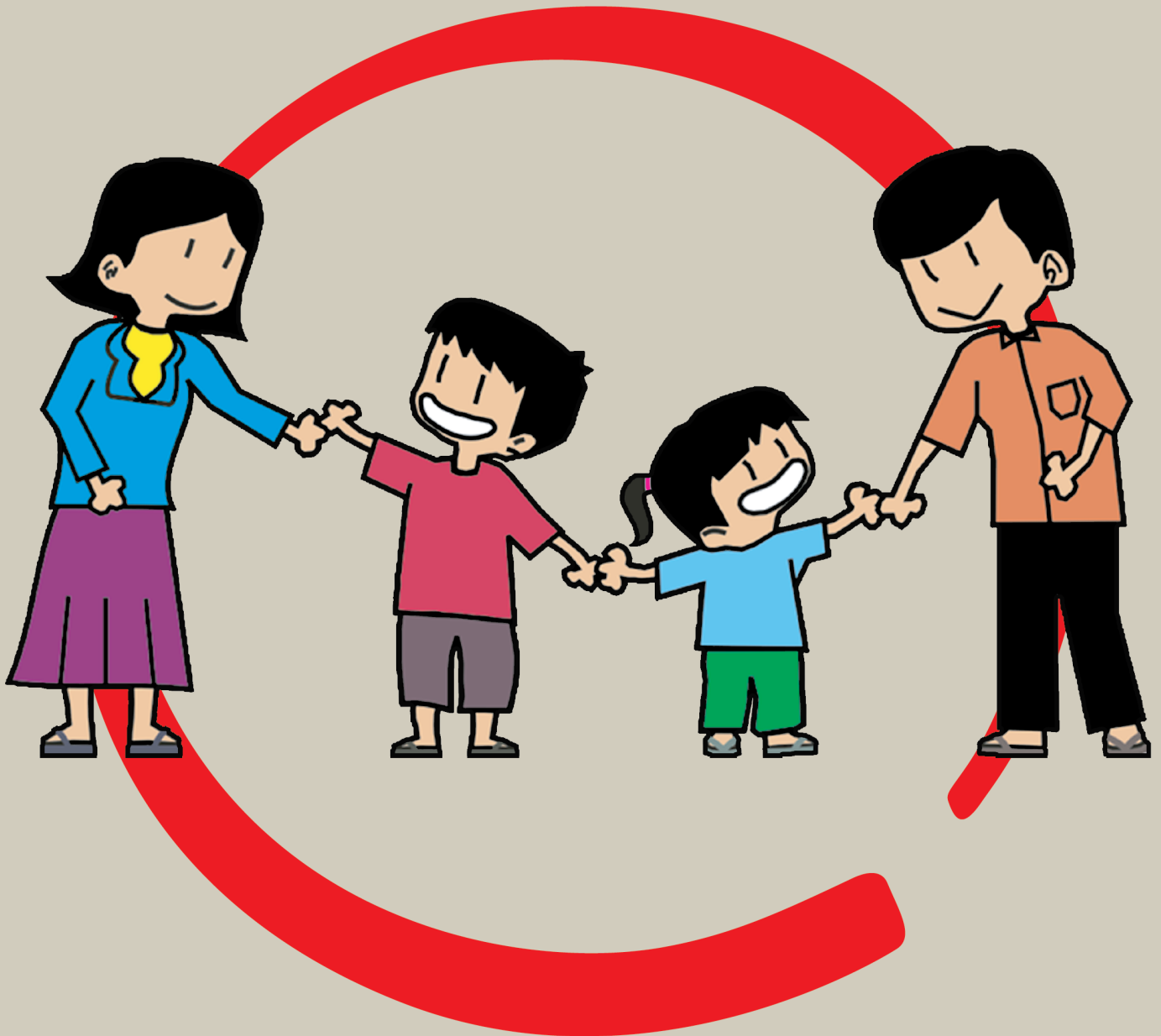


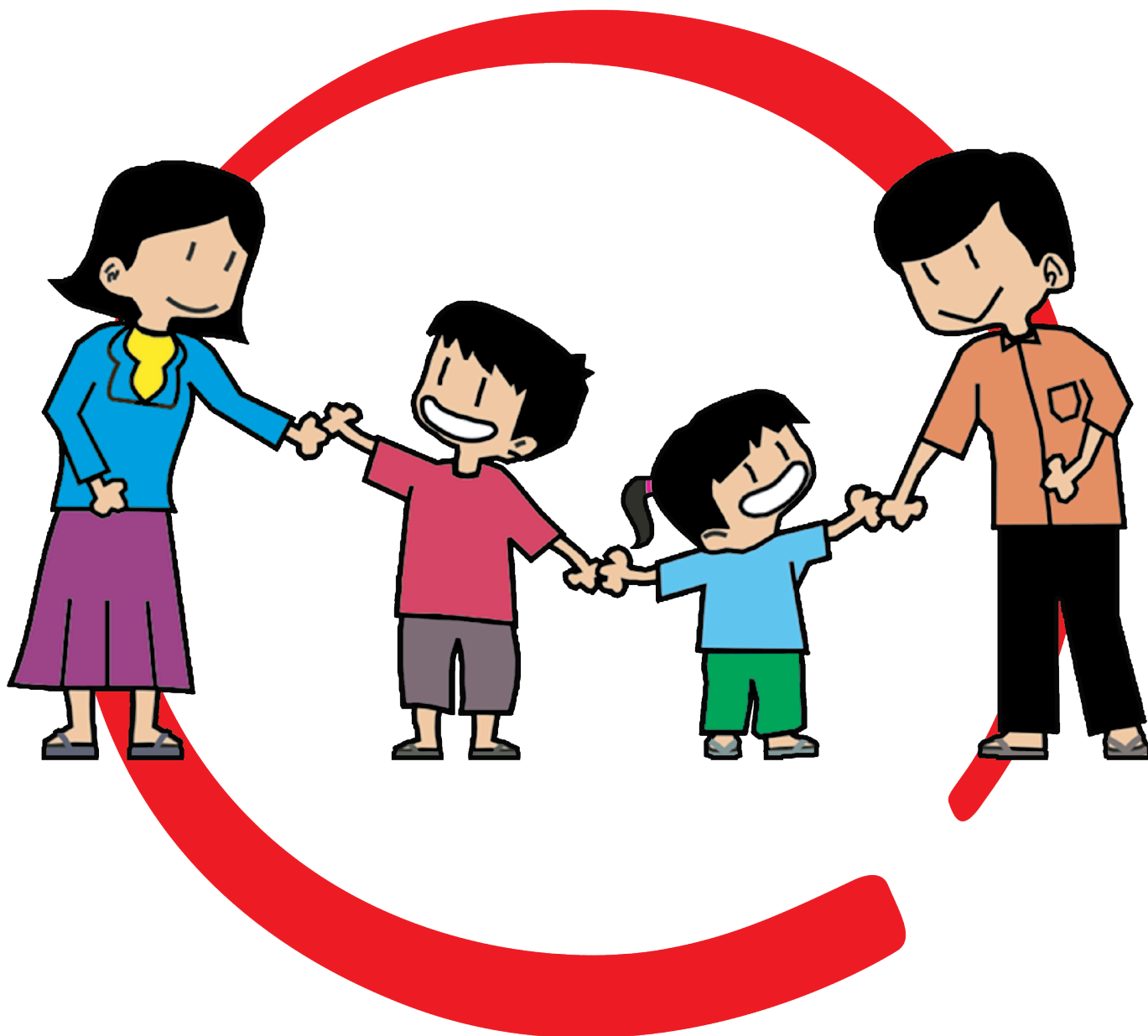
**CASE MANAGEMENT IN
CHILD AND FAMILY SUPPORT CENTER /
PUSAT DUKUNGAN ANAK DAN KELUARGA (PDAK)**



**Australian
Aid** 

Yayasan Sayangi Tunas Cilik
Partner of  Save the Children

CASE MANAGEMENT IN CHILD AND FAMILY SUPPORT CENTER / PUSAT DUKUNGAN ANAK DAN KELUARGA (PDAK)



The International Save the Children Alliance is the world's leading independent children's rights organization, with members in 30 countries and operational programmes in 120 countries.

Yayasan Sayangi Tunas Cilik is the implementing partner of Save the Children International in Indonesia. We fight for children's rights and deliver lasting improvements to children's lives worldwide.

- Our mission is to inspire breakthroughs in the way the world treat children and to achieve immediate and lasting change their lives
- Our values:
 - Accountability
 - Ambition
 - Collaboration
 - Creativity
 - Integrity

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Foreword

The purpose of this book is to primarily to introduce the PDAK – Pusat Dukungan Anak dan Keluarga (Child and Family Support Centre). The PDAK was conceived predicated upon the concept of providing a direct response to children and families experiencing challenges in care and protection. The interventions conducted by the PDAK seek to identify solutions other than the traditional approach of placing children in institutions. The PDAK is one of the strategies adopted by Yayasan Sayangi Tunas Cilik - Partner of Save the Children and the Ministry of Social Affairs in striving to change the childcare paradigm from one that is solely focused on institutionalization towards family-based and alternative care that can be provided in the community. In this context, as mandated by the National Standards of Care for Child Welfare Organizations, childcare institutions continue to have a highly significant role to play in supporting family-based care, family-based alternative care and as the last option in the continuum of childcare.

The PDAK approach is focused on the strengths provided by professional social workers working directly with children, families, childcare institutions, Social Services Agencies, stakeholders and providers of social services in determining the best long-term courses of action to strengthen the care of children in the family. PDAK's social workers apply clinical approaches using the case management model in their social work practice with children and families. This is also of assistance to government in fulfilling its mandate to protect children and develop an effective child-protection system.

While this book is based on a social work and child protection framework, it is equally influenced by the lessons learned and field practice conducted by PDAK. The PDAK was conceived in Bandung in October 2010, with branches being established in Yogyakarta in 2012, Cianjur in 2014, Lampung and Kupang in 2015, and in West Sumba in 2016. The book provides a reference and a guide for all involved in PDAK's work, including case management. Of course, it can also be used as a reference in social work practice and child protection.

We would like to take this opportunity to thank PDAK's social workers (case workers, senior case workers and case managers), our colleagues in the Social Affairs Offices, and all stakeholders and social-service providers for the very real and invaluable roles they play in developing a social work-based child-protection system.

Of course, there will always be inadequacies and deficiencies. We are well aware that, as with all new endeavors, the social work practice, case management and child protection framework described in the book needs to be continuously improved. So, please do not hesitate to provide us with your views, for which we will be very grateful.

Jakarta, December 2015

Tata Sudrajat,

Families First Signature Program Director

Yayasan Sayangi Tunas Cilik - Partner of Save the Children

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CHAPTER I

Case Management in Services Provided by Child and Family Support Centre (PDAK)

The Child and Family Support Centre (PDAK) was established based on two considerations, namely, the growth in the number of children and families experiencing problems, and the need for services to be provided in response to these problems. In delivering such response, the key issue that has been identified by PDAK is a continuing reliance on the institutional approach in the Indonesian child protection system, particularly as regards the response to violence and exploitation against children. In tandem with this, the availability of family-based social services that accord with the needs of children and their families remains limited. The situation is exacerbated by the absence of a social work system in Indonesia that could support the protection and care of children.

Given these deficiencies, the PDAK has been established to:

- a. Provide direct professional and effective support to children who need protection and care services.
- b. Work with children, families, childcare institutions and governmental social service agencies to determine the best long term approaches so as to prevent children being unnecessarily placed in childcare institutions.
- c. Support Child Welfare Organization (LKSA) in implementing the National Standards of Care for Child Welfare Organization (SNPA) through, among other things, reviewing the placement of children in institutions, preparing care plans, encouraging reunifications, and conducting referrals.
- d. Improve the skills of local Non-Governmental Organizations (NGOs) in conducting case management so as to restore exploited children to their families and facilitate their access to social services.

The use of the case management approach by PDAK is aimed at facilitating optimal access on the part of clients to various service resources, rather than excessively focusing on the role of social workers as experts in responding to client problems. When social workers tend to position themselves as experts, this undermines the effort to harness all available resources so as to provide comprehensive responses to client needs. This is because not all resources may be capable of coordination in such a situation, or the owners of resources refuse to allow their resources to be availed of. Through the case management approach, the social worker connects clients with resources, identifies and gains an understanding of how to harness such resources, and coordinates the utilization of the resources so as to appropriately respond to client problems.

A. Why Does PDAK Employ the Case Management Approach?

PDAK has been developed based on the practical experience of social workers involved with children and their families. These practitioners are intimately aware of the increasingly

complex problems facing children and families, and the multi-service responses that are required. The application of social work skills allows such problems to be interpreted in a comprehensive manner, and the solutions required by a rapidly changing society to be formulated.

PDAK basis its services on the “person-in-environment” approach to social work, meaning that the social worker does not just help people, but also helps create social conditions that encourage the optimization of people’s functions in their social environments. Such efforts are carried out at the individual, family and small group level (micro), organization and service institution level (mezzo), and community and society level (macro).

Another cornerstone PDAK service provision is the ability to adapt clinical social work to the needs of the community. Such adaptation is effected based on the results of research and new intervention strategies derived from practical experience in the field.

Clinical social work practice moves from a generalist approach to a more advanced one. Progressing from the generalist approach, the social worker then applies a more incisive approach that encompasses problem management and practice, combined with specialist skills as required. The basis for this is the bio-psycho-social approach, which regards all problems that require social work interventions are the result of a combination of biological, psychological, social and learned behavior factors.

In clinical social work practice, the generalist approach serves as a basic framework for responding to the complexity of bio-psycho-social factors. This is possible as the generalist approach can be applied on an inclusive and integrated basis so as to gain an understanding of people’s behavior in their respective social environments.

Furthermore, clinical social work, as a form of contemporary social work practice, requires a broader approach than that encapsulated in the generalist approach. Such additional scope must be research-based so as to be able to support more effective service management. Nevertheless, this does not amount to a “specialist” approach. In other words, clinical social work employs a hybrid approach, using the generalist approach, combined with the application of advanced skills in order to maximize the outcomes of service (Maguire, 2002).

Based on the above description, it is clear that in addition to working with children and families, PDAK also works at a broader level, including with Child Welfare Organization (LKSA), government agencies and communities. PDAK responds to problems facing children and families that are generally complex in nature as they involve a variety of issues, such as poverty, care and protection. PDAK also seeks to ensure that the external support provided by the community, service agencies and policy makers is in line with child and family interventions.

The application of clinical social work principles in the services provided by PDAK also demonstrates PDAK’s commitment to constantly enhancing its services. PDAK combines various theoretical social work frameworks with reflections on their application in order to ensure the overall enhancement of practice and service systems.

The social workers who work in PDAK believe that responding to the needs of client children and families requires innovation and collaboration with various parties, both in the service and inter-disciplinary arenas. This need is answered by the case management approach. Based on experience to date, the case management approach has proved itself capable of effectively responding to problems of children and families and of promoting change in systems external to the family, such as in the community and in service agencies.

At the outset, case management was often interpreted by the PDAK team as meaning the

coordinating various services so as to meet the needs of clients. Based on this understanding, social workers helped clients to access services either on an individual or family basis, or even at the community level.

In tandem with the development of responses to and the complexity of the problems facing children and families, case management has increasingly come to be seen as the need to respond to and manage cases in an organized manner. The results of assessments conducted by social workers together with their clients are used to identify the issues that require responses. Such assessments also provide an overview of client potential / strengths. By comprehensively covering client problems and strengths, it has been possible to develop an organized system that helps reduce service errors and inaccurate targets.

The use of case management also enables social workers to combine clinical and interpersonal skills, develop broader perspectives, conduct cross-cutting activities, more effectively manage resources, programs and funds, and ensure a high level of accountability. All of these things are necessary to overcome highly complex issues where the ultimate goal is to enable clients to access, avail of and manage resources to the maximum extent possible so as to improve their lives.

The social worker is also responsible for conducting referrals and ensuring that clients obtain everything they require. Even after a case has been referred, the social worker needs to continue monitoring its development. All of these processes require the ability to network with a variety of service providers, whether individual, group or organization-based. The greater the complexity of a client's problems, the greater the variety of resources and services that are required, resulting in a greater diversity in the service-providers that will need to be on board.

The great variety of issues addressed by the PDAK mean that the case management approach is essential, as demonstrated by the following case:

Case X: Victim of Sexual Violence

Child X was a victim of sexual violence in a childcare institution. The child required protection and needed to be immediately removed from the institution. At the same time as the perpetrator was being prosecuted, X also needed support in facing questioning and testifying in court. X's family circumstances resulted in it being impossible for the child to receive appropriate care in the home as the child's father had a record of violence and alcohol abuse. The child's extended family was dispersed and was unwilling to provide the required care. In addition to requiring specific therapy for the abuse received, the child also needed to be placed in a school that would not disclose the child's history as a victim of sexual violence. (In this case, the social worker not only need to work with the child, family and childcare institution, but also with other systems, namely, the school system and agencies that provide services to children and families).

In the broader context, a continuing problem is the fact that many children are placed in childcare institutions for reasons of poverty. The PDAK social workers are well aware that many under-5s are institutionalized notwithstanding that the National Standards of Care for Child Welfare Organization stress that under-5s may not be placed in a childcare institution for longer than one month. The problems that arise in connection with the welfare of children and families, and child protection and care in such cases cannot be resolved by social workers alone without the systemic support that can only be provided through the application of a comprehensive approach.

From the above description, it will be clear that that case handling and management requires an organized approach. This must not be constrained by limited ownership of and access to resources. Consequently, it is essential to develop a network that involves various service providers and professions so as to respond to client needs in an integrated, efficient and effective manner.

B. Understanding Case Management

From the conceptual perspective, the case management approach applied by PDAK may be described as follows:

- a. A series of planned and logical stages and processes involving interaction between service networks so as to ensure that clients receive the services they require in a supportive, effective and efficient manner (Weil et al. in Vourlekis and Grenee, 1992).
- b. Case management focuses on individuals in a holistic manner. Unlike special services, case management not only focuses on one issue but rather works with a variety of issues, taking into consideration the strengths / potential and concerns of clients. In other words, case management involves an assessment of the client's overall situation. As part of that process, the potential and strengths of the client are harnessed so as to improve the client's overall situation. (Summers, 2006)

Based on the experience of PDAK social workers (case managers, senior case workers and case workers), case management may be described as follows:

- ◆ Case handling procedures that are applied by professional social workers using multiple social support resources as part of the process of providing help, both on an individual and group basis (case worker 1).
- ◆ The skills possessed by various professions that are engaged in the humanitarian field, including the social work profession, that have procedures in place to coordinate all activities involving the provision of assistance to clients, both on an individual and group basis (case worker 2)
- ◆ The process of managing and organizing so as to ensure that a case receives an appropriate response in accordance with intervention needs. The social worker ensures determines the case flow from the intake stage through the intervention process (including ensuring that appropriate referral services are provided), up to termination. (case worker 3).
- ◆ A comprehensive process that covers assessment, planning, and coordination in client handling. The skills that are required include the ability to work as part of a team, to network, to conduct referrals and to coordinate in providing a variety of services to clients (senior case worker 1)
- ◆ A process that must be applied by a case worker in handling a case, with the focus being on stages or flow, and the principles that must be applied at every stage. The case management applied by PDAK not only focuses on the micro level (children and families), meaning that assessments are not limited to clinical assessments alone but also include ecological assessments at the mezzo level (covering not only the family, but also the community and policy framework).
- ◆ The principle that is applied is to engage the client at the planning and subsequent stages. At the intervention stage, the case worker does not always have to intervene directly but

rather tailors the approach to be applied to the needs of the case. Because of this, the referral process is important. Even after referral has been effected, the case worker cannot just close the case. Rather, he or she continues to be fully responsible for monitoring the process. In this way, a case can be resolved in an appropriate and comprehensive manner, in the sense that the client receives the services required in accordance with specific problems or needs. This is possible because the PDAK has a strong referral network or system. (senior case worker 2)

- ◆ In essence, case management must cover case processing, that is, the distribution and management of the case from the initial stage up to termination, together with the provision of services and the manner in which the case is coordinated (senior case worker 3)
- ◆ Case Management is the way in which a social worker handles a case based on a personal approach to the client and the utilization of service system networks. There are three important aspects involved in case management: **1) the client** managed by the social worker; **2) facilitate** the client in obtaining support and service; and **3) harnessing available resources**, both internal and external to the client (case manager).

C. Components, Principles and Objectives of Case Management

Case Management Components

Case management represents an intervention that gives rise to impacts on two levels, namely, the client and service system levels. At the client level, case management involves the provision of direct services from the initial contact stage up to the termination stage, while at the service system level, the activities involved in the case management structure consist of administration, networking as between service providers, the harnessing of a variety of both formal and informal community resources that are required for service delivery. Case management at both levels is conducted simultaneously (O'Connor in Vourlekis and Greene, 1992).

The principal components of case management need to facilitate the success of the process at both levels: client and service system. These components are as follows:

- a. The clients managed by social workers, whether individuals, families or groups. At the broader level, if required, the scope of the term “client” may be expanded to include communities or organizations. The process of defining “client” is not a stagnant process but rather a dynamic one that takes into account the capacity of social workers and services that can be provided.
- b. The availability of networks consisting of a variety of resources and resource/service owners, accompanied by a list of appropriate service-provision institutions and their profiles as the basis for obtaining accurate information during the referral process.
- c. Facilitating and connecting clients with various resources that are capable of providing support and services.
- d. The harnessing and optimization of potential resources internal and external to the client.

Case Management Principles

Case management is applied based on the principles of service integration, service continuity, equal access to all services, quality services, advocacy, holistic approach to people, client empowerment and evaluation (Woodside and McClam, 2003).

a. Service Integration

Service integration is essential as many potential PDAK clients have complex problems and are in need of long term change. Consequently, case managers and teams need to develop and implement plans that are capable of ensuring the provision of a combination of services. Thus, case managers need to ensure the integration of all of the services and interventions that may be effected by the various related professions. This is intended to ensure that the services provided to one client will also support other services so that client problems may be resolved in a holistic manner. In addition, service integration helps avoid fragmentation or compartmentalization and service duplication, and encourages positive interaction between service providers.

Practice Example

The provision of psychosocial and financial support services to families in tandem with child protection services.

b. Service Continuity

Service continuity entails two meanings: first, services are provided on an interrupted basis from initial contact until termination; and second, the services provided are comprehensive in nature. This means that all the services required by the client are provided, including environmental support.

Practice Example

The provision of services involving the return of children from childcare institutions to their families in a particular village, accompanied by services designed to strengthen family resilience and prevent the separation of children from their families.

c. Equal Access to All Services

Every PDAK client must have equal access to case management services. The provision of access to services may also be expanded so as, for example, to include assistance in respect of transportation, accompanying clients to referral agencies and providing tracing services outside Java. This principle also implies that one of the fundamental roles performed by case managers is advocacy.

Practice Example

Services can be accessed by all types of clients – victims of exploitation, victims of violence, children with disabilities.

d. Service Quality

The provision of quality services is a key concern of PDAK. The PDAK's commitment to providing top-class services is reflected in PDAK's commitment to the rights of clients and the accountability of PDAK staff. Key aspects of service quality are their effectiveness and efficiency. An effective service is one that is accords with the agreed intervention

objectives, while an efficient service is one that uses resources productively, is time-efficient, is cost effective, and achieves the desired outcomes. In this respect, case managers consistently monitor intervention plans so as to ensure that they are sufficiently flexible so as to be able to respond to case developments, particular as regards the harnessing of new resources, as required.

Practice Example

- *Determination of cases to be handled by case managers and special meetings of the PDAK team*
- *Regular supervision conducted by senior case workers*
- *Certification of PDAK social workers.*

e. Advocacy

Advocacy means representing the interests of clients while simultaneously educating clients to advocate on their own behalf. In this regard, case managers, supported by PDAK team members, advocate both client and PDAK interests.

Practice Example

- *Home visits for assessment and intervention purposes*
- *Accompanying clients in court*
- *Conducting referrals and ensuring that clients can access services*

f. Viewing People Holistically

Client interventions must always be based on a comprehensive understanding of various human dimensions, including the physical, psychological, spiritual and social dimensions. These dimensions must be viewed holistically so that appropriate assessments and interventions may be carried out.

Practice Example

Bio-psycho-social-spiritual assessments (BPSS) are conducted in order to reveal all aspects of individuals from the physical, psychological, spiritual perspectives, and their interaction with various parties that may exert an influence on their problem.

g. Client Empowerment

Case management very much focuses on individual potential or strengths. Therefore, in every process, all PDAK team members need to position clients as partners and gradually encourage them to develop adequate personal competencies. Respect for all clients, without having regard to their individual differences, is based on the conviction of social workers that all human beings are imbued with integrity and self-esteem. Accordingly, it is incumbent on PDAK staff to position clients at the centre of all processes and consistently involve clients at every stage of intervention.

Practice Example

- *Helping clients assess their problems and potential/strengths so as to help them overcome their problems*
- *Jointly preparing intervention plans and applying them without creating dependency on the social worker*
- *Provide good parenting training to parents so that to allow them to provide better care to their children*

- *Provide the opportunity to children to express their opinions.*

h. Evaluation

Evaluation is an essential part of verifying the effectiveness of the case management process and the quality of resulting outcomes. Evaluation focuses on the relevance of the services provided to the client's needs, client progress and satisfaction, service integration, service quality and service outcomes. Both social workers and clients are involved in the evaluation process.

Practice Example

Periodic reviews by PDAK staff, led by a case manager.

Case Management Objectives

In general, case management is conducted with the objective of improving the quality of the client's life and preventing the problems faced by the client from deepening or worsening. More specifically, case management in PDAK is aimed at:

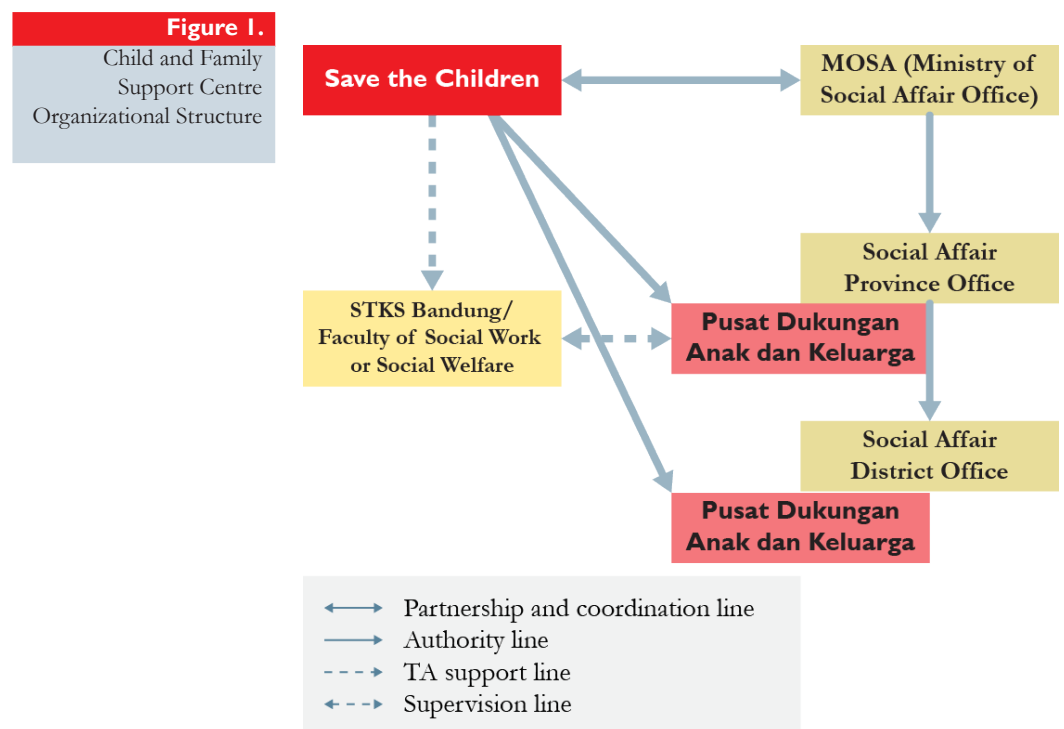
- 1) Ensuring that the basic needs of children and their families are fulfilled in accordance with their rights.
- 2) Facilitating the provision of integrated services to children and their families;
- 3) Promoting and strengthening social support for children and their families so as to prevent separation.
- 4) Improving collaboration between the various stakeholders concerned with child protection in order to ensure the provision of optimal services to children and their families and other communities;
- 5) Providing input for the formulation of child protection policies;
- 6) Designing social work practice models for child protection based on experience in the field.

CHAPTER II

Case Management Structure and Duties in Child and Family Support Centre

A. Case Management Structure in Child and Family Support Centre

The Child and Family Support Centre is a collaborative venture between Save the Children and the Ministry of Social Affairs, which has authorized the Provincial Social Affairs Offices to play an active role in the child protection system at the regional level. In carrying out their duties, all members of the PDAK team act based on this mandate and assignment by the Provincial Social Affairs Office. In West Java, the PDAK receives support and assistance from the College of Social Welfare in securing the services of social workers (both case workers and senior case workers).



The purpose of the PDAK's establishment is to ensure:

- 1) The availability of an effective child protection system at the provincial / municipal / county (*kabupaten*) levels so as to prevent or respond to the problems faced by children without appropriate care and to strengthen family-based care.
- 2) The development of a social work practice model for children and families involving the provision of direct support in a professional and effective manner so as to determine the best courses of action for children.

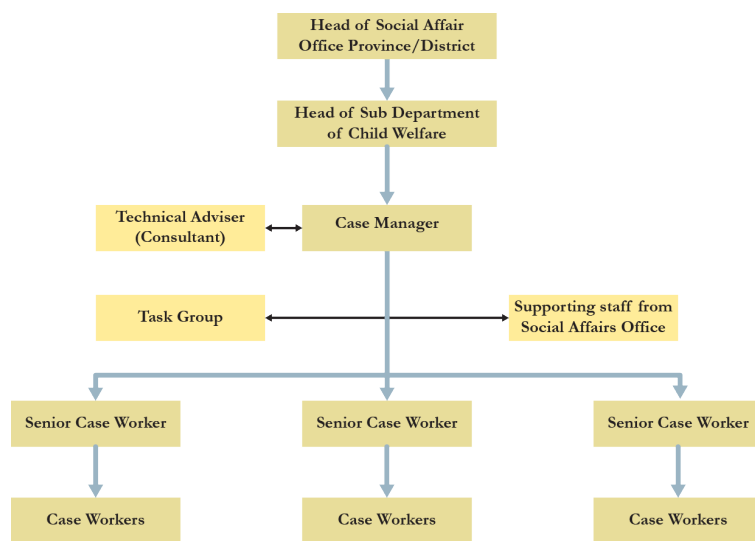
- 3) The development of a transformational model for childcare institutions / LKSA so that they may play a more effective role in helping to strengthen families and alternative family-based care.
- 4) The development of a family and community support-based preventative model so as to avoid children being placed in childcare institutions / LKSA and the separation of children from their families.

PDAK is run by a team consisting of management, made up of the Save the Children Program Director, Family Based Care Program Manager and the De-Institutionalization Program Manager; professional groups and practitioners consisting of technical advisors, case managers, senior case workers, and case workers; administrative staff; and a number of working groups whose members are drawn from Save the Children partner LKSAs (for a more detailed description, please refer to the PDAK Manual).

Case management by the PDAK is carried out mainly by a team of technical advisors, case managers, senior case workers and case workers with educational backgrounds in social work. The technical advisors support the team by providing practice guidelines, while the case managers, senior case workers, and case workers are responsible for handling cases. Case managers are in charge of resolving cases that are referred to the PDAK by other organizations.

In this manual, the term “social worker” is employed when describing aspects of a general nature, while the designations “case manager,” “senior case worker,” and “case worker” are employed when discussing specific duties that come within the PDAK case-management remit. These are the people who work directly with clients and handle cases involving children and families. While the services they provide are more focused on individual clients (children, parents) and / or families, the PDAK’s overarching goal (developing the child protection system), and the application of case management, the use of these designations should not be taken to mean that the PDAK’s work is limited to handling individual clients.

Figure 2:
PDAK Case Management Structure



The scope of the PDAK's work encompasses the following components:

- 1) Testing the application of the National Standards of Care for Child Welfare Organization (SNPA) for LKSA.
- 2) Reintegration of children from childcare institutions into the family system, and strengthening families.
- 3) Gate Keeping System – enhancing the roles and response of provincial / municipal / county Social Affairs Offices empowering families.
- 4) Preventing the separation of children from their families, especially in rural areas.

B. Case Management Team Duties

The principal participants involved in the handling of cases are case managers, senior case workers and case workers. Senior case managers, case managers and case workers each have different areas of authority. The principal area of authority of case managers is to accept referrals, determine the cases that will be handled by PDAK, and to distribute these among team members. In this regard, the role of the case manager differs from those of a senior case worker and case worker, who are responsible for directly handling cases. Although senior case workers are also involved in handling cases, their principal duty is to supervise and provide support to case workers in their work with clients. Each senior case worker is responsible for supervising three case workers, that is, the people who are responsible for directly and intensively working with clients.

1. Duties of Case Manager

The principal duties of a case manager are as follows:

- a. Verifying the feasibility of the cases referred by various organizations (Social Services Agency, Police, hospitals, schools, LKSA, NGOs, other organizations, and communities) for acceptance by PDAK.
- b. Distributing cases among the case workers.
- c. Making referrals to other organizations and ensuring that referred children and families receive the services they need.
- d. Monitoring the progress of cases from the intake process stage through to the follow-up stage.
- e. Initiating discussions on the management of cases as between the PDAK and mandate providers, that is, Social Services Agencies at the provincial / municipal / county levels.
- f. Initiated coordinating meetings so as to improve understanding of the problems faced by children and facilitate the harnessing of available resources.
- g. Conducting advocacy in relation to child-protection policy formulation, the identification of resources and the distribution of resources.

2. Duties of Senior Case Worker

The duties of a senior case worker are as follows:

- a. Assisting case workers in resolving the problems faced by children and families and ensuring that the safety, well-being and permanency of children are protected.
 - 1) Providing knowledge to the PDAK team on social work practice methods and

- skills in relation to children and families.
- 2) Coordinating with and providing mentoring to case workers in handling various types of cases. The senior case worker provides input in respect of assessment results, the designing of intervention plans, the process of effecting intervention, case termination and the referral system.
 - 3) Supervising the activities of case workers on an individual and group basis during the case-handling process in respect of social work practice and administration, and any personal issues that could hamper the handling of a case.
 - 4) Providing input for optimizing case handling through the holding of case discussions/meetings involving all case workers.
 - 5) Conducting case discussions with various parties that have case-handling authority, including experts in the social work and other disciplines.
 - 6) Conducting coordination and advocacy in respect of other organizations engaged in case management.
 - 7) Providing information on issues related to social work practice with children and families that is of benefit to the development of the PDAK program.
 - 8) Conducting recapitulations of the cases handled by all case workers.
 - 9) Checking, correcting and approving the program plans and budgets prepared by case workers.

One of The Important Duties of A Senior Case Worker is to Supervise Case Workers

Supervision involves providing guidance, ensuring coordination, conducting evaluation and improving accountability in social work, and is carried out by senior case workers in respect of case workers.

The key objective of supervision is to ensure that case workers can provide quality services to all service recipients in accordance with the policies and procedures that have been put in place. Supervisory activities are conducted at least once every two weeks on a regular basis or as required by individual case workers.

Supervision covers administrative, educational and support functions.

The administrative function involves assisting case workers in understanding their responsibilities and duties; conducting reviews of all actions that have been taken (such reviews may take the form of journal articles, case notes or case reports); and supporting the case documentation process and the results of the performance of duties.

The educative function is needed to improve the competencies of case worker, which is achieved by providing regular feedback so to help improve the performance of case workers; discussing matters that could hamper the performance of duties, whether due to inadequate knowledge, skills or values on the part of a case worker; and transferring knowledge and skills that will enhance the competencies of case workers.

The supportive function helps support case workers overcome the difficulties or limitations that they face, including personal problems that could hamper them in the performance of their duties. (Kadushin, 1976)

- b. Resolve the problems faced by children and families, and ensuring that the safety, well being and permanency of children are fulfilled.
 - 1) Assisting with the resolution of the cases assigned to case workers.

- 2) Apply social work knowledge, methods and skills in the provision of social work assistance.
- c. Submit supervision reports to case and project managers.
- d. Dealing with complex cases and crises, and those that require multi-service responses, in collaboration with case workers.

3. Duties of case workers

The duties that must be performed by a case worker are as follows:

- a. Receiving referrals from case managers.
- b. Holding meetings with referring agencies so as to gain an understanding of the case background, and explain the case worker's mandate and assignment from the Social Affairs Office.
- c. Handling cases in line with the procedures throughout the initial contact, contract, assessment, intervention planning, intervention, termination and follow-up stages. In practice, the handling of cases will not always be based on the sequence described below. Rather, the social worker enjoys a high degree of flexibility in accordance with the specific requirements of the case.
 - 1) Making initial contact with children and families so as to develop trust and closeness between the client and case worker. This activity is also useful for introducing oneself and explaining the purpose of case worker mentoring, as well as to introduce the senior case worker. The senior case worker needs to be introduced at the initial contact stage, bearing in mind that the case worker will always be assisted by the senior case worker during the case-handling process. In complex cases where urgent help is required, the senior case worker may even work directly with the case worker, although the responsibility for the case remains the case worker. Introducing the senior case worker at the outset will reduce the risk of rejection on the part of the client.
 - 2) Entering into contracts with children and families. A contract may be drawn up at the time of initial contact or also possibly after several meetings have been conducted. The key aspect that facilitates the making of a contract is the client's trust in the case worker and PDAK.

In a crisis, the case worker may immediately effect an intervention services. In such circumstances, the contract may be prepared after the case worker has responded to the client's problems.

Examples of Crises:

- *The response to a case involving the sexual abuse of a child by an adult in a care institution (LKSA) or in the family*
 - *The response to a teenage pregnancy without the knowledge of the girl's parents*
 - *The response to the economic exploitation of a child by their family*
 - *The handling of a father, mother or other family member responsible for caring for a psychologically traumatized child.*
- 3) Conducting initial assessments of children and families so as to gather information on problems, the child or family's potential or strengths, and the available resources. The assessment of a client's strengths is necessary to

enable the client to avail of their potential or strengths so as to cope with their problems. In addition, assessments are conducted on significant others who are aware of the child or family's problems, who contribute to the problems, or, conversely, can help to overcome the problems.

- 4) Conducting ongoing assessment of the child and family as the basis for developing a problem-response plan. This process helps intensify the understanding of the problem and identify a variety of resources that can be used to help resolve it.

An important part of the assessment process is the conducting of case conferences. The objectives of a case conference are to gain an understanding of the essence of the client's problem and the resources that may be harnessed to resolve the issue.

The parties involved in a case conference are tailored to the problem faced by the child and family. In general, in addition to the PDAK team (case manager, senior case worker, case worker), a case conference will also be attended by professionals involved in problem resolution, representatives of the referring agency, resource owners, the Provincial / Municipal / County Social Services Agency, and other agencies as required.

- 5) Developing an intervention plan together with the child and family or significant others, such as members of the extended family.

At this stage, it is necessary to hold a family conference / family meeting) attended by core family members, members of the extended family and the PDAK team so as to discuss the intervention plan for the child and family. In the case of a child who needs the care of his or her core family or an alternative family, such meetings are very important for determining who will care for the child.

- 6) Conducting the interventions that have been agreed upon by all sides having regard to the outcomes of the case conferences and family conferences / meetings as input.

- 7) Monitoring the intervention process through the child and family, in particular to ensure that the child is safe, is receiving permanent care within the family or an alternative family, and his or her well-being is being fulfilled.

- * If the situation of the child or family changes in a way that is not in accordance with what was agreed in the intervention plan, particularly in the event of a crisis or situation that could worsen the child's life, the case worker needs to conduct a reassessment or prepare a new case plan.

- * Developments in the case being handled should be reported to the Social Affairs Office or referring agency so as to explain the results of the assistance being provided by the case worker.

- * Strengthening support for the family so that it is able to access resource systems for itself.

- 8) Effecting termination if the results of the case-handling process have fulfilled intervention objectives.

For children, termination is effected if the safety, well-being and permanency aspects have been fulfilled.

- d. Attending supervisory meetings with the senior case worker. Supervision is conducted

in line with the needs of the case worker so that the client's case may be dealt with in accordance with the service standards set by PDAK.

- e. Attending regular meetings with PDAK management and / or with Save the Children and the Social Affairs Office for service-evaluation purposes.
- f. Following coordination meetings with child protection stakeholders so as to intensify understandings of the problems faced by children and harness a variety of resources.

CHAPTER III

Case Management Process

The case management process in PDAK consists of: intake process and case identification process, child and family assessments, consisting of initial assessment and ongoing assessment, intervention planning, intervention implementation, case review and evaluation, and termination. As shown in the figure below, the process is not linear in nature. Although the intervention stage may have been reached, should a change occur in the condition of the client, the process may return to the assessment stage once again. This is necessary so that the intervention process is always appropriate to the client's needs.

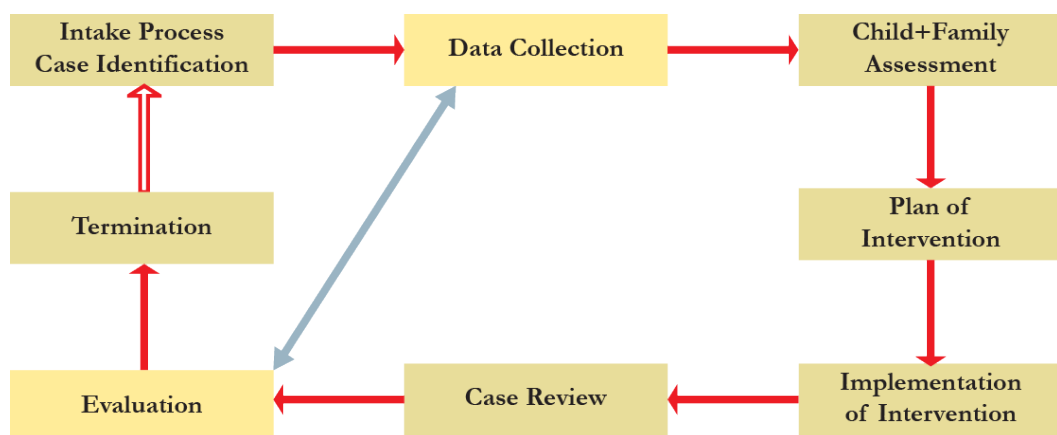


Figure 3
Case Management Process in PDAK

A. Intake Process and Case Identification Process

- ◆ The intake process and case identification process represents the first point of contact between case worker and a prospective client, whether an individual or family. Before meeting with a prospective client, the case worker will have studied the case based on the information provided by the referring agency.

The cases that satisfy the PDAK criteria are those that involve neglect, separation, violence, abuse, exploitation, and cases that require special protection.
- ◆ This stage provides an opportunity for the case worker and prospective client to establish social communication in the context of fostering trust and preparing the service contract in a professional manner.
- ◆ The case worker strives to develop the client's trust while explaining the support and services that will be provided. During this stage, the case worker also needs to encourage clients to introduce themselves and express their hopes as regards the support and services

that will be provided by the case worker.

- ◆ The case worker and client learn from each, and observe each others attitudes, character and behavior. Based on observation, the case worker can prepare an interim analysis and assessment of who the client is. Conversely, the client also gets the opportunity to assess the case worker who will provide him or her with support and services. If the client feels comfortable on first impression, then the attempt to cultivate client trust in the case worker will be easier.
- ◆ If the prospective client agrees to accept support and services from the case worker, then the next step is for the case worker and client to jointly draw up a written agreement or contract. As part of this process, the case worker and client jointly formulate the objectives that are to be achieved based on the support and assistance provided by the case worker and other PDAK team members.
- ◆ This process must be free of all forms of coercion, pressure and inducement. A case worker may not force a client to accept support and services. If the client is not amenable to receiving support and services from the case worker, then there cannot be a service contract.
- ◆ Some clients may require a more intensive approach or a longer time before agreeing. In such circumstances, the case worker needs to constantly demonstrate empathy and respect for the dignity of the client, as well as being friendly both to clients who agree to enter into contracts and those who do not.
- ◆ A joint decision is made on the service contract as to whether the prospective client will become a client or not, or whether the prospective client will receive support from the case worker or not
- ◆ A formal agreement is drawn up in the form of a written service contract between the case worker and the client based on their jointly agreed goals.

Objectives of Case Intake Process and Identification Process

- a. **To effect an introduction and establish social contact between the case worker and the prospective client in the form of a child, parent or other family member.**
 - b. **To allow the client and social worker to conduct brief assessments and observations on each other's character, attitude and behavior.**
 - c. **To introduce the support and services that will be provided by the case worker in accordance with the mandate provided by the Social Affairs Office.**
 - d. **The client conveys his or her problems and needs in respect of the support and service that will be provided.**
- ◆ The objectives to be achieved by this process are: the establishment of contact with the client, case identification based on what is revealed by the client, and the achievement of a collaboration agreement between case worker and client based on mutual goals.
 - ◆ Tools / forms employed:
 - Child / Family Referral Form from Third Party to PDAK - Appendix 1
 - Child / Family Referral Form from PDAK to Third Party (At Initial Contact Stage) - Appendix 2
 - Child Contract / Consent Form to become PDAK client - Appendix 3
 - Family Contract / Consent Form to be PDAK client - Appendix 4

Activities undertaken by case worker and senior case worker:

- a. Accepting case referral from agency / institution / member of the public through case manager.
- b. Coordinating with referring agency / institutions / member of the public.
- c. Discussing the cases that will be handled by the case worker as part of the case management team (CM, SCW and CW) and holding discussions with other stakeholders, such as the Social Affairs Office and LKSA management.
- d. Studying documents related to potential clients, such as case records and the referral forms submitted by the referring agency / institution / member of the public.
- e. Effecting introductions to prospective clients (children and families) and explaining the programs and services that are available.
- f. Encouraging prospective clients to convey their problems so that they can receive support and services from the case worker.
- g. Conducting brief interviews or group discussions with prospective clients in order to obtain a succinct overview of their problems and gain understands of families' expectations for their children.
- h. Conducting brief and accurate analysis and determinations as to whether prospective clients are eligible for PDAK services and whether they are willing to accept services.
- i. Should a prospective client's problem not be compatible with the PDAK's competencies, require the involvement of a third party at the initial response stage, or the prospective client is unwilling to accept services from PDAK, the case worker is obliged to refer the client to a third party that has the capacity to provide the required services.
- j. Should a prospective client be willing to give consent, the case worker prepares an agreement with him or her to discuss PDAK service objectives, to be followed by the signing of a service contract.

B. Assessment

- ◆ Assessment is both a process and product. As a process, assessment represents an ongoing process of information collection so as to maximize individual strengths and minimize constraints. Meanwhile, as a product, a good assessment will help in the process of making decisions on the intervention plan and the efforts that will be made to realize it.
- ◆ As a process, assessment involves information collection activities related to various aspects of a client's life so as to produce an accurate profile of the client. Such information includes information on the client's problems, the client's potential / strengths and the resources available around the client. The assessments that are performed consist of an initial assessment and ongoing assessments.
- ◆ An initial assessment is conducted when the case worker obtains consent or the collaboration contract has been agreed. At this stage, the case worker sometimes receives assistance from a senior case worker. For cases that require crisis intervention, the initial assessment should be carried out simultaneously with initial contact. A very important duty of the case worker is the assessment of problems experienced by clients at the early stage. The case worker needs to understand the extent to which these problems impair

the client's abilities, whether they also interfere with the client's relations, the background to the problems, the length of time the problems have persisted, why the client needs services, and, equally important, information on why the client has asked for or requires assistance. The case worker also needs to consider what problems might afflict the client in the future as a result of the problem he or she is currently experiencing and what needs to be done to prevent such follow-on problems from emerging. (Summer, 2006).

- ◆ Ongoing assessment is conducted so as to gain a deeper understanding and verify the problems experienced by the client, and to simultaneously provide a clearer basis for the preparation of an intervention plan. The assessment at this stage is carried out in a comprehensive manner, covering the bio, psycho, social and spiritual (BPSS) aspects as they related to the client. The BPSS assessment process for individuals and families is an integrative one that simultaneously focuses on the medical, psychological, developmental, social, familial, educational and cultural factors so as to provide a comprehensive understanding of the family.
- ◆ The assessment process is multi-dimensional in character. In relation to childcare, the assessment must assess the safety, permanency and well-being of the child.
- ◆ In every assessment, the case worker should study the strengths of the client that may be harnessed so as to overcome his or her problems. These strengths may take the form of knowledge and skills that the client has learned in his or her environment, or the support of his or her family, extended family or or any other parties.

Assessment Objectives

- 1) To understand the complexity of the client's problem and the various factors contributing to it.**
 - 2) To help in describing the client's problem.**
 - 3) To help in categorizing the client's needs in order to establish a scale of priorities that can be supported or needs to be fulfilled.**
 - 4) To provide data for the preparation of an intervention plan.**
 - 5) To serve as a basis for monitoring the development of the client's behavior.**
 - 6) To serve as a communication tool for evaluating the performance of the case worker in conducting intervention.**
- ◆ In the assessment of adults, such as parents and other parties, the following aspects are had regard to:
 - 1) Problems related to acceptance of responsibility, the capacity to recognize problems and the motivation to changed.
 - 2) Patterns of social interaction.
 - 3) Childcare practices.
 - 4) Backgrounds and histories of parents and caregivers.
 - 5) Difficulties in accessing basic necessities.
 - 6) Identification of other family members who can provide support in times of stress.
 - 7) Identification of alternative caregivers.
 - 8) Conduct or conditions related to domestic violence, psychiatric disorders, physical health, intellectual capacity, cognitive incapacity and substance abuse.

- ◆ In the assessment of a child, the following aspects are had regard to following:

- 1) Physical health and motor skills.
- 2) Intellectual capabilities and cognitive functioning.
- 3) Academic Achievement.
- 4) Social and emotional functioning.
- 5) Vulnerability / ability to communicate or to protect oneself.
- 6) Developmental needs.
- 7) The readiness of young adults to become more independent.

For older children, the assessment will also cover:

- 1) Readiness to live interdependently.
- 2) The capacity to care for the physical and mental health needs.
- 3) Significant others in life outside the childcare institution.
- 4) Self-advocacy skills.
- 5) Future plans for academic achievement.
- 6) Life skill achievements.
- 7) Job or career development.
- 8) Personal qualities and relationship with the community.

(Module 2 Permanency Planning: Family Assessment Centre, pp. 23-26, 2011)

- ◆ The desired results of assessment are as follows: the obtaining of detailed information from children, parents, families and the client's social environment, a description of problems and needs, an overview of the environment in which the child lives, and the results of an interim analysis on the problems experienced by the client, and the resources owned by the clients and other parties.

The assessment tools / forms that are employed are as follows:

Initial assessment:

- Initial Child Assessment Instrument (Appendix 5)
- Initial Childcare Institution Assessment Instrument (Appendix 6)
- Initial Child CSEC Assessment Instrument (Appendix 7)
- Family Vulnerability Assessment (Appendix 8)

Ongoing assessment:

- Sample genogram and ecomap (Appendix 9)
- Bio Psycho Social Spiritual Assessment Manual (BPSS) (Appendix 10)
- Case Conference and Family Conference Manual (Appendix 11)

The essential elements of assessment are: Gathering information, analyzing the information and making decisions with the client about what will be done to change or improve the client's life.

The activities undertaken by the case worker and senior case worker are as follows:

- 1) Collecting a variety of information related to clients through interviews / group discussions with client, parents, families, communities and other stakeholders using the prescribed instruments. Another approach is to ask clients to relate or paint their life experiences.
- 2) In the case of a child client, the case worker will need to:
 - * Determine the appropriate place for conducting the assessment process, in accordance with the wishes of the child, so that the child will be more

forthcoming in providing information.

- * Elicit information from the client by using toys or asking the child to write a description of the situation in his or her home; the relationship between the child and his or her parents and family, such as who the child the most loved and the least; elicit the feelings of the child towards his or her parents and family.
- 3) Conducting tracing or visits to the client's family, school and relevant parties that are relevant to the client's problems in order to obtain a variety of information concerning the interests of the client. This assessment may be conducted in respect of parents, nurses, caregivers, teachers and community members associated with the client.
- 4) Arranging and documenting the information obtained from activities in the field in the form of the tools provided for initial and ongoing assessments.
- 5) Employing complementary assessment tools such as genogram and ecomap.
- 6) Conducting case conferences with various parties (children, family, significant others, service provision agencies, and other professionals - psychologists, physicians, lawyers), depending on the needs of the client and the nature of his or her problems so as to ensure focus on the problems and in order to design the intervention plan.
- 7) Conducting an analysis so as to determine the contents of the intervention plan.
- 8) Reviewing the assessments that has been conducted so as to obtain feedback and verification and ensure optimization of the results.

C. Intervention Plan

- ◆ The preparation of the intervention plan the next stage after the assessment stage. Therefore, the intervention plan that is prepared must be based on the assessments that have been conducted.
- ◆ The planning function is intended to ensure joint agreement with the client as regards the objectives to be achieved. In addition to planning objectives, the case worker must also discuss the monitoring and evaluation of the service program that will be undertaken.

Intervention Plan Objectives

- 1) **The client's problems and needs are analyzed based on the assessment results.**
 - 2) **Problems and needs are grouped categorized based on a scale of priorities.**
 - 3) **The consent of the client is obtained for the intervention plan based on common objectives.**
 - 4) **The intervention plan is aligned with the assessment results.**
 - 5) **A network is established consisting of various service provision agencies and the ecological system is strengthened.**
- ◆ Planning needs to be conducted systematically and reviewed on an ongoing basis in order to establish the best ways of achieving the desired objectives for the client. The planning process is carried out continuously so as to respond to any changes concerning the client that could require the case worker to conduct a further assessment. Should a further assessment be conducted, the case worker will need to once again jointly design a service

plan with the client.

- ◆ As part of the planning process, the case worker and the client need make the correct decisions having regard to the various options that are available.
- ◆ The desired output at this stage is the drafting of an intervention plan in accordance with the assessment results and the choices, wishes, and capabilities of the client, and the identification of a list of agencies that can provide support in line with the needs of the client.
- ◆ The purpose of the intervention plan should be clearly stated. The SMART approach should be employed in formulating objectives.
 - Specific – the statement of objectives is focused on a clear behavior/conduct, for example, X will return to school.
 - Measurable – it is possible to measure when the objective has been achieved.
 - Action-Oriented – the focus is on behavior/conduct. In the school example given above, it is expected that there will be a change in the behavior/conduct of the client, namely, the client, who was previously absent from school, will now return to school.
 - Realistic – objectives must be achievable.
 - Time-limited / time frames – there should be a defined timeframe, could also be defined in terms of “how often” or “when.” For example, it could be stated that commencing the first week of April 2014, client X will return to school.
- ◆ The intervention tools / forms that are employed are as follows:
 - Intervention Plan Form (Appendix 12),
 - Care Plan Form (Appendix 13)Activities undertaken by the senior case worker and case worker:
 - 1) Conveying the results of the assessment, in particular, those aspects which require follow-up action.
 - 2) Encouraging the client to respond to the results of the assessment in order that the client can engage in the discussion of the mitigation plan.
 - 3) Developing an intervention plan in conjunction with the child and family, including during the case and family conferences. The case worker and senior case worker must always involve children and families in the making of every decision that affects their lives.
 - 4) Explaining the various solution options that are available to resolve the problem of the client, and the consequences of each option, so that the client can make the correct decision in line with his or her own wishes.
 - 5) Agreeing on the conducting of joint monitoring and evaluation of the intervention that will be effected so as to identify its appropriateness. Identifying and discussing the resources system, both as regards those resources that are owned by the client and those available from the various support agencies / institutions that will be involved in the intervention process.
 - 6) Preparing the family so that it can always play an active role and take responsibility for every intervention process. For example, when conducting advocacy to the school, Population Registration Agency, Health Agency and other social protection institutions.
 - 7) Introducing the child and family to resource systems outside of those that are already available to them, and facilitating their access to such resource systems, in the expectation that they will be able to access these resources at a later stage.

D. Intervention Implementation

- ◆ This stage involves the implementation of the intervention plan in line with the results of the earlier assessment.
- ◆ Intervention is oriented towards activities that encourage change at the individual, family, group or community level(s). This is necessary so that the success of the support provided and the changes that occur may be evaluated and measured.
- ◆ In accordance with the case worker's assessment and the PDAK management context, which combines the micro, meso and macro aspects, interventions can also be categorized based on the micro, meso and macro perspectives.
- ◆ A micro intervention involves the direct provision of services or assistance to the child and family on a case by case basis. A meso intervention refers to the provision of services or assistance to the family and small groups within the child's environment. A macro intervention seeks to improve and change the pattern of community life so as to support the client and prevent the recurrence of similar cases.

Intervention Objectives

- a. **To bring about changes as regards the client. Such changes are specific, measurable, realistic and capable of being achieved by the client within the defined time period.**
 - b. **To strengthen the client's self-confidence and help them adopt a particular behavior.**
 - c. **To raise awareness of the resources systems that are available (significant others) and increase their use.**
- ◆ The outcome that is expected when the intervention objectives are achieved is the restoration of the social functioning of the client so that:
 - 1) He or she can once again fulfill their life duties in life.
 - 2) He or she can relate well to others in their environment.
 - 3) He or she has renewed self-confidence and the ability to cope with difficult and stressful situations.
 - 4) The issues that gave rise to the client's problems are resolved.
 - 5) Improvements are brought about in the community and family level so as to remove the issues that gave rise to the relevant social problems.
 - ◆ If the client needs other services that cannot be provided by PDAK, the case worker needs to refer the client to an appropriate agency. During the referral process, the responsibility for the case remains with the case worker.
 - ◆ Intervention tools that are employed: Referral Form from PDAK to a third party (Appendix 14)

The activities undertaken by the senior case worker and case worker are as follows:

- 1) Encouraging the client to collaborate with case worker, other PDAK team members, and other relevant parties.
- 2) Teaching the client to view his or her problems objectively so that client remains committed to making the changes required to address the problems.

- 3) Classification of clients based on change management techniques, such as:
 - * Induce – bring about changes slowly
 - * Persuade – bring about changes through persuasion
 - * Direct obedience – bring about changes through compliance with set rules, or
 - * Coerce – bring about changes through coercion / compulsion
- 4) Redefining the client’s situation, which will differentiate the client in the family environment from the client in an institutional environment, by:
 - * Refocusing attention on real issues, new factors, particular dilemmas and behaviors (refocusing attention).
 - * Reducing external stress, such as stress arising from the fact that the client has to work too hard, does not earn enough, family disharmony, etc., (stress reduction).
 - * Changing client behavior, particularly during the earlier intervention process (behavior change setting)
 - * Changing the client’s climate of opinion, in particular as regards maximizing personal motivation to change (changing the climate of opinion).
 - * Integrating real life and the client’s problem, particularly by creating new values, life goals and lifestyles.
- 5) Developing the client’s inner needs to change, establishing a relationship for change and working towards change.
- 6) Performing family tracing.
- 7) Bringing about reunification / reintegration
- 8) Conducting further case discussions and family conferences, or facilitating joint communication / conferences.
- 9) Conducting advocacy and family economic empowerment efforts.

E. Termination And Evaluation

- ◆ Termination refers to the termination of the assistance process conducted by the case worker. Termination may also be interpreted as the termination of the relationship between the case worker or PDAK team and the client and parties involved in the planned change process. Termination marks the entry point for further contact in the future should the client continue to need support services.
- ◆ Termination is carried out for various reasons:
 - 1) The objectives of the intervention have been achieved so that the client’s social functions have been restored.
 - 2) The intervention timeframe has expired.
 - 3) The emergence of client dependency on the case worker or PDAK so it would not be productive for services to be continued.
 - 4) Failure to bring about significant change in the client despite the intervention process having involved considerable time and energy.
 - 5) The client, of his or her own volition, decides not to continue with the program as they feel overly constrained, do not like the situation, or are not satisfied with the services provided.

- 6) The client needs to be referred to another professional or agency for such reasons as the following:
- The case worker is unable to continue providing services to the client on account of a change in assignment or place of residence.
 - The existence of conflict between the case worker and the client.
 - The case worker is unable to accept the client or the client dislikes the case worker.
 - The clients poses dangers to the safety of the case worker.
 - There is a lack of closeness between the case worker and the client caused by differences in values, beliefs, language, sex or culture.
 - The client needs other professional services.

At the time of termination, the case worker needs to provide information to the client on what the client needs to do to maintain the progress that has been achieved.

- ◆ Termination may produce an emotional reaction on the part of the client as a result of the close relationship they have forged. Such reaction may be positive or negative in nature. The client may feel pleased or satisfied at the successes that have been achieved. Conversely, the client may also feel dissatisfied, unhappy, sad, or angry on account of feeling abandoned or facing separation from someone with whom he or she has been close.
- ◆ Termination components:
 - 1) Relinquishment
Termination results in the discontinuation of the relationship between the case worker and the client. This results in the relinquishment of a variety of emotional ties associated with the assistance process.
 - 2) Change Stabilization
After the termination process, it is to be hoped that the changes that have occurred as regards the client will be maintained and continued.
 - 3) Evaluation
In reality, evaluation is not solely conducted during the termination stage, but forms part of the ongoing evaluation that is conducted during the assistance process. During the termination stage, evaluation is used to assess whether supportive relationship that has been forged has proven useful or otherwise. Evaluation also helps the case worker and client to better understand how to deal with problems and meet future needs.
The termination process also includes the assessment of what has transpired and what has been achieved. In the handling of each case, the case worker will focus on the fulfillment of client needs and the process ends when those needs have been met.
- ◆ Evaluation represents an effort to identify the success of the intervention process.
- ◆ In cases involving the direct provision of services, the case worker seeks to encourage the client to engage in service evaluation. This is so as to obtain an assessment of the success and benefits of the services received by the client and elicit his or her opinions regarding the conduct of the case worker and the services provided. Such information is essential as a basis for improving services and the capabilities of case workers and other PDAK

team members.

- ◆ The intervention tools employed are the Termination Form (Appendix 15) and Case Management Summary (Appendix 16).

The activities undertaken by the case worker and senior case worker are as follows:

- 1) Monitoring of client development
- 2) Providing information on the termination plan to the client and family.
- 3) Providing direct notification of the termination of services, with the involvement of other relevant parties, such as referring agency:
 - * Restating the identity and position of the case worker.
 - * Restating and / or reviewing the stages and objectives that were agreed on during the service-provision process.
 - * Conveying the reasons for, or considerations involved in, termination and the objectives that have been achieved by the client.
 - * Providing an opportunity to the client and family to express their opinions and feelings, and to evaluate the services that have been provided.
- 4) Signing of termination form or report.

CHAPTER IV

Case Management Skills

A. Effective Practice

Effective case management practice is predicated upon effective social work practice. Such practice must, at a minimum, encompass three components that are applied in a simultaneous and balanced manner, namely: the social worker's self-awareness, the employment of professional knowledge, and the application of social work skills. (Corliss & Corliss, 1999).

Figure 4.
Components of
Effective Practice



Self-awareness. This comes from the values that underpin social work practice. Besides professional, client values and community values, social workers must also have and apply their own positive values. Self-awareness helps social workers to always monitor their own practice and to be cautious in their behavior and relations with others, especially clients. To consistently improve their self-awareness, social workers need to practice introspection; have the motivation to consistently develop (using their inner strengths and knowledge so as to think, feel and act); and to think and feel before acting.

The PDAK team members need to possess self-awareness and to always practice introspection in respect of the following aspects:

- ◆ Self-confidence: am I too self-confident or do I lack self-confidence in handling cases?
- ◆ Past history: Do I have any unfinished business, personal conflicts, personal vulnerabilities? Self-awareness will help to avoid past experiences affecting and interfering with the implementation of the one's tasks as case worker, senior case worker or case manager.
- ◆ Self-acceptance: Do I find it hard to accept myself as I am? Do I feel inferior, have low self-esteem? If yes, how can I improve my self-esteem so that I can optimize the service I provide to clients?

- ◆ Sensitivity to diversity: how I feel about clients if they come from backgrounds that are different to my own? The social worker must be able to avoid discriminating in the services provided to clients based solely on their differing backgrounds.
- ◆ How do I communicate with others?

Knowledge. In addition to general social work knowledge, working with children and families requires specialized knowledge. This includes knowledge about child development; the relationship between the child and the family; childcare; responses to violence, and so forth. It is also necessary to have competence in accessing service networks for children and families, as well as how to combine generalist and specialist practice. (Boyd, 2003).

Skills. Skills are developed through practice. From their various practices, each team member will obtain wide-ranging experience so that they continuously develop their skills so as to be better able to respond to the next case that comes their way. Team members must start by harnessing their knowledge and self-awareness. At the outset, it will be difficult and may give rise to worry. Gradually, however, this will be overcome so that capacity to develop one's skills will be continuously enhanced.

Here are some examples of what may transpire if one or more of the above components is lacking in a PDAK social worker:

Awareness without knowledge and skills

Case worker A received therapy to help him overcome problems he experienced as a result of loss. Following this, he was assigned to help a client who was experiencing a high level of anxiety. However, he was confused as to what he should do. During his time in college, he had heard of the systematic desensitization technique, which can be used to help clients experiencing the same type of problem's as his client. However, as he lacked experience in the use of this technique, he was at a loss to know where to begin. Thus, although A had self-awareness, he lacked the knowledge and skills needed to help resolve his client's problem.

Knowledge and skills without awareness

Case worker B had received training in gestalt therapy and was eager to start applying it. A client who was referred to her had experienced violence and neglect in childhood. B tried to use gestalt and insisted on using the empty chair technique. This technique is intended to encourage clients to imaginatively speak to their mothers about their feelings of pain and anger. The clients seemed stressed and left the therapy session prematurely. The next week, he canceled the appointment. Based on discussions with supervisors, it was concluded that the client's anxiety and doubt was a result of the case worker's lack of awareness of the client's preparedness to undergo gestalt therapy.

Awareness and knowledge without skills

Case worker C had a client who was suffering from depression as a result of her divorce and the fact that her children were in the custody of her ex-husband. When C began conducting her assessment of the client's past, the client became angry. C responded by also becoming angry and stated that she felt disturbed. While engaging in retrospection, the case worker became aware that C's anger could have been a reflection of her anger against her husband. However, C lacked the skills needed to deal with this.

(Corliss & Corliss, 1999)

B. Case Management Skills

The key skills required in case management (Vorlekis and Greene, 1998) are as follows:

1. Client information and outreach

As part of this process, a case manager, senior case worker or case worker apply engagement skills so as to develop a relationship of assistance with the client. The team will also conduct negotiations with family members to support the assistance process. On a broader level, namely the service system and in the community, the team works to encourage program planning and policies that support the team's work, the protection of children and the strengthening of families. Skills required:

- Teaching, enhancing sensitivity, and heightening the awareness of service agencies and communities as regards the issues being addressed and the context.
- The case worker needs to furnish a general description of the number of cases being handled and their characteristics, impacts on children's lives, families and communities, and what needs to be done to overcome these. During this process, the case worker is not permitted to provide information on specific cases that are being addressed.
- Both formally and informally developing relationships with service agencies so as to facilitate the referral process and ensure access to services after the client makes a contract with PDAK. The key aspect that needs to be emphasized is collaboration among stakeholders in order to ensure optimal support for clients and the child protection system.

- **Collaboration is initiated by identifying what resources are owned by each party and how all parties and clients benefit by working together.**
- **Solid collaboration is unlikely to be brought about instantaneously. Rather, it needs to be developed and maintained. One needs to always say "thank you," and acknowledge and commend what has been done by our partners. If possible, external parties should be invited to visit the PDAK offices. One should never engage in gossip that could undermine our image in the eyes of other agencies.**
- **Teamwork will be optimized if everyone has a common goal. The most fundamental objective is to help our clients and ensure that both professionals and agencies refrain from "plowing their own furrows".**
- **Ensuring that the people responsible are not defensive, but rather are supportive and respected by the group.**
- **Ensuring client confidentiality is maintained. However, the case worker should not allow confidentiality to hamper collaboration. With the consent of the client, in the client's interests, and within reasonable limits, client information may be discussed with the team, particularly during case conferences.**
- **Comprehending the responsibilities and roles of case workers, the PDAK, and other relevant parties.**
- **Discussing the costs that will be borne by each party.**
- **Avoid conflict, and quickly resolving conflict should it arise, by conveying the necessary messages directly, clearly and in a non-patronizing or non-**

offensive manner to other professionals and agencies. (Sheafor and Horejsi, 2003, pp. 425-426)

2. Assessment of individuals and families

A fundamental skill that must be possessed by case managers, senior case workers and case workers is the ability to gather data in a comprehensive manner. To be able to do this, case managers, senior case workers and case workers must be skilled in:

- Interviewing children and families, or using other appropriate techniques, especially when working with children.
- Understanding and interpreting the various assessment instruments.
- Conducting assessments of the strengths and weaknesses of various resources.
- Applying a conceptual framework for analyzing the data that has been collected on the client's circumstances.
- Writing up assessment results, drawing conclusions and focusing on problems, and conveying such information to those who require it.

3. Resource planning and identification

Case managers, senior case workers and case workers need to be capable of designing intervention and care plans, in collaboration with the client and significant others. In order to do so, the case manager, senior case worker and case worker must be skilled in:

- Conducting negotiations on expectations and the goals to be achieved with children, families and the service providers before a definite plan is formulated. When formulating a plan, the situation may be fraught with confusion, disagreement, or even conflict. Therefore, the case worker must be highly in conducting exploration, and dealing with confrontation, disagreement and conflict.
- Identifying the resources that are most appropriate and culturally sensitive, and pinpointing weakness in the available resources. Many service agencies are religion-based and focus their services on particular groups. An allowance of the weaknesses in the source system allows the case worker to seek other resources.
- Working closely in the multidisciplinary team and with a wide range of services. In this regard, the case manager should support the case worker so that a consensus may be achieved.

4. Connecting clients with required resources

The skills that are needed in this area relate to the ability to access, obtain, and create resources.

- Case managers need to fully understand the things that hamper clients in obtaining services so as to be able to provide practical and emotional support. At the same time, case workers must continuously strive to enhance client competencies so that they are able to independently avail of available resources.
- Case workers also need to educate resource owners, both individuals and agencies, in order that they can serve clients.
- Conducting persuasion to encourage the development of programs and policies that facilitate clients in obtaining the services they need.
- Delinking resources that are no longer used or needed by clients. Case workers needs to be able to terminate resources in an orderly and considered manner.

- Overcoming negative feelings on the part of a client or resource owner if there is a mismatch between the needs of the client and the resources that are available.

5. Service implementation and coordination

During an intervention, the case worker combines a variety of skills, including basic skills (e.g., listening and asking questions), medium-level skills (e.g., motivating and confronting), and advanced skills.

- In particular cases, the case worker needs to apply advanced skills levels, for example, when conducting therapy. However, this responsibility is not confined to the case worker as in complex cases that require special responses, the case manager and senior case worker may also be involved.
- A case worker also needs to be able to apply timing pacing skills, meaning that the case worker needs to have the ability to manage and use the available time in line with the pace at which the client is overcoming his or her problems. The case worker also needs to be able to anticipate the various gaps that may arise in service provision in order to ensure proper coordination achieved among separate service systems. If there are any matters that hinder coordination, the case worker will discuss these with the team so as to initiate a policy change. In this regard, the case manager will assign another case worker to work at the policy level. An example of this process in the case of PDAK involved identifying constraints on services, identifying service providers (both public and private), and conducting meetings and discussions to ensure a collaborative consensus. Ultimately, this process led to the issuance of Bandung Mayoral Decree 463/KEP.957-Dinsos/2011 on the Establishment of a Coordinating Coordination and Collaboration with the Bandung City Child and Family Support Centre (PDAK) for the 2011-2013 Period.

6. Service monitoring

A case worker needs to ensure that the services provided to the client are done so in an accountable manner and that the client needs are fulfilled.

- The case worker should always verify the things that have been done and report these in a clear, concise and objective fashion to senior case worker and case manager, and to other parties that are collaborating on the case.
- The case worker must also encourage the client and family to participate in the monitoring process.
- Both the senior case worker and case manager need to apply their skills in conducting clarification or confrontation if the services provided by the case worker fail to match expectations.
- Monitoring also needs to be conducted in respect of other parties or agencies involved in the intervention.

7. Advocacy for service provision

Advocacy is the skill of applying strategy in a focused manner in order to ensure the provision of particular services or resources in the interests of the client (case advocacy) or a group of clients (cause advocacy).

- At the client level, the case worker usually (but not always) requires the consent and agreement of the client before taking action, after having considered the benefits

and risks of the actions that will be taken. This is necessary as the advocacy process may give rise to additional anxiety or stress for the client. Accordingly, in addition to providing initial explanations, the case worker also needs to provide support if the client experiences anxiety or stress.

- Advocacy is aimed at services and the policy-making context. Therefore, the case worker and other PDAK members need to harness the strengths of the various parties involved, for example, by eliciting explanations from experts, providing information, forging alliances, mandate strengthening, using the legal authority provided by the central or local government, etc.
- The case worker, senior case worker and case manager need to master the skills of persuasion, analytical and persuasive writing, and clear and persuasive speaking.

8. Evaluation

The way in which a case is handled needs to be evaluated so as to ascertain the quality, accuracy and effectiveness of the services provided.

- At the client level, the case worker needs to make an accurate and orderly record of every activity undertaken in relation to the case. The results of monitoring represent important input for the evaluation process.
- At the service-system level, the case manager's target is to improve programs and services, and eliminate any gaps or constraints that exist. This will be highly dependent upon the accuracy of the data collected on each case. The case manager needs to study all case reports and, in conjunction with other PDAK team members, make the necessary improvements.
- To improve the quality of services, the case worker must participate in supervision, both by fellow case workers (peer supervision), senior case workers, and, indeed, the entire PDAK team, including case managers and technical advisors.
- The group supervision conducted routinely in PDAK assists case workers in improving their competencies and developing practice-based solutions for responding to difficult cases. As part of this process, the case manager must be skillful in monitoring the different stages involved in the client service system.

CHAPTER V

Recording and Reporting

Recording and reporting are responsibilities that are incumbent on all team members (case managers, senior case workers and case workers). The team must record information and make reports in accordance with their respective duties. Good record-keeping will help generate effective services.

The overarching reason for recording and reporting is the need to satisfy legal and administrative purposes. From the legal perspective, orderly recording, reporting, and documentation will ensure that the services provided to clients can be accounted for. As regards the administrative perspective, PDAK needs to ensure that documentation is available on all processes associated with clients and PDAK's partners. This is beneficial to all members of the team as a basis for case reconstruction and responses to subsequent cases (Summers, 2006).

Case managers are responsible for recording and reporting matters related to case outreach, including as regards case referral and distribution. Additionally, case managers record and report output and outcomes of all cases that are dealt with, and the performance of team members, and submit reports as part of the effort to advocate for improvements in the service system and the policy framework.

Senior case workers are required to record and submit supervision reports, reports on how to improve case responses, and case worker performance reports, while case workers must compile full records on the cases they deal with, from initial contact up to termination, and incorporate these records in case response reports. A case worker also needs to prepare reports on the outcomes of case and family conference, supervision meetings, and meetings with the various stakeholders involved in each case.

A. Recording

- ◆ Recording refers to the written record of developments and decisions on services that are requested or provided by PDAK. Recording generally encompasses the following aspects:
 - 1) Facts, evidence, appraisals and decisions regarding a client, and the client's problems and circumstances.
 - 2) Observations by the case worker / senior case worker, the observations or views of others, documents, and the various reports prepared by the case worker / senior case worker or others, and audiovisual recordings.
 - 3) Descriptions and explanations of the series of assistance activities: What assistance / services were provided and when they were provided, how the assistance / services were provided, the quantity and quality of assistance, the plan adopted for the client's future.
 - 4) The reality of the situation and experience in providing assistance.
 - 5) The termination of assistance / services.

All records must be centered on the client and not on the case worker. Records should also be kept up to date as the client's circumstances will be continuously changing (Summers, 2006)

Purpose of recording

- Social work documentation
 - Continuity of service
 - Quality control
 - Supervision
 - Interdisciplinary communication
 - Assists the case response process
 - Statistical reports
- ♦ Case workers and senior case workers maintain two kinds of case records, namely, personal records and official records. Both personal and official records essentially record things of a substantive nature related to the client and services provided. They set out information and conclusions on intake and the periodic process that occurred in the response to a particular case or in a service program.
- Personal notes consist of personal journals and contact notes. Personal journals contain the case manager, senior case worker or case worker's notes on the thoughts, feelings, and behavior exhibited by the client during interaction with the case worker. Contact notes are set out in the case worker's diary and consist of highly important descriptive data, conclusions and analyses made during or after the case worker's contacts with the client. These notes provide the basis for writing-up process and official records at a later stage. While such notes are personal, as part of the PDAK case management system all of them need to be inputted into the administration system. This is not only useful for the purposes of documenting a client's progress, but also serves as a means of monitoring the work of cases workers / senior case workers.
 - Official records (referred to in PDAK as process records) provided a description of clients and the services they received throughout the entire process, and the outcomes achieved. Such records incorporate the outcomes of one or a number of interviews or service episodes involving a client, group of clients, family, or clients in an organization or a particular geographical within a defined period. An official record is a permanent record, can be moved, is impersonal and is usually confidential. Such records constitute legal records and may be adduced as evidence in court. Official records must be accounted for by the case worker to the senior case worker, case manager, client and family, PDAK and Social Services Agency, as the mandate provider.
- ♦ A case worker needs to maintain records of all contacts or interactions with a client, whether these occurred on the initiative of the PDAK or client. Such contacts need to be dated and grouped by type of contact. Client contacts consist of a number of types, namely:
- **Collateral contact**, that is, a contact with an individual other than the client, such as client's mother, psychologist, doctor, etc. In order to make such contacts, the case worker should obtain the prior consent of the client. If the client is a child, then the

case worker needs to obtain the consent of the child's parents.

- **Office visit**, that is, a visit to the PDAK offices or Social Services Agency, meaning that the case worker meet the client in the PDAK offices or in the Social Affairs Office.
 - **Telephone contact**: the client calls the case worker or vice versa.
 - **Visits to service-provision agency**: a visit by the case worker to a service-provision agency that is providing services to the client so as to evaluate the services provided and discuss any issues that may have arisen.
 - **Group contact**: the case worker meets the client in a group, for example, in a group of parents who are receiving training from PDAK, or, if the client is a child, as part of a group of playmates or schoolmates. During such meetings, the case worker is required to record what transpires.
 - **Home Visit**: the case worker meets the client in his or her home.
- ◆ A case worker's contact or interaction with a client may give rise to a brief or extended conversation. Whatever happens, the case worker is required to record it.

Examples of How to Record Contact Date, Type, and Scope

Date: 5 January 2014 / Home visit

Contact Record

- *Focus interview:*

Case worker visited client (Mrs. A) to explain the planned provision of financial assistance to help her set up a warung (sidewalk stall).

- *Case Worker's Assessment*

(by assessment is meant a brief description of the case worker's observations on or outcome of interview with client)

Mrs. A appeared enthusiastic about the immediate prospect of receiving financial assistance. She told case worker that the warung would be ready to start up the following week.

- *Outcome*

Case worker made an appointment to meet client again on 12 January to hand over the assistance.

- *Reasons for further contact*

Client needs immediate financial assistance so that it needs to be provided as soon as possible.

- ◆ In the case of a contact with a service-provision agency in order to monitor the services provided to the client by the agency, the case worker also needs to record what transpires, albeit in simpler form.

Example:

Date: 6 January 2014 / Collateral contact

Mr. C, child client B's teacher, said that B was now better able to concentrate in school. Previously, he was always restless and found it difficult to focus in class. Mr. C said that B's guidance counselor met once a week with B.

- ◆ If the case worker did not directly meet the teacher or other person involved in a service-provision agency, then the date and contact type are combined as follows: **Date:**

6 January 2014 / Collateral contact (telephone). This indicates that the contact was solely by telephone.

- ◆ Some suggestions for team members for the effective writing of records and reports (Summers, 2006)
 - Avoid expressions of anger or other negative expressions in preparing records / reports. Make sure that the record or report does not reflect our emotions, particularly negative emotions, as regards client or other parties. Our records do not serve as a means for channeling anger or other negative feelings.
 - Document all interactions with client. We should consider all interactions with client as important, no matter what their nature. To ensure that we do not miss the momentum and changes (including what client says) client) experienced by client, make it a habit to record quotes from client.
 - Specifically document contacts that are highly significant.
- ◆ Some of our contacts with clients are very significant as regards our responses to their problems. Therefore, if we consider something to be significant, take care to record the following aspects: client's appearance; dress; facial expressions; body language; responses to others and to activities; attitude and level of participation when interacting with case worker or in activities provided for client; and cognitive problems.

Sample Record Documenting Significant Aspects Relating to Client:

A (18 years old), looked confused, anxious and afraid, was trembling and broke out in a cold sweat when case worker said that she could not conceal her pregnancy from her parents. She repeatedly stated that she did not want her parents to know.

- Be clear and straightforward. The use of clear, accurate and simple sentences make our records more professional. Try not to use words that are not clear or in common usage.

Example:

Bad sentence: A was very friendly today

Good sentence: A opened the conversation with case worker and told her about what he did yesterday.

Bad sentence: B seemed in a bad mood today.

Good sentence: B appeared uneasy due to the likelihood that she will lose her job.

Bad sentence: C is doing well at the training

Good sentence: C has started to have the courage to give opinions in the good parenting training

- Include quotes
What the client says can be highly significant. We need to analyze what is very important and meaningful, and what is not. Highly significant statements should be quoted. The rule is to write down exactly what was said by client using quotation marks, “_____.” When we paraphrase what client said, we should not use quotation marks.
- Avoid contradictions
What we write must be synchronized as between one record and another. If there

are things that are contradictory or at variance, then we need to explain these in the record. By recording things carefully, including as regards any changes made to a record, there must be no gaps that could lead the reader to arrive at a different conclusion from that set out in the documentation.

- Use language that is readily understandable to the client and family. Records should not include academic terms or jargon as client or significant others will need to read them.
- When we are referring to a client or significant other who has a disability, we must use the appropriate terms to describe this.

B. Reporting

- ◆ Preparing a report refers to the process of arranging and conveying information on all processes concerning the implementation and development of service activities. The purpose of writing a report is to provide an overview of progress in the provision of services; aid communication between social workers and others parties, and to assist social workers in discussing the provision of services to clients.
- ◆ A good report must satisfy the following requirements:
 - Correct and objective
 - Comprehensive
 - Clear and accurate
 - Brief and condensed
 - Consistent
 - Timely
- ◆ The principal report that must be prepared by a case worker is the case report, which sets out the following information:
 - 1) The identities of client and family
 - 2) A description of the case, includes the case history, critical occurrences and the key issues encountered (including the outcome of BPSS assessment)
 - 3) Description of case response, covering the intervention plan and objectives, type of intervention, the roles played by the PDAK social worker and other professionals, and the changes in client, including the outcomes of evaluation and termination.
 - 4) The most recent circumstances of client: where he or she lives, psychosocial conditions, referral and follow-up.
- ◆ When the social worker terminates the respondent with client, the social worker must also prepare a termination report, which is in essence the same as the termination form (see appendix 15). The termination report provides a point-by-point description of the following matters:
 - 1) Date of final contact
 - 2) Names of case worker and client
 - 3) The date on which service-provision commenced
 - 4) Reasons for service provision
 - 5) The agreement on the issues / problems and the objectives to be achieved

- 6) The approaches adopted, nature of services and activities undertaken
- 7) Summary of the evaluation of progress achieved and identification of issues and objectives that have not been resolved/achieved
- 8) Brief assessment of the client's condition (PIE) today
- 9) Reasons for closing case (Wilson in Cournoyer, 2005)

CHAPTER VI

Social Work Ethics in Child Protection

A. Child Safeguarding Policy

Children who come into contact with Save the Children as a result of our activities must be safeguarded to the maximum possible extent from deliberate or inadvertent actions and failings that place them at risk of child abuse, sexual exploitation, injury and any other harm.

All PDAK team members are bound by the values and ethics of social work as the standards of behavior that must be applied in carrying out their duties and in their personal lives. Further, social workers who work with Save the Children must comply with and apply the Child Safeguarding Policy. This policy is set out in a written document that is signed by the social worker and which serves as a guide while handling cases through the Child and Family Support Centre (PDAK).

This application of the policy is intended to ensure that children who are in contact with Save the Children and its programs are safe and secure from violence and exploitation. In line with this, the social worker is required to possess a comprehensive awareness of the problem and risk of sexual violence and exploitation aimed at children. They are prohibited from abusing their positions and the trust placed in them as Save the Children social workers.

Based on the Child Safeguarding Policy, social workers and other PDAK team members are prohibited from engaging in any of the following actions:

- 1) Hit or otherwise physically assault or physically abuse children
- 2) Develop physical/sexual relationships with children
- 3) Develop relationships with children which could in any way be deemed exploitative or abusive
- 4) Act in ways that may be abusive or may place a child at risk of abuse
- 5) Use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- 6) Behave physically in a manner which is inappropriate or sexually provocative
- 7) Have a child/children with whom they are working to stay overnight at their home unsupervised, save in an emergency where this has been approved by the social worker's manager or immediate supervisor.
- 8) Sleep in the same bed as a child with whom they are working
- 9) Sleep in the same room as a child with whom they are working, save in an emergency where this has been approved by the social worker's manager or immediate supervisor
- 10) Do things for children of a personal nature that they can do for themselves
- 11) Condone, or participate in, behaviour of children which is illegal, unsafe or abusive
- 12) Act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
- 13) Discriminate against, show differential treatment, or favour particular children to the exclusion of others

- 14) Spend time with children away from others in circumstances where this could be considered inappropriate
- 15) Show inappropriate images or videos, or access inappropriate websites, whose contents contain pornography or extreme violence.
- 16) Place themselves in any situation that could be considered irregular.

This is not an exhaustive or exclusive list. PDAK members and other representatives should at all times avoid actions or behavior which may allow behavior to be misrepresented, constitute poor practice or potentially abusive behavior.

B. Code of Ethics For Social Workers in Handling Cases

PDAK social workers understand and apply the required standards of conduct when working with children and families having regard to the principles of social work practice (DuBois, Miley, 2005).

Those principles are as follows:

◆ Acceptance

Every individual has the wish to be accepted regardless of race, religion and social, economic and cultural background. The PDAK team must accept every client without having regard to ethnic, religious, cultural, social, or economic background, or their differing problems, attitudes and personalities.

Practice Example

A case worker / senior case worker demonstrates acceptance by expressing genuine concern, being willing to listen to what client has to say, recognizing differences in views, and creating an atmosphere that is responsive to clients.

◆ Individualization

Every individual is unique, and different from others. Consequently, every client has characteristics that are unique, self-esteem, dignity, experiences, personality, abilities and life environments.

Practice examples

-
- *A case worker / senior case worker must respect the rights of clients to be themselves as long as there is no violation of social values.*
 - *All cases cannot be handled in the same way. Rather, regard must be had to the uniqueness and characteristics of each individual.*

◆ Emotional expression

Every individual has the need to express themselves and to show their feelings.

Practice Example

-
- *A case worker / senior case worker must give the opportunity to clients to express their feelings and emotions, provided that this is not excessive, protracted or harmful. This can reduce the pressure or stress experienced by clients.*
 - *A case worker / senior case worker must listening carefully, ask pertinent questions and demonstrate tolerance.*

◆ Non-judgmental

A non-judgmental approach forms the basis of an effective relationship. Every individual has the right to describe his or her situation without receiving a negative response.

Practice example

A case worker / senior case worker must not give a personal assessment of the behavior of client, be swayed assumptions, judge client's behavior as being good or bad, or dignified or undignified. A case worker / senior case worker must focus on seeking appropriate alternative approaches or solutions to resolve client's problems.

◆ Objectivity

Objectivity means viewing the situation as it is. A social worker must be aware of personal feelings and presumptions that may arise when dealing with clients so as to avoid subjectivity.

Practice examples

- *A case worker / senior case worker should be aware of and guard against personal feelings and preconceptions that may arise in his or her relationship with client.*
- *A case worker / senior case worker should conduct a comprehensive assessment of client's situation and problems before proposing alternative approaches or solutions.*

◆ Controlled emotional involvement

The ability to control one's emotions is very useful so as to be able to make client feel comfortable and teach client how not to be overcome with emotions (sad, happy, angry, and other emotions) because of the problems he or she faces.

Practice examples

A case worker / senior case worker should be able to feel the client's situation and show empathy, but at the same time must be able to control his or her emotional involvement with the client. This means that the social worker must not allow himself or herself to be personally affected by the client's feelings and emotions. Rather, the social worker must always maintain his or her position and originality as a professional.

◆ Self determination

Clients have the right and the need to make their own choices and decisions. Clients also have the right to accept or reject the recommendations or advice that is put forward.

Practice examples

- *A case worker / senior case worker is responsible for providing insights and understandings to clients so that they can make the correct decisions for themselves.*
- *A case worker / senior case worker facilitates and empowers clients so that they are able to make correct choices, rather than dominating clients in making decisions.*

◆ Confidentiality

Confidentiality must be maintained in accordance with with the agreement with client. However, if required, a case worker may discuss client's problems with colleagues or a senior case worker for the purpose of ensuring that the best possible assistance is provided to client.

Practice example

A case worker / senior case worker is necessarily bound by client confidentiality if client's situation is critical. Confidentiality may also be disregarded in a situation where this is necessary so as to avoid prejudice to a child client or where such confidentiality conflicts with the child's personality.

◆ Responsibility

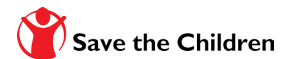
A social worker must be responsible both personally and professionally. Responsibility means that the social worker is competent in conducting his or her professional practice. The social worker must understand and have mastered the methods and techniques appropriate for use in practice. The social worker is accountable to his or her clients, colleagues, employer, the public and the profession.

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Appendix

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| Appendix 1 | Child / Family Referral Form from Third Party to PDAK |
| Appendix 2 | Child / Family Referral Form from PDAK to Third Party (At Initial Contact Stage) |
| Appendix 3 | Contract Form : Consent of Child to Be PDAK Client |
| Appendix 4 | Family Contract / Consent Form to be PDAK client |
| Appendix 5 | Initial Child Assessment Instrument |
| Appendix 6 | Initial Childcare Institution Assessment Instrument |
| Appendix 7 | Initial Child CSEC Assessment Instrument |
| Appendix 8 | Family Vulnerability Assessment |
| Appendix 9 | Bio Psycho Social Spiritual Assessment Manual (BPSS) |
| Appendix 10 | Sample Genogram and Ecomap |
| Appendix 11 | Case Conference and Family Conference Manual |
| Appendix 12 | Intervention Plan Form |
| Appendix 13 | Parenting Plan Form |
| Appendix 14 | Termination Form |
| Appendix 15 | Referral Form from PDAK to Third Party |



**CHILD / FAMILY REFERRAL FROM THIRD PARTY TO PUSAT
DUKUNGAN ANAK DAN KELUARGA FORM**

Referral No. _____

(Give referral number/ code (01, 02, 03)/PDAK/ month/year)

01 – Referral from third party to PDAK

02 – Referral from PDAK to third party *(at initial contact stage)*

03 – Referral from PDAK to third party *(at intervention stage)*

REFERRER *(Give full particulars of party that referred Client to PDAK for first time)*

Name of Referrer _____

Referrer agency _____

Referrer's address _____

Note: If Referrer is an individual, also give his or her particulars

Time of referral _____

(time/ day/ date/year/ location/ referral media - telephone, direct contact)

Reason(s) for referral _____

PDAK TEAM MEMBER RECEIVING REFERRAL

(place a "V" beside the party that received referral)

[] Name of Case Manager _____

[] Name of Senior Case Worker _____

[] Name of Case Worker _____

CHILD'S PARTICULARS

Name _____

Sex (M/F) _____

Place / Date of birth _____

Note: If child's date of birth is unknown, give the child's estimated age according to the child, parent or family member

Birth Certificate: Yes [], Number _____
No []

Name of school/grade []
Quit school/since grade/year []
Region of origin/ethnic group []
Religion []

INFORMATION ON FAMILY:

Name of birth mother and /or father (if known)

Father []

Mother []

Name of other caregiver (*extended family member or other*) []
[]

Parents' status

- ◇ Formally married
- ◇ Divorced
- ◇ Single parent (*if data is available, explain why*) []
[]
- ◇ Unofficial / *siri* marriage
- ◇ Living together
- ◇ Other []

(explain, for example, remarried, Indonesian Migrant Workers, etc)
- ◇ Unknown

Parents' region of origin/ethnic group []

Address of parents/other caregiver (*if known*) []
[]

BRIEF DESCRIPTION OF CASE

Case description []
[]
[]
[]
[]

Circumstances of child/families at time of referral []
[]
[]
[]
[]

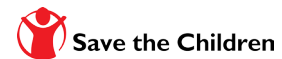
(describe child's condition at time of referral)

Referrer

Referral Recipient
(Case Manager/Senior Case Worker/Case Worker)*

[]

[]



CHILD/FAMILY REFERRAL FROM PUSAT DUKUNGAN ANAK DAN KELUARGA TO THIRD PARTY (INITIAL CONTACT STAGE) FORM

Referral No. _____

(Give referral number/ code (01, 02, 03)/PDAK/ month/year)

- 01 – Referral from third party to PDAK
- 02 – Referral from PDAK to third party (at initial contact stage)
- 03 – Referral from PDAK to third party (at intervention stage)

Name of Case Worker _____

Name of Senior Case Worker _____

REFERRER *(Give full particulars of party that referred Client to PDAK for first time)*

Name of Referrer _____

Referrer agency _____

Referrer's address _____

Note: If Referrer is an individual, also give his or her particulars

Time of referral _____

(time/ day/ date/year/ location/ referral media - telephone, direct contact)

Reason(s) for referral _____

CHILD'S PARTICULARS

Name _____

Sex (M/F) _____

Place / Date of birth _____

Note: If child's date of birth is unknown, give the child's estimated age according to the child, parent or family member

Birth Certificate: Yes [], Number _____
No []

Name of school/grade _____

Quit school/since grade/year _____

Region of origin/ethnic group _____

Religion _____

INFORMATION ON FAMILY:

Name of birth mother and /or father (if known)

Father _____

Mother _____

Name of other caregiver (*extended family member or other*) _____

Parents' status

◇ Formally married

◇ Divorced

◇ Single parent (*if data is available, explain why*) _____

◇ Unofficial / *siri* marriage

◇ Living together

◇ Other _____

(explain, for example, remarried, Indonesian Migrant Workers, etc)

◇ Unknown

Parents' region of origin/ethnic group _____

Address of parents/other caregiver (*if known*) _____

BRIEF DESCRIPTION OF CASE

Case description _____

Circumstances of child/families at time of referral _____

(describe child's condition at time of referral)

REASONS FOR REFERRAL TO THIRD PARTY

ASPECTS REFERRED

PARTY (INDIVIDUAL OR AGENCY) RECEIVING REFERRAL AND REFERRAL AGREEMENT

Date and place of referral _____

Case Worker

Referral Recipient

[]

[]

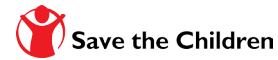
Acknowledged by

Senior Case Worker

Case Manager

[]

[]



**CONTRACT FORM:
CONSENT OF CHILD TO BE CLIENT OF
PUSAT DUKUNGAN ANAK DAN KELUARGA**

Contract No.: _____ /PDAK/A/bulan/tahun

You will be assisted by a Social Worker (Case Worker/Senior Case Worker) who will help you overcome the difficulties or problems facing you and your family. The Case Worker/Senior Case Worker will explain to you about his or her duties in assisting you/your family, what will be done, what the stages are, what the objectives are, how assistance will be provided and what your role is. As this process is entirely voluntary, you are free to give or withhold your consent.

Below are a number of statements. Please place a “V” in the “Agree” column in the checklist if you agree to be assisted, or in “Don’t Agree” column if you do not wish to receive assistance from the Case Worker/Senior Case Worker.

| Statement | Agree | Disagree |
|---|-------|----------|
| I am willing to provide information about myself, my family, and the difficulties/problems I am facing | | |
| If I find it hard to provide information to the Case Worker/Senior Case Worker, then I permit the Case Worker/Senior Case Worker to ask my family or others who know about my difficulties/problems | | |
| I allow the Case Worker/Senior Case Worker to: a. Record b. Video c. Writing down report All the information I or my family give about me. | | |
| If necessary, the Case Worker/Senior Case Worker may photograph me and my family members. | | |
| If I wish to know what is contained in the records or reports on me prepared by the Case Worker/Senior Case Worker, I will be permitted to read them. | | |

| | | |
|--|--|--|
| The confidentiality of all information that I provide will be maintained by the Case Worker/Senior Case Worker. | | |
| If there are other people/parties who need to be involved so as to assist me with my difficulties/problems, then they may be informed about my difficulties/problems, including the reports prepared by the Case Worker/Senior Case Worker, provided that I am informed. | | |
| I am willing to assist the Case Worker/Senior Case Worker by thinking about and discussing the best ways to overcome my difficulties/problems. | | |
| I am willing to take part in activities that are required to help overcome my difficulties/problems. | | |
| I am willing to discuss the results that have been achieved in overcoming my difficulties/problems with the Case Worker/Senior Case Worker | | |
| If my difficulties/problems have been resolved, the Case Worker/Senior Case Worker will terminate their assignment to assist me and my family. | | |
| If I experience any other difficulties, I may contact the Case Worker/Senior Case Worker | | |

My name

Name of childcare institution/agency

(if the child is in a childcare institution)

Address

(place of residence/childcare institution)

Signature

Date



**CONTRACT FORM:
FAMILY CONSENT TO BE PUSAT DUKUNGAN ANAK DAN KELUARGA
CLIENT**

Contract No.: _____/PDAK/OT/bulan/tahun

As part of the endeavor to overcome the problems faced by your child _____ (child's name) and family, the social worker (Case worker/Senior Case Worker) will assist your child and family. The case worker/senior case worker will explain what is meant by assistance, its objectives and stages and what needs to be done by you.

| Declaration | Agree | Disagree |
|--|-------|----------|
| I am willing to provide information on my child and family and on the difficulties/problems experienced by my family. | | |
| If I experience difficulties in providing information to the social worker, I will permit the case worker/senior case worker to ask other people who are aware of my family's difficulties/problems. | | |
| I allow the Case Worker/Senior Case Worker to: a. Record b. Video c. Writing down report All the information that I or my family provides. | | |
| If necessary, the Case Worker/Senior Case Worker may photograph me and my family members. | | |
| If I wish to learn what is written in the records or reports prepared by the case worker/senior case worker about my family, I will be allowed to read them. | | |

| | | |
|--|--|--|
| The confidentiality of all information I provide will be maintained by the case worker/senior case worker. | | |
| If any other individuals or parties are needed to assist with the handling of my family's difficulties/problems, these individuals or parties may be informed of my family's difficulties/problems, including the reports that have been written by the case worker/senior case worker, provided that I am informed. | | |
| I am willing to assist the case worker/senior case worker by considering and discussing the best way to resolve my family's difficulties/problems. | | |
| I am willing to participate in the activities that are required to resolve my family's difficulties/problems. | | |
| I am willing to discuss with the case worker/senior case worker the results that have been achieved in resolving my difficulties/problems. | | |
| Should my family's difficulties/problems have been resolved, the case worker/senior case worker will terminate the assignment of assisting my family. | | |
| Should I experience any other difficulties, I may contact the case worker/senior case worker. | | |

My name

My child's name

Name of childcare institution

Address

Signature

Date



INITIAL CHILD ASSESSMENT INSTRUMENT
(FACE SHEET)
TARGET : CHILD

Name of Case Worker [_____
Name of Senior Case Worker [_____
Date of interview [_____

CHILD'S PARTICULARS

Name [_____
Sex (M/F) [_____
Age [_____
Place / Date of birth [_____

Note: If child's date of birth is unknown, give the child's estimated age according to the child, parent or family member

Region of origin/ethnic group [_____
Religion [_____
Birth Certificate: Yes [], Number [_____
 No []

EDUCATION

Name of school/grade [_____
Quit school/since grade/year [_____
Teacher to contact [_____
Disruptions to attendance/participation in school [_____
[_____
Repeated grade, when, how many times [_____
Subjects liked [_____
Teacher or school staff member that child feels close to [_____
[_____

INFORMATION ON FAMILY

Name of birth mother and /or father (if known) [_____
Father [_____
Mother [_____
Is birth father alive? Yes [],
 Don't know []

Is birth mother alive? Yes [],
 Don't know []

Stepparent? If so, since when _____

Parents' status

- ◇ Formally married
- ◇ Divorced
- ◇ Single parent *(if data is available, explain why)* _____
- ◇ Unofficial / siri marriage
- ◇ Living together
- ◇ Other _____

(explain, for example, remarried, Indonesian Migrant Workers, etc)

◇ Unknown

Parents' region of origin/ethnic group _____

Address of parents *(if known)* _____

Telephone number that can be contacted: *(if any)* _____

Educational level Father _____

Mother _____

Employment *(if any)* Father _____

Mother _____

BROTHERS/SISTERS

| Name | Age | Education | Employment | Marital Status | Address/Contact Number |
|------|-----|-----------|------------|----------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

CHILD'S CURRENT CIRCUMSTANCES

Who is child currently living with?

- ◇ Parents
- ◇ Father
- ◇ Extended family member *(grandfather/grandmother/uncle/aunt/other)* _____
- ◇ Friends *(from school/other)* _____
- ◇ Other *(state who)* _____
- ◇ Unknown

CHILD'S DAILY ACTIVITIES (WHETHER CHILD ATTENDING SCHOOL OR QUIT SCHOOL)

(activity type, frequency, with whom, for how long?)

RELATIONS/COMMUNICATION WITH FAMILY

FOR CHILD LIVING WITH FAMILY

Who is the family usually communicates with the child? Why does the child normally communicate with this person?

Nobody []

What is the communication usually about? _____

Who outside the family normally communicates with the child? Why does the child trust this person?

Nobody []

What is the communication usually about? _____

FOR CHILD NOT LIVING WITH FAMILY

When did the child leave home? Why? _____

When was the child's last contact with family? *(may be by telephone or direct contact)*. With whom?

Close friend? Or who the child is currently closest to, why? _____

Are you distant from or close to the child? _____

Where do you live? *(person distant or close to the child)* _____

Contact telephone number *(if any)* _____

HEALTH

Child's health record *(if any)* _____

Family health problems? *(if known)* _____

SKILLS

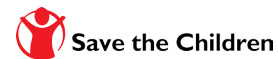
What skills does the child possess, whether at school or out of school?

What are the child's interests?

What does the child like to do? Why?

What does the child most dislike? Why?

Other important information obtained from initial interview



**INITIAL CHILD ASSESSMENT INSTRUMENT
(FACE SHEET)**
TARGET : CHILD RESIDING IN CHILDCARE INSTITUTION

Name of Case Worker _____
Name of Senior Case Worker _____
Date of interview _____

CHILD'S PARTICULARS

Name _____
Sex (M/F) _____
Age _____
Place / Date of birth _____

Note: If child's date of birth is unknown, give the child's estimated age according to the child, parent or family member

Region of origin/ethnic group _____
Religion _____
Birth Certificate: Yes [], Number _____
 No []

EDUCATION

Name of school/grade _____
Quit school/since grade/year _____
Teacher to contact _____
Disruptions to attendance/participation in school _____

Repeated grade, when, how many times _____
Subjects liked _____
Teacher or school staff member that child feels close to _____

INFORMATION ON FAMILY

Name of birth mother and /or father (if known) _____
Father _____
Mother _____
Is birth father alive? Yes [],
 Don't know []

Is birth mother alive? Yes [],
 Don't know []

Stepparent? If so, since when _____

Parents' status

- ◇ Formally married
- ◇ Divorced
- ◇ Single parent *(if data is available, explain why)* _____
- ◇ Unofficial / siri marriage
- ◇ Living together
- ◇ Other _____

(explain, for example, remarried, Indonesian Migrant Workers, etc)

◇ Unknown

Parents' region of origin/ethnic group _____

Address of parents *(if known)* _____

Telephone number that can be contacted: *(if any)* _____

Educational level Father _____

Mother _____

Employment *(if any)* Father _____

Mother _____

BROTHERS/SISTERS

| Name | Age | Education | Employment | Marital Status | Address/Contact Number |
|------|-----|-----------|------------|----------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

RELATIONS (CONTACT)

Who in the family is usually in contact/communicates with the child? _____

How does the child communicate with family or how does family contact the child?

Who outside the family normally communicates with the child? Why does the child trust this person?

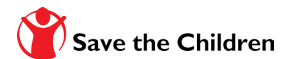
Who visits the child and who is visited by the child?

How often?

Are you distant from or close to the child?

Where do you live? *(person distant or close to the child)*

Contact telephone number *(if any)*



**INITIAL CHILD ASSESSMENT INSTRUMENT
(FACE SHEET)**

TARGET: CHILD VICTIM OF COMMERCIAL SEXUAL EXPLOITATION

Name of Case Worker
Name of Senior Case Worker
Date of interview

CHILD'S PARTICULARS

Name
Sex (M/F)
Age
Place / Date of birth

Note: If child's date of birth is unknown, give the child's estimated age according to the child, parent or family member

Region of origin/ethnic group
Religion
Birth Certificate: Yes [], Number
No []

EDUCATION

Name of school/grade
Quit school/since grade/year
Teacher to contact
Disruptions to attendance/participation in school

Repeated grade, when, how many times
Subjects liked
Teacher or school staff member that child feels close to

INFORMATION ON FAMILY

Name of birth mother and /or father (if known)
Father
Mother
Is birth father alive? Yes [],
Don't know []

Is birth mother alive? Yes [],
 Don't know []

Stepparent? If so, since when _____

Parents' status

- ◇ Formally married _____
- ◇ Divorced _____
- ◇ Single parent *(if data is available, explain why)* _____

- ◇ Unofficial / siri marriage _____
- ◇ Living together _____
- ◇ Other _____
(explain, for example, remarried, Indonesian Migrant Workers, etc)
- ◇ Unknown _____

Parents' region of origin/ethnic group _____

Address of parents *(if known)* _____

Telephone number that can be contacted: *(if any)* _____

Educational level Father _____

Mother _____

Employment *(if any)* Father _____

Mother _____

BROTHERS/SISTERS

| Name | Age | Education | Employment | Marital Status | Address/Contact Number |
|------|-----|-----------|------------|----------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

CHILD'S CURRENT CIRCUMSTANCES

Who is child currently living with?

- ◇ Parents _____
- ◇ Father _____
- ◇ Extended family member *(grandfather/grandmother/uncle/aunt/other)*

- ◇ Friends *(from school/other)*

- ◇ Other *(state who)*

- ◇ Unknown _____

CHILD'S DAILY ACTIVITIES (WHETHER CHILD ATTENDING SCHOOL OR QUIT SCHOOL) *(activity type, frequency, with whom, for how long?)*

(Note: This data is require so as to ascertain whether the child is currently involved in commercial activities)

RELATIONS/COMMUNICATION WITH FAMILY

FOR CHILD LIVING WITH FAMILY

Who is the family usually communicates with the child? Why does the child normally communicate with this person?

Nobody []

What is the communication usually about? _____

Who outside the family normally communicates with the child? Why does the child trust this person?

Nobody []

What is the communication usually about? _____

FOR CHILD NOT LIVING WITH FAMILY

When did the child leave home? Why? _____

When was the child's last contact with family? *(may be by telephone or direct contact)*. With whom?

Close friend? Or who the child is currently closest to, why? _____

Are you distant from or close to the child? _____

Where do you live? *(person distant or close to the child)* _____

Contact telephone number *(if any)* _____

HEALTH

Child's health record *(if any)* _____

Family health problems? *(if known)* _____

SKILLS

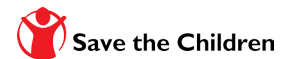
What skills does the child possess, whether at school or out of school?

What are the child's interests?

What does the child like to do? Why?

What does the child most dislike? Why?

Other important information obtained from initial interview



**CHILD AND FAMILY VULNERABILITY IDENTIFICATION INSTRUMENT
(FOR PARENTS/OTHER PARTIES CARING FOR CHILD)**

A. PARENTS

1. Family Members

| No | Name of Family Member | Age | Sex | Education | Employment | Lives with)* - Address |
|----|-----------------------|-----|-----|-----------|------------|-------------------------|
| 1 | Father | | | | | |
| 2 | Mother | | | | | |
| 3 | Child)** | | | | | |
| 4 | Child | | | | | |
| 5 | Child | | | | | |

)* If parents are divorced or child is separated and no longer lives with parents, if not all children live with parents

)**Record experiences any physical disabilities, hearing impaired/hearing and speech impaired, visually impaired, psychiatric problems, or multiple problems

2. Marital status

3. For family, record

a. Divorced (*when, why?*)

b. Deceased (*when, how?*)

c. Father/Mother has left family (*how, why?*)

4. Region of origin

5. Address

6. Employment *(for family members who are employed)*

a. Who works and type of work performed:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

b. Work details *(times, activities carried out, type of work –permanent/ incidental):*

- 1) _____

- 2) _____

- 3) _____

- 4) _____

c. Earnings *(state if not regular/ assured)*

- 1) Rp. _____ /week/month
- 2) Rp. _____ /week/month
- 3) Rp. _____ /week/month
- 4) Rp. _____ /week/month

d. How are earnings used:

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

B. CHILD'S DEVELOPMENT

1. Physical development
 - a. Height-weight to age
 - b. Physical disabilities, hearing/hearing and speech impaired, visually impaired, psychiatric problems, multiple problems
 - c. Medical history and examinations
2. Cognitive development
 - a. Ability to reason in comparison with age
 - b. Performance at school
3. Emotional/psychological development
 - a. Emotional expression and adaption level compared with age.
 - b. Special notes on child's expression, for example, easily angered/hot tempered, moody, other emotions.

C. CARE ISSUES

1. Willingness of parents to care for child
2. Caregiving capacity (*knowledge, skills*)
3. Difficulties/constraints facing them in providing care.

D. ECONOMIC ISSUES

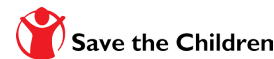
1. Efforts to provide for needs of child
2. Plans to fulfill child's basic needs (*food, education, healthcare*)

E. PROTECTION ISSUES

3. Indications of violence (*physical, psychological, sexual*) inflicted on child by parent/other family member.
4. Places within or outside the home that the child considers unsafe.

F. EDUCATION ISSUES

1. Child's educational progress
2. Parents' efforts to fulfill educational needs of child
3. Difficulties in fulfilling educational needs of child
4. Support obtained for fulfilling educational needs of child (*from where was such support obtained, what form did it take?*)



BIO-PSYCHO-SOCIAL-SPIRITUAL ASSESSMENT AND CARE PLAN PREPARATION GUIDELINES

This format uses information from the Save the Children Permanency Planning 1-5 modules, and identifies key variables pertaining to the client situation to formulate an assessment. This information will help the social workers to plan a child's safety, permanency and well-being.

Objective:

Assessment of problems and needs of client and his or her environment.

Output:

Differential Assessment.

I. Identifying Information (from information obtained from initial assessment / face sheet instrument)

- A. Functioning of agency / party that cares for child, access to the client: Who is responsible for decision-making in this situation and implementing a care plan? (parent, guardian, primary caregiver, Social Affairs Office, childcare institution / LKSA?)
- B. Identifying the client and the client system (family, guardian, primary caregiver): Name, date of birth, sex, marital status, address, type of dwelling, daily life routine, education, military or civil service, employment and source of income, social class, religion, ethnicity, and language normally spoken.
- C. Identifying important relationships and natural support networks: Relationships with whom and of what kind, as what form does support take?

II. Information on Contacts and Resources

- A. Number of interviews with client, coverage time range, who was met, where and how (together or alone), and how to ensure the accuracy and consistency of the information obtained?
- B. Past engagement with NGOs or governmental organizations
- C. Sources of information on client

III. Description and Assessment of Client and Client System

BIO:

- A. **Physical description of client:** sex, age, weight, height, disability (if any), and signs of violence or neglect, if any

- B. Client's demeanor,** manner of speaking, warm, initial response to interview, body language, etc.
- C. Health Status:** Has there been a diagnosis? What health services are received by the client? Has the client consulted other resources about how to cure her health problem? Is client taking medicine? Medical and treatment records. Addicted to drugs or alcohol? Is health status an issue in the service plan?

PSYCHO:

- A. Description of client's emotional condition:** manner of speaking, responses to problems, client's mindset and thoughts about the situation being faced.
- B. Mental Health:** Is there any evidence of mental health problems, such as depression, extreme anxiety, cognitive impairment? Psychosis? How do the mental health problems affect social functioning?
- C. Record of Being Victim:** Experience with trauma, violence and abuse? Risk assessment. How secure is client's environment today? What safety risk factors are present in the client's life at the present time?

SOCIAL:

- A. Current situation and history of moving:** Rural or urban background? Region of origin? If client has ever moved, why? How long living in current residence? How closely tied to place of origin? How often does client visit or connect with people there? Which places are very important to client? (a map may be used). Critical events that resulted in placement in a childcare institution? Who decided that client would be placed in a childcare institution? (if known) How did the support network support Client at the time? What did the child like most about life before being institutionalized? What did the child most dislike? Why? The same questions apply about life in the childcare institution if the child lives in one.
- B. Employment and Financial Status (Parent/caregiver/guardian):** What income is received from government or other sources by the client? Who works in the family? What do they do? Does the client have sufficient income to meet basic needs? How are problems related to those in the care plan overcome? What are the difficulties in accessing more sources of income?
- C. Relationships and Roles in the Family:** Family history and significant issues faced by the family in the past and at present. Including marital status (official or unofficial), the role of family members and conflicts between roles, family structure, complexities related to the cultural background of the family, history of separation in the family, those who are included in the family, client's relationship of attachment the family and with significant others outside the family? With whom does the child communicate? How often? Role of family members / significant other in the childcare and upbringing process, who does what in the family?
- D. Functioning of school and institutions:** how do everyday tasks appear, ability to deal with stress / pressure, in which settings are such tasks performed? How does the family ensure that their children have access to education? What things would result Anything in a child not attending school or disrupt the learning process?
- E. Functioning of Friends:** Child's relationships with friends in home village/community? In school? In the childcare institution? In communities around the childcare institution/

school?

SPIRITUAL:

Spiritual and Cultural Data: What is the client's cultural identity? What is client's religion now? How does religion support or obstruct the client? What are client's source of inspiration? Is there something that gives life meaning for the client? What is client's spiritual outlook as regards the situation and problems he or she faces and about the future?

IV. Current Needs and Issues

- 1) How do the child/family comprehend the issues and needs in this situation? What are the wishes/expectations of the child/family?
- 2) Does the social worker have a different understanding? How? How can this be communicated to client?
- 3) What historical issues are relevant to the current situation? What factors that triggered this situation. What factors are causing it to persist.

V. Situation and Care Assessment: Safety, Permanency and Welfare:

Using the risk factor concept and the safety plan, the readiness of the family/guardian for a relationship that is more consistent, positive parenting and family and environmental factors that support the child's well-being, a case assessment and permanency services plan is developed. Section V integrates the reality of the situation as set out in sections I-IV so as to permit the formulation of a differential assessment of the current situation, the key/significant persons involved in the current situation, and a supportive or obstructive environment.

In preparing the assessment and service plan, the following matters should be considered:

Family or alternative caregiver: Capacity assessment to ensure the safety of the child, provide permanency (consistency and stability), and ensure the welfare of the child (parenting and being a source of support for child's health, education and welfare)

- ◆ Problems in accepting responsibility, with the ability to recognize problems, or with the motivation to change.
- ◆ Patterns of social interaction, including aggressiveness and passivity, good at interacting with other people, lack of social support in relation to the environment.
- ◆ Parenting practices (disciplining methods, patterns of supervision, understand child's development and/or emotional needs.
- ◆ Background and history of parents and caregivers, including history of violence, abuse and neglect.
- ◆ Problems in accessing basic needs, such as employment, income, education, housing, childcare.
- ◆ Transportation, and services needed.
- ◆ Identification of other family members who can provide support time
- ◆ Identification of alternative caregivers.
- ◆ Behavior/ conditions related to:
 - Domestic violence
 - Mental disorder

- Physical Health
- Physical, intellectual, cognitive disability
- Use of Drugs or Alcohol.

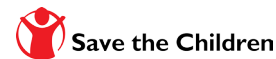
Older teenagers: Capacity to live independently

- ◆ Readiness to live independently
- ◆ Ability to maintain and meet their own physical and mental needs
- ◆ Significant Individuals (adults or peers) in client's life outside the family
- ◆ Ability to defend themselves
- ◆ Future plans for educational attainment
- ◆ Survival skills
- ◆ Career development at work
- ◆ Personal qualities and communication with community
- ◆ Development of assessment and risk assessment (module 1 and 4 Permanency Planning)
- ◆ What efforts have been made to respond to client's problems?

Child: Assesses the effects of separation; relationship ties and attachments; comparison of social functioning to age

- ◆ Critical events that changed the child's life
- ◆ The death or loss of a family member who was the backbone of the family. History of separation in the family
- ◆ Trust levels in building relationships within the family
- ◆ Emotional attachment and positive alternative care (within and outside the family, including foster family). Who will be the child's permanent caregiver?
- ◆ Safety and risk issues facing the child from sources identified by using the prepared checklist
- ◆ Special needs and risks faced
- ◆ Strengths/advantages of the child
- ◆ Support that has at some time been obtained by the child, what form, from whom, and whether it is ongoing?
- ◆ Expectations and wishes of the child.

Community or other support: Assesses availability and their strengths in providing support for the care plan. To help, use ecomap.



FAMILY ASSESSMENT MODEL USING ECOMAP AND GENOGRAM

Every senior case worker and case worker has the obligation to conduct an assessment of the family. This assessment must be conducted comprehensively and effectively so as to be able predict family circumstances and support the family through: an exploration of the links and relationships between family members; classification of family needs; family system dynamics and interactive development with the family.

ECOMAP

- ◆ An ecomap is a tool that is used to describe an individual's or family's relationships with other people or parties in their social environment. The outcomes of individual and family ecomapping may be combined so as to comprehensively describe a relationship with the system in its environment. What is depicted in the ecomap will show the strength of connections (weak, strong, conflict); the impacts of connections (whether generating energy, consuming energy or no impact) and the quality of the connection. ([Http://ohiocla.com/Year%205%20Revisions/family_assessment.htm](http://ohiocla.com/Year%205%20Revisions/family_assessment.htm))
- ◆ Objectives of Ecomapping
Through ecomapping, the senior case worker and case worker can learn about:
 - The relations system: what are the feelings of family members as regards each other? Who is close to who in the family? Are there identifiable alliances? Whether, according to family members, there are conflicts in the family?
 - The family from time to time: historical developments in the family that are considered important (marriage, having children?), themes, patterns, what events are considered important in the history of the family, significant losses in the family and how the family coped?
 - Family network: who or which systems are very important to the family? Outside the family, to whom does the family turn to for support?
- ◆ How to make an ecomap
 - Draw a large circle on a sheet of paper. The circle represents family members.
 - In the middle of the circle, write the names of family members, their relationships and age.
 - Ask the family about which systems outside the family affect the family or family members. Examples of such systems include the extended family, friends, workplaces, mosques, churches, hospitals, gyms, recreational venues, etc.
 - Draw a smaller circle outside the first circle to represent each system and give these

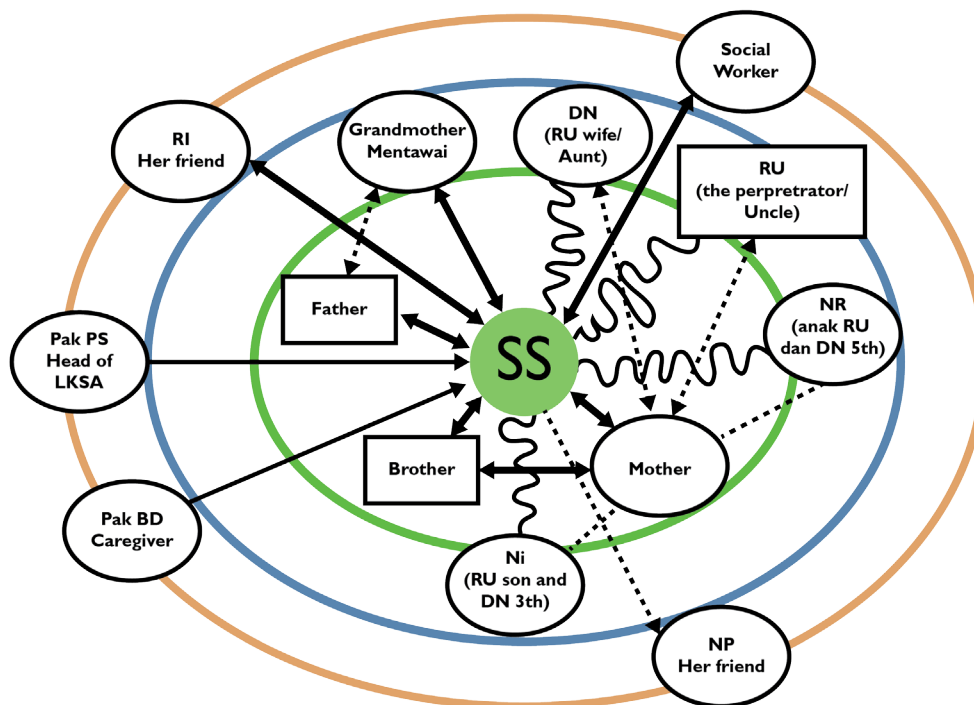
systems names.

- The next step is to describe the connection between family members and the various systems in their environment.
- Such connections are indicated by drawing lines between family members/the family and the circles representing the systems that have been identified by family members/the family. These lines may represent individuals or the family as a whole. This difference shows how family members are connected to their environment.

Significance of lines:

- A solid line indicates a strong relationship/connection
 - Three lines indicates a very strong and intensive connection
 - A dotted line indicates a weak relationship
 - A zigzag line indicates a stressful relationship and conflict
- Finally, write down a word or two beside the connection lines or small circles so as to provide further insight, clarify or underline the information that is described in the ecomap. (Module 2 Permanency Planning: Family Centre Assessment, pp. 30-31, 2011)

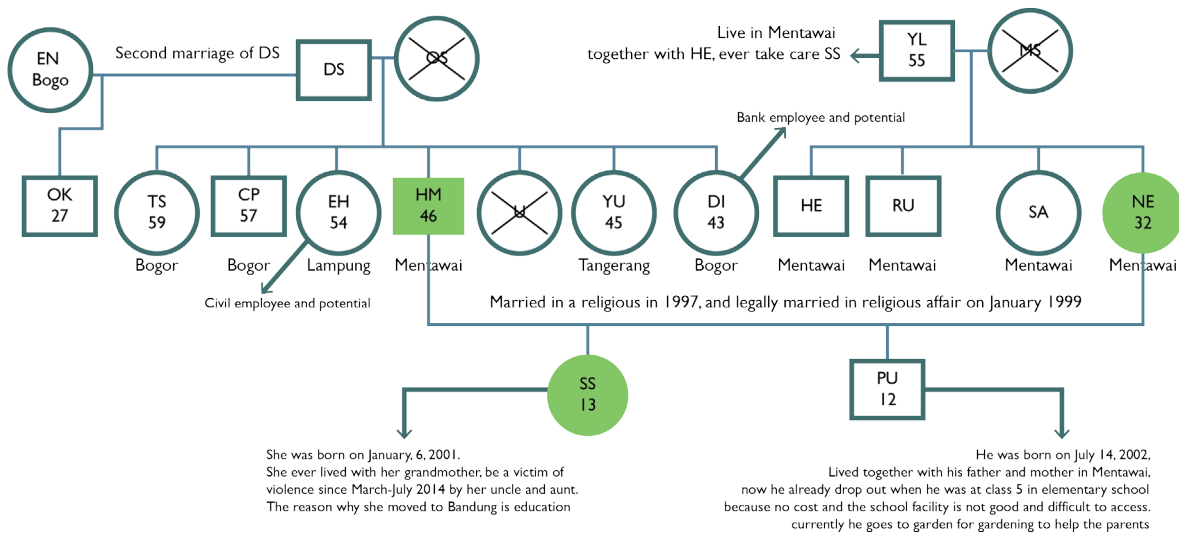
ECOMAP DAN DIAGRAM VENN KLIEN SS



GENOGRAM

- ◆ A genogram is a tool that is used to describe a family's family tree, including relationships and patterns of behavior among family members.
- ◆ Objectives of genogramming
 - Assists in the assessment and intervention planning processes by providing an illustrative description of the family tree and various important events in the life of the family.
- ◆ How to make a genogram
 - Draw boxes to represent men and circles to represent women. If someone has passed away, put an X in the box or circle.
 - Insert names or initials and ages.
 - Draw line between boxes and circles to indicate marriage. If a couple have divorced, then insert # in the middle of the line.
 - To show that a couple have had children, draw lines downwards in accordance with the number of children.
 - To complement the information in the chart, dates of birth, death, marriage, and having children may be added.
 - A genogram may be expanded as required to show the extended family.
 - A genogram may also be combined with an ecomap.

GENOGRAM of CLIENT SS

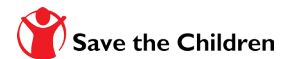


Note:

□ : Male
○ : Female

⊗ : Death
□—○ : Marriage

□—○ : Separation
□—#—○ : Divorce



CASE CONFERENCE AND FAMILY CONFERENCE MANUAL

Case Conference

- ◆ A case conference is a formal meeting attended by representatives of various professions and parties that are closely associated with the client's case for the purpose of determining the client's problems and the actions that will be taken in relation to these problems.
- ◆ A case conference is usually convened if a client is at risk and the response requires the involvement of various professions. Every case conference has a formal agenda and is chaired by the case manager, senior case worker or case worker.
- ◆ Objectives of case conferences:
 - Exchanging information
 - Discussing intervention plan
 - Coordinating services
- ◆ The participants in a case conference are the client and family members, professionals (case manager, senior case worker or case worker, psychologists, doctors, teachers, and other professionals as required.) (Thomas, Martin and Pierson, John, 1995)
- ◆ Case conferences play an important role in child protection. In this regard, case conferences are differentiated into two types, namely, an initial conferences and review conferences.
- ◆ An initial conference is conducted so as to ascertain whether what has been experienced by the victim should be processed further, including through the courts. This decision is very much related to the circumstances of the child, i.e., where the child has experienced significant harm so that there are indications that a child protection plan is required. A review conference is conducted to review the way in which protection for the child has been managed and to consider whether the legal process in respect of the child should be continued or terminated. In this respect, the case worker and senior case worker need to encourage the participation of parents, the child's caregivers, and the child (age permitting), save where this would be contrary to the best interests of the child. (Davies, Martin, 2008)

CASE CONFERENCE RECORD FORM

Name of Case Worker

Name of Senior Case Worker

Name of Klien

Time/venue of conference

CONFERENCE PARTICIPANTS

1.
2.
3.
4.
5.

CONFERENCE OBJECTIVES

ANTICIPATED OUTPUT

SUMMARY OF CASE/CLIENT PROBLEMS

CLIENT'S EXPECTATIONS, OBJECTIVES TO BE ACHIEVED, SERVICES REQUIRED

ADDITIONAL INFORMATION

RECOMMENDATIONS AND FOLLOW-UP ACTION

Signatures of conference participants

1. 
2. 
3. 
4. 
5. 

FAMILY CONFERENCE/FAMILY MEETING

A case conference is an activity that involves the child, extended family and other decision makers. PDAK uses family conferences primarily to determine the care to be provided to children. The process enables family members to meet and have discussions with the case manager, senior case worker and case worker, Child Social Welfare Agencies (LKSA), other agencies, and significant others. The goal is arrive at the best decisions for the child.

- ◆ A family conference is conducted based on the following values:
 - Families have strengths and can be changed.
 - These strengths can arouse family concern
 - Strengths are ascertained through listening, eliciting information and paying attention to others.
 - Strengths are enhanced through acknowledgement and motivation.
 - People get hope when they feel that there is someone who will listen.
 - Choices can be obtained from a variety of suggestions.
 - Empowering people is better than controlling them.
 - Family members are the primary decision makers for their families.
 - The best thing for a child is to be brought up within the family and the family needs to be respected.
 - Making a mistake provides an opportunity to grow and develop.
 - The family has the greatest investment in making their children safe and successful, and all family members have the capacity to stay together, resolve their problems and demonstrate common concern.
 - The family has resources that can be availed of when needed.

- ◆ Benefits of Family Conference
 - The family invests in planning how to handle problems.
 - Provides an opportunity for more a stable life setting by helping ensuring that the child remains in the care of the family.
 - Promises a better future for children by reducing the involvement of the formal service system (LKSA).
 - Increases ownership by providing opportunities for the family and extended family to make decisions and bring accountability back to the family.
 - Provides an opportunity to strengthen the family and ensure that the family's concern can be expressed in a safe environment.
 - The child will remember the meeting as an important and positive event in his or her life.

- ◆ Stages in conducting a family conference
 - 1) The case worker or senior case worker opens the meeting and explains the problems faced by the child and family.
 - 2) The case worker provides an opportunity to the family to negotiate on the decisions to be taken.
 - 3) Discussion of the decisions that will be taken for the child. The case worker helps maintain steers the proceedings during the family conference and ensures that the decisions taken having regard to the safety, permanency and well-being of the child.

FAMILY CONFERENCE RECORD FORM

Name of Case Worker

Name of Senior Case Worker:

Name of Client

Time/venue of conference:

CONFERENCE PARTICIPANTS

1.
2.
3.
4.
5.

CONFERENCE OBJECTIVES

ANTICIPATED OUTPUT

SUMMARY OF CASE/CLIENT PROBLEMS

CLIENT'S EXPECTATIONS, OBJECTIVES TO BE ACHIEVED, SERVICES REQUIRED

ADDITIONAL INFORMATION

Five horizontal orange lines for additional information.

FAMILY DECISIONS

Five horizontal orange lines for family decisions.

Participant's signature

- 1.
- 2.
- 3.
- 4.
- 5.



CARE PLAN FORM

A. CHILD'S PARTICULARS

Name

Age

Place / Date of birth

Note: If child's date of birth is unknown, give the child's estimated age according to the child, parent or family member

Sex (M/F)

Date of Care Plan

Name of Case Worker

Name of Senior Case Worker

Name of Case Manager

B. FAMILY'S PARTICULARS

Data on family and/or other relevant parties

| Father (birth/step/foster) | Mother (birth/step/foster) |
|---|----------------------------|
| Full Name | Full Name |
| Address | Address |
| Telephone | Telephone |
| Other family members (uncle, grandfather, etc) | |
| Full Name | Full Name |
| Address | Address |
| Telephone | Telephone |
| Relationship with child | Relationship with child |
| Other parties | |
| Full Name | Full Name |
| Address | Address |
| Telephone | Telephone |
| Relationship with child | Relationship with child |

C. CARE PLAN

1. Date of PDAK's first contact with child?

2. Did the child previously have contact with a Child Protection System other than PDAK? Yes/No
3. If yes, what support was offered/provided by this system? _____

4. State legal basis for working with the child _____

5. Why does the child (*family*) currently need to remain in care continuum?

6. What endeavors have been made so that the child can live with his or her family, relatives or other who are close to the family?

7. What resources, supports and capacity strengthening have been offered to the child/family so that the child can remain in his or her community? (*Describe in detail*)

8. Give reasons why it is not appropriate or possible for the child to live with his or her family in their community.

9. Identify the organizations, family members and practitioners who have been consulted in connection with the child's circumstances and the design of this care plan

10. How did the child participate in the designing of this plan and how was such participation facilitated?

11. Overall, what is the purpose of this care plan?

- The child should live with his or her family or friend (in a situation where the child is only willing to live with friend) with the support of capacity-building services for family/friend
- The child should be restored to his or her family for a defined period. Specify the time period and the family member(s) involved

- The child should be restored to his or her community (*relative, foster family, adoptive family, live with friend*)

- The child should be referred to a childcare institution that provides specialized services (*for example, for child victims of violence or children with disabilities so that it is not possible for him or her to be cared for by parents and family*). State name and address of childcare institution and the services that will be provided to the child and family

- Other option (*describe*)

12. Explain why this plan has been adopted

13. What outcomes are expected to be achieved prior to the implementation of the plan

| No. | Outcome | Party responsible for implementation | Time Target |
|-----|---------|--------------------------------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

14. What are the long-term educational and developmental needs of the child that must be fulfilled during care continuum?

a. belonging

b. mastery

c. independence

d. generosity

15. In such a situation, what type of placement in continuum of care is proposed?

16. For how long?

17. What other plans are there if such placement is not possible or fails?

18. If the child is involved in a legal process, how long will this process continue?

19. What agreement has been made with the child and family to fulfill and terminate the care plan?

20. What stages will be gone through if the child, family or social work wish to vary this plan?

D. CONCLUSION

First review of care plan will be conducted on/in:

_____ day _____ date _____ month _____ year _____

This Individual Development Plan/IDP will be implemented by _____

Organization responsible _____

Senior Case worker

Case Worker

[_____]

[_____]

Family member/other party

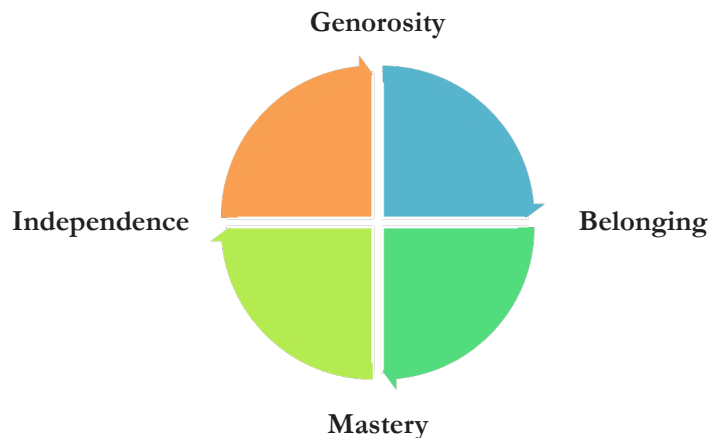
Child (*if old enough*)

[_____]

[_____]

EXPLANATIONS OF TERMS USED IN CARE PLAN:

CIRCLE OF COURAGE



SENSE OF OWNING :

Relations; identities; own well-being

- ◆ How are their relationships with others? Children? Adults?
- ◆ What language do they use? Are they willing to talk to other people?
- ◆ Can they make decisions? Are these decisions correct?
- ◆ Do they have close friends? How many? Or only some?
- ◆ How do they relate to their culture? How do they think about their families and communities?
- ◆ Do they have fun?
- ◆ Do they scream or are they shout or do they entice?

Health

How is their health? Are there concerns?

Mastery

General competence

- ◆ Do they have special skills? What can they do well? What can they do easily?
- ◆ Are they able to solve their problems? How?
- ◆ Do they have any special needs?

Social and emotional skills

- ◆ Can they adjust and behave appropriately in different situations?
- ◆ Do they do housework?
- ◆ Can they express themselves without hurting others?
- ◆ Can they say “no”?
- ◆ Can they respect each other?
- ◆ What do they do in their spare time?

Education and employment

- ◆ How are they in school? How is their ranking?
- ◆ Do they do their homework? Can they read?
- ◆ What do they want when they are old?

Independence:

Self control

- ◆ Are they patient? Good listeners? Give appropriate responses?
- ◆ How do they manage anger? How they express strong feelings?
- ◆ Can they concentrate? Do they they think before acting?
- ◆ Do they force others to do things, and snap at other children?
- ◆ Do they finish their tasks? Do they do what they say they will do?

Responsibility

- ◆ Do they admit their mistakes? Are they responsible for their actions?
- ◆ How do they make improvements? Are they willing to accept discipline?
- ◆ Are they able to make correct choices?

Generosity :

Caring and sharing

- ◆ Are they helpful to others? Do they care for others? Are they happy to help?
- ◆ Do they respect others? Do they respect ties?
- ◆ Do they respect their elders?
- ◆ Do they share: things? Stories/ experiences?
- ◆ How do they fulfill the special needs of children or treat a sick child?



**TERMINATION OF PUSAT DUKUNGAN ANAK DAN KELUARGA
PROFESSIONAL SERVICES FORM**

Name of Case Worker
Name of Senior Case Worker
Name of Client
Date of final contact
Date of service commencement

Reason for services

Agreement on problems and intervention objectives

Intervention/activities carried out

Progress achieved/client's current condition

(note: including client's circumstances in his or her principal social environment)

Objectives not achieved

Referral (to where, aspects referred)

[Redacted text area with four horizontal orange bars]

(Note: referral does not need to be to an agency/institution, but may also be to the family if some objectives that have not been achieved may be achieved by the family)

Reasons for termination

[Redacted text area with four horizontal orange bars]

Termination was effected on the [day/date] in [Redacted] and was agreed by client and other parties involved in handling client's case.

Client/Family

Case Worker

[]

[]

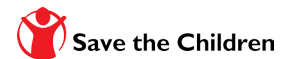
Acknowledged by

Senior Case Worker

Family/Community Leader

[]

[]



CHILD/FAMILY REFERRAL FROM PUSAT DUKUNGAN ANAK DAN KELUARGA TO THIRD PARTY (INTERVENTION STAGE) FORM

Referral No. _____

(Give referral number/ code (01, 02, 03)/PDAK/ month/year)

01 – Referral from third party to PDAK

02 – Referral from PDAK to third party (at initial contact stage)

03 – Referral from PDAK to third party (at intervention stage)

Name of Case Worker _____

Name of Senior Case Worker _____

CHILD'S PARTICULARS

Name _____

Sex (M/F) _____

Place / Date of birth _____

Note: If child's date of birth is unknown, give the child's estimated age according to the child, parent or family member

Birth Certificate: Yes [], Number _____
No []

Name of school/grade _____

Quit school/since grade/year _____

Region of origin/ethnic group _____

Religion _____

INFORMATION ON FAMILY

Name of birth mother and /or father (if known)

Father _____

Mother _____

Name of other caregiver (*extended family member or other*) _____

Parents' status

◇ Formally married

◇ Divorced

◇ Single parent (*if data is available, explain why*) _____

◇ Unofficial / siri marriage

◇ Living together

◇ Other

(explain, for example, remarried, Indonesian Migrant Workers, etc)

◇ Unknown

Parents' region of origin/ethnic group

Address of parents/other caregiver *(if known)*

BRIEF DESCRIPTION OF CASE

First contact with child and family

(time / day / month / year / place / means of contact – telephone, home visit)

Contract with PDAK, Number

Case description

Circumstances of child/families at time of referral

(describe child's condition at time of referral)

REASONS FOR REFERRAL

ASPECTS REFERRED

PARTY (INDIVIDUAL OR AGENCY) RECEIVING REFERRAL AND REFERRAL AGREEMENT

Date and place of referral _____

Case Worker

Referral Recipient

[]

[]

Acknowledged by

Senior Case Worker

Case Manager

[]

[]

Yayasan Sayangi Tunas Cilik

Partner of  Save the Children

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