preventing and responding to specific situations where children are at risk of or subject to abuse, neglect, violence, exploitation, discrimination, or deprivation of parental or other family care, with a view to upholding and protecting their rights.

CHILD PROTECTION WORKER

One who works with families, children and communities to ensure that support is offered to minimize the risk of harm to children. This label can be broadly applied to all those who are employed or volunteer to provide child protection services.

CHILD TRAFFICKING

The recruitment, transfer, harbouring or receipt of persons by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation i.e. sexual, labour, services or removal of organs among others.

COMMUNITY

A group of people living in a particular local area with shared elements such as territory, culture and interaction networks.

COMPETENCIES

The values and ethics, knowledge base, and skills needed to implement case management services.

ECOSYSTEM	The entire system that surrounds an individual, starting with family, extended family, community, and larger society containing the resources and challenges that impact the wellbeing of the individual
FAMILY	The basic unit of the society composed of various members who are related or not but who identify themselves as belonging together to nurture and support each other.
NEGLECT	Failure by parents / guardians / caregivers or other adults to provide adequate physical, emotional or educational care for a child to develop into a healthy person physically, intellectually, emotionally and psychologically.
NETWORKING	A process by which two or more organizations / individuals collaborate to achieve a common goal. In child protection, networking is used to exchange information, strengthen partnerships at all levels and building coalition among stakeholders to improve policies, programming and services.
ORPHAN	A child under the age of 18 who has lost one or both parents through death.
PSYCHOSOCIAL SUPPORT	The ongoing process of helping to meet the social, emotional, physical, spiritual and mental needs of children. It goes beyond meeting a child's physical needs and places more emphasis on the child's psychological / emotional needs and their need for social interaction.
PROTECTIVE ENVIRONMENT	An environment in which a child lives in safety and dignity made possible by having the necessary laws, social norms, and resources to assist children at risk of abuse, neglect, exploitation or violence.

SERVICE PROVIDER An individual or institution that provides services to those in need of the services and products they offer.

SEXUAL ABUSE This is actual or threatened physical intrusion of a sexual nature with a child by adults or peers. It includes fondling a child's genitals, making the child touch the offender's genitals with any part of the child's body, sexual intercourse, incest, rape, sodomy, exhibitionism, and sexual exploitation.

SEXUAL EXPLOITATION Any abuse of a position of vulnerability, differential power or trust for sexual purposes. This includes profiting monetarily, socially or politically from the sexual exploitation of another person including from pornographic acts and prostitution.

VALUES A set of deeply held beliefs about what is right and wrong, and how one should relate to others

VULNERABLE Condition in which an individual's basic needs of survival, safety, and development are jeopardized or threatened due to poverty, illness, violence, abuse, exploitation or neglect.

LIST OF ACRONYMS

ADC	Area Development Committee
AIDS	Acquired Immune Deficiency Syndrome
CBCC	Community Based Child Care Centre
CBO	Community Based Organization
CCPJA	Child Care, Protection and Justice Act of 2010
CCPW	Community Child Protection Worker
CP	Child Protection
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
CVSU	Community Victim Support Unit
DCP	Division of Child Protection
DCPC	District Child Protection Committee
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
FBO	Faith Based Organization
GCY&S	Gender, Children, Youth and Sports
GVH	Group Village Head
HIV	Human Immunodeficiency Virus
JSSP	Joint Sector Strategy Plan
LDC	Least Developed Country
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
NGO	Non-Governmental Organization
NTWG/CP	National Technical Working Group on Child Protection
OSC	One-Stop Centre
OVC	Orphans and other Vulnerable Children
PVSU	Police Victim Support Unit
SWG	Sector Working Group
TA	Traditional Authority
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
VSU	Victim Support Unit



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CASE MANAGEMENT TRAINING SCHEDULE OVERVIEW



DAY 1

Morning:

Welcome, Introductions & Official Remarks (30 minutes)
Administration of Pre-Test (30 minutes)
Assignment of Teams and re-seating (10 minutes)
Distribution of Training Packets & Overview of Training (30 minutes)
Module 1-A: Child Protection Risks in Malawi (75 minutes)

Afternoon:

Module 1-B: Case Management in the Child Protection System (60 minutes)
Module 1-C: Core Competencies of a Case Manager (60 minutes)
Module 1-D: Guiding Principles & Code of Ethics (90 minutes)



DAY 2

Morning:

Recap of Yesterday (Team Presentation) (30 minutes)
Module 2-A: Child Development & Child Protection (60 minutes)
Module 2-B: The Eco-system Model in Case Management (60 minutes)

Afternoon:

Module 2-C: Overview of the Case Management Process (30 minutes)
Module 2-D: Initial Intake and Case Dismissal (30 minutes)
Module 2-E: Using the Tools for Assessment & Planning (2.5 hours)



DAY 3

Morning:

Recap of Yesterday (30 minutes)
Module 3-A: Case Conferences (60 minutes)
Module 3-B: Making Referrals to Service Providers/Follow-up (60 minutes)
Module 3-C: Case Review & Closure (30 minutes)



DAY 4

- Morning:** Recap of Yesterday (30 minutes)
Module 4-A: Field Application of the Tools (all day)
- Afternoon:** Debriefing



DAY 5

- Morning:** Recap of Yesterday (30 minutes)
Module 5-A: Reporting & Supervision Skills (75 minutes)
Module 5-B: Interviewing Skills (75 minutes)
Module 5-C: Counseling Skills (60 minutes)
- Afternoon:** Module 5-D: Crisis Management Skills (60 minutes)
Module 5-E: Coordinating and Collaboration Skills (75 minutes)



DAY 6

- Morning:** Recap of Yesterday (30 minutes)
Module 6-A: Interpersonal Skills (75 minutes)
Module 6-B: Personal Skills—all (75 minutes)
- Afternoon:** Module 6-C: Way Forward for the Case Management System (75 minutes)
Administration of Post-Test (30 minutes)
Closing Remarks



DAY 1 ADMINISTRATIVE NOTES

Preparation Ahead:

- Copies of pre-test, one for each participant.
- List of 'home teams' (no more than 7-8 in each): These teams will sit together at their 'home' table and remain the same throughout the training unless specified otherwise in this manual.
- Training Packets with Case Management Framework, Tools, Case Scenarios & notebook.
- Review all relevant material in Case Management Framework.

1. Administration of Pre-Test:

- a. Explain that everyone will take a short pre-test on child protection and case management in Malawi. Explain that this will only be a baseline to be compared to the post-test to see how effective the training is, and that the scores will be kept confidential.
- b. Distribute the pre-test in front of the participants, face down. When everyone has received the test, tell them they can turn them over, and take the test quickly without consulting with one another (10 - 15 minutes).
- c. In 15 minutes collect the test and put them away. Score them to assess where the knowledge level is, so that the trainer can put particular focus on areas where the participants' knowledge is weak.
- d. Participants coming late must take the pre-test before they can join the group.

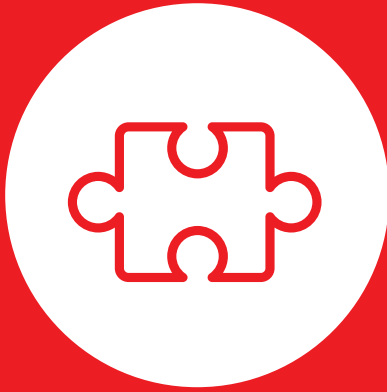
2. Assignment of Teams & Re-seating

- a. After the pre-test, announce the composition of teams. They will be in teams, each made up of a mix of experienced/less experienced, different sectors, and skill levels. Ask them to move to the table for their group (each team table should have no more than 7-8 people).
- b. Explain that each table will be a team and will be like their family, to do many things together. For one thing, each morning, a team will provide a 30 minute 'Re-Cap' of what they learned the day before.* Assign team numbers and have them give their group a name if they would like—they can be humorous.
- c. Schedule the Re-cap team presentations for Days 2, 3, 4 and 5. (It would be ideal if there were only four families so every group has a chance to present. If not, then some will have to 'blend' with other families to create the presentations). Tell them that they can use Power Point, role plays, or any other means of presenting what they learned. The team should meet the evening before to plan their Re-Cap presentation. Encourage them to enjoy the process.

3. Distribution of Training Packets:

- a. At this point, each participant should receive a training packet containing the Case management Framework, Tools, Case Scenarios, a notebook, pens, etc. However, facilitators may decide to handover the reference materials at the end of the training.
- b. Then give a short overview of the Training Schedule included in this document.

* RE-CAP presentations: Explain that starting on Day 2 until the last day, each team will make a presentation as the first item of business. Their presentation will be on the most important things from the day before. In order to prepare, the designated team will meet at the end of the day starting on Day 1, to plan their presentation. They will have 30 minutes to present at the beginning of Day 2, 3, 4 and 5.



MODULE 1-A

Child Protection Risks in Malawi

 75 minutes



OBJECTIVES OF MODULE 1-A:

By the end of this module, participants will;

- Understand the child protection issues prevalent in Malawi.
- Understand the major types of abuse, neglect, exploitation and violence.
- Learn the difference between group-based categorization (street children, OVC) vs. risk-based categorization of children (abuse, neglect, exploitation & violence), and why the latter is better to serve a wider range and larger numbers of children.
- Learn how the CCPJA has identified children at risk, and become familiar with that list, while recognizing that it is not a comprehensive list because the list is group-based rather than risk-based.
- Understand their role in identifying children in need of care and protection as provided in the Child Care Protection and Justice Act (CCPJA of 2010).

CORRESPONDING MATERIALS IN THE CASE MANAGEMENT FRAMEWORK:

- Figure 2 and Table 3, and their accompanying texts.
- Section 2.2. Knowledge of Major Child Protection Issues.

PREPARATION AHEAD:

- Read the corresponding materials in the Framework.
- Prepare the presentation as guided below.



DELIVERY OF MODULE 1-A

ACTIVITY: Brainstorming (5 minutes)

- Step 1: Ask participants to brainstorm on the meaning of child protection (tell them not to look in the definitions section).
- Step 2: Record all Answers.
- Step 3: Present the prepared notes/presentation on child protection.



PRESENTATION: WHAT IS CHILD PROTECTION? (40 MINUTES)

Write the definition of 'Child Protection':

Child Protection: Preventing and responding to specific situations where children are at risk of or subject to abuse, neglect, violence, exploitation, discrimination, or deprivation of parental or other family care, with a view to upholding and protecting their rights.

- Step 1: Introduce the subject by ask participants to brainstorm the meaning of Child Protection?
- Step 2: Record all answers.
- Step 3: Refer back to the definition of Child Protection on the board or flip chart. Point out that child protection includes learning to identify the targets of child protection services—children in need of protection.

Explain that in Malawi most of us are used to identifying children by external variables such as children on the streets, orphans, etc. (group-based) rather than understanding the impact on children of things such as physical abuse, educational neglect, etc (nature of risk based).

- Step 4: Write the following title on the board: “IDENTIFYING CHILDREN AT RISK
Under that, write:
1. Group-based Approach
 2. Nature of Risk Approach



METHODS OF IDENTIFYING CHILDREN AT RISK

1. Group-Based Approach

- Explain that the global child protection community is in the process of evolving from one approach to another. The first one, was the GROUP-BASED APPROACH to identify children at risk. Those groups included children such as orphans, street children, children with disability, children in conflict with the law, etc.
- Have participants turn to Table 3 of the Framework (shown in next page).
- Explain that the Child Care Justice and Protection Act (CCJPA) defines children in need of protection and care mostly by using groups of children (refer to Table 3 next page). If a child’s condition fits one of those categories, the CCPJA presumes that a child is at risk. This can serve a positive purpose in raising awareness and authorizing an entry point for the case management system to further assess the child’s situation.
- Have participants take turns reading aloud each category of children in Table 3.
- However, explain that individualized assessment is key to determine their true need for services. For example, a disabled child may or may not need services depending on the care he or she is receiving and the degree to which he/she is able to participate in education and play. Some children in domestic work may be allowed to go to school and are treated well, while others may be abused and/or exploited. On the other hand, a child infected with HIV will most likely need services although not mentioned in the CCPJA.

TABLE 3

**CHILDREN IN NEED OF CARE AND PROTECTION
UNDER THE CHILD CARE, JUSTICE AND PROTECTION ACT**

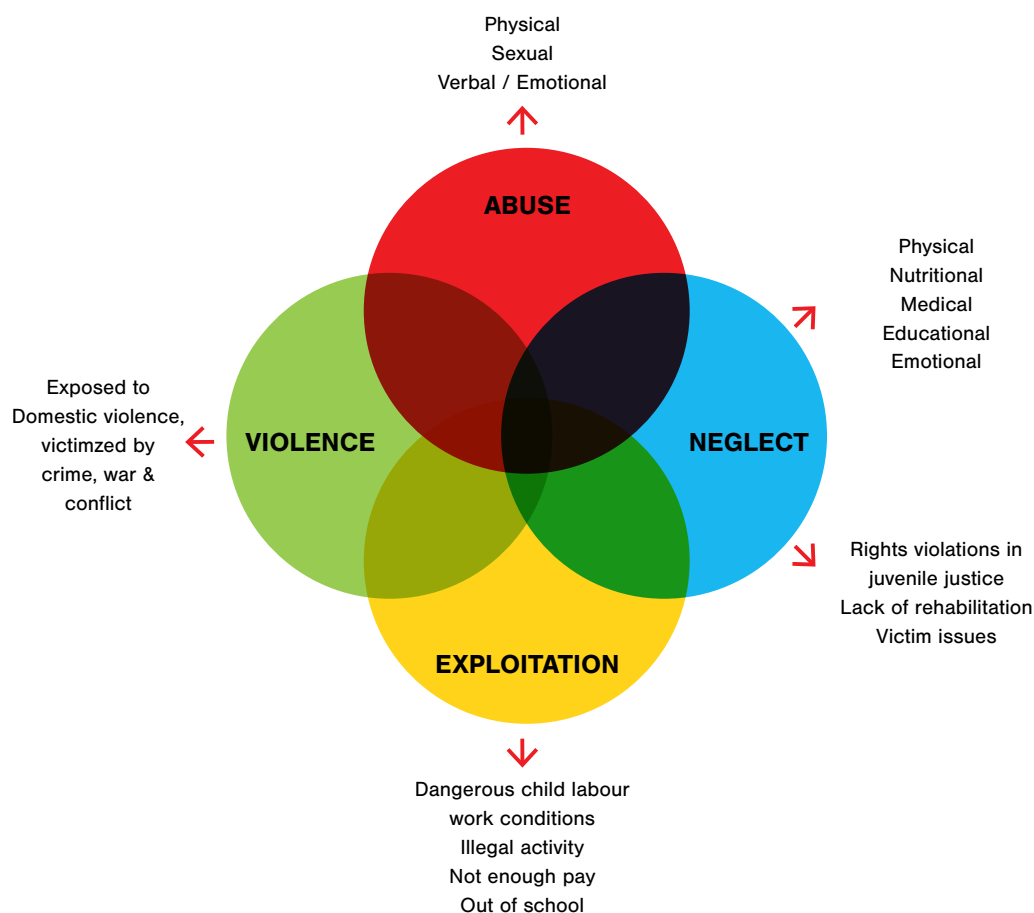
- a. The child has been physically, psychologically or emotionally injured or sexually abused or is at substantial risk of such abuse, including by the parent or guardian or member of the family;
- b. The child has been physically, emotionally, or sexually abused or is at substantial risk of such, and no parent, guardian, or other person has protected the child, or is likely to protect the child;
- c. The parent or guardian of the child is unfit or has neglected the child, or is unable to exercise proper supervision and control over the child and the child is falling into undesirable association;
- d. The parent or guardian of the child has neglected the child or is unwilling to provide for the child's adequate care, food, clothing, shelter, education and health;
- e. The child has no parent or guardian or has been abandoned, and after reasonable inquiries the parents cannot be found while no other suitable person is willing and able to care for the child;
- f. The parents or guardians neglect the child or refuse to have the child examined, investigated or treated for the purposes of restoring or preserving the health of the child;
- g. The child behaves in a manner that is, or is likely to be harmful to the child or to others, and the parents or guardians are unable or unwilling to take the necessary measures to remedy the situation; or the measures they have taken have failed;
- h. There is such a conflict between the child and the parents or guardians of the child, or between the parents or guardians, that family relationships are seriously disrupted;
- i. The child is in the custody of a person who has been convicted of committing an offence in connection with that child;
- j. The child frequents company of immoral, vicious or otherwise undesirable person or persons or is living in circumstances calculated to cause or induce the seduction, corruption, or prostitution of the child;
- k. The child is allowed to be on a street, premises or any place for the purpose of begging or receiving alms as a habitual beggar; or is carrying illegal hawking, illegal lotteries, gambling, or other illegal activities detrimental to the health and welfare of the child;
- l. The child cannot be controlled by his/her parents or guardian or the person in custody of the child; and
- m. If the child is assessed by the Social Welfare to be in need of care and protection.

NOTE: In the last category (m), the Act allows for other types of child protection risks to be identified by the representatives of Social Welfare, which includes all of the Community Child Protection Workers as well as social workers at One Stop Centers, Victim Support Centers, government-run care institutions, and reformatories. This gives broad discretion to those who are investigating allegation to make a determination of abuse, neglect, exploitation or violence even when not listed in the Act. For example, children who are affected by HIV/AIDS should most certainly be considered at risk although they are not specifically listed.

2. Nature of Risk Approach

- In contrast to the Group-Based approach, the new trend is to look at the experience of abuse, neglect, exploitation and violence from the child's point of view (Nature of Risk Approach).
- So the determination of abuse/neglect/exploitation should be made based on what the child is actually experiencing.
- Put up the Power Point slide of Figure 2.
- Refer back to Figure 2.
- Explain: The global community is moving toward identifying ALL children who experience the various TYPES of protection risks (abuse, neglect, exploitation or violence) as shown in Figure 2. This is because many of the children experience common forms of abuse, neglect and exploitation although often through different paths and under different living arrangements.
- For example, street children and child domestic workers may experience both physical and sexual abuse, but children in families and communities may also experience these forms of abuse. They have similar protection needs due to the nature of abuse, not simply because of the group they belong to. This demonstrates how we need to address the Nature of Risk rather than the group approach.

FIGURE 2: TYPES OF CHILD PROTECTION ISSUES



- Further, it is important to recognize that not all children who experience similar types of abuse or neglect react in the same way, although it is good to recognize some common risks. Individualized assessment and case planning is very important.
- Many children experience multiple dimensions of maltreatment, and each type of maltreatment should be recognized and dealt with.



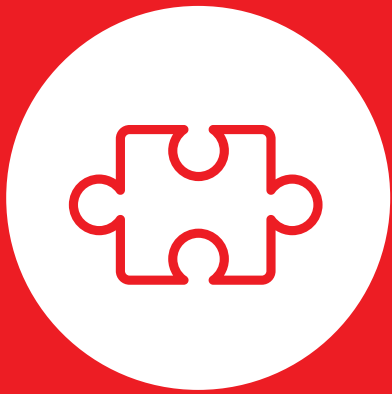
**ACTIVITY: SMALL GROUP DISCUSSION FOLLOWED BY LARGE GROUP DISCUSSION
(30 MINUTES)**

- Step 1: Write the following (numbered) child protection risks on the flip chart (don't write the answers!).
- Step 2: Instruct the whole group that each small group should use Figure 2 to identify the Nature of Risk suggested by each number. Give an example: The Risk in #1 below, is nutritional neglect shown in Figure 2. They should also see if the case would fall under the CCPJA.
- Step 3: Have each small group take 15 minutes to identify the nature of risk suggested by each of the remaining items. They should also check on the CCPJA list to see if the case fits there.
- Step 4: Have one group report their answers.
- Step 5: Ask if any groups had different answers than the ones given. Discuss.

CHILD PROTECTION ISSUES IN MALAWI

Malawi is one of the Least Developed Countries (LDC) in the world, with a Human Development Index of 170 out of the 186 countries ranked in 2013. With a per capita Gross National Income of \$320 US, and 75% of people living under \$1.25 USD a day, poverty is a major dynamic that generates child protection issues.

- 41% of children under five are stunted (answer: nutritional neglect).
- 28% of the 5-11 age range, and 21% of the 12-24 age range of children/youth are working outside of the home (exploitation, abuse, educational neglect all apply).
- Malawi is a country of origin for the trafficking of children for labor and sexual exploitation, as well as a host country for internal trafficking (exploitation, sexual abuse, emotional abuse).
- One-third of the girls marry before age 18 (compared to only 2% of boys) (educational neglect, sexual abuse, physical abuse through early child birth).
- Significant proportion of children experience bullying, sexual abuse (up to 65% of girls) and other forms of violence at school, at home and in the community (abuse, violence).
- Only 9.7% of boys and 10.4% of girls attending secondary schools, far below the enrolment rates of 29.7% and 28.8% respectively (educational neglect).
- Over 1.3 million children have lost one or both parents, 770,000 of them due to AIDS (it depends on their individual circumstances, likely nutritional and emotional deprivation).
- Over 10,000 children are in residential care centres; only 9% having individualized care plans (emotional and psychological neglect through deprivation of family and via lack of individualized care plan. They may also be exploited by profit-minded orphanages).



MODULE 1-B

Case Management in the Child Protection System



60 minutes



OBJECTIVES OF MODULE 1-B:

By the end of this module participants will:

- Learn what child protection case management is.
- Learn the purposes and functions of child protection case management.
- Understand case management as a micro system of the larger child protection system.
- Learn the six system components of the case management system and the larger child protection system.

CORRESPONDING MATERIAL IN THE CASE MANAGEMENT FRAMEWORK:

- Section 1.1. Definition of Case Management.
- Section 1.2. The Role of Case Management in the Child Protection System.
- Figure 1 and Figure 3 and their accompanying texts.
- Section 1.3. Development of Case Management Programming in Malawi.
- Section 2.3.1. Case Management in the larger Child Protection System.

PREPARATION AHEAD:

- Read the corresponding materials in the Framework.
- Make sure you have Slides 3-8 of the Power Point presentation that goes with the manual.
- Prepare the presentation as guided below.
- Write the Definition of Case Management (immediately below) on the board or flip chart, cover it up.

Child Protection Case Management: A coordinated service delivery approach at the individual and household levels, involving the identification of vulnerable children, assessment and planning, referral to services and follow up, in collaboration with the extended family, community and other service providers.



DELIVERY OF MODULE 1-B

BRAINSTORMING and DISCUSSION (10 minutes)

Introduce the topic by explaining that as we noted earlier, Malawi's children are at great protection risk. This is why government has embarked on a concentrated effort to provide child protection case management.

- Step 1: Ask all participants to brainstorm on the definition of Child Protection Case Management.
- Step 2: Record all answers.
- Step 3: Reveal the definition that is covered up. Invite the group to read it together, slowly.
- Step 4: Invite participants to identify key concepts, and why they feel it is key. The following points should be brought out, if not already highlighted by participants:

- **“Coordinated approach”** – case management takes a lot of coordinating with others. The case manager does not directly solve the problems of the client, but rather assesses the client’s needs and links them to service providers, and then follows up.

Note: Case managers do provide limited direct services such as crisis management in the beginning (if there is one), and some on-going general counseling to help the clients meet their case goals. This means that one of the case manager’s greatest tools is knowledge of the resources.

- **“Individual and Household levels”** This recognizes the fact that many of the child’s problems will be resolved by dealing with problems at the household level. Because children are so dependent on their families, case management work must focus on this. However, some problems are individual to the child and must be dealt with at that level.
- **“Identification, Assessment, Planning, Referrals & Follow up”** are all key steps involved in case management. We will learn all of these in greater detail later.
- **“In collaboration with extended family, community and service providers”** emphasizes the fact that the family is encompassed within the extended family and the community. These are the natural and informal helping systems that may be culturally appropriate and sustainable, but specialized services provided by more formal government or civil society organizations may be more appropriate in specific situations.



POWER POINT PRESENTATION (10 minutes): Show slides 3 to 8 on Case Management. These slides will demonstrate how Case Management is like a bridge, basic building blocks of a building, and wheels of a car. They are good visuals to help the participants see the important roles of case management. They are also a nice transitional tool to the next section.



GROUP DISCUSSION: What is the Child Protection System? (20 minutes)

- Step 1: Explain that we need to step back and look at the larger picture that case management functions in –this larger picture is the child protection system of Malawi.
- Step 2: Recruit two volunteers. One will come up and draw the system’s ‘House’ on the board or flip chart (including the children). The other one will write in what each block is labeled from the picture shown in the Framework.

Step 3: Now show Power Point slide labeled Malawi Child Protection System. Explain how the interlocking blocks create a holistic child protection system where all children experiencing, or are at risk of abuse, neglect, exploitation or violence, would be identified and served by a system that has six components which must work together to be operational. Show where case management fits.

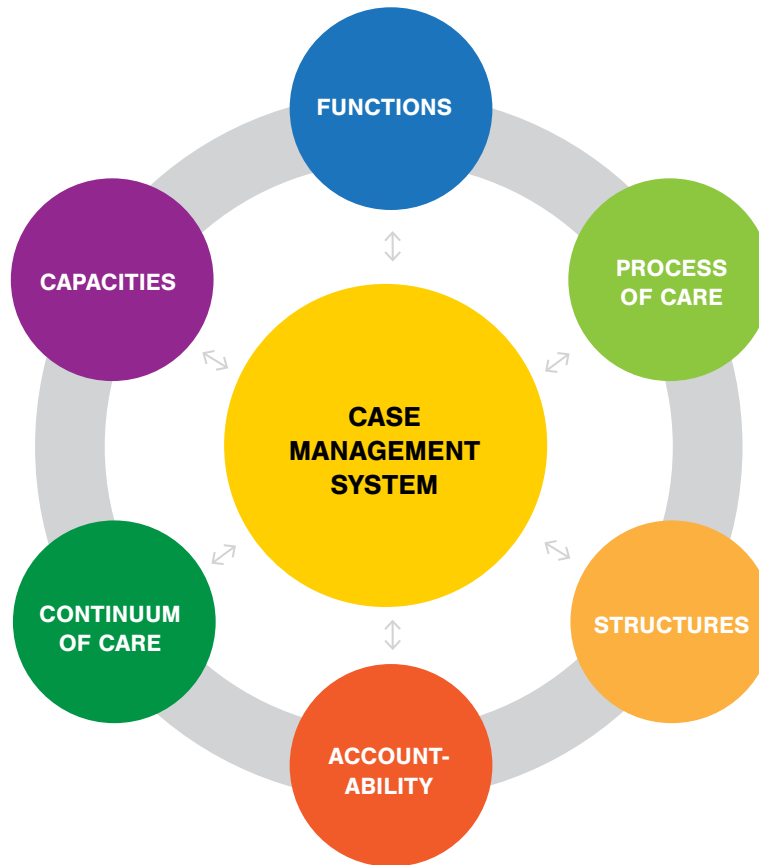
Step 4: Briefly explain the six system components (from the bottom of the House model):

- **Structures** component refers to the existence of, and coordination between organizations implementing child protection policies.
- **Functions** are the laws and policies relevant to child protection (in many other countries this component is referred to as the 'Policy Framework' and is viewed as foundational to all other system components).
- **Capacities** refer to the human, financial and material resources to carry out the work.
- **Continuum of Protection Care** refers to the services available, ranging from preventative to rehabilitative programs.
- **Process of Care** refers to how service delivery is organized. This is where Case Management is listed as a method of service delivery in Malawi.
- **Accountability** addresses standards, complaint mechanisms, data systems, and monitoring and evaluation.



PRESENTATION: What is the Case Management System? (10 minutes)

FIGURE3: CASE MANAGEMENT SYSTEM



Draw Figure 3 (shown above) on the board or flip chart, or use the Power Point slide. Explain that the outer circles represent the six components of the system “house”, only this one is drawn in a circle rather than a house.

The case management system must be built on all six of the components. In other words, the larger Child Protection System must contain all six components and each component must coordinate with all others in order to operationalize the services on the ground, including case management services.

Case Management system is also a smaller system in the larger Child Protection system, and has the same six components: policies, structures, capacities, continuum and process of care, and accountability mechanisms. Give an example of how this works:

Case Scenario: A girl is sexually defiled in her village. The crime is reported, and the child protection system is alerted. The child is taken to a Police Victim Support Unit and interviewed and taken to a nearby medical clinic for screening. The case is reported to the relevant Village Chief who contacts the Community Child Protection Worker (CCPW). The CCPW immediately visits the girl's home and assesses the girl as well as the entire household's ability to care for her.

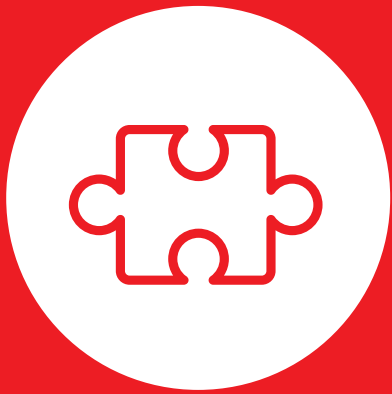


DISCUSSION (10 minutes): Based on the above scenario, solicit ideas on each of the six components of the case management system. What in the scenario constitutes:

- Functions (policies)? (laws regarding sexual abuse)
- Structures? (police, village chief, CCPW, medical clinic)
- Capacities? (how well each actor has been trained to do his/her job, how much financial, communication and transportation support is provided for the work, are there private offices at the police unit, etc)
- Continuum of Care? (Is this a preventative or responsive care? How could we strengthen preventive care to protect children in the future?)
- Process of Care? (How well was each portion of the service provided? Did each office have a procedure clearly worked out? How well does the process respond to the need at hand?)
- Accountability (if actors didn't do a good job, can the girl's family complain to anyone? Was there a record of all that happened? Is there a system of monitoring and evaluating services by these service providers?)

Reinforce the centrality of case management services: Case Management is at the center of the child protection system. It is like a bridge that links vulnerable children to the services or resources they need,

Reminder: case management is like the wheels of a car to make it possible to drive on the road of services. (Refer back to the Power Point slides to reinforce these concepts).



MODULE 1-C

Core Competencies of a Case Manager



60 minutes total



OBJECTIVES of Module 1-C:

By the end of this module, participants will;

- Understand the ten Core Competencies of a case manager.
- Understand the relationship between values, knowledge, and skills that are necessary to engage in case management work.
- Be motivated to achieve the minimum Core Competencies.

CORRESPONDING MATERIAL FROM THE FRAMEWORK:

Table 1: Minimum Competencies of a Case Manager.

The entire content of Section 2: the Core Competencies of a Case Manager of the Framework.

PREPARATION AHEAD:

Make copies of the Group Exercise Scenario below (bottom of this page and top of next page).



DELIVERY OF MODULE 1-C

GROUP EXERCISE (30 Minutes)

Step 1: Divide participants into groups of 7-8 participants.

Step 2: Ask each group to respond to the following scenario and discuss the following questions.

Step 3: Let each group present in plenary.

Step 4: Summarize and complete the session by presenting prepared slides/notes.

Have the participants respond to the following scenario:

Imagine that you are a parent who lives far away from your family, in order to make a living. You miss your family very much, and although your parents are taking care of your children, they are getting old and you feel sad that your children are growing up without a father or mother with them. One day you learn that your ten year old son was beaten by his teacher for not doing so well on an exam and being sleepy during school. Your son was beaten so severely that he got some broken ribs and open cuts, requiring emergency medical attention. The medical clinic made a child protection referral and now a CCPW is involved as a case manager. You cannot leave your work to go home, so you hope that the case manager will do a good job.

Please discuss:

- How does it feel to be a parent of a child in need of protection?
- How did it feel to be dependent on the CCPW whom you do not know very well?
- What do you hope the Case Manager can do for your son?

- What kind of qualifications would you like the case manager to have?

Explain: Qualifications can exist along Values, Knowledge and Skills.

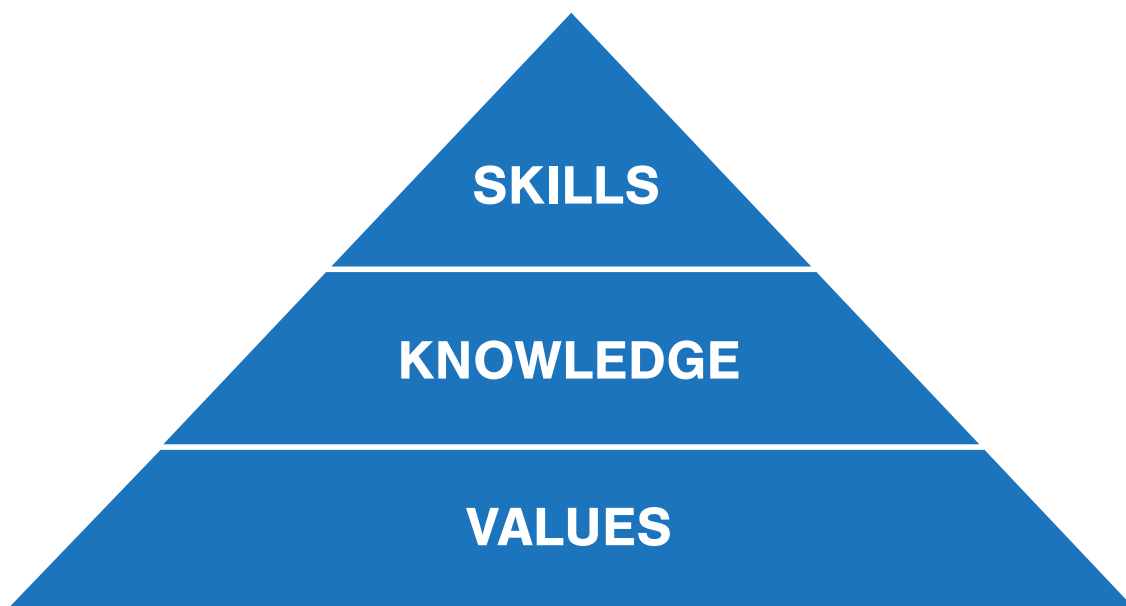
- Values are the guiding principles one lives by, also applied to one's work.
 - An example of a value is the belief that hard work will be rewarded.
- Knowledge and Skills are learned from education and experience.
 - An example of knowledge is how the Internet works.
 - An example of a skill is how to settle a dispute between two friends.

Give the groups about 15 minutes to discuss the Values, Knowledge and Skills that they would like to see in the Case Manager in the above scenario. Have each group give a short and informal presentation, and open up for a larger group discussion. Write the words or phrases offered on the board or flip chart. (You will be coming back to these in the next module).



PRESENTATION: Values, Knowledge and Skills of the Case Manager (15 minutes)

- Case managers need a basic set of principles and ethical values, as well as several sets of knowledge and skills.
- Draw a triangle to show how values, knowledge and skills are stacked together



- Values are what we believe in, and they determine our attitudes and behavior. The values we hold as individuals must be compatible with human rights and justice. The values we hold are based on a set of principles and ethics. We will study them in more detail when we review the Code of Ethics.

- On top of these values we gain knowledge about child development, about child protection systems, case management process, etc.
- On top of knowledge, we build skills. Even if we know everything in the world, if we don't know how to use our knowledge with real clients, we can't help them. So we need to develop the skills to use our values and knowledge to help our clients.
- These values, knowledge and skills together constitute the core competencies every case manager should possess.

PRESENTATION: Overview of the Core Competencies of the Case Manager
(15 minutes)



- Explain that the Core Case Management Working Group discussed many different values, knowledge and skills for case managers in Malawi and decided upon the most important ones, and these have been labeled the Core Competencies of a Child Protection Case Manager. Explain that these are in line with the international standards for case management competencies.
- Demonstrate, as you go down the list of the competencies, that #1 is a set of values and ethics, #2-5 are knowledge areas, and #6-10 are skill sets. But these are all considered the basic qualifications that a case manager must have, and are called 'competencies'.
- Refer to Table 1 in the Framework (below) or project the Power Point slide.

TABLE 1: MINIMUM CORE COMPETENCIES OF A CASE MANAGER

1. Values and Ethics of Case Management
2. Knowledge of major child protection issues and dynamics
3. Understanding the Child Protection System
4. Knowledge of child development, specifically related to child protection
5. The case management process and standard operating procedures
6. Reporting and supervision skills
7. Counselling and communication skills
8. Coordinating, networking and collaboration skills
9. Interpersonal skills: conflict management, persuasion, and leadership
10. Personal skills: self-awareness, organizational, stress & trauma management

Identifying competencies is the primary methodology of training case managers around the world. Therefore, case management training in Malawi will be based on these competencies.

Step 1: Inform participants that the training will cover all of these competencies, so you are getting a preview of the week right now.

Step 2: Explain each competency briefly.

Step 3: Invite questions and discussion, but reassure the group that these competency areas will be discussed in detail during the week.



CLOSING POINT (5 minutes):

Conclude by summarizing the introductory points of case management in Malawi, child protection system and core competencies.



MODULE 1-D

Child Development and Child Protection



60 minutes



OBJECTIVES OF MODULE 1-D:

By the end of this module, participants will;

- Learn the guiding principles and values which are consistent with case management work.
- Have a chance to reflect on their own values.
- Learn the Code of Ethics and how it applies in case management practice.
- Make a strong commitment to the Code of Ethics for Child Protection Case Managers.

CORRESPONDING MATERIAL IN THE CASE MANAGEMENT FRAMEWORK:

- Section 2.1 Values and Ethics for the Child Protection Case Manager
- Table 2: Code of Ethics for Case Managers

PREPARATION AHEAD:

- If resources allow, ask six individuals at least a week before (preferably very experienced ones) to discuss the six Guiding Principles and Values of Case Management (one person per value, 5 minutes per person). Match the person's value system so that they can convincingly share their belief in the particular value. Give them a copy of the principle you would like them to discuss. Let them share how they apply it (or have applied it) in their practice.
- Make copies of the Values Awareness Questionnaire (next page).



DELIVERY OF MODULE 1-D

GROUP EXERCISE (20 minutes)

Step 1: Ask the participants to take the Values Awareness Questionnaire (next page). Explain that each person should be as honest with themselves as possible, and that this is only for purposes of self-reflection. It will not be turned in or shared by anyone.

Step 2: Give each person about ten minutes to take the questionnaire.

Step 3: Ask the following questions to the group and discuss each one for a few minutes:

- Which were the most difficult questions to answer?
 - Why were they difficult?
- What did you learn about yourself that you didn't know before?
- Based on your answers, what are some values that you have that are:
 - Compatible with case management?
 - Incompatible with case management?

Step 4: Explain: As we have seen through this exercise, very often we are not aware of our own beliefs or attitudes until we are confronted with a real situation. For example, do you believe in the unconditional dignity and worth of all human beings? If so, do you believe you can apply that belief to someone who has defiled innocent children?

Values Awareness Exercise

Choose your position on each of these sentences.

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly Disagree

1. When I see a person begging on the street, I think they are very lazy.
2. People who have committed crimes are not worth bothering to rehabilitate.
3. Parents who have abused their children can change if they get services.
4. Human behaviour is purposeful, even when the actor is not consciously aware of it.
5. When parents' wishes and child's best interest conflict, parents' wishes should be respected.
6. Small children are too immature to have their own personalities and unique characteristics.
7. A person's problems are almost always caused by that person, so the change has to be made by that person alone.
8. Everyone in society has the same power.
9. I believe that as a case manager I will know the solutions better than the clients.
10. People experiencing problems often have strengths that can be used to improve their lives.



GUEST PRESENTATION/ DISCUSSION (40 minutes):

- Write on the board or flip chart the following six Guiding Principles (those numbered and in bold in 2.1.1. below).
- Explain that these principles and values are applicable to all human beings, not just the clients we happen to like.
- Explain that you asked six experienced social workers to share how they apply the principles and values in their practice.
- Ask the audience as they listen, they should evaluate themselves on each value.
- Give each presenter 5 minutes.
- After each presenter has finished, open up for questions and answers.

2.1.1. Guiding Principles and Values of Case Management

The fundamental guiding principles and values of case management¹ are:

1. **Dignity and Worth of a Person:** Each human being has inherent worth, and deserves to be treated with respect and dignity. This is true of everyone, including (especially) those that are not considered important by society, or even those who have made mistakes or have acted on bad decisions. Each person is unique and adds to the diversity of society.
2. **Basic Human Needs and Motivation:** Each human being has basic needs such as survival needs, safety and security needs, love and belonging, and self-improvement.² These needs motivate their behaviour, sometimes in unhealthy ways, especially when they lack access to healthier ways to meet their needs.
3. **Client-Centered Service:** The client is the consumer of case management services. A case manager puts the client first above self-interest. In handling cases, the most vulnerable of the client group should be the priority focus. In child protection work, this means the best interest of the child should be of primary consideration.³
4. **Ecosystem Perspective:** Case management is founded on a holistic framework, recognizing that each person lives in an ecosystem where they interact with multiple systems such as family, community and society, and further interact with dimensions of culture, economy, politics, religion, etc. These present both resources and challenges that can be identified and applied in case work.
5. **Empowerment:** Power is an essential dynamic in human relationships, and power structures in the ecosystem impact the resources and wellbeing of individuals and groups. Empowering the most vulnerable in society requires balancing the inequities that arise from discrimination, injustice and inequality of access and opportunity.

1 Adapted from numerous social work and case management sources, specifically tailored for the Malawian context.

2 Adapted from Maslow's hierarchy of needs. The original reference: Maslow, A.H. (1969). The farther reaches of human nature. *Journal of Transpersonal Psychology*, 1 (1), 1-9.

3 See the Convention on the Rights of the Child, Art. 3. The child's interest should weigh more heavily than the interest of any other person or group, with consideration given to the rights and responsibilities of parents.

6. **Competence and Humility:** A child protection case manager must have the knowledge and skills to do the work well, and to adhere to the accountability procedures. Equally important is the attitude of humility, recognizing that they must constantly improve their knowledge and skills to perform their responsibilities.



PRESENTATION (10 minutes):

The Code of Ethics in Case Management

- Step 1: Have the class turn to Table 2: Code of Ethics for Case Managers.
- Step 2: Explain that each of the principles and values result in the obligations and responsibilities that the case manager has toward the client. They protect both the client and the case manager. These obligations and responsibilities are listed in the Code of Ethics.
- Step 3: Have the participants note that each Guiding Principle is the foundation for that part of the Code of Ethics, so there are six major areas for the Code of Ethics.
- Step 4: In many countries the Code of Ethics is legally and professionally binding. Here in Malawi they are not legally binding yet, but they are still morally and ethically binding. When we choose to become case managers, we are personally choosing to embrace these values, principles and standards. Consistent and exemplary compliance is a professional expectation. Violations should be dealt with by the supervisors and appropriate discipline should be applied.



GROUP ACTIVITY (40 minutes):

- Step 1: Divide the group into six smaller groups. They can be any number.
- Step 2: Assign a Principle from Table 2 in the following two pages.
- Step 3: Instruct them to read their section thoroughly, and to appoint a spokesperson.
- Step 4: Let each group discuss the following questions with regards to the principle they have been assigned:
1. Discuss when you faced dilemmas with one or more of the ethical standards and how you ended up handling the situation (the discussion can be based on experience with clients or in other settings).
 2. Discuss potential difficulties/ challenges you might have faced in carrying out the Code section that you have been given. Try to be honest with yourself and discuss how you can resolve the potential conflict. Give them 15 minutes.

Step 5: Have each group share their discussion with the large group (3 minutes per group).

After each group has presented, give the larger group a chance to ask questions to the reporting group or make comments, before going on to the next group. If the participants are thoughtfully participating there should be many questions and comments so giving each group equal time will be important. Emphasize the importance of self-awareness, humility, and a willingness to change and grow as a person. Also emphasize the importance of discussing these with colleagues and supervisor.

Table 2. Code of Ethics for Case Managers

<p>1. Principle: Dignity and Worth of a Person</p> <ul style="list-style-type: none">a. The case manager should treat each client with respect even when they disagree with the case manager or have made wrong choices.b. The case manager should recognize the uniqueness of each individual, and avoid stereotyping.c. The case manager should focus full attention on the client(s) when they interact, without interruptions.d. The case manager should recognize the principle of individual autonomy and promote the client's right to participate in making case management decisions, taking into consideration the age and development of the client.e. The case manager should protect the confidentiality of private information. The only exceptions are: by consent by the client or the client's parent or guardian (in the case of children); in true emergencies to protect the client; for supervision within the same agency; in case conferences where all parties sign a Confidentiality Agreement; and for data entry in which case the client's name will not be identified.
<p>2. Principle: Basic Human Needs and Motivation</p> <ul style="list-style-type: none">a. The case manager should uphold the child's life; survival; health; protection from abuse, neglect, exploitation and violence; education and family-based care.¹¹b. The case manager should recognize and promote the importance of family and other close relationships.c. The case manager should recognize that human behavior is purposeful, motivated by fundamental human needs; and use this information to help the client.d. The case manager should explore creative ways of reaching each client, particularly when the client does not seem motivated to achieve the goals of the case.
<p>3. Principle: Client-centred Service</p> <ul style="list-style-type: none">a. The case manager should put the best interest of the client above their own comfort, convenience, social status, or recognition, while maintaining professional and personal boundaries to take care of their own physical and emotional health.b. The case manager should endeavor to understand the client's perspective and exercise empathy, rather than acting out of sympathy or negative judgment.c. When a case manager is dealing with a client, he or she should treat the client in such a way that the client feels respected, focused on, and understood.d. The case manager should respect the principle of client self-determination in the context of the client's maturity and developmental level, and provide the necessary guidance and information to serve the client's best interest.e. The case manager should focus on developing and implementing individualized case plans for the particular needs of the client.

4. Principle: Eco-system Perspective

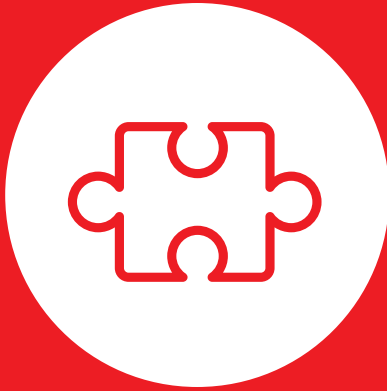
- a. The case manager should recognize that each client has both challenges and strengths, and that their strengths can often be applied to solve their challenges.
- b. The case manager should individually assess the impact of the client's ecosystem to examine challenges as well as potential resources in the client's environment, such as within the family, extended family system, neighborhood and larger community.
- c. The case manager should serve as a bridge between clients and their social environment by creating linkages and referrals, utilizing the multiple perspectives of those involved in the service provision.
- d. The case manager should raise awareness and collaborate with communities to provide child protection services at that level, and advocate to fill the gaps in the services and resources.

5. Principle: Empowerment

- a. The case manager should exercise care not to re-oppress or re-victimize, but to empower the client through respectful and professional service.
- b. The case manager should apply the principle of equity among his or her clients, using best professional judgment in determining the amount of time and attention each case should receive, depending on the urgency and severity of needs.
- c. The case manager should exercise empowerment and capacity building with clients; however, enablement may be extended to clients in acute crises or those who are not able to help themselves.

6. Principle: Competence and Humility

- a. The case manager must possess the requisite knowledge and skills for conducting case management activities, and demonstrate competence in a measurable way.
- b. The case manager must maintain physical and emotional health necessary for the work, through good self-care including the management of stress and vicarious trauma.
- c. The case manager should continually learn and add new knowledge and skills to his or her professional repertoire.
- d. The case manager should act upon his or her need for supervision and case conferences to ensure that he or she is managing cases in ways that will appropriately serve the client's best interest.
- e. The case manager should maintain accurate records and standards of accountability required by his or her organization.



MODULE 2-A

Child Development and Child Protection



60 minutes

DAY 2

Re-Cap of Yesterday (30 minutes)

Fill in any gaps as needed.



OBJECTIVES OF MODULE 2-A:

By the end of this module, participants will be able to;

- Understand the basic development needs of children.
- Learn how child protection case management is related to promoting the development of children.

CORRESPONDING MATERIAL IN THE CASE MANAGEMENT FRAMEWORK:

- Section 2.4. Knowledge of Child Development.

PREPARATION AHEAD:

- Study the relevant material in the Framework.



DELIVERY OF MODULE 2-A:

INTRODUCTORY COMMENTS (10 minutes)

Step 1: Welcome everyone to Day 2 of training, and compliment the Recap team.

Step 2: Explain that this is already Competency #4. Refer back to Table 1 in the Framework.

Step 3: Review:

- Competency #1 is the Code of Ethics, which were the values and ethics related to case management work.
- Competency #2 is the knowledge of major child protection issues and dynamics.
- Competency #3 is understanding the child protection system
- In Competency #4, we will learn about basic child development that is necessary for protection case managers.
- There is a huge body of knowledge regarding child development, but we only have time to cover the aspects that are the most relevant to child protection issues. These include children's (write on board or flip chart) 1) physical, 2) emotional/psychological, 3) social and 4) educational developmental needs.
- Stress that most parents are able to meet these developmental needs for their children. But if they are not able or willing to, we have to step in, to ensure that these basic developmental needs are met (the safety net concept).
- Under international and domestic law, it is the responsibility of the national social welfare system to provide the safety net protection to the children. Parents who are willing but unable to care for their children are entitled to receive services as well. In the long run we want to empower parents to care for their children but until then we have to help.



GROUP DISCUSSION: Dimensions of Child Development (25 minutes)

- Step 1: Write down the dimensions of child development.
- Step 2: For each dimension of development written down, ask participants what specific things are necessary? Give example: child must have nutritious food for physical development. What else? Write down their answers.
- Step 3: After each area has been filled out, make sure the following are covered.

- **Physical development** (It requires nutritious food, safe drinking water, medical care, immunizations, protection from diseases (e.g. mosquito nets), sanitation (garbage disposal and toilet or latrine), etc. They also need protection from physical and sexual abuse). Discussion: what are the major challenges you see in your local area in this aspect of development?
- **Emotional/Psychological development** (It requires the child to grow up in a family setting where they can feel love, happiness and understanding (according to the CRC, paragraph 7). The key is individual attention by a caring adult.)
 - Children are denied this when their parents pass away, go away for work, or put them in institutions due to poverty (there are over 10,000 children in institutions in Malawi and they receive very little attention. Only 9% have a Case Plan).
 - Some children are abandoned, or even sold for child labour. They experience trauma and loss of self-esteem.
 - Even children who live at home can be emotionally damaged when their parents engage in domestic violence, substance abuse, child abuse, etc.
 - Children who feel discriminated against, those who suffer stigma.
- **Social development** (has to do with the child connecting with the larger world outside the family. The peer group in the neighborhood and community, friends at school, and feeling valued in the community are all part of this. See the Ecosystem model, Figure 4).
- **Educational development** (is now considered as a basic right of children, and as important as food and shelter due to its long term impact on the wellbeing of the child and his/her later life as an adult. Girls are often discriminated against in this aspect, even by their own families. Watch for this).

- Step 4: Discuss with whole group: What are some of the biggest threats to children growing up in Malawi as healthy and functioning adults? Check or add these items on the list already on the board.



SMALL GROUP ACTIVITY (20 minutes)

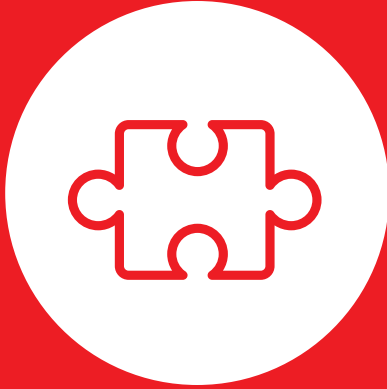
- Step 1: Let the participants engage in a discussion with their own groups about their own upbringing along these four dimensions of development. These can be positive or negative, but mostly it's a time to share what they have experienced and how they have become stronger.

Step 2: Have each table share the experience of one of their group members. This should be told by a person other than the one who had the experience that is shared, with the permission of the person who shared it. (This is a training method to build solidarity and mutual respect).



FINAL ACTIVITY (5 minutes): Let selected participants share one important thing they are taking away from this training.

Call on some of the most confident people in the room first, then invite others. Enthusiastically repeat the things that are shared and summarise.



MODULE 2-B

The Eco-system Model in Case Management



60 minutes



OBJECTIVES OF MODULE 2-B:

The participants will be able to:

- Understand the Eco-system model as one of the basic principles of case management.
- Learn how to use the Eco-system model as a major conceptual framework to apply in case management practice.

CORRESPONDING MATERIAL IN THE CASE MANAGEMENT FRAMEWORK:

- Figure 4 (Eco-system Model of a Child's Protection System) and related text.

PREPARATION AHEAD:

- Slide #12 of the Power Point.
- Thorough understanding of the relevant material in the Framework.



DELIVERY OF MODULE 2-B:

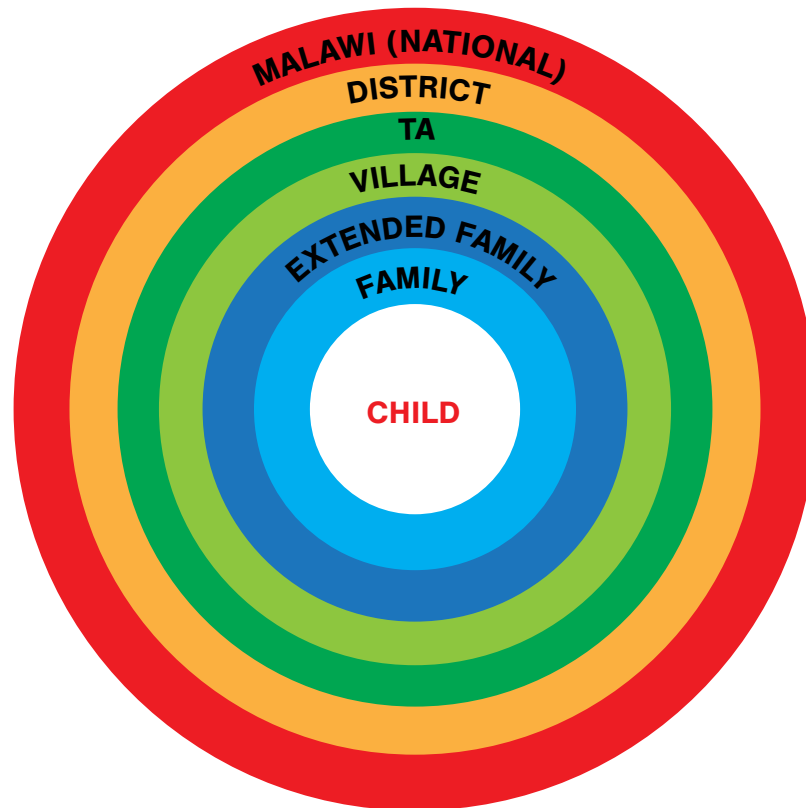
PRESENTATION (20 minutes)

- Step 1: Project/distribute the Power Point slide of Figure 4 (Eco-system Model of a Child's Protection System, show below) up on the screen. Keep it up the entire session.
- Step 2: Explain that the eco-system model is an important part of case management. Ask whether they have heard of it already (it is one of the Guiding Principles of case management).

Some reasons for understanding the ecosystem are;

- Previously case management focused mostly on the child (point to child, etc).
- But we have come to realize that the child's wellbeing is dependent largely on the wellbeing of the family and the systems outside the family. What are some ways that the child depends on the family? (invite responses).
- But the family cannot always solve its own problems, it often needs to rely on the extended family system.
- Of course, the family also lives in the community, and we have to rely on the individuals and organizations in the community to help many of the vulnerable families. Even for very highly functioning families, the community plays a major role in their health, education, and psycho-social support.
- Communities, in order to be helpful to the families, need support and resources from the TA, and the TA has to rely on the District, and the District on the national government. Community resources include CSOs, which provide important support to vulnerable children and families. When their funding ends or they duplicate efforts, the child's eco-system is not as functional as it needs to be.
- So we can see that all of these different system 'layers' constitute the child's environment and they each contribute to the child's wellbeing.
- The eco-system can cause problems as well as become solutions to the problem.

FIGURE 4: ECO-SYSTEM MODEL OF A CHILD'S PROTECTION SYSTEM



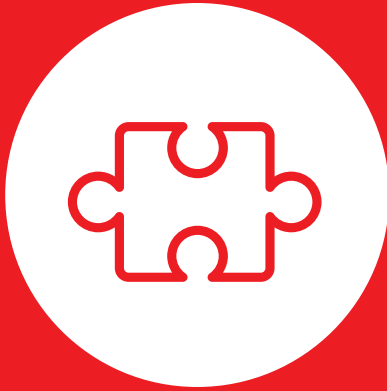
DISCUSSION –Large Group (30 minutes): Let the group consider which system levels are impacting the child's wellbeing, or should get involved:

- Girl gets beaten by her teacher at school (which is part of the community or TA), her family gets involved, and the chief is also involved. District SWO gets report.
- A child is bullied by his peers and gets a broken nose and goes to the health clinic. No one there can fix it, so the child is transported to the district hospital, and the government doctor fixes it.
- A new immigrant child's mother dies, and she has no extended family. Which systems should be involved?
- A teacher sexually abused a girl at school, but the District did nothing because the district councilman is the best friend of the teacher. Which system level should you look to?
- There is no law that requires every child in a care institution to have a case plan. Which system level needs to get involved?



CLOSING POINT (5 minutes):

Conclude by summarizing the use of the eco system model in case management: Usually we start with the client, searching for strengths he/she possesses before looking to the next system level. This is why we will be assessing not only the child but the family, and ask questions about the extended family and the community in our case management assessment forms. We have to know and be able to use the resources in the various different levels, as well as know the policies at the national level. The more we know about the eco-system, the more we can learn about the resources and mandates we can tap into for our clients.



MODULE 2-C

Overview of the Case Management Process



30 minutes



OBJECTIVES OF MODULE 2-C:

By the end of this module, participants will:

- Understand the overall process of case management.
- Become familiar with the case management process terminology.

CORRESPONDING MATERIAL in the Case Management Framework:

- The entire section on the case management process (about ten pages).

PREPARATION AHEAD:

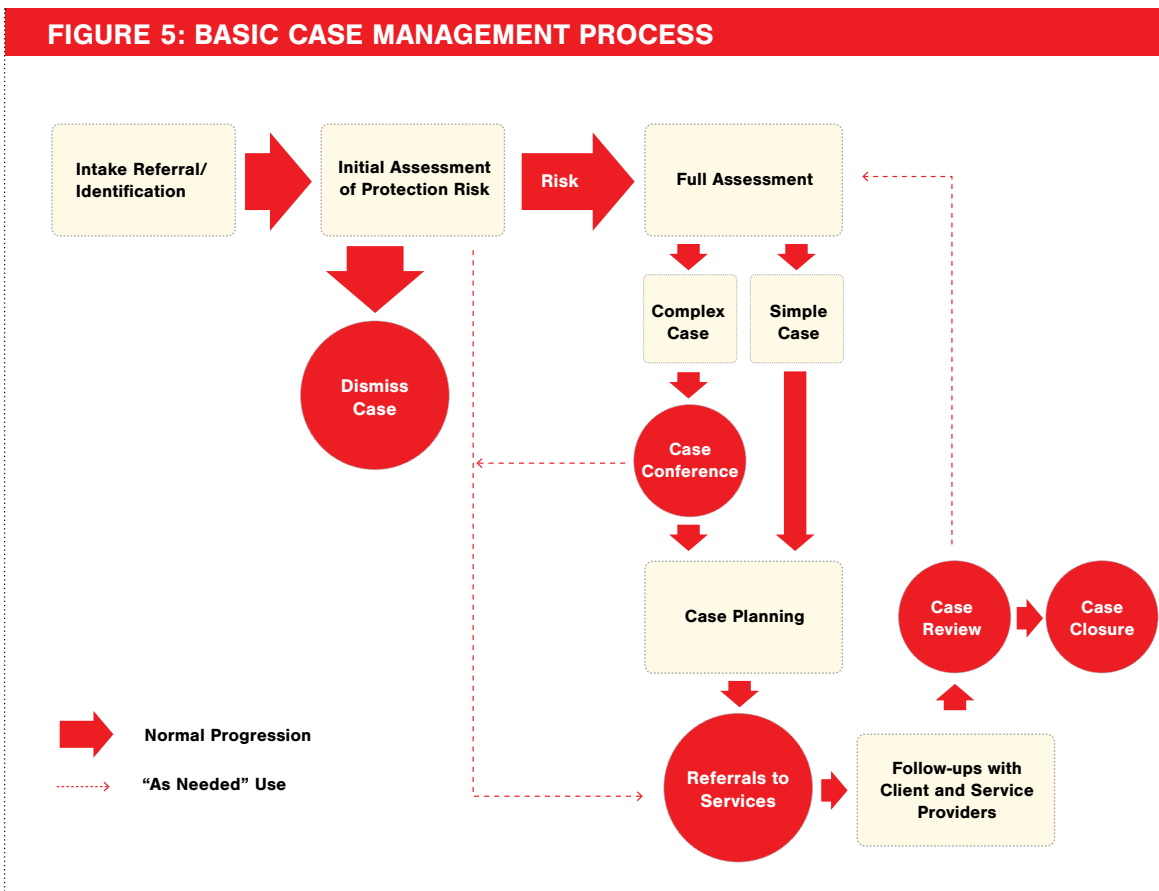
- Slide #13 to be projected.
- Thorough understanding of the case management process.



DELIVERY:

PRESENTATION (30 minutes)

Step1: Project/ distribute Power Point Slide of Figure 5 below.



Step 2: Explain that;

- This is just a quick overview of the entire case management process, to show you how a case moves along from the time a referral is received to case closure. Assure them that it may look complicated but it is not.
- The solid arrows show how you would normally expect a case to progress, but the dotted lines show that those steps can be taken at different points of the case as needed.

You will quickly walk through this, but you will spend the rest of today's to explain in detail.

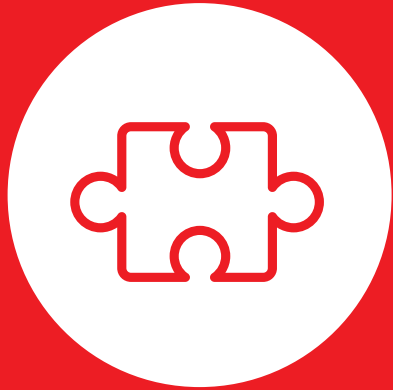
Step 3: Ask the audience to hold their questions until you are finished with the explanation.

Then, start at the very beginning and explain how the case moves through. In order to do this, you will need to have received training and know the process well. Generally:

- **Intake:** A referral comes in from anyone—especially police, VDC members, chiefs, teachers, family members or victims themselves. Cases can also come through outreach programmes.
- **Initial Assessment**—a quick determination of whether there is a child protection risk. We learned about all the various forms of abuse, neglect, exploitation and violence earlier, plus the list from CCPJA. If there no risk, dismiss the case. If there is risk, go on to full assessment.
- **Full Assessment**—Using standard tools. Assess the household and the child. Learn when to include the household, and when not to. Complex cases (multiple issues of serious nature, sexual abuse, etc), a need case conference.
- **Case Conference**—is to be held with complex case before planning.
- **Case Planning**—Setting goals for the client to improve their situation and address their immediate problems. Make sure goals are achievable.
- **Referral to Service Providers**—self explanatory.
- **Regular Follow-ups with Client and Service Providers** – we will discuss the common reasons for lack of follow-through, and strategies for improvement.
- **Case Review**—this is held to determine whether the case should be closed, but that is not always the next step.
- **Case Closure**—under certain conditions a case can be closed.



CLOSING POINT: Finish by inviting questions and make a list of the questions on the board or flip chart. Tell participants that these questions will be answered as the training progresses through each of the case management process in detail (and remember to do it!).



MODULE 2-D

Intake, Initial Assessment and Case Dismissal



30 minutes



OBJECTIVES OF MODULE 2-D:

By the end of this module, participants will:

- Understand the Intake, Initial Assessment and Case Dismissal steps.
- Understand the criteria for identifying children requiring care and support services.

CORRESPONDING MATERIAL FROM THE CASE MANAGEMENT FRAMEWORK:

- List of Children in Need of Care and Protection (Table 3).
- Section on Major Child Protection Issues along with Figure 2 (types of child protection issues).
- Sections 2.5.1 (Intake/Acceptance of Referral).
- Section 2.5.2. Initial Assessment.

PREPARATION AHEAD:

- Make copies (one for each team) of the Identifying Children in Need of Protection found at the end of this module.
- Prepare slides of Figure 2 and Table 3.
- Thoroughly understand the relevant material.



DELIVERY OF MODULE 2-D:



PRESENTATION: REFERRAL and INTAKE (7 minutes)

Step 1: Facilitator present on the following (lecture method).

- **Who will Refer Child Protection Cases?** In this first stage, the case manager can receive referrals from various actors, including:
 - a social welfare officer, police officer, courts, probation officer, One Stop Center, or Victim Support Unit or other government actors working with children and youth,
 - village level leaders: chief, VDC, or ordinary members of the community,
 - civil society actors and,
 - children and youth for themselves or their peers.
- **How are Referrals Made?** The referrals should be sent to the nearest CCPW or Social Welfare Office to the alleged child in need of protection. Where a case is reported directly to the District Social Welfare Office, the case manager at the district level should make a preliminary assessment, provide immediate support and link the client to the CPW in the area of residence for the client.
- **What is the Primary Goal of the Intake Process?** The primary purpose of the intake process is to identify the name, age, location, and circumstance of the child in need of protection as well as the primary adults or peers perpetrating the abuse/neglect or exploitation. It is also advisable to note the name and contact information of the person making the referral for possible follow-up questions or coordination (e.g. an NGO referring). However, the source of the referral should not be shared with the alleged perpetrator or the child(ren) who are the subjects of the referrals to maintain the privacy of the referral source and to encourage others to make referrals. This does not apply if a referral is made with the knowledge of the perpetrator. The Initial

Assessment Form can be used to collect identifying information. For data purposes, a copy of this form should be sent to the District Social Welfare Office, while another copy should be kept in the case management folder.

Note: A form for registration cases that were reported to the Case Manager but did not require follow up or have been dismissed should be registered for future reference.



PRESENTATION: INITIAL ASSESSMENT PROCESS (10 minutes)

Step 1: Explain to participants that we are doing child protection case management, not providing other services. This means that we can only take those cases where there are child protection issues or risks of those issues. It is not easy to turn away other needy people but our resources and time are dedicated to actual child protection cases only.

Step 2: Review quickly what those risk situations are:

- Show slide of Figure 2: Types of Child Protection Issues.
- Review the list of Children in Need of Care and Protection (Table 3).

Step 3: Demonstrate how to fill in the Initial Assessment Form.

- Explain situations when the Case Manager has to dismiss a case or Go to Full Assessment if you determine that there is no child protection case, you may dismiss the case. For example, if two siblings get into a squabble over doing house chores and one of them contacts the case manager, and there are no protection risks, the case manager can quickly provide some advice and dismiss the case. If a teenager calls about a relationship and protection issues are not detected, the case should be dismissed. In these instances, the case manager should simply fill out the Initial Assessment Form and send a copy to the District Office, and do nothing more.

However, the case manager should not be too quick to dismiss a case, because careful probing may lead to the discovery of actual protection issues. For example, the fighting children may be very young and left unattended for long periods without food, or the teenager might be experiencing sexual violence or bullying. Therefore skilful interviewing skills are necessary to probe enough to determine the actual reason behind each referral, whether self-referred or through a third party.



GROUP ACTIVITY: Identifying Child Protection Issues (15 minutes)

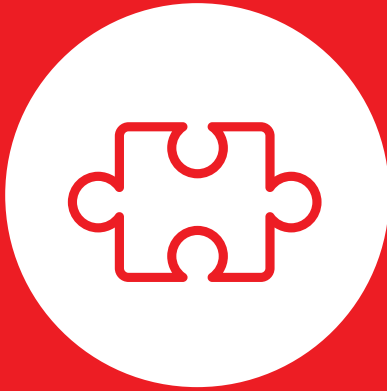
- Step 1: Using the Identifying Children in Need of Protection on the next page, divide up these scenarios evenly (there are 18 in total) among the home groups.
- Step 2: Instruct the groups to screen each of these cases to 1) see if there are child protection issues, and if so, 2) which type of protection risk can be identified. Remind the group that the protection issues listed in the CCPJA automatically qualify for case management services (see Table 3). Other cases can also be added through professional assessment.
- Step 3: After 10 minutes have each group report to the large group discuss.



CLOSING POINT: Conclude by explaining that most cases do contain child protection concerns, and only very few cases will be dismissed after the Initial Assessment. So most cases will now go on to Full Assessment. In serious cases you should make a referral for immediate services.

IDENTIFYING CHILDREN IN NEED OF PROTECTION

- a. Child A's parents both passed away and he is looking after and trying to provide for his two younger siblings.
- b. Child B is 12 years old and has run away from home multiple times. When she is at home she rebels against her parents and will not listen to her parents' reasonable requests.
- c. Child C is 8 years old and works on his family's farm each day for two hours after coming home from school.
- d. Child D is 14 years old, she has been sick for the last two weeks. Her parents took her to the clinic for treatment but she is still not well.
- e. Child E is 12 years old. Every day he stands at the corner of a busy street begging for money.
- f. Child F is 14 years old and lives with her mother and step-father. Her mother remarried after the death of her father. Her step-father will not pay her schools fees as he says it is her mother's responsibility but he pays for the school fees of her step-sister.
- g. Child G is 9 years old. He says his mother shouts at him when he doesn't do well in school.
- h. Child H is 10 years old. Both of her parents passed away and she lives with her aunt and uncle. A teacher at school has noticed that she has come to school a number of times with bruises on her body.
- i. Child I is 10 years old. He attends school regularly but his family is not able to afford a new uniform or school supplies.
- j. Child J is 7 years old. Her family was unable to produce enough food to sell at the market and feed the family. She had breakfast today and yesterday but did not have any other meals in the last 2 days.
- k. Child K is 8 years old. His mother passed away last year. His father spends much of the day drinking and leaves little money for food for the family. David has to look after his siblings when his father is not at home. When David's father is home he sleeps a lot and can become verbally abusive to the children.
- l. Child L is 13 years old and does not go to school. He spends his day working as a day laborer on a tobacco farm.
- m. Child M is 2 years old and was born HIV positive. His mother has to walk a long distance to visit the nearest Health Clinic that is able to provide ARV's.
- n. Child N is 8 years old. When her mother died her father sent her to live at an orphanage as he felt he was no longer able to look after her.
- o. Child O is 12 years old, he says he didn't get along with his parents and decided to leave home. Having nowhere to stay he lives on the street with other young children.
- p. Child P is 14 years old. Her father does not have enough money to support all of his children so he has agreed that Jenna should be married to a man in a neighboring village.
- q. Child Q's mother depends on her father for their financial well-being but her father is a heavy drinker and often takes out his frustrations on her mother by hitting her.
- r. Child R has a mild disability but can play with other children and does well in school. His parents love him and cater to his needs. He has good self-esteem.



MODULE 2-E

Using the Tools for Assessment and Planning



2.5 hours



OBJECTIVES OF MODULE 2-E:

By the end of this module, participants will:

- Acquire knowledge and skill on how to use the Assessment and Planning tools.
- Understand the purposes of using the Household and Child related tools in the context of the ecosystem concept.

CORRESPONDING MATERIAL IN THE CASE MANAGEMENT FRAMEWORK:

- Section 2.5.3. Full Assessment for both children living in households and in institutions.
- 2.5.4. Case Conference.
- 2.5.5. Case Planning.
- Forms 1, 2, 3, and 4 of the Case Management Tools attached as Appendix A to this Training Manual.
- Case Scenarios attached as Appendix B to this Training Manual.

PREPARATION AHEAD:

- Copies of the Case Scenarios that are attached as Appendix B to this Training Manual.
- Copies of Case Management Forms 1, 2, 3 and 4 for each participant.



DELIVERY OF MODULE 2-E:



PRESENTATION: Assessment (20 minutes)

- Step 1: Distribute case management forms 1,2,3 and 4, explaining that participants will learn how to use these assessment and planning tools in detail and will be given chance to actually use them with real cases in the community.
- Step 2: Explain that the cases which were not dismissed should be scheduled for a full assessment.

Note: Timelines for the full assessment depends on the seriousness of the case. This might range from one hour in cases where a child is in imminent danger to several days where the child is not in danger but still needs support. Be sure to assess problems AND strengths for households and children. Look for them!

The assessment process is slightly different for children living in households and those living in institutions or on the streets.

Step 3: Demonstrate how to fill the forms starting with the Household Registration Form.

For Children Living in Households

- a. Register the entire household using Form 1 (Household Registration Form).
- b. Next, assess the household using Form 2 (Household Assessment and Progress Chart). At this point the case manager may go on to goal setting with the family if they feel they have enough information and the case is not complex (rather than waiting for case conference). Remind them that a complex case is one where there are multiple serious issues, sexual abuse, domestic violence, or other issues the case manager needs assistance in planning.
- c. Third, assess all of the children in the household using Form 3 (Initial Child Assessment Chart). At this point the case manager may want to go on to Form 4 if they feel they have enough information and the case is not complex. If the case is complex, the case manager should contact the supervisor and ask for a case conference before going on to planning.
- d. Form 4 (Child's Case Plan) can be filled out after the assessment done on Form 3 and the case is simple or a case conference has been held in complex cases. This form should be filled out only for each child in the household who is experiencing protection issues that are different from the household problems (e.g. housing, safe water, toilet/latrine). Although this form is used mostly for case planning, it may also unearth some additional problems that individual children are having.

For Children Living in Institutions or on the Streets

- a. If the child will be living at an institution or on the streets for at least three months, the household forms (1&2) should not be filled out. If, however, the child is going to be reintegrated back to his or her home or to another household within three months, the household forms should also be filled out with the family. If the child and family live in different areas, the workers should coordinate to have the assessments completed by a case manager in the other area, and exchange the information with help of the supervisor.
- b. At this point, the case manager should have a good idea of the problems at the household and children's levels. They can then determine whether they have enough information to make case plans for the household (on the Household Assessment and Planning Form), or if they should consult with their supervisor.
- c. Working with the organization where the child is: Some children may be in care institutions, or reformatories or otherwise living in a non-family setting; and they may already have a case manager. In this case, case management needs to be harmonized between the CCPW and the institutional case manager so that they are working towards the same goals.



PRESENTATION: Planning (30 minutes):

NOTE: Be sure that the teams are assessing the strengths and mention any they miss.

Emphasize that the Goals are the end results that the case management process is striving for. Therefore, planning the goals with the correct understanding is key to case management success. Goals should be (see full explanations in Section 2.5.5 of the Framework):

- **Strengths-based:** Look for problems but also for strengths. Give examples:
 - A parent who is somewhat violent may work hard and loves his children in his own way. He needs to learn other discipline methods but the basic love for his children is a great strength we can tap into.
 - A girl who is being exploited loves school and wants to continue her education. Education will empower her and have a healing effect.
- **Individualized:** recognize and build upon the uniqueness of the client.
 - Child A may enjoy books but Child B might like playing with balls. They have different ways of learning and relating socially.
- **Client-driven:** Client should have a sense of 'ownership' over the Case Plan.
 - Case manager can guide the process but ultimately (especially with older youth and adults) the client should be helped to make a responsible decision.
 - Of course, this needs to be adjusted for the mental capacity of the client.
- **Measurable:** A measurable goal is observable or is quantifiable; that is, the results can be seen or counted.
 - "Client will get a medical exam by _____ (date) is measurable.
 - "Client will achieve a minimum score of 80% on the next English exam" is measurable.
- **Realistic:** The goals should be achievable by the client, considering his/her abilities and the resources available to him/her.
 - Set the client up for success, not failure. A child in a wheel chair may never win a race but could do exercises to improve blood circulation.
- **Incremental:** A series of successful goals are better than overwhelming the client with one huge goal that seems unachievable.
 - Break goals down to small increments with clients who are not very confident.
 - Rather than 'get a job' break it down to 'apply for jobs at five places'.
 - Setting incremental goals requires more frequent follow-up as the client easily reaches the goal and needs to set another one. But for this client, this is the right approach.



GROUP ACTIVITY (1.5 hours): Assessment and Planning Application

Step 1: Provide one Case Scenario to each group. There are six case scenarios, attached at Appendix B at the end of this document.

Step 2: Let each group assess the household and children in their case scenario and make plans based on the facts in the scenario. Allow 40 minutes for this portion.

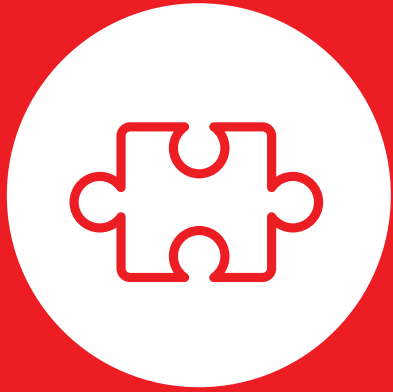
Step 3: Peer Evaluation: Bring the groups back together after they have worked with the case scenario. Let participants read their case scenario then present ONE household goal and one child's goal to the larger group. As each group presents, ask the audience to see if they are following the planning principles discussed earlier.

- Do the goals recognize the problems and build upon the client's or family's strengths?
- Are the goals individualized for the particular situation of the client or family?
- Are the goals client-driven? That is, do they reflect the client's desires and wishes?
- Are the goals measurable? Can the goal be verified objectively by factual checking?
- Are the goals realistic for THIS client and his/her capacity?
- Are the goals incrementally designed if the client is easily overwhelmed?

Step 4: Brainstorm over two or three of the goals criticized, to see how they could be improved to meet these principles of goal setting.



CLOSING POINTS: The facilitator should summarize the session by pointing out areas where participants had challenges understanding the forms.



MODULE 3-A

Case Conferences

 60 minutes total

DAY 3

Re-Cap of Yesterday (30 minutes)

Fill in any gaps as needed.



OBJECTIVES OF MODULE 3-A

By the end of this module, participants will:

- Understand the purposes of a case conference.
- Learn types of case conferences and when they are used.
- Acquire skills to conduct a supervisory case conference.
- Learn the procedures involved in a case conference.

CORRESPONDING MATERIAL from the Case Management Framework:

- Section 2.5.4. Case Conference.

PREPARATION AHEAD:

- Identify an experienced colleague before the training to demonstrate a supervisory case conference. The colleague will play the part of a CCPW (or vice versa).
- Make the following name tags in large lettering: “Child” “Father” “Uncle” “Step Mother” “Police” “VSU” and “Case Manager”.
- Ask another experienced colleague to play the case manager role for a multi-agency case conference, or do it yourself.



DELIVERY OF MODULE 3-A

Step 1: Explain that there are two main types of Case Conferences:

- Supervisory conference within one agency and,
- Information exchange and collaboration among many organizations involved in a case.

Step 2: **DEMONSTRATION:** Supervisory Case Conference (25 minutes)

Demonstration of a Supervisory Case Conference is first held in a case when the initial assessment shows that it is a complex case with multiple child protection issues, sexual abuse, domestic violence, or other serious matters that the case manager needs input on. Case Conferences can also be used anytime when a case manager needs more information or ideas.

Using the following script, conduct a role play. Tell the audience you will play the role of the supervisor, your colleague is the case manager who did the assessment, and he/she has filled out the Tools, but only so far as the Assessment (Forms 2 and 4, without having set any Goals). Imagine that the colleague playing the CCPW is not very experienced and that you, the supervisor, is having the case conference to assist him in planning the case goals with their clients.

Demonstration Script:

You: Hello, (Name—Tom), it is nice to see you. I am glad we can meet.

CM: Yes, thank you. How are you?

You: I am fine, thank you. So you would like to talk over a case you are working with?

CM: Yes, I would like to make sure I am on the right track.

You: Great, can you tell me about the case?

CM: The household has a single mother and four children. The father is dead and they have no other relatives. The mother is working to support the children, and I have visited them.

You: It seems like you have already made the assessments and identified some problems and strengths. Can I see what you have on the forms?

CM: Sure, here they are. I hope I am doing it right.

You: I am sure you are fine. It takes time and experience to feel confident but these assessments look like you really took the time to understand the situation of the family and children.

CM: Yes, I tried.

You: So how can I help?

CM: Well, I am just not sure where to go from here. I just know they have these problems because I had the forms to fill out. So what do I do next?

You: I see, you seem worried but we can definitely talk through this. So let's take one problem at a time. I see here that the household has no safe drinking water. Why is this the case?

CM: Village has just a small bore hole and the pump is broken.

You: Hmm. So what do you think can be done?

CM: I guess they could go to the next village and carry water back.

You: Yes, that's true. Is there another possibility?

CM: They could also boil the water from the stream or put purification tablets into the water.

You: That's right!! You know of several solutions already. Have you discussed any of these solutions with the clients?

CM: No, because I wanted to talk to you first.

You: You know, I have learned through experience that clients are often the best experts at solving their problems. It is definitely good practice to talk to them and find out what they have done in the past, or if they have other ideas and options. Also, you already have some good ideas. What do you think?

CM: You are right; I had not thought of them as having their own solutions. But I will keep that in mind and go back to them with all of these other problems. I will also learn to trust my own ideas and instincts more, and not impose them on the clients but provide them with information.

Stop the role play and ask the group: Is this a complex case so far? (No, it isn't). Why or why not? Now we resume the role play:

You: But you said this was a complex case right? So there must be other concerns?

CM: Oh, yes, many concerns.

You: That's what I was afraid of...should we talk about them?

CM: Well, the father has a severe drinking problem. When he is sober he is nice enough and works hard, but when he has a bit of money he buys alcohol, and when he is drunk he is abusive to his wife and children. And because he uses his money on alcohol, the family doesn't have enough money for food. Sometimes the mother leaves the house and takes the smallest children to her own mother's house to escape the danger.

You: Hmm, that is quite serious. Has the father ever received help?

CM: No, he hasn't, and he says he doesn't have a problem.

You: So he is resistant. What about the mother? Has she been referred to a Victim Support Unit?

CM: No, she is embarrassed to let anyone know. Her sister called me the other night asking for help and now the mother is angry with her sister.

You: But she has been hurt before? And the children?

CM: Apparently so.

You: Has the police ever been involved in these domestic violence episodes?

CM: Oh, I haven't checked. Should I do that?

You: Yes, I think it is a good idea. They might also be able to tell you if they have a Victim Support Unit and what sort of help is available for the whole family.

CM: I will do that.

You: Are there any NGOs doing substance abuse work near this family?

CM: I don't know...I don't have a resource book. Do you have one?

You: No, but sometimes I get information when I go to TWG meetings. I know there is one near my city but I don't know what's near your town. I will find out and let you know.

CM: That would be great, thank you. If we can find programmes, how do I get him to go?

You: Well, let me refer you to some of the training material we have—the section on interviewing hostile/resistant client might be helpful. Also, if the case were referred to the police that might be a motivation for the father since he is a nice man when he is sober.

CM: Yes, that might be true. The village chief says that normally he even helps his neighbours.

You: Ah, the chief! Yes, maybe the chief can talk to the man. What do you think?

CM: It is a good idea. Let me set up a meeting with him and see.

You: OK, so we have some good ideas. Could you go over those with me?

CM: We decided that we would suggest they boil their water, you will find out if there are substance abuse programs near where the family lives, and I will go talk to the police and the chief about motivating this man to get treatment. It seems like getting help for the man is the most important thing, because then the family will have more money and they won't have these abuse problems. So once we get the help set up, we can make the case plans together with the clients.

You: That's terrific! I can see that you truly care about this family and you will do everything possible to get help for them. I appreciate all your efforts. You are doing a great job!

Note: Point out how the supervisor shows respect and care for the case manager, and helps the case manager bring out his own ideas rather than telling him what to do. In the process the supervisor has helped the case manager identify solutions, empowered the case manager, and has strengthened the case manager's confidence.

Step 3: Open up for discussion or questions.



ROLE PLAY ACTIVITY: Multiple agency (25 minutes)

Step 1: Explain that sometimes a case conference is held with multiple parties, and we will now do another role play. The objective of the case conference is to exchange accurate information about the case and to coordinate services for the child. This role play needs a strong case manager to direct the conversation. (For this reason, the case manager was already chosen and knows the case scenario well).

Step 2: Ask for volunteers from the audience to be a part of a role play to hold a multi-agency case conference. Tell them they will not have any time to prepare, so they must enjoy improvisation. Case Scenario 2 (Ireen in Appendix B at the end of this manual) is a good case for this conference because it will involve multiple agencies.

Step 3: Assign them the roles of the child, father, step mother, uncle, police, victim support unit, and case manager.

Step 4: Let the volunteers come to the front. Ask them to pin labels on themselves.

Step 5: Explain that the case had been referred for case management services, and in order to learn all the various facts and to collaborate, the case manager has called the case conference.

Step 6: Allow the role play to take place. First, the case manager will encourage each party to share their information and perspective on the situation. Then, the case manager will propose a coordinated plan to address the needs and try to get group consensus. The group members can play 'uncooperative' roles or improvise in any way they wish, and see how the role play shapes up spontaneously. As long as the case manager maintains control over the discussion and ends up with a good plan, it is on track.

- People often 'over-play' their roles, causing a lot of laughter. If the group has fun doing it, that's great as long as they do not demean the client(s).



OPTIONAL DISCUSSION (depending on time availability): Should clients be invited to case conferences? (Refer to the Framework)

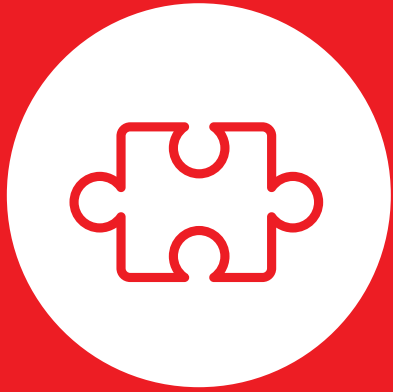
- Yes, it can be an empowering experience IF:
 - The attendees will be respectful of the client.
 - The attendees will keep the promise of confidentiality.
 - The attendees will likely to be agreeable and harmonious.



ASK: How would it have changed the atmosphere and behaviour of the conference participants if the client had been in attendance? Would you have recommended her attendance?



CLOSING POINT: The facilitator should summarize pointing out the two types of case conferences. Facilitators should also ask participants experiences from the role plays.



MODULE 3-B

Making Referrals to Service Providers and Follow-up



60 minutes



OBJECTIVES OF MODULE 3-B:

By the end of this module, participants will:

- Understand the purposes and process of making referrals and standard follow-ups.
- Understand the common reasons that clients fail to follow up with referrals.
- Understand some reasons that service providers fail to follow up with referrals.

CORRESPONDING MATERIAL from the Case Management Framework:

- Section 2.5.6 Making Referrals to Service Providers.
- Section 2.5.7 Follow-up with Service Providers and Clients.
- Form 5: Referral Forms A and B.

PREPARATION AHEAD:

- Ask for four volunteers for the activity below.
- Arrange for two phones (they can be mobile phones).
- Put four chairs in the front of the room. Spread them out facing the audience.
- Make four labels: “Client” “Case Manager” “Service Provider” and Village Chief.
- Power Point slide on Basic Case Management Process.



DELIVERY OF MODULE 3-B



PRESENTATION: (10 minutes)

Step 1: Introduce the topic by showing the slide on the Basic Case Management Process.

(Pointing to each step): We have so far covered several steps in the Case Management Process including Intake, Initial Assessment, Full Assessment, Case Conference, and Planning.

- Now, it is time to connect the clients with the services or resources they need. Since case managers don't provide direct services, we need to look to other sources, so it is important to know the resources.

Step 2: ASK participants how they determine the services to refer the client to? (It depends on the Goals they set on the Case Plan). One of the most important pieces of knowledge the case manager should have is to know what resources and services are available in his/her local area.

- Now, back to making referrals...

Step 3: Demonstrate how to use Form 5 for making referrals. Usually a case will need several referral forms, so it is good to have some extra copies on hand.

- Let group turn to Form 5.

- Using the Referral Form is very simple. Start the demonstration by filling Part A, on the left hand side, and give it to the client. Ask the client to deliver it to the service provider, have service provider fill out the right side, and return it to the case manager. This second form on the right side helps us to know if the service provider can provide the services and let the service provider know that we will be in touch with them.

Now we will have a few volunteers acting out the referral and follow up process. They will demonstrate what the case manager, client, and receiving agency person do during the referral process and afterwards.



ROLE PLAY ACTIVITY (15 minutes)

- Step 1: Let volunteers come up to the front. They will play the roles of client, case manager, service provider, and village chief. (This will take some coaching and scripting ahead of time).
- Step 2: Pin the labels on them and have them act out their role play.
- Step 3: The case manager sits down with the client, fills out the left side, and gives it to the client with the directions of where to deliver. The 'client' walks around the audience for a while (pretending to be lost) but ultimately delivers it to the person in the other chair in the front. That person greets the client, reads the referral form, and fills it out. The 'client' delivers it back to the case manager, who files it away in her case folder, but copies down the name of the agency, phone number and address so the client has the information. Case manager tells the client "thank you, I will call the service provider soon to make sure they are providing the services you requested."
- Step 3: Tell the audience that it has now been ten days since the referral was sent.
- Step 4: The case manager calls the service organization staff. Ring ring..."hello? Yes, this is Ms XX, the case manager for YY. I sent a referral to you ten days ago and I am wondering if YY has come in to receive the services?" Service provider says "I'm sorry but we have no record of her coming in". "What? She never showed up?" "But are you still able to provide the services that I referred her to?"

Step 5: The case manager then “visits” the client in front of the group, and asks what the problems are, and finds out the client has no transportation money, and the two of them go to the village chief and he agrees to provide this money. Case manager then follows up again in a few more days. All of this can be done with more conversation and detailing.

Step 6: The Facilitator: show the “Follow-up” column in the client’s Case Plan. When the case manager follows up, they fill out one of the slots for follow-up in the client’s Case Plan (show this on the screen or ask the audience to look at their case plan forms).



PRESENTATION: Following-up With Clients and Service Providers (20 minutes)

Following up with the Client

Step 1: Explain the following; When following up with the client, the case manager should remember that the follow-up is not just about the referrals but about the entire Case Plan. This should occur, at minimum, monthly after the Case Plan has been made, with more serious cases requiring more frequent contact. The case manager should have the client’s Case Plan in front of them to review the client’s progress on each of the goals on the Case Plan. Remember that children and many vulnerable adults are very sensitive and intimidated by authority figures, so a gentle, supportive approach is best.

Step 2: For each goal, ask:

- You set a goal to do XXX. How are you doing on that?
- If client is improving, be sure to show enthusiasm and congratulations, and encourage them to continue until he/she reaches the goal.
- If client is not improving, probe to find out what the barriers are, discuss them and find solutions together. Gently probe to find out what the problems are, avoid being judgmental or disapproving. It is OK to set new goals and discard old ones if they are no longer important.
- Remind the client that you will be following up again in XX weeks and let them know that you have confidence in them to reach their goals.

Step 3: If the Case Manager made referrals for services, let them ask the client the following questions:

- Have you been able to meet with the service agency (or agencies) you were referred to? (If not, why not, and what can be done to help you?).
- How do you transport yourself to the appointments?
- Who cares for your children while you attend your appointments?
- How often are you receiving assistance?
- What are the goals for the services you are receiving?
- How much longer will you be receiving services?

- Will you be able to reach your goals with that agency by the time services end?
- Do you need any other services that are not on your Case Plan?

After these follow up calls or visits, necessary actions should be taken to keep the client on track to achieving the goals on the Case Plan. These may include making further referrals, setting new goals, asking for supervisory assistance, or calling for a case conference.

Following up with Service Providers: When following up with the service providers, it is important to ask the right questions to get the necessary information.

When talking to the service provider, the case manager should ask:

- When did the client start receiving services? (If not, why not, and when will services start?)
- What specific goals is the service provider helping the client with? (note: These goals should be compatible with the Case Plan).
- Is the client complying with the requirements of the service provider—e.g. attending weekly sessions, doing assigned homework, etc? If not, why not—and what can be done to improve compliance?
- How many times (or how often) is the client receiving assistance?
- How well is the client progressing?
- How much longer will the client be receiving services at that agency?
- By the time the client is finished at the agency, will he or she have achieved the goal(s)?
- Have you learned of any other needs of the client in the process of helping him or her?

Keeping a log of the communications with the service provider will help the case manager track the case better, make any additional referrals, and prepare for the next follow-up call. If the regular follow-ups reveal that the service provided is not meeting the client's needs, the case manager should arrange for a different service or provider, if there are such options. If not, the case manager may want to discuss the client's needs in a case conference and determine if the service can be better tailored for the client or to seek other options. In addition, the service provider may have discovered other needs of the client in the process of helping the client.



PRESENTATION: Common Reasons Why Clients and Service Providers Don't Meet Goals (10 minutes)

Step 1: Explain that it is common for both the service provider and the client to delay or fail to follow through with the services they have been referred to.

For the service provider, these include:

- They do not provide the service the referral was made for, or they have lost funding,
- They do not have an open slot for the client (there may be a waiting list).
- They misplace the referral form and do not contact the client.
- They decide to discontinue services if the client fails to attend.

For the client, common reasons for lack of follow through include:

- They are intimidated to interact with service agencies.
- They may not have the transportation or child care support.
- They may have to work during the agency's open hours.
- They may feel hopeless and feel the service would be useless.
- The referral may have been irrelevant to the client's true needs.

Step 2: Brainstorming

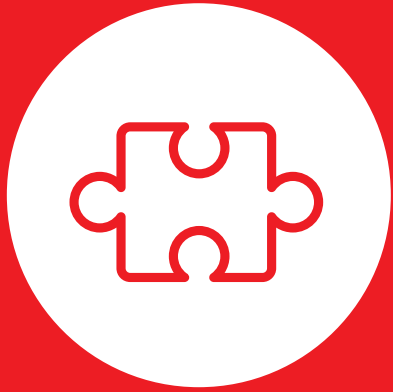
Explain that one of the major problems in Malawi is the lack of services in some areas and sometimes this is due to ignorance of the service; how can case managers try to address these problems?

- Record all answers and discuss.



CLOSING POINT:

Summarize the session by highlighting main points from the module.



MODULE 3-C

Case Review and Case Closure

 30 minutes



OBJECTIVES OF MODULE 3-C:

By the end of this module, the participants will:

- Understand when and how to implement Case Review and Case Closure.
- Learn proper case closure and Termination methods.

CORRESPONDING MATERIAL in the Case Management Framework:

Section 2.5.8 Case Review

- Review the Case Management Process chart.
- Case Management Tools handy for reference.

PREPARATION AHEAD:

- Paper strips with mini case scenarios for the final activity (without the answers). Fold these and have participants draw them out of a bowl or hat.



DELIVERY OF MODULE 3-C:



PRESENTATION (10minutes):

Step 1: Explain that now we are getting to the end of the case. Case Review and Case Closure can often be done in the same meeting, but they are two separate (although often related) processes.

Step 2: Case Review

- We have to imagine now that the case has been open for about 3 month. During this time the client has reached most of his or her goals, or has moved away, or is refusing to make efforts on the Case Plan. For any of these reasons the case will be considered for closure, but not before a case review with the supervisor who has to sign off on the Case Plan for the case to be closed officially.

Note: Case Review is different from case conference because the case review is held specifically to determine if the case is ready to be closed. But case review is not always followed by case closure. Instead, the case review may indicate the need for reassessment or new referrals (show the Basic Case Management process chart again).

Things to consider at Case Review:

- Were the goals realistic for the client to achieve?
- Has client met most of the goals—and can the remaining ones be reached without further case management?
- If the client has moved out of the area, has the case been transferred to the nearest case manager? Or are the client's whereabouts unknown?
- Has the client refused to work on the Case Plan? If so, what creative ways have been tried to motivate him/her? Might a new assessment or referral help?
- What will be the impact of closing the case on the client?

Step 3: Case Closure

The case should be closed if:

- The client has reached most of the Case Plan goals and the remaining goals are very likely to be reached without further help,
- The client has moved and the case has been transferred to another area,
- The client refuses to work on the Case Plan despite diligent efforts on the part of the case manager.
- HOWEVER, if closing the case puts a child at risk of abuse, neglect or exploitation then the child's case should remain open.



GROUP ACTIVITY—ENTIRE GROUP (15 MINUTES):

Step 1: Let several volunteers come up one at a time and draw out a paper strip and read it out loud to the whole group. Each volunteer could do two or three, as time allows.

Step 2: Let the entire group discuss each case and decide if the case should be closed or not, and the reason for that decision. Each should take only 1-2 minutes.

The paper strips should have the following scenarios (without the answers in parentheses).

- There is domestic violence and the abuser refuses to get help despite many efforts to motivate him. There are five young children in the household. (keep case open for the mother and children).
- The head of a child headed household has found a job and has dropped out of school. They now have food, which was the original problem. (keep case open— there is the new problem of the child not attending school).
- A family's teenager ran away and has not been heard from for several months. Otherwise, the family is fine. (close case but keep following up with the police for developments and inform family regularly).
- A child has been treated for a contagious illness, but he is better. However, you are afraid another sibling might also get sick with the same disease. (close the case. We cannot leave cases open 'just in case.' If and when another child is sick, a new case can be opened).
- An elderly couple has no source of income and they are not likely to get any family support as they have no children or grandchildren. (this is not even a child protection case. If a case was opened, close it and refer the case to adult protection services).
- A single mother is caring for her three young children. She has reached her Case Plan goals and all of her children are doing well. But now she wants to finish her college degree and asks for your help. (close the case...there is no longer a child protection case).

- A teenage girl was being exploited as a house maid. She was discovered and freed, and has returned home outside of your district. She will need therapeutic help, educational support, and on-going case management services for the next few months. (Transfer the case to the nearest Social Welfare office and close the case in your area).
- You have tried your hardest to work with a youth who returned home from the streets. He is hostile and does not show respect for you or his parents or teachers. You think that he is reacting to violence he experienced on the streets, but he is very difficult and unpleasant to work with. (Keep case open—he needs a lot of help and will likely become more cooperative as he comes to trust you).



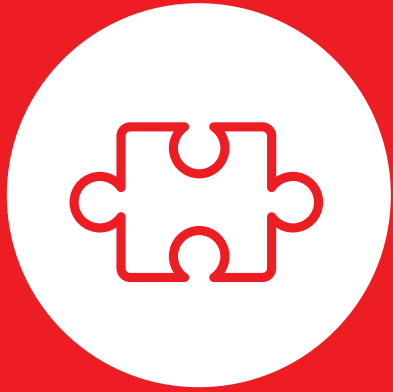
TERMINATION WITH CLIENT (3 minutes):

Step 1: Explain that if it is determined that the case should be closed, meet with the client(s) one final time, and explain why the case is closing. The client should be congratulated if they have met all or most of their goals. If they still have some goals to finish, encourage them to complete them and express your confidence in them to do so. Let them know that it has been an honour to work with them and to be a part of their effort to improve their lives (it truly is!). Let clients express their feelings of appreciation or any unresolved issues in the case management relationship. Some clients will be reluctant to let go, but gentle and clear termination is best.



CLOSING POINT:

Conclude by summarising the major points in the module especially on determining cases requiring closure.



MODULE 4-A

Field Application of the Tools



DAY 4

Re-Cap of Yesterday (30 minutes)

Fill in any gaps as needed.



OBJECTIVES OF MODULE 4-A:

By the end of this module, participants will:

- Acquire skills in conducting case assessments up to case plans through field experience.
- Develop initial competency in using case management tools.

CORRESPONDING MATERIAL from the Case Management Framework:

- The case management training manual.
- Case management tools (forms).



PREPARATION AHEAD:

- Weeks ahead of the training, contact the District Case Management Desk Officer and ask him/her to arrange at least three cases to be visited by the trainees near the training venue. These must be real cases where child protection risks are present. Ask them to please obtain the permission of the clients to visit them and conduct the activity.
- Arrange for one experienced case manager to conduct the assessment and planning at each of the case sites for the participants to observe.
- Make one set of copies of the Tools for every trainee.
- Coordinate with the relevant authorities/parties to arrange for transportation to the families (but avoid marked government or police cars—they will draw attention and possibly frighten the clients).



DELIVERY OF MODULE 4-A:

Pre-field preparation of participants (15 minutes)

- Step 1: Ahead of leaving for the field, do a walk-through of the forms to minimize confusion. Tell the participants that as they see and hear the assessment and planning session with real clients, they should practice filling out the forms simultaneously.
- Step 2: Remind participants to be cognizant that they are conducting a learning activity at the expense of the privacy of the clients. Ask them to show respect, dignity and sensitivity.
- Step 3: Direct them that if they have questions, they will have an opportunity to ask them so they should not interrupt the assessment/planning process.
- Step 4: Ask the experienced role model case managers to role model professionalism and give the participants a periodic chance to ask questions without interrupting the process.

In-field Assessment & Planning (3 hours including travel time)

- Experienced case managers (and perhaps the trainer) will demonstrate the entire assessment and planning process. Due to the time limit, they will not hold a case conference between assessment and planning.

Step 5: Post-field process (30 minutes)—entire group.
Return to the training venue and process the experience.

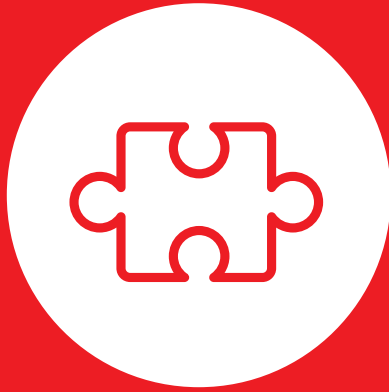
Ask:

- What did you learn from the experience?
- How do you feel about the goals that clients set with the help of the case manager?
- After the observation, where do you feel you could do well?
- Where do you need more help to improve?



CLOSING POINT:

Summarize the module by emphasizing that the assessment and planning processes are also a household empowerment process and should therefore be jointly done with both the child and the guardian (if possible however, the Case Manager should use his/her professional judgement depending on the nature of the case).



MODULE 5-A

Reporting and Supervision Skills

 60 minutes

DAY 5

Re-Cap of Yesterday (30 minutes)

Fill in any gaps as needed.



OBJECTIVES OF MODULE 5-A:

By the end of this module, the participants will:

- Understand the vital functions of reporting and supervision.
- Understand the importance of documentation and reporting.
- Understand the reporting structures and flow of data.
- Understand their role in documentation and reporting.

CORRESPONDING MATERIAL in the Case Management Framework:

- Section 2.6 Reporting and Supervision in its entirety.
- Figure 6; Child Protection Case Management Reporting and Supervision Structure.

PREPARATION AHEAD:

- Prepare to show the Power Point of the Circulatory System (Slide #14). Study the human circulatory system briefly, to understand the functions of the heart, the veins and arteries and the important role of blood circulation for human survival. This material can be found in numerous sources on line, including here: <http://www.innerbody.com/image/cardov.html>.
- The point of the comparison between the human circulatory system and the case management system is on the Power Point.
- Ask a CCPW and a District-level supervisor to each discuss their views on the current strengths and problems related to supervision.



DELIVERY OF MODULE 5-A:



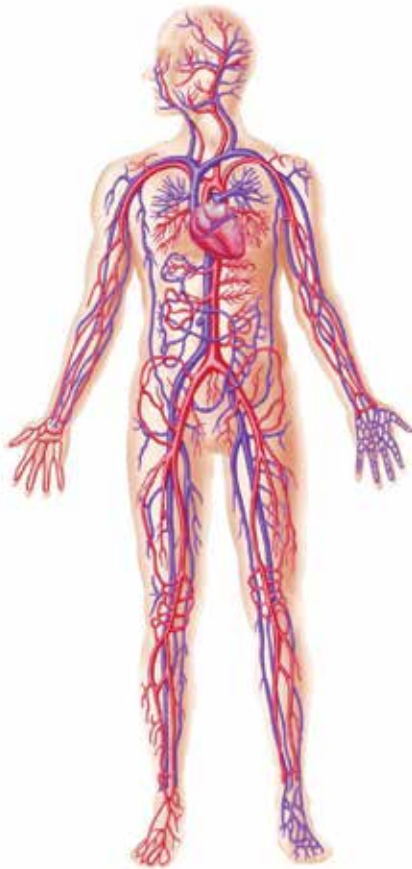
PRESENTATION (20 minutes):

Step 1: Show the Power Point Slide (shown next page).

Step 2: First, only show the left half of the slide, and ask:

- What do you see?
- Can a human body live without the flow of blood?
- What is the function of the heart?
- What is the function of the veins and the arteries?
- What will happen if one of these main veins or arteries is blocked, or cut off?

Step 3: Now, show the right side. Go over each bullet point on the slide.



Reporting and Supervision: the Circulatory System for Case Management

- **Reporting** is like the blood flowing to the heart.
- **Supervision** is like blood flowing away from the heart, to the parts of the body that need it.
- **The veins** and arteries are like the pathways established for the blood to flow.
- Without this circulation of blood the body ultimately stops and dies.
- Without reporting and supervision the case management system cannot exist.

- Step 4: Look at the circulatory system of the Case Management System.
- Have participants turn to Figure 6 in the Case Management Framework.
- Step 5: Explain the various arrows shown in the top rectangle, for reporting, supervision, referrals and coordination. Explain that these are the circulatory pathways for case management.
- Step 6: Explain the structures for reporting, supervision, reporting and coordination.
- Step 7: Ask a few participants to locate themselves in the chart and state who they report to, whom they supervise, whom the receive referrals from, and with whom they coordinate. Be sure to ask a range of positions so there is variety in their reporting and supervision structures.



INFORMATION EXCHANGE (25 minutes):

- Step 1: Ask participants the following;
- Where is the Case Management Circulatory system weak?
 - Is there a blocked or broken vein or artery that threatens the health of the system?
- Step 2: Ask a CCPW and Supervisor to tell an inside story of their side of the problem. First ask a CCPW to speak about the problems he/her sees. Then ask a Desk Officer or Assistant Desk Officer from a district office give his/her side about the difficulties involved in supervision.
- Likely responses will include:
 - Lack of transport.
 - Lack of money for phone cards.
 - Lack of time due to too many clients.
 - Lack of an efficient method for reporting and supervising.
- Step 3: Solicit ideas on the following;
- How some districts or local offices have dealt with these problems.
 - How to improve and 'unclog' the situation with current resources or how to obtain greater resources.

Emphasize that we have to make reporting and supervision a priority.



DISCUSSION (15 minutes):

- Step 1: Explain the frequency of supervision recommended in the Case Management Framework as follows:
- Supervision should be provided by the Assistant Desk Officers for the CCPWs at least once a month in a face-to-face setting in the communities where they work.
 - Each of the Assistant Desk Officers and the Desk Officer should meet at least monthly, after each Assistant Desk Officer has met with the CCPWs in case they have questions about any of the cases.
 - The District SWO should supervise the Probation Officers and the social workers at the One Stop Centers and get feedback from reformatory centres, at least monthly.
 - The National Coordinator should have at least monthly phone contact with each of the District SWOs and Case Management Desk Officers, but meet with them quarterly face to face.
 - Supervisors should also provide input and guidance as requested on a case-by-case basis by the supervisee.

If possible, an annual performance review and goal setting is advised.

Step 2: Explain the role of Civil Society Organizations (CSOs) in Case management.

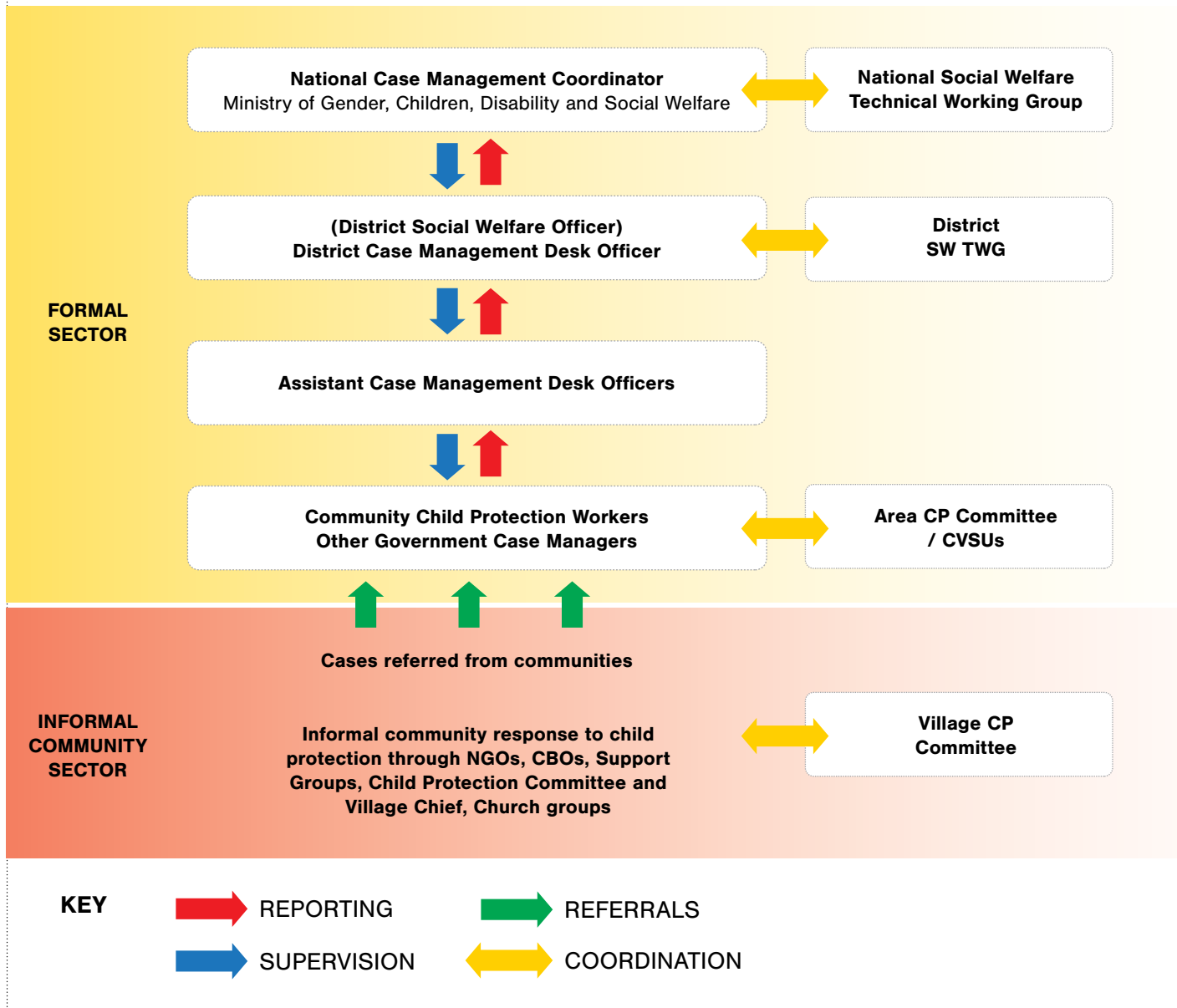
Step 3: Explain that Figure 6 depicts mostly government actors, but CSOs are represented in the “cloud” or the informal community entities that refer to the formal system, as well as serving in the various coordinating committees to the right of the chart. CSOs are therefore an integral part of the national case management system. They often have their own supervisory and reporting systems they need to adhere to. Refer to the framework for details on the role of CSOs.

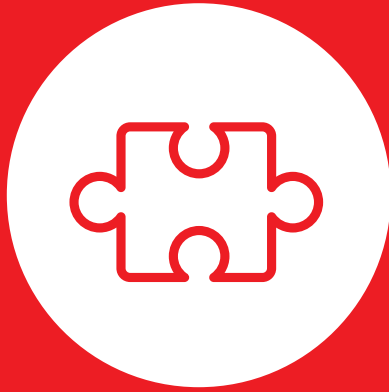


FINAL POINT:

Summarize the module by pointing out that documentation and reporting are key in Case management and that Case management Officers should ensure that the reports are concise and coherent to facilitate service delivery and follow up. The feedback loops should be respected at all times as this is motivating to both the one providing the service and the supervisor.

FIGURE 6: CHILD PROTECTION CASE MANAGEMENT REPORTING AND SUPERVISION STRUCTURE





MODULE 5-B

Interviewing Skills

 75 minutes



OBJECTIVES FOR MODULE 5-B:

By the end of this module, participants will:

- Acquire basic interviewing skills including skills in interviewing hostile/resistant clients.
- Understand cases that require specialized professional care.

CORRESPONDING MATERIAL in the Case Management Framework:

- Section 2.7 Communication Skills.
- Section 2.7.1. Interviewing Skills.

PREPARATION AHEAD:

- If resources allow, arrange for a highly experienced interviewer to lecture on how they interview a trauma survivor (15 - 20 minutes lecture followed by Q&A for 10 minutes). Provide them with the materials from 2.7.1. from the Framework so their lecture is consistent with the Framework.
- Prepare the word strips to be used for the group activities on good/bad examples of listening and planning.



DELIVERY OF MODULE 5-B:



PRESENTATION

Step 1: Introduce the session by explain the following

- There are many communication skills applicable to case management but three of them are particularly relevant. These are: 1) Interviewing Skills, 2) Counselling Skills, and 3) Crisis Management Skills. This module is about the first—interviewing skills. The other two will be covered later.
- Interviewing skills are used every day by case managers. Most of us think we know how to talk, but there are skills that will put clients at ease, help them feel understood and respected, and generate the type of information needed to make a good Case Plan.



GROUP DISCUSSION (20 MINUTES): INTERVIEWING SKILLS

Step 1: Ask the questions below & solicit answers for each one.

Step 2: Write their answers on the board or flip chart, and fill in the gaps when additional answers are needed to fully cover the topic (see the list below for full range of answers).

Question #1: How do we use interviews in case management?

- To collect information.
- To establish a trusting relationship.
- To assess and plan the case goals.
- To review progress with the client or service provider, etc.

Question #2: How should you prepare for an interview?

- Before the interview, know what it is you want to accomplish through the interview.
- Review the information about the client(s) if you have any.
- Make a list of the information you want to gain from the interview.
- Do a mental check of what you will need to get that information:
 - Forms?
 - Notes?
 - List of questions?
- Think about how you will handle the interview so the client feels supported and understood, and it will build the relationship with the client.
- Think about how you will deal with a client who is overly emotional, non-communicative, hostile or resistant.
- Think about the resources the client may need, and take this information.
- Think of ways to motivate the client to work toward realistic goals.
- Check to see if you have personal worries and stress you need to set aside so you can focus on the client with your whole self.

Question #3: How can you show respect and genuine care to a client during the interview?

- “People don’t care how much you know, until they know how much you care”.
- Concentrate your whole self on the client: bring all of your experience, knowledge, skills, and personal qualities to the interview and dedicate them exclusively (during the interview) to serving that client’s best interest. Remember the client is the most important person in the world to you at that time.
- Do not allow distractions such as a phone call or other worries get in the way of full concentration.
- Try to ‘jump into the client’s skin’ and find out how the world looks and feels from their point of view (without losing your own orientation)—empathy.
- Engage yourself in a way that the client will be comfortable engaging with you. Be sensitive to social and cultural norms of the client in terms of making eye contact, sitting/standing too close or too far, asking certain types of questions, volume of voice, manner of dress, etc.

Question #4: What are some ways of empathic listening?

Some ways of empathetic listening include;

- LISTENING with concentration with a sincere desire to understand the client's world view. Do not assume that you know how they feel. Respond with respect and convey understanding or ask follow-up questions until you do.
- Refrain from judging the client, or dismissing the client's feelings. Acknowledge the client's world view and feelings as they are, but if their view is harmful to them, gently work to help them see the reality that most people see.
- In exercising empathic listening, the case manager should avoid using strong emotional responses of their own, but try to acknowledge and/or reflect back the client's perceptions and feelings.

Step 4: Summarize the discussion by highlighting that empathic listening is listening with empathy. Empathy expedites trust building between the Case Manager and the client and also the whole case management process. Empathic listening is healing...just being listened to, is often very helpful. The Case manager should create a caring environment throughout this process.



GROUP ACTIVITY (7 minutes): Good and bad examples of Empathic Listening

Step 1: Put all the paper strips in a hat or bowl.

Step 2: Have a volunteer to come up and pick one out of the hat each time and read it to the entire group. (Pick someone who is shy and has not participated very much).

Step 3: When all the word strips are done, thank the volunteer and resume discussion.

Bad examples of Empathic Listening

- 'How horrid! No wonder you are so messed up!'
- 'This is so bad...I can't deal with it!'
- 'Just a minute, I have an important call!'
- 'I don't think you should feel that way!'
- 'This is not even a problem. Stop complaining.'
- 'You don't need to tell me, I already know how you feel.'

Good examples:

- 'Thank you, I am glad you told me this!'
- 'I see how it is for you. I am glad to know how you see it (feel about it)!'
- 'I am so sorry to hear how hard this has been for you. I can see that you are very sad (worried, anxious, concerned, hurt, angry, etc).'



GROUP DISCUSSION (ENTIRE GROUP) (8 minutes)

- Step 1: Introduce the session by explaining that interviewing skills are also essential in the planning and follow-up stages. The case manager's key roles at this point are to convey understanding, provide information, and promote the client's ownership of the case planning. It is important not to just tell the client what they need to do, but to have them arrive at their own goal setting with your guidance. During the follow-up phase, it is also important for this ownership to continue. And ALWAYS show respect and courtesy.
- Step 2: Ask the Case Managers how they can show respect and courtesy during the goal setting and follow-up phases (demonstrate interviewing skills).
- Step 3: Look at some good and bad examples.
- Step 4: Ask another volunteer to come up (another shy person), do the same word strip exercise as the previous one.

Bad examples:

- 'I know just what you should do, so we'll make that your goal.'
- 'I am going to fill out all the goals for you on this form. It will just take a few minutes.'
- 'It looks like you are too lazy to do anything about your problems.'
- 'You should just give up; there is nothing that can be done.'
- 'You don't really want to do this, do you?'

Good examples:

- 'Now I understand how you feel. How do you think your wife might feel?'
- 'Can you tell me more about that?'
- 'I see...so this is a challenge for you. How long has this been a problem for you?'
- 'Have you thought about what you would like to do?'
- 'Can you tell me what you have done already to solve this problem?'



SHORT LECTURE (5 minutes)

- Step 1: Ask participants how open and closed-ended questions can be used for interviewing?
- Step 2: Record the answers.
- Step 3: Present the following as a lecture.
- Interviewing should use both 'closed' and 'open' ended questions. Closed-ended questions are generally used for obtaining a Yes or No answer, or a very short answer. In contrast, an Open-ended question widens the topic and allows the client to discuss it to the degree that they would like. It can be asked by itself or after asking

the closed question. Typically open-ended questions start with Who, When, How, What, etc. but they are not always in a question form.

- Closed-ended question: “Do you have a source of income?” (Yes/No answer) or ‘How long does it take to go to school?’ (very short answer).
- Open question: “Tell me how you support your family?” or “What is like when you walk to school”? In both of these case the questions invite further discussion than just a simple answer.



PRESENTATION: Interviewing a trauma survivor (15 minutes)

Step 1: Let the guest speaker (if available) discuss interviewing a trauma survivor. This can be someone who works at a One Stop Center or Victim Support Unit who interviews rape victims, or a counsellor who does therapy with them. Suggest that they cover the following points from the Framework:

Why trauma victims and survivors are difficult to interview:

- They may still be in a state of shock, denial or under pressure to protect the perpetrator.
- They have suffer from depression, anger, sadness, lethargy, or suspicion. In severe cases they may be in a state of disassociation and may need psychiatric attention.
- It is easy to re-victimize the victim/survivor through incorrect interview methods.
- If there is a court case coming up there may be legal requirements for conducting the interview to preserve the evidence.
- For all of these reasons it is best for highly trained professionals to interview children in acute stages of trauma, whether through abuse, disaster, or sudden loss of a loved one.

Step 2: Open up for Question and Answer for about ten minutes.



GROUP DISCUSSION (entire group): Interviewing a Hostile or Resistant Client (10 minutes).

Step 1: Read Section 2.7.1.7 (Interviewing a Hostile or Resistant Client) carefully.

Step 2: Ask participants the following questions:

- Have you ever had to work with someone who did not want your help?
- Why do you think that some clients are hostile or resistant?
 - Why are you ever hostile or resistant? (Try to understand their world view).
 - Some feel they have been wronged, misunderstood, judged unfairly.
 - Some do not feel confident they can change, so they resent people who push them too much, too fast.
 - Some don't have faith in the system, so anyone from government is to be avoided or repelled.
 - They may feel judged or 'looked down upon' by the Case Manager.

Maintain calmness and professional demeanor and listen carefully giving empathic responses

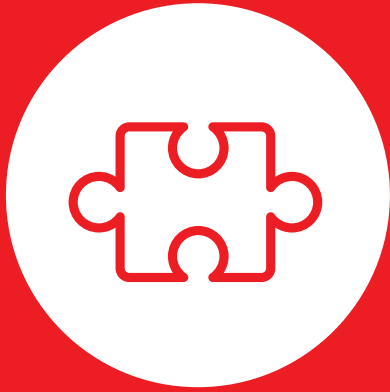
Step 3: Once you understand the clients' world view, engage with the client slowly to build trust. The client will be watching you closely to decide how much they want to invest. This takes time!!

- If the case management time frame is short, let the client know about it.
- Let the client know that you understand their reluctance, but you cannot help them if they don't choose to receive it. Let them know that that you will not be pushing them beyond their comfort level.
- NEVER put yourself in harm's way with a very angry or volatile client. Ask for a police escort if you ever feel your safety is at risk or, if there is not an emergency, wait until things have calmed down.



CLOSING POINT:

Summarise the module by highlighting the basic interviewing skills and how important they are in the case management process.



MODULE 5-C Counselling Skills

 60 minutes



OBJECTIVES FOR MODULE 5-C:

By the end of this module, the participant will:

- Acquire basic counselling skills.
- Understand the basic counselling process.
- Practice strengths-based counselling techniques.

CORRESPONDING MATERIAL IN THE CASE MANAGEMENT FRAMEWORK:

- Section 2.7.2. Counselling Skills.

PREPARATION AHEAD:

- Power Point Slide #15 to be projected.



DELIVERY OF MODULE 5-C



PRESENTATION: THE COUNSELLING PROCESS—OVERVIEW (10 MINUTES)

Step 1: Present the following as a lecture

- Counselling skills include interviewing skills, but they are more than interviewing skills. Interviewing skills are primarily aimed at obtaining information from the client, while counselling skills go much further to assist clients in finding their own strengths, explore solutions, and make and commit to decisions regarding their own lives.
- Specialized counselling, especially with survivors of trauma should be done by professionals with specialized training. However, general counselling skills can be applied by all case managers with basic skills.
- Counselling is a process (much like case management) that starts with a problem, finding strengths, looking for solutions, making decisions and evaluating outcome.
- Show the Power Point slide at this point. Walk through each step.

The Counselling Process





GROUP ACTIVITY: Strengths-based Counseling Technique (30 minutes)

Step 1: Introduce the session by explaining that one of the most important steps in counselling is not only identifying the problems but FINDING STRENGTHS. Yet, this important step is often overlooked in counselling. Explain that very often client's strengths can be applied to their problems, hence they become a natural part of the solution.

Examples:

- A boy who has been on the streets for the last few years may be far behind his peers in school, but he may recognize that he has a strong desire to catch up and that he can work very hard to do so. Or, perhaps he might recognize that he has good survival skills to have lived on the streets for so long. He may also have good skills with his hands and he has an interest in a skilled occupation.
- A girl whose mother has passed away may realize that she has a very close relationship with her maternal auntie and will feel loved in her home. Or, she might also recognize that her older sister is also able to take her in. She will recognize that even though she is sad, she is strong enough to go on without her mother and honour her memory by living well.
- A mother who is sick may be helped to see that she has several things she can do: she can get medication, she has caring neighbours who will care for her children at times, and she can do some handy craft work and sell them even while she is recovering. She may also be helped to see that there is an excellent CBCC near her home her children could attend.

Step 2: Explain that the participants will practice strength-focused counselling techniques.

Step 3: Let each participant pair up with another person from a different table. Let each pair spend 20 minutes practicing finding strengths in the other person, approximately 10 minutes per person.

Step 4: Explain that they can ask questions such as the following to help clients find strengths in themselves (these are in the Framework in 2.7.2.2.–have participants use the Framework) and take notes.

- “What kind of skills do you have?”
- “What are some things you have done that you are proud of?”
- “What do you enjoy doing?”
- “What kinds of nice things do people say about you?”
- “What is a very hard thing that you have done?”
- “Who are some people you are close to?”
- “Who are some people who could help you?”
- “What are some resources you would like to explore?”
- “What are your fondest dreams that you would like to work toward?”

Step 5: Explain that case managers can make encouraging observations with comments such as:

- “You seem to care a lot about your children.”
- “You seem to really enjoy doing that, and you are good at it.”
- “That was a nice thing you said. You are very kind.”
- “I see you have been working hard.”
- “You did a good job on that.”
- “You did a hard thing.”
- “I am really confident that you can do that.”
- “There are people who care about you.”

Step 6: Call on a few volunteers to share some of the strengths of their partner.



PRESENTATION: The Rest of the Counselling Process (20 minutes)

Step 1: Present the following as a lecture.

Helping Clients Make Decisions

- Decision making starts with exploring alternative courses of action with the client and helping him/her choose one.
 - Will the boy back from the streets continue with school, or will he enrol in an occupational skills training programme? He might think of how each alternative will play out in the long run and what the short term costs will be in terms of time, money or other factors.
 - The girls whose mother has passed away might be helped to imagine what it would be like to live with her auntie or her sister, and consider which will help her achieve her personal goals better in terms of education, future job or family, etc.
 - The mother who is sick may determine which steps she will take first, and what she hopes will be the outcome.

Helping Clients to Commit to Their Goals

- As discussed in the Case Planning section, it is important to help clients set achievable and realistic goals, and make an affirmative commitment to the case manager to try their best efforts to reach them.
 - Some clients overestimate their ability while some don't have confidence to set hard goals. The case manager must assess the client's capacity and help them set realistic goals. The more realistic they are, the more the client will be able to commit to achieving them.
 - If some 'easy' goals are reached, additional goals can be set during the case management time frame. The case manager needs to reinforce the client's decision to reach those goals. This involves frequent follow-up, encouragement and continued support as needed.

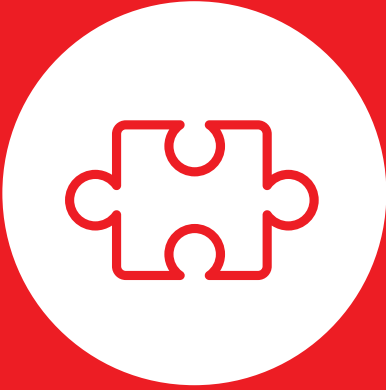
Helping Clients Reflect and Evaluate the Outcome

- It is important for the client to have opportunities to evaluate their progress throughout the case management process.
- While some will achieve success on all goals, many will not reach all of them. Perhaps they were unrealistic, or the resources were not available. Part of counselling clients involves helping them to celebrate their success and process their disappointment.
- Dealing with client's disappointment can be difficult for the case manager, if he or she has invested in the client. The case manager may feel a sense of failure as well. These feelings should be discussed in their supervision session, but not with the client (unless it is to acknowledge responsibility for any negligence on the part of the case manager, if any).
- The focus should be on the client to deal with the disappointment and perhaps set new, more realistic and achievable goals.



CLOSING POINT:

Summarize the key points from the module



MODULE 5-D

Crisis Management Skills

 60 minutes



OBJECTIVES OF MODULE 5-D:

By the end of this module, participants will:

- Understand the basic dynamics and common responses of people experiencing crises.
- Acquire skills managing clients with personal crises.

CORRESPONDING MATERIAL in the Case Management Framework:

- Section 2.7.3. Crisis Management Skills.

PREPARATION AHEAD:

- Review the materials in the Framework.
- Obtain 7 to 8 small candy bars/sweets or anything you can give every member of the group members for the task.



DELIVERY OF MODULE 5-D:



PRESENTATION (30 MINUTES): CRISIS MANAGEMENT SKILLS

Step 1: Ask participants why to learn crisis management?

Step 2: Explain that Case managers are often the first responders at a personal or family crisis. In fact, most of the cases we will have, are generated by some type of a crisis. As such, they should know some basic crisis management skills.

Step 3: Present the following:

- Definition of crisis:** A crisis is a condition that exists when a person or family is suddenly faced with an unexpected situation that they feel little or no control over. These might include a violent episode of abuse, a terrible accident resulting in injuries, sudden natural disaster, very bad news about a family member, etc. Explain that sometimes even when an event has been gradually building up, it can become a crisis at a certain breaking point.
- Reaction to a Crisis:** The typical reaction to a crisis covers a wide range depending on the person. It is important to recognize the individual nature of responses. Some people feel sad, shocked, agitated or angry while others may feel numb, immobilized or depressed. The case manager should not assume that a client in a crisis will act in a certain way, or adopt the one-size-fits-all approach. Past abuse or unresolved issues can impact how a person may be able to cope with a crisis.
- Basic Steps in Crisis Management:** Even though individual responses vary, there are several steps in assisting clients in a crisis. (Alert the class that there will be a memory game played after this portion of the presentation, so they need to pay attention)

d. Steps in helping a client manage a crisis

1. The client needs to feel safe and able to trust the case manager. This is done largely by using the listening and interviewing skills already discussed. The case manager's own personal poise and maintenance of calm composure is essential.
2. The client's immediate needs such as food, shelter and clothing must be met. This requires that the case manager have a good handle on the available resources.
3. The client needs on-going opportunities to express their feelings of hurt, anger, or sadness in an atmosphere of acceptance and respect. The case manager needs to realize that the client may repeat the same things over and over again, but this is because they have the need to do so. Patience and empathy are key.
4. The client must be connected to their trusted loved ones. This requires the knowledge of the client's family and peer relationships so that the most supportive persons can be notified to assist the client.
5. The client must be assisted to set tangible goals (e.g. to receive counselling, to go to police, to receive medical care, etc.). Once the client has achieved a measure of stability, a full assessment should be undertaken and assisted to set goals.
6. The client must be connected to services to deal with their trauma/shock or injury. Again, the case manager is typically not trained to engage in therapeutic counselling; therefore a speedy referral to a specialist is best.
7. The client needs to be supported and followed-up on. The case manager should continue to visit the client and follow up on referrals.

Note that once the client has been stabilized the rest of the process is the basic case management process.



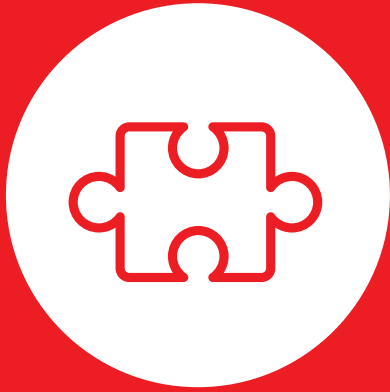
GAME (20 minutes):

- Step 1: Erase or hide all the basic steps just discussed.
- Step 2: Ask the participants to close their books and notes, and each team to write down as many of the basic crisis management steps as they can remember, and do so in any order they can. They can discuss this with each other but make sure the other teams don't hear them!
- Step 3: Uncover the steps.
- Step 4: Give candy/ sweets or whatever gift was arranged to the winning team!



CLOSING POINT:

Conclude the session by inviting participants to share their own personal or family experiences or experiences in their work, where they have deployed crisis management skills.



MODULE 5-E

Coordination, Networking and Collaborating Skills



75 minutes



OBJECTIVES OF MODULE 5-E:

By the end of this module, participants will:

- Understand the roles and responsibilities of coordinating and implementing organizations in child protection system.
- Understand the importance of coordination, collaboration and networking skills in case management work.

CORRESPONDING MATERIAL IN THE CASE MANAGEMENT FRAMEWORK:

- Section 2.8, Coordinating, Networking and Collaboration Skills.
- Section 3: Roles and Responsibilities of Key Players for Case Management.
- Figure 6: Child Protection Case Management Reporting and Supervision Structure.
- Appendix B, Case Scenarios.

PREPARATION AHEAD:

- The “house” model of the Child Protection System (Slide 9 of the PP slides).
- Slide #10: Case Management in the Larger Child Protection System.
- Definition of Case Management.



DELIVERY OF MODULE 5-E:



PRESENTATION (20 minutes):

Step1 : Show the “house model” of the Child Protection System (Slide #9).

Step 2: Explain the following:

- Point out that the very bottom of the ‘house’ is the “Structures” component.
- State that having the proper structures is among the most fundamental building blocks of a child protection system, and this is true of the case management system as well because the case management system is just a smaller system in the larger child protection system.
- Within the “Structures” component of the child protection system, there are two major types of structures:

Coordination Structures and Implementation Structures.

- Broadly speaking, the coordinating structures are responsible for advocacy and development of policy, while the implementation structures take the services to the intended beneficiaries and account for its performance to the oversight structures.
- These two types of structures need to collaborate with each other, from the top to the bottom, to bring full effectiveness to the endeavour.

- Let's quickly revisit Figure 6: the reporting and supervising structures chart. It also shows how each of the implementation structures (such as the MoGCDSW and Social Welfare Offices) coordinate with the national and district coordination mechanisms.
- Coordination and implementation groups often overlap, especially at the lower end of the organizational structures. Case managers are involved in both the coordination and implementation side of the system. For example, they attend the CCPCs or VDC meetings and coordinate with a wide range of actors (coordination), but they also deliver the actual services (implementation). Therefore, they need to know how to participate in both coordination and implementation. They should know how to coordinate, network, and collaborate with different actors in the system.
- It is very important for case managers to understand these structures and how they work, so that they understand their own position in the structures and are able to function well both vertically and horizontally.

Step 3: Ask participants if they have any questions on Structures. Clarify any points that are not clear and provide additional information from the framework



PRESENTATION: Coordination, Collaboration and Networking (20 minutes)

Step 1: Explain that Coordination, Collaboration and Networking are always present with case management. Review the definition of case management: It is “a coordinated service delivery approach at the individual and household levels involving the identification of vulnerable children, assessment and planning, referral to services and follow up, in collaboration with the extended family, community and other service providers.” Point out that case management, by definition, is all about coordination, networking and collaboration.

- Case managers often achieve their goals for their clients because of their skills in collaborating, coordinating and networking.

Step 2: Ask participants to explain the difference of coordination, collaboration and networking skills.

Step 3: Correct any incorrect points and add the following;

- Coordination is about harmonizing the various parts of a whole to make sure that there is flow and coherence among the various parts, avoiding overlaps or gaps.
- Collaboration is the actual work performed by different actors on the ground. Each actor does an important piece of the work, which, together, makes up the whole. Case management, by definition, is the process of making sure there is collaboration between the relevant actors for the benefit of their client.
- Networking is strictly about building productive relationships to have greater interpersonal relationship with other actors.

Step 4: Give an example of a 16 year old boy that committed a violent crime and has been arrested. The case manager has received a referral on the victim of the crime, a girl of 12 years of age. The boy will go through the justice system while the girl will be helped by case management and treatment.

- **Coordination:** Making sure that there are clear roles, rules and expectations laid out for the Juvenile Justice, Social Welfare, Police, Courts, and Parents; ensuring that they all communicate with each other regularly (perhaps through case conferences) to harmonize their functions.
- **Collaboration:** All the players know and work toward the same goal established through coordination, and fulfil their various responsibilities. Their performance is in a predictable and reliable way to bring about the desired goal.
- **Networking:** The professionals who are involved connect interpersonally to accomplish their responsibilities in a more efficient and effective way or to build greater trust. For example, a CCPW may network with the probation officers to move cases more efficiently or engage in conversations with key personnel at meetings to build a good working relationship.



DISCUSSION (large group) (15 minutes):

Step 1: Ask participants to brainstorm in a large group the following question: How can we improve collaboration skills?

Step 2: Seek input from the group.

Step 3: Present the following to cover any gaps:

Collaboration Skills:

- Having a thorough knowledge of the terms of reference and standard operating procedures of one's own work as well as those of the others one is collaborating with (for this purpose, cross-training of various disciplines is a good idea);
- Being prompt in doing the tasks one is entrusted to do, as delay in one part can delay all others;
- Competence in performing their portion of the work, recognizing that the weakest link in the chain of collaboration will impact the quality of the overall outcome;
- Being a supportive team player to the degree feasible without compromising too much time, cost, or professional boundaries of assigned tasks;
- Understanding some of the basic terminology of others, for example, medical language or legal/criminal terms;
- Sharing accurate information and professional opinion whenever it promotes the child's best interests;
- Advocating for more attention for the psycho-social aspects of a child's wellbeing, not just the physical or legal aspects, for example, by writing a brief psychosocial report to be included in the police report for child rape victims.

Networking Skills:

- When attending meetings, prepare ahead. If you are reviewing cases, prepare good notes. If a document will be relevant to the discussion, read it and make notes. If you know what the agenda will be, become familiar with the topics of discussion. Without being too show-offish, participate in the discussion from a well-informed position.
- Think of ways to offer genuine and sincere compliments to those you interact with. One of the most sincere forms of praise is to ask them for their opinion about something.
- Try to remember names and faces of people, and something about them that you want to remember. Take notes.
- Have business cards if at all possible and share as appropriate. Even if it is one that you printed at a copy shop, it is better than none.
- Volunteer to do things; capitalize on the chance to be seen and heard regarding child protection and show your passion for it.
- Pay attention to grooming and hygiene, and dress as professionally as possible. A clean and professional appearance promotes confidence and respect.
- After you meet new people, take the opportunity to call or email, reminding them of who you are and where you met that person. Bring up topics of mutual concern (might be a client) and express a genuine interest in staying in touch.
- Networking is a two-way street. Think of what you can offer the other person. Everyone has something to give, in your case it might be a document they are looking for, or a method that you mentioned in a conversation.
- Enjoy the synergy of different personalities and don't expect others to be like you. Be accepting and respectful of the individual personalities and differences of people you meet. If you disagree with someone do it in a pleasant and respectful manner.
- If you use social media, make sure to post material that represents you well. Many graduate schools, employers and others routinely check these to see what kind of a person you really are.
- If you follow these tips, it is likely that you will have opportunities for leadership. Accept them as opportunities to make a greater impact for vulnerable children.
- Leadership typically leads to mentoring others. This, too, is networking to build relationships with those that are coming through the ranks to do the work. Be willing to guide them and advise them to reach their full potential.



ACTIVITY (home groups):

Step 1: Instruct the teams to take one of the Case Scenarios in Appendix B and identify the various actors and entities that should be involved in each case.

This work will be done as home work:

- How should their work be coordinated (harmonized)?
- If you were the case manager, whom would you target for networking?
- How should they collaborate (divide up the work) to serve the child's needs?

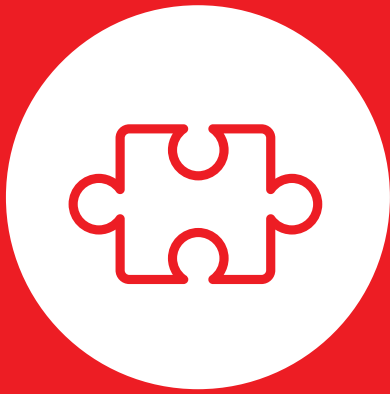
Step 2: Each group to identify a presenter (next day).

Step 3: Allow groups to present in plenary and provide necessary feedback.



CLOSING POINT:

Conclude the module by emphasizing key points from the module especially the difference between collaboration, networking and coordination.



MODULE 6-A

Reporting and Supervision Skills

 75 minutes total

DAY 6

Re-Cap of Yesterday (30 minutes)
Fill in any gaps as needed.



OBJECTIVES OF MODULE 6-A:

By the end of this module, participants will:

- Acquire knowledge and skills in conflict resolution, persuasion, and leadership.
- Gain some practical experience in the application of conflict resolution, persuasion, and leadership skills.

CORRESPONDING MATERIAL FROM THE CASE MANAGEMENT FRAMEWORK:

- Section 2.9. Interpersonal Skills.
- Power Point slide #16.

PREPARATION AHEAD:

- If resources allow ask three guests/ participants to prepare a 10 minute presentation (each) on how they have used one of these skills in their work as case managers or supervisors. Each guest should speak on one skill—conflict resolution, persuasion or leadership skill. Match the guest with the particular skill they possess.



DELIVERY OF MODULE 6-A:

Step 1: Explain that three more important interpersonal skills will be discussed in this module. Interpersonal skills are often called ‘people skills’ because they are important in managing all types of relationships, including with colleagues, clients and even family members.

These three are directly related to being an effective case manager as well as a good supervisor:

Step 2: Write the three interpersonal skills on board or flip chart

- Conflict resolution skills.
- Persuasion skills.
- Leadership skills.

Step 3: (10 minutes)

Explain that you will now give a short introduction to each of these three skills, and you have invited three speakers to share how they have used these skills in case management work. Ask participants to take notes on what particular aspects of these skills they would like to develop to be more effective.

a) Conflict Resolution Skills

- Case managers often must deal with conflicts in their personal lives or at work, between clients, colleagues, or community members.
- Conflict resolution skills are extremely valuable in settling down interpersonal crises, promoting constructive discussions, and ultimately solving problems. The main points of developing conflict resolution skills are:

- Recognize that conflict is normal in relationships since all people cannot agree on everything. However, how they are resolved can harm or strengthen their relationships.
- Understanding that conflict usually arises out of a person's need to feel safe, respected, understood, and valued even when that person is not aware of that need. Getting to this foundational issue is often key to resolving the conflict.
- Conflict also arises out of communication style. One person may say things in ways that trigger hurt or anger in another. Helping to recognize their different communication and emotional response styles can facilitate a mutual commitment to 'meet half way'.
- Unspoken expectations or needs at work can lead to conflict, whether between colleagues or between employer and employee. Clarifying them will improve mutual understanding.
- To assist in resolving conflict, the case manager must remain alert and calm, withhold judgment or siding with one party or another, listen to the feelings and views, and express respectful understanding to both. Then gradually, both sides must come to understand the other, with help with the mediator, until they can commit to a mutually acceptable solution which may involve a compromise.
- When it is the case manager who is involved in a conflict, he or she should remember to make the relationship the priority, not 'winning' the battle. Especially if there is a client involved the case manager should put the best interest of the client ahead of winning the conflict—but this does not mean to give into unreasonable demands, it simply means that the case manager takes a course of action that will serve the client over his own needs to punish the client.



FIRST SPEAKER/ PRESENTATION: Invite the first of the three speakers to discuss how they have used conflict resolution skills in case management or supervision to enhance the relationship (10 minutes). After the speaker is finished:

- Thank him/her
- Allow 5 minutes for questions.
- Offer clarifications

b) Persuasion Skills (10 minutes)

A case manager is often in the position of advocating on behalf of a client or cause, and this takes skills of persuading others to adopt his or her point of view. This should be done with respect for different views of others, while being firm in one's own views. Experts in persuasion skills offer the following tips⁵ for persuading others:

- Careful listening to the other party is the first step. People who feel 'heard' tend to be more responsive rather than those who feel ignored or disrespected.
- When listening, pay sincere compliments, such as "I appreciate you telling me that. I see you have done a lot of thinking about this." "I am really impressed with you knowledge."

5 Adapted from Kent University Careers and Employment Service Website. <http://www.kent.ac.uk/careers/sk/persuading.htm>

- Speak with confidence and use culturally appropriate body language to convey confidence. Avoid sitting low in the seat, hiding in a corner, or using hesitant language such as “ummm, I am probably wrong about this but...” or “I guess I think that, I am not sure.”
- Present all pertinent facts and logic first, but also share your emotional investment in the case or cause. People are inspired by not only your knowledge and clear presentation, but by your commitment and passion, while maintaining professionalism.
- Use positive language. Instead of saying “You are wrong about that” or “I disagree”, say “I understand your point of view, but I see it in a different way. May I explain?” Or “That is an excellent idea, but have you also considered...?”
- Learn to deal with objections to your ideas and proposals in a tactful and respectful way, and learn to identify common grounds.
- Sometimes persuading can include being willing to negotiate a compromise. Knowing when to make small concessions in order to get an agreement on a more important issues is key to having influence.



SECOND SPEAKER speaks for 10 minutes on how persuasion skills can be applied to case management or supervision. When finished:

- Thank him/her.
- Allow 5 minutes for questions.
- Offer clarifications.

c) Leadership Skills (10 minutes)

Step 1: DISPLAY Power Point Slide 16.

Step 2: Explain that Leadership skills are often misunderstood as being applicable only to those in high authority positions, and case managers may not feel it applies to them. However, leadership skills are important for the case manager who hopes to influence the opinion and decisions of clients and those they coordinate or collaborate with. In addition, those who practice leadership skills often end up in positions of leadership, to have greater influence for good. As shown in Figure 8, many of the leadership skills are involved in working with clients such as:

- persuading and motivating,
- creating enthusiasm,
- clarifying the problem and making decisions,
- listening,
- giving constructive feedback,
- planning and organizing, and
- setting objectives.
- Additional leadership skills such as taking initiative, accepting responsibility for mistakes and wrong decisions, persevering when things are not working out, and learning from failure are extremely valuable in working with both clients, colleagues and other stakeholders.

While some people have these leadership qualities more naturally, others can learn to be good leaders. The experts at Kent University give these valuable tips on cultivating leadership:⁶

- Use initiative to act on opportunities. Become a leader before other people view you as one.
- Take responsibility for your own objectives, set priorities and achieve them.
- Display a 'can do' attitude even in demanding situations. Try to solve problems rather than to pass them on to other people. "Yes, I'll make it happen."
- When asked to do tasks, go the extra mile. Go beyond your job description; do the work that gets you noticed.
- Show enthusiasm for the work.
- Take ownership of problems: anticipate potential problems, take pre-emptive action and act quickly to resolve problems;
- Introduce improvements to the way things are done; develop innovative practices and thinking.
- Learn new skills that will enhance capability and constantly add to your tool box.

6 Adapted from Ibid., <http://www.kent.ac.uk/careers/sk/leadership.htm>.

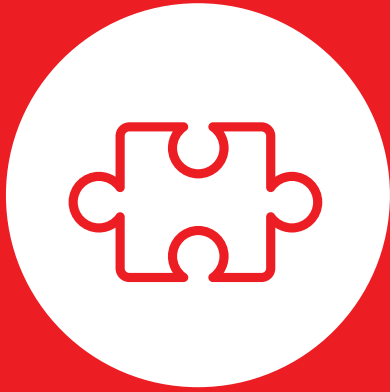
FIGURE 8: LEADERSHIP CHART

(source: Bruce Woodcock, University of Kent, UK)



THIRD and FINAL SPEAKER now speaks on how he/she has used leadership skills in case management as a case manager or supervisor (10 minutes).

Allow a 5 minutes Q & A session.



MODULE 6-B

Personal Skills

 75 minutes total



OBJECTIVES OF MODULE 6-B:

By the end of this module, participants will:

- Understand the concept of self-awareness as case managers.
- Understand the importance of time management in case management.
- Acquire skills in dealing with stress and vicarious trauma associated with case management.

CORRESPONDING MATERIAL in the Case Management Framework:

- Section 2.10 Personal Skills.

PREPARATION AHEAD:

- Prepare one blank paper strip to each participant, on which they can write two sentences.



DELIVERY of Module 6-B:

Step 1: Introduce the session by explaining that the module will focus on importance of personal skills that we need as case managers. This is the tenth core competency.

Step 2: Remind participants that this is the last core competency out of the ten introduced at the beginning of the training. Although this is listed last, it is certainly not the least important competency; in fact, this is crucially important. Remind participants that Case Managers bring their whole selves into the work, so personal skills are at the core of what they do.



ACTIVITY (25 minutes):

Step 1: Hand out the strips of blank paper. Each person should have one, on which they can write two sentences.

Step 2: Write these two sentences on the board or flip chart:

1. "My best personal quality as a case manager is that I

2. "My worst personal quality as a case manager is that I

Step 3: Ask participants to complete these sentences. If they are not yet case managers, ask them to project into the future.

- When they are finished, have them match up into pairs with someone they don't know very well from another table.

- When they have found their partner, they take turns discussing their best and worst personal qualities as a case manager.
- When they return to large group ten minutes later, ask for volunteers to discuss what they learned. Have participants return to their own table.



PRESENTATION:

Step 1: Explain that Case managers bring their whole and real self to the case management situation. They cannot leave who they are at home while their 'fake' façade interacts with the clients or other actors. The most relevant personal skills to case management are:

- Self-awareness
- Organizational Skills
- Managing stress and vicarious trauma
- Self-Awareness

The activity we just did was to try to become more aware about ourselves. Self-awareness is a very important skill, because how we think, feel and act has a great impact on others. By knowing our own strengths and weaknesses we can become more effective. There are several common barriers to self-awareness and several known methods of nurturing it.

Step 2: Explain the following using a lecture method:

Barriers to Self-Awareness

- Strong cultural norms often dictate how one should feel and behave,
- Family upbringing that emphasize certain traits over others, and
- Friends and society in general that stress acceptable or popular traits (often along gender or class lines).
- Extreme trauma and loss can also play a role in suppression of painful feelings.
- These forces can be so strong that one can often be unaware of his or her true nature and be surprised to find themselves having certain reactions to people and situations.

As can be imagined, case managers are often at a loss as to why they react to certain clients or colleagues in the way they do, and try to brush it aside rather than deal honestly with their true feelings. For example, some have a difficult time working with those who have committed crimes or offences against children. Their sense of harsh judgment against these individuals and their inability or unwillingness to reflect upon their personal responses form a barrier in providing effective case management services.

How to Nurture Self-Awareness

- “Owning” or acknowledging how one truly is, feels, or acts, and understanding why one does, are the crux of tapping into self-awareness. This is not always easy and can be scary.
- For example, a case manager who was raped as a child may have an unhealthy level of sympathy, rather than empathy, for the victim to the point of enabling rather than empowering. Once they are able to see this, they can work to regain balance and professionalism to their own benefit and that of the client. This type of discovery and correction will lead to other insights that can increase self-awareness.
- Achieving self-awareness may involve sincere self-reflection, honest discussions with trusted colleagues and supervisors, learning skills to deal with them, and possibly professional counseling. In the meantime, the case manager may wish to ensure that they are being fair and professional to all clients, even with those they do not relate to very well. If there is a major problem, the supervisor may need to temporarily re-assign the case.



DISCUSSION (15 minutes): Let’s talk about organizational skills next.

Step 1: Ask participants how they organize their case management folders and how they keep all the forms, papers, and referral records organized?

Step 2: Ask for volunteers to share ideas. Here are some ideas from the Framework:

Busy case managers with large workloads and many meetings to attend, with little resources and support can feel overwhelmed. However, some organizational skills can lessen stress and improve productivity. Case managers may benefit from the following courses of action.

- Create a personal binder for keeping notes on each and every client, aside from the Case Management booklet. In this binder dedicate several removable pages to each client, keeping notes of the contacts with clients and service providers or other communication or meetings you have had. Once the case closes, remove the pages and file them in a secure place where you can retrieve them if you need to.
- Take these notes to the supervision or case conferences. Add notes to them at the meeting and put them back in the binder mentioned above.
- Keep an updated list of resources handy. If there isn’t one, start the initiative to create one. This will save countless hours of hunting and searching.
- Combine trips. If you have a meeting in one location, also visit clients and meet with community leaders. Make a list ahead.
- Manage your time. In an organizer (hard paper or electronic), input annual, quarterly, monthly or weekly meetings and events. Each day, spend a few minutes first thing in the morning to make a ‘to-do’ list, schedule for the day and keep to it, breaking the schedule only for extreme emergencies. Check off tasks as you accomplish them.

- Prioritize the important tasks first, and get them done. Many people get distracted and focus on less important things, leaving insufficient time for the big things.

Take time to refresh. During your work day, it is important to take care of yourself. This does not mean that one should take two hour lunch breaks each day, but it does mean that during the one hour lunch, you completely relax, socialize, and try to get the most refreshment value out of the time 'off' the job.

NOTE: Case managers' ability to stay organized will improve his/her effectiveness with clients and improve their overall performance. Organization brings peace of mind and a feeling of mastery and calm, which contributes to having a clear mind, a less frenzied heart, and a calm approach to the challenges of case management.

Step 3: Invite discussion: What has helped you be more organized? Please share.



PRESENTATION (25 minutes): Managing Stress and Vicarious Trauma

Step 1: Using a lecture method present the following!

Managing Stress:

Child protection is one of the most stressful jobs. For this reason, it is also common for child protection workers to be diminished or impacted by stress and vicarious trauma.

Symptoms of Stress:

Stress and vicarious trauma can lead to:

- Feeling drained; not having the energy for the work;
- Feeling emotionally overwhelmed and/or depressed by the cases to manage;
- Resenting clients and being impatient with them;
- Losing track of the different cases;
- Physical symptoms such as headaches, stomach problems, sleeplessness, or fatigue;
- Having overly negative perspective of yourself, clients, co-workers and situations.

Dealing with Stress:

Stress and trauma can be prevented or dealt with in the following ways:

- Clearly separating work from personal life, and being fully present in the moment;
- Recognizing and accepting limitations on one's time and resources;
- Enjoying a full and happy personal life when not at work;
- Talking to supervisors and colleagues;
- Attending workshops;
- Taking good care of self—sleep, nutrition, exercise and relaxation;
- Possibly taking time off of work to rejuvenate.

What is vicarious trauma?

Vicarious trauma is the trauma experienced by those who work with victims and survivors of trauma. Child protection workers have a significantly high level of vicarious trauma, and it can 'feel' and 'look' like real trauma, with symptoms of depression, irritability, sleeping too much or too little, feeling overly sensitive, having a negative view of self and others. In extreme cases victims can have nightmares of their clients' experiences, or have short spans of panic attacks.

Dealing with vicarious trauma

- Vicarious trauma requires similar but more intense coping skills than the everyday stress of working in child protection. Some helpful ideas are:
- When working in child protection, the case manager's unresolved past trauma or loss issues can resurface. If so, it is good to recognize and deal with it. They may wish to confide in a professional counsellor or a colleague/supervisor who understands and works with trauma victims. Don't be afraid to receive counselling, as all human beings have times when they need to be strengthened and empowered.
- Beware of compromising one's good judgment; emotional responses of extreme sympathy or hostility may override good professional judgment.
- Learning and using bracketing skills; that is, how to separate client's trauma from the case manager's own reactions, and moving toward an intelligent solution based on best practices despite having strong trauma responses.
- If necessary, consider taking some time off to deal with trauma issues and retool the skill sets.



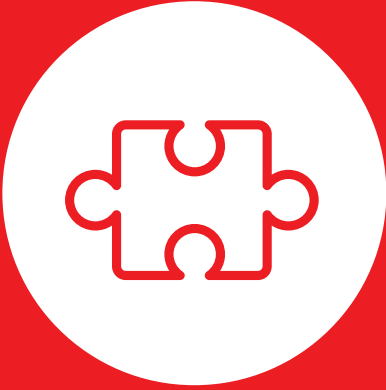
CLOSING POINT:

Conclude the training by summarizing the key points from the 5 day training including the following;

- We have covered all the ten core competencies of the case manager in this week's training. (Review, Slide #11).
- These are just the basic values, knowledge and skills we need—and we need a lot more detailed training in each of the competencies but we have learned A LOT!
- We are part of an exciting development in our country, as we are at the forefront of building the case management system, which will also lead the development of the overall child protection system (Show Slide #10. Leave it up).
- For Case Management to serve the children and families effectively, we need to think about building each of the system components for case management.
- The Strategy for Capacity Development is based on the following target goals for rolling out case management nation-wide:

- Functions (Policy): We have a Case Management Framework, but still need the overall Child Protection Framework to implement the CCPJA. We need to support the passage of the Trafficking in Person's Act, the Adoption Act, and the revision of the Probation Act. We need to work to include all children under 18 under the CCPJA as was intended by the CRC and the ACRWC.
- In the Structures component, we need to support the work of coordination at all levels. As case managers we need to fully support the mobilization of CCPCs and work with VDCs to introduce the Journey of Life programme in all of the villages.
- In the Capacity component, we need to start an intensive TOT process to train all case managers better. More CCPWs need to get on government payroll, and all case managers and supervisors need more communication and transport support. Ultimately Malawi needs to institutionalize social work training at the universities and create several tiers of trained professional child protection workers. Someday, there will be social workers at every level, and many social work programs in Malawi.
- In the Continuum of Care component, we need to put more focus on prevention and early intervention services such as parenting skills and family strengthening services. There is also a critical need to have more rehabilitative services for victims of crime and trauma as well as youth in conflict with the law.
- In the Process of Care component, we need to roll out case management nation-wide. We should use standard operating procedures and tools for case management including by civil society.
- Accountability includes setting up a grievance procedure for clients, and information management, storage and monitoring and evaluation of data. We need to take our responsibilities seriously and fully comply with the data requirements.

Q & A: Invite questions and comments (15 minutes).



MODULE 6-C

Post Test and Training Evaluation



60 minutes



OBJECTIVES OF MODULE 6-C:

- Participants will understand the Strategic Plan for Case Management Capacity Development, which will be rolled out between 2015-2020.

CORRESPONDING MATERIAL from the Case Management Framework:

- The Strategic Plan for Case Management Capacity.

PREPARATION AHEAD:

- Print copies of the post test.

POST TEST (30 minutes)

Step 1: Administer the post test.

Step 2: Collect the test.

Step 3: Score the tests and see where the training was effective, and where participants need more knowledge.



CLOSING HOOT 'N HOLLER (5 minutes):

End the training on a light and happy note

Step 1: Ask all participants to stand up! (5 minutes).

Step 2: Congratulate participants for successfully completing the training, to go forth and serve the children of Malawi.

Step 3: Read a sentence and ask participants to clap, yell, whistle, or stomp their feet to show how much they agree with the sentence. The more they AGREE, the LOUDER they should be.

Step 4: Ask participants if they are ready?

- I am glad that this training is finished.
- I think that our instructor is very handsome (or beautiful).
- I am an awesome case manager (trainer)!
- I think child protection case management is one of the most meaningful jobs.
- I think I am very handsome (or beautiful).
- I know God loves me!
- I think I deserve a BIG RAISE!



CONGRAGULATIONS (Applause...Cheers).

Next will be the closing ceremony and issuing of certificates for you.

CLOSING CEREMONY—ISSUING OF CERTIFICATES IF AVAILABLE

Initial Assessment Form

APPENDIX A

Case Management Tools



MALAWI
GOVERNMENT

Person Filling out this Form (Olemba): _____ Title (Udindo) _____
 Agency (Bungwe/ Ofesi) _____ District (Boma): _____ Date (Tsiku): _____

Particulars of the child (Mbiri ya mwana)

Child's Name (Dzina la mwana)	Age (zaka)	Gender (Mzazi/ Mwamuna)	Location of Child (Komwe amakhala)	Parents or Guardians (if Known) (Makolo amwana kapena omuyang'anira). Ngati mbiri yawo ikudziwika	Perpetrator (if known and applicable). Wachitira nkhanza mwana (ngati akudziwika)

Person Making the Referral (Yemwe watumiza mwana) ndi momwe tingampezere & Contact Information: Keep confidential (musungireni chinsinsi):

Type of case being referred (Vuto lomwe lachititsa kuti mwana atumizidwe):

- Physical abuse (Nkhanza ya pathupi) Sexual abuse (Nkhanza yogwilira) Verbal/Emotional Abuse (Nkhanza ya m'maganizo)
- Neglect ((Nkhanza yosalabadira mwana/ kulekelela) Exploitation (kudyera mwana masiku pamutu) Early Marriage (Nkhanza yokwatiwitsa mwana)
- Other/ Nkhanza ina (specify/ Tchulani) _____

Briefly describe the nature of referral (Fotokozani nkhanziyo mwachidule): _____

Does the alleged perpetrator know that a referral has been made (Ochitira nkhanza mwana akudziwa kuti nkhanzi yapita pena? Yes (Inde) No (Ayi)

Not Known (Sizikudziwika) There is no perpetrator (Palibe wachitira mwana nkhanza)

Does a parent or guardian know about this situation (Kodi makolo akudziwa zankhanziyi)? Yes (Inde) No (Ayi) Not known (Sizikudziwika)

Based on the above assessment, is there a child protection risk (Nenani pamanepo pali chiopsezo)? _____

- Yes (Inde): Move forward to full assessment (pangani kafukufuku wakuya). If the situation is serious, make a referral to service providers NOW. (Ngati pali vuto lalikulu lofunika kuchitapo kanthu mwansangamsanga, tumuzani kwa omwe angathandize)

- No (Ayi): Dismiss case but keep the record and send it to the District Office (Tsekani nkhaniji komabe sungani zomwe mwalembo komanso tumizani ku ofesi ya kuboma). Notify client that no action will be taken, but an informal service referral could be made without opening a case file if you feel it is appropriate (Muuzeni okhudzidwayo kuti simuchitapo kanthu pankhaniyo komabe mutha kutumiza kwa ena omwe angachitepo kanthu).

Remarks (Ndemanga) _____



**MALAWI
GOVERNMENT**

Form 1. Household Registration Form (Kalembela wa Khomo)

Household ID Code (Nambala ya nyumba) _____ Date Case Open (Tsiku loyamba Kafukufuku) _____
 Filled out by Case Manager (Olemba fomu) _____ Village (Mudzi) _____ GVH (Gulupu) _____
 Name of the household head (Dzina la mkulu wakhomo) : _____ District (Boma) _____
 TA (Mfumu yayikulu) _____

ADULTS (18+) in Household Eldest to Youngest (Anthu omwe ali pakhomo lomwe likuyang'anidwa ndi opitilila zaka 18)

First and Surname (Dzina loyamba ndi la bambo)	Relationship to Children (Ubale ndi ana) E.g. Mother to Child 3&4, Stepmother to 1&2; Father to all children, maternal uncle, etc.	Sex		Age (Zaka)	Responsibilities for the Household (Ali ndi udindo wanjii pakhomopo) e.g. works on the farm, cooks, watches children, etc.
		Female (Mkazi)	Male (Mwamuna)		

Children in Household From Eldest To Youngest (Ana Amene Ali Pakhomo) Kuyambira Wamkulu Kutsirizira Wang'no

First & Surname (Dzina loyamba ndi la bambo)	Sex		Date of Birth (Tsiku lobadwa)	Age (Zaka)	Status of Parents (Mbiri ya makolo a mwana): (Living with child, Dead, or Living Away) (Kodi akukhala ndi mwana, anamwali- ra kapena amakhala kwina)	Brief comments (Ndemanga): (e.g. child is malnourished, stunted, have poor sight , disability, etc) (Zowonjezela- Mwachitsanzo kodi mwana ndiwolum- ala,wonyetchera, osawona,
	Female (Mkazi)	Male (Mwamuna)				
1						
2						
3						
4						
5						
6						
7						



**MALAWI
GOVERNMENT**

Form 2. Household Assessment and Progress Chart (Kafukufuku wa khomo ndi ndondomeko zothandizila khomolo)

Household ID Code (Nambala ya nyumba) _____

Date of Assessment (Tsiku la kauniuni) _____ Case Manager (Olemba) _____

Assessment Codes:	3=no problem (palibeVuto)	2=slight problem (Vuto lilipo pang'ono)	1=serious problem (Vuto lilipo lalikulu)	Follow-Up (Kalondolondo) (Not less than three times) (osachepera katatu) (Observations and Next Course of Action) – Zomwe mwaona ndi zomwe zichitike
Household Indicators (Kalozele)	Rating (1,2, or 3) and Reason for rating	Goal (Cholinga chachikulu)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)
1. Household has enough food to eat (at least one week) (Pakhomo Pali chakudya chokwana sabata lonse)				
2. Household has a livelihood or on-going source of income sufficient to meet their needs (Khomo lili ndi upangili kapena njila zopezela ndalama zokwanila kusamala banjalo)				
3. Household has saved enough money or has items to sell to cover one month of basic needs (Khomo lili ndi ndalama zosunga kapena zinthu zoti atha kugulitsa ndikupeza ndalama zogulilla zofunika zazikulu zapakhomo kwa mwezi)				
4. Caregivers in the household are healthy enough to care for the children (Osamaila khomo ali ndi moyo wathanzi ndipo atha kusamaila ana)				

Assessment Codes: 3=no problem (palibe Vuto)	2=slight problem (Vuto lilipo pang'ono)	1=serious problem (Vuto lilipo lalikulu)			
Household Indicators (Kalozeia)	Rating (1,2, or 3) and Reason for rating	Goal (Cholinga chachikulu)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)	Follow-Up (Kalondolondo) (Not less than three times) (osachepera katau) (Observations and Next Course of Action) – Zomwe mwaona ndi zomwe zichitike
5. There is a feeling of peace and harmony in the home, free of domestic violence and hostility. (pakhomopo pakuoneka kuti pali bata ndipo sayambana)					
6. Household has access to safe drinking water including clean storage (Khomu lili ndi madzi akumwa aukhondo komanso malo osunga madziwo abwino)					
7. Household has safe, dry and ventilated house with strong walls and roof with no leaks (Nyumba yosadotha, yolowa bwino mpweya okwanila ndiponso ya makoma olimba)					
8. Family has extended family support within half an hour of walking (Khomu lili ndi achibale pafupi omwe angalithandize pa nthawi yamavuto- pamitunda osaposera kuyenda kwa phindi makumi atatu)					
9. A child-protection related committee is aware of family's needs and can help (Komiti ya atetezi a ana kumudzi ikudziwa zavutoli ndipo akhoza kuthandizapo)					
10. Other Problems, if any (Vuto lina ngati lilipo)					

Assessment Codes: 3=no problem (palibe/Vuto)		2=slight problem (Vuto iliipo pang'ono)		1=serious problem (Vuto iliipo lalikulu)	
Household Indicators (Kalozela)	Rating (1,2, or 3) and Reason for rating	Goal (Cholinga chachikulu)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)	Follow-Up (Kalondolondo) (Not less than three times) (osachepera katau) (Observations and Next Course of Action) – Zomwe mwaona ndi zomwe zichitike
Other Strengths, if any (kuthekera komwe kullipo)	List the family's strengths that have not been mentioned so far (education, job skills, etc). Incorporate these to solve problems (Lembani kuthekera komwe kullipo. Zitsanzo: maphunziro, ntchito zamanja). Izi zikuthandizireni pamene mukupanga ndondomeko yothandizira banjalo.				

HOUSEHOLD CASE CLOSURE (KUTSEKA KWA NKHANI):

Reason for Closure: (Chifukwa chotsekera nkhani) Chongani yankho loyenela munsimu

All goals reached (Zolinga zonse zakwaniritsidwa)

Case Management term (3months/extended by one month when needed) expired (Nithawi – miyezi itatu/ kapena taonjezera mwezi wina umodzi/ nthawi yatha)

Household moved away Yes/Inde No/Ayi If so, transferred to new district? (Banjalo linasamuka – ngati anasamakadi, anapita Boma lina?)

Household uncooperative: Yes/Inde No/Ayi Banjalo silikutsatira zomwe munagwilizana kuti zichitike

Case Manager (Olemba) _____ Date: (Tsiku) _____ Supervisor (Oyang'anira) _____ Date (Tsiku) _____

Signature _____ Signature _____



Form 3. Initial Child Assessment Chart




(for all children in the household) (Kafukufuku wa mavuto omwe ana alinawo pakhomu)




Guardian: _____ Village: _____ TA _____ Date of Assessment: _____
 (Oyang'anila Mwana) (Mudzi) (Mfumu yayikulu) (Tsiku la kafukufuku):




Case Manager (Olemba): _____




Location of Child(ren) (komwe mwana akukhala) if different from Guardian (ngati akukhala kosiyana ndi makolo): _____

Indicator (Kalozero)	Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopelekelela mulingowu)						
	Child 1	2	3	4	5	6	7
1 Child is enrolled in CBCC, primary or secondary/vocational school. (Mwana analembetsa kusukulu ya mmela mpoyamba, pulayimale, secondale kapena sukulu za manja).							
2 Child attended (CBCC, primary or secondary/vocational school) all five days in the past week (Mwana anapita kusukulu masiku onse asanu mu sabata yangothayi)							
3 Child has education support materials (uniform, notebooks, pens, school fees, and pocket money) (Mwana ali ndi zomuyeneza pamaphunziro monga yunifomu, makope, zolembela, sukulu fizi ndi ndalama zodyela kusukulu)							
4 Child is on target in school to progress to next level (Kutengela makhozendwe ake mkalasi, mwana akuoneka kuti akhoza ndikupita kalasi yapatsogolo)							

Indicator (Kalozero)		Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopelekela mulingowu)						
		Child 1	2	3	4	5	6	7
		3 = NO PROBLEM (Vuto Palibe)  2 = SLIGHT PROBLEM (Vuto laling'ono)  1 = SERIOUS PROBLEM (Vuto Latikulu)  OR USE N/A when not applicable						
5	At school, child feels safe and well-liked by friends and teachers (Akakhala kusukulu mwana sakhala wamantha ndi anzake kapena aphunzitsi)							
6	Child has birth certificate (Mwana ali ndi chiphaso chakalembera chosonyoza tsiku lobadwa)							
7	In the past two months when the child was sick, he/she was taken to the hospital (Mu miyezi iwiri yapitayi, pamene mwana anadwala anamutengela kuchipatala)							
8	Put a rating of 3 for any HIV positive child and a rating of 2 if status is not known (child has not been tested). Ikani mulingo wa 3 ngati mwana ali ndi kachilombo ka HIV kapena 2 ngati sanakayesetse							
9	Child has no physical or mental disability (Mwana ndiwosalumala komanso alibe vuto losokonokela ubongo)							
10	Child has own blanket, shoes, and clothing; and well cared for (Mwana ali ndi bulangete lekela, nsapato ndi zovala komanso ndi waukhondo)							

Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopelekela mulingowu)							
Indicator (Kalozero)	3 = NO PROBLEM (Vuto Palibe)  2 = SLIGHT PROBLEM (Vuto laling'ono)  1 = SERIOUS PROBLEM (Vuto Laikulu) 						
	Child 1	2	3	4	5	6	7
11 Child sleeps under a treated mosquito net (without holes) at all times (Mwana amagona m'masikito omutezeza ku udzudzu tsiku liri lonse (Wosang'ambika)							
12 Child has received at least 4 meals in the last 2 days. (Mwana anadya kosachepela kanayi masiku awiri apitawo)							
13 Child has access to all 6 food groups (Mwana amadya zakudya zamagulu onse asanu ndi imodzi)							
14 Child lives with his or her family (includes elderly headed, female-headed, male-headed, child-headed households) (Mwana amakhala ndi achibale ndipo mutu wabanja ndi agogo, bambo a mwana, mayi a mwana kapena mwana wapakhomo)							
15 Child is free from abuse (physical, sexual, verbal, emotional)—Explain and ASK children individually, about each type of abuse (Mwana ndi otetezedwa kunkhaza monga kumenyedwa, kunyozedwa, kugwiliridwa, kusalidwa ndi zina zotele). Funsani mwana aliyense payekhapayekha							
16 Child is not exploited for labor (Mwana saumilizidwa kugwira ntchito zoposa msinkhu wake)							

Children (Ana) Oldest to Youngest in Household. Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopelekela mulingowu)							
Indicator (Kalozera)	3 = NO PROBLEM (Vuto Palibe)  2 = SLIGHT PROBLEM (Vuto laling'ono)  1 = SERIOUS PROBLEM (Vuto Laikulu)  OR USE N/A when not applicable						
	Child 1	2	3	4	5	6	7
17 Child is not at risk of child marriage (Mwana ali wotezedwa kunkhaza yomuwumiliza kukwatiwa kapena kukwatira ali wamng'ono)							
18 Child has a strong attachment to at least one adult and one close friend (Mwana ali ndi munthu mmodzi kapena mzake yemwe amagwirizana naye)							
19 Child is treated the same as other children in the household (or institution) on amount of food & work (Mwana amasalidwa chimodzimidzi ngati anzake pakhomopo pankhani ya zakudya, kagwidwe kantchito ndi zina)							
20 Child is happy and content, has positive mood (Mwana ndiwokondwa ndipo amakhala moyo wamsangala)							
21 Child obeys adults (does not have behavioral problems) (Mwana amamvera anthu aakulu ndipo alibe khaidwe loipa)							

Indicator (Kalozero)		Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopetekela mulingowu)						
		Child 1	2	3	4	5	6	7
		3 = NO PROBLEM (Vuto Palibe)  2 = SLIGHT PROBLEM (Vuto laling'ono)  1 = SERIOUS PROBLEM (Vuto Lalikulu)  OR USE N/A when not applicable						
22	Child is free to attend religious services (Mwana ali ndi mwayi opemphera)							
23	Child regularly participates in leisure activities with peers (e.g. Children's Corner, Sports Club, etc) (Mwana amasewera ndi anzake pakhomu, ngakhale m'magulu okhazikitsidwa mdela lake monga mabwalo a ana ndi makalabu)							
APPLICABLE TO CHILDREN LIVING AWAY FROM HOME								
24	Child lives in a safe, dry and ventilated shelter (Mwana akukhala mnyumba yosadontha, yamazenela okwanila)							
25	Child has access to a clean latrine/toilet (Mwana amagwiitsa ntchito chimbuzi cha ukhondo)							
26	Child has access to clean drinking water that is stored clean (Mwana amamwa madzi aukhondo ndiponso wosungidwa malo abwino)							

Form 4 - Child's Case Plan (Ndondomeko yothandizila Mwana)

Child's Name: _____ Child's Date of Birth: _____ Case Reference No. _____ Today's Date(Tsiku) _____
 (Dzina La Mwana) (Tsiku lobadwa Mwana) (Nambala ya kalozera)

Guardian (Osamalila Mwana): _____ Village (Mudzi): _____ TA (Mfumu yayikulu) _____

Problem (Vuto)	Goal Set with Child Participation (Choyenela Kuchitika kuti vutoli lithe)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)	Follow Up	
				Date (Tsiku)	Date (Tsiku)
Indicator # _____ (Kalozera)					√
Indicator # _____ (Kalozera)					
Indicator # _____ (Kalozera)					
Indicator # _____ (Kalozera)					
Indicator # _____ (Kalozera)					

List the child's strengths and think of how they can be used to overcome the problems. Incorporate this information in the Case Plan. Lembani mndandanda wakuthekerera komwe mwana ali nako ndi momwe kuthekerera kumeneko kungathandizire kuthetsa mavuto omwe apezeka.

Case Closure: (Kutseka) Reason for closing case: (Zifukwa zoyenera kuti ndondomeko itsekedwe) _____ All goals have been achieved: (Zonse zomwe tinakonza kuti zichitike zatheka) _____ Case management term has expired: (Nithawi yomwe tinalinganiza kuti ntchitoyi ichitike yatha) _____ Client is not available: (Mwana yemwe timafuna athandizikeyo anachoka) _____ Client not cooperating: (Mwanayo sakutsatira) _____
 Signed by: _____

Case Manager (Olemba) _____ Date (Tsiku) _____ Supervisor (Oyang'anira) _____ Date (Tsiku) _____



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REFERRAL FORM A

Date: _____

Name of Organization _____

Address of Organization _____

Dear _____:

We are referring _____

(name of client) to you to receive relevant services. The reason for the referral is because:

Thank you in advance for your help with this referral. We look forward to your prompt feedback so we can expedite services. Please complete and return the attached form.

Sincerely,

(Case Manager—Print and sign)

Telephone: _____

Email: _____

Address: _____



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RECEIPT OF REFERRAL FORM B

Date: _____

Dear _____ (Case Manager):

We have received your referral to assist your client whose name is _____

We understand that you would like us to provide the following services:

At this time we are (please tick one):

___ Able to provide the services

___ Unable to provide the services

___ Willing to put your client on a waitlist

We understand you will call to check the progress of this client.

(Name of person filling this out, and Title)

























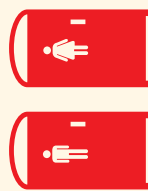

(organization)

Telephone: _____

Email: _____



Initial Assessment of all Children Indicators by Number

	1. Enrollment		2. Attending BCC/ School		3. Educational Support		4. On target in school		5. Safe and well-liked at school		6. Birth certificate		7. When sick, taken to hospital
	8. HIV-Negative		9. No physical or mental disabilities		10. Blanket, shoes, clothing and well- cared for.		11. Sleeps under a mosquito net		12. At least 4 meals in the last 2 days		13. Access to all 6 food groups		14. Lives with his/her family
	15. Free from abuse of any kind		16. Not exploited for labor		17. Not at risk of child marriage		18. Attachment		19. Treated same as other children in the house		20. Happy and content		21. Obeys adults (no behavior problem)
	22. Free to attend religious services		23. Leisure activities with peers		24. Lives in safe, dry house		25. Access to clean latrine/toilet		26. Access to clean drinking water				

APPENDIX B

CASE SCENARIOS

Scenario 1: Mary Jackson

Mary Jackson (not her real name) is a 15 year old girl with a very strong passion for education and dreams of being a medical doctor. Unfortunately, soon after doing her JCE, her mother died leaving her with 3 younger siblings aged 12, 10, and 8 respectively. A month after her mother passed on, her father quickly re-married another wife and the home in which they comfortably lived became “hell on earth” as their step mother could not provide them with love, affection, and food. Above all, she influenced their father to hate the children and he was made to believe they were stealing food from the house.

One morning as Mary was getting ready for school, her father shouted at her, asking her where she was going. He declared that nobody in the family should go to school anymore. Instead, everybody should be getting up early in the morning to work in the garden. This was the way to earn a living, he said, not going to school. Mary should get ready to get married to a man he had identified.

Thinking it was a joke, Mary went ahead to school and on return, was heavily beaten, and chased out of the house. As she tried to return to the house, the father vowed to beat her up lest she got married to the man he had identified and said, she (Mary) was no longer welcome to stay in the home, but should get to her new home and start having babies and forget about school.

Mary got confused, had all her dreams shattered, decided to move out of the house and reported her case to the social welfare officer for support.

Scenario 2: Ireen

Ireen (not her real name), aged 14 years, a Grade 7 pupil, was defiled at one of the Rice Mills in Mchesi by 3 men. Ireen is alleged to have left Chilinde 2 where she lived with an uncle (brother to her father). Her biological father is still alive and works in Dwangwa in Nkhotakota district but she cannot live with him because her step mother ill-treats her (biological mother died after her birth). She claims she left her uncle's home due to ill-treatment.

During the afternoon of April 29th, 2013, upon knocking off from school she decided to leave for Dwangwa where her biological father lives but she had no money for transport. At dusk she had arrived at the flea market in Lilongwe, where an unknown man approached her and offered to assist her. He walked with her to a place called Mchesi to look for place to sleep for her. They went to 2 Rice Mills where they were turned down. The 3rd Rice Mills took them in. The unknown man allegedly paid MK500 for the accommodation and went in with the girl where he raped her and gave her MK1000 promising to return the following morning to pick her which he never did.

The 2 men at the Mill provided her with Dinner and in return raped her one after the other and gave her MK370. The following morning she boarded a bus en-route to Dwangwa but her fare ended at Salima where she got stranded and started crying. Her cry attracted the attention of well-wishers who then referred her to the Police Station.

The Police Victim Support Unit immediately took her to the Hospital for check-up where it was confirmed she had been defiled. HTC was done and proved she was HIV Negative. She got PEP immediately but for Emergency Contraception she had to go to another health centre. Unfortunately, the hospital did not have Emergency Contraceptives and instead referred her to another health centre for support. Ireen was interviewed in order to find out who her father was. He was later identified and contacted. Unfortunately the father did not show any serious concern for his child even after being told the whole nasty story about his young daughter.

Scenario 3: Luhanga

Luhanga, age 8, is doing well in school and hopes to attend university someday. Everyone tells him that he could really go far with learning and his parents especially think that he could grow up to be a very educated person. He is very emotionally attached to his parents and young siblings. However, his parents are very poor and cannot keep him in school. The cost of books, supplies and uniforms are impossible to meet as they live off of their land and have no income.

One day a nice-looking bus comes to the village and tells everyone that they are from XX Orphanage. They show them pictures of nice buildings, a school on the grounds, and nice play areas. They show pictures of smiling children who seem happy and well fed. They announce that anyone that wants to send their children to their orphanage can gather their things and put them on the bus. They said “we promise to take good care of your child, and you can come and see him anytime.” Because they loved him so much, and wanted him to get an education, Luhanga’s parents put him on the bus, not knowing what else to do.

Luhanga is now in the orphanage, but it is four hours travelling away from his family. They don’t have the money to come and see him, and no one is helping him to go see his family. It has been an entire year since he was with them! He feels as though he may never go home again and lose his family forever. His parents, on the other hand, have realized that there is an NGO not far away from where they live, that help with school fees and supplies, and they could have kept him at home. They feel that they have made a bad mistake and want to get him back but they don’t know how to go about it. They shared this with their neighbor and the neighbor contacted you, the Community Child Protection Worker.

Scenario 4: Mercy

Mercy is 11 years old and had hopes of becoming a teacher. Indeed she was a bright student and always at the top of her class. However, her parents were killed in a car accident and she was left in the care of her uncle and his wife. They already had five children and only took her in out of obligation. They did not know her well as they lived quite a distance apart, and had not developed an affection for her.

Her uncle was approached one day by someone who recruits children for domestic service. The recruiter told the uncle that Mercy could go to Lilongwe and attend school, in exchange for light housework for two hours a day. She would be given food and lodging and her school supplies would be paid for. In addition she would be paid a small sum, which would be sent to the uncle. With this information, the uncle decided to send her to this service.

When she arrived in the household in Lilongwe Mercy was made to work at least 12 hours a day, cleaning, ironing, taking care of the young children, and preparing food. In addition, she was expected to come anytime she was called, day or night. She was not allowed to go outside of the house or have any contact with people on the outside except with the recruiter. She pleaded to go to school but the master would not allow it. From exhaustion and sadness Mercy began to lose weight and energy. The master was angry that she was slow on getting jobs done and beat her whenever she fell behind on her work.

One day Mercy was sitting by the fence between her master's house and the next door neighbour, and she started thinking about her parents, how they used to love her and care for her. Soon she was crying and sobbing, and the neighbour heard her. She looked over the fence and asked Mercy what was wrong and elicited information about her situation. This was reported to the District Social Welfare office.

Scenario 5: Chiwaya

Chiwaya is a 9 year boy who is bright and healthy. He has three younger siblings aged 7 (Banda), 4 (Kamanga) and eight months (Memory). His father went away to work and came back home very skinny and having a bad cough. He died six months later, now one year ago. His mother has struggled to take care of the children on her own, taking a job as a worker on a tobacco estate. While she works and Chiwaya is in school, his grandparents (now in their mid-70's) care for the younger children. When Chiwaya returns home from school, he picks them up and cares for them until his mother returns around 7 p.m. His mother also supports the grandparents with food, as they are old and have no income. Right now they only have two days' of food and the mother will not be paid for at least ten more days.

About a month ago his mother was diagnosed with HIV. Apparently his father had died of AIDS. The baby was tested and also found HIV positive through mother-infant transmission. This mother does not yet have any symptoms, but the baby has started to lose weight. Mother is determined to stay healthy and raise her children to be successful. She went to the village leaders seeking help, and they referred her to you, the Community Child Protection Worker.

Scenario 6: Tadala

Tadala is second born in a family of four and lives with her single mother, a subsistence farmer in Nsanje. Her father passed away when she was eight years old and life has never been the same since. The family is facing many difficulties, ranging from having just one meal a day to lack of support for the education of Tadala. She has to walk a long distance to school and is almost never in time.

There is not enough food at home, there are no learning materials, no books no pens and no uniform. Tadala walks 8km to and from school and arrives always late. Her teachers punish her with 4 strokes on her buttocks for being late. Tadala is fed up with it all and she thinks that leaving school would be her best option.

On top of being beaten for being late, she is also punished (with three strokes) for not being able to make notes (because she has no notebooks) and send home because she has no school uniform.

NOTES:

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