Department of Children's Services

Facilitator's Guide

Case Management for Reintegration of Children into Family and Community Based Care

August 2019

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INTRODUCTION

Objectives of the Promoting Family- or Community-Based Care Using a Case Management Approach Workshop

The six workshop objectives are to:

1. Improve the understanding and ability of participants to implement the *Guidelines for the Alternative Family Care of Children in Kenya.*
2. Enhance the understanding of participants on case management as the best practice approach for implementing family- and community-based care:
    a. Outline the guiding principles for case management and case plan achievement.
    b. Articulate definitions and concepts associated with case management.
3. Explain the different standard operating procedures, tools, benchmarks and job aids involved in each step of the case management process.
4. Enhance the understanding of participants on how to communicate and engage children and families in all the case management steps.
5. Assist participants in gaining comfort with and familiarizing them with how to roll out the case management process with caseworkers.
6. Trained trainer of trainers apply their knowledge and skills using the *Facilitator's Guide* and the training materials.

Workshop Outputs

1. Participants are confident about implementing the *Guidelines for the Alternative Family Care of Children in Kenya.*
2. Participants are confident about using all case management tools to ensure successful and sustained reintegration.
3. Participants are confident about communicating with children and families about the case management steps and engaging them in those steps.
4. Participants able to understand how to measure successful reintegration.

Who should participate in the workshop?

This workshop is designed for county-level officers from the Government of Kenya's Department of Children's Services (caseworker supervisors), staff from Charitable Children's Institutions and partners involved in care reform. The workshop consists of participatory training sessions: presentations, plenary discussions, role plays, small group work and action planning.

Expected learning outcomes

It is expected that participants will be able to articulate how case management is an approach that supports implementation of the *Guidelines of the Alternative Family Care of Children in Kenya* Participants will show confidence in explaining the steps of case management and key guiding case management principles as well as applying their knowledge to situations involving the case planning and the protection of children.

Who should use this guide?

This *Facilitator's Guide* is for use by the varied workshop facilitators, including national and county trainer of trainers from the Department of Children's Services, and trained staff from other care reform partners. This guide is to be used together with the training agenda, PowerPoint slides, the *Caseworker's Guidebook* and the *Caseworker's Toolkit* for reintegration toolkit and the small group activity handouts.

How to use this guide

This simple guide helps the facilitator plan for each day and session. The sections on each session provide information about the time required, materials and additional resources or handouts needed, and additional guidance about the session, including small group activity descriptions.

The *Facilitator's Guide* offers general guidance on how to roll out the training. The facilitator must cover all content because removal of any text on the different case management processes undermines the critical importance of a holistic case management approach. The small group activities are key elements of the methodology—they are a critical means of "cementing" the information using practical experiences. Deletion of these activities is not recommended.

Consider this guide to be a "living document." Those who have used this guide and have implemented the workshop can take their experiences to inform and update this document.

SESSION BREAKDOWN

DAY 1

Objectives:

- Participants will be welcomed, the climate set, and objectives and expectations for the week will be made clear to everyone.
- Participants will be familiar with key definitions and principles related to family- and community-based care.
- Participants will understand the guiding principles of family- and community-based care and case management.
- Participants will be familiar with the continuum of care and be able to apply it to different cases to determine the most appropriate form of care.

Session 1. Welcome, Introduction, Climate-Setting

Total time needed	60 minutes
Resources	▪ *Facilitator's Guide* ▪ Presentation: Slides 2–5
Session flow	▪ Welcome/opening prayer. ▪ Introductions. ▪ Purpose/objectives/roles/rules. ▪ Opening remarks. ▪ Training pretest. ▪ Review of agenda and expectations. ▪ Housekeeping.
Materials needed	▪ Nametags and detailed agenda. ▪ Pens, notebooks. ▪ Flip charts, markers. ▪ Pretest form.

Welcome: A formal welcome to the week.
Opening prayer: From a volunteer.
Opening remarks: 10 minutes each.
Workshop objectives, outputs, daily agenda: One PowerPoint slide for each. Briefly review.

Engage in introductions and share expectations:

- Ask participants to break into pairs, then in the plenary discussion.
- Ask each pair to introduce their partner to the group, including the partner's name and preferred name, position, organization and workstation; ask the partner to share one expectation he/she has for the week.
- Encourage participants to mention expectations on both content for the week as well as ground rules for operation.
- One facilitator is to note these comments on a flip chart to reflect on later.

Hand out the pretest: Note that the objective of the test is purely to evaluate what everyone will have learned by the end of the week.

Session 2. Global Initiative on Care Reform: Why Family- and Community-Based Care?

Total time needed	**30 minutes**
Resources	Presentation: Slides 6–7
Session flow	Presentation

Review the slides on societal and developmental reasons for family- and community-based care as well as the international legal framework. Review the reasons why family- and community-based care isn't always prioritized.

Session 3. Key Definitions and Core Principles of Family- and Community-Based Care

Total time needed	**60 minutes**
Resources	Presentation: Slides 9–17
Session flow	▪ Start the participatory presentation session: Facilitator reviews the relevant slides and asks the group key questions to reflect on what is happening in practice. ▪ Show "Care Reform" pie chart and discuss the definitions of the key terms (15 minutes). ▪ Show the 2 continuum of care charts (slides 16 & 17) (20 minutes). ▪ Present the principles of necessity and of suitability/appropriateness (5 minutes). ▪ Begin the plenary discussion on "General Principles in the Provision of Alternative Family Care" and "Determination of the Most Appropriate Form of Family-Based Care" (20 minutes),
Materials needed	▪ Handout: "General Principles in the Provision of Alternative Family Care." ▪ Handout: "Determination of the Most Appropriate Form of Family-Based Care." ▪ Handout: Continuum of Care (Appendix 4) ▪ Flip charts, markers.

Present the "Care Reform" pie chart and each key definition. Ask participants:

- Is the concept or definition one that you are familiar with from your current or previous work?
- Have you perhaps used other names or definitions for similar concepts?
- What are some common misunderstandings or biases you have related to the terms?

Review the continuum of care slides (16 & 17) and ask participants for feedback:

- Are you familiar with these types of care?
- In your experience, are children being referred to different types of care? Is there a tendency to just use one option rather than a range of them? What is used to determine which option to use?
- Is selection based on the child's needs and wants? Think back to the principles of necessity and appropriateness.

Zoom in on family support and prevention:

- Stress that a thorough assessment of the child and family is critical to determining the strengths and needs. We often look at the problems and overlook the strengths. Prevention requires a strengths-based approach.
- Facilitator should ask participants to come up with a list of services aimed at preventing separation and family strengthening. Have them think of Department of Children's Services (DCS) or government services first and then nongovernmental or faith-based organizations. Ask them to give concrete examples from their experience in the field.

Zoom in on emergency and rescue procedures:

- Where are places of safety? Are these places really temporary?
- How are procedures in place for tracing? What are the gaps?

- Who would we consider for kinship care? Does kinship typically happen when the DCS is involved, or is it less formal?
- Solicit positive examples of kinship care from their own work. Why did it work so well? Why is it the appropriate choice for the child? Are there services or supports that we could or should be providing to kinship families to ensure that this is a safe and nurturing environment for children?
- Do we have examples of emergency foster care? What are we doing to promote foster care in our counties? What should we do?

Present the concepts of necessity and suitability/appropriateness, and note that these are the 2 guiding United Nations principles that the Kenya guidelines were developed around. Ask:

- Do we currently apply these well to our work?
- Are there areas we could improve?

Present the "General Principles in the Provision of Alternative Family Care" and "Determination of the Most Appropriate Form of Family-Based Care." Ask participants to identify if each principle seems to be derived from the overarching principles of either necessity or suitability.

After giving out copies of the "General Principles in the Provision of Alternative Family Care," allocate to each table (about six tables) four of the General Principles each (e.g., Group 1 does Principles 1–4, Group 2 does Principles 5–8 and so on):

- Ask participants to review their allocated principles and then develop simplified descriptions of the principles they could use when explaining the principle to a community member (e.g., Area Advisory Council, caregiver, child).
- Ensure that the responses are recorded on a flip chart, and ask a representative per table to present back to the group.

After giving out copies of the "Determination of the Most Appropriate Form of Family-Based Care," allocate to each table (about six tables) two of the measures each:

- Ask participants to consider if the measure currently exists or occurs and if it works. If it's currently not functional, how could it be improved?
- Ensure that the responses are recorded on a flip chart, and ask a representative per table to present back to the group.

Session 4. Using the Continuum of Care

Total time needed	**60 minutes**
Resources	Presentation: Slides 15–21
Session flow	▪ In small groups, review 2 case studies each and answer questions (40 minutes). ▪ Each group presents to the larger group (20 minutes).
Materials needed	▪ Handout: "Case Studies." (Appendix 5) ▪ Handout a printed version of slide 16 "Continuum of Care." (Appendix 4)

Facilitator introduces the concept of continuum of care. Have participants number themselves 1–5 and separate into five small groups.

Facilitators roam from group to group to offer support:

- Was it "necessary" for the child to be placed in alternative care? Why or why not?
- Was child participation adequately considered in the situation? At which stages might more child participation have been needed, and how could that have been facilitated?
- What could have been done in this situation to prevent the child from entering alternative care?

- Which key decision makers ("gatekeepers") should have been involved, and what kind of information should they consider? Is any information missing, and if so, where could you find this information?
- Now that the child is in alternative care, how does the principle of necessity apply?
- Now that the child is already in alternative care, what is the role of the "gatekeepers"?
- Which care placements could have been considered that may have been more suitable or appropriate, and why?

Each group presents back to the wider group and reflects on common and different responses.

Session 5. From Guidelines on Paper to Guidelines in Practice: How Does Case Management Help to Get Us There?

Total time needed	30 minutes
Resources	*Guidelines for the Alternative Family Care of Children in Kenya* Presentation: Slides 23–27
Session flow	Start the participatory presentation session: Facilitator reviews relevant slides and asks the group about their familiarity with the concepts.

Review the case management slide, taking participants through each step. Ask:

- Which steps are you somewhat familiar with and which ones are new to you?
- Are you familiar with the case management sequence overall or is it a relatively new concept to you?
- Which processes have we practiced? Where do we need more clarification?
- Why do we think each step might be important? What would happen if we missed a step?

Emphasize how each case management step relies on the previous step and informs the step that follows, that is, the process is sequential. Emphasize the importance of completing the entire case management process within the context of reintegration, noting particularly the importance of monitoring (of "aftercare") in ensuring children are safe once they are back in a family and community setting.

Session 6. Core Practice Principles

Total time needed	90 minutes
Resources	Presentation: Slides 28–38
Session flow	▪ Presentation ▪ Plenary discussion

Principle in Practice: Child-Centered Approach and Child Participation (25 minutes)

Review Slides 29–31 on the child-centered approach and child participation. Then, in the plenary discussion, ask the group to discuss:

- An example of child participation that is appropriate within a child's capacity.
- An example of child participation that is beyond a child's capacity.
- Do we always ask a child about his/her opinion? What are some different ways in which children can participate?
- Can you think of nonverbal ways in which children might participate?

Principle in Practice: Strengths-Based Communication (25 minutes)

Review Slides 32–33 on the strengths-based approach. Then, in the plenary discussion, ask the group to "convert" each of the following statements so that each is more strength focused:

- Your grades are bad in two out of five classes.
- You still don't have a job even after looking for 2 weeks!
- You only went to Grade 9 in school.
- You only have experience in making and selling crafts

Principle in Practice: Partnership Approach (20 minutes)

Review Slides 34–36 on partnering with families and comparing the partnership, expert, and befriending models. Ask participants to consider:

- What are some of the challenges we might face if we adopt an "expert" approach with families?
- What are some of the challenges we might face if we adopt a "friend" approach with families?

Principle in Practice: Do No Harm (20 minutes)

Review Slides 37–38 on the do no harm principles. Then, in the plenary discussion, ask participants to discuss the harm that could be involved in the examples provided.

Session 7. Reflection

Total time needed	**30 minutes**
Resources	Presentation: Slides 39–40
Materials needed	▪ Flip charts, markers. ▪ Sticky notes.

Review Slide 39 together with participants to evaluate on whether they have achieved the day's objectives.

Make four flip chart posters with the following headings:

- Something new I learned today.
- Something I loved about the day.
- Something that could be improved.
- Something that needs to be clarified.

Ask participants to write their responses on sticky notes and place those notes on the flip charts before they leave. (The notes will be reviewed by facilitators and addressed following morning.)

DAY 2

Day 2 Objectives:

- Participants will understand the case management for reintegration benchmarks and how they are used to guide a pathway to, and measure for, sustainable reintegration.
- Participants will understand, and be able to conduct, child assessments that reflect the core principles and understand how to engage with children with disabilities.
- Participants will understand tracing and key challenges and solutions surrounding family tracing.
- Participants will understand, and be able to conduct, family assessments and apply and develop a family assessment tool that reflects the core principles.
- Participants will understand key considerations for determining the best interests of the child.

Session 1. Morning Recap

Total time needed	**15 minutes**
Resources	Summary: Slides 41– 42
Materials needed	Sticky notes from end-of-day reflection, Day 1

Welcome participants back for Day 2. Thank them for their active participation yesterday.

Provide a brief summary on findings from the end-of-day reflection activity on Day 1. Share the most common answers for:

- Something new I learned today.
- Something I loved about the day.
- Something that could be improved.
- Something that needs to be clarified.

Present Slide 42: "Day 2 Learning Objectives."

Session 2. Benchmarks

Total time needed	**30 minutes**
Resources	Presentation: Slides 43–46
Session flow	▪ Presentation. ▪ Group work. ▪ Review
Materials needed	Handout: "Benchmarks." (Appendix 6)

Review the benchmark slides, taking participants through the ***What? Why? When? and How?*** of the benchmarks: Ask:

- Are you familiar with the concept of a benchmark?
- How have you used to inform program success, or is *benchmark* a relatively new concept to you?
- Where and how have you practiced using benchmarks?
- Where do you need more clarification?

Emphasize how a benchmark will help determine progress toward achieving the case plan goals and will ultimately measure successful reintegration. At the review discussion, go through the benchmarks so the participant will understand the outline and measures of success.

Session 3. What Makes a "Good" Child Assessment?

Total time needed	120 minutes
Resources	Presentation: Slides 48–54
Session flow	Participatory presentation session: Facilitator reviews relevant slides and asks the group key reflective questions.
Materials needed	Handout: "Child Assessment Tool"

Present "Objectives of Child Assessment" and what a child assessment *is* and *isn't*.

Review the key guiding practice principles for a child assessment and ask participants:

- How have you seen the do no harm principle applied in your previous work, or how do you anticipate you might apply it?
- What kinds of harm can be done during a child assessment when we're not using a child-centered, participatory approach?
- What kinds of harm can be done during a child assessment when we're not using a strengths-based approach?

Review how a child assessment contributes to achieving family- and community-based care. Highlight that although it contributes to the end goal of reintegration to family care, it is only one piece of the puzzle. It helps set a foundation on which to build the other steps.

Review essential information for a holistic assessment, and ask participants:

- For past, present, and future information, who would be a good source?
- What might be some of the challenges in finding the information? (Record keeping? Different levels of cooperation from the sources of the information?)

Review the handout "Child Assessment Tool" and discuss who would be good sources of information for each section of the tool. Also discuss what some of the challenges might be in attaining the information while following the core principles.

Session 4. Tips for Working with Children, Including Those with Disabilities

Total time needed	30 minutes
Resources	Presentation: Slides 55–56
Session flow	Participatory presentation session: Facilitator reviews relevant slides and asks the group key reflective questions.
Materials	Job aid on tips for engaging with children

Let's think through the process of doing a child assessment. We can never underestimate the trauma a child will have experienced by being separated from his/her family, and we need to be sensitive. We need to think of do no harm as a key guiding principle.

What we **don't** want to do is this [*facilitator approaches a participant, introduces himself/herself, and participant returns the introduction*]:

> "Please tell me about the most traumatic thing that happened in your childhood."

The participant squirms and others may giggle. Facilitator points out:

> "If this is uncomfortable for us as adults, imagine how it must feel for a child! Let's focus on getting to know the child first and building trust with him or her."

Ask the group, "How can we make children feel more comfortable to help them open up?" Review the slides on tips for working with children and ask participants to add their ideas,

Session 5. What Makes Good Communication with a Child with Disabilities

Total time needed	30 minutes
Resources	Presentation: Slides 57–69
Session flow	Participatory presentation session: Facilitator reviews relevant slides and asks the group key reflective questions.
Materials	Job aid on tips for engaging with children Handout: Person-First Terminology

Review the slides about good communication with a child with a disability. Take participants through the definition of *disability* and the paradigm shift in understanding *disability*.

Ask participants to brainstorm examples of facilitators for people with disabilities that will support them to participate effectively. At the end of the exercise. go through the disability myths and facts.

To practice "person-first" terminology, first divide the participants into two large groups. Give them examples of words to avoid when addressing people with disabilities. Refer participants to the "Person-First Terminology" handout. Give each group 15 minutes to reflect on the words and ask the participants to provide acceptable words that would best refer to people with disabilities.

Session 6. Small Group Work: Practicing Child Assessment

Total time needed	30 minutes
Resources	Presentation: Slides 70–71
Session flow	▪ Role play (60 minutes). ▪ Present back to the group (30 minutes).
Materials needed	▪ Handout: "Child Assessment Tool." ▪ Handout: "Case studies" and instructions. ▪ Flips charts, markers.

Break into groups of five. Within a group, allocate group members to role-play:

- A child to be assessed.
- A caseworker.
- The caseworker's colleagues (i.e., other caseworkers) who will provide support in planning for the session and also offer prompts on principles and content to consider throughout the session if challenges arise (remember that we're always stronger as a team!).
- Other individuals who may need to be involved in the assessment; the team of caseworkers may want to identify these individuals before the activity begins.

The roles allocated to each group member should rotate for each new case. Use the case studies for **Salimu** (Case Study #11), **Peter** (Case Study #1), **Rehema** (Case Study #2), **Makobe** (Case Study #4) **and Baraka** (Case Study #6)**.**

Have the group act out the engagement process for commencing a child assessment. Prompt the group to engage each child based on their unique story, evolving capacity and strengths, and to think creatively about child participation.

Facilitators roam from group to group to offer support by prompting about the five core principles and, where participants are stuck, about addressing any challenges.

After each role play, ask the groups to answer the following questions on flip charts; they will eventually present these answers back to the group:

- Which part of the assessment did the caseworker choose to focus on, and why?
- Who was involved in the assessment?
- What considerations were important for:
  - Opening the session.

- Closing the session.

- How were the five core principles (child-centered, child participation, strengths-based, partnership, do no harm) applied?
- What were the challenges, and what solutions were explored?

Session 7. Tips for Tracing

Total time needed	30 minutes
Resources	Presentation: Slides 72–76
Session flow	▪ Presentation. ▪ Plenary discussion: reflective questions.

Review the definition of *family tracing* and take participants through the "clues" and sources of information. Ask participants if they can think of additional clues or sources of information to add to the lists.

Session 8. What Makes a "Good" Family Assessment?

Total time needed	60 minutes
Resources	Presentation: Slides 77–83
Session flow	▪ Presentation. ▪ Plenary discussion. ▪ Small group work.
Materials needed	Handout: "Family Assessment Tool."

Review the Slide "Objectives of a Family Assessment"

Remind participants that similar to a child Assessment, a family assessment can also be uncomfortable for clients if we don't first build rapport.

Facilitator is to use the same interactive example: Approach a participant, introduce himself/herself, have the participant introduce himself/herself, and then ask:

> "Why would you be so horrible as to have abandoned your child?"

Facilitator then points out to the group the participant's discomfort and says, "We must build a relationship first."

Review the Guiding Practice Principles

Zone in on **"Involvement of all family members or multiple households"** and **"Full family participation in decision-making."** Ask participants why these two principles might be important. (Look for answers, e.g., around sustainability of the placement; the importance of a family support system, respite care options; additional safety net placement options; if whole family welcomes child, the child will feel more accepted.)

Review Essential Information for the Family Assessments Slide

For each piece of information, ask who an appropriate source of the information might be (i.e. other than the child and family, who else might be involved in Family Assessment).

Review the Protective and Risk Factor Illustration

Facilitator makes this introduction:

> "Here we have a scene of a family in their home. You'll note the house looks a bit messy, maybe a little bit cramped. BUT, we also know that, as humans, we often tend to notice the negative things in life more quickly than the positive. This makes sense from a survival perspective in that we notice the rhino charging at us faster than we notice the nearby tree that we can climb to keep ourselves safe.

When we work with families, however, it’s important we help to shake them out of this frame of mind so that they can notice the tree or see all the helpful resources they have in their life. This is called using a strengths-based approach, and it can help families to become more confident and independent. For every risk or need we can find in a family, we can usually find a strengths-based or protective factor to help.”

- Can you identify some risks in this setting?
- Can you identify some protective factors in this setting?
- This picture is perhaps from an American context. Can you think of some equivalent indicators in a Kenyan context?
- What kind of protective factors would be important to look for, for a child who is returning home from an institution?

Review the “Family Assessment Tool”

Ask participants if it is clear, or if they need any clarifications.

Session 9. Small Group Work: Practicing Family Assessment

Total time needed	**80 minutes**
Resources	Presentation: Slides 84–85
Session flow	▪ Role play and observation (60 minutes). ▪ Present back to the group (20 minutes).
Materials needed	▪ Handout: “Family Assessment Tool.” ▪ Handout: “Case Studies.” ▪ Flip charts, markers.

Split participants into groups of five. Select one caseworker, several family members and a few caseworker colleagues to role-play a family assessment. The caseworker and caseworker colleagues should review the “Family Assessment Tool” in advance and plan how to navigate the discussion with the family (perhaps by choosing a particular section to focus on; the entire tool cannot be completed in one visit, and this role play is of the first visit in which rapport is built). The roles allocated to each group member should rotate for each new case.

Caseworker colleagues should use the “Family Assessment Tool” to record the family’s information in the appropriate sections. Additionally, they can offer prompts on key principles and support with any key challenges that may arise (e.g., maybe it was difficult to evoke certain information from a family, maybe there wasn’t enough space to record details, perhaps the form is missing a section).

After each role play, ask the groups to answer the following questions on flip charts; they will eventually present these answers back to the group:

- Which part of the assessment did the caseworker choose to focus on, and why?
- Who was involved in the assessment?
- What considerations were important for:
  - Opening the session.
  - Closing the session.
- How were the five core principles applied (child-centered, child participation, strengths-based, partnership, do no harm)?
- What were the challenges, and which solutions were explored?

Session 10. Reflection

Total time needed	10 minutes
Resources	Presentation: Slides 86–88
Materials needed	▪ Flip charts, markers. ▪ Sticky notes.

Review Slides 86–88 together with participants to evaluate whether they have achieved the day's objectives.

Make four flip chart posters with the following headings:

1. Something new I learned today.
2. Something I loved about the day.
3. Something that could be improved.
4. Something that needs to be clarified.

Ask participants to write their responses on sticky notes and place those notes on the flip chart before they leave. (The notes will be reviewed by facilitators and addressed following morning.)

DAY 3

Day 3 Objectives:

- Participants will understand and be able to apply the basic concepts of case conference.
- Participants will understand and know how to conduct case planning (i.e., preplacement case planning, placement, and reintegration case planning), and apply and develop case plans that reflect the core principles.
- Participants will understand the approval process for different placement options.
- Participants will understand, and be able to conduct, reunification and placement that reflects the core principles.
- Participants will understand key challenges and solutions surrounding reunification and placement.

Session 1. Morning Recap and Trivia Game

Total time needed	30 minutes
Resources	▪ Presentation: Slide 89 & 90. ▪ Topics and related questions for each topic covered during the previous 2 days.
Session flow	Organize the room into 2 groups to pick a topic and answer the questions
Materials needed	▪ Papers with topic on the front with specific number of marks and question on the back. ▪ Flip charts, markers.

First, start the day by welcoming participants back for Day 3. Thank them for their active participation the day before.

Provide a brief summary on findings from the end-of-day reflection activity on Day 2. Share the most common answers for:

- Something new I learned today.
- Something I loved about the day.
- Something that could be improved.
- Something that needs to be clarified.

Conduct the Trivia game:

1. Organize two groups with each group on separate sides of the room.
2. Flip a coin to identify which group goes first.
3. The first group picks a topic for a specific number of marks.
4. Facilitator reads the question corresponding to that topic.
5. The first group to raise hands gets to answer the question. If the group has the correct answer, it wins those points. If the group doesn't have the correct answer, the other group gets to answer the question until the correct answer is provided.
6. A cofacilitator keeps track of the points and which group raises its hands first.

Trivia Questions

Care Reform

1. Name the three components of care reform. (100 points)
2. Name the two United Nations core principles of alternative family care. (200 points)
3. Describe the continuum of care. (300 points)

Case Management Steps and Principles

1. Name the five core principles we use in our daily work. (100 points)
2. Name the eight steps of the case management process. (200 points)
3. Define the strengths-based approach. Give two examples. (300 points)

Case Management Benchmarks

1. Explain what *benchmarks* are. (100 points)
2. Name four benefits of benchmarks. (200 points)
3. Give examples of how you can engage children in all the case management steps. (300 points)

Double Trivia question:

Decipher what this sentence says:

> The **DCS** is involved in the **CR** initiative by developing **AFC** and **CM** guidelines that will ensure that the needs of children and families are captured in the **CPIMS** and that children will return to their families and community to receive **CP** support services in a nurturing, protective environment for successful reintegration.

Present Slide 90: "Day 3 Learning Objectives."

Session 2. Introduction to Case Conferencing

Total time needed	**60 minutes**
Resources	Presentation: Slides 91–97
Sessions flow	▪ Presentation. ▪ Plenary discussion.
Materials	Flip charts, markers

Introduce the session by asking participants to brainstorm what case conferencing is. Then quickly review the slides on case conferencing and acknowledges what the participant has described as the definition of case conferencing.

Session 3. Case Planning

Total time needed	**60 minutes**
Resources	Presentation: Slides 99–106
Session flow	▪ Presentation. ▪ Plenary discussion. ▪ Small group work.
Materials needed	▪ Flip charts, markers. ▪ A sample of prefilled "Case Plan Form" and blank "Case Plan Form"

Review the slides on what case planning is, how case planning contributes to achieving family- and community-based care, key practice principles for case planning and what is in a case plan.

In the plenary discussion, ask participants to suggest sample SMART goals for education, improved antiretroviral adherence and strengthened attachment between caregiver and child to demonstrate they have understood the concept of SMART. If that concept still is not well understood, continue to develop further examples of SMART goals together in the plenary discussion using flip charts and markers. Also, use a sample of the prefilled "Case Plan Form" and take participants through it for better understanding.

Session 4. Small Group Work: Practicing Developing a Case Plan

Total time needed	**60 minutes**
Resources	Presentation: Slides 107–111
Session flow	▪ 40 minutes of Role play and observation (40 minutes). ▪ Present back to the group (20 minutes).
Materials needed	▪ Prefilled "Child/Young Adult Identification and Assessment Form" and "Family Assessment Form" from the previous sessions. ▪ "Case Plan Form."

Break participants into six groups. Ask Groups 1 and 2 to use the information contained in the child assessment (from previous sessions) to develop short-term goals that will prepare the child for placement. Ask Groups 3 and 4 to develop short-term goals to prepare the family for the placement. Ask Groups 5 and 6 to develop long-term reintegration goals across the six domains of the star model. Should they need prompts examples may include the following:

Preparing the Child

1. Confirm the placement date, or, if a temporary placement, confirm the likely placement duration and possible next steps.
2. Build attachment with the family and community (bonding visits).
3. Describe where the child will go to school, how far it is and what students and teachers will be like.
4. Discuss how immediate health needs will be addressed.
5. Talk about the family's daily routine, type and frequency of meals, expectation of child in the household, chores, sleeping arrangements and so forth.
6. If the child is returning to a previous placement, talk about significant changes in the household since last time (e.g., births, deaths, moves).
7. Discuss saying farewell to those the child miss from the institution, plans for keeping in touch, what personal items the child will take or what the child will give away and to whom.
8. Talk about what the family knows about the child and what the child wants to know about the family.

Preparing the Family

9. Attain appropriate legal documentation for placement.
- Confirm placement date, logistics for taking the child to the home and a welcome event/ritual for the child.
- Build attachment with the child through bonding visits.
- Understand child's life at an institution: What types of food he/she eats, how many times per day, what type of rules the child has been operating under (including discipline methods), which chores the child does, what his/her daily routine, if the child experienced any trauma and so on.
- Understand that an adjustment/settling-in period will be required, and the child may grieve the loss of companions.
- Understand the "honeymoon" period (a few weeks to a few months when everyone is on good behavior while they test out the boundaries of their relationship).
- Access support services for immediate (and long-term) needs.
- Understand the child's health and hygiene needs (especially for adolescent girls).

10. Equip caregivers with positive parenting and discipline methods.

Reintegration Case Planning

11. Continually build attachment with family and community. It takes time!
- Equip caregivers with positive parenting and discipline methods.
- Access support services to meet the long-term needs of the child and household:
  - Social welfare.
  - Child protection.
  - Skills training, household economic strengthening or income generation.
  - Support groups.
  - Savings groups.
  - Youth groups and kids' clubs.
  - Faith-based groups and churches.
  - Education services.
  - Disability or other specialized services.

- Day care centers.
- Early childhood services.
- Health services (prevention and treatment).

If a temporary placement, consider permanency planning.

A representative from each group is to report back in the plenary discussion.

Session 5. The Importance of a Safe, Loving, Stable Family for All Children: Attachment Exercise

Total time needed	**15 minutes**
Resources	▪ Presentation: Slide 112 ▪ *Facilitators Guide* and instructions on how to conduct the attachment exercise
Materials needed	▪ Masking tape. ▪ Volunteers.

Conduct the attachment exercise:

1. Ask four volunteers to come to the front of the room. The first volunteer will be the "child"; given that volunteer a piece of masking tape.
2. Ask the child to approach a "caregiver" and try to "attach" (physically and metaphorically) to the caregiver using with the tape by taping between both their arms.
3. Then tell the child he/she can no longer stay with this caregiver. Ask the child to rip off the tape from both his/her and the caregiver's arms.
4. Facilitator says to the child, "That looked painful! Was it painful?" This leads the child to reply, "Yes!" Facilitator then encourages the child to find a new caregiver to attach to in the same manner.
5. This time, when the child sticks the tape, Facilitator asks, "What do you notice is different this time compared to the last time? Does the tape feel the same?" This leads the child to reply that it is less sticky.
6. Inform the child that he/she cannot stay with this caregiver. Ask the child to rip off the tape.
7. Facilitator says, "This didn't look as painful as last time. Was it less painful?" This leads the child to reply, "Yes!" Facilitator then encourages the child to find the final caregiver to attach to.
8. This time, Facilitator points out that the tape doesn't seem to stick/attach well; the child agrees. Facilitator asks the participants:
    - What we've observed here—what might this activity tell us about how children "attach" to caregivers?
    - What does it mean that the tape gets less sticky? Would we be able to use this tape to attach to even more caregivers?
    - Now, think of this activity in terms of an institutional setting where there is regular change in staffing from day to day, sometimes with volunteers. Do we think that children could tape or attach themselves well? No. What about compared to a family setting? Yes.
9. Facilitator continues: "We know how important attachment is for healthy development, so this exercise shows us just one way in which children do better in family- and community-based care. Additionally, this exercise gives us some insight into the challenges these children have already faced in their lives, being moved from caregiver to caregiver, which we need to be mindful of when we work with them. We need to be patient and take time to earn their trust."
10. Facilitator wraps up: "It's important to remember the difficulties the children we work with face in attaching to people and how this makes it difficult for them to trust and open up to people. We have to be mindful of this when we are conducting a child assessment."

Session 6. Reunification and Placement

Total time needed	**30 minutes**

Resources	Presentation: Slides 114–115
Sessions flow	▪ Presentation. ▪ Plenary discussion.
Materials	Flip charts, markers

Review the reunification and placement slides and discuss this metaphor: When replanting a seedling, we keep the soil packed around the roots to lessen the shock of the transition. We must endeavour to do the same for children moving from residential care to their new home. The more familiarity we can retain for the child during the transition, the easier that transition will be.

Session 7. Small Group Work: Reunification/Placement Approval Process

Total time needed	**60 minutes**
Resources	Presentation: Slides 116–117
Sessions flow	▪ Small group activity (30 minutes). ▪ Plenary presentation (30 minutes).
Materials	*Guidelines for the Alternative Family Care of Children in Kenya*

Divide participants into six groups and assign each group one type of family- or community-based care. Each group should review their care option in the *Guidelines for the Alternative Family Care of Children in Kenya* and the respective forms. Groups then report back to the larger group about the approval process.

Discuss: Who might be good sources of the above information? Who could we involve in child assessment (i.e., **sources of above information**)?

What might be some of the **challenges** in finding the information? (Record keeping? Different levels of cooperation from sources of information? Inconsistent information from the child? Child lying (name, family location, and so on)?

Session 8. Reflection

Total time needed	**15 minutes**
Resources	Presentation: Slides 118–120
Materials needed	▪ Flip charts, markers. ▪ Sticky notes.

Review Slides 118–120 together with participants to evaluate whether they have achieved the day's objectives.

Make four flip chart posters with the following headings:

1. Something new I learned today
2. Something I loved about the day
3. Something that could be improved
4. Something that needs to be clarified

Ask participants to write their responses on sticky notes and place those notes on the flip chart before they leave. (The notes will be reviewed by facilitators and addressed following morning.)

DAY 4

Day 4 Objectives:

- Participants will understand, and be able to conduct, monitoring and apply and develop monitoring tools that reflect the core principles.
- Participants will be able to conduct case reviews and apply and develop a case review form that reflects the core principles.
- Participants will understand, and be able to conduct, case transfer and case closure, and apply and develop monitoring tools that reflect the core principles.
- Participants will understand the importance of reflective supervision and plan for how to build supervision into their work going forward.

Session 1. Morning Recap

Total time needed	30 minutes
Resources	▪ Presentation of Slide 121. ▪ Topics and related questions for each topic covered during the previous 3 days.
Session flow	Organize the room into 2 groups to pick a topic and answer the questions
Materials needed	▪ Papers with topic on the front with specific number of marks and question on the back. ▪ Flip charts, markers.

First, start the day by welcoming participants back for Day 4. Thank them for their active participation yesterday.

Ball Exercise with Questions: Cabbage Game

Conduct the cabbage game:

1. Have small pieces of paper ready; each should contain one.
2. "Mash" the papers into a ball/cabbage.
3. Organize the participants in a circle.
4. Throw the ball/cabbage from one to participant to another. Each participant who receives the ball/cabbage, should "peel" one question from the ball/cabbage and answer the question.
5. The participant can then throw the ball/cabbage to another person.

Cabbage Game Sample Questions

- Case Conferencing is _________?
- Case Planning helps to _________?
- What principles are important to be considered during case planning?
- Placement is the process of _________?

Provide a brief summary on findings from the end-of-day reflection activity on Day 2. Share the most common answers for:

- Something new I learned today.
- Something I loved about the day.
- Something that could be improved.
- Something that needs to be clarified.

Present Slide 121: "Day 4 Learning Objectives."

Session 2. What Does "Good" Monitoring Look Like?

Total time needed	60 minutes
Resources	Presentation: Slides 122–131
Sessions flow	▪ Presentation. ▪ Plenary discussion.
Materials	"Monitoring Form"

Review the "What Is Monitoring" slide. Ask participants:

- Who may be involved in monitoring?
- What is the impact of monitoring only the reunified/placed child rather than the whole family.

Review the key guiding practice principles slide. Ask participants:

- What might be the potential challenges or barriers to child participation during monitoring, especially with children or family members with a disability?
- What ideas do you have about how to ensure sufficient child participation during monitoring.

Go through the slides on tips for communicating with children with disabilities.

In the plenary discussion, address what to look for during monitoring visits that indicate that a placement is progressing well or, conversely, is not progressing well. Ask participants to develop SMART goals to address signs that a placement is not progressing well and to identify who to discuss the case with should it appear the child is no longer safe at home.

Session 3. What Does a "Good" Case Review Look Like?

Total time needed	30 minutes
Resources	Presentation: Slides 133–137
Session flow	▪ Presentation. ▪ Plenary discussion.

Review the case review and steps slides. Ask participants to explain how the principles of necessity and appropriateness apply during case review.

Go through the Child and Caregiver Case Review Tool (from the toolkit) with the participants in the plenary discussion. Facilitators: Provide a clear explanation of when a case review should be conducted [answer: quarterly after placement] along with review of the case plan. Emphasize that the "Case Review Tool" supports the measurement of case plan achievement. Answer any questions regarding benchmarks.

Session 4. Small Group Work: Practicing Conducting a Case Review

Total time needed	90 minutes
Resources	Presentation: Slide 139
Session flow	▪ 40 minutes Role play and observation (40 minutes). ▪ Presenting back to the group (20 minutes).
Materials needed	"Case Review Tool"

Split participants into groups of five. Select one caseworker, several family members and a few caseworker colleagues to role-play a case review session. The caseworker and caseworker colleagues should review the "Case Review Tool" in advance, and plan how to navigate the discussion with the family.

Caseworker colleagues should use the "Case Review Tool" to record the scores of the child, young adult and caregivers on each domain and respective benchmark. Additionally, they can offer prompts on key principles and support with any key challenges that arise (e.g., maybe it was difficult to evoke certain information from a family).

After each role play, answer the following questions on flip charts; they will eventually present these answers back to the group:

- Which part of the assessment did the caseworker choose to focus on, and why?
- Who was involved in the assessment?
- What considerations were important for:
  - Opening the session.
  - Closing the session.
- How were the core principles applied (child-centered, child participation, strengths-based, partnership, do no harm)?
- What were the challenges, and which solutions were explored?

Session 5. What Does a "Good" Case Transfer or Case Closure Look Like?

Total time needed	60 minutes
Resources	Presentation: Slides 140–149
Sessions flow	▪ Presentation. ▪ Plenary discussion.
Materials	▪ "Case Closure Form." ▪ "Case Transfer Form."

Review the case transfer and case closure slides. Ask participants how the strengths-based approach applies to transfer or closure.

In the plenary discussion, address the key questions on Slide 148. Review the "Case Transfer Form" and "Case Closure Form" and clarify any questions.

Ask participants how case closure can be considered a success for the family and community. Give examples of how closure can be celebrated.

Session 6. Reflection

Total time needed	15 minutes
Resources	Presentation: Slides 150–152
Materials needed	▪ Flip charts, markers. ▪ Sticky notes.

Review Slides 150–152 together with participants to evaluate whether they have achieved the day's objectives.

Make four flip chart posters with the following headings:

1. Something new I learned today
2. Something I loved about the day
3. Something that could be improved
4. Something that needs to be clarified

Ask participants to write their responses on sticky notes and place those notes on the flip charts before they leave. (The notes will be reviewed by facilitators and addressed following morning.)

DAY 5

Day 5 Objectives:

- Participants will understand the importance of reflective supervision and plan for how to build supervision into their work going forward.
- Participants will understand the importance of data protection and information management.
- Participants will reflect on the week and the implications of using a case management approach in promoting family- and community-based care as caseworkers.
- Participants will develop county-level action plans.

Session 1. Morning Recap

Total time needed	**30 minutes**
Resources	▪ Presentation of Slide 153. ▪ Topics and related questions for each topic covered during the previous 4 days.
Session flow	Organize the room into 2 groups to pick a topic to answer the questions
Materials needed	▪ Papers with topic on the front with specific number of marks and question on the back. ▪ Flip charts, markers.

First, start the day by first welcoming participants back for Day 5. Thank them for their active participation yesterday.

Recap Exercise: Interactive Activity on the Importance of Family- and Community-Based Care

Conduct the recap exercise:

1. Organize participants into groups of two.
2. Ask the pair in each group to pretend they have 3 minutes to "sell" the idea of care reform to a key stakeholder (e.g., government official, community health volunteer, caregiver, child). One person is doing the pitch; the other is listening to the pitch. What would you say to convince them of its importance?
3. Give participants 15 minutes to prepare.
4. Ask 3–4 groups to volunteer to present their "elevator pitch."

Present Slide 153: "Day 5 Learning Objectives."

Session 2. The Importance of Reflective Practice and Supportive Supervision

Total time needed	**60 minutes**
Resources	Presentation: Slides 154–158
Session flow	▪ Presentation. ▪ Small group work.

Review reflective practice slide and point out that the key elements of reflective practice involve a colleague, team or supervisor. Highlight the importance of using a partnership approach—even with your team. We cannot provide good, quality case management alone. We must help each other.

Remind participants of Day 2 activity involving identifying risks and protective factors. Mention how participants perceived the visual very differently. Our different views strengthen our team. The more eyes we have on a situation, the more reflective we will be and the safer our practice will be.

Review 'What Does a Supportive Supervision Session Look Like?" slide. Ask participants:

- What kind of information might the caseworker bring to the session?
- What type of questions might the supervisors ask?
- What assistance or resources might a caseworker ask for?
- What might happen if the caseworker isn't willing to share information or receive feedback?
- What might happen if the supervisor isn't able to provide guidance, support or knowledge?

Highlight that the most important element in ensuring that supervision is effective is the trust between the supervisor and caseworker.

Ask participants to pair up and practice reflective supervision. Ask them to reflect together on how the approach feels, what might need to be altered, and so forth.

Session 3. The Importance of Data Protection and Information Management

Total time needed	**60 minutes**
Resources	Presentation: Slides 159–165
Sessions flow	▪ Presentation. ▪ Plenary discussion.
Materials	Job aids on data protection and information management

Review data protection and information management slides and point out that the key considerations. Take questions in plenary.

Break into 4 groups – using slide 165 ask participants to prepare and then mimic a visit to an institution for a site-supportive supervision to portray how they would go about checking data protection and information management protocols.

- What type of questions might the supervisors ask to check data?
- What documents would be reviewed?
- What might happen if the protections are not in order?

Session 4. Reflection and Action Planning

Total time needed	**60 minutes**
Resources	Presentation: Slides 167–169
Sessions flow	▪ Presentation.
Materials	Job aids on data protection and information management

Ask participants to reflect on the entire week. Use the questions on Slide 167 to help guide the reflection session.

Action Planning

With members of your county, develop the action plan for cascading the case management training:

- Who?
- What?
- When>?
- How (e.g., human resources needed, financial resources needed, printed resources needed, technical assistance needed)?

Session 5. Final Evaluation and Official Closure/Celebration

Total time needed	**30 minutes**
Resources	Final evaluation
Session flow	▪ Start by going through the parking lot to ensure all parking lot issues have been addressed. ▪ Ask participants to complete the final evaluation. ▪ Conduct closure speeches. ▪ Take a group picture.
Materials needed	Final evaluation

Appendix 1: Agenda

Promoting Family- and Community-Based Care Using a Case Management Approach

Caseworker's Training Agenda

Participants to Be Trained

Caseworkers

Workshop Objectives

1. Participants are confident about using a case management approach for family- and community-based care.
2. Participants are familiar with the case management for reintegration standard operating procedures and tools, and participants are able to put them into use after the training.
3. Participants' understanding is enhanced on how to communicate with children and families during the entire case management process.
4. Participants understand the importance of family- and community-based care and different forms of alternative family care as well as how and when to reunify or place children.
5. Participants, jointly with their case managers, develop a rollout plan for the implementation of case management for reintegration activities across charitable children's institutions and statutory children's institutions.
6. Trained trainers apply their knowledge and skills using the *Facilitator's Guide* and the training materials.

Workshop Outputs

1. Participants are confident about implementing the *Guidelines for the Alternative Family Care of Children in Kenya.*
2. Participants are confident about using all case management tools to ensure successful and sustained reintegration.
3. Participants are confident about communicating with children and families about the case management steps and engaging them in those steps.
4. Participants able to understand how to measure successful reintegration.

Day 1. Key Learning Objectives:

- Participants will be welcomed, the climate set, and objectives and expectations for the will be made clear to everyone.
- Participants will be familiar with key definitions and principles related to family- and community-based care.
- Participants will understand the guiding principles of case management and its role in informing family- and community-based care decision making and how to keep children safe.
- Participants will be familiar with the continuum of care and be able to apply it to different cases to determine the most appropriate form of care.

TIME	TOPIC / ACTIVITY	FACILITATOR
8:00 a.m.–8:30 a.m.	Registration	
8:30 a.m.–9:30 a.m.	Climate Setting ▪ Welcome/opening prayer. ▪ Introductions. ▪ Purpose/objectives/roles/rules. ▪ Opening remarks. ▪ Training pre-test.	

	▪ Review of agenda and expectations. ▪ Housekeeping.	
9:30 a.m.–10:00 a.m.	Global Initiative on Care Reform: Why Family- and Community-Based Care?	
10:00 a.m.–10:30 a.m.	**Tea Break**	**All**
10:30 a.m.–1:00 p.m.	Presentation: Key Definitions and Core Principles of Family-Based Care Small group work: *Guidelines for the Alternative Family Care of Children in Kenya* ▪ Continuum of care. ▪ General principles in the provision of alternative care services. ▪ Determination of the most appropriate form of family- and community-based care.	
1:00 p.m.–02:00 p.m.	**Lunch Break**	**All**
2:00 p.m.–2:30 p.m.	From Guidelines on Paper to Guidelines in Practice: How Does Case Management Help to Get Us There?	
2:30 p.m.–04:30 p.m.	Core Practice Principles (presentation, plenary discussion, group work)	
4:30 p.m.–5:00 p.m.	**Daily Evaluation and Departure**	**All**

Day 2. Key Learning Objectives:

- Participants will understand the case management for reintegration benchmarks and how they are used to guide a pathway to, and measure for, sustainable reintegration.
- Participants will understand, and be able to conduct, child assessments that reflect the core principles and understand how to engage with children with disabilities.
- Participants will understand tracing and key challenges and solutions surrounding family tracing.
- Participants will understand, and be able to conduct, family assessments, and apply and develop a family assessment tool that reflects the core principles.
- Participants will understand key considerations for determining the best interests of the child.

TIME	TOPIC / ACTIVITY	FACILITATOR
8:30 a.m.–9:00 a.m.	Day 1 Recap	
09:00 a.m.–10:00 a.m.	Presentation: What Are Reintegration Benchmarks? Plenary Discussion: Review of the Reintegration Benchmarks Exercise: Importance of Attachment	
10:00 a.m.–10:30 a.m.	**Tea Break**	**All**
10:30 a.m.-01:00 p.m.	Presentation: What Makes a "Good' Child Assessment? Plenary Discussion: Review of the Child Assessment Standard Operating Procedure (SOP) and Tool Presentation: What Makes a "Good" Communication with a Child with a Disability?	
1:00 p.m.–2:00 p.m.	**Lunch Break**	**All**
2:00 p.m.–2:30 p.m.	Small Group Work: Practicing Child Assessment Using the Tool Role Play: Practicing Child Assessment	
2:30 p.m.–3:00 p.m.	Presentation: Tips for Tracing	
3:00 p.m.–4:30 p.m.	Presentation: What Makes a "Good" Family Assessment? Plenary Discussion: Review of the Child Assessment SOP and Tool Small Group Work: Practicing Family Assessment Using the Tool Role Play: Practicing Family Assessment	
4:30–5:00 p.m.	**Daily Evaluation and Departure**	**All**

Day 3. Key Learning Objectives:

- Participants will understand and be able to apply the basic concepts of case conference.
- Participants will understand and know how to conduct case planning (i.e., preplacement case planning, placement and reintegration case planning), and apply and develop case plans that reflect the core principles.
- Participants will understand the approval process for different placement options.
- Participants will understand, and be able to conduct, reunification and placement that reflects the core principles.
- Participants will understand key challenges and solutions surrounding reunification and placement.

TIME	TOPIC / ACTIVITY	FACILITATOR
8:30 a.m.9:00 a.m.	Day 2 Recap	

9:00 a.m.-10:00 a.m.	Presentation: Basic Concepts of Case Conferencing	
10:00 a.m.–10:30 a.m.	**Tea Break**	**All**
10:30 a.m.-11:30 a.m.	Presentation: What Makes a "Good" Case Plan? Plenary Discussion: Review of the Case Plan SOP and Tool	
11:30 a.m.–1:00 p.m. & 2:00 p.m.–3:00 p.m.	Small Group Work: Practicing Case Plan Using the Tool Role Play: Practicing Case Planning	
1:00 p.m.–02:00 p.m.	**Lunch Break**	**All**
3:00 p.m.–4:30 p.m.	Presentation: Placement and Reunification Plenary Discussion: Review of the Placement Tools	
4:30 p.m.–5:00 p.m.	**Daily Evaluation and Departure**	**All**

Day 4. Key Learning Objectives:

- Participants will understand, and be able to conduct, monitoring, apply and develop monitoring tools that reflect the core principles.
- Participants will be able to conduct case reviews and apply and develop a case review form that reflects the core principles.
- Participants will understand, and be able to conduct, case transfer and case closure, and apply and develop monitoring tools that reflect the core principles.
- Participants will understand the importance of reflective supervision and plan for how to build supervision into their work going forward.

TIME	TOPIC / ACTIVITY	FACILITATOR
8:30 a.m.–9:00 a.m.	Day 3 Recap	
9:00 a.m.–10:00 a.m.	Presentation: What Does "Good" Monitoring Look Like? Plenary Discussion: Review of the Monitoring SOP and Tool Small Group Work and Role Play: Practicing Monitoring Using the Tool	
10:00 a.m.–10:30 a.m.	**Tea Break**	**All**
10:30 a.m.–12:00 p.m.	Presentation: What Does a "Good" Case Review Look Like? Plenary Discussion: Review of the Case Review SOP and Tool	
12:00 p.m.–1:00 p.m.	Small Group Work: Practicing Case Reviews Using the Tool	
1:00 p.m.–2:00 P.M.	**Lunch Break**	**All**
2:00 p.m.–2:30 p.m.	Role Play: Practicing Case Review	
2:30 p.m.–3:30 p.m.	Presentation: What Does a "Good" Case Transfer or Case Closure Look Like? Plenary Discussion: Review of the Case Transfer and Case Closure SOP and Tool Small Group Work and Role Play: Practicing Case Transfer and Case Closure Using the Tool	
4:30 p.m.–5:00 p.m.	**Daily Evaluation and Departure**	**All**

Day 5. Key Learning Objectives:

- Participants will understand the importance of reflective supervision and plan for how to build supervision into their work going forward.
- Participants will understand the importance of data protection and information management.
- Participants will reflect on the week and the implications of using a case management approach in promoting family- and community-based care as caseworkers.
- Participants will develop county-level action plans.

TIME	TOPIC / ACTIVITY	FACILITATOR
8:30 a.m.–9:00 a.m.	Day 4 Recap	
9:00 a.m.–9:30 a.m.	Presentation: Reflective Supervision Role play: Practicing Reflective Supervision	
9:30 a.m.–10:00 a.m.	Small Group Work: Practicing Data Protection and Information Management During Support Visits	
10:00 a.m.–10:30 a.m.	**Tea Break**	**All**
10:30 a.m.–11:00 a.m.	Open Discussion: Reflections on the Week and Key Considerations for Rollout of Care Reform	**All**
11:00 a.m.–1:00 p.m.	Work Plan Development	**All**
1:00 p.m.–2:00 P.M.	**Lunch Break**	**All**
2:00 p.m.–2:30 p.m.	Complete Post-test and Workshop Evaluation	
2:30 p.m.–3:30 p.m.	Next Steps and Closing Remarks	

3:30 p.m.–4:00 p.m.	Departure	All

Appendix 2: Pre- and Post-test

1. **What are the 2 United Nations core principles of alternative family-based care?**

    a) Case Management and Do No Harm.

    b) Suitability/Appropriateness and Case Management.

    c) Necessity and Suitability/Appropriateness.

    d) Necessity and Do No Harm.

2. **Which of the following best defines *reunification*?**

    a) The process by which a child is placed with a family and, over time, is able to completely integrate into the family and community and to feel a sense of belonging.

    b) When a child changes from living on the street to living in an institution.

    c) Conducting case management for children who don't live with their family.

    d) The process of transitioning a child back to his/her family of origin for children outside their parental care, including children in orphanages, foster care, other forms of alternative care or living on the streets.

3. **Which of the following best defines *reintegration*?**

    a) The process by which a child is placed with a family and, over time, is able to completely integrate into the family and community and to feel a sense of belonging.

    b) The day the child moves from the institution to a family.

    c) When legal paperwork is attained from the appropriate statutory authority approving the movement of a child from an institution to a family-based placement.

    d) When a child changes from living on the street to living in an institution.

4. **Which of the following is *not* a general principle in the "General Principles in the Provision of Alternative Family Care" within the "Guidelines of the Alternative Family Care of Children in Kenya"?**

    a) Best interests of the child, non-discrimination, participation, survival and development.

    b) The child should be the sole decision maker of where he/she should grow up.

    c) Poverty should never be the primary justification for removing a child from his/her family.

    d) Gatekeeping.

5. **Which is the appropriate order of steps for reintegration?**

    a) Tracing, identification, assessment, preparation, placement, monitoring.

    b) Identification, tracing, assessment, preparation, placement, monitoring.

    c) Preparation, identification, tracing, assessment, placement, monitoring.

    d) Preparation, tracing, assessment, identification, placement, monitoring.

6. ________________ is the informed and willing involvement of children in decisions concerning them. It is about having the opportunity to express a view, influence decision making and achieve change in their best interests.

7. **What is the objective of a child assessment?**

    a) To make sure the child is healthy and attending school.

    b) To confirm the child's name, age, and where his/her family is located.

    c) To help the child decide where he/she wants to live and to start processing the appropriate approval paperwork to ensure the child will be placed with the family of his/her choice.

    d) To help determine the feasibility and desirability of reintegrating the child with family or placing the child into alternative family care in view of the child's best interests.

8. **Who might be involved in a child assessment?**

    a) Child and caseworker.

    b) Child and his/her siblings.

    c) Social worker and institution director.

    d) Institution staff, social worker, teachers, child, siblings and friends at the institution.

9. **What does a child assessment look like?**

    a) Interviewing the child.

    b) Using a checklist with the child to check off essential information.

    c) A discussion with the child, sometimes involving play.

    d) Confirming with institution staff the child's name and where his/her family is located.

10. **What is the objective of a family assessment?**

    a) To gather detailed information on the family circumstances, to determine the family's capacity and willingness to provide care and protection to the child.

    b) To determine if the child would like the family.

    c) To confirm with people who know the family if they are a good or bad family.

    d) To check that the family can financially support the child, including health and education.

11. **When does case planning start and end?**

    a) Starts after child assessment, ends at reunification.

    b) Starts after tracing, ends at family assessment.

    c) Starts after child and family assessment, ends at closure.

    d) Starts after reunification, ends at closure.

12. How should Institution staff be encouraged to behave on reunification day, when the child is being placed with his/her family?

a) They should not be involved or interfere.

b) They should tell the child they are very sad and will miss him/her.

c) They should celebrate the child moving to the family.

d) They should treat it like a normal day and continue their daily duties at the institution.

13. Which of the following would *not* normally occur during monitoring/follow-up visits?

a) Discussing case closure.

b) Asking the child about his/her feelings about his/her life and family.

c) Reviewing and updating protective factors and risks in the household.

d) Confirming with institution staff the circumstances under which the child was admitted to the institution.

14. When is a case ready for closure?

a) When the child has successfully been reunified with his/her family.

b) When the child seems happy after 1-month of monitoring.

c) When the case plan goals have been achieved, and the family is well connected to community supports.

d) When the family reassures the caseworker they don't need support anymore.

15. During which stage of reintegrating a child into family-based care should we report child protection concerns?

a) After the child is placed in his/her family, during monitoring.

b) Once we have assessed the child.

c) During all stages of reintegration process.

d) Once we have assessed the family.

Appendix 3: Pre- and Post-test Answers

Correct answers are highlighted in yellow.

1. **What are the 2 United Nations core principles of Alternative Family-Based Care?**
   a) Case Management and Do No Harm
   b) Suitability/Appropriateness and Case Management
   c) Necessity and Suitability/Appropriateness ✓
   d) Necessity and Do No Harm

2. **Which of the following best defines *reunification*?**
   a) The process by which a child is placed with a family and, over time, is able to completely integrate into the family and community and to feel a sense of belonging.
   b) When a child changes from living on the street to living in an institution.
   c) Conducting case management for children who don't live with their family.
   d) The process of transitioning a child back to his/her family of origin for children outside their parental care, including children in orphanages, foster care, other forms of alternative care or living on the streets. ✓

3. **Which of the following best defines *reintegration*?**
   a) The process by which a child is placed with a family and, over time, is able to completely integrate into the family and community and to feel a sense of belonging. ✓
   b) The day the child moves from the institution to a family.
   c) When legal paperwork is attained from the appropriate statutory authority approving the movement of a child from an institution to a family-based placement.
   d) When a child changes from living on the street, to living in an institution.

4. **Which of the below is *not* a general principle in the Provision of Alternative Family Care within the "Guidelines of the Alternative Family Care of Children in Kenya"?**
   a) Best interests of the child, nondiscrimination, participation, survival and development.
   b) The child should be the sole decision maker of where he/she should grow up. ✓
   c) Poverty should never be the primary justification for removing a child from his/her family.
   d) Gatekeeping.

5. **Which is the appropriate order of steps for reintegration?**
   a) Tracing, identification, assessment, preparation, placement, monitoring and follow-up.
   b) Identification, tracing, assessment, preparation, placement, monitoring and follow-up. ✓
   c) Preparation, identification, tracing, assessment, placement, monitoring and follow-up.
   d) Preparation, tracing, assessment, identification, placement, monitoring and follow-up.

6. Child participation ✓is the informed and willing involvement of children in decisions concerning them. It is about having the opportunity to express a view, influence decision making and achieve change in their best interests.

7. **What is the objective of a child assessment?**
   a) To make sure the child is healthy and attending school.
   b) To confirm the child's name, age, and where his/her family is located.
   c) To help the child decide where he/she wants to live and to start processing the appropriate approval paperwork to ensure the child will be placed with the family of his/her choice.
   d) To help determine the feasibility and desirability of reintegrating the child with family or placing the child into alternative family care in view of the child's best interests. ✓

8. **Who might be involved in a child assessment?**
   a) Child and caseworker.
   b) Child and his/her siblings.
   c) Social worker and institution director.
   d) Institution staff, social worker, teachers, child, siblings and friends at the institution. ✓

9. **What does a child assessment look like?**
   a) Interviewing the child.
   b) Using a checklist with the child to check off essential information.
   c) A discussion with the child, sometimes involving play. ✓
   d) Confirming with the institution staff the child's name and where his/her family is located.

10. **What is the objective of a family assessment?**
    a) To gather detailed information on the family circumstances, to determine the family's capacity and willingness to provide care and protection to the child. ✓
    b) To determine if the child would like the family.
    c) To confirm with people who know the family if they are a good or bad family.
    d) To check that the family can financially support the child, including health and education.

11. **When does case planning start and end?**
    a) Starts after child assessment, ends at reunification.
    b) Starts after tracing, ends at family assessment.
    c) Starts after child and family assessment, ends at closure. ✓
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12. **How should institution staff be encouraged to behave on reunification day, when the child is being placed with his/her family?**
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    c) They should celebrate the child moving to the family. ✓
    d) They should treat it like a normal day and continue their daily duties at the institution.

13. **Which of the following would *not* normally occur during monitoring/follow-up visits?**
    a) Discussing case closure.
    b) Asking the child about his/her feelings about his/her life and family.
    c) Reviewing and updating protective factors and risks in the household.
    d) Confirming with the institution staff the circumstances under which the child was admitted to the institution. ✓

14. When is a case ready for closure?

a) When the child has successfully been reunified with his/her family.
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c) When the case plan goals have been achieved, and the family is well-connected to community supports. ✓
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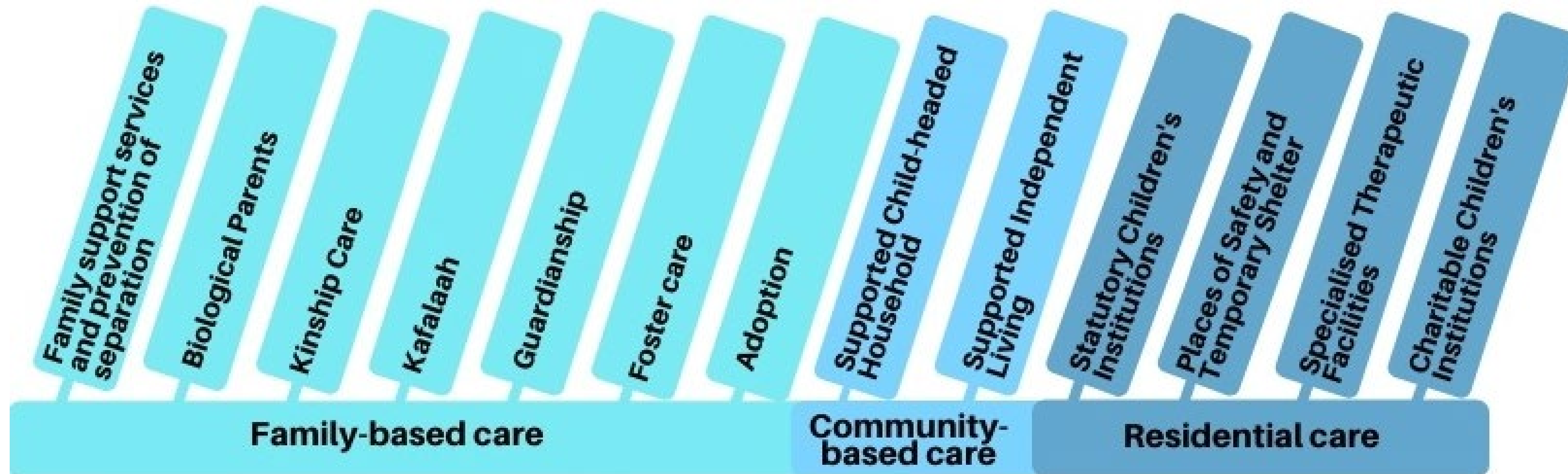
15. During which stage of reintegrating a child into family-based care should we report child protection concerns?

a) After the child is placed in his/her family, during monitoring.
b) Once we have assessed the child.
c) During all stages of reintegration process. ✓
d) Once we have assessed the family.

Appendix 4: Continuum of care handout



Family-based care: Short-term or long-term placement of a child in a family environment with at least one consistent caregiver and a nurturing environment in which the child is part of a supportive family and the community.

Community-based care: A range of approaches designed to enable children to remain with their own (or extended) family and prevent the need for separation, or to be placed with an alternative family within his/her community.

Institutional-based care/residential care: Orphanages, children's institutions and other group-living arrangements for children; care is provided by paid adults who would not be regarded as traditional carers in the wider society

Appendix 5: Case Studies

Case Study #1: Peter

Peter has lived in an institution in Kisumu for a good part of his life. His background story is that he came from a polygamous family, but, unfortunately, his biological mother had died earlier, and his father had a second wife. His father is from a village within Nyanza. He was a peasant farmer without a constant source of income apart from his farm produce on which the family survived. Peter's family lived in a simple rural house.

While in the institution, Peter was found to be HIV-positive, so he was put on antiretroviral (ARV) drugs and a special diet. The social worker ensured that Peter was taking his medication on time. An organization from Nairobi approached the institution manager, and they agreed to eventually reintegrate children back into the community.

Because Peter was about 16 years old and was identified during tracing as having a father and stepmother, it was decided he would be reunited with his family. The decision was made by the institution's management; they presented the case to the Nairobi organization to request funds for Peter's reintegration. Peter was therefore reunited with his father, stepmother and other siblings.

After the first follow-up visit following reunification, the social worker's report showed that Peter was not found at home, and the father was still looking for him. After 6 months during the second follow-up visit, the social worker reported that Peter was found at a distant relative's home, and he was seriously ill because during the 6 months he had been missing, he had neglected to take his ARV medication, and he was not eating well. The father reported that Peter informed him he did not want to live with the stepmother, which is why he ran away to his aunt's home. Thus, Peter dropped out of school and he fell seriously ill.

Case Study #2: Rehema

Rehema lived with her father and seven siblings in their home in Kwale. Her mother died while giving birth to her last-born child, Juma. At the time of her mother's death, Rehema was 12 years old and in Class 4. Following her mother's death, Rehema dropped out of school to help her father take care of her siblings, including Juma, who has a physical disability. The father works in the local quarry, where his meager earnings are barely enough to feed the children.

Five years after Rehema's mother death, the father was involved in an accident: The walls of the quarry caved-in as he worked, and he was buried alive. Relatives supported the family for the burial arrangements. Rehema's siblings were placed under the care of their 80-year-old grandmother. To ease the financial burden of the family, Rehema was placed with a distant relative in Nairobi, where she worked as a house girl.

A local nongovernmental organization working in the area referred 5-year-old Juma for admission in and institution in Thika that admits children living with a disability. After a while, Rehema's sibling, 15-year-old Daudi, ran away from his home and went to live on the streets of Malindi. He was later picked up by the local authorities and admitted to a rehabilitation center. The rehabilitation's social worker traced his home in Kwale, and because of the great needs at home, decided to transfer Juma into an institution so that he could get an education. The institution director also decided to help Daudi's younger sibling, Kama, by admitting him to the same institution.

Case Study #3: Joyce

Joyce is 15 years old. She is the third born in a family of four children. They live with their mother in one of the towns in Kenya. Joyce's parents divorced when she was 5 years old. She has vague

memories of her father, who she describes as a loving, responsible dad. She had a special place in her father's heart because she was his firstborn, given that her elder brother was not his child. When her mother took them away from the matrimonial home, she was pregnant with Joyce's sister, who is 6 years younger than Joyce.

Life with their father was excellent: They had sumptuous meals and dressed well. They lived in a four-bedroom stone house that was well ventilated and had electricity and water. The house they moved into with their mother was a stuffy, one-bedroom place without electricity and water. The mother had no stable job, so most of the time, the children had to do with only one meal a day.

The mother resorted to brewing illicit beverages to earn a living; consequently, she became a heavy drinker. Joyce and her siblings would beg her to take them back to their father, but she would hear none of it. To make matters worse, at times, the mother would walk out into the darkness, leaving the children alone. With time, the mother began bringing different men into the house, where they spent the night. Even more disturbing was that some of these men were young and began making advances toward the young teenager.

Joyce says that, at times, her mother would tell the children to go out and fend for themselves because she was unwilling to share her hard-earned money with "ungrateful children." They ended up scavenging for food and missing out of school.

In great need of basic essentials and food for herself and her siblings, Joyce gave in to the young men. At least they seemed more loving and concerned about her welfare. Angry at her daughter for stealing her men, the mother tortured Joyce until she was forced to run away from home, taking her younger siblings with her. She found refuge with a neighbor in a small room in the community. Joyce, now the head of the household, scavenges every day to try to provide food for her younger siblings.

A home visit revealed that the mother's lifestyle has not changed. There was no sign of fire burning in the previous few days, yet the mother asked the social worker to buy airtime from her MPESA account (a mobile phone-based system by which funds are transmitted to the phone), which had more than 3,000 in Kenyan shillings. The mother now calls the social worker using different phone numbers (from the different men) late at night and early in the morning.

Case Study #4: Makobe

Makobe is a 12-year-old girl with a physical disability who lives in an institution. She cannot speak or use sign language, but she communicates using her body. She can smile and giggle when she is happy. She can cry out when she is unhappy or uncomfortable. With the assistance of the house mother, who knows her well and understands how Makobe communicates, others can interpret answers to questions. Makobe is uncomfortable making eye contact. The institution staff states that she was abandoned at a hospital at age 3-months. She was rescued by the hospital staff, and through statutory authority, was brought into the institution for care and support. A well-wisher who takes care of other children is willing to take in Makobe as her own daughter via proper procedures.

Case Study #5: Chacha

Chacha is in Koinga home for children with disabilities. He is 13 years old and has a physical disability as well as limited verbal communication skills. His speech is unclear, and he can only say a couple of words at a time. His social worker reports that they are aware of how he displays emotions and demonstrates his feelings by clearly indicating happiness and approval, and sadness and upset, and disapproval.

Chacha is in Grade 4 in a nearby government-supported disability integrated school; however, he lacks the necessary supportive devices for his disability. He was brought into the home at age 3 weeks after his mother died. Chacha's maternal extended family has since wanted to live with him; however, the father disapproves, and threats have prevented the maternal family from taking Chacha in. The father

is a peasant farmer who lives alone in a shanty house in the rural areas; the maternal extended family lives in peri-urban regions with plenty of social facilities.

Case Study #6: Baraka

Baraka was born in 2016 with cerebral palsy. In May 2016, people believed to be the baby's parents admitted him to a referral hospital before vanishing. They never returned to check on the child, nor did they ever pay him a visit.

Baby Baraka was to undergo corrective surgery on his face. After trying to track down the parents in vain, the hospital recommended that Baraka be transferred to a better equipped hospital for the operation, but there was no one to sign the necessary documents.

Doctors at the hospital believed the baby's parents abandoned him because of his disability. The child remained in the care of hospital staff and well-wishers after it emerged that the couple who brought him to hospital may have used fake identities. A group of well-wishers who came to know about Baraka's plight visited him regularly.

Case Study #7: Newborn Baby

A newborn baby—appearing to be only a few hours old—was abandoned in front of a church in Kisumu. She was hungry and weak when a Good Samaritan found her and took her to the police station. The police officers pitched in and found a blanket to wrap her in and formula from the local health clinic. She stabilized, and one of the police officers took her home for 2 days to care for her.

The police referred the case to the Department of Children's Services (DCS). The DCS knew of a financially secure foster family living in Eldoret that was trained and ready for placement. The family had two children of their own who were school age. The foster father was a businessman and the foster mother, a homemaker.

Locals who live near the church said they knew of a young woman who had dropped out of school and sometimes worked at the market selling fruit. She had been pregnant but wasn't now. Rumors began flying around the market that she might be the mother of the baby left at the church.

The baby was placed with the foster family in Eldoret. The DCS and the police learned that the baby is doing well and, at age 3 months, has met all of her developmental milestones. They know the baby is okay and don't feel it is important to look for her biological mother or any other extended family because the foster family is wealthy and can provide everything the baby needs.

Case Study #8: Mary

Because of violence in the household, Mary's mother left her father's home when she was 5 months pregnant with Mary. She gave birth to Mary, but was traumatized by all that she had been through, so, 2 weeks later, abandoned Mary, leaving her with her grandmother. The mother never appeared or called to find out how the girl was doing, and Mary's grandmother had no idea where the mother had gone. Mary's father would occasionally come to visit Mary over the years, but she remained with her grandmother. Mary was well taken care of by the maternal grandmother and regarded her as a mother.

When Mary's grandmother passed away, a 19-year-old male turned up, claiming rights to the grandmother's land. Mary didn't know her extended family and had never met the man before. He moved into the house with 12-year-old Mary. With no trace of Mary's mother and father's whereabouts, local authorities thought it easiest to just leave her in the house with the man who claimed to be her relative.

Case Study #9: Shauri

Last June, a 2-month-old baby boy was discovered near a pit latrine in a neighborhood outside of Kisumu. An elderly woman found him and took him to the chief. The chief immediately contacted the Volunteer Children's Officer, who reached out to the police. The baby was found with two blankets and a note that said, "My name is Shauri. Take care of me, please." The baby was immediately referred to an institution in the neighborhood.

The institution's director was well known and was supported by several local and international churches. The institution housed 18 babies and 30 young children. Shauri started out well, but after 6 months in the institution, weighed the same as when he had entered. He seemed lethargic and didn't cry much. One of the institution's house mothers had seen a young couple in front of the institution a couple of times. She didn't speak to them, but did keep them in her mind. She told the director and suggested he tell the DCS or the police. The director did not.

Case Study #10: Abdul

Abdul, a 4-year-old, and his two twin baby brothers, Hashim and Sayiid, require temporary care while their single mother undergoes medical treatment. The family's neighbor identified a Christian institution as a possibility to offer care for Abdul, but the institution doesn't have room for the little ones because they are full. The institution's director says that it is okay to separate the siblings because the two twins will stay together.

At the institution, Abdul makes many friends, and when he attends Bible class, he is happy. However, when he asks if he can use a prayer rug like his mommy, the institution director sends him to his room without dinner. Abdul cries and misses his brothers. The Director and staff have requested calling Abdul "David" instead.

The neighbor has taken the twins to an institution that specializes in small children. They are well fed but ask after Abdul and their mom.

Case Study #11: Salimu

While his parents moved around for work, 12-year-old Salimu lived in a rural area with his maternal grandparents from the time he was a small baby until approximately age 3 years. Salimu was very attached to his maternal grandparents; however, when he became ill at that age, his parents decided to move him to live with his paternal grandparents, who reside in a more urban area, because they had better access to health care.

As Salimu grew older, his paternal grandmother began to resent caring for him. She was old and felt tired, so she started to frequently burn Salimu out of frustration. She informed Salimu's father that the child had been misbehaving and she was fed up with him, so Salimu's father took him to stay with him in Nairobi.

Once in Nairobi, Salimu's father asked him to collect recyclables and sell them to make money to support the pair(the father's own income was meager), but he soon began to beat Salimu, saying he was not earning enough. Salimu knew his mother also lived in Nairobi, so he went looking for her but was unable to find her. He ended up living on the streets.

After some time on the streets, Salimu was picked up by staff from an institution. Salimu's father looked for him for a long time and eventually assumed he had been abducted and sacrificed. Salimu has now been in the institution for 4 years, and his family does not know his whereabouts. He often tells the institution staff he misses his maternal grandparents and wants to find his mother.

Appendix 6: Benchmarks

No.	Benchmark	Subpopulation	Definition of benchmark	How to verify
Domain: Education				
1	**Accessing, attending and progressing**	Children and young adults	The child or young adult has consistent access[84] to an appropriate education institution (early childhood, primary, secondary or vocational), is regularly attending[85] education program, and is progressing appropriately as compared to their performance prior to placement. The child values and enjoys their education program and feels included and respected by their peers and teachers. The child/young adult is able to safely move to and from the education institution and has the resources to complete education requirements (homework, extracurricular etc.) outside of standard education hours.	▪ Observe distance to education institution and ask child/young adult how they move to the education institution, to confirm access is safe. For children enrolled in ECD, ask caregivers how they take the child to/from the facility. ▪ Review enrolment receipt, to confirm enrolment. ▪ Review school report card or school register to confirm regular attendance (i.e., not missing more than five days per month), and appropriate progression. ▪ Observe that child/young adult has appropriate uniform, shoes, books, supplies/equipment[86], etc. as required by the ministry of education. This should also be items that are considered normal to the community where the child will be reintegrated, so that they are not considered special. ▪ Observe education institution's hygiene facilities for adolescent girls and confirm with adolescent girl that menstruation does not present a barrier to attendance. ▪ Ask children in household about homework habits (i.e. when and where are they able to complete, if caregiver supports when needed), and ask teachers about completeness of homework. ▪ Ask child/young adult how they feel about their performance. ▪ Ask child/young adult to rank their enjoyment of education and observe child/young adult directly at education program. ▪ Ask the child/young adult what they want to use their education for in the future. ▪ Directly ask teacher(s)/trainer(s) for progress of the child/young adult and obtain report card where not provided by the child and/or caregiver.

<table>
<tr><td>2</td><td>Inclusive</td><td>All children and young adults including those with disabilities or other special needs</td><td>Children and young adults living with disability/ies are attending an education institution which is inclusive and equipped to meet the unique needs of the child/young adult.</td><td>▪ Visit education institution to confirm child/young adult including those with disability have physical access to all areas of the facility (including classrooms, washrooms, recreational areas, etc.).
▪ Visit education institution to confirm all child/young adult including those with disabilities and with special needs have access to specialized teachers and that inclusive teaching practices are used
▪ Visit education institution to confirm child/young adult with disabilities does not have communication barriers in classroom
▪ Confirm child’s caregiver/mentor and teacher is aware of the child’s special needs and impact on education and have developed supportive strategies.
▪ Confirm that stigma does not present a barrier to child/young adult attending school.</td></tr>
<tr><th>No.</th><th>Domain and name of benchmark</th><th>Subpopulation</th><th>Definition of benchmark</th><th>How to verify</th></tr>
<tr><td colspan="5">Domain: Protection and Safety</td></tr>
<tr><td>3</td><td>Safe</td><td>Children, young adults and caregivers, including all those with disabilities</td><td>Children, young adults and caregivers are not currently experiencing, nor in immediate danger of, violence, exploitation, or exposure to violence at home, at school, in the community, and online.

Household is free from substance abuse.

Children, young adults and caregivers who have experienced violence have received appropriate and beneficial support services (health, protection, psychosocial, and/or legal).</td><td>▪ Evidence of completed referrals to relevant health, psychosocial, protection or legal services is included in the case file (for example, duplicate of referral form, receipt, or service provider documentation), if violence has been an issue in the past.
▪ Evidence (or self-report[87]) that children, young adults and caregivers know how to report and respond to violence and are aware of ways of protecting themselves against violence - including the ability to clearly articulate and give examples of how to (a) manage stress, (b) problem solve in constructive ways, (c) positively communicate with caregivers, and (d) identify other means for decreasing violence.
▪ In case of a child with a disability preventing them from communicating, engage the caregiver, try to find out how they to report and respond to violence and their knowledge of ways to protect their children against violence.</td></tr>
</table>

No.	Domain and name of benchmark	Subpopulation	Definition of benchmark	How to verify
				▪ Children can articulate their rights related to protection in accordance with their age and maturity and in light of their evolving capacity. ▪ Children and young adults can identify safe people and places in their community who they could go to for help if needed. ▪ Observed and reported that the child receives positive reinforcement and that there is an absence of harsh forms of punishment.[88]
Domain: Psychosocial Wellbeing and Community Belonging				
4	**Self-esteem and resilience**	Children, young adults and caregivers	Children and young adults' express healthy self-esteem, self-worth, and an overall sense of positive identity. Children, young adults and caregivers demonstrate confidence in problem solving, use of positive coping strategies, and express hope for the future.	▪ Children and young adults are able to identify and express positive personal traits they possess and skills/competencies that they're proud of. ▪ Mentor and neighbors report young adults are not exhibiting risk behaviors[89], and have positive peer relationships. ▪ Children and young adults display an overall positive demeanor, which is confirmed by caregiver, mentor, teachers/trainers, and/or neighbors, and do not exhibit (a) stress, (b) withdrawn behavior, (c) no interest in play or enjoyable activities, (d) change of appetite for food. ▪ Caregivers don't exhibit signs of stress, or are seeking support to manage stress. ▪ Children and young adults can provide examples of how they have problem solved and/or learned from a mistake in the last 3 months. Teachers/trainers/mentors confirm the child/young adult persisted in finding a solution (i.e. they were confident they could find a solution). ▪ Young adults and caregivers are able to provide examples of how they positively manage stress (including emotional support seeking behaviors).

				▪ Children, young adults and caregivers are able to express a vision and their hopes for their future life.

No.	Domain and name of benchmark	Subpopulation	Definition of benchmark	How to verify
Domain: Psychosocial Wellbeing and Community Belonging				
5	**Accessing social support services**	Children, young adults and caregivers	Children, young adults, and caregivers have access to support services. All children have been registered with the department of Civil registration.	▪ Children and young adults have a birth certificate and/or national ID. ▪ Children and young adults and caregivers can clearly articulate where they are able to access support services, and if they have accessed support services (e.g. OVC cash transfers). ▪ Case plan and referral documentation confirms services have been accessed and met their intended purpose.
6	**Accepted**	Children, young adults and caregivers	Children, young adults and caregivers participate and are included in daily activities. They regularly engage with caregivers, mentor, other adults, and peers, within the community. They have a sense of shared identity with their community, a sense of belonging to the community, and can identify individuals or groups recognized as providing social and emotional support. Stigma is not a barrier to participation in family and community life.	▪ Child is treated equally, in terms of participation and resource allocation, to other children in the household. ▪ Ask children and young adults to identify at least one friend at school/vocational training/employment, and one friend in the community. Ask caregivers to identify at least one friend in the community. ▪ Ask child, young adults and caregivers if they have participated in a community activity in the last three months (e.g. fundraising, wedding, funeral, religious function, baraza, youth functions). ▪ Ask children, young adults and caregivers if they are a member of any community group (church/mosque, peer support group, women's group, disabled people's organization, child/ adolescent club, savings groups, etc.). ▪ Children and young adults can identify adults they trust in their community who they could go to for help if needed, including for young adults a specific mentor. ▪ Caregivers and young adults can identify someone who would take them to the doctor and care for them (for example, cooking meals and completing daily chores) if they were sick, someone they can speak to

				about their problems who would understand them, and someone who makes them feel loved and important.

No.	Domain and name of benchmark	Subpopulation	Definition of benchmark	How to verify
Domain: Health and Development				
7	**Nourished**	Children, young adults caregivers	Household able to provide a minimum of two meals/day to all household members in the past six months, that meets the nutritional needs of the all members of the household.	▪ During monitoring visits to household and case review, ask children, young adults, and caregivers regarding frequency, quantity, and composition of meals. ▪ Observe food storage and use of cooking equipment. ▪ Observe physical appearance to confirm absence of signs of malnutrition of the child[90]. ▪ The nutritional needs of family members with specialized dietary needs are met, where relevant.
8	**Developing**	Children and young adults (adolescents)	Child or young adult is meeting physical and cognitive developmental milestones, or where these are not being met, is accessing appropriate services to support development.	▪ For children under 5 years old, during monitoring visits, ask caregiver if child is walking, talking and showing increasingly independent behaviors at a level similar to that of his/her age mates in the community. Confirm via direct observation and interaction with child. ▪ Adolescent girls and boys are aware of and can articulate the different developmental changes related to adolescents (e.g., menstruation, breast development, voice changes, identify, self-worth, self-confidence, engage and maintain positive friends etc.) ▪ For children with disabilities, where caregiver notes (and observation and interaction confirms) developmental delays, review evidence of accessing appropriate support services (i.e. copy of receipt of services received, confirmation from service provider of services delivered), and knowledge, attitude and practice of the caregiver in relation to the delay/special needs. ▪ In absence of specialized services, ask caregivers to demonstrate knowledge/competencies to support children with

				disabilities e.g. caregiver is attending parenting skills training, check for skills on home-based physiotherapy exercises, feeding skills etc.
9	**Accessing**	Children, young adults and caregivers, including all with disabilities.	Children, young adults and caregivers have access to health information and services and are able to utilize services as required and without delay, to ensure maintenance of overall good physical health. Young adults and caregivers are able to meet the costs of any health-related expenses (including medicine, clinic fees, and transport), and have access to health insurance where available. Children below age 5 are fully immunized as per the Kenya Expanded Program for Immunization (KEPI).	▪ Review referral forms on case file, and review evidence of completed referrals for individuals referred for treatment (e.g. returned referral slips, report from children, young adult, caregiver and service providers on services received). ▪ Review copies of medical records on case file, incl. mother-child booklet (confirming full immunization) for children > 5 years. ▪ Children, young adults, and caregivers with disabilities have been assessed and registered by the National Council for Persons with Disability (NCWPD)91 and have access to both general health services and the necessary disability-specific services. ▪ Adolescent girls are using sanitary items. Adolescent girls and boys know where to access adolescent friendly health services and are utilizing them. ▪ Where there is chronic illness, caregivers are conversant in treatment regimen. ▪ During case review, ask young adults and caregivers if they delayed in accessing or supporting children's access to health or education services in the past three months due to financial constraints. ▪ Children, young adults and caregivers have access to health information. ▪ Adolescents, young adults and caregivers are aware, for example, of basic HIV prevention strategies, dangers of risky behavior and can articulate risky sexual behaviors to the caseworker (e.g. can

No.	Domain and name of benchmark	Subpopulation	Definition of benchmark	How to verify
				provide example of how they are protecting themselves, correctly describe the location of at least one place where they can receive sexual and reproductive health services and information).
Domain: Domain: Child – Caregiver/Mentor Relationship and Attachment				
10	**Quality time[92] and positive communication**	Children, young adults, caregivers and mentor	Child spends consistent time with caregiver / young adult spends time with mentor that they value and enjoy. Communication between the child and caregiver / young adult and mentor is frequent, and open. Both child and caregiver / young adult and mentor feel understood and feel satisfied with the communication.	▪ During case review, ask child if they feel their caregiver knows a lot about them. For example, do they know what the child likes and dislikes? What makes them happy or sad? ▪ During case review, ask children how they usually spend time with their caregivers – what do they do together, and how frequently? ▪ Observe child's non-verbal cues indicative of if they enjoy spending this time with the caregiver. ▪ During case review, observe whether the caregiver/mentor speaks of the child with general positive regard. ▪ During case review, ask young adults how they usually spend time with their mentor – what do they do together and how frequently? Ask if they enjoy the time spent with mentor, and if they are satisfied with the frequency of time spent together. ▪ Observe non-verbal cues indicative of level of enjoyment/satisfaction of time spent with mentor. ▪ During monitoring visits to the household, observe 'serve and return[93]' between caregiver and infants and/or children who are non-verbal. ▪ During case review, ask young adults how they usually spend time with others residing in the household – what do they do together and how frequently? Ask if they enjoy the time spent with those individuals.

				▪ During monitoring visits to the household, observe communication between child and caregiver, or young adult and mentor or other individuals residing in the household – does the child/young adult express themselves freely with the caregiver/mentor, and is the child appropriately engaged in discussing decisions which affect them? ▪ Ask the child/young adult if they share exciting/good information with the caregiver/mentor, and if they can discuss personal problems with them.
11	**Consistency**	Children, young adults, caregivers and mentor, including all with disabilities	There is consistency in the relationship between child and caregiver, or young adult and mentor, in terms of level of supervision, responsiveness, boundaries, and discipline, leading to increasing trust.	▪ During monitoring visits to the household, observe caregiver's response to children and young adult's cues for attention (including children and young adults with disabilities) – is the response timely and does it seek to meet the child's needs? Note the serve and return engagement mentioned above. ▪ During monitoring visits to the household, observe child or young adult's response to stressors – do they seek support and comfort from caregiver? ▪ Observe if the caregiver responds appropriately to a child or young adult's stressors. ▪ During case review, ask child or young adult if they were hurt or sick in the last three months, did their caregiver take care of them? ▪ During case review, ask young adults if they needed help in the last three months, did they reach out to their mentor, and was their mentor able to provide useful/meaningful guidance and support? ▪ Confirm with mentor any support the young adult needed during the last three months. ▪ During case review, ask children and young adults if they feel their caregiver/mentor knows where they are and what they're doing most of the time. ▪ During case review, ask the child or young adults about the rules of the house, and consequences should the rules be broken. Where clear boundaries have been set, communicated and consistently applied by the

				caregiver, children should be conversant in these. Confirm that rules and consequences are consistent across children in the household.

No.	Benchmark	Sub-population	Definition of benchmark	How to verify
Domain: Economic Stability				
12	**Stable**	Children, young adults and caregiver	Caregivers have been able to meet the cost of children's basic needs such as rent expenses, clothes, etc. over the last six months. Young adults who are working and being supported have been able to meet these costs for themselves. Caregivers and young adult have a regular savings and basic financial literacy e.g., planning, saving, budgeting and responsible spending. Caregivers and young adults have been able to anticipate and meet emergency expenses in the last six months (e.g., medical expenses, drought, flood, etc.), via savings or access to loan/credit.	▪ Evidence (or self-reports[94]) of sources of income (e.g. business, formal, informal, casual, employment, etc.) and/or productive assets (e.g. livestock, poultry etc.). ▪ Review of any payment receipts for rent. ▪ Observe for any recent home repairs and home improvements etc. ▪ In some cases, evidence of receipt of bursary or cash transfer. ▪ Confirm if there is any other external support e.g., relative, ▪ Evidence (or self-report) of regular savings (e.g., active participation in saving and credit groups). ▪ The caregiver or young adult can provide examples of how they were able to meet emergency expenses in the last 3 months and can articulate plans regarding how to meet emergency expenses.

Appendix 6: Confidentiality Policy and Code of Conduct

Confidentiality Policy

Confidentiality is the preservation of privileged information. The information learned/collected from work with a family and children is necessary to plan for and provide services to the child or family and is shared within the development of a helping, trusting relationship. All information concerning children, caregivers or family members is confidential. This means that you are free to talk about a project and your position, but you are not permitted to disclose child, caregiver or family names, or locations or to talk about them in ways that would make their identity known.

No information may be released, even to other organizations or agencies, without appropriate authorization and documented consent from children and caregivers. This is a basic component of social work ethics.

As someone providing case management to families, you are expected to respect the privacy of children, caregivers and families and to maintain their personal and household information as confidential. All records dealing with specific children and families must be treated as confidential. General information, policy statements or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers as well.

Failure to maintain confidentiality may result in corrective action.

Certification

I have read the policy on confidentiality. I agree to abide by the requirements of the policy and to treat as confidential all information about all children and their families that I learn during the performance of my duties. I also agree to inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to corrective action.

Name: ____Signature: ________________________________

Date: ____

CODE OF CONDUCT

To Protect Children From Abuse and Exploitation

Preamble

The Department of Children's Services (DCS) is committed to creating and maintaining an environment that prevents abuse and exploitation of all children. All the social services workforce (professional and nonprofessional) are expected to contribute to building a harmonious workplace based on mutual respect and understanding. All are equally expected to uphold the dignity of all children with whom they come into contact by ensuring that their personal and professional conduct is at the highest standards at all times. This Code of Conduct applies to the entire social services workforce.

The DCS strongly condemns and prohibits all forms of abuse and exploitation. Therefore:

1. Abuse and exploitation constitute acts of serious misconduct and are therefore grounds for disciplinary action up to and including termination or dismissal. Exchange of money, employment, goods or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior, are prohibited. This includes exchange of, or threat of, withholding assistance that is due to children.

2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense.

3. When an one receives a concern or suspicion regarding abuse or exploitation by another person during his work, s/he must report such concerns and follow the DCS reporting procedures.

4. Social services workforce are not expected to engage in any form of harassment, discrimination, physical or verbal abuse, intimidation, favoritism, or any exploitative relationships is prohibited.

5. The social Service workforce is expected to behave in accordance with DCS values and create and maintain an environment that prevents abuse and exploitation.

Acknowledgment

I have carefully read the Code of Conduct and understand it. If I have questions or need clarification, I understand that it is my responsibility to speak to my supervisor. I am aware that am at all times expected to uphold the standards of behavior as described in this Code of Conduct and that I have an affirmative duty to report violations of it. I also understand that the consequences of my breaching the Code of Conduct or my failure to comply may lead to corrective action.

Name: ______________________________________Signature: _______________________________

Date: _______________________________________

Appendix 7: Guidelines for the Alternative Family Care of Children in Kenya

Determination of the Most Appropriate Form of Family-Based Care

To determine which alternative care option is the most appropriate for each child, the following measures should be in place, as recommended in the United Nations Guidelines:

1. Alternative care decision making should be carried out via a judicial or administrative procedure with clear legal safeguards as stipulated in the Constitution of Kenya (2010) and The Children Act of 2001.
2. The Government of Kenya shall ensure that a comprehensive regulatory framework is in place to guarantee authorization, registration, monitoring and accountability of all alternative care providers. The framework will serve to monitor referral and admission of a child.
3. Alternative care providers should implement rigorous, multidisciplinary approaches to decision making that include the full participation of children, families and legal guardians.
4. From the start, authorities and alternative care providers must maintain comprehensive records of the child to guide all future decision making and case planning.
5. All decision making should be carried out on a case-by-case basis and based on a thorough, carefully organized assessment. A qualified, multidisciplinary team of professionals should carry out the assessment. The assessment should take into account the child's general well-being and safety as well as his/her ethnic, religious, family and community background, medical history, education and other personal and development characteristics. The child and the family should be fully consulted throughout the process.
6. Authorities and alternative care providers should minimize frequent changes in care placements.
7. Case planning will be initiated at the earliest possible time and within 1 month of care placement. It should be based on the child's emotional, physical and mental development needs; the family's capacity to protect and promote his/her well-being; the child's relationship with his/her siblings; the child's desire to stay close to his/her family or community; and the child's cultural and religious background. The case plan objectives and timeline should be clearly stated and shared with all responsible members of the decision-making process, including the child and his/her family.
8. If the child is placed in alternative care via a court or administrative body, the child's family or legal guardian shall be informed of the decision and discuss the ruling with the respective authorities.
9. The child, depending on his/her age and evolving capacity, should be informed and prepared throughout the process.
10. Alternative care providers and authorities should conduct periodic reviews of the care placement, taking into consideration the child's well-being and personal development as well as his/her views. It is recommended that, at a minimum, the reviews be conducted every 3 months.
11. The paramount consideration during all decision making is to ensure that decisions are based on the individual needs of the particular child and that care placement promotes stability and permanency through family reunification or provision of a stable alternative care placement.
12. Every child in care should be supported with aftercare services once he/she leaves an alternative care placement.

13. The best interest determination process (refer to the "Glossary of Key Terms" in the *Caseworker's Guidebook*) should be promoted for all care arrangements.

General Principles in the Provision of Alternative Family Care

The following principles, as outlined in the United Nations Guidelines, inform these Guidelines and the provision of alternative care services in Kenya:

1. The four main principles of the United Nations Convention on the Rights of the Child—best interests of the child, nondiscrimination, participation and survival and development—should be key in all alternative care arrangements (Refer to Chapter 2 of the Guidelines for additional information regarding these principles.)
2. Family is the fundamental group in society that provides the care and protection for children, and all efforts need to be in place to support and nurture families to uphold this primary responsibility. This includes ensuring provision of family support, and tracing and reintegration services.
3. All alternative care placements should take into account the importance of placing the child as close as possible to his/her usual place of residence. This will enable continued contact between the child and his/her family and possible family reunification and will minimize disruption to the child's education and well-being, as long as the contact is in the best interests of the child.
4. The primary priority for all alternative care placements, both formal and informal, is provision of a stable, loving and protective home for the child, with permanency as the long-term goal.
5. Participation and well-being of the child should be at the center of all decision making, and he/she should be safeguarded from abuse, violence and exploitation.
6. Poverty should never be the driving factor or primary justification for removing a child from his/her family and placing him/her in alternative care.
7. Removal of a child from his/her family should be seen as a last resort and should be temporary and carefully monitored.
8. A child outside of parental care or in alternative care should be afforded all basic human rights, as stipulated in the Constitution of Kenya (2010) and The Children Act of 2001.
9. Siblings should be kept together during removal and placement in alternative care, except where this is deemed to be unsafe or not in the best interests of the siblings.
10. Proper gatekeeping measures should be in place to ensure that placement is appropriate to the child's individual needs.
11. Informal care arrangements should be recognized and supported in line with the best interests and cultural heritage of the child.
12. All children in alternative care should be under the protection of a legal guardian or the relevant public body or authority.
13. Provision of alternative care should never be carried out under the primary purpose of advancing the caregiver and providers' religious, political or economic goals.
14. Use of institutional care should be limited, provided under strict standards and regulations, and children under 3 years should be placed in family-based care settings, not institutional care.
15. Coordination, information-sharing and cooperation among all government and nongovernmental authorities, agencies and alternative care providers are needed to appropriately and safely provide alternative care for children.
16. All alternative care providers should be registered, licensed, authorized and monitored by the Government of Kenya.

17. Particular consideration should be placed on the quality and safety of alternative care facilities and services, ensuring that they meet international standards and enhance the best interests of the child.
18. Alternative care providers should ensure that a child receives adequate nutrition, health, hygiene, education, religious and recreational services to promote his/her developmental needs.
19. All children in alternative care should be provided with consistent and stable care.
20. Government and nongovernmental agency staff and alternative care providers should be trained, supervised and resourced to effectively provide safe alternative care services.
21. The Government of Kenya shall ensure that appropriate laws, policies and resources are in place to support a functioning alternative care system, with priority given to family- and community-based care.
22. The Government of Kenya shall ensure that a range of alternative care services is available to all children.

Continuous research should be conducted to address emerging issues and enhance preventive measures in alternative care arrangements.

Appendix 8: Disability Handouts

Myths and Facts About a Disability

Myth	Fact
A disability is inherited.	A disability is not always inherited. Some forms of a disability that are inherited are determined by genes; for example, albinism.
A disability is related to witchcraft or is the result of a curse.	A disability is not the result of witchcraft. Widespread superstitions about disabilities has exacerbated the efforts towards inclusion of people with disabilities in Africa.
People with a disability are inferior.	People with a disability have equal rights just like any other person. They are able to perform their duties as well as any other person, if no barriers exist.
Laughing at a person with a disability would result in one's conceiving a child with a disability.	Laughing at a person with a disability does not result in a disability. This is only a false belief or superstition to appease some communities with poor understanding of what a disability is.
Certain body parts of people with a disability can be used for medicine.	These are traditional, outdated beliefs and superstitions that are not true.
Use of contraceptives can cause a disability.	In some cases, the wrong use of contraceptives can result in a disability.
People with a disability are a burden to the community.	This is not true. With the correct attitude and a barrier-free environment, a person with a disability can do anything.
A disability is the result of a bad omen.	These are traditional, outdated beliefs and superstitions.

Person-First Terminology

How would you best refer to a person with a disability

Avoid These Words	Acceptable Terms
Abnormal, subnormal (These are negative terms that imply failure to reach perfection.)	Specify the disability.
Blind (the), visually impaired (the)	Person who is blind; person with visual impairment”
Confined to a wheelchair, wheelchair-bound (A wheelchair provides mobility, not restriction.)	Uses a wheelchair; is a wheelchair user
Cripple, crippled, lame (These terms convey a negative image of a twisted, ugly body.)	has a physical or mobility disability
Deaf (the)	Only appropriate when referring to the Deaf community; say: “Person who is deaf.”
Disabled (the)	People with a disability; people with disabilities; the disability community; a person with a disability; persons with disabilities
Disabled toilet	Accessible toilet
Physically challenged (It is wrong to use this term to refer in general to people with disabilities; we have physical disability as well as sensory neural, intellectual, and so on.)	People with a disability; people with disabilities
Physically challenged or unable	Person with a physical disability
Epileptic	Person with epilepsy
Albino	Person with albinism
Insane (Other derogatory terms include lunatic, maniac, mental patient, mentally diseased, neurotic psycho, psychotic, schizophrenic, and unsound mind.)	Person with a psychiatric disability [or a specific condition]
Mentally retarded (Other offensive and inaccurate terms are defective, feeble minded, imbecile, moron and retarded.)	Person with an intellectual disability
Vertically challenged/ dwarf	Person of short stature

Appendix 9: Workshop Evaluation

Promoting Family- and Community-Based Care Using a Case Management Approach

Workshop Evaluation

On a scale of 1 *(low confidence*) to 10 (*high confidence*), where would you put yourself **BEFORE** the workshop in terms of being prepared and feeling confident in working with children and families to achieve family- and community-based care?

1	2	3	4	5	6	7	8	9	10
LOW									**HIGH**

On a scale of 1 *(low confidence*) to 10 (*high confidence*), where would you put yourself **AFTER** the workshop in terms of being prepared and feeling confident in working with children and families to achieve family- and community-based care?

1	2	3	4	5	6	7	8	9	10
LOW									**HIGH**

What was the most significant or valuable thing you learned from the workshop?

When developing a case management training package for frontline workers, what would be important to include? Which training content would best equip them to support reintegration into family- and community-based care?

Some of the objectives of the training follow. Please rate the extent to which each objective was met:

1. Improve the understanding and ability of participants to implement the *Guidelines for the Alternative Family Care of Children in Kenya.*

   Completely   Above Average   Not at All

2. Enhance the understanding of participants on case management as the best practice approach for implementing family- and community-based care, and their ability to develop draft family-based care case management tools.

   Completely   Above Average   Not at All

3. Review and finalize the Kisumu road map of the pilot program on family- and community-based care.

   Completely   Above Average   Not at All

Please comment on the following aspects of the workshop.

Contents of the Training	Comments	Suggestions
Structure and format of the workshop		
Workshop methodologies		
Quality of facilitation		
Presentations (PowerPoint slides)		
Group work		
Training room/venue/food		
Materials used		
Other		

For more information about *Changing the Way We Care*, contact us at info@ctwwc.org

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