

4TH ANNUAL GLOBAL SOCIAL SERVICE WORKFORCE ALLIANCE SYMPOSIUM: CASE MANAGEMENT AND THE SOCIAL SERVICE WORKFORCE

May 24, 2017

Washington DC
and
Live Webcast



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Introduction

The Global Social Service Workforce Alliance hosted its 4th Annual Symposium on May 24, 2017, in Washington, DC, and also via live webcast on the topic of case management and the social service workforce. More than 100 in-person participants and 400 remote participants from 29 countries across NGOs, practice, government, academia, foundations and other experts in the field shared how a strengthened workforce is able to implement integrated and innovative approaches to case management that create comprehensive and sustainable systems of care for vulnerable children and families. The symposium enabled the exchange of information between members of the Alliance and others working in case management, family reintegration, HIV/AIDS service delivery, child welfare, child protection, humanitarian response and health experts across many countries and regions.

This year's Symposium was co-hosted by the Coordinating Comprehensive Care for Children (4Children) project, a five-year USAID-funded project implemented by a consortium of organizations led by Catholic Relief Services (CRS). The event was made possible in part through funding from the United States Agency for International Development (USAID) to the 4Children project through the President's Emergency Plan for AIDS Relief (PEPFAR) program. GHR Foundation also supports the Alliance. The Alliance is hosted by the Tides Center.

Symposium Welcome

Amy Bess, Director, Global Social Service Workforce Alliance

Ms. Bess opened the event by thanking in-person and virtual attendees for their participation and thanking this year's co-host of the event, the Coordinating Comprehensive Care for Children Project (4Children). She also recognized donors to the Alliance, including USAID through PEPFAR and GHR Foundation. She acknowledged the ongoing contributions of the 11-member Steering Committee, who provide guidance and direction for the Alliance's work, and eight members of the Alliance Ambassador program who are leading workforce strengthening advocacy efforts at local and regional levels. She also recognized members and volunteer leaders of the three interest groups hosted by the Alliance.

Ms. Bess noted that the social service workforce is the most important driver of change when trying to improve systems of care for children and families. She stated that a strong workforce is needed to alleviate poverty, reduce discrimination, improve health and well-being, facilitate access to needed services, promote social justice, and prevent and respond to violence, abuse, exploitation, neglect and family separation.

Over the past five years, the Alliance has played three main roles, including convening, helping to develop and disseminate knowledge and information on the social service workforce and supporting stronger advocacy for more support and attention to the workforce. She noted that the progress made is due to the 1300 members from over 110 countries who know that by coming together across organizations and countries, we can do more together than alone to build the evidence base and advocate for improved services for families.

Ms. Bess concluded her remarks by inviting Symposium participants to become a member of the Alliance online at <http://www.socialserviceworkforce.org/membership>.

Opening Remarks

Tom Fenn, Project Director, Coordinating Comprehensive Care for Children Project (4Children)

Mr. Fenn opened by referencing the Sustainable Development Goals (SDGs) and the important role of the social service workforce in helping to achieve the SDGs. He provided the example of Goal 16.2 that aims to end abuse, exploitation, trafficking and all forms of violence and torture of children. He noted that in all but 7 of 73 countries and areas with available survey data from 2005 to 2015, more than half of children between the ages of 1 and 14 were subjected to some form of psychological aggression or physical punishment at home. He stated that a strong social service workforce is urgently needed to tackle this issue and is comprised of paid and unpaid workers at all levels from kinship networks, civil society, non-governmental organizations and government. By also relying on allied professionals in health, education and justice, the social service workforce helps to ensure the healthy development and well-being of children and families and will make the SDGs a success.

He then emphasized the importance of the social service workforce in helping to eliminate HIV/AIDS, noting that it is a disease with its roots in inequality and requires a social service response as well as a medical response.

He recognized the important role of the President's Emergency Plan for AIDS Relief (PEPFAR) in tackling new infections in children and mitigating the impact of HIV/AIDS on children and families. At the same time, progress has been uneven globally and children have been left behind. He emphasized that ending AIDS will require us to address the social and economic factors that continue to fuel the AIDS epidemic. Social protection and the protection, care and support of children must underpin multi-sectoral efforts to scale up high-impact interventions.

PEPFAR investments in family-focused, child centered interventions and social service systems has led to supporting the Coordinating Comprehensive Care for Children (4Children) Project led by CRS. 4Children is helping to improve approaches to case management, family strengthening, the integration of violence prevention into HIV programming, social service workforce strengthening and the expansion of the evidence base underlying the reintegration of children back into family-based care. They are currently operating programs in DRC, Kenya, Lesotho, Mozambique, Namibia, Nigeria, South Sudan Swaziland and Uganda.

Improving case management practice underpins much of their support and helps to fuel increased synergies between programs for orphans and vulnerable children and workforce strengthening.

He noted that PEPFAR/USAID has supported the Global Social Service Workforce Alliance since its inception and that 4Children is honored to be part of this work. He emphasized that the way forward depends on everyone working together across our various sectors and organizations.

"We're only going to achieve the 90-90-90 goals and get an AIDS free generation if we tackle the social and economic factors that fuel and impact the epidemic. Investing in social protection, care and support systems will not only improve the access, reach and utilization of proven high impact biomedical interventions but will also enhance the quality of life of children and adolescents that are infected and affected and mitigate the impacts of HIV that drive new infections."

Opening Remarks

Dr. Rebecca Davis, Associate Professor and Director, Center for Global Social Work, School of Social Work, Rutgers, The State University of New Jersey

In her opening remarks, Dr. Rebecca Davis discussed the link between social service workforce strengthening and case management practice. She framed case management as a generic practice that is responsive to context and is not a 'stand-alone' service, but functions within the broader context across multiple disciplines and sectors, e.g., social service, health, education and justice. It acts to link micro and macro practice and reduce fragmentation of services and is supported by a strong workforce and system of services. Case management models have diversified to respond to complex needs and specialized populations by paying special attention to areas such as coordination, referrals, direct service provision by the case manager, gatekeeping and taking into account realistic caseloads, location and duration of services, worker qualifications and degree of family engagement.

"A primary role of a case manager – and a social worker as well – is setting up and organizing processes for making decisions. Each of these actions involves systems and processes. The common thread through each of these is "relationship."

Dr. Davis noted the growing body of research on case management but stressed the importance of improving the evidence base, particularly from programs in low-income countries. She closed by emphasizing the importance of the "sticky stuff" or the process or relationship at the foundation of case management that is dependent on social service workers' knowledge and skills. This is integral to implementing effective case management processes and maintaining strong child protection and social service systems.

Panel 1: Building a Stronger Workforce to Strengthen HIV-sensitive Case Management Systems and to Realize National and Global HIV Goals

Moderator:

Dr. Vishanthie Sewpaul, Professor, Zayed University, United Arab Emirates

As the moderator, Dr. Sewpaul provided context for the panel by highlighting work on HIV/ AIDS in Africa. She discussed the importance of initiatives such as the 90-90-90: Treatment for All initiative in transforming the HIV epidemic and the critical role of the social service workforce in meeting that ambitious goal.

Speakers:

Ms. Djeneba Coulibaly-Traore, 4Children Project Director, Democratic Republic of Congo
Strengthening the Community Workforce in Case Management to Improve the Provision of Comprehensive Services and Increase Targeted HIV Testing in Kinshasa, Democratic Republic of Congo

Ms. Coulibaly-Traore opened by describing the dual-faceted approach to Case Management on the macro and micro levels in DRC. On the national level, the focus of their work has been to strengthen the capacity of government and the social service workforce from an HIV-sensitive framework. On the local level, they seek to strengthen systems for the continuum of care for children by supporting caregivers' abilities to create nurturing environments for children,

improving the family's financial stability and strengthening case management approaches that are comprehensive and holistic.

She described the overarching model of case management as being grounded in a strengths-based, child-focused and family-centered approach. This model and the accompanying Standard Operating Procedures were developed in collaboration with a multidisciplinary team of key governmental stakeholders and health, HIV, and social service providers. The process to develop this model included identifying the key cadres from the existing community workforce who would then define clear roles and responsibilities, develop trainings and on-going coaching, and use the SOP to inform and guide service provision.

Key achievements from this work include identifying, enrolling, and assessing 784 people, nearly 2% of whom tested positive for HIV, a rate slightly higher than the capital city at 1.6% with a 0.5% prevalence rate among youth aged 15-19 in less than 2 months. She stated that this work requires strong linkages between case management implementation and workforce strengthening, with competencies and corresponding trainings for paraprofessionals implemented nationally.

Challenges to effective service provision and workforce strengthening include ensuring service quality during times of socio-political unrest, strengthening collaboration in order to avoid duplication, and rolling out services to other communities while maintaining high standards of care.

The next steps identified include risk assessment to ensure targeted access to HIV services to the 12,000 orphaned and vulnerable children, improved data analysis processes, encouraging treatment adherence and continual improvement of collaboration among social and health service providers.

Dr. Tapfuma Murove, 4Children Project Director, Nigeria

Integrating HIV-sensitive Benchmarks into a Case Management Approach in Support of Nigeria's 90-90-90 Campaign

Dr. Murove opened by grounding the vision of his work in the responsible, HIV-sensitive graduation or transition of the 900,000 Orphans and Vulnerable Children (OVC) participating in PEPFAR programming in Nigeria by the end of 2018.

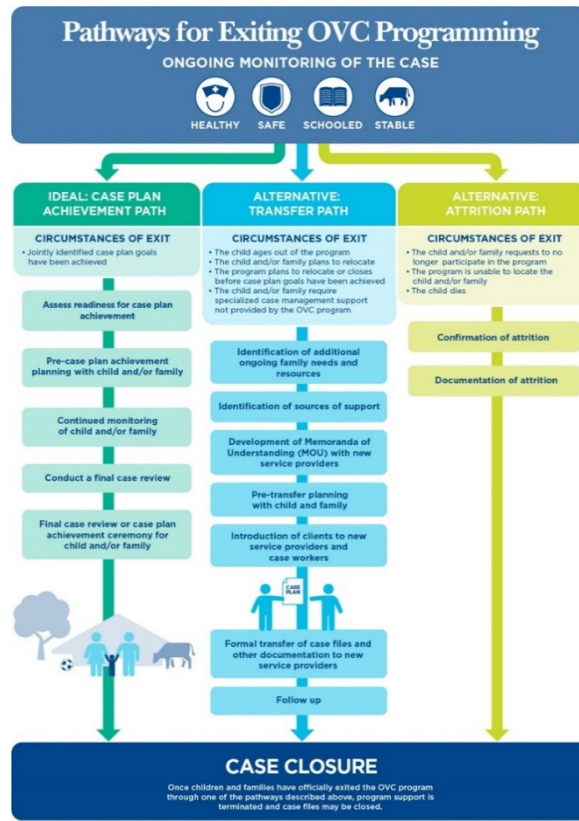
Work on the Case Management initiative began as a response to findings from a summer 2016 assessment of existing case management tools and resources. The Case Management Rapid Response Group was formed to address some of the gaps identified in the assessment. The group articulated benchmarks for graduation, which they call "case plan achievement" and developed a comprehensive case management package in the fall of that year. Through the winter and the following spring, they trained 37 representatives from the Nigerian government and 16 implementing partners. Their case plan achievement benchmarks were subsequently adopted by the Nigerian government as part of the national OVC Monitoring and Evaluating (M&E) service provision tools.

To build resilience and self-sufficiency in children and families, programming takes a child-focused, family-based approach to improve wellbeing, mitigate the impact of HIV, and improve the capacities of families to care for children. Recognizing that children will eventually exit the program requires proactive planning at the beginning of the process.

Dr. Murove described the pathways for exiting OVC programming as case plan achievement, transfer and attrition. In order to reach case plan achievement, a household must achieve a high enough score across four benchmark domains: healthy, safety, stability, and schooling. Health monitors health outcomes and facilitates access to health care services.

Safety measures the physical and emotional safety for the child. Stability concerns active reduction of economic instability. Schooling seeks to overcome barriers to access education and requires that all children aged 6-17 are not only enrolled in school or a vocational program but also attend regularly. Locations with access to early childhood education would enroll children between the ages of 3 and 5.

Next steps include utilizing feedback from the built-in monitoring component to improve the case management package. A validation process in September will engage implementing partners and government and will potentially lead to full endorsement and adoption by the Government of Nigeria.



Theresa Fox, Research Analyst, Institute for Families, Rutgers, The State University of New Jersey

Getting to Zero: Social workers as case managers on transdisciplinary teams improving the quality of HIV care in the United States

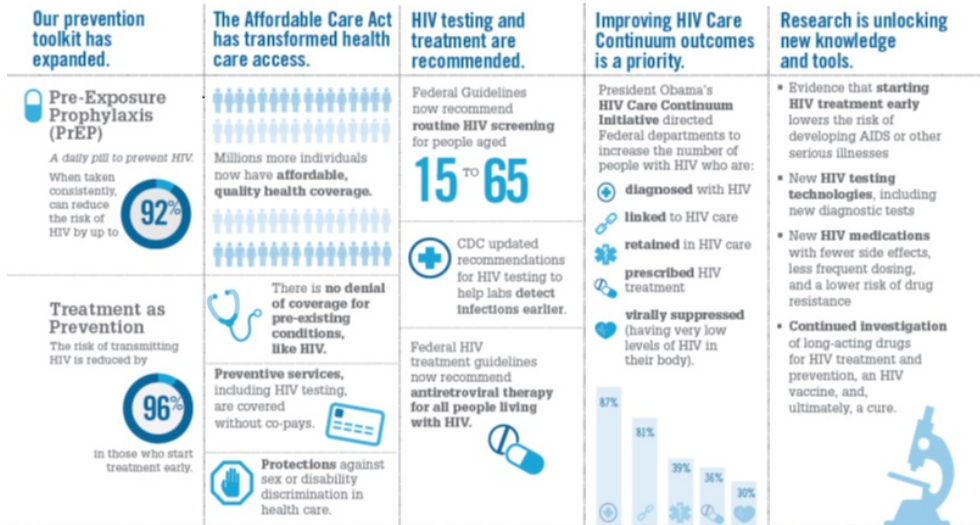
The International Association of Schools of Social Work in collaboration with UNAIDS produced a book: *Getting to Zero: Global Social Work Responds to HIV*. To describe the work of her colleagues that is featured in the book, Theresa Fox highlighted three essential elements to any system of care that aims to achieve the goal of getting to zero new infections: treating people with HIV requires a transdisciplinary approach because of significant fear, stigma and misinformation that creates barriers to treatment; social workers are uniquely qualified to unify disciplines; and measuring success requires a quality management program.

Ms. Fox described the impact of the National HIV/AIDS strategy, originally released in 2010, in addressing health disparities by race, gender, sexual orientation, and religion. Previously, prevention and care/ treatment approaches were very different and had distinct funding streams, staffing, activities, roles and responsibilities. However, due to the strong linkages between prevention and care and treatment, the National HIV/AIDS strategy dismantles the siloed approach by establishing combined health outcomes for both HIV/AIDS prevention and care and treatment.

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

5 MAJOR CHANGES SINCE 2010

Since the first National HIV/AIDS Strategy was released in 2010, major advances have transformed how we respond to HIV, provided new tools to prevent new infections, and improved access to care. With a vision for the next five years, our National HIV/AIDS Strategy has been updated to leverage these achievements and look ahead to 2020.



UPDATED 8.5.16

Learn more about the National HIV/AIDS Strategy: Updated to 2020 at [AIDS.gov/2020](https://aids.gov/2020) #HIV2020

The vision of Getting to Zero is that the US will be a place where new HIV infections are rare and when they do occur, every person will have unfettered access to high quality, life-extending care, free from stigma and discrimination. The goals are to reduce new infections, improve access to care and health outcomes, reduce HIV-related health disparities, and achieve a more coordinated national response.

Ms. Fox then described the need for a transdisciplinary approach as opposed to an interdisciplinary or multidisciplinary approach. While a multidisciplinary approach acknowledges that the client has other needs and some work is being done in concert with other stakeholders, an interdisciplinary approach would include more integrated work including case conferencing about a client's needs. Transdisciplinary approaches to service provision involves joining together to work towards shared goals and expectations. In addition to more effective collaboration and synergy among service providers, when a client receives the same message across different contexts, it helps maintain adherence to treatment practices.

Ms. Fox asserts that social workers are uniquely qualified to facilitate this transdisciplinary approach and maintain a focus on client empowerment. She emphasized that social workers are focused on addressing injustice and disparities and have a long history of negotiating and mediating between parties, recognizing and initiating change, educating the public, facilitating change and promoting research in the field. Specific to health, social workers address nonmedical barriers to care including performing care coordination, focusing on and addressing the needs of the person and his or her environment, promoting stigma-free treatment environments, partnering with consumers rather than directing them, measuring advocacy, engaging in interventions, and helping to grow best practices in the field.

Finally, quality management processes ensure that services adhere to Public Health Service guidelines and established clinical practices, that program improvement includes supportive

services linked to assessment and adherence to medical care, and that demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic. Quality management processes work to develop service standards and keep them current and define what services look like. They integrate social services, promote transdisciplinary practice and lead to better outcomes even as other approaches are seeing improvements because they pay attention to additional outcomes that previously were not considered.

Question & Answer Session

Themes for this Q&A period focused on caseload sizes and compensation for workers, strategies to ensure stability of the case management process beyond the project lifespan, development of new social service workforce curriculum, strategies to address the whole child in trauma-informed case management practice, supervision strategies in place in a transdisciplinary system, and approaches for quality management and motivation of social workers.

Panel 2: Promoting Multidisciplinary Linkages to Carry Out Integrated Case Management Approaches

Moderator:

Ms. Zeni Thumbadoo

Ms. Thumbadoo recognized the importance of the diverse array of social service workers and allied professionals that are needed to support integrated case management approaches, including the health worker, educator, social worker, child and youth care worker, community development worker and police.

Speakers:

Ms. Maury Mendenhall, Senior Technical Advisor, Orphans and Vulnerable Children, USAID
Coordinating Clinic and Community Services through Case Management

Ms. Mendenhall began by describing her work with the USAID office of HIV/AIDS to mitigate the negative impacts of that disease. USAID supports programs for children orphaned and made vulnerable (OVC) by HIV that deliver child-focused, family-centered interventions that seek to improve their wellbeing and alleviate the impact of HIV and AIDS on children and families. Community-based OVC programs coordinate closely with clinical HIV programs to refer children and caregivers for HIV testing and treatment, receive referrals for clients seeking social services and support adherence to treatment.

Ms. Mendenhall then presented some challenges and strategies used to address them. She first addressed gaps in service provision itself, caused by a lack of awareness of services offered, inability to access services, geographic isolation, or the services themselves being very siloed or cost prohibitive. Suggested strategies include co-locating services in the same geographic area and layering programming, meaning that parent to child transmission prevention programs also include parenting and child nutrition classes; service mapping; digitizing the process to locate services; networking events; joint planning and goal setting; and more effective referral processes including standardization of forms and letters of introduction.

Ms. Mendenhall recommended creating memoranda of understanding and establishing common consent to attend to concerns about confidentiality. To address the myriad systems, forms and

processes across organizations and systems of care, she proposed developing comprehensive case files with standardized referral forms and tools and digitizing medical records when possible, including using WhatsApp groups to coordinate services. The lack of feedback regarding service provision could be addressed through electronic receipts or tracking, case conferencing and phone calls.

Finally, the lack of time, human and other resources needed to facilitate coordination could be assuaged through hiring dedicated referral coordinators or task shifting. She reiterated what Ms. Fox had said about cross training and building awareness between clinicians and social service workers.

Dr. Bernadette Madrid, Executive Director of the Child Protection Network Foundation, Inc., Philippines

Responding to Violence Against Children through Linkage of School Child Protection Teams and Hospital-based Child Protection Units

Dr. Madrid discussed the findings from the national baseline study of violence against children in the Philippines. The results of the study show that three out of every five children experience physical or psychological abuse with one out of five children experiencing sexual violence. While only 10-13% of children report experiencing sexual violence, those who do choose to disclose will speak to friends followed by their mothers. Very few consulted professionals, and when they did they would approach their teacher or guidance counselor, emphasizing their important role in intervention. Fewer than five percent of children reported experiencing sexual violence to authorities. Less than thirty percent of children were aware of existing services, and of those children, only 30.5% knew of or utilized Women & Child Protection Units.

Type of Violence	Lifetime Prevalence
Child Physical Abuse	66.3%
Child Psychological Abuse	59.2%
Child Sexual Abuse	17.1%

Noting that teachers themselves rarely report these disclosures, the safe school study for prevention of sexual abuse was designed to improve teachers’ knowledge, skills and attitudes for identification and reporting of suspected child abuse cases. The aim was to operationalize the School Child Protection Committee and implement a referral structure.

The outcome objectives were to enable teachers to recognize, report, record and refer (4R’s) child abuse cases; establish the School Child Protection Committee as a link between teachers and Child Protection Units; and support successful case management through clear delineation of roles and responsibilities as evidenced by no revictimization and the child adjusting well in school.

The project sought to empower teachers to handle any disclosure of child abuse sensitively and appropriately, understand the effects of trauma and how it might manifest and know how to best help traumatized children in the classroom.

The findings demonstrated an increase in teachers’ knowledge about potential indicators of child sexual abuse. All of the referrals after the training received a full evaluation and all

services that were needed were provided. There was no revictimization after the one-year follow-up and all children remained in school except one that was placed on home study.

Recommendations as a result of this study include longer follow-up of cases, scaling up the project to include more schools, and comparing the effectiveness of online and onsite training with the ultimate goal of reaching 500,000 teachers.

Mr. Anthony MacDonald, Regional Senior Child Protection Specialist, UNICEF Regional Office for the Middle East and North Africa, Jordan

Linking a Case Management Approach in Conflict and Refugee Settings to Country-Level Systems of Care – The Case of Lebanon

Mr. MacDonald began with a video outlining the work in Lebanon to develop Standard Operating Procedures (SOPs) for managing child protection cases across government and implementing partners. He followed the video by highlighting recent demographic changes, including that the number of Syrian refugees in Lebanon has skyrocketed from 6,000 to 1.2 million people since 2011. When the refugee crisis began, a social service system mapping and analysis was carried out so that the government and child protection (CP) implementing partners could better plan how to absorb the number of refugees arriving in the country in need of services. The mapping highlighted weaknesses and opportunities in the child protection (CP) sector including judicial protection of children and victims. Key recommendations included strategic partnering and better coordination among CP stakeholders, establishing the Ministry of Social Affairs as a co-leader in a coordinated effort across ministries to advance the program and its recommendations. Coordination will manage and better respond to the crisis with the Lebanese government and UNICEF as common denominators to move the work forward.

To manage the crisis and build on previous work, they developed better targeted programs and resource mobilization to ensure full coverage; integrated a CP emergency response including testing SOPs across both CP service providers and emergency humanitarian actors; fostered strategic partnerships with academia, social work institutions, and line ministries; established a training, mentoring and coaching program for governmental and nongovernmental staff on CP case management at the national and subnational level; and developed national CP data collection and monitoring frameworks across different ministries.

All efforts concentrated on building full integration of services for refugees provided by humanitarian actors implementing programs with ongoing government-supported programs for anyone across Lebanon. This multi-sectoral response integrated a focus on community mobilization, advocacy to remove barriers to services and adequate financial and human resource support.

Question & Answer Session

The first questions were directed to Dr. Madrid concerning interventions with child abuse cases in terms of both funding and the age of the children engaged in the program. Other questions concerned maintaining confidentiality across the number of members on the school-based child protection committees. The last questions for this panel asked about increasing government support to strengthen child protection and handling cultural and religious aspects of child protection.

Panel 3: Innovations in Capturing Evidence in Order to Improve Case Management and Workforce Strengthening

Moderator:

Dan Lauer, Senior Program Officer, Global Development, GHR Foundation

In introducing the panel, Mr. Lauer noted the growing focus on quality case management in service delivery across the globe and the increasing importance of identifying evidence-based best practices. He recognized the importance of standards or guidelines being adaptable and applicable across an array of diverse settings and the role of the social service workforce as the most critical element in delivering effective services.

Speakers:

Robert MacTavish, Child Protection Specialist/Primero Project Lead, UNICEF Headquarters, New York

Information Technology and Open Source Software Tools that Facilitate Case Management

Mr. MacTavish spoke about his work with Primero, a project of UNICEF designed to facilitate data collection, storage and sharing to improve quality and access of services for women and children.

Mr. MacTavish emphasized the potential of technology to ease the administrative burden of case management while advancing a program's agenda, improving quality of care and standardizing the approach to a program. Primero is envisioned as a package of technology, infrastructure and support to collect, manage and store sensitive information.

The implementation of the minimum standards for child protection in humanitarian action provided clear guidelines for information management and established a foundation for the inception of the Primero project. The guiding vision for this project has been to create an open-sourced, user-friendly and user-designed program built on the principles for digital development.

While Primero is managed by UNICEF, it incorporates broad interagency involvement and UNICEF branding is largely absent from the program.

Mr. MacTavish described the trajectory of the project as being grounded in meeting the demand of a myriad of actors conducting various programs needing similar tools. He explained that the next steps are organized around governing, supporting and securing this integrated program tool while developing and extending it based on the experience of users.

In closing, Mr. MacTavish reiterated that Primero's primary goal is to help users collect, manage, store and share data while maintaining confidentiality. In order to center confidentiality in the design of this program, there are several ways to personalize privacy settings which he described as akin to Facebook privacy settings.

Colleen Fitzgerald, Child Protection Case Management Specialist, International Rescue Committee and Chair, Child Protection Case Management Task Force under the Global Alliance for Child Protection in Humanitarian Action

Developments and Innovations in Case Management in Humanitarian Settings

Ms. Colleen Fitzgerald described the work of the Alliance for Child Protection in Humanitarian Action, which brings together 16 core member organizations with the goal of ensuring that the

efforts of national and international actors are of high quality and effective in protecting children in humanitarian settings.

The Global Case Management Task Force (CMTF) began in 2012 and is chaired by the International Rescue Committee. To date, they have produced interagency guidelines for case management and child protection that include:

- Definition of case management,
- Guiding principles (do no harm, promoting the child's best interest)
- How to establish or strengthen case management services.
- CM steps: *Identification & registration, needs assessment, development of an individual case plan, case plan implementation through direct support and referral services, follow-up & review, case closure.*
- Appendices: suggest various tools and sample forms for reference; for instance, caseworker competencies, skills and roles of caseworkers or supervisors, a child protection policy, registration and assessment forms.

There is an accompanying a CP Case Management training manual that includes a facilitator's guide, PowerPoint slides and handouts. The sections of the training include:

- A. Foundations
- B. Case Management Process
- C. Case Management Principles
- D. Communication and Case Management
- E. Case Management Steps
- F. Self-Care
- G. Manager/ Supervisor

The CMTF work plan for 2017-2018 includes developing a comprehensive case management assessment framework including monitoring and evaluation (M&E) tools. Furthermore, the TF is developing coaching and supervision guidance; including a training package, a competency framework, on-the-job coaching tools and recommended supervision structures. The development of coaching and supervision guidance and training is aiming to increase country-level supervisor's confidence in building the capacity and support to caseworkers and will soon be piloted in Nigeria. Guidance on case management Standard Operating Procedures (SOPs) will help identify vulnerable children and delve into the process of effective development of SOPs including identifying key actors to be involved in case management in humanitarian settings. Finally, they aim to work closely with the CPIMS/ Primero to support the roll out of the child protection information management system.

Michelle Eil, Keeping Children in Healthy and Protective Families (KCHPF) and 4Children Uganda Project Director

What We Can Learn from Ongoing (KCHPF) Experience Using a Case Management Model to Support Child Reintegration

Ms. Michelle Ell began by providing context on the number of children in residential care facilities (RCF) in Uganda, noting that of the 17.1 million children living in Uganda, 50,000 children live in residential care facilities. Over 50% of RCFs do not have reintegration programs, 80% do not have a Child Protection Policy, 97.5% do not have a professionally trained social worker on staff, and 80% of children in RCFs have a living parent. However, Uganda does have a national legal and policy framework that promotes children's right to family and Ms. Ell emphasized the importance of alternative care and a national action plan to strengthen family-based care.

Ms. Ell described a randomized control trial of 640 children and families that aimed to answer the question, "Does the inclusion of a parenting program enhance the quality of reintegration in Uganda as compared to a package of individualized case management and cash grant alone?" In the trial, everyone receives Case Management Support (which continues 15 months post placement) and a One-Time Reunification Grant while half receive a parenting program as well.

In order to secure government buy-in, the project found that there was a perception that service delivery should be prioritized over research and they saw different levels of awareness and support for alternative care. They learned that the project should include sensitization training on the importance of research to inform evidence-based practice and the importance of family-based care. In particular, they found success with government buy-in if they made a strong case linking alternative care to development goals.

In strengthening the social service workforce, the project found challenges with engaging staff on social and cultural norms, work-related stress, RCF staff wanting to continue their relationship with the children, and a need for RCF staff to strengthen their knowledge and skills. They learned that local case managers who understand the need for family-based care are key, self-care should be prioritized, it's important to clarify the roles of RCF staff and build trust to support transition, and finally to identify opportunities for capacity building.

To engage residential care facilities, the project found it challenging to identify eligible RCFs because so few are registered or they are housed in schools. The concept of research can be intimidating, there are different levels of support for family-based care, there is a reluctance to formalize relationships, and RCFs may need support to engage donors outside of Uganda. To address these challenges, they conducted a mapping study, used a variety of approaches to build trust and secure partnerships, adopted a "case management" approach to the RCFs themselves, they clarified leadership and roles and recognized that RCFs may need additional support to engage their donors.

Another issue the project found was identifying eligible children who were between the ages of 1 and 12, have kin within the study district and have family or kin able and willing to be reunited with the child. They found that only 38% of children in participating RCFs are eligible to receive the intervention. Some strategies used to identify children were to recruit during school holidays. There remains the need to strategize referrals and to offer support for children not eligible for participation in the program.

Participant-level inclusion criteria

- Child is 1-12 years of age.
- Child has or kin in the study district(s).
- Child has family or kin who are able and willing to be reunited with the child.

Question & Answer Session

The first question concerned whether Primero was perhaps too technical or complex for those in the field with limited access to internet and software and when it will be rolled out in different countries with accompanying training. The Q&A session also addressed what the data looks like, how is it used, and what would be in a report. Other questions about the Uganda research centered on the disqualifying factors for the over 60% of children in the RCF study who were ineligible to participate and the ethical implications in the use of quasi-experimental designs and the merit and equitability of randomized control trials. The final question was from the moderator and centered on how to move from data collection to actionable results in case management.

Small Group Work and Reports

Facilitators:

Beth Bradford, Maestral International and 4Children

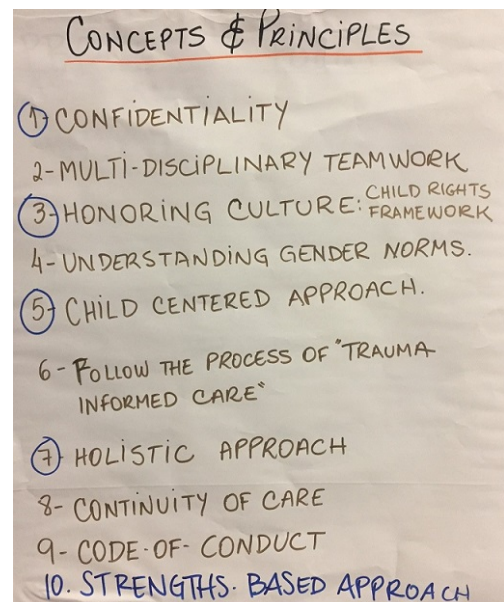
Severine Chevrel, 4Children

Natia Partskhaladze, Georgian Association of Social Work

The event incorporated small group work in order to provide participants with the opportunity to share experiences and challenges and to discuss useful and effective practices and opportunities related to their work in case management. It also offered the opportunity for participants to become more familiar with and provide input into the work of the Alliance Case Management Interest Group on developing a document outlining common concepts and principles of case management and on identifying a compendium of tools and resources related to case management. Participants split into three different groups to dive more deeply into the varying areas related to effective case management.

Subgroup on case management concepts and principles summary recommendations

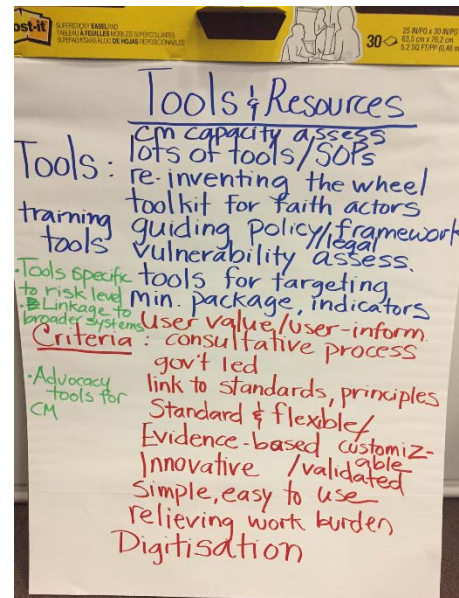
This subgroup reviewed and discussed a document that the interest group is currently developing on concepts and principles for case management and the most important aspect to consider. The group came up with a list of what they deemed the most important considerations for inclusion into the document: confidentiality; honoring culture from a child's rights framework that addresses any cultural norms in conflict with a child's right; child-centered approach that honors the wishes of child and community and what is important to them, holistic approach that keeps in mind what happened during the crisis but before and after; and a strengths-based approach where the child and family are both considered. The group also discussed a process-based framework, that included: needs-assessment being at the center of process; supervision and support of the case manager to ensure self-care; clarification of roles and outlining of duties; prioritization of needs; empowering the client; and considering the client and family throughout the entire process.



Subgroup on case management tools and resources summary recommendations

One of the sessions of the GSSWA Symposium Small Group Work focused on a *look at tools and resources for case management*. The discussion aimed to support the process of identifying and vetting useful tools and resources for the pending compendium that the Case Management Interest Group has been working on. It also served as an opportunity for participants to share information about various available or needed resources and tools.

Discussion questions included: what sorts of tools and resources do we mean? How are / can tools and resources help in case management? How will this be helpful to participants and the work that the Alliance is currently doing? Approximately 15 people participated in the tools and resources small group. The group began with introductions and a brief introduction regarding the CMIG work related to the topic. The questions were posed and then people broke into smaller discussion groups.



The groups identified a number of criteria for assessing case management documents: user value (including simplicity and ease of use), user-informed, developed through a consultative process, government led, linked to standards and key principles (the need to link with the work of the CMIG sub group on principles and concepts was talked about), the need to be both standard but flexible to contextualization and customization, evidence-based, validated, innovative, and ability to adapt to digital platforms. A number of participants raised the issue that resources and tools should relieve burden of work for caseworkers / managers and not add to workload.

It was agreed that there are many different kinds of tools and resources in existence including case management capacity assessments, tools, standard operating procedures, tools for faith actors, guiding policies and frameworks, vulnerability assessments, tools for targeting services, minimum packages and measurement indicators. Participants agreed that the compendium developed by CMIG should not reinvent the wheel.

Subgroup on case management opportunities and challenges summary recommendations

The small group discussion on opportunities and challenges provided an opportunity for participants to share experiences, challenges, bottlenecks, useful practices and opportunities related to their work in case management.

Following a round of introductions, a brief explanation of the topic of this group was provided: to identify some of the challenges that participants are experiencing when implementing case management and opportunities to address these challenges from presentations from the previous panels; the overview of what the Case Management Interest Group is working on; and/or innovations, tools and resources participants are aware of through their own work.

In small sub-groups, participants discussed some of the key challenges they were facing. Opportunities were also identified and then further developed during follow up discussions in the

Challenges	Opportunities
<ul style="list-style-type: none"> - High caseload and volume of work. - Risk of burn out. - Varying level of education of case workers. - Lack of specialized training. - Lack of harmonization of paraprofessionals across different organizations and the government. - Limitations on the role of paraprofessionals. - low to no compensations of paraprofessionals - Payment for work is not always harmonized with high expectations for their role. - The pressure for targets is not always aligned to the time required for appropriate case management approach. - Lack of supportive supervision. - Low quality/ capacity of statutory services. - Harmonizing financing and public allocation to support sustainable case management system and cadre takes a long time. 	<ul style="list-style-type: none"> - Harmonizing trainings for paraprofessionals across NGOs and the Government (national training curriculum) - Building in support for case workers as well as supporting self-care. Use of technology platforms for case workers to be part of support networks. - Advocating for harmonized payment structures aligned with the realities of the work expectations to be conducted by paraprofessionals. - Building a career pathway for case workers paraprofessionals to have opportunities to grow. - Trauma informed case management for specific cases that need additional targeted and higher skilled support. - Taking advantage of Global Alliance ambassadors for advocacy around financing and public allocation as well as ensuring case management is informed from the reality on the ground.
<ul style="list-style-type: none"> - The lack of harmonized national tools - Formality of case management approach in particular if it only focuses on services may erode informal support system and networks - CM process can be very technical and is not always based on what already exists - Responses to abuse is not necessarily aligned to more nuanced cases and challenges especially for adolescents. - Cultural barriers in particular for cross border cases. - The multiple players in case management process. 	<ul style="list-style-type: none"> - Working with partners to harmonize tools across the country and looking at case management approach through a system strengthening lens to ensure harmonization across cadre. - For the case management model to strengthen rather than erode informal networks and support systems, ensure it is: <ul style="list-style-type: none"> o informed from the reality on the ground; o strengths and resilience based; o the approach builds on partnership with the family o includes family group conferencing. - Ensuring tools talk to national system (learning from Malawi).
<ul style="list-style-type: none"> - Lack of functional information management system including issues related to maintaining confidentiality and secured information storage. 	<ul style="list-style-type: none"> - Focusing on user-driven, phone adaptable technologies and apps based on what people are already using and already know keeping in mind cost and challenges of use. - Mapping of community based technology/ MIS across sectors and partners.

group. The following summarizes the main challenges and opportunities discussed and reported back in plenary.

Panel 4: Working Toward Sustainable Models of Staffing Effective Case Management and Systems of Care for Children and Families

Moderator:

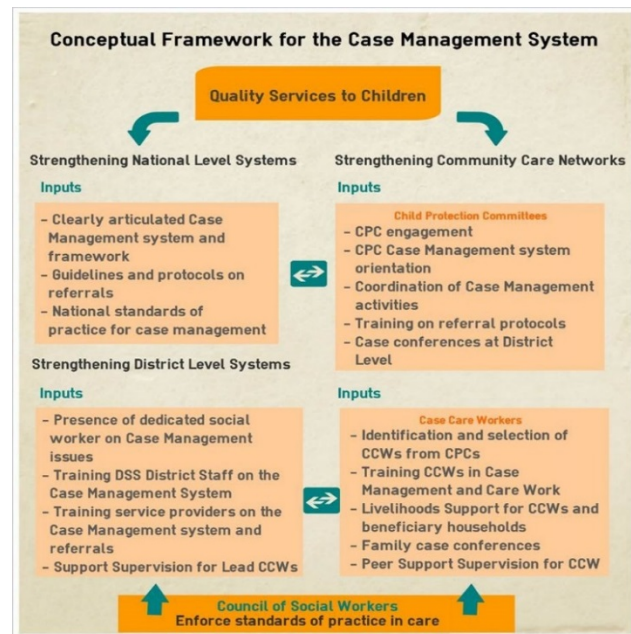
Joanne Dunn, Senior Social Welfare and Justice Adviser, UNICEF Headquarters, New York

Joanne Dunn, Senior Social Welfare and Justice Adviser, UNICEF Headquarters New York, served as moderator for the final panel of the day, that focused on the role of government in developing policy, ensuring appropriate numbers and training of staff, and providing financing for the effective systems of care for children and families. She began by stating that the most important ingredient in child protection systems are the cadres of people who manage them. She urged social service workers to work increasing closely with public finance colleagues to provide needed resources and develop sustainable financing plans so that the sector can continue to address new and emerging issues. She then introduced the speakers.

Speakers:

John Nyathi, Acting Deputy Director, Ministry of Health and Child Welfare, Zimbabwe
Precious Muwoni, Regional Social Protection Advisor, Bantwana Initiative of World Education, Department of Child Welfare and Protection Services, Zimbabwe
Leading the Way: Building a national case management system in Zimbabwe

Mr. Nyanti shared the national case management approach in the country and national action plan for OVC. The approach included development of two conceptual frameworks for the case management system – a national level system and a community care network. World Education sold the national approach concept to them, which was adopted as national policy in 2014 and now reaches all 65 districts in Zimbabwe. The case management approach draws from and is based on best practices from the Isibindi model developed by the National Association of Child Care Workers in South Africa. World Education continues to be the technical advisor of the program in Zimbabwe. The use of the case management system has demonstrated the need for more funding for child protection and for the first time resulted in allocation of funds for social protection and the ability to inform and develop policy on social protection.

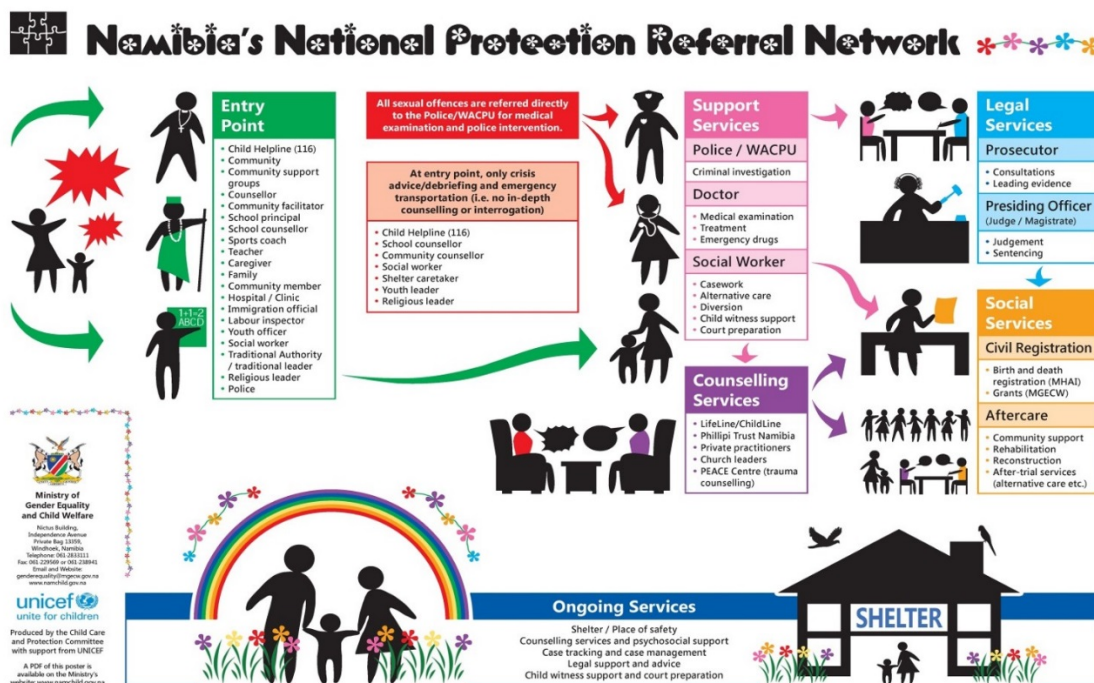


In 2016, the government developed the national framework for social protection and are now working toward implementation. Prior to national adoption of a case management process, different processes were being used across districts. To improve the ratio of social worker to children from 1:44,000, a skills audit was conducted to inform the development of a curriculum for strengthening the role of child care workers. A mentorship program was developed, a certificate program was launched, task shifting was implemented and a new cadre of social service extension workers was created. Through strengthening of skills and recruitment and retention of new para professional workers, the availability of workers to address the needs of children and families has been improved. National regulation of the profession and continued implementation of nationwide policy is resulting in a better regulated and professionalized social service sector.

Charlene Nadine Uakuramenua, Senior Social Worker Gender-Based Violence Protection Unit, Khomas region, Government of Namibia's Ministry of Gender Equality and Child Welfare

Case Management in Namibia: Where we are coming from and where we are heading

Charlene Nadine Uakuramenua, Senior Social Worker Gender-Based Violence Protection Unit, Khomas region, Government of Namibia's Ministry of Gender Equality and Child Welfare, then shared the Namibian perspective on case management. In her presentation "Case Management in Namibia: Where we are coming from and where we are heading" she began by sharing some of the geographic challenges and population needs facing the social service sector. Social workers are charged with covering vast regions due to the shortage of workers, there are an insufficient number of supervisors and there is inadequate coordination between stakeholders. Despite Namibia's relatively small population of less than 3 million people, 29% of the population is less than five years old and 1/3 of all children do not live with their parents. The National Agenda for Children 2012-2016 establishes strong legal and policy framework in national agenda for children 2012-16 by bringing together many laws and commitments into a concrete set of priorities.



The Care and Protection Act passed in 2015 brings a holistic approach to protecting children and the preservation and strengthening of families. It is the hope that the Act will soon be implemented, but many steps are underway to be prepared for full implementation.

The Act includes a case management process to return children to their immediate family or family-based environment. Previously there was no uniformed system of case management use but the country is moving toward national uniformity of care through use of case management through a pilot program in three regions. The program included: developing and conducting a training of trainers and regional trainings, strengthening M&E and data use; HIV-sensitive guide for social workers to identify, support and refer children and families affected by HIV; and

case management principles; and engaging community based support for prevention, early identification, reporting and rehabilitation; and incorporating supportive supervision.

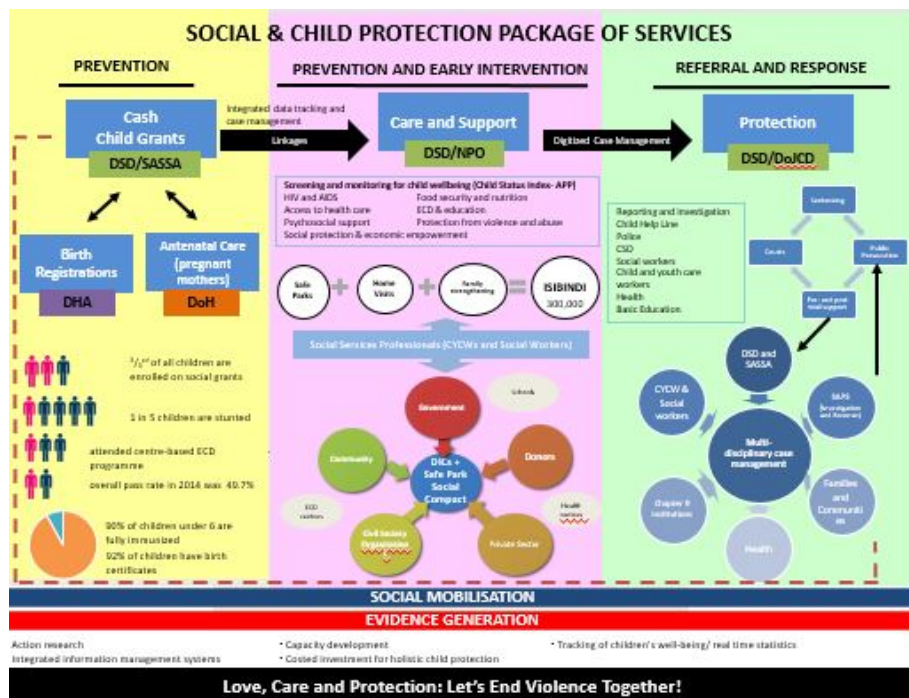
The guidelines for child care and protection forums are currently under revision but it is the goal that these forums will be a means for strengthening community involvement. As Namibia continues to strengthen its case management processes, the ultimate goal is a system that is owned and embraced by all social service workers in the country and is integrated across all sectors.

Thabani Buthelezi, Chief Director Monitoring & Evaluation, Ministry of Social Development Representative, South Africa

Mayke Huijbregts, Chief of Social Policy and Child Protection, UNICEF South Africa

Maximizing the Investment in Child Well-being: Combining social assistance and circles of care through an integrated digitized case management system

Thabani Buthelezi, Chief Director M&E, Ministry of Social Development, provided background on statistics pertaining to children and on provision of social services in the country. He shared that many basic services are at scale and social protection reaches 83% of all eligible children, yet child well-being and protection remain problematic. A National Development Plan has been created for South Africa to contribute toward Sustainable Development Goals 1, 5, 10, 16 and 17, goals which relate to the Ministry of Social Development’s work and role. One of the steps toward doing this is prioritizing existing social service professionals toward child well-being data tracking, referral and case management: in total 23,145 workers.



Adding to these remarks, Mayke Huijbregts, Chief of Social Policy and Child Protection, UNICEF South Africa shared ways that the country is connecting the dots by linking cash with care programs through an integrated digitized data tracking tool and case management system to maximize the government’s investment in prevention and early intervention programs. A total of 1 million mothers who are pregnant receive SMS reminders to register the child, information on how to apply for child grants and other neonatal care information. The registration number of

the child is the same for the registration on the child grant which goes into the Social Protection Information Management System. The first assessment of the child's well-being leads to a care and referral plan. Depending on the child's risk, the frequency of home visits, parenting support and access to other services is determined. The care element of the model is based upon the Isibindi model of home visiting, parenting support and community child care. More than 12 million children are enrolled in the government child grant program. However, cash alone won't improve their well-being. She stressed that all children have the right to be loved and are in need of care and protection. By scaling up care programs with the provision of cash, it is expected to reduce the burden on the child protection system through early intervention.

Question & Answer Session

The first question concerned how to best engage stakeholders who might not share an interest in case management development. The next question concerned children on the move; from a government perspective, how are standards and best practices applied to this population, how do governments consider eligibility for services, and how are family-strengthening initiatives addressed when the child's family is located in another district or country. A follow-up question inquired about the approach to prepare families for reintegrating children across borders when the child had experienced hardships at home. The last question concerned whether evaluations of the cash grant program led to demonstrable reductions in violence experienced by children.

Closing Remarks

Dr. Jim McCaffery, Senior Organization Strengthening Specialist, Training Resources Group and Chairperson, Steering Committee, Global Social Service Workforce Alliance

Dr. McCaffery closed the symposium by recapping the key messages from the day. He acknowledged and thanked everyone participating in the symposium and working to strengthen the social welfare system to best support vulnerable children and families. He stressed that this work remains ongoing and one of the ways to get further involved is by becoming a member of the Global Social Service Workforce Alliance by visiting www.socialserviceworkforce.org.