

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

May 24, 2017

**Washington DC
and
Live Webcast**



AMY BESS

**DIRECTOR, GLOBAL SOCIAL SERVICE
WORKFORCE ALLIANCE**

Welcome



TOM FENN

**PROJECT DIRECTOR, COORDINATING
COMPREHENSIVE CARE FOR
CHILDREN (4CHILDREN)**

**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

Opening
Remarks

Social Services Workforce Strengthening and Case Management Practice: Strengthening the *Linkages*

Rebecca Davis
School of Social Work
Rutgers, The State University
of New Jersey, USA



The link between social service workforce strengthening and case management practice

- Many countries have focused workforce strengthening efforts on the development of case management practice
 - Training and education programs for professionals and paraprofessionals
 - Revising job descriptions to incorporate case management job functions
 - Development of guidelines and standard operating procedures (SOP's)
- The Alliance established a Case Management Interest Group (CMIG) to further advance workforce development through strengthening case management and support country efforts
- Subgroups include (a) Concepts and Principles and (b) Tools and Resources

The link between case management and workforce development

Case management:

- Is a *generic practice* that is framed by and responds to context (micro case practice)
- Is *not* a 'stand alone' service, but functions within the broader context across multiple disciplines and sectors, e.g., social service, health, education, & justice (macro level)
- Aims to reduce fragmentation of services & staff turnover (micro-macro linkage)

Workforce development with a specific focus on case (or care) management:

- Aims to build an *infrastructure (system of services)* to support case management functions
- Integrates practices and principles into an organizational vision and mission to positively support employee morale and effectiveness (policy framework)
- Makes investments in staff that result in increased capacity to respond to children and families with complex needs (The Lewin Group, 2012)

Diversifying the models of case management to respond to complex needs (Rapp & Goscha, 2004)

- Early models of case management emphasized the “broker model:” referral and monitoring – not direct service provision
- Within the context of limited resources, increasing demand, and better understanding of complex psychosocial needs, new and more contextualized models are emerging (culture and case)
- Case managers are more than *coordinators of services* but also *providers of services*
- This has led to a diversification of models including clinical case management, rehabilitation and strengths models, and intensive case management models such as assertive community treatment

Case management applied to specialized populations requires attention to:

- Level of Coordination and Collaboration
- Direct Referral or Team Referral
- Direct Service Provider or Referral to Service Providers
- Gatekeeping Function(s)
- Caseload Size and Frequency of Visit/Contact
- Location of Service
- Duration of Service
- Qualifications (Skills & Knowledge) Needed
- Degree of Family Involvement (Vanderplasschen et al., 2007)

For example: Trauma-informed case management services may include specialized services

- assessment for possible trauma-related reactions;
- helping caregivers understand that behavior “problems” may be trauma-specific reactions;
- informing caregivers about child trauma history & potential triggers;
- engaging child and caregivers in care planning;
- building a network of trauma-specific services; and
- advocating for access to these specialized services

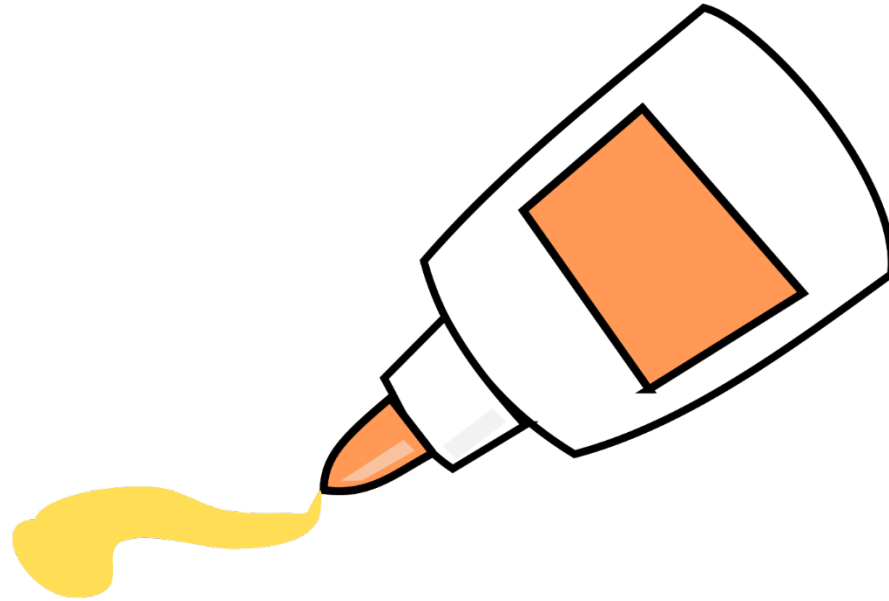
The link between case management and child and family outcomes: some research

- A social worker and nurse case management team positively impacted the perceived mental health of grandparent caregivers of adolescents with behavioral and emotional problems in their care (Cameron, Carthron, Miles, & Brown, 2012)
- Effectiveness of case management may be increased by a multidisciplinary team when a social worker is involved (Stokes, et al., 2015)
- Case managers link emotionally disabled youth with service providers resulting in increased continuity of care, increased participation and use of community based services, fewer incidences of running away, and reduced risk of being removed from home and the community.
- Adding case management services lowered the number of subsequent births and increased benefits of parenting education for adolescent mothers (Ontario Centre for Excellence in Child and Youth Mental Health, 2014)

Within the context of differences, what is a common element in case management practice at the micro and macro levels?

Case management and referral mechanisms are the "glue" that binds populations affected by HIV with services (4Children, n.d., p. 55).

So, what's in the glue? What is the "sticky" stuff?



Knowledge and skills in *systems and processes*

- Engaging
- Supporting
- Participating
- Facilitating
- Leading
- Guiding
- Referring
- Networking
- Advocating
- Managing
- Empowering

Today's agenda reflects link – case management (system & case) & workforce strengthening

- Models that respond to specific vulnerable groups such as children and families affected by HIV/AIDS
- Multidisciplinary collaborations and linkages to address specific vulnerable groups
- Using the evidence to increase effectiveness of case management and workforce strengthening
- Building sustainable models of effectively staffing case management services and systems of care through government and NGO collaborations

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PANEL 1 - BUILDING A STRONGER WORKFORCE TO STRENGTHEN HIV-SENSITIVE CASE MANAGEMENT SYSTEMS AND TO REALIZE NATIONAL AND GLOBAL HIV GOALS

Moderator:

Vishanthie Sewpaul, Professor, Zayed University, United Arab Emirates

Speakers:

- 1. 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**
Djeneba Coulibaly-Traore, 4Children DRC Project Director
- 2. Integrating HIV Sensitive Benchmarks into a Case Management Approach in Support of Nigeria's 90-90-90 Campaign**
Tapfuma Murove, 4Children Nigeria Project Director
- 3. Getting to Zero: Social workers as case managers on transdisciplinary teams improving the quality of HIV care in the United States**
Theresa Fox, Research Analyst, Institute for Families, Rutgers, The State University of New Jersey



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Strengthening the community workforce in case management to improve the provision of comprehensive services and increase targeted HIV testing in Kinshasa, DRC

Djeneba Coulibaly-Traore
4Children DRC Chief of Party



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4Children DRC Interventions

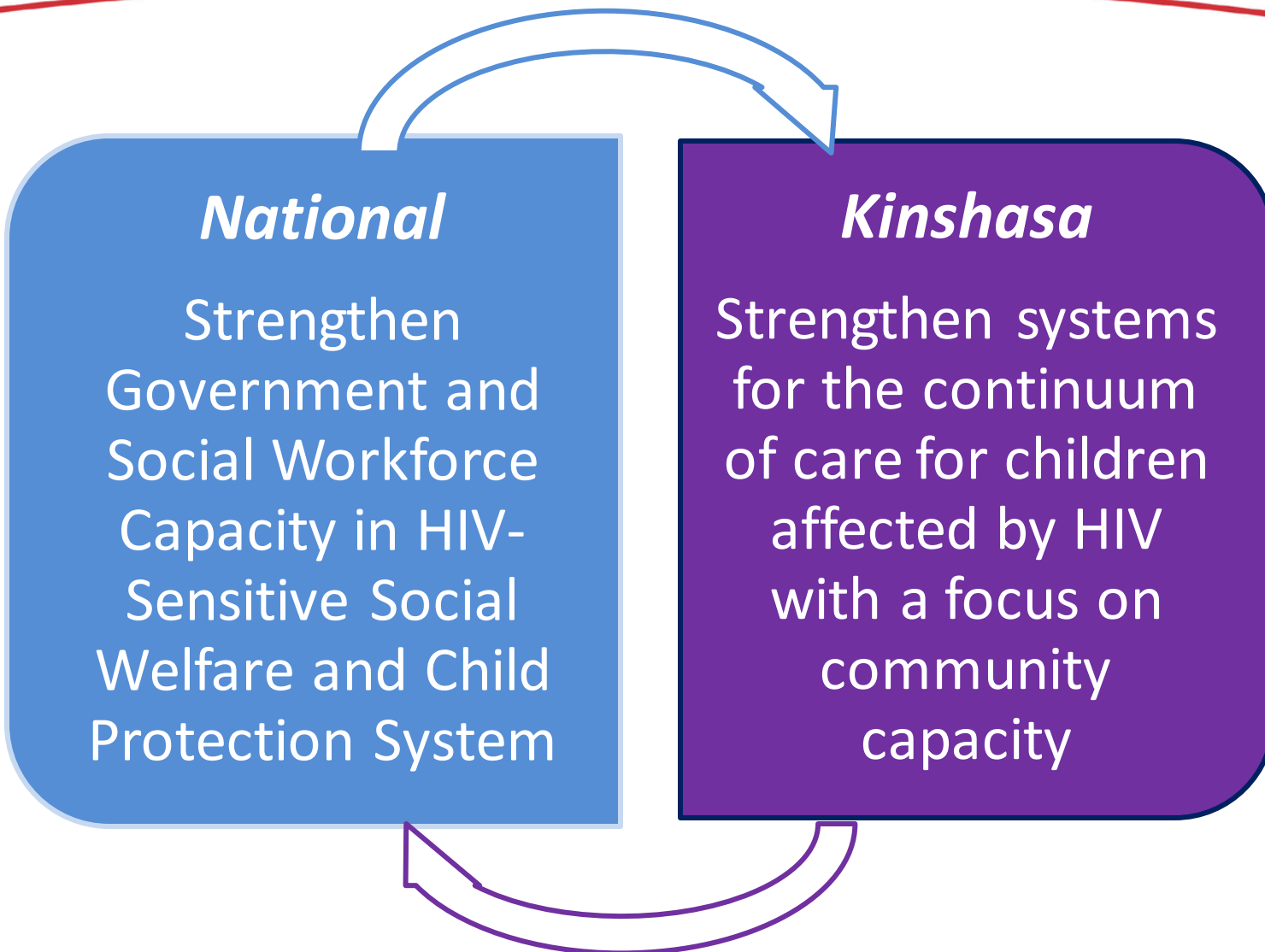
National level

- Strengthening HIV-sensitive social welfare system to provide a vital safety net for children and families affected by HIV and others adversities

Kinshasa health zones

- Strengthening caregivers' abilities to provide a nurturing and protective environment
- Improving families' financial stability to ensure that children and caregivers are enrolled and maintained in needed treatment and social services
- Strengthening case management approach to ensure comprehensive and holistic support and services are provided to children and their families affected by HIV

A COMPLEMENTARITY APPROACH IN DRC





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How has the community workforce been reinforced in case management to improve the provision of comprehensive care and support and increase targeted HIV testing in Kinshasa?



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Case Management model

- Complementary to family strengthening interventions
- Comprehensive guidance developed: Standard Operating Procedures (SOP) and full package of supporting tools
- Developed and implemented in close collaboration with key governmental stakeholders, health, HIV and social service providers

Approach based on:

- close partnership with child and family
- child focused and family centered and promotive of engagement
- strength based, problem solving and empowering approaches to increase resiliency



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Identification of key cadre from existing community workforce

Definition of clear roles and responsibilities related to case management: case workers and positive parenting field agents, case worker supervisors, community-clinical-coordinators and M&E officers

Training of Trainers, cascade and refresher trainings and ongoing coaching

Use of SOP and related tools to guide implementation from identification, enrollment, assessment, care plan development and implementation, service provision and referrals, follow-up, monitoring and reporting to closure

Key achievements

Through the case management mechanism:

- Children and families affected by HIV are being **identified, enrolled & assessed**
- **Case plans** are being developed jointly with children and families to identify priority actions aligned with **program benchmarks**
- **Ongoing monitoring** until identified goals and benchmarks are reached - case plan achievement
- **Bi-directional referral mechanism** based on guidance developed and mapping of services available
- **Monthly case conferencing** meetings as a learning process to solve pending issues identified during case management process and for specific cases

Key achievements

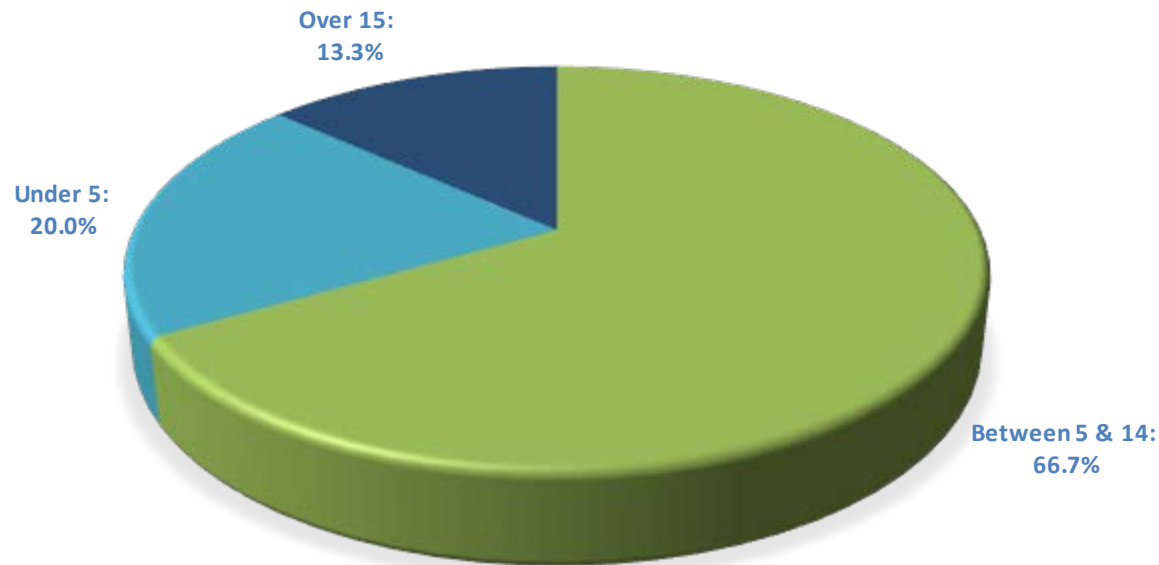
- **MoU with clinical facilities to improve linkages to HIV services** focusing on index-based testing for children and adolescents at risk of HIV infection and their families to improving the HIV case finding
- **HIV sensitization through ongoing home visits** to promote HIV adherence and ensure HIV cases identified have access to viral load and other health support

Ongoing but promising

Accelerated HTS reached 784 people

- 1.9% HIV positivity rate
- Higher than 1.6% prevalence rate in Kinshasa (all ages); and 0.5% prevalence rate for ages 15-19

CHILDREN TESTED HIV POSITIVE BY AGE GROUP



Key achievements

- Strong **linkages between case management implementation & national workforce strengthening** efforts with the Ministry
 - Roles and responsibilities based on the **competency framework for para professionals** validated at national level
 - Training includes components of the **paraprofessional training** developed with the Ministry at national level
 - Implementation of Kinshasa referral system informed development of National Referral Mechanism
 - **Training module on Child Protection and HIV** for the national Social workers training Institute (INTS)

Challenges

- Ensuring service quality during **socio-political unrest** that increases vulnerabilities within communities
- Strengthening **collaboration with other service providers** to avoid duplication
- **Harmonizing incentives** among different cadre and maintaining these standards
- **Rolling out** to other sites with maintained quality of interventions

Next Steps & Conclusion



- **Continued focus on risk assessment among all children to ensure targeted access to HIV services**
 - risk assessment algorithm
 - data analysis to identify & improve most critical challenges
 - Emphasis on adherence for children on ARV
 - Continued improvement of linkages between all services available
- **Continued strengthened collaboration across social and health services for sustainability**



THANK YOU!

This presentation is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061.

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Strengthening HIV Sensitive Case Management Systems and Building a Stronger Workforce to Realize the 90-90-90 HIV Goals

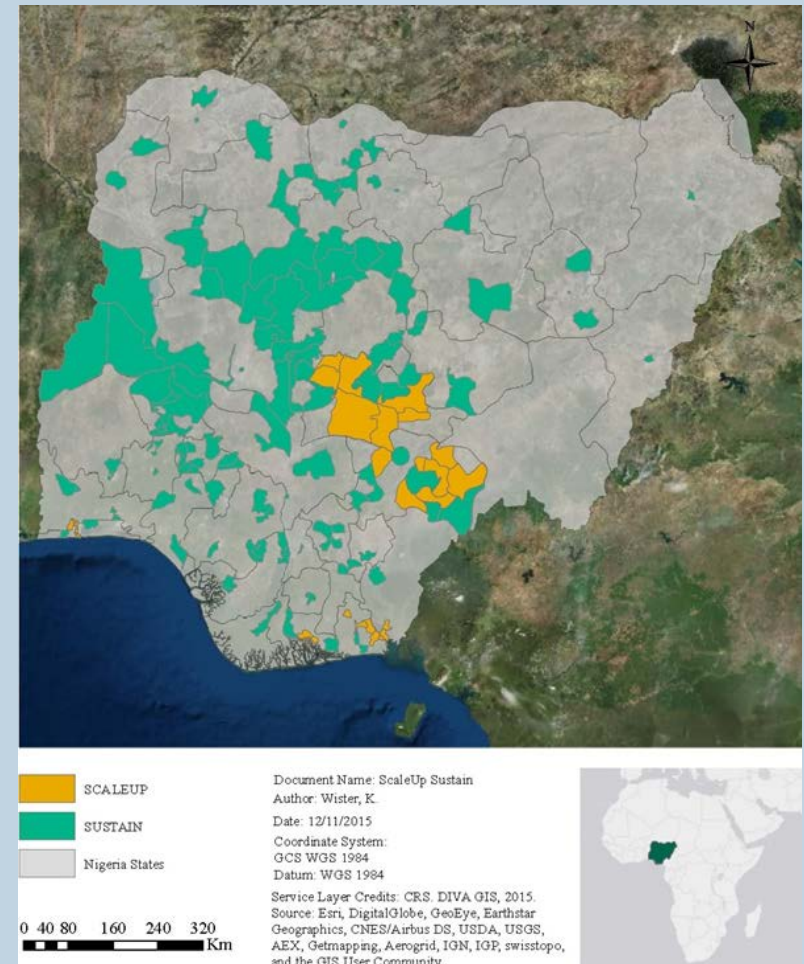
Dr. Tapfuma Murove
4Children Nigeria Project Director



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PEPFAR Pivot in Nigeria

- In response to the PEPFAR pivot, OVC implementing partners in sustain support areas need to **graduate or transfer 900,000 OVC from PEPFAR-supported OVC programming by end of FY18.**
- In Nigeria, 4Children provides technical assistance to ensure that OVC and their households have access to HIV-sensitive services that allow for responsible graduation or transfer from direct PEPFAR support.



Case Management Rapid Response Group

Summer 2016

- Developed an assessment framework to assess existing case management tools and resources
- Constituted a Case Management Rapid Response Group to address gaps identified by the assessment

Fall
2016

- Articulated benchmarks for graduation from OVC programming
- Developed a comprehensive case management package with a care plan achievement approach

Winter 2016/
Spring 2017

- Trained 37 representatives from the government of Nigeria and staff from 16 implementing partners.
- Case plan achievement benchmarks adopted by government of Nigeria as part of national OVC M&E service provision tools

Pathways for Exiting OVC Programming

ONGOING MONITORING OF THE CASE



HEALTHY



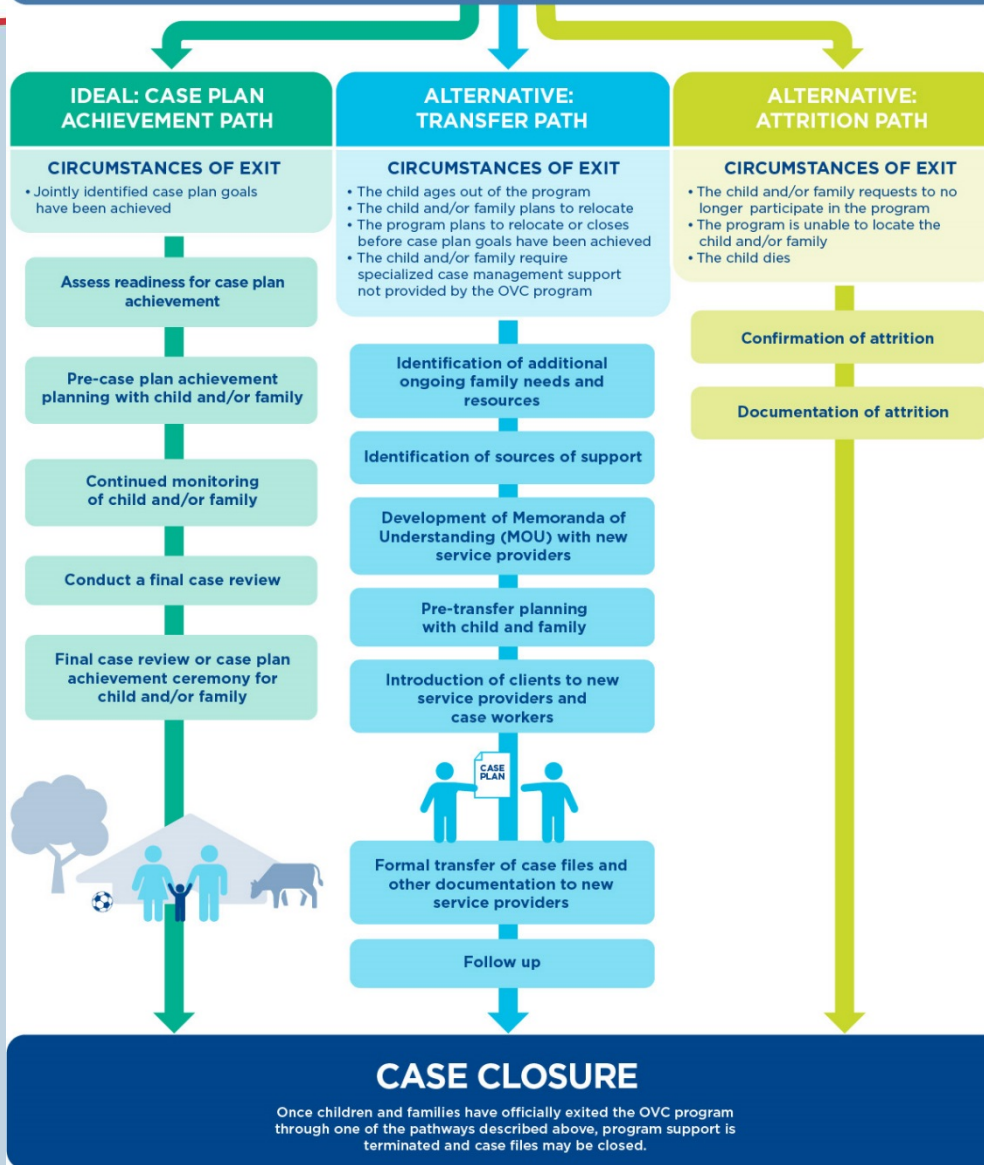
SAFE



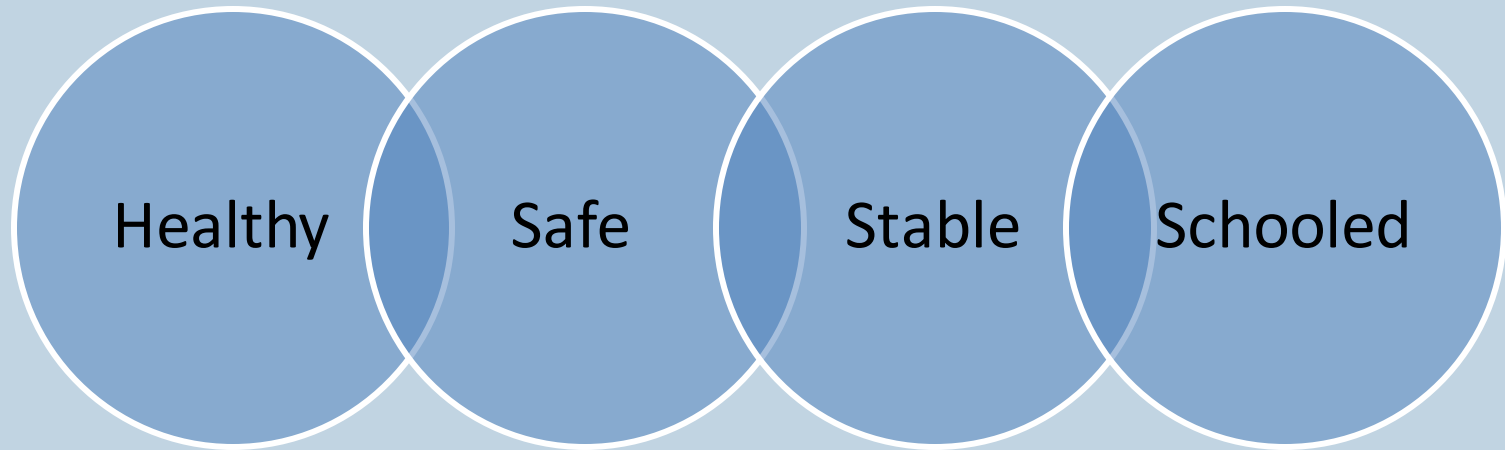
SCHOOLED



STABLE



Care Plan Achievement Benchmark Domains



Domain: Healthy

1. Children enrolled in the OVC program and at risk of HIV, Malaria, or TB have been referred to HIV testing services.
2. Children who have been referred to HIV testing services have received the testing service.
3. All children living with HIV, enrolled in the OVC program, and whose status is known by the OVC program are on ART for at least the last six months.
4. Caregivers know the HIV positive status of the children in their care.
5. HIV disclosure process for children older than 10 and living with HIV is planned and acted upon.
6. Children in need of other health services have been referred and are receiving services.



Domain: Safe

1. Child-headed households have access to alternative care services provided by their community or the government in the last year.
2. Caregivers have completed some parenting training.
3. Children in the household are able to participate in daily activities with other members of their household.
4. Children at risk of abuse, violence, exploitation, or neglect have been referred to and are receiving appropriate services.
5. The household is physically and emotionally safe for the child.

Domain: Stable

1. In the past month, no member of the household has gone a whole day or night without eating because there is not enough food.
2. In the last year, the caregiver has been enrolled and participating in an economic strengthening activities to build their resiliency and meet the basic needs of the children in their care.
3. The caregiver can identify a person or group as providing social and emotional support.
4. The household has demonstrated the ability to set and meet their own goals.*

Domain: Schooled

1. All children between the ages of 6 and 17 are enrolled in school or a vocational training and have regularly attended for the past year.
2. Adolescents enrolled in a vocational training have completed the training program.
3. In communities where early children education centers are available for children between the ages of 3 and 5, children are enrolled.

Checklist and Scoring

- Each benchmark has an associated item on a care plan achievement checklist.
- Households must receive a score of 18 in order to graduate.
- Households scoring below 18 will be transferred if the project is ending.



Next Steps



Thank you!

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

Presented by Terri Fox

Written by Terri Fox, Michael Hager, Adam Thompson and Donna Van Alst

National HIV/AIDS Strategy

- Originally released in 2010 and updated every 5 years
- Sets combined health outcomes goals for both HIV prevention and Care and Treatment
- Necessary to prevent funding silos from becoming a barrier to ending HIV/AIDS
 - Disparities exist by region, race, gender, and sexual orientation that impact prevention and treatment outcomes

National HIV/AIDS Strategy

Vision

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

Goals

- Reduce new infections
- Improve access to care and health outcomes
- Reduce HIV-related health disparities
- Achieve a more coordinated national response

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.

Our prevention toolkit has expanded.

Pre-Exposure Prophylaxis (PrEP)

A daily pill to prevent HIV.

When taken consistently, can reduce the risk of HIV by up to



Treatment as Prevention

The risk of transmitting HIV is reduced by



in those who start treatment early.

The Affordable Care Act has transformed health care access.



Millions more individuals now have **affordable, quality health coverage.**



There is **no denial of coverage for pre-existing conditions, like HIV.**

Preventive services, including HIV testing, are covered without co-pays.



Protections against sex or disability discrimination in health care.

HIV testing and treatment are recommended.

Federal Guidelines now recommend **routine HIV screening** for people aged

15 TO 65



CDC updated recommendations for HIV testing to help labs detect infections earlier.

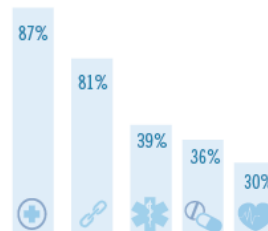
Federal HIV treatment guidelines now recommend **antiretroviral therapy for all people living with HIV.**



Improving HIV Care Continuum outcomes is a priority.

President Obama's **HIV Care Continuum Initiative** directed Federal departments to increase the number of people with HIV who are:

-  **diagnosed** with HIV
-  **linked** to HIV care
-  **retained** in HIV care
-  **prescribed** HIV treatment
-  **virally suppressed** (having very low levels of HIV in their body).



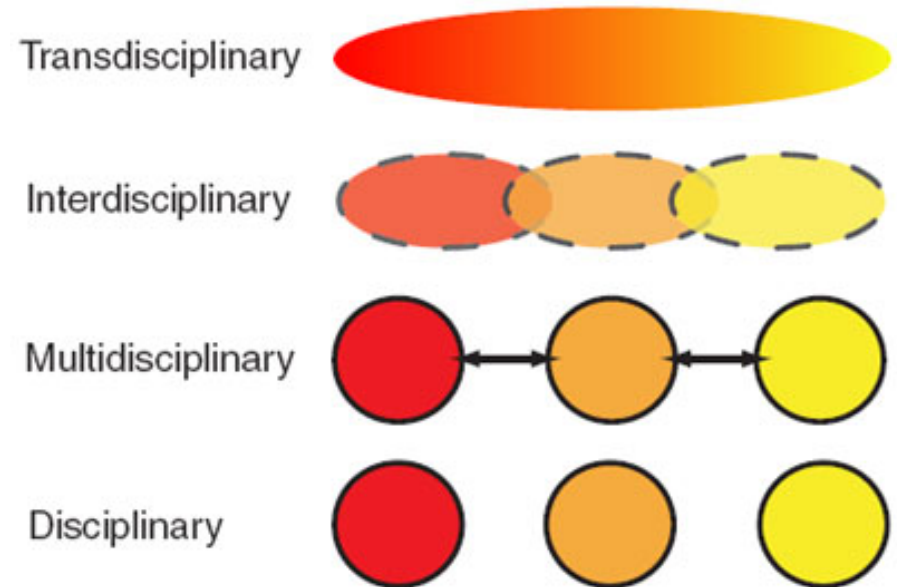
Research is unlocking new knowledge and tools.

- Evidence that **starting HIV treatment early** lowers the risk of developing AIDS or other serious illnesses
- **New HIV testing technologies**, including new diagnostic tests
- **New HIV medications** with fewer side effects, less frequent dosing, and a lower risk of drug resistance
- **Continued investigation** of long-acting drugs for HIV treatment and prevention, an HIV vaccine, and, ultimately, a cure.



Transdisciplinary System of Care

- Primary Care
- Case Management
- Substance Abuse Treatment
- Mental Health
- Oral Health
- Nutrition
- Housing
- Food
- Psychosocial Support
- Transportation



Social Work Lens

- Marginalized populations
- Stigma
- Injustice
- Disparity
- Oversight



Social Work in Healthcare



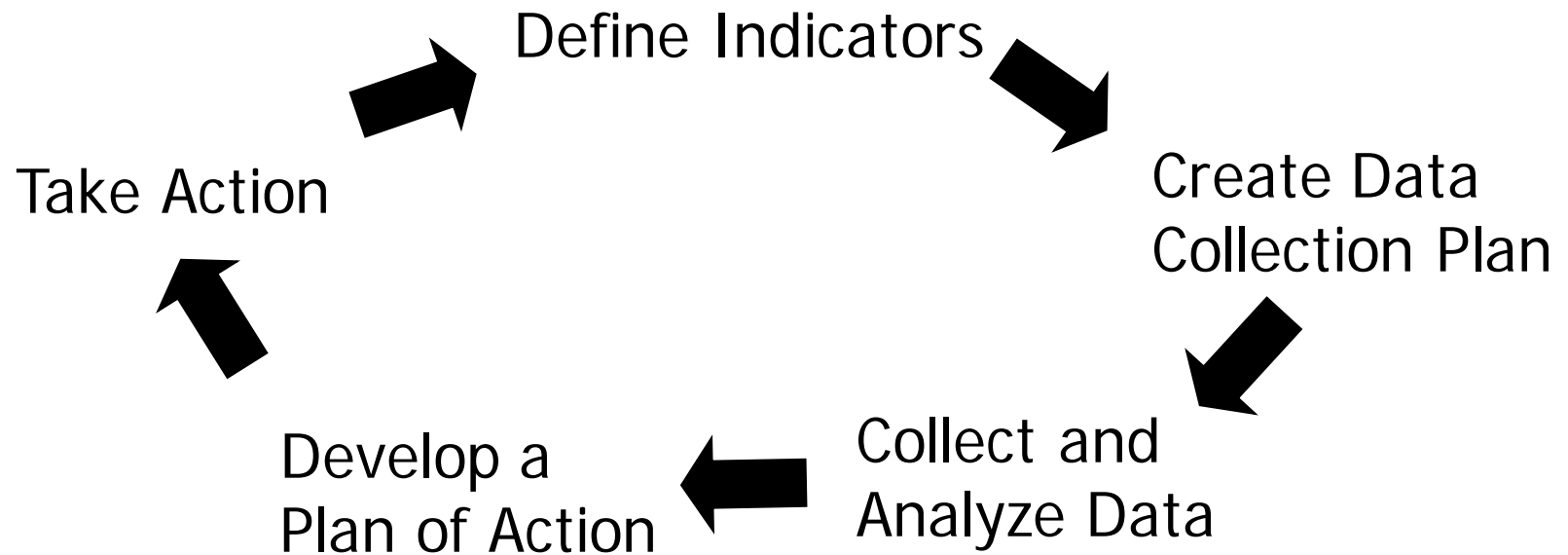
- Interventions address nonmedical barriers to adherence and access
- Resource inventory
- Reduces stigma
- Coordinate illness management approaches
- Assess invention impacts

Quality Management Programs ensure:

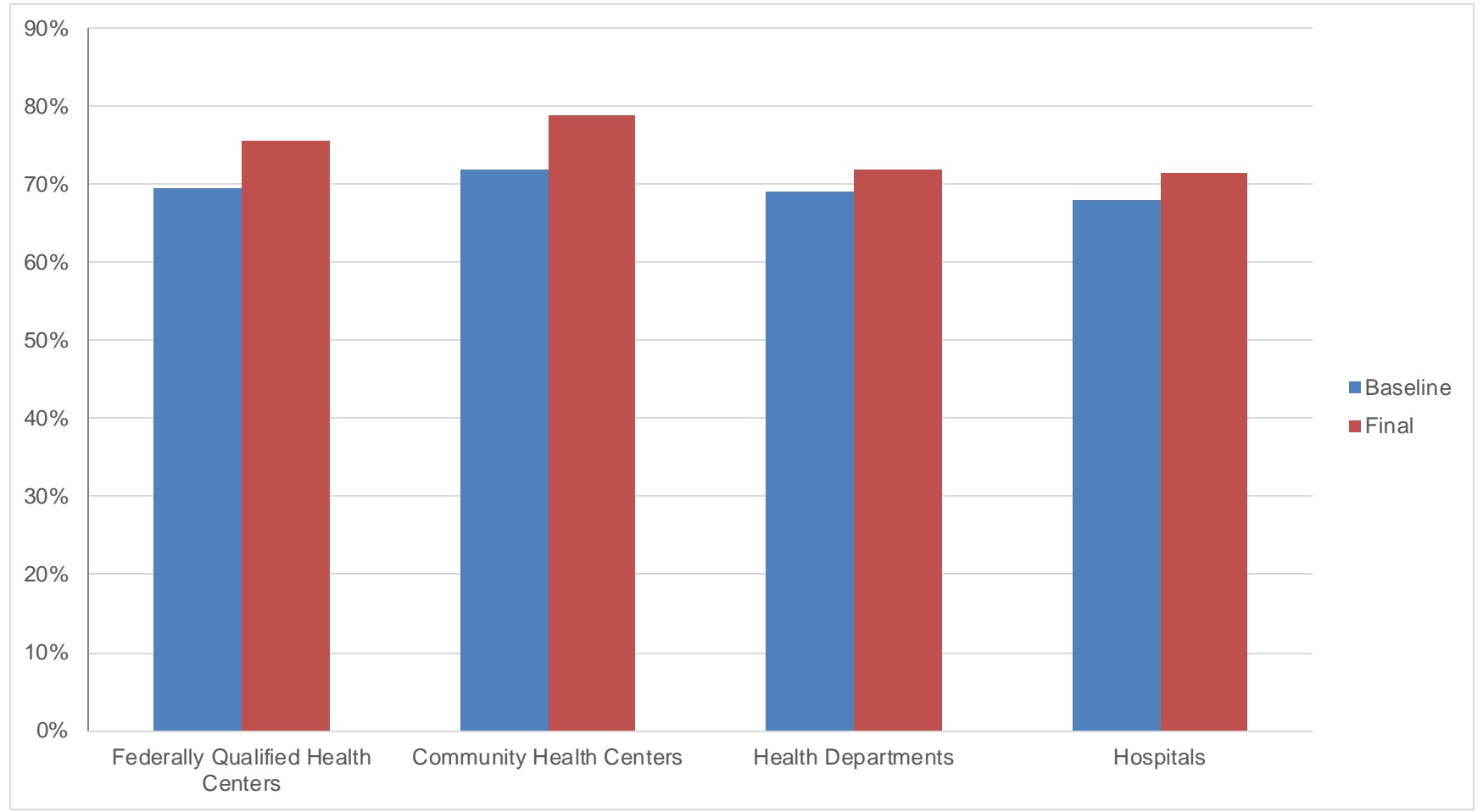
- (1) Services adhere to Public Health Service (PHS) guidelines and established clinical practices;
- (2) That program improvement includes supportive services linked to assessment and adherence to medical care; and
- (3) That demographic, clinical and utilization data are used to evaluate and address characteristics of the local epidemic.

The Quality Management Process

1. Ensure Service Standards are current.
2. The quality management process



Viral Load Suppression Rates by Treatment Model





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Question & Answers

PANEL 2 - PROMOTING MULTIDISCIPLINARY LINKAGES TO CARRY OUT INTEGRATED CASE MANAGEMENT APPROACHES

Moderator:

Zeni Thumbadoo, Deputy Director, National Association of Child Care Workers, South Africa

Speakers:

1. **Coordinating Clinic and Community Services through Case Management**
Maury Mendenhall, Senior Technical Advisor, Orphans and Vulnerable Children, USAID
2. **Responding to Violence Against Children through Linkage of School Child Protection Teams and Hospital-based Child Protection Units**
Bernadette Madrid, Executive Director of the Child Protection Network Foundation, Inc., Philippines
3. **Linking a Case Management Approach in Conflict and Refugee Settings to Country Level Systems of Care**
Anthony MacDonald, Regional Senior Child Protection Specialist, UNICEF Regional Office for the Middle East and North Africa; and Abir Abi Khalil, Child Protection Specialist, UNICEF Lebanon



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Coordinating Clinic and Community Services through Case Management

*Maury Mendenhall, Senior Technical Advisor,
Orphans and Vulnerable Children, USAID*





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Areas of Coordination

- Programs for children orphaned and made vulnerable by HIV deliver child-focused, family-centered interventions that seek to improve wellbeing and mitigate 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, specifically children living with HIV and the children of adults living with HIV, and
 - Support adherence to treatment





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Case Management *Clinical Services*

Case management offered by HIV clinical service providers:

- Intake
- Assessment of service needs/Reassessment
- Individualized treatment plan
- Medical notes
- Referrals
- Discharge





PEPFAR

Case Management

Community Services

Case management offered by community-based programs for children orphaned and made vulnerable by HIV:

- Identification/ Enrollment
- Assessment/ Reassessment
- Case planning/
• updating
- Case plan implementation
(referrals/service
provision/task completion)
- Monitoring
- Case closure



Coordination Challenges

- Lack of services, lack of awareness of services available, and/or inability to access services
- Concerns about confidentiality
- Different systems/forms/processes
- Lack of feedback
- Lack of time/ human and other resources to facilitate coordination





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Coordination Strategies

- Challenge
 - Lack of services, lack of awareness of services available, and/or inability to access services
- Strategy
 - Co-locating services in the same geographic area
 - Service mapping, Networking events
 - Joint Planning
 - Referral forms/Letters of Introduction/What's App Groups, Transportation subsidies/Transportation, Accompaniment



Coordination Strategies

- Challenge:
 - Concerns about confidentiality
- Strategy:
 - Memoranda of Understanding
 - Common consent



Coordination Strategies

- Challenge:
 - Different systems/forms/processes
- Strategy:
 - Comprehensive Case Files/Common or standardized referral forms and tools (Triplicate Forms)
 - Electronic Medical records and Case Management/What's App Groups



Coordination Strategies

- Challenge:
 - Lack of feedback
- Strategy:
 - Return forms/electronic receipts (Electronic tracking)
 - Case conferencing
 - Phone calls



Coordination Strategies

- Challenge:
 - Lack of time/ human and other resources to facilitate coordination
- Strategy:
 - Dedicated referral coordinators
 - Task shifting/secondment





PEPFAR

Thank you!



Responding to VAC through
Linkage of School Child
Protection Teams and Hospital-
based Child Protection Units

Bernadette J. Madrid, MD
Executive Director
Child Protection Network Foundation, Inc.

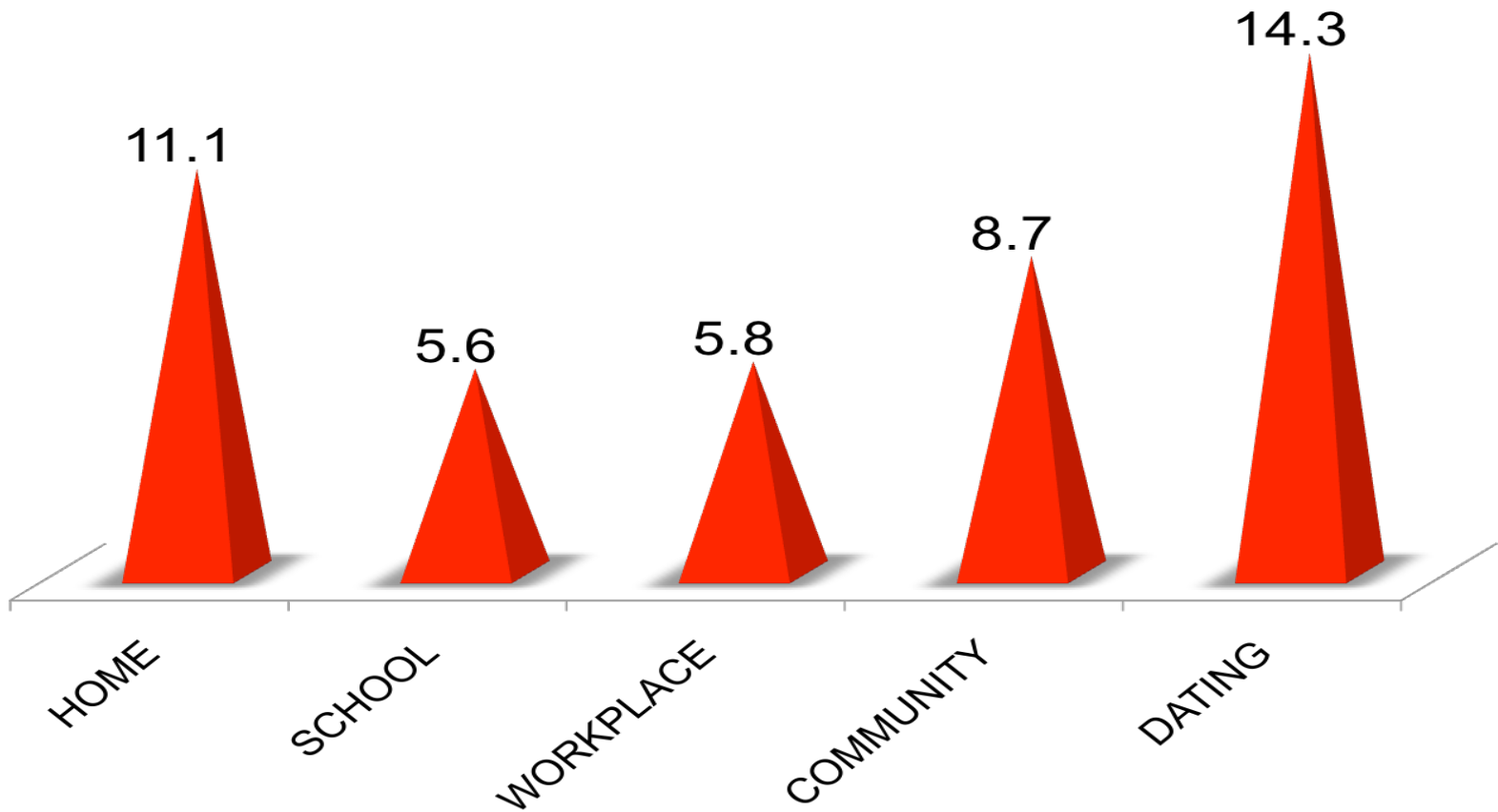
National Baseline Study on Violence Against Children (CWC et al, 2015)

- **Prevalence is very high!**
- 3 out of 5 were physically and psychologically abused, and bullied
- 1 in 5 children were sexually violated.
- More than half experienced at least 2 types of abuse.

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

SEXUAL VIOLENCE IN VARIOUS SETTINGS

(National Baseline Study on Violence Against Children, 2015)

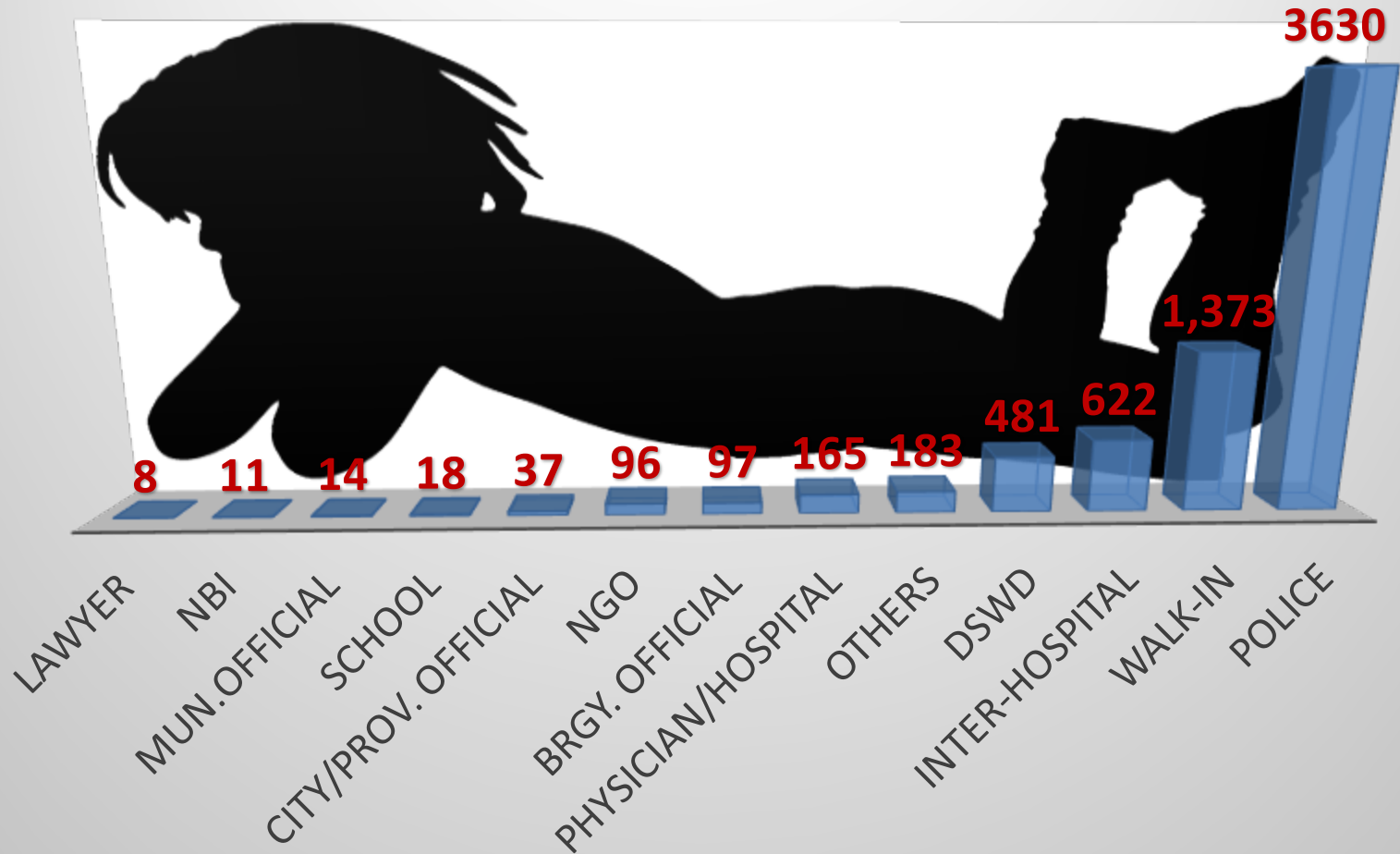


Disclosures & Reports of Abuse

- Few disclosed abuse: 10.1% to 13.7%
- Most disclosed to friends followed by mothers
- Few consulted professionals and these were mostly teachers & guidance counselors. Less than 5% reported to the authorities.
- Only 29.2% were aware of services and of these 30.5% knew or utilized Women & Child Protection Units

VACS, 2015

Number of Referrals to Women and Child Protection Units for VAC, Child Protection Network, 2015



General Objectives of Safe Schools for Teens

Proof-of-concept Study, Phase 1

- To improve teachers' knowledge, skills and attitudes for the identification & reporting of suspected child abuse cases.
- To operationalize the School Child Protection Committee following the Department of Education Child Protection Policy and the referral structure to the PGH-CPU and other external agencies that respond to reported cases of child abuse.

Project Outcomes

- Change from baseline to follow-up on the knowledge, attitudes and behaviors of teachers in recognizing, reporting, recording and referral (the 4R's) of child abuse cases.
- The operationalization of the School Child Protection Committees in terms of being a link between teachers and Child Protection Units and their implementation of the 4Rs.

Project Outcomes

- Successful case management through clear delineation of roles and responsibilities and the coordination of services by the School Child Protection Committee and the Child Protection Unit at the Philippine General Hospital as evidenced by no revictimization and the child adjusting well in school.

4Rs Teachers' Training

- Be familiar with the Child Protection Policy of the Department of Education
- Recognize the signs and symptoms of the different forms of child abuse as they manifest in the classroom
- Know the process of reporting any case of child abuse
- Understand the functions of the School Child Protection Committee (SCPC)

4Rs Teachers' Training

- Handle any disclosure of child abuse by a student sensitively and appropriately
- Understand the effects of trauma
- Discuss how the effects of trauma may manifest in the classroom
- Give examples on how traumatized students can be helped in the classroom

Members

- Principal
- Guidance Counselor
- Teacher Rep
- Student Rep
- Parent Rep
- Member of *Barangay Council for the Protection of Children*

The School Child Protection Committee



Functions of the School Child Protection Committee

- Draft school child protection policy with a code of conduct & a plan to ensure child protection;
- Initiate information dissemination programs & organize activities for child protection
- Develop & implement a school-based referral & monitoring system.
- Establish a system for identifying students who may be suffering from significant harm based on any physical, emotional or behavioral signs.

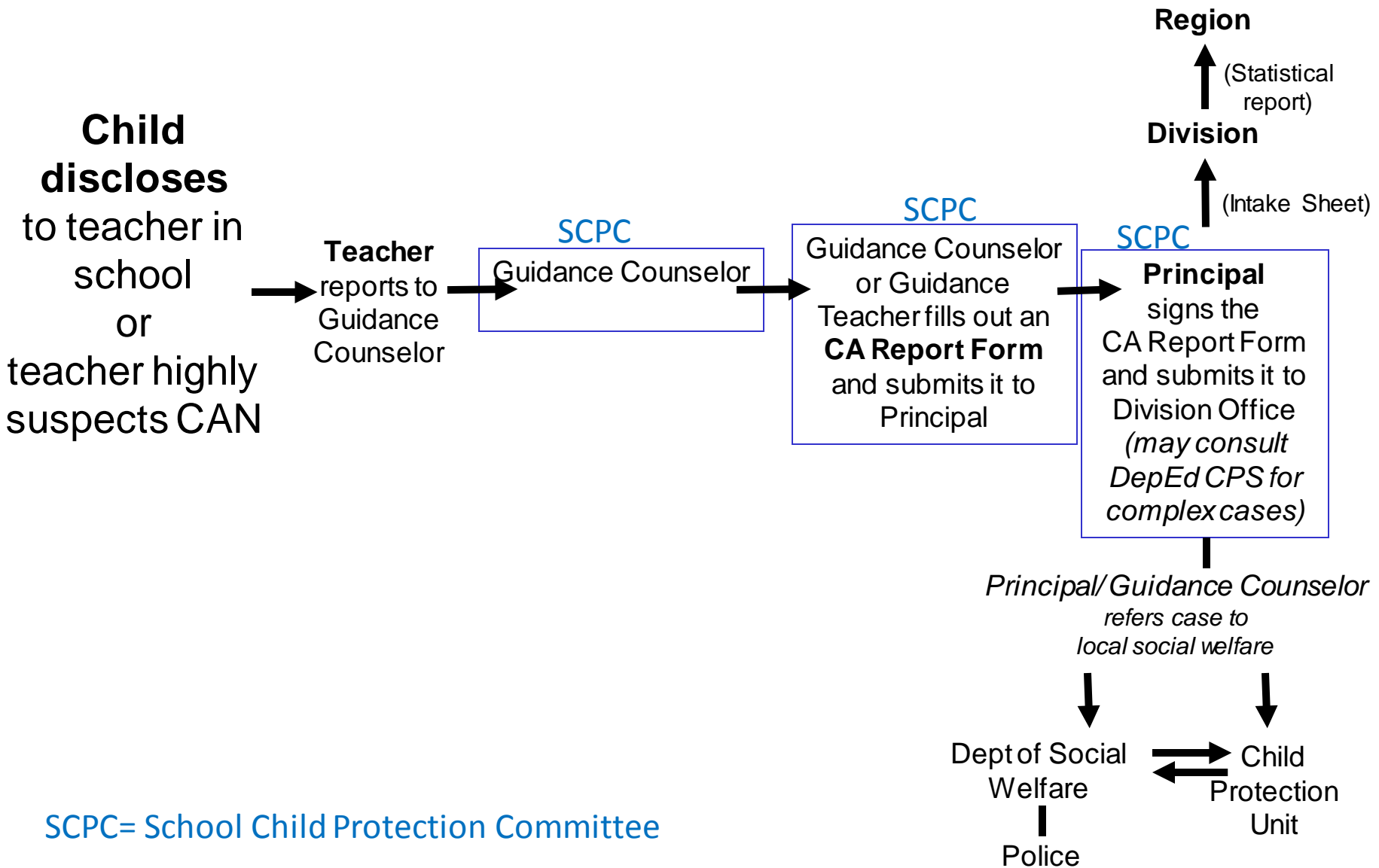
Functions of the School Child Protection Committee

- Identify, refer and, if appropriate, report to the appropriate offices cases involving child abuse, exploitation, violence, discrimination & bullying.
- Coordinate closely with police, social welfare, CPU, etc.
- Monitor the implementation of positive measures & effective procedures in providing necessary support for the child & the child's carers.
- Ensure that the children's right to be heard are respected & upheld.

Training of the School Child Protection Committee

- Understand the functions and operationalization of the SCPC
- Respond to reports of suspected child abuse cases
- Perform safety assessment
- Manage common cases of child abuse and work with partners – CPU, Social Welfare, police

Department of Education Reporting Algorithm



A Child Protection Unit (CPU) is a child-friendly and gender-sensitive unit using a multidisciplinary approach and networking in providing comprehensive medical, psychological, social & legal services to abused children and their families.



2016

84 WCPUs

(48 provinces &
9 independent
cities)

2016
84 WCPUs
In 48 Provinces
and 9 Cities



CPU Multidisciplinary team at PGH

Members of the Team

- Physicians
- Social workers
- Psychiatrists/
Psychologist
- Nurse
- Lawyer
- Police





Intake Interview



Medical evaluation



**Mental Health
Screening**



**Forensic Interview & taking
of sworn statement**



**Crime scene
investigation**



Home visit by S.W.

CPU EVALUATION

Multidisciplinary Case Conference

All the members of the team (CPU and SCPC) involved in the case meet to discuss what needs to be done to keep the child safe, healthy and in school.

- Case Manager is CPU Social Worker.



Teacher Training: Findings

- ***The training greatly improved teachers' knowledge about the potential indicators of child sexual abuse.***
 - Before the training less than one-third of teachers felt that they were knowledgeable about potential signs for sexual abuse, whereas after the training nearly two-thirds of all teachers felt knowledgeable about the indicators of child sexual abuse.

Teacher Training: Findings

- ***The training also more than doubled the number of teachers who report being confident in identifying child sexual abuse.***
 - Before the training only 25% of the teachers reported being confident about identifying child sexual abuse, while after the training 57% reported being confident.
- ***The training also increased the percentage of teachers who said that they were familiar with the procedures for reporting child sexual from 45% to 75%.***

Findings: Increased Reporting

- Increased actual number of reports of child sexual abuse in 6 months

V Mapa HS: 11 cases

Manila HS : 3 cases

Case Management Findings

- All referrals received full evaluation.
- All services (medical, psychosocial, legal) that were needed per case were provided.
- No revictimization after 1 year of follow-up.
- All remained in school except for one that was placed on home study.

Recommendations

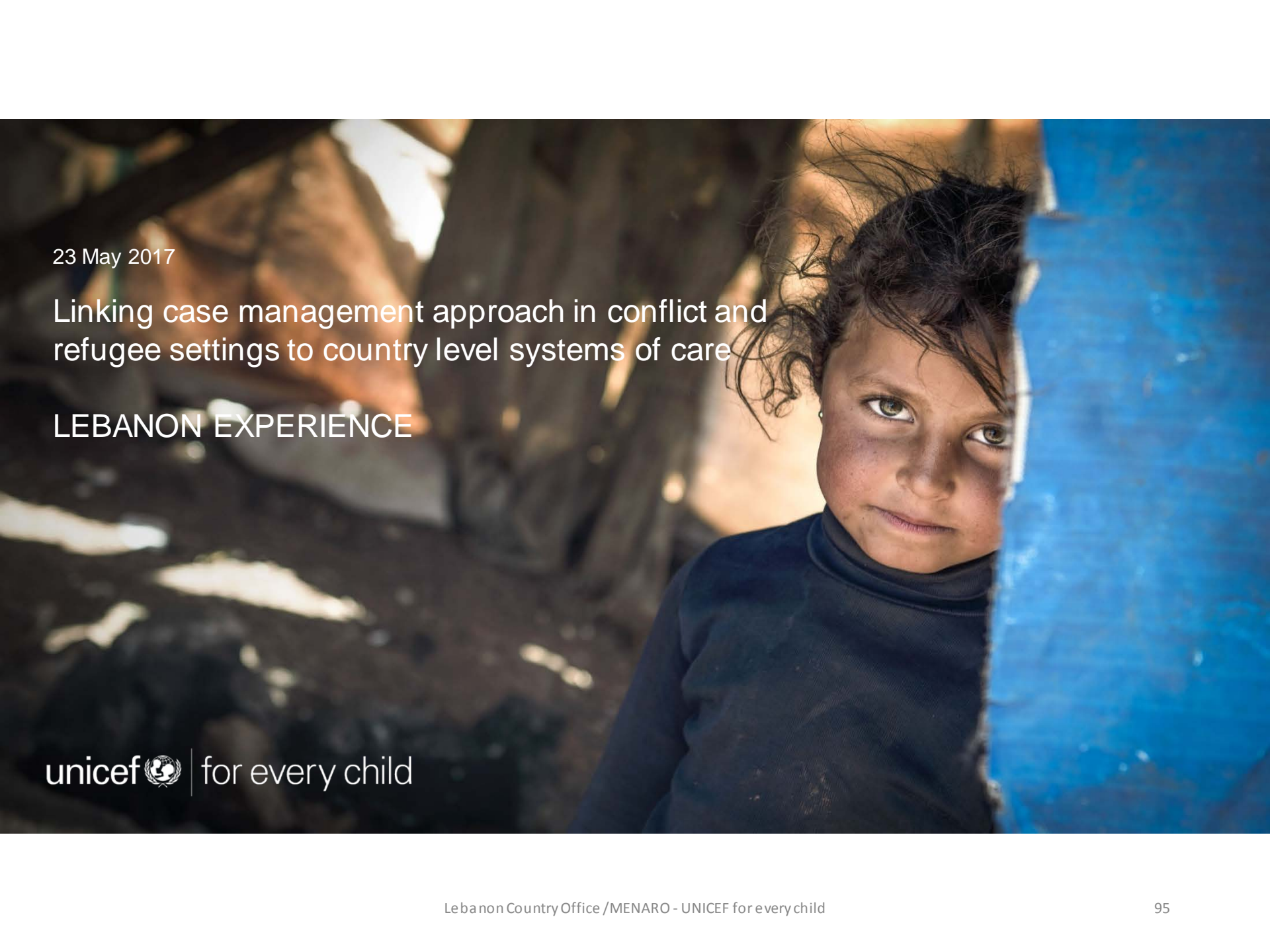
- Longer follow-up of the cases.
- Scaling up the project to include more schools: presently in the process of replicating the study with more schools and comparing effectiveness of web-based training of teachers with onsite training.

**ANTHONY MACDONALD
ABIR ABI KALIL**

UNICEF MENA & LEBANON

LEBANON






23 May 2017

Linking case management approach in conflict and
refugee settings to country level systems of care

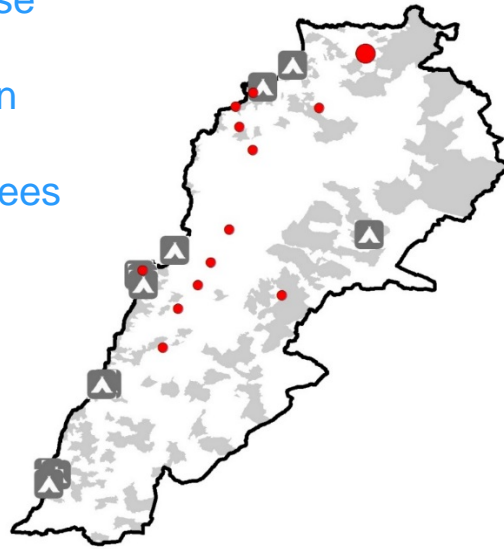
LEBANON EXPERIENCE

unicef  | for every child

The (recent) UNICEF Lebanon story in a nutshell

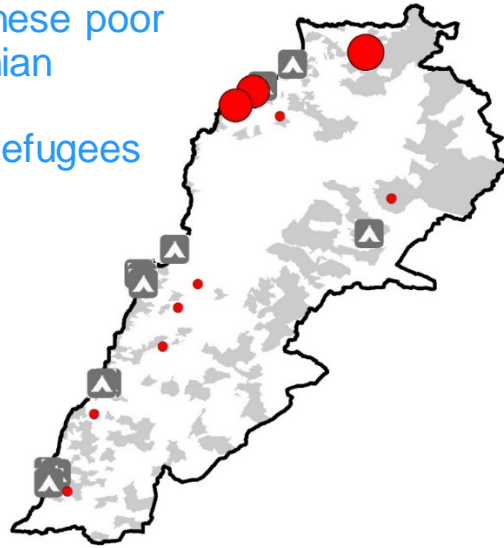
2011

4.2 million Lebanese
(1.2 million poor)
270,000 Palestinian
refugees
6,000 Syrian refugees



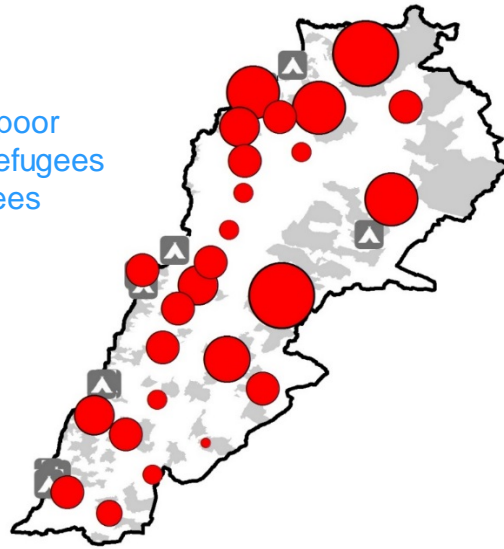
2012

1.3 million Lebanese poor
270,000 Palestinian
refugees
130,000 Syrian refugees



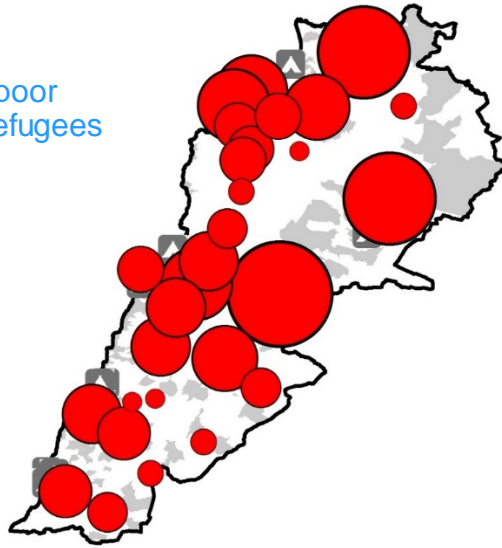
2013

1.4 million Lebanese poor
270,000 Palestinian refugees
800,000 Syrian refugees



2014-present

1.5 million Lebanese poor
320,000 Palestinian refugees
1.2 million
Syrian refugees

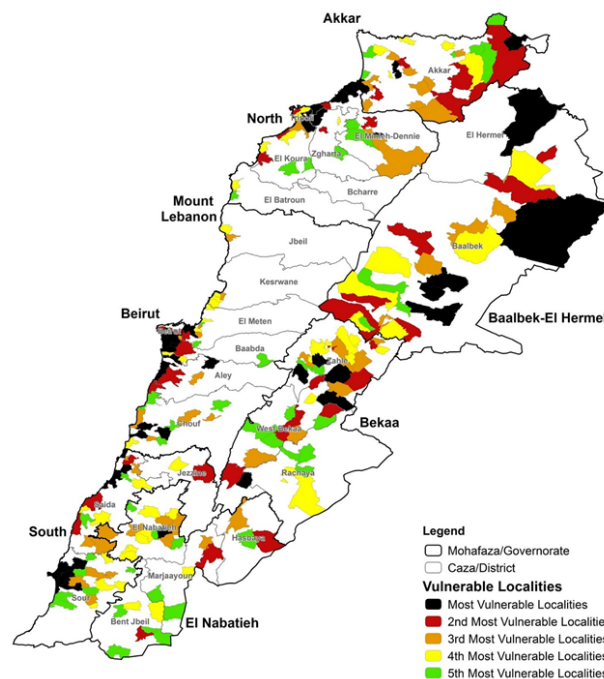
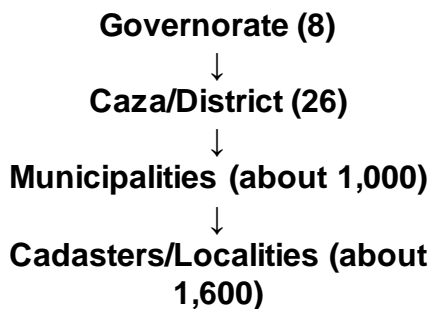


Vulnerability mapping

Calculation based on:

1. Population distribution
2. Lebanese poverty
3. Refugee population distribution

Top quintile of vulnerability mapping includes **251 localities** (the focus of UNICEF interventions)



Background

- LCO engaged in a CP system mapping & analysis (2011-2012)
- Highlighted weaknesses & opportunities in the CP sector (formal & non formal), including judicial protection of children victims
- LCO succeeded in rallying the GOL/MOSA to take the lead in implementing the recommendations of the study to reduce violence and harmful practices
- Wide consensus and readiness among all CP stakeholders to jointly support this work
- An Inter-ministerial National CP Task Force chaired by the MOSA established to operationalize the recommendations of the study.
- Lebanese CP system Reform: a key priority of the CPD



What have we done to strengthen the child protection system within the context of the Syria refugee crisis

- Strategic partnership and better coordination among CP stakeholders – putting MOSA in the drive seat (*e.g. co-leading of the CPIEWG, ...*)
- Better targeted programs and resource mobilization to ensure full coverage
- Integration of CP emergency response into the system building work: testing of SOPs / tools tested by CP services providers & the emergency humanitarian actors (adding annexes on BIA/BID;...)
- Fostering strategic partnerships with academia, social work institutions, line Ministries to advance CP system work
- Training of governmental and non-governmental staff on CP at national and sub-national level
- Development of national CP guidelines and SOPs
- Support establishment of CP data collection and monitoring frameworks within relevant line Ministries

Investment in national child protection systems in refugee response

Key strategies to strengthen national child protection systems include:

- Emphasis on inter-ministerial approach to CP system strengthening
- Multi-dimensional analysis of drivers of violence and multi-sectorial response to address critical CP and GBV issues (i.e, child labour and child marriage)
- Reinforcing community empowerment and mobilization to leverage prevention towards sustainable social norms change and action to end violence against children and women
- Advocacy to strengthen access and remove barriers to services and for legal/policy reform
- Provision of financial support to expand capacity of national services
- Technical support to strengthen quality in line with international standards and needs
- Leveraging ongoing child protection systems work to benefit and link to refugee response (and vice versa)

Key services/procedures commonly provided by national systems include:


- Child-sensitive police and legal procedures for custody, legal guardianship and child victims of violence
- Child-sensitive social welfare services such as shelters for child survivors of violence
- National health services for child survivors of violence
- Birth registration services
- Safe and supportive formal education
- Social protection programmes

key considerations for the future

- Capacity of key stakeholders to fulfill their responsibility and accountability to address CP issues
- Ensuring quality, accessibility and availability of services including specialized services to all children and women and in need without discrimination
- Constrained Political environment and administrative limitations for a greater investment in the social sector
- Need to balance investment in strengthening national CP systems/services with the necessity to ensure that the CP needs of individual refugee children are addressed in a timely manner and in line with standards
- Need to harmonize/leverage development related CP system work with the emergency response – link emergency-resilience-development agendas
- Need to prioritize capacity building of CP service providers to address immediate capacity/quality gaps in CP service provision and ensure full integration in the social work curriculum/professionals trainings
- Centrality of advocacy to address policy/procedural gaps related to refugees' access to national CP services
- How to address dilemma of investing in national CP systems while advocating to address reduction in protection space for refugees

unicef 

for every child

Shukran 

UNICEF Lebanon
UNICEF for every child

Question & Answers

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

Speakers:

- 1. Information Technology and Open Source Software Tools that Facilitate Case Management**
Robert MacTavish, Child Protection Specialist/ Primero Project Lead, UNICEF Headquarters New York
- 2. Developments and Innovations in Case Management in Humanitarian Settings** *Colleen Fitzgerald, CP Case Management Specialist, International Rescue Committee and Chair, Child Protection Case Management Task Force under the Global Alliance for Child Protection in Humanitarian Action*
- 3. What We Can Learn from Ongoing (RCT) Research: Keeping Children in Healthy and Protective Families (KCHPF) experience using a case management model to support child reintegration**
Michelle Ell, Keeping Children in Healthy and Protective Families (KCHPF) and 4Children Uganda Project Director



Primero™

Information technology and Open Source
Software tools that facilitate case management

**4th Annual Global Social Service
Workforce Alliance Symposium on
Case Management and the
Social Service Workforce**

**Washington D.C.
24 May 2017**



CP CASE MANAGEMENT IN HUMANITARIAN SETTINGS DEVELOPMENTS & INNOVATIONS

Colleen Fitzgerald
Child Protection Case Management Specialist, IRC
Chair: Case Management Task Force

ALLIANCE FOR CHILD PROTECTION IN HUMANITARIAN ACTION

- Overall goal: to ensure that the efforts of national and international actors are of high quality and effective in protecting children in humanitarian settings.
- The Alliance's 16 core members are globally relevant national and international organizations who are actively engaged in child protection in humanitarian settings.



HISTORY OF THE ALLIANCE FOR CHILD PROTECTION IN HUMANITARIAN ACTION



THE CASE MANAGEMENT TASK FORCE

Created under the CPWG
in 2012 with the
development of the CPMS



Members:

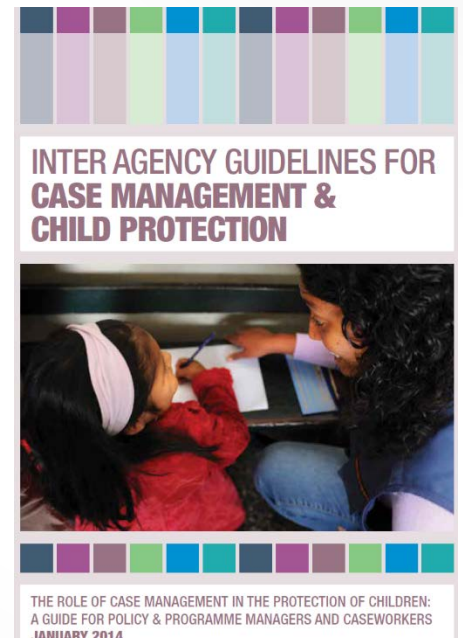
- ChildFrontiers
- CP AOR
- Interagency CPIMS
Coordinator (CPIMS Steering
Committee)
- International Rescue
Committee (Chair)
- Plan International
- Save the Children
- Terre des hommes
- UNICEF
- UNHCR
- War Child- Holland

ACHIEVEMENTS OF THE CMTF

Together, the CMTF has created the following Interagency materials:

1. CP Minimum Standard (#15) on Case Management
2. Inter-agency Guidelines for Case Management & Child Protection
3. Child protection Cases Management, Training Manual for caseworkers, supervisors and managers

**These resources are available in English, French, Arabic and Spanish*



2017- 2018 CMTF WORKPLAN

1. DEVELOPMENT OF A MONITORING AND EVALUATION TOOL

- Global framework to monitor and evaluate the quality of a case management system and practices at organisational or national level.
- Based on the existing M&E tools of the various task force agencies (IRC, UNICEF, Save the Children) and the CM guidelines
- Target users:
 - Comprehensive tool to be used by child protection specialists
 - Accompanying monitoring tools that can be used by child protection managers, coordinators or other staff in supervision/management positions that are not considered technical specialists.

2. DEVELOPMENT OF COACHING AND SUPERVISION GUIDANCE AND TRAINING

- Global interagency guidance on Case Management Supervision and Coaching (based on, and as a supplement to) the Interagency CM Guidelines
- Will include the following components:
 - Part I: Coaching and Supervision Guidance Note
 - Part II: Competency Framework
 - Part III: On-the Job Coaching tools
 - Part IV: Supportive Reflection and on-going learning tools

2. DEVELOPMENT OF COACHING AND SUPERVISION GUIDANCE AND TRAINING

- Global Coaching and Supervision trainings are planned to roll-out the guidance (targeting approximately 60 participants)
- Goal: to increase country-level case management supervisors' confidence, capacity and support to caseworkers to provide safe, ethical and competent case management services to vulnerable children and their families
- Phases of Training:
 1. Pre-Course work
 2. In-person training (5 days)
 3. Structured Follow-up (3 months)

3. SOP GUIDANCE

- Creating guidance on the development of standard SOPs for child protection case management
- Including four key stages:
 1. Initial Assessment
 2. Drafting
 3. Piloting, Implementation and Reviewing
 4. Phase-out/ handover

4. SUPPORTING THE ROLL-OUT OF CPIMS+ / PRIMERO

- The CMTF is supporting the availability and access of the CPIMS+ in humanitarian settings
- Close coordination and advocacy with the CPIMS Steering Committee

FOR MORE INFORMATION...

CP Alliance: <https://alliancecpha.org/>

CMTF

Colleen Fitzgerald: Colleen.fitzgerald@rescue.org

CPIMS: <http://www.cpims.org/>

Tessa Marks (UNICEF): Tmarks@unicef.org



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FROM THE AMERICAN PEOPLE



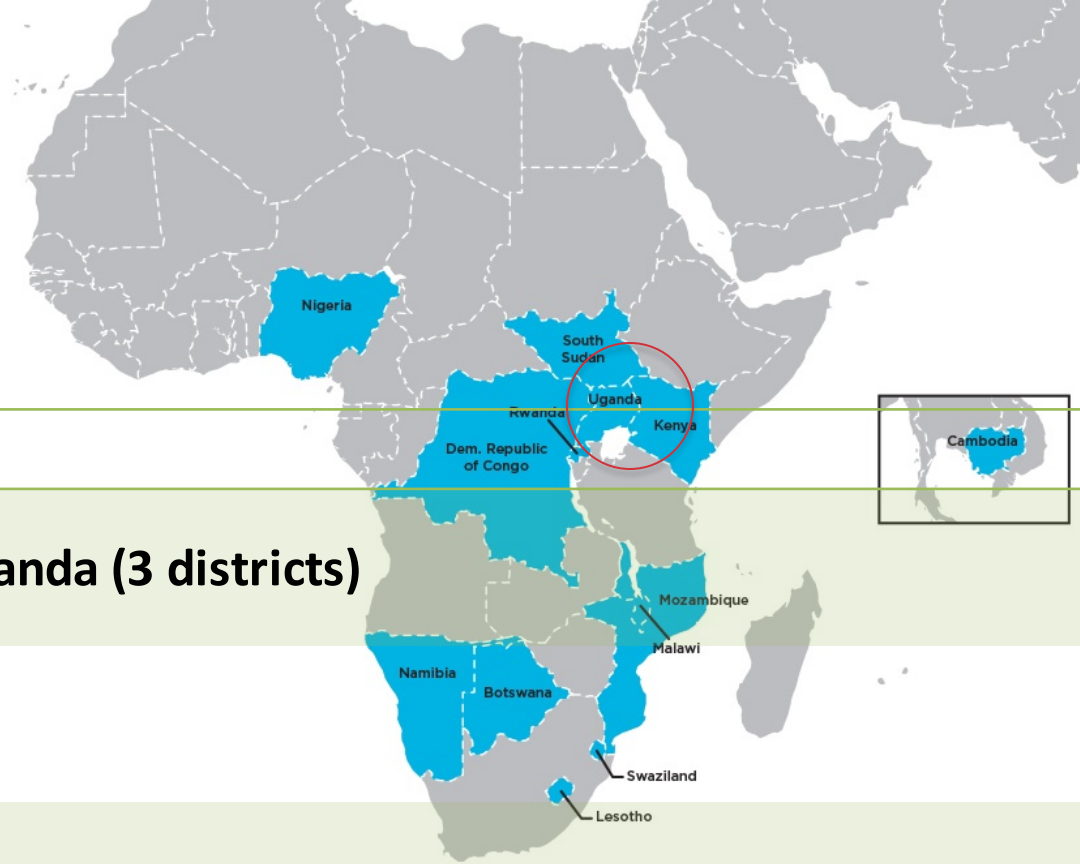
4Children
Coordinating Comprehensive Care for Children

**What we can learn from an ongoing randomized control trial:
Experience using a case management model
to support child reintegration in the
Keeping Children in Healthy & Protective Families (KCHPF) Project**

Prepared by: Aften Beeler, Michelle Ell, Eileen Ihrig, & Lindsey Lange



The Project



Location

Central Region of Uganda (3 districts)

Time frame

3 years: 2017-2019

Scope

\$5.5 million

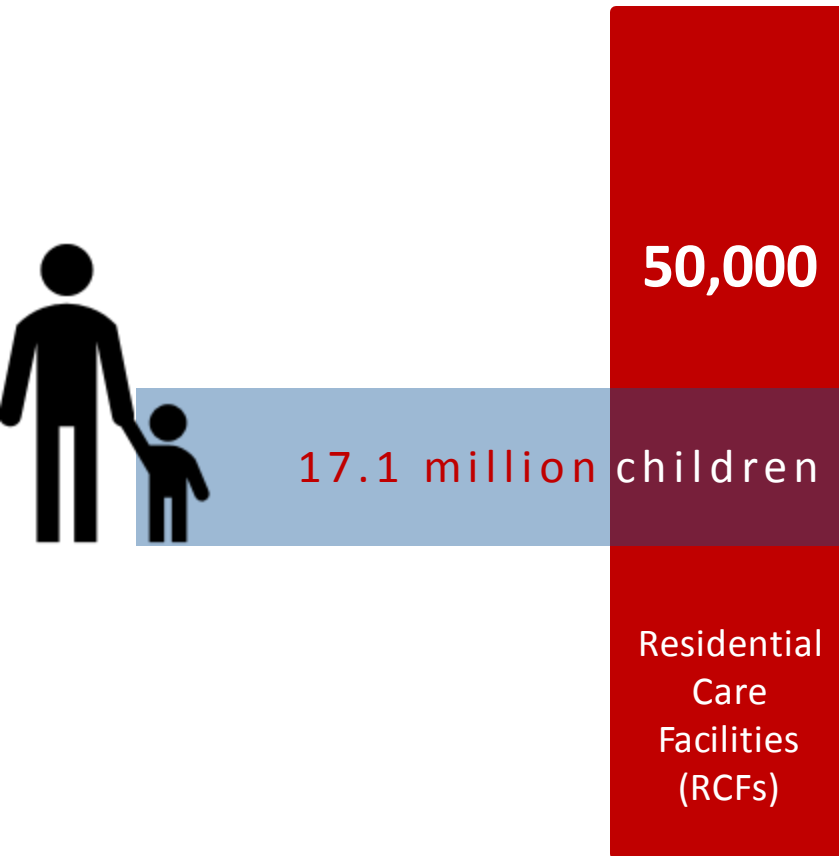
Donor

USAID/Displaced Children & Orphans Fund

Partners

**Government of Uganda | Catholic Relief Services |
Child's i Foundation | Clowns Without Borders |
Maestral International | Makerere University |
Transcultural Psychosocial Organization | Westat.**

Context



- Over 50% of residential care facilities **do not have reintegration programs.**
- 80% RCFs are **without a Child Protection Policy.**
- 97.5% RCFs **without a professionally trained social worker** on staff.
- Over 80% of the **children in RCFs have a living parent.**
- Uganda national legal & policy framework promotes children's right to family: "Every child shall have the right to... live with his or her parent or guardian."
- An **Alternative Care Framework and National Action Plan** to promote and guide efforts to strengthen family-based care.

Randomized Control Trial

Study Group	Comparison Group (320 Children & Families)	Intervention Group (320 Children & Families)
Interventions Provided	<p>Case Management Support (Case assessment, case plan prepared, case approved by ACP, 15 months post-placement follow up)</p> <p>One-time Reunification Grant</p>	<p>Parenting Program (1 month pre-placement, 6 months post-placement)</p>

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?



what we're learning...

- Government Buy-in
- Engaging Residential Care Facilities
- Identifying Eligible Children
- Workforce Strengthening
- Project Management

Securing Government Buy-In

Issues:

- Perceptions that service delivery should be prioritized over research.
- Different levels of awareness and support for alternative care.

Learning:

- Sensitization on the importance of research.
- Sensitization on the importance of family-based care.
- Need to link alternative care to development goals.

Strengthening Social Service Workforce



Strengthening Social Service Workforce

Issues:

- Engage staff on social and cultural norms.
- Work-related stress.
- RCF staff want to continue their relationship with children.
- RCF staff want to strengthen their knowledge & skills.

Key learning:

- Local Case Managers who understand the need for family-based care are key.
- Prioritize self-care.
- Clarify roles of RCF staff and build trust to support transition.
- Identify opportunities for capacity building.

Engaging Residential Care Facilities

Issues:

- Difficult to identify RCFs.
- Concept of research can be intimidating.
- Different levels of support for family-based care.
- MoUs.
- RCFs may need support to engage donors.

Key learning:

- Mapping study.
- Use a variety of approaches to build trust and secure partnerships.
- Adopt a 'case management' approach for RCFs.
- Clarify leadership, roles and realistic timelines.
- RCFs may need support to engage their donors.

Identifying eligible children



Identifying eligible children

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.

Issues:

- Some RCFs are ‘mixed facilities’.
- 38% of children in the participating RCFs (to date) are eligible.

Key learning:

- Identify children in RCFs based on presence during school holidays.
- Need a strategy for referrals/support for children not eligible for participation in the program.

Project Management

Issues:

- Need to mitigate risks of contamination.
- Effective working relationships between program staff and researchers.
- Child safeguarding throughout the reintegration process.
- Demand for information even while research is ongoing.

Key learning:

- Explain the value of the research to reduce stress & anxiety, and promote buy-in.
- Separate field offices.
- Need for 'translation'.
- Expand focus from organizational code of conduct to community child safeguarding.
- Develop learning strategy/ agenda.

Progress to Date



- All Case Managers and Case Manager Supervisors have been trained on the **standardized case management package** to support reintegration.
- **Technical backstopping for local implementing partners** – case management and research – strengthens Ugandan leadership and ensures that methods are appropriate to the context.
- **Research protocol** has been approved by the IRB.
- Currently **8 of 27 RCFs** have agreed to participate in program.
- **65 children**, approximately 38% of children in the participating RCFs, are eligible for enrollment in the research.

Conclusion & Next Steps



- **Reintegration programs are complex, adding a research component presents additional challenges.**
- **A rigorous M&E Plan (with a learning component) provides some measures to report while research is on-going.**
- **Partnerships with US-based and Ugandan universities could provide a cost-effective strategy to harvest learning throughout the life of the project.**

Contribute to the evidence-base, even as the research is ongoing.



Thank
you!

For more information:

Michelle Ell, 4Children Uganda, Michelle.ell@crs.org

This presentation is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of the Coordinating Comprehensive Care for Children (4Children) project and do not necessarily reflect the views of USAID or the United States Government.

Questions & Answers

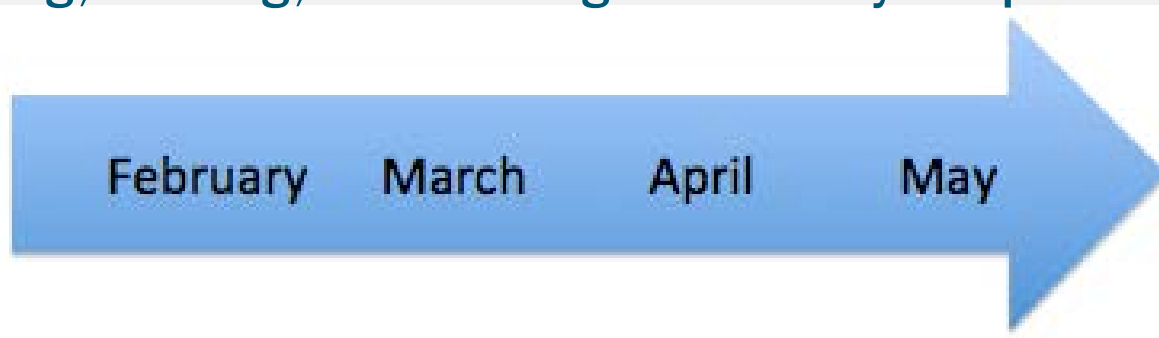
CASE MANAGEMENT INTEREST GROUP

PURPOSE OF THE INTEREST GROUP

1. Support a collaborative, multi-partner development of a set of **tools/resources** to enhance the provision of case management by the global social service workforce
2. Promote a set of **guiding principles** based on a common understanding of case management globally
3. Promote a **common understanding** of Case Management in terms of the roles of different cadres of the social service

PROCESS

- Member input led to an initial call to gauge interest in September 2016
- Request for interest in the group
- Survey for determining terms of reference, scope and priorities
- Initial meetings of an advisory group & first members
- Sub-groups on Concepts/Principles & Tools/Resources
- Regular monthly meetings of advisory, sub-groups, whole interest group
- Drafting, testing, re-drafting of two key outputs



OUTPUTS SO FAR

- ✓ **Concepts & Principles Overview Document**
 - ✓ In review with interest group members
 - ✓ Working toward finalization of first edition by June 1 that can be reviewed by broader audience
- ✓ **Framework for Assessing Tools & Resources**
 - ✓ Being tested by member volunteers
 - ✓ Finalized by June 1
 - ✓ Collecting resources & tools to consider



SMALL GROUP WORK

- Meeting place for 3 thematic groups:
 - Concepts & Principles
 - Tools & Resources
 - Challenges & Opportunities
- Process and logistics



SMALL GROUP WORK

Facilitators:

Beth Bradford, Maestral International and 4Children

Severine Chevrel, 4Children

Natia Partkhaladze, Georgian Association of Social Workers

SMALL GROUP REPORTS & DISCUSSION



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 Advisor, UNICEF Headquarters New York*

Speakers:

- 1. Leading the Way: Building national case management system in Zimbabwe**
Precious Muwoni, Regional Social Protection Advisor, Bantwana Initiative of World Education (WEI/B), Department of Child Welfare and Protection Services, Zimbabwe; and John Nyathi, Chief Social Welfare, Child Protection Services, Ministry of Public Service, Labour and Social Welfare, Zimbabwe
- 2. Case Management in Namibia: Where we are coming from and where we are heading -**
Janet Du Preez, 4Children Regional Technical Advisor, Catholic Relief Services, South Africa; and Charlene Nadine Uakuramenua, Senior Social Worker Gender-Based Violence Protection Unit, Khomas region, Government of Namibia's Ministry of Gender Equality and Child Welfare
- 3. Maximizing the Investment in Child Well-Being: Combining social assistance and data tracking pertaining to children through intensified family visits, care and case management -**
Mayke Huijbregts, Chief of Social Policy and Child Protection, UNICEF South Africa; and Mr. Thabani Buthelezi, Chief Director M&E, Ministry of Social Development, South Africa



Ministry of
Public Service, Labour and Social Welfare



Leading the Way: Building a National Case Management System in Zimbabwe

Precious Muwoni, Regional Social Protection Advisor – World Education/Bantwana

&

John Nyathi, Chief Social Welfare – Child Protection Services
Ministry Of Public Service, Labour and Social Welfare

Background

- Developed over five years, the model seeks to strengthen case management processes in Zimbabwe within the resource constrained and severely depleted DSW.
 - **2010: Supported DSW as pilot under USAID funded Children First Program**
 - **2014: Adopted as national policy reaching all 65 districts with UNICEF and USAID funding**
 - **Ratio of social workers 1:47000**
- Zimbabwe case management model draws from and is based on best practices from the Isibindi model in South Africa
- Model is a **hybrid of statutory, customary and community** approaches
- Case Management is the responsibility of the DSW

Conceptual Framework for the Case Management System



Creating a Conducive Policy Environment – National level

- National Case Management Framework for multi sectoral coordination
- Development of Minimum Standards for child care
- Review of the Social Workers Act to integrate auxiliary social workers
- Review of the Children’s Act to professionalize the role of Child Care Workers (CCWs)
- National Case Management Curriculum for social service workforce
- Statutory instrument for non probation officers
- Development of a CM MIS system

Workforce Strengthening - District level

1. Conducted skills audit to establish capacity gaps
 2. Conducted case load analysis to determine the workforce support required
 3. Establishment of new posts and placements to support the system with donor funding from USAID and UNICEF.
- A Case Management Officer was placed in each district for a specified period of time
 - CMOs train, mentor and monitor CCWs
 - CMOs transfer skills to resident Social Welfare Officers
 - CMOs help address the resource gaps in the DSW system
 - Social welfare assistant and graduate social worker intern placed in some districts
 - Social welfare assistant trained to receive a certificate in social work to support with task shifting
 - Social welfare assistant supervises CCWs and supports case reviews
 - A graduate intern supports the district with data entry for the CMMIS system and in responding to statutory cases

Developing a Social Service Extension Worker – Community level

Case Management Model

- Selection
- Training
- Support supervision
- Incentives
- Links with the formal social protection system

Role of the Child Care Worker

- Identify cases – through screening and referrals
- Surveillance of child rights violations
- Conduct home visits
- Report cases to duty bearers
- Walk child or family to needed service
- Follow-up (bi-monthly)
- Advocacy at community level

Formalizing the link between Community and Statutory Case management systems

- Decentralization of social work services from DSW to community level
- CCWs become extension worker for DSW
- Case triaging among CCWs
- Mentorship and support supervision of CCWs by DSW
- Referral system sets up a framework for multi-agency coordination
- Care of children and families effected at community level by these volunteer cadres – long term sustainability

Development of MIS System - Using data for Decision making

- Case Management MIS pilot in 6 sites
- Monthly trend and case load analysis and development of context specific solutions
- Routine Bottleneck analysis
- Mobile data pilot for CCWs



Integrating HIV Sensitivity

- Training of CCWs and DSW staff on HIV sensitive Case Management
- Use of HIV risk assessment tool on all children coming into contact with the system
- Case Conferences with Village Health Workers/ Community Adolescent Treatment Supporters and facility staff

Supporting Staffing across Government levels – WEI/Bantwana's role

- Systems strengthening of DSWS
- Training and technical assistance (national, district, community levels)
- Capacity building and mentorship at all levels
- Financial management at district level
- Quality assurance at all levels
- Monitoring and evaluation
- Currently – development of a CM MIS system
- Strengthening the system to respond to emerging issues/trends (i.e. GBV, early marriages, HIV, parenting, emergencies)



Case Management Model Achievements

- Strengthened child protection mechanisms and operational guidelines within DSW
- Developed training toolkit and conducted trainings for CCWs, CMOs, Graduate Interns
- Established effective support supervision processes along the cascade
- Improved case documentation
- Enhanced coordination of service providers
- Improved community awareness and access to services

Case Management Model Achievements continued

- Increased reach by the DSW – close to 10,000 CCWs
- System is adaptable to emerging trends e.g HIV sensitive case management, GBV, disability and emergency responses
- System well set up to support Cash Plus Care Model as well as Layered programming e.g. through DREAMS
- System now being integrated with health system to support bi directional referrals for HIV in line with the 90:90:90 goals

Impact of System Strengthening on the National Welfare System

Created a cadre DSW extension workers

Upgraded workforce

Task-shifting achieved

Reduced case load

Improved child well being

Strengthened National Association of Social Workers & Council of Social Workers

Raised profile and visibility for DSW

New OVC case management approach fully adopted

Challenges to Sustainability



- Overwhelming demand for services
- Limited local services for referral
- Volunteerism/incentive challenges – have to be continuously creative about incentives

Where are we going now ?

- Strengthening national level integration of the system(Case Management Steering Committee)
- Scale up MIS
- Broaden options for incentivizing/motivating CCWs
- Piloting district-level Results Based Financing for quality - incentivizing case closure and follow up

Thank you!



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Ministry of Gender Equality and Child Welfare

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

4th Annual Social Service Workforce Strengthening Symposium
24 May, 2017

Charlene Uakuramenua, Ministry of Gender Equality & Child Welfare Senior Social Worker
Janet du Preez, 4Children Regional Technical Advisor

Triple threat for Namibia's children

A young nation

- 43% of the population < 18 years
- 29% of all children < 5 years

An unequal nation

- More than ¼ households live in poverty
- Poorest 10% have 1% of the country's income
- Richest 10% control > 50% of the economy

A nation hard-hit by HIV

- Prevalence: 16% (15-49), new infections highest amongst girls and young women
- 23% of households has at least one orphaned child
- One third of all children do not live with either of their parents



Policy Framework

Strong legal and policy framework

- **Namibia's Constitution Art. 14:** Children's rights and right to a family
- **Vision 2030:** family as the most fundamental institution in the society and gender-equitable policies to combat violence and stigma
- **National Agenda for Children (NAC) 2012-2016:** commitment to "Strengthen integrated child protection, prevention and response services"



Policy Framework cont.

Care and Protection Act, No. 3 of 2015 (CCPA)

- **Holistic approach** to protecting children
- foundation to **preservation and strengthening of families**
- **Prevention and early intervention** to reduce the risk of violence or other harm to children
- Right to stay in **kinship care**
- **Role of case management** in preserving family life and preventing harm to the child
- case management process to support the **child's return to the family or a permanent alternative family-based option**



GOVERNMENT GAZETTE
OF THE
REPUBLIC OF NAMIBIA

NS110.40 WINDHOEK - 22 May 2015 No. 5743

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GOVERNMENT NOTICE

No. 88 Promulgation of Child Care and Protection Act, 2015 (Act No. 3 of 2015), of the Parliament 1

Government Notice

OFFICE OF THE PRIME MINISTER

No. 88 2015

PROMULGATION OF ACT
OF PARLIAMENT

The following Act which has been passed by the Parliament and signed by the President in terms of the Namibian Constitution is hereby published in terms of Article 56 of that Constitution.

No. 3 of 2015: Child Care and Protection Act, 2015.



Other Key Policies & Guidelines

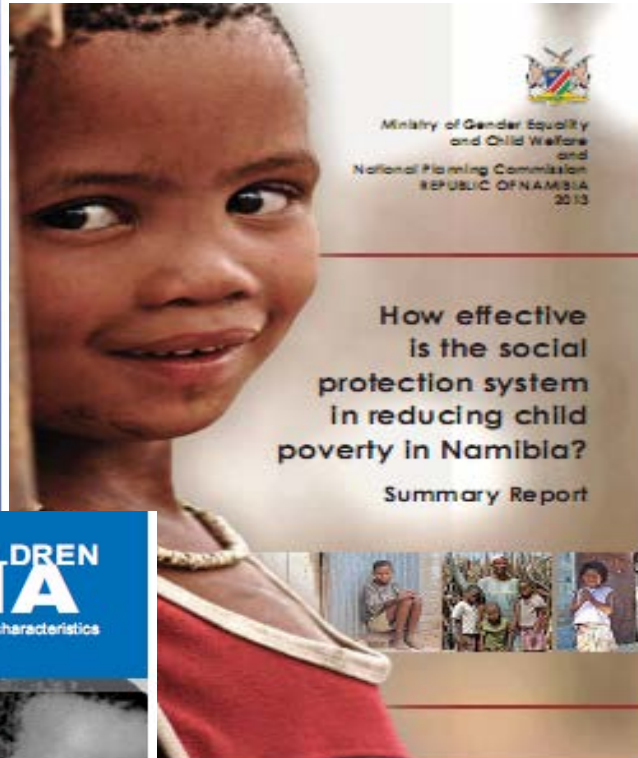


REPUBLIC OF NAMIBIA

Ministry of Women Affairs and Child Welfare



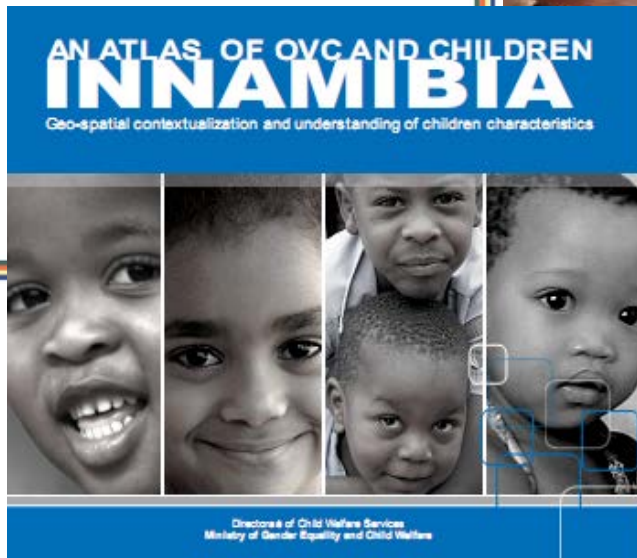
National Policy on Orphans and Vulnerable Children



Ministry of Gender Equality and Child Welfare and National Planning Commission
REPUBLIC OF NAMIBIA
2013

How effective is the social protection system in reducing child poverty in Namibia?
Summary Report

Pilot Guidelines and Tools for Child Care and Protection Forums at National, Regional and Constituency Levels



AN ATLAS OF OVC AND CHILDREN
IN NAMIBIA

Geo-spatial contextualization and understanding of children characteristics

Directorate of Child Welfare Services
Ministry of Gender Equality and Child Welfare



Ministry of Gender Equality and Child Welfare
2011

Some Realities

- **Insufficient social worker posts** for the number of cases presenting
- **Vast regions:** poor communications, lack of equipment, transport for social workers & clients
- **Insufficient supervisors**
- **Inadequate stakeholder coordination**



Case Management: Where are we coming from?

- The Ministry identified **the need for a uniformed system and tools** to manage cases better: document, keeping records, refer, follow up & closure
- **Existing system inconsistent** & applied discretionary by different regions
- University of Namibia approached for **Case Management training for social workers**
=> theoretical but formed the basis of discussions for social workers on how to improve the current modus operandi



Case management: An urgent matter

- CCPA stipulates range of actions to be managed by MGECW
 - **Prevention and early intervention**
 - **Child Protection proceedings**
 - Provides for a series of steps to be taken by MGECW social workers:
 - Mandatory reporting
 - Risk assessment
 - Investigation
 - Supervision of child
 - Family reunification



To implement CCPA: set of coherent steps required

Case Management: Towards uniformity & quality of care with limited resources

- Developed **Case Management operations manual & related tools**
 - Guidance, forms & job aids
 - Based on the CCPA requirements, contextualized for Namibia & incorporating best practices
- Developed and conducted **Training of Trainers & regional training**
- **Pilot in 3 regions** underway
- Active **consultations with governmental and non-governmental stakeholders across multiple sectors**
- **HIV-sensitive** to guide social workers to identify, support and refer children & families affected by HIV
- Complemented by strengthening **M&E and data use**
- Lessons learned documented to finalize guidance, tools and **national scaled up training**
- Important focus on **planning for sustainability of the system**

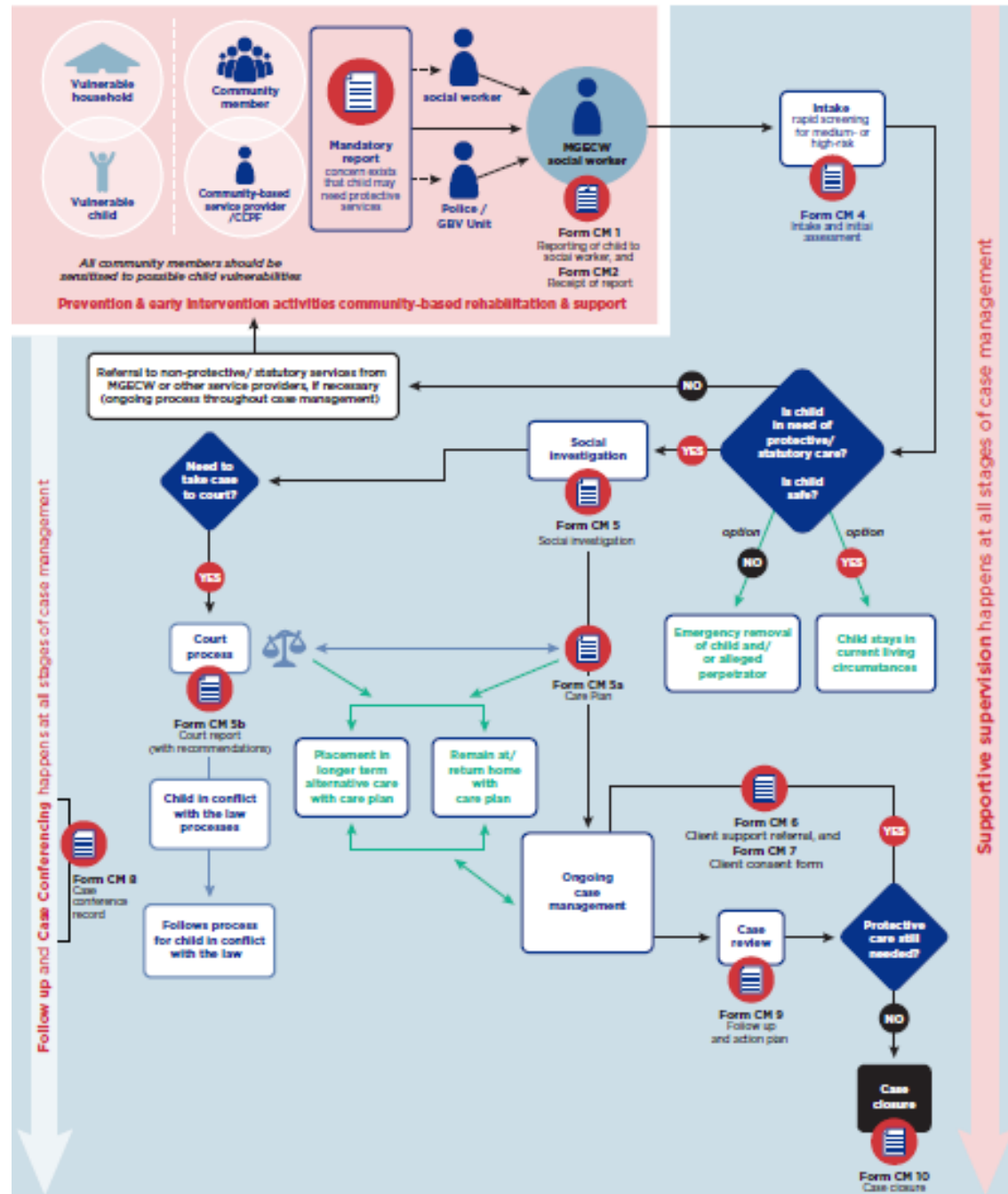


Namibia Child Protection Case Management Process Chart

This is a summary of the key statutory steps as set out in the CCRA for children in need of protective services and applies to all formal and non-formal actors with a role in protecting children.

Case Management Principles

- Engaging community-based support for prevention, early identification, reporting and rehabilitation
- Working with key partners
- Promoting family-strengthening, resilience-based approaches
- Involving children in decisions about their lives
- Documenting for improved decision-making and reporting



The critical role of supportive supervision

- **Support and guide social workers** to follow case management process in the best interests of children and families
- Promote **continuous learning and self-care** amongst social workers
- Utilize **peer supervision** and other techniques to mitigate lack of direct supervisors
- Support **caseload management & triage**

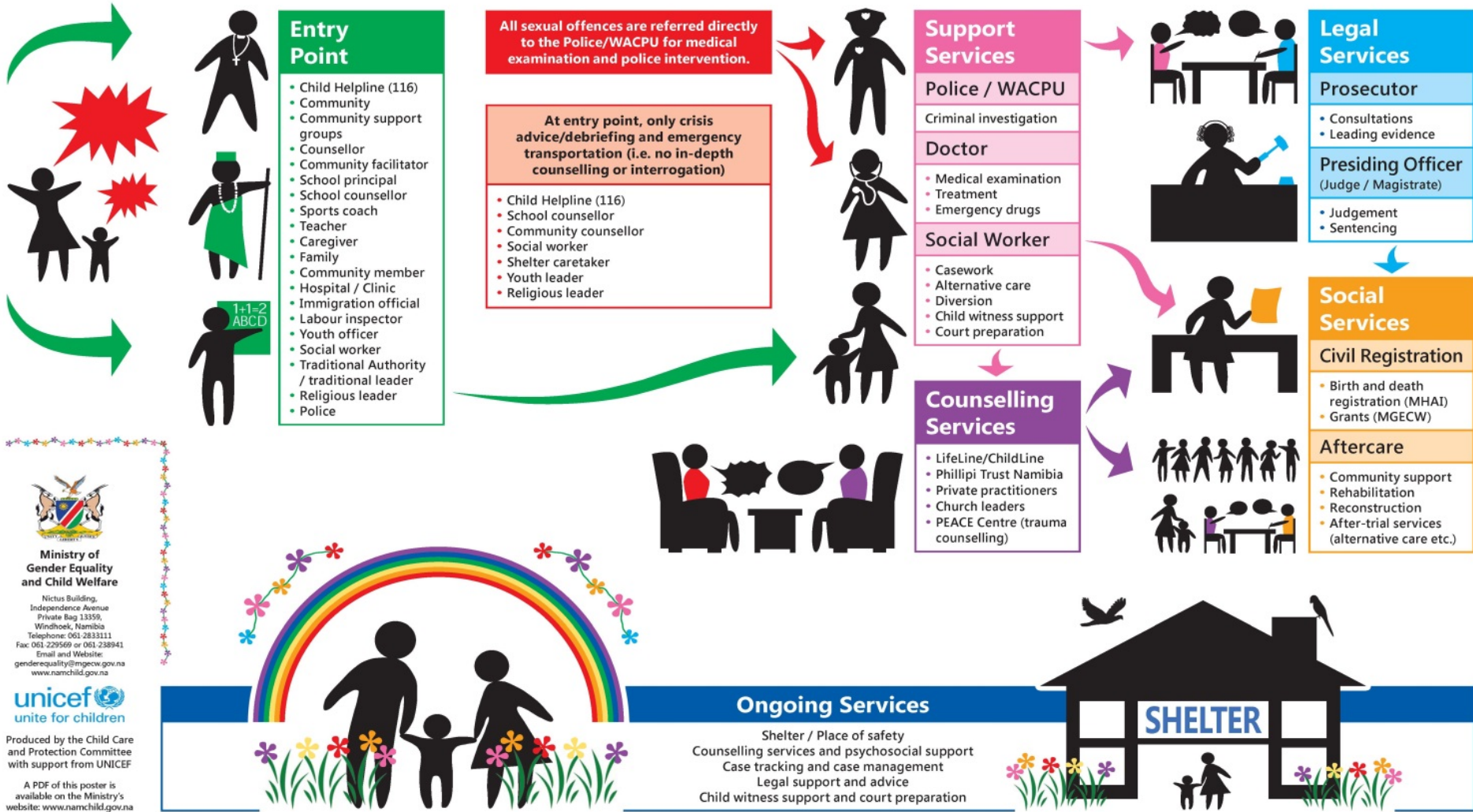


Engaging stakeholders for effective & integrated case management

- **Technical Working Group** informing and reviewing Case Management Model
- Matrix of **division of responsibilities** between MGE CW & MOHSS social workers
- Training for **MGE CW social workers by MOHSS** on identifying, supporting and referring children and adolescents living with HIV and their families
- Progress towards **data sharing** and **improved bi-directional referral** mechanisms with government and non-governmental partners



Namibia's National Protection Referral Network



Produced by the Child Care and Protection Committee with support from UNICEF

A PDF of this poster is available on the Ministry's website: www.namchild.gov.na

Harnessing community resources for effective case management

- **Child Care and Protection Forums** at constituency and regional levels: platform for community education, case identification and case management
- Encouraging **community-based initiatives** for prevention, protection and support
- Membership comprising **community leaders & professionals**
- Child Care and Protection Forums **Guidelines under revision** to reflect case management model and the Child Care and Protection Act



Where to from here?

● A system owned and embraced by all social workers in the MGE CW

● extension of the system to all categories of social services beyond child protection and welfare

● Integrated Case Management across sectors





Thank You!



Maximizing the Investment in Child-Well-Being: Combining social assistance and data tracking pertaining to children through intensified family visits, care and case management

4th Annual Social Service Workforce Strengthening Symposium
WDC, 24 May, 2017

By: Mr Thabani Buthelezi and Ms Mayke Huijbregts



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Universal services are in place

- Many basic social services are at scale
 - Education: *close to 98% enrollment rates in primary and secondary schools*
 - Health: *90% of children < 6 are fully immunized*
 - Civil Registration and Vital Statistics: *92% of children have birth certificates*
 - Social Protection (e.g. Child Support Grant, Foster Child Grant and Care Dependency Grant); *reaches 83% of all eligible children*
- Despite this, child well-being and protection remains problematic.



Fundamental Vulnerabilities

- Poverty: *2/3rd children live below poverty line*
- Inequality: *Gender, race, location*
- Violence: *1 in 3 children experience violence*
- Mental Health: *Lifetime prevalence rates over 30%*

- Compounded by *substance abuse, inconsistent family care, orphanhood, HIV*



International and National Frameworks

	Sustainable Development Goals (SDGs)	National Development Plan (NDP)
Addressing Poverty	SDG 1 (ending poverty)	Inclusive and responsive social protection system, Outcome 13
Promoting Inclusion and Social Cohesion	SDG 5 (gender equality) SDG 10 (reducing inequality)	Prioritises social cohesion, and expanding social services.
Safety from Violence	SDG 16 (ending violence).	Prioritises community safety (particularly for women and children)
Strategic Partnerships	SDG 17 (enhanced global partnerships)	Promotes development of a social compacts to enhance partnerships between the State, private sector, civil society and communities

National Mandates:

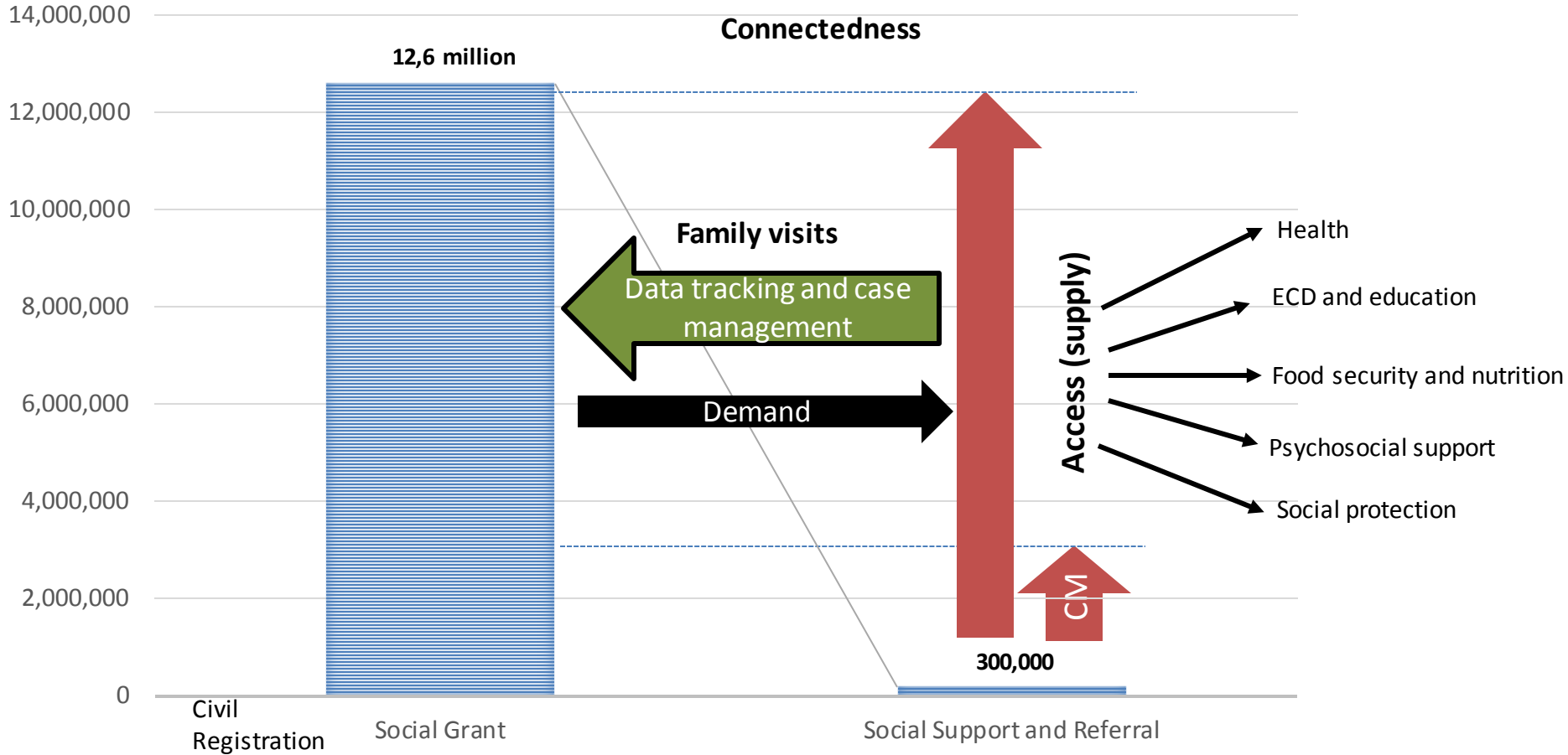
- Constitution of the Republic of South Africa – 108, 1996: Section 28 relating children’s rights and access to care and protection services
- Children’s Act 38, 2005: promoting the well-being of all children

How do we get there?

- Build on existing opportunities:
 - Social grants
 - Social services at scale
 - Effective (tested) care services models exist
- We need to:
 - **Remove access barriers** to reduce inequality
 - **Turn-around the silo nature** of the multitudes of the existing child protection systems
 - Need **services to be combined with caring relationships** and circles of care to build resilience, challenge social norms and empower children
 - **Prioritize** existing social service professionals towards child well-being data tracking, referral and case management: in total 33,145 workers plus 10,000 staff from Social Assistance (SASSA)



SOCIAL AND CHILD PROTECTION PACKAGE OF SERVICES



Grants by type and reach:

- Child Support Grant 11,972,900
- Foster Child Grant 470,015
- Care Dependency Grant 131,040

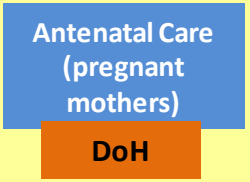


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SOCIAL & CHILD PROTECTION PACKAGE OF SERVICES

PREVENTION



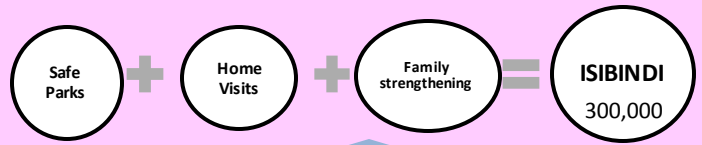
- 2/3rd of all children are enrolled on social grants
- 1 in 5 children are stunted
- attended centre-based ECD programme
- overall passrate in 2014 was 49.7%
- 90% of children under 6 are fully immunized
92% of children have birth certificates

PREVENTION AND EARLY INTERVENTION

Integrated data tracking and case management
Linkages



Screening and monitoring for child wellbeing (Child Status Index- APP)
HIV and AIDS
Access to health care
Psychosocial support
Social protection & economic empowerment
Food security and nutrition
ECD & education
Protection from violence and abuse



Social Services Professionals (CYCWs and Social Workers)

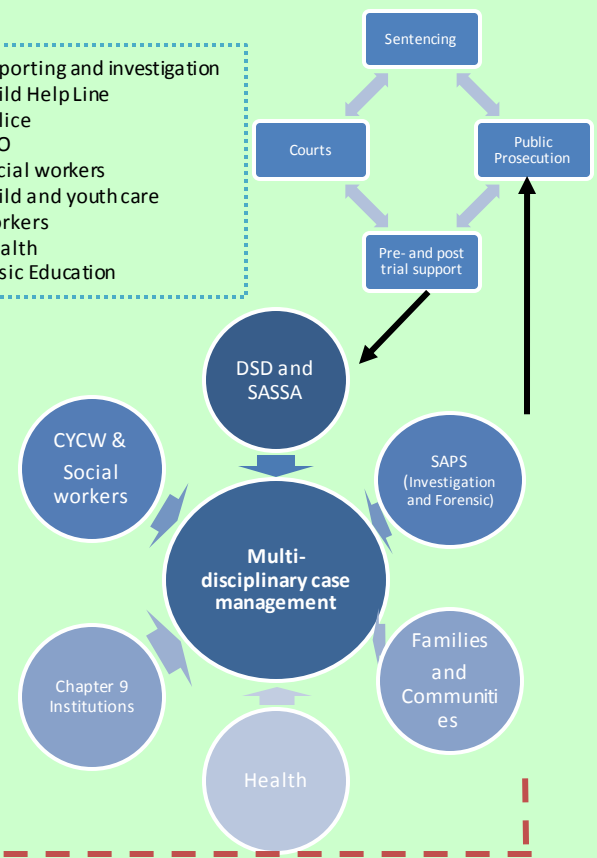


Digitized Case Management

REFERRAL AND RESPONSE



Reporting and investigation
Child Help Line
Police
CSO
Social workers
Child and youth care workers
Health
Basic Education



SOCIAL MOBILISATION EVIDENCE GENERATION

Action research
Integrated information management systems

• Capacity development
• Costed investment for holistic child protection

• Tracking of children's well-being/ real time statistics

Love, Care and Protection: Let's End Violence Together!

Cash + Care + Protection

(with an integrated case management system and a data tracking tool: CWBTT)



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Why “Cash +”?

- Over 12 million of the most vulnerable children targeted and enrolled, significant government investment
- Social Protection Information Management and CRVS systems exist and are already linked
- Opportunity for multiplying impacts on food security, nutrition, education and health outcomes, asset creation, etc.

PREVENTION

Cash
Child Grants
DSD/SASSA

Birth
Registrations

DHA

Antenatal Care
(pregnant
mothers)

DoH



$\frac{2}{3}$ rd of all children are enrolled on social grants



1 in 5 children are stunted



attended centre-based ECD programme



overall pass rate in 2014 was 49.7%



90% of children under 6 are fully immunized
92% of children have birth certificates



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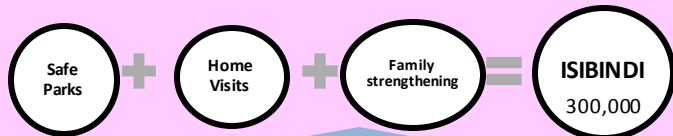
Why “Cash + Care & Protection”?

PREVENTION AND EARLY INTERVENTION

Integrated case management
Linkages → **Care and Support** → Digitized Case Management

DSD/NPO

Screening and monitoring for child wellbeing (Child Status Index- APP)
 HIV and AIDS
 Access to health care
 Psychosocial support
 Social protection & economic empowerment
 Food security and nutrition
 ECD & education
 Protection from violence and abuse



Social Services Professionals (CYCWs and Social Workers)



- **Services aren't alone enough – children need love and care**
- Violence is increasingly recognised as one of the root causes of poverty and is significant financial burden for country
- Child Well-being Assessment + SP IMS expanded assessment of vulnerability, assists with prioritization
- ‘*Connectedness*’: Child and Youth Care Workers or other social service professionals use the data tracking tool and conduct family visits
- Depending the risk level of the child, the family visits turn into professional case work
- Scale-able child care models exist (such as the Isibindi programme led by DSD and NACCW)



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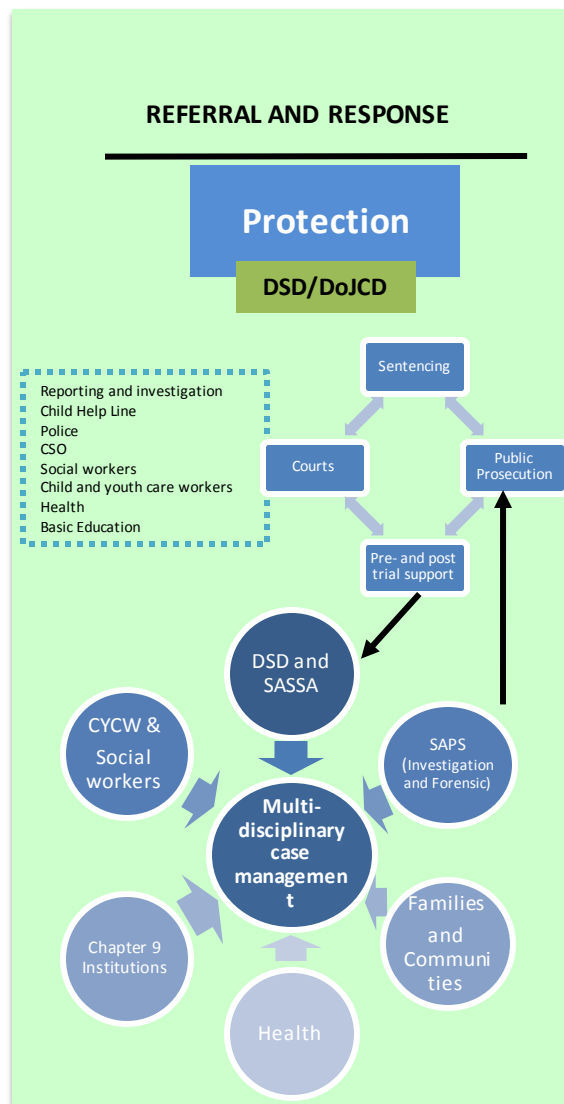
Case Tracking and Management

A dynamic and ongoing process of:

- ✓ *Targeting and Enrolment in IMS*
- ✓ *Assessment and Planning services to a child*
- ✓ *Service Delivery, Access, Care and Referral*
- ✓ *Case review*
- ✓ *Data tracking*

Additionally :

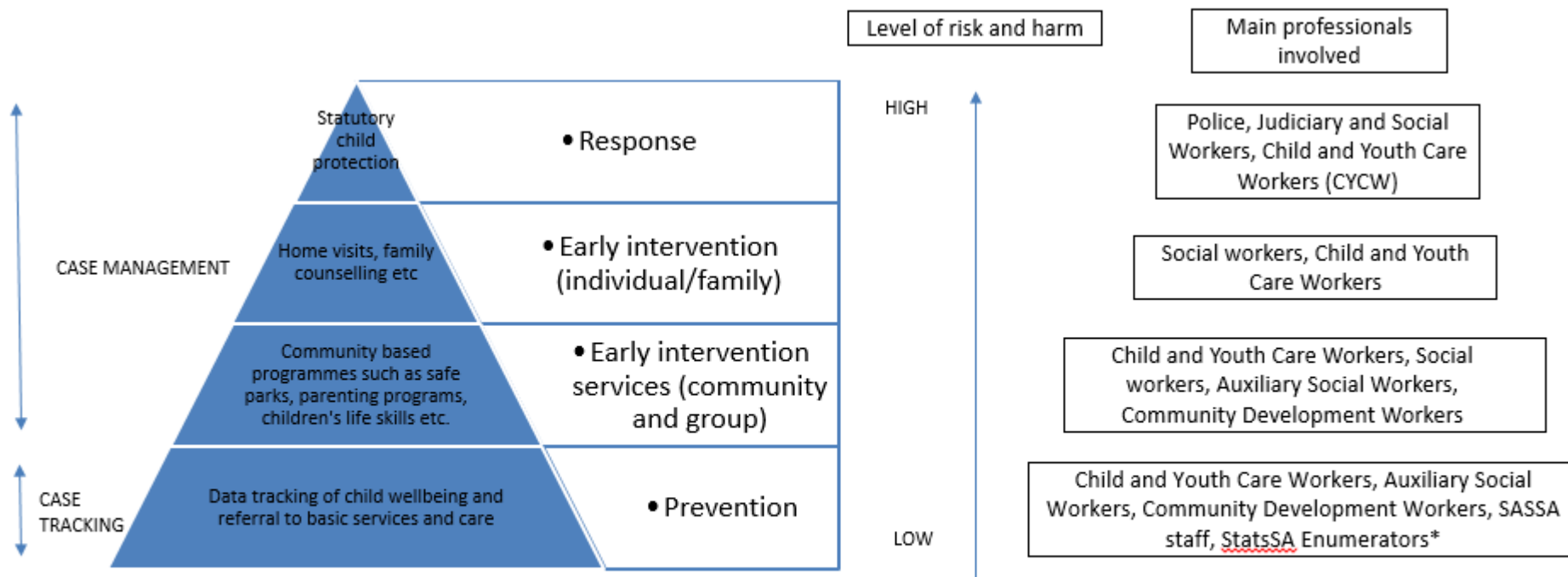
CWBTT is a Mobile Application that enables **data tracking** and assessments to **improve referral, prioritisation, and effectiveness** of services on children's well-being.



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Case Tracking and Management cont.



* Potential staff who could complete the CSI at this level – pilot would inform who is appropriate to complete

Social Services Workforce

Available Social Workforce	
Social Workers	9,598
Auxiliary Social Workers	2,573
Child and Youth Care Workers	8,646
Community development workers	2,328
SASSA staff	10,000
Total Social Workforce (excluding Social Workers)	23,547
Total Social Workforce (including social workers)	33,145

Child Well-Being Tracking Tool (CWBTT)

CWBTT is a Mobile Application with a link to a Data Management Tool.

The tool allows for data management, visualization, and extraction according to the following indicators:

- Health including HIV/AIDS,
- Education, including ECD,
- Food security and nutrition,
- Social protection and economic strengthening and housing,
- Psychosocial support,
- Protection including from violence and abuse.



Making case and data management manageable



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Cash, Care and Protection— **UNICEF** for every child

Next steps

- Leverage and consolidate strategic partnerships
- Design and implement the pilots in 3 provinces
- Facilitate action oriented research throughout the pilot period and baseline with external evaluation overtime
- Based on the findings from the pilots understand the implications for the use of the data tracking tool; on outcome of 'cash and care model' and on implication of data tracking and case management system on capacity / roles of the Social Welfare Workforce
- Build an informed costed investment care for SA with a focus on social and child protection
- Collaborate with National Statistical Office on child-well being data tracking tool



Thank you! Siyabonga

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Questions & Answers

DR. JIM MCCAFFERY

SENIOR ORGANIZATION STRENGTHENING
SPECIALIST, TRAINING RESOURCES GROUP
AND CHAIRPERSON, GLOBAL SOCIAL
SERVICE WORKFORCE ALLIANCE STEERING
COMMITTEE

**Closing
Remarks**