Analysis of Existing National and International Practices in Case Management

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Changing The Way We Care℠ (CTWWC) is implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are the Better Care Network, Lumos Foundation, and Faith to Action. CTWWC is funded in part by a Global Development Alliance of USAID, the MacArthur Foundation and the GHR Foundation.

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This report is the result of collaboration between several Changing the Way We Care℠ partners.

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ACRONYMS

CM   Case Management
CSW   Community Social Worker
CTWWC   Changing the Way We Care
GD   Government Decision
ISP   Individualized Support Plan
MDT   Multidisciplinary Team
MQS   Minimum Quality Standards
SSF   Social Support Service for Families with Children
STAS   Territorial Social Assistance Structures
UNHCR   United Nations High Commissioner for Refugees
UNICEF   United Nations International Children's Emergency Fund
USA   United States of America
VNET   Violence, Neglect, Exploitation, and Trafficking
WHO   World Health Organization

GLOSSARY

Case management: a social worker's main method of working whereby he/she assesses the needs of the child and family in collaboration with the beneficiary and coordinates, monitors, and supports the beneficiary to ensure access to social, educational, medical, etc. services that meet their needs.

Case manager: the professional who ensures the coordination of social assistance and special protection activities carried out in the best interests of the child.

Case plan monitoring: process of checking on families and children to ensure that they receive appropriate services and that the support provided meets the needs identified.

Case plan review: evaluation of the individualized social assistance plan to determine whether it continues to be relevant and meets the needs of the child and family.

Comprehensive assessment: a detailed investigation and analysis of a case, carried out at the beneficiary's place of residence, through interaction with the beneficiary's social network and with the direct involvement of specialists from the appropriate institutions; the assessment aims to identify the needs of the person/family and the resources available within the family and community, recommend social services, and draw up an individualized social assistance plan.

Individualized social assistance plan: written plan based on the model plan approved by the Ministry of Health, Labor and Social Protection, which includes activities identified to meet the needs of the beneficiary, the type of social services, the duration of their provision, and the staff responsible. The individualized social assistance plan is drawn up and implemented with the active participation of the beneficiary and his/her family or legal representative.

Initial assessment: the first investigation by a community social worker at the beneficiary's place of residence, which aims to identify the individual needs of the person/family and establish their entitlement to social services.

Social services: set of measures and activities carried out to meet the social needs of a person/family in order to overcome situations of hardship and prevent marginalization and social exclusion.

Territorial social assistance structure: internal administrative structure based on the principle of organizational autonomy by second-level local public administration authorities for the purpose of implementing social assistance policies.

EXECUTIVE SUMMARY

Background

Changing the Way We Care^{SM} (CTWWC), is a global initiative launched in October 2018 by a consortium of organizations including Catholic Relief Services (CRS) and Maestral International. CTWWC is working with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments.

In the Republic of Moldova, CTWWC aims to end the placement of children in residential care institutions and to ensure that family support systems are strengthened, so children can continue to thrive in families. CTWWC has embarked on a detailed needs analysis of the care reform sector to establish a baseline and plan of action for the coming years. This study is part of a series of seven thematic reports that provide a picture of the situation of vulnerable children and their families, both in the context of deinstitutionalization, and prevention of placement in residential institutions. This research will form a theoretical and practical picture of the child care system in the Republic of Moldova, in particular in the post-COVID-19 context.

Research purpose and objectives

The analysis of case management (CM)systems aims to contribute to the development of a CM model that both reflects the latest programmatic, legislative, and methodological developments at national and international levels, and effectively contributes to increasing the quality of services for vulnerable children and families.

To achieve this purpose, the analysis focused on the following specific objectives:

- Identify models of best practices and quality standards applicable to the context of the Republic of Moldova by reviewing and analyzing a series of CM-related programmatic practices, models, regulations, and documents in the international community.
- Increase knowledge of current practices and identify strengths and areas for improvement in the field of CM in the Republic of Moldova by reviewing and analyzing practices and regulations followed at the national level.
- Suggest practical recommendations to increase the quality of services for vulnerable children and families.

Assessment methodology

The CM review included a series of documentary reviews and research of the most relevant CM-related guidelines, quality standards, and manuals existing in the Republic of Moldova and worldwide; the identification of CM strengths and weaknesses in the Republic of Moldova; and the development of recommendations.

A working group was set up to carry out these activities. The group included representatives from a number of organizations and institutions with significant experience in the application of case management. Overall, CM was analyzed on the basis of an assessment framework previously tested in other countries and adjusted to the legislative framework and practices in the Republic of Moldova.

The assessment framework is based on three components—operational procedures, working tools, and training materials—which led to the development of recommendations.

Key findings

To begin, most of the analyzed foreign CM guidelines have similar objectives, structures, and objectives focused on: (i) strengthening the capacity of social workers to provide services, (ii) combining several types of interventions by different categories of specialists, (iii) presenting standardized procedures as well as assessment and planning tools, and (iv) efficiently using existing resources in the field of social work, etc. These similarities demonstrate that the analyzed documents were developed from the common need to guide professionals in identifying and supporting children at risk and that CM follows a similar approach from country to country.

In addition, drawing up, reviewing, and strengthening CM guidelines has been a focus of many international governmental/intergovernmental organizations (USAID, UNICEF, UNHCR) and non-governmental organizations (NGO) (Maestral, CRS, Save the Children, Family for Every Child, Global Social Workforce Alliance) over the last decade, indicating that this is a topical and important issue. There may also be a growing interest in developing a framework for assessment, planning, and intervention in cases of vulnerable children, including in the area of prevention of separation, designed to complement and/or strengthen existing social services, making them more effective and efficient (including actions designed to strengthen vulnerable families).

Furthermore, when analyzing the guidelines, it was possible to identify both a thematic focus—i.e., a certain category of children, a specific problem or social phenomenon, and/or a universal approach—and a more general approach, which did not focus on certain specific social services or categories of children. In other words, the guidelines examined do not try to cover several categories of children who may be in different situations at the same time, nor do they aim to offer solutions to all types of problems that vulnerable children and their families may face.

Finally, the multidisciplinary and cross-sectoral approach appears to be the primary method of operation for CM. On the one hand, there is significant emphasis on the role of the multidisciplinary team (MDT) in the assessment, monitoring, and review process, however, on the other hand, collaboration with professionals and related institutions or organizations that are relevant to case management are utilized. The emphasis was on training and skills of the case manager who handles the intervention stages with the child and his/her family, but also on the need to collaborate, either by requesting information about the beneficiary from other organizations or specialists or on their concrete involvement in the planning and implementation process of the CM plan. Moreover, the analyzed guidelines are all based on child welfare criteria similar to those in the Republic of Moldova.

Main recommendations

Recommendation 1: A higher level of legislative regulation (i.e., changing the status of guidelines to that of regulations and, implicitly, having them approved by a higher court [i.e., the government]) would allow for more efficient implementation and more concrete application of laws by all targeted institutional actors, including in related fields (health, education, security, etc.).

Recommendation 2: A generic and universally applicable approach to CM seems to be the most appropriate in the context of the Republic of Moldova; namely, focusing on general information about the CM method and providing a general description of CM without targeting certain social services or groups of children. Also, the guidelines should not contain working tools, but should present a standardized structure for them. This standardized structure will help to develop the tools for each social service, which will be included in the regulations for the organization and operation of these services. In this respect, CM regulation should include the following elements: purpose, objectives, area of application, glossary, and key notions.

Recommendation 3: In order to ensure effective and efficient management of professionals involved in CM, especially at the level of the case manager, it is necessary to clearly stipulate and make explicit his/her responsibilities and powers, including up to which stage the community social worker (CSW) remains case manager. Similarly, specifying the responsibilities and liabilities of the case manager (i.e., the child protection specialist in the mayor's office) working with children at risk is necessary. In order to articulate the interventions, a chapter focused on the role of the MDT is needed to clarify the obligations of all specialists working in the field of intervention.

Recommendation 4: A number of measures are needed at several levels of performance: indices for procedures, model registers, provisions, opinions, and acts (including the protection of personal data). As a general rule, CM should describe explicitly the mechanism for identifying a child's strengths and assessing him/her and his/her caregiver/family based on them. It is also necessary to describe the procedure for mapping social services and resources that can be accessed at different levels of interventions.

INTRODUCTION

Background

CTWWC, is a global initiative launched in October 2018 by a consortium of organizations including CRS and Maestral International. CTWWC is working with governments, civil society, and faith-based communities to change how we care for children and families. By strengthening systems, improving policies, investing in the care workforce, and engaging diverse stakeholders, CTWWC is building a movement in which all children can grow up in safe, nurturing family environments.

In the Republic of Moldova, CTWWC aims to end the placement of children in residential care institutions and to ensure that family support systems are strengthened, so children can continue to thrive in families. CTWWC has embarked on a detailed needs analysis of the care reform sector to establish a baseline and plan of action for the coming years. This study is part of a series of seven thematic reports that provide a picture of the situation of vulnerable children and their families, both in the context of deinstitutionalization, and prevention of placement in residential institutions. This research will form a theoretical and practical picture of the child care system in the Republic of Moldova, in particular in the post-COVID-19 context.

In order to understand the existing situation regarding case management and make data- and evidence-based decisions regarding its strengthening and development, CTWWC, in collaboration with the non-profit association P4EC, carried out an analysis of existing national and international practices in CM from April–June 2021.

Research Aim, Objectives, and Methodology

The objectives of the CM review are to bring CM in line with the latest legislative and methodological developments and global best practices and enhance the quality of service provision, including strengthening the active participation of children and families in the process. The CM review process involves desk research of existing CM guidelines, quality standards, and manuals in the Republic of Moldova and other countries; identification of the strengths and weaknesses of the CM applied in the Republic of Moldova by a working group set up for this purpose and composed of service providers, NGOs, and academics; evaluation of the CM approved by the Ministry of Labor, Social Protection, and Family based on an evaluation framework developed by CTWWC; and elaboration of recommendations from the CM review.

The goal of the CM review is to contribute to the development of a model of CM that reflects the latest programmatic, legislative, and methodological developments at national and international levels and contributes effectively to improving the quality of service provision for vulnerable children and families.

The research objectives are:
- Identify best practice models and quality standards applicable to the Moldovan context by reviewing and analyzing a range of practices, models, regulations, and policy documents on CM in the international community.
- Deepen knowledge on current practices and identify strengths and areas for improvement in relation to CM in the Republic of Moldova by reviewing and analyzing practices and regulations at the national level, and by developing practical recommendations that contribute to the achievement of the above-mentioned goal.

The research methodology is based on a complex approach of reviewing and documenting the most relevant guidelines, standards of conduct, and manuals on CM existing in the Republic of Moldova and at international levels, identifying the strengths and shortcomings of the process in the Republic of Moldova, and suggesting recommendations for improvement.

To carry out these activities, a working group[2] was set up that included a number of organizations and institutions with significant experience in applying CM. The CM assessment was carried out on the basis of an assessment framework (Annex 6) that was previously tested in other countries and adjusted to the legislative framework and practices in the Republic of Moldova. The framework is based on three components: operational procedures, working tools, and training materials. Each component included a set of criteria applied in the evaluation process. The evaluation framework was used by each member of the working group to evaluate CM, and evaluation results were compiled into a single form. Subsequently, members of the working group made recommendations for the revision of CM in the Republic of Moldova. Due to the COVID-19 pandemic, members of the working group met in five online meetings to carry out the review. In addition, each member worked individually and with colleagues applying the CM assessment framework in the represented organizations and providing comments and recommendations. Thus, the findings and recommendations collected from the working group members do not represent individual opinions, but reflect the positions of the organizations.

Main limitations: Limitations include (i) globally, there may be other models of CM; however, our research included the most relevant ones for our purpose; (ii) the level of knowledge and practice in the area of CM is different from one organization to another, but this can be seen as an advantage as it allows for the presentation of a diversity of situations; and (iii) the discussions and debates took place online due to the COVID-19 pandemic, possibly limiting the participation of some stakeholders, but this, too, can be see as an advantage as more participants could be brought together at the same time than would have been the case in face-to-face meetings.

Structure of the Report

The document is divided into three chapters, namely: (i) a summary of existing international practices in CM, (ii) an analysis of existing national practices in CM, and (iii) conclusions and recommendations. The chapters are followed by annexes.

The first chapter presents a summary of international practices, focusing on a series of 20 international guidelines and standards from various countries and continents that were developed by a number of recognized organizations in the field. The goal of the chapter is to identify key elements that can be incorporated into CM in the Republic of Moldova.

The second chapter presents an analysis of national practices, focusing on strengths and areas for improvement in CM models in the Republic of Moldova. Recommendations on the main adjustments needed are provided.

The third chapter presents the working group's conclusions and recommendations for the revision of CM in the Republic of Moldova, focusing on a number of programmatic and regulatory issues that should be updated in order to make them more efficient and to adapt them for a number of specific situations.

The annexes present (i) key elements of the 20 revised international guidelines, (ii) key elements of the revised national guidelines, (iii) a list of key recommendations from primary stakeholders in the Republic of Moldova on the current guidelines, (iv) recommendations from primary stakeholders in the Republic of Moldova on the key needs of a new CM guide, (v) a list of standard forms for CM, and (vi) the evaluation framework.

CHAPTER 1. ANALYSIS OF EXISTING INTERNATIONAL PRACTICES IN CASE MANAGEMENT

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This chapter presents the results of the analysis of 20 guidelines, quality standards, and manuals developed and applied in countries such as Kenya, Zimbabwe, India, Romania, the United Kingdom, Uganda, the United States, etc. These materials were developed by or with the support of organizations such as USAID, UNICEF, Maestral, CRS, Save the Children, Global Social Workforce Alliance, etc. It should be noted that all documents reviewed were developed in the last 9–10 years. This indicates an increased interest in developing a framework for assessment, planning, and intervention for vulnerable children, which is intended to complement existing social services or replace them when they are lacking. It also demonstrates a need to have common guide for social work professionals.

The materials reviewed cover CM in the countries listed above as a working method or collaborative approach for social work. In this chapter common features and elements are specified that trace trends in the conceptualization and implementation of CM. The analysis also tries to highlight international best practices in terms of CM procedures and/or tools in order to adopt and incorporate these best practices in the Republic of Moldova.

Main Findings

Most of the country documents in the field of CM that were analyzed have approximately the same structure and follow similar objectives, such as:

- Build the capacity of social workers in the provision of social services.
- Develop guidelines for good quality practices.
- Articulate interventions that can be carried out by different categories of specialists.
- Make more efficient use of existing resources in the field of social work.
- Present a general framework of principles, considerations, procedures, and result indicator definitions.
- Present standardized procedures, assessments, and planning tools.

Some of the material analyzed refers to specific categories of children, social phenomenon, and/or problems, for example:

- CM in child protection ("Intersectoral guidance in CM and child protection/The role of CM in child protection: A guide for policy makers, managers, and social workers," Global Child Protection Working Group, USAID, 2014; "Handbook on CM in child protection: A guide for cross-sectoral case management agencies in Uganda," Save the Children, 2016).

- CM for children and families affected by HIV ("Family Case Management: Manual for Family Case Managers," FHI360 India, 2012).
- CM for reintegration/reunification of children with their families ("Case Management for Family Reintegration or Community Care Indicators," Kenya, CTWWC, 2020; "Guide to Reintegrating Children," Family for Every Child, 2016).

At the same time, other materials reviewed are more generic, approaching the CM method in general terms and ignoring specific social services or specific categories of children. In this case, the documents reviewed present the principles and stages of CM, the responsibilities of the case manager, and the expected results of applying CM.

Thus, none of the guidelines examined attempt to cover several categories of children who may be in different situations of risk, nor do they offer solutions for all types of problems that children and their families may face.

Most of the documents reviewed have common elements such as:

- Purpose of the guide.
- Areas of application.
- Target groups to whom the guide is addressed.
- Key definitions.
- Principles underlying the guide.
- CM stages.
- Procedures or work processes described for each stage of CM, practitioners, and organizations involved in the application of CM.
- Relevant legislation.
- Case studies.
- Annexes containing forms, working methods, and bibliographical references

In some of the guidelines reviewed, CM is positioned as a framework for coordinating the actions of staff from different services and organizations to support children and families in need. Additionally, in some guidelines, CM services are mentioned but no reference is made of social services. This is due to the lack or insufficient development of social services.

In the guidelines examined, there is little emphasis on the role of the MDT in the assessment, monitoring, and review process. This is motivated by the fact that the person applying CM forms must be trained in CM. Thus, the case manager carries out these steps together with the child and his/her family. The case manager can request information about the beneficiary from other organizations or specialists and involve them in the planning and implementation process.

Some of the documents reviewed indicate that child assessment is based on several criteria or areas, for example:

- In the "National Case Management System for Child Welfare and Protection in Zimbabwe" (UNICEF, 2017) there are eight areas of criteria (family, survival, general health, development, social history, behavior, education, and aspirations).

- In the "CM for Family Reintegration – or Community Care Indicators" (Kenya, 2020) six domains are listed (health and development, education, protection and safety, psychosocial well-being and community belonging, relationship and attachment, and economic [family] stability).

Table 1 details the main objectives of the documents developed in the field of CM, their common elements, and their differences. Detailed findings on all documents analyzed are presented in Annex 1.

Table 1: Main objectives of the documents developed in the field of CM, similarities and differences

Document name	Aims and objectives	Scope	Target group	CM definition	CM procedures	Human resources
Case Management Toolkit: A User's Guide to Strengthening Case Management in Child Care (USAID, 2014)	Provide a detailed description of the components required for an effective CM system and present a practical framework that can be used to evaluate existing systems.	Identify and disseminate CM best practices in child care.	USAID mission staff and child protection organizations.	Process of planning, identification, application, and monitoring by social workers of social or medical services on behalf of beneficiaries	• Assessment. • Risk assessment • Identification of strengths and needs. • Family involvement intervention.	
Key Concepts and Principles of Effective Case Management: Approaches for Social Service Workers (Global Social Service Workforce Alliance, 2018)	Assist social services staff responsible for implementing CM by articulating key CM principles and concepts.	Support children in vulnerable situations.	Public authorities, child welfare staff.	Process carried out by social services employees supporting or guiding the provision of social services for vulnerable children and families in need.	• Identification • Initial assessment • Comprehensive assessment • Plan development • Plan implementation • Plan review • Case closure	• Paid and unpaid professional and paraprofessional workers • Budget-holders and NGO staff members of community coordination mechanisms, e.g., child protection committees

Document name	Aims and objectives	Scope	Target group	CM defintion	CM procedures	Human resources
CM Guide to Supporting Family Care for Children with Disabilities (World Learning, 2018)	To serve as a resource for professionals working with children and families using the CM approach in low- and middle-income countries.	Children with disabilities and their families.	Social workers.	Process practiced by social service employees, which supports or guides the provision of social services to vulnerable children and families.	• Identification • Assessment • Development of plan • Implementation of plan • Review of plan • Closure of case	
Guidance on Reintegration of Children (Family for Every Child, 2016)	Describe the process of reintegrating the child into the birth family.	Child reintegration.	Decision-makers and specialists.	The process of supporting a child and their family through direct support and involvement of other services as well as the activities that case managers or other workers undertake with children and families to address safeguarding concerns.	• Identification and assessment • Planning placement in alternative care or preparation of child, family, and community for reunification • Ensuring contact between child and family • Reunification • Ongoing monitoring and post-reunification support • Closure of case	
Global Evidence of Best Practices in Reunification of Children in Residential Care (Maestral, 2020)	A summary of the latest global evidence on best practices in deinstitutionalizing children in residential care.	Best practices in child reintegration.	Social workers.		• Social workers • Evaluation • Preparation • Carefully planned reunification • Intensive support after reintegration	
CM Manual for Child Protection – A Guide for Cross-Sectoral Case Management Agencies in Uganda (Save the Children, 2016)	A framework of principles, steps, and considerations for effective child protection case management.	Child protection.	Public authorities, civil society, and development partners.	Method of organizing and carrying out activities for the systematic and timely approach to support the needs of the child and family through direct assistance and/or referral.	• Case identification • Case registration • Evaluation • Elaboration of the plan • Implementation of the plan • Monitoring and reviewing the plan • Closing the case	

Document name	Aims and objectives	Scope	Target group	CM definition	CM procedures	Human resources
Family Case Management – Handbook for Family Case Managers (FHI360 India, 2012)	Strengthen the capacity of community workers to effectively manage, prioritize, and care for children and families infected and affected by HIV and AIDS.	Families with children affected by HIV.	Case managers.	Approach in care, treatment, and support for people living with HIV; providing comprehensive services for children affected by the virus.	• Needs assessment and identification • Develop a care plan • Implementation of the plan • Re-assessment of needs and updating of the plan.	

Case Management in Child Protection (Malawi, UNICEF, 2014)	Provide procedures, assessment tools, planning, and guidance in the provision of case management services.	Child protection system.	Community child protection workers, social workers, and NGOs.	The process of providing protection and support to children and their families who are vulnerable to certain risks, directly or through referral to services and interventions. CM applies to children who are at severe risk and whose family or community cannot provide protection and/or support without assistance.	• Registration reference
					• Initial assessment
					• Complex evaluation:
					  ○ For children in the family
					  ○ For children in the institution
					• Conference on the case
					• Elaboration of the plan
					• Referral to service providers
					• Monitoring related services
					• Case review
					• Closing the case	

Child Protection CM Operational Manual (Namibia, CRS, Maestral, 2017)	Provide guidance on all aspects of CM in social work for social workers employed by the Ministry of Gender Equality and Child Protection.	Child protection.	Social workers.	Process of providing protection and support to children and their families who are vulnerable to certain risks, directly or through referral to services and intervention until the objectives are achieved. CM applies to children, who face severe risks and to whom the family or community cannot provide protection and support without assistance.	• Identification • Evaluation • Setting goals • Planning and implementation • Monitoring and review • Closing the case	

Document name	Aims and objectives	Scope	Target group	CM definition	CM procedures	Human resources
Case Manager's Guide - CM for Child Reintegration into Family or Community Care (Kenya, CTWWC, 2020)	Ensure the child's needs for care, protection, and support are met.	Child reintegration.	Social workers.	Describes the principles and practices of CM for the reintegration of children into family and community care.	• Identification • Child assessment • Family detection and evaluation • Planning • Case conference and service delivery • Reintegration / transition placement • Monitoring and reviewing the case • Case transfer or case closure.	• 10 cases per case manager • 15 case managers per supervisor
Services and Support for Young People Leaving Care (Social Welfare Service, UK, 2017)	Establish services and support for young people aged 18-25 who have left care.	Young people aged 18-25 who have left the care system.	Social workers and personal assistants.		• Plan review • Evaluate the steps towards independence • Plan for transition to independent living	
Policy and Procedures for People Leaving the Care System (Children's Service, Surrey, UK, 2019)	To help staff improve opportunities for young people who are leaving the care system.	Young people aged 16-17 who leave the care system.	Social workers.			

Document name	Aims and objectives	Scope	Target group	CM definition	CM procedures	Human resources
Zimbabwe National Child Welfare and Protection Case Management System (UNICEF, 2017)	To provide a framework for the implementation of the National Case Management System for the care, protection, and welfare of children in Zimbabwe.	Child care.	Public authorities, CSOs, volunteers, primary care providers.	Collaborative process of evaluating, planning, facilitating and promoting options and services to meet the needs of the child and family.	• Identification and registration • Initial assessment of the child • Complex assessment of the child • Planning • Plan review • Closing the case 8 areas of well-being: • Family • Resilience • General health • Development • Social history • Behavior • Education • Aspirations	
Mandatory Minimum Standards on Case Management in the Field of Child Rights Protection (National Authority for the Protection of the Rights of the Child, Order No. 288, Government of Romania, 2006)	To present the minimum standards of CM in the field of child protection.	CM standards in the field of child protection.	Case managers.	The compulsory working method used in the field of child rights protection and represents the set of techniques, procedures, and working tools that ensure the coordination of all social assistance and special protection activities carried out in the best interests of the child by professionals from various public/private services/institutions.	• Identification, initial evaluation, and takeover of cases • Detailed / complex assessment of the child's situation • Planning of services and interventions materialized in a plan provided in the legislation including individualized protection plan, recovery plan, rehabilitation and / or social reintegration plan, and service plan • Providing services and interventions for the child, family / legal representative and other important persons for the child • Periodic monitoring and re-evaluation of progress, decisions and specialized interventions. • Closing the case	• Maximum 30 active cases per case manager

Document name	Aims and objectives	Scope	Target group	CM defintition	CM procedures	Human resources
CM in Social Work for Vulnerable Groups - Practical guide for Network Intervention (Steaua Association, Romania, 2015)	To present the minimum standards of CM in the field of child protection.	Employees of social service providers.	Children and families at-risk.	The aim of CM is to optimize the functioning and well-being of the beneficiary by providing and coordinating high quality services, in the most efficient way possible, for solving complex needs.	• Case identification and registration • Initial evaluation • Opening the case • Complex evaluation • Individualized service plan • Intervention or implementation of the individualized intervention plan • Monitoring • Re-evaluate the case and review the individualized assistance plan • Closing the case.	

CHAPTER 2. ANALYSIS OF EXISTING NATIONAL PRACTICES IN CASE MANAGEMENT

This chapter includes guidelines for the application of CM in the Republic of Moldova. In addition to the guide to be amended ("Case management: Support guide for practical implementation," approved by order of the Minister of Labor, Social Protection, and Family No. 96 of May 18, 2016), which presents the CM method, procedures, and working tools, two specialized guides are included that deal with specific social phenomena (children identified as unaccompanied abroad and domestic violence): "Case management for children identified as unaccompanied in other countries" and the "Guide for territorial MDTs on how to deal with domestic violence cases." Two guides dealing with the provision of specific services (professional parental assistance [APP] and socio-professional integration) are included as well. The APP service guide has been included as it contains procedures and working forms that can be used in other alternative care services (guardianship/kinship, family-type children's homes [CCTF]) and the "Guide for specialists in the socio-professional integration service" is included as it is aimed at young people leaving the care system

Key Findings

The findings are based on the analysis of the guides in the field of CM in the Republic of Moldova. They include:
- The guides have similar aims and objectives, namely to help specialists or service providers meet the needs of their beneficiaries.
- The guides are focused on different groups of specialists and provide for interventions of different complexity.
  - For example, the guide for the APP service and the "Guide for specialists in the socio-professional integration service" both cover assessments of employee performance, the latter also describes (in detail) the profile of the beneficiary.
- "Reference" has a different meaning in the materials studied than in Moldovan legislation.
  - The CM guide in the Republic of Moldova defines "reference" as: Referral to and adoption of the case by other specialized services which are relevant to the improvement of the child's situation and are appropriate to his/her needs.
  - In all revised guidelines this definition is attributed to the notion of "case transfer," while referral is "the formal request for services for the child and his/her family from another organization through an established procedure or form with the case manager retaining responsibility for the case" (Intersectoral Guidance in CM and Child Protection, USAID, 2014). Because of this, there is no deadline in Moldovan law for the process of involving other services in casework.

Table 2 systematizes the main findings from the analysis of documents developed for the field of CM at the national level. Detailed findings on all analyzed documents are presented in Annex 3.

Table 2: Main findings from the analysis of documents developed in the field of CM at the national level

Document name	Aims and objectives	Scope	Target group	CM definition	CM procedures	Human resources
Case Management: Support guide for Practical Implementation (P4EC, Moldova, 2016)	Proposes a standardized version of the case management methodology, which is a single, basic methodology for all social services and is used by all social workers involved in the provision of social assistance services. .	Children in vulnerable situations and their families.	Social workers.		• Case identification and registration • Evaluation (initial and complex) • Elaboration and implementation of the individual assistance plan • Monitoring the implementation and reviewing the Individual Assistance Plan (IAP) • Closing or referral of the case • Monitoring the situation of the child and family after the case is closed.	
Case Management for Children Identified without Legal Guardians in Other Countries (Terre des Hommes (ToH) Moldova, 2014	To provide methodological support and strengthen the capacities of professionals involved in the process of repatriation of children identified without legal guardians abroad, as well as in the post-repatriation monitoring process.	Children left without parental care.	Authorities, institutions, and specialists with competence in the field of child protection.		• Receipt of information • Assessment of family Development of IAP • Expression of Ministry of Health, Labor, and Social Protection (MHLSP) position on repatriation of children. • Repatriation of children Review of IAP • Referral of case • Monitoring • Reassessment of case • Case closure	
Organization and Functioning of the APP service (P4EC, 2019)		Children left without parental care.	APP service staff.		• Assessing the child's care and development needs • Matching stage • Individual child care plan • Placement of the child in the family of the professional parental assistant • Ensuring the well-being of the child placed in the professional parental assistance service: • Monitoring the child's placement and reviewing the individual care plan • Preparing the child to leave APP and terminate the placement	

Document name	Aims and objectives	Scope	Target group	CM definition	CM procedures	Human resources
Guide for Territorial MDTs on How To Approach Cases of Domestic Violence (Promo - LEX 2018)	To present the legal framework on preventing and combating domestic violence; to guide MDT members in an integrated, multidisciplinary, and effective approach to domestic violence and in providing quality services to beneficiaries, emphasizing the need for multidisciplinary and inter-institutional cooperation.	Domestic violence.	MDT at the territorial level.	Method of coordinating all legal, medical, and psycho-social assistance services to identify the needs of the victims of domestic violence; planning, coordinating and monitoring the implementation of the measures in the case plan.	• Identification and registration of cases of domestic violence • Initial assessment of cases of domestic violence • Detailed/ complex evaluation • Development of IAP • IAP implementation • Monitoring and re-evaluation of the case • Closing the case • Post-intervention monitoring	
Guide for Specialists in the Socio-Professional Integration Service (Demos, 2016)	To provide informational and methodological support to the providers of social services to disadvantaged young people in order to increase their standard of living and their integration in society.	Socio-professional integration of young people aged 18-30.	Socio-professional integration service staff.		• Identification and registration of addresses • Initial evaluation • Admission to the service (opening and registration of the case) • Complex evaluation • Service planning - Individualized Service Plan • Implementation of the Individualized Services Plan • Monitoring • Re-evaluation of the Individualized Services Plan • Closing the case • Post-intervention monitoring	

CHAPTER 3. RECOMMENDATIONS FOR CASE MANAGEMENT REVIEW

This chapter includes recommendations for the revision of CM in Moldova. Recommendations were made by the members of the working group and were approved by MHLSP representatives. For more details on these recommendations, see Annex 4.

- Gain approval of the CM guide by government decision (GD), as a regulation, in order to have greater relevance and impact.
- Revise CM guide to be more universal; avoid referring to specific social services or categories of children.
- Include a glossary, purpose, and objective in the CM guide; identify to whom the CM is addressed and include boxes where procedures are described; eliminate current forms and replace with recommended forms.
- Develop working tools/forms for each social service.
- Add a chapter for case managers (requirements, roles, and responsibilities) to the guide, specifying that in each service there is a separate case manager and file; clarify that there is one main manager who coordinates all activities.
- Update the nomenclature for social services approved by the former Ministry of Labor, Social Protection, and Family in 2011; draft/approve regulations and minimum quality standards (MQS) for a range of services; and amend legislation referring to CM.

ANNEX 1

KEY ELEMENTS OF THE 20 REVISED INTERNATIONAL GUIDELINES

1.CM Toolkit: User's guide to strengthening CM in child care (USAID, 2014)

Definitions
Definition of CM: process of planning, identifying, requesting, and monitoring social or medical services provided by social workers on behalf of beneficiaries. Social workers in one or more organizations can coordinate their efforts through teamwork, thus broadening the spectrum of services offered to the beneficiary. The CM approach reduces problems caused by fragmentation of services, staff turnover, and inadequate coordination between providers. CM can exist within a single organization or within a community program coordinating services.

Aim of the document:
To provide a detailed description of the components required for an effective CM system and to present a practical framework that can be used to evaluate existing systems. These tools contribute to strengthening CM practices in children's social services and measuring the compliance of services and practices with existing standards.

The document provides the user with an assessment framework for analyzing existing systems, procedures, and practices in relation to international standards and professional CM practices at both case and system levels. This toolkit does not promote a concrete CM model, as no one approach or model can be applied to all situations. Rather, the document highlights beneficial aspects, processes, and strategies of CM that have shown better outcomes for children and families.

The paper was developed based on data collection through analysis of documents, reports, and literature from around the world, as well as interviews with constituents.

Figure 1: Key elements influencing CM at the systems (macro) level.

Components of the Case Management Toolkit:

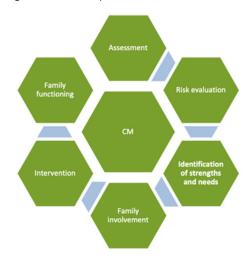Section 1: Components of CM in child protection

Section 2: CM at the individual level

Figure 2: Key elements influencing CM at the individual level

Section 3: Measurement of CM in child protection

Figure 3: CM Components

Section 4: The status of CM in child protection in the region

Annexes

Annex A: System components of CM

Annex B: Country and region-specific resources and tools

Annex C: Additional resources and tools

2. Key concepts and principles of effective CM: Approaches for social service workers
(Global Workforce Alliance Workforce in Social Services, 2018)

Purpose of the document:
To assist social services staff responsible for implementing CM by articulating key CM principles and concepts. The document includes basic definitions and descriptions of the components and stages of the CM process.

Definition of CM: process that supports or guides the provision of social services for vulnerable children and families in need.

Stages of CM: identification, initial assessment, comprehensive assessment, plan development, plan implementation, plan review, and case closure.

People involved in CM: paid and unpaid workers, professionals and paraprofessionals, budget workers, and NGO staff members of community coordination mechanisms such as child protection committees.

Minimum resources needed for CM: operational procedures and standard tools, trained staff, safe storage of personal data, transportation, telephones, meeting room documentation (including use of technology), and an emergency fund plan.

Situations where CM may not be an appropriate approach:

Community-level approach: In situations where many people face a similar problem, it may be more beneficial to support the whole community rather than have multiple individual files (e.g., when the aim is to ensure that a group of children can go to school). In such situations, a system-wide CM approach is more appropriate than an individual approach.

Organizational capacity: Organizations should also take into account their capacity to provide the minimum resources needed and how long they can commit to supporting the CM process. If the application of CM is time-limited, beneficiaries should be informed before the process starts.

Appropriateness: A CM process may be considered inadequate at the individual level when, at the assessment stage, it is noted that the problem can be solved by a single intervention.

Additional situations where a CM process may not be appropriate include emergency situations where an immediate response is required. Examples may include severe mental health crises or potential injury.

3.Standards for CM in social work
(National Association of Social Workers, United States, 2013)

Purpose of the document: To strengthen case management in social work and help the general public understand the role of the social worker. The standards address CM as a specialist area within social work practice. Standards are designed to increase awareness among social workers of the values, knowledge, methods, and skills needed to practice CM competently.

Definition of CM: process of planning, seeking, advocating for, and monitoring social or medical services and personnel on behalf of the beneficiary. The process allows social workers in one or more organizations to coordinate their efforts to serve a beneficiary through teamwork, thereby expanding the range of services offered. CM limits problems arising from fragmentation of services, staff turnover, and inadequate coordination between providers. CM can take place in a large organization or within a community program that coordinates services between institutions.

Scope:
- Aging.
- Behavioral health care (includes mental health and substance use).
- Children's well-being and family-oriented services.
- Disabilities (cognitive, developmental, physical and psychiatric).
- Education (early childhood to university; continuing education programs).
- Employee assistance health care (including outpatient, acute, and rehabilitative care; disease-specific services; maternal health; palliative care; public and private health insurance programs).
- Provision of housing.
- Support services for immigrants and refugees.
- Financial support programs.
- Ethics and values.
- Qualifications.
- Knowledge.
- Language and cultural competences.
- Assessment.
- Planning, implementation, and monitoring of services.
- Advocacy and leadership.
- Interdisciplinary and inter-organizational collaboration.
- Evaluation and improvement of practices.
- Evidence.
- Sustainability of workload.
- Professional development and competencies.

4. Mainstreaming CM for vulnerable children (A guide to assessing and developing an integrated CM system in Eastern and Southern Africa)

Purpose of the document:
To explore how an integrated CM system can be planned, built, and implemented to ensure accountability for all. From the individual to the system as a whole, the guide explores how the CM process helps vulnerable children. It also explores how a system integrated across processes, sectors, at all levels of intervention can respond holistically to the rights and needs of children through sustainable and appropriate action. This response represents a working model—the steps for creating and implementing an integrated CM system—from an initial CM assessment to a budgeted and monitored action plan for integrating CM systems that help vulnerable children and their families.

CM: collaborative process of identifying people vulnerable to specific risks, assessing needs and strengths to ensure their rights are realized, setting targets in a participatory way with the beneficiary, providing services or referrals, monitoring and evaluating progress, and closing the case when targets have been met.
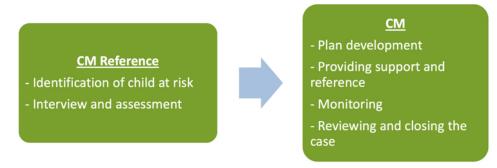
Figure 4: Stages of CM

Figure 5: CM Components

CM integration stages: a) integration preparation, b) integration of system components, c) implementation of integrated CM by case managers, and d) monitoring and evaluation.

Annexes:
Annex 1: Definitions (Definition of CM: The process of ensuring the realization of the rights of vulnerable children to care, protection, and support.).
Annex 2: Country-level CM self-assessment tool.
Annex 3: CM integration self-assessment tool.
Annex 4: CM self-assessment tool at sub-national level.
Annex 5: Areas of mainstreaming in detail.
Annex 6: Rationale for investing in CM.
Annex 7: Action planning model for integrated CM.
Annex 8: Functions of information technologies.
Annex 9: Key programming principles for the use of information technologies in integrated CM.

5. Intersectoral guidance in CM and child protection/The role of CM in child protection: A guide for policy makers, managers, and social workers (Global Child Protection Working Group, USAID, 2014)

Definitions:
CM—process of supporting children and families through direct support in the form of social work and information management.

Purpose of the document:
To provide a general framework of principles, elements, steps, and procedures for effective CM in child protection in line with the Minimum Standards for Child Protection in Humanitarian Settings (CPMS) developed in 2012 by the Child Protection Working Group. This guide is to be used primarily in humanitarian situations.

CM steps:
- Identification and registration.
- Assessment.
- Planning implementation.
- Monitoring and review.
- Case closure.

Principles:
- Do no harm.
- Best interests of the child are paramount.
- Non-discrimination.
- Respect ethical standards and obtain informed consent.
- Confidentiality.
- Accountability.

Context for creating/strengthening CM
There are five main contexts in which CM can be introduced:
1. In emergency situations with the intention that, once the emergency is over, CM should be phased out. This is appropriate where CM does not serve the general population and is not appropriate for transition after the end of the emergency where there is no system in place or where the system is not functional enough to meet needs.
2. In emergency situations with the idea that established processes will underpin the national child protection system as the country enters recovery or development phases.
3. In emergency or development situations where existing CM requires significant capacity building to meet the needs of affected groups.
4. In development contexts where no system exists. In this context, the government needs to be involved from the outset in negotiations on how CM will be introduced, what it will look like, and how it will interact with existing government structures.
5. In middle-income or developed countries where there is a child protection and CM system in place with trained staff and resources, but which does not reach a specific population group, such as asylum seekers.

Volume of work: According to the CPMS, a case manager may work with a maximum of 25 children simultaneously. This number may be lower depending on the following factors: referrals, responsibilities, complexity, and administrative responsibilities.
Supervisors/managers must review the case managers' workload at least every two weeks to ensure it is manageable.

Stages:
- Identification and registration.
- Initial Assessment - within 24 hours (48 hours maximum).
- Complex - within seven days of child's registration.
- Planning - within two weeks of completion of assessment.
- Implementation, monitoring, and review - at least every three months.
- Case closure:
  - The case is not closed immediately after implementation of the plan, but after a certain period during which several follow-up visits are made to ensure the child's sustainable well-being. After closure, a follow-up visit must be made within three months (or more often in more complex cases) to check that the situation has remained stable and to ask the family's opinion about the services provided.
- Case transfer:
  - In some situations, cases are not closed but transferred to another organization. Often this happens when a child moves out but still needs a plan. Case transfer also occurs when the social worker is not the best person to handle the case. Case transfer indicates that all responsibility for coordinating the plan and monitoring the child passes to another organization or department (as opposed to referral when these responsibilities remain with the original case manager).

Forms of case manager intervention:
- Advocacy.
- Parental counseling.
- Psychosocial support.
- Liaison with other services.
- Referral to other service providers.
- Obtaining identity documents.
- Obtaining exemption from nursery/school fees.

Attachments:
- Case manager competency framework.
- The role of supervisors versus the role of case managers.
- Child protection policy.
- Registration forms.
- Assessment forms.
- Risk assessment guide.
- Planning form.
- Monitoring form.
- Report from plan review meeting.
- Case closure form.
- Case transfer form.
- Data protection protocol.
- Informed consent form.
- Informed consent.

6. Case Manager's Guide - CM for Child Reintegration into Family or Community Care
(Kenya, Changing the Way We Care, 2020)

Purpose of the document: assess the reintegration process, define and analyze the family's goals and achievements, and identify areas where the case manager can help the family make improvements. The document also helps the case manager understand when to close the case.

Six well-being domains with criteria:

- Health and development:
    - Nutrition.
    - Development.
    - Access.
- Education:
    - Access, attendance, progress, inclusion.
    - Protection and safety.
- Psychosocial well-being and community belonging:
    - Self-respect and resilience.
    - Access to social support services.
    - Acceptance.
- Relationship and attachment:
    - Quality time and positive communication.
    - Consistency.
- Economic (family):
    - Stability.

7. CM monitoring indicators for reintegration and family and community-based alternative care
(Kenya, 2020)

Purpose of the document:
To enable case managers, supervisors, and decision makers to understand the performance and outcome of case management.

Steps:
- Identifying the child.
- Assessing the child.
- Assessing the family.
- Developing the IAP.
- Implementing the IAP.
- Reunification/placement of the child in family and community-based care.
- Monitoring/review of IAP.
- Case closure, i.e., sustainable reintegration.

Product indicators with definitions and purpose.

Output indicators with definitions and purpose.

Feedback form from child/family at case closure:
The purpose is to understand whether, from the child's and family's perspective, the principles of the best interests of the child, non-discrimination, participation, and survival and development have been met, and whether the child and family feel that CM has contributed to the development of a safe and loving home environment.

File Verification Form:
The purpose of the form is to assess how the case manager applies CM skills and evidence. In this process, the supervisor verifies that the case is managed correctly and that documentation is completed correctly. It is also an opportunity for the supervisor to identify areas of development and support that could be beneficial to the case manager.

8. CM guide to supporting family care for children with disabilities (World Learning, 2018)

The aim of the document: serve as a resource for practitioners working with children and families using the CM approach in low- and middle-income countries.

The guide contains information on how to work with children with disabilities and their families. CM approaches should be the same for all children, but there are additional and specific issues and approaches to be aware of when working with children with disabilities.

The guide is meant for specialists, but families can still find useful information here.
The guide includes information and tools that can be used to help children with disabilities and their families avoid isolation, exclusion, and separation.

The guide is also useful in working with children who are in residential institutions and in the process of reintegration.

Definition: CM is a process by which social workers support or guide the delivery of social services to vulnerable children and families.

Understanding disability.

CM:

- Identify.
- Assess (International Classification of Functioning, Disability, and Health – ICF3 [WHO, 2001].
- Plan development.
- Plan implementation.
- Plan review.
- Case closure.

It serves as a framework for assessing disability. In 2007, the International Classification of Functioning, Disability, and Health (ICF) was extended to cover children. It can only be applied by trained professionals and is based on the following factors:
- Activity participation.
- Body structures.
- Body functions.
- Personal factors.
- Health status.
- Activity restrictions.
- Functional restrictions.
- Environmental factors.
- Participation restrictions.
- Plan development, implementation, and review.

Resources (references):
- Congenital and childhood disability.
- Community-based rehabilitation.
- Risk of harm to children in residential care.
- Stigma and discrimination.
- Resource pack for working with children with disabilities.
- Active listening.
- Effects of residential care.
- Guidance on the reintegration of children.
- Handbook on the implementation of the "Guidelines on Alternative Childcare."
- Manual on the implementation of ICF.
- Online training module on the implementation of ICF video and text resources on child development for children aged 0–6.
- Learning and development through play.
- Sensory play ideas.
- Child protection standards.
- Independent living manual.
- Preparing for adulthood.
- Supporting children with hearing and sight impairments.

9. Guide to reintegrating children
(Family for Every Child, 2016)

Purpose of the document: To describe the process of reintegrating the child into the biological family. The guide does not cover children who have left residential care who have been placed in alternative care or in new families (adoption), nor does it cover children who return to the community and live independently.

Definition:
CM: process of supporting a child through direct support and/or the involvement of other services, and the activities that case managers or other social workers carry out with children and families to address protection concerns.

Principles:
- Prioritizing the family unit with a child-centered approach.
- Incorporating reintegration into child protection systems.
- Rights-based approach, i.e., do no harm.
- Involvement of constituents.

Stages:
- Identification and evaluation of the child and family, planning.
- If reunification is not possible / appropriate - placement in alternative care.
- If reunification is possible / appropriate - preparing the child, family and community for reunification.
- Ensuring contact between the child and the family.
- Reunification.
- Permanent monitoring and post-reunification support.
- Closing the case.

Child assessment:
Ensuring the prompt assessment of the child's well-being.

- **Building trust between the child and the case manager.** The child should be given sufficient time to get to know the case manager and to share his/her experiences, fears, and wishes. The child should not feel pressured to return home. If possible, the case manager should be the same gender as the child and speak the child's language.
- **Assess the child's current environment,** taking into account the positive and negative consequences of removing the child from this environment, and discuss these consequences with the child and the family. In all actions, the child's rights to safety and continued development must not be compromised.
- **Consider all areas of the child's well-being and the resources necessary for successful reintegration;** consider the child's physical, educational, behavioral, social, emotional, spiritual, relational, and material well-being.
- **Identify the child's strengths that contribute to reintegration** and the resources/support needed for successful reintegration.
- **Include multiple points of view in the assessment of the child,** e.g., child, social worker, teachers, family, etc.

Example of criteria for reunification in Tanzania:

In Tanzania, a set of criteria has been developed to determine whether the child is ready to leave the street and enter a temporary placement center and then return to his/her family.

- Criteria for placing a child from the street in a temporary placement center:
  - Child.
  - Has commitment and availability.
  - Understands what they will gain and lose when they leave the street.

- Understands what the center is and what it will do for the him/her.
- Understands what she/he has to do in the center: household responsibilities, courses, behavior, etc.
- Is able to follow the rules to a certain extent.
- Is able to respect and interact positively with other children as well as adults.
- Is cooperative.
- Is able to take care of personal hygiene (depending on age, able to respect the property.
- Demonstrates a reduction in risky and dangerous behaviors.
- Is not addicted to drugs and, if he is a frequent user, strives to reduce drug use.

- Criteria for the reintegration of the child into the biological family: The above criteria apply plus:
  - Recognizes the importance of family and the benefits of living in a family.
  - Is committed to returning to and living with his/her family.
  - Is able to fit in with his/her family to some extent and understands what will be expected of him/her.
- Criteria for the birth family to receive the child - Family:
  - Is willing and committed to taking the child back and taking responsibility for efforts to resolve the problems.
  - Understands what has happened to their child and how this has affected the child's well-being and behavior.
  - Is able to care for the child and is able to meet the child's basic needs.
  - The home environment is safe.
  - Is able to recognize the child's needs and rights.
  - A physical space has been prepared for the child (sleeping space, etc.).

- Between child and family:
  - The problems that led to the child leaving the home have been solved (to some extent).
  - There is positive interaction.

Family assessment:
- Risk factors affecting the child's safety and well-being and changes needed.
- Strengths and resilience of the family, including siblings/guardians.
- Family members' perceptions of reasons for separation and other issues.
- Family readiness/capacity to change.
- Family's capacity to care for the child.
- Financial situation of the family.

Plan development:
Plans should recognize that:
- All children and families have strengths.
- With appropriate support, families and children can make informed decisions about child welfare and protection.
- Outcomes are better when children and families are involved in the decision-making process.

The plan should also:
- Be shared with all family members and accepted by signature or similar sign.
- Identify resources that the family can use, such as community support.
- Set specific, measurable, time-limited goals that can be used as a tool to check progress, including before case closure.
- Cover all important areas of well-being.
- Be developed with safety and confidentiality principles in mind.
- Contain a contingency plan/information about who or which organizations the children and family members will contact if the plan fails and relationships deteriorate.

Where possible, a family conference will be held with the participation of other relevant professionals to develop the plan. If this is not possible, a series of individual meetings will be arranged.

The plan should be reviewed at least once every three months.

Family conference: The family conference is a meeting involving biological and extended family members, child protection practitioners, and other relevant professionals.

The process has a coordinator/facilitator who is independent of CM decisions.

A family conference allows family members to contribute to decisions about supporting the family to care for their child.

The process involves four steps:
- Extensive preparation (often 5–8 weeks) involving the coordinator meeting with all family members and specialists invited to the conference. The aim is to prepare the participants by providing them with information about the conference and the strengths and concerns identified.
- A structured decision-making meeting where professionals inform the family about the concerns they have.
- Private time for the family when the family alone develops a plan that addresses the concerns listed.
- Presentation of the plan to professionals who will help the family implement their plan as long as the concerns are addressed and the child is not put at risk.

Preparing children and families:
- Providing a loving pre-reintegration environment.
- Combating discrimination and identity issues.
- Eliminating abuse, neglect, violence, and exploitation in the family.
- Meeting mental and physical health needs, and combating addiction.
- Supporting children with disabilities.
- Planning for education and life skills training.
- Economic strengthening and financial support for the family.

Initial contact between child and family:
- Facilitate long-distance contact through a letter/email, call, or video message. This initial contact can help break down emotional barriers and allow children and families to get to know each other again. Pictures and stories can be beneficial. Several messages/calls may be needed before physical contact.

Short meetings between parents/caregivers and child:
- These meetings should take place under the direct supervision of the case manager. This first visit should be brief and prepared. The case manager should have a clear objective of what needs to be achieved. Where possible, the parent should visit the child, which clearly indicates the parent's commitment to reintegration. In some cases, such visits are unsafe and a neutral location is better.

Longer supervised visits to the parents'/caregivers' home:
- The objectives of these visits are to assess family functioning and the child's ability to readjust to the community and lifestyle. The case manager must be prepared to intervene at any time if the child is experiencing difficulties.

Longer, unsupervised visits to the parents'/caregivers' home:
- These visits are only carried out after a supervised visit has been successful. Furthermore, the case manager must be sure that the child will be able to adjust to a new way of life and that the parents/caregivers are able to look after the child.

- **Spontaneous or abrupt reunification (COVID):** In some cases, children return home without specialist intervention or may be reunified abruptly, e.g., because an institution has closed. Like all reintegrating children, they will benefit from post-reunification monitoring and support, and may particularly need it because they and their families have not been prepared for reunification.

A full assessment and plans are needed to support these children and their families. Often less attention is paid to these children because family ties appear to have been re-established; however, in such cases, problems often arise because the "honeymoon phase" ends and family conflict increases.

Closing the case:

- Review of all observations and records made during the monitoring period.
- Review progress of the objectives with the child and family.
- Consult with other professionals (including teachers, medical staff, etc.) to obtain their views.
- Thorough assessment of the likelihood and potential severity of risks to the child.

It is recommended at the outset of the reunification plan to indicate the approximate time when the case will be closed. At the same time, there should be no limit place on the period of intervention or the number of visits allowed.

Working with communities and schools:
- Communicating with community leaders or groups.
- Involving neighbors.
- Convening meetings with community members.
- Facilitating dialogue between family/child and community.
- Organizing peer support groups.
- Working with local media to change attitudes towards reintegrated children.
- Supporting school inclusion.
- Training parents of classmates.
- Successful reintegration involves not only reunification with the family, but also whether the child has a sense of belonging and purpose in all spheres of life.

Monitoring and Evaluation

Resource: Examples of output, outcome, and impact indicators.

10. Global evidence on best practices in reunification of children in residential care
(Maestral, 2020)

Purpose of the paper: To present a summary of the latest global evidence on best practices in deinstitutionalization of children in residential care.

Definitions:

Reunification: the process of reuniting the child with family or previous caregivers in order to establish or re-establish long-term care.

Reintegration: permanent transition of a separated child back to his/her immediate or extended family or community (usually of origin) to receive protection and care and to acquire a sense of belonging and purpose in all spheres of life.

In other words, reunification is the physical act and reintegration is the end result of this act.

Stages of reintegration:
- Assessment.
- Preparation.
- Carefully planned reunification.
- Intensive support after reintegration.

It is necessary to invest time and resources to help the family understand the long-term negative impact of denying reunification and to explore a long-term vision of the family's relationship with the child. The focus should be on family-centered interventions that teach parents about the child's development and behavior, help them provide a stable and secure attachment figure for the child before reunification, and support problem-solving behaviors among family members.

Using a strengths-based approach to assess the child and family has the strongest evidence of impact.

Key issues in assessing success are:
- Understanding all areas of children's development and needs.
- Understanding the experiences of reintegrated children (i.e., if children are discriminated against when accessing education, health services, etc.).
- Understanding children's trauma that led to their separation from their family, their current level of resilience and self-worth, and how this influences children's ability to form and sustain positive and healthy relationships with family and community members.

Risk factors associated with child separation from family:

- Family characteristics.
- Realization of basic needs.
- Behavioral characteristics.
- Contextual characteristics.
- Capacities associated with child separation from family.
- Parent resilience.
- Child resilience.

Resources:
- Child and adolescent needs and strengths assessment form.
- Handbook for monitoring and evaluating reintegration.

11. CM Manual in Child Protection - A guide for cross-sectoral CM agencies in Uganda (Save the Children, 2016)

Purpose of the document: CM in the field of child protection is a joint mandate of organizations in the social welfare, health, security, and justice sectors and involves actions taken by both governmental organizations and non-governmental/community constituents. Given the many sectors and actors involved, this guide has been developed to provide a harmonized framework of principles, steps, and considerations for the effective management of child protection cases. The guide provides direction on the management of child protection cases based on relevant national child protection laws and policies. The guide focuses on the management of 11 categories of child protection cases.

This guide stipulates the response to child abuse and violence and the secondary prevention of child abuse and violence (i.e., the identification of risk factors and taking necessary action to eliminate risk factors and potential problems). The guidelines do not address primary prevention (i.e., removing the cause or preventing the development of risk factors associated with child abuse and violence).

Definitions:
CM: a way of organizing and carrying out activities to address the needs of the child and his/her family in an appropriate, systematic, and timely manner through direct assistance and/or referral.
Case manager: the social worker employed by a government or NGO with primary responsibility for ensuring that the child receives appropriate services from case identification to case closure.
Case referral: the process of formally requesting services for the child and his/her family from another organization using an established procedure and/or form.
Case transfer: the formal transfer of the case from one organization to another for effective management.

Child protection: preventing and responding to child abuse, neglect, exploitation, and violence.
Child protection system: set of laws, policies, regulations, and services across all social sectors (in particular, social welfare, education, health, security, and justice) that prevent and respond to child abuse, neglect, exploitation, and violence.
Child survivor: a child who has suffered a violation of the right to protection.

The legal framework for child protection in Uganda: principles, ethics, best practices, and risks in child protection CM:

Principles:
- Do no harm.
- Prioritize the best interests of the child.
- Ensure non-discrimination.
- Obtain informed consent.
- Respect confidentiality.
- Ensure accountability.
- Ensure that actions are carried out in a timely manner.
- Recognize government as the primary duty bearer in child protection.

Risks associated with CM:
- Collecting information about children can put them at risk.
- Depending on the sensitivity of the information and its relevance to case management, the case manager must decide what information to collect. The case manager should develop a plan to mitigate the risks that children and their families may face if confidentiality is breached or the information collected gets into the hands of others.
- If the case manager's organization has data sharing and protection protocols in place, the case manager should refer to these in developing the risk reduction plan.

- **Consequences of applying individualized case management:** This risk may occur, in particular, where there are no services to which the case can be referred. When the case manager records details about the beneficiary, this draws attention to the child and may increase protection risks for the child. In other cases, CM can create a "push factor," leading, for example, to increased delinquency among children, (i.e., it is felt that children may have access to better services if they fall into the category of children who need alternative care provided by certain organizations).
- **Risks for case managers:** Case managers face several risks from communities as well as from other child protection service providers. For example, they may be injured during assessments and community visits. Authorities need to provide safety and security training for case managers and develop safety and security policies as well as procedures for handling complaints. These could include case managers not visiting families unaccompanied and establishing procedures which reduce risks to employee safety.

CM steps:
- Case identification.
- Case registration.
- Assessment.
- Develop plan.
- Implement plan.
- Monitor and review plan.
- Close the case.

Procedures for CM in different child protection situations:
- CM in situations of physical violence against children.
- CM in situations of sexual violence against children.
- CM in situations of emotional and psychological violence against children.
- CM in situations of child trafficking.
- CM in situations of child labor exploitation.
- CM for children without adequate parental care.
- CM for children without access to basic needs and services.

- CM for children without inheritance rights.
- CM for children deprived of the right to life.
- CM for traditional and religious practices harmful to children.
- CM for children in contact with the law.

Information management related to CM in child protection:
- Case documentation.
- Data management databases.
- Reporting and use of case management information.
- Data sharing protocols.
- Monitoring and evaluation of case management:
- Case monitoring by government organizations.
- Case evaluation in government organizations.
- Case monitoring at the community level.

Annexes:
- Annex 1. Roles of those responsible for managing child protection issues.
- Annex 2. Forms applied in case management:
  - Assessment and registration form for government organizations.
  - Assessment and registration form for community actors.
  - Community case register.
  - Risk assessment guide.
  - Planning form.
  - Monitoring form.
  - Case closure form.
  - Case transfer form.
  - Case referral form.
  - Intersectoral memorandum of understanding for sharing case management data.
  - Case manager assessment form (for case managers being assessed for the first time).
  - Case management assessment guide.

12. Family CM- Handbook for family case managers (FHI360 India, 2012)

Purpose:
To strengthen the capacity of community workers to effectively manage, prioritize, and care for children and families infected and affected by HIV and AIDS.

Family CM is an approach to the care, treatment, and support of people living with HIV that provides comprehensive services for children affected by the virus.
It is an effective way to address the vulnerabilities of families struggling with HIV.

CM is a long-term relationship with people who have chronic problems such as cancer, HIV, mental health problems, addiction, and abuse.

Roles and responsibilities of family case managers:

Stages:
- Assessing and identifying needs.
- Developing a care plan.
- Implementing the plan.
- Reassessing needs and updating the plan.

Registering families:
- Identifying the family.
- Obtaining consent.
- Completing the registration form.
- Assigning the identification number.
- Creating a family file.

Challenges in the registration process and solutions.

Prioritizing and conducting home visits:
- Before the first visit
- During the visit
- Presentation
- Listening to family members, assessing family needs, developing the family plan, completing the visit.
- After the visit.
- Reviewing the plan.

Other issues:
- Health.
- Food.
- Food security and support network.
- Education.
- Community mobilization.
- Psychosocial support.
- Referrals.
- Supervision and reporting.

Annexes:
- Annex 1: Qualities of a good family case manager.
- Annex 2: Family assessment form.
- Annex 3: Home visit prioritization algorithm.
- Annex 4: Adult assessment form.
- Annex 5: Child assessment form.
- Annex 6: Conducting a basic physical assessment.
- Annex 7: Child condition index.
- Annex 8: Child's home care, first visit form.
- Annex 9: Adverse effects of antiretroviral therapy.
- Annex 10: Food security questionnaire.
- Annex 11: Instructions for setting up a micro-enterprise.
- Annex 12: Instructions for setting up a garden.
- Annex 13: Types of demonstration plots.
- Annex 14: Setting up and managing a grain bank.
- Annex 15: Family reference form.

13. Case management in child protection
(Malawi, UNICEF, 2014)

Purpose:
To provide procedures, assessment tools and planning, and guidance in the provision of CM services.

Definitions:
CM: A coordinated service delivery approach at the individual and family level that involves identification of vulnerable children, assessment and planning, referral to services, and follow-up in collaboration with extended family, community, and other service providers.

Core competencies of a child protection case manager:

- CM principles and values.
- Code of Ethics for the Case Manager.
- CM in the child protection system.
- Knowledge of child development.
- Basic CM process:
  - Recording the referral.
  - Initial assessment.
  - Complex assessment.
    - For children in the family.
    - For children in a residential institution.
  - Case conference.
  - Plan development.
  - Referral to service providers.
  - Monitoring referred services.
  - Case review.
  - Case closure.

Reporting and supervision:

Communication skills:
- Interview skills and how to conduct interviews:
  - With people experiencing trauma
  - With hostile or reluctant people
- Counseling process.
- Crisis management skills.

Coordination and collaboration skills.

Interpersonal skills:
- Conflict resolution skills.
- Persuasion skills.
- Leadership skills.

Personal skills:
- Self-awareness.
- Organizational skills.
- Managing stress and professional trauma.

Roles and responsibilities of key actors in CM.

Annexes:
- Referral form.
- Family registration form.
- Family assessment.
- Case closure form.
- Initial assessment of the child in the family.
- Child support plan.
- Case referral form.

14. CM operational manual on child protection
(Namibia, CRS, Maestral 2017)

Purpose:
To provide guidance on all aspects of CM in social work for social workers employed by the Ministry of Gender Equality and Child Protection.

Definition:
- CM: the process of providing protection and support to children and their families who are vulnerable to certain risks, directly or through referral to services and interventions, until goals are achieved. CM applies to children who are at severe risk and whose family or community cannot provide protection and support without assistance.

CM Stages:
- Identification.
- Assessment.
- Setting objectives.
- Planning and implementation.
- Monitoring and review.
- Closing the case.

CM Principles:
- Do no harm.
- Prioritize the best interests of the child.
- Obtain informed consent.
- Non-discrimination.
- Empower the child and family.
- Facilitate child participation.
- Coordinate and collaborate.
- Respect ethical standards.
- Respect confidentiality.

15. Case Manager's Guide - CM for child reintegration into family or community care (Kenya, CTWWC, 2020)

Purpose:
To describe CM principles and practices for reintegrating children into family and community care.

Definition:
CM is the process of ensuring that a child's needs for care, protection, and support are met. This is usually the responsibility of a designated social worker who meets with the child, family, and other professionals involved to assess, plan, implement, or refer the child and/or family to services and to monitor and review progress.

CM Principles:
- Child and family centered.
- Do no harm.
- Child participation and family self-determination.
- Value the dignity and power of the family.
- Respect for rights.
- Non-discrimination.
- Respect for diversity.

Stages of CM:
- Identification.
- Child assessment.
- Family screening and assessment.
- Planning.
- Case conference and service delivery. Reintegration/transitional placement.
- Monitoring and case review.
- Case transfer or closure.

Roles and responsibilities.

Minimum qualifications and competencies.

Workload, supervision, and quality assurance:

- Ideally, 10 cases per case manager.
- 15 case managers per supervisor.

Collaboration with community partners.

Information management and documentation.

Data protection and confidentiality.

Welfare areas and methods of verification:
- Health and development:
  - Nutrition.
  - Development.
- Education:
  - Access, attendance, progress.
  - Inclusion.
- Protection and Safety:
  - Safety.
- Psychosocial well-being and community membership:
  - Self-respect and resilience.
  - Access to social support services.
  - Acceptance.
- Relationship and attachment:
  - Quality time and positive communication.
  - Consistency.
- Economic stability (of the family).

Operational procedures:
- Identification.
- Child assessment.
- Family identification.
- Family evaluation.
- Planning.
- Review and approval of the transitional pre-placement case.
- Preparing the child.
- Family preparation.
- Reference to services.
- Reunification / transition placement.
- Monitoring.
- Case review.
- Closing the case.
- Multidisciplinary team meeting.

Principles of providing alternative family care.

Determining the most appropriate form of family care.

Determining the best interests of the child.

Indicators on how children, including children with disabilities, are involved in CM.

General methods/approaches in the assessment and planning process.

Determining the child's wishes for reintegration.

Essential preparation for children with limited capacity to participate.

Stages of case presentation.

Life story.

Essential support for young people about to start sustained independent living.

Preparing for a follow-up visit.

High-risk situations and emergencies after reintegration:
- Child protection.
- Domestic violence.
- Mental health risks.
- Medical, natural, or other emergencies.
- Obstacles to family involvement.
- Children affected by trauma.
- Children and caregivers with disabilities.
- Indicators showing whether the child or family needs more support.

16. Guide: "Services and support for young people leaving care" (Social Work Service, Camden, UK, 2017)

Purpose:
To establish the services and support needed by young people aged 18-25 who have left care.

Principles:
- Well-being of young people.
- Designated personal counselor.
- Individualized support.
- Multi-sectoral approach.
- Youth participation.

Eligible person:
Child aged 16-17 who has been in state care for more than 13 weeks after their 14th birthday and continues to be in care.

Stages:
- Route planning:
  - Based on needs assessment.
  - A designated personal adviser by age 21 (or 25 if in education).
  - Young people participate in the development of the plan. Contains a contingency plan (for unforeseen circumstances).
  - The plan is valid until the age of 21 (or 25 if in education).
- Review of the plan (at least every six months if the young person moves from supported to independent living within 28 days):
  - Assessment of steps towards independence.
  - Transition to independent living.
- Test of compatibility for independent living.

Duties of the personal adviser:
- Making complaints.
- Assessment of exercise capacity.

Annexes:
- Annex 1: Eligibility and services for care leavers.
- Annex 2: Content of needs assessment and plans for care leavers.

17. Policy and procedures for care leavers
(Children's Service, Surrey, UK, 2019)

Purpose:
To help staff improve opportunities for young people who leave care.

Legislation.

Definition.

Planning.

Principles of the assessment and planning process/Guidance in identifying and analyzing needs/Guidance in conducting assessment:
- The assessment and plan must be completed within 12 weeks of the young person turning 16 years old.

Plan review.

Risk management
- Young people who are a danger to themselves.

Young care leavers and parents:
- Contact, keeping in touch.

Services available:
- Health care.
- Mental health.
- Accommodation.
- Education and training.
- Juvenile justice.

18. National CM system for child welfare and protection in Zimbabwe (UNICEF, 2017)

Purpose:
To provide a framework for the implementation of the National Case Management System (NCMS) for the care, protection, and welfare of children in Zimbabwe.

The purpose of the NCMS is to link the functions of different key actors; to describe the roles and responsibilities of each sector; and to promote common terminology, eligibility criteria, standards, and processes applied by different organizations to encourage intersectoral collaboration.

Definitions:
- **Case** - any child identified as vulnerable who may be in need of services.
- **File** - a written compilation of all information about the child.
- **Case manager** - the person who is responsible for ensuring that the child receives all the services they need.
- **CM** - the collaborative process of assessing, planning, facilitating, and promoting options and services to meet the person's needs through communication and available resources to promote cost-effective quality outcomes.

Principles:
- Do no harm.
- Prioritize the best interests of the child.
- Ensure accountability thorough knowledge of child development and rights.
- The child's right to be heard and to have his/her views taken seriously.
- Provision of culturally appropriate services.
- Obtain informed consent.
- Confidentiality.
- Non-discrimination.
- Respect for professional boundaries.

Steps:
- Identification and registration.
- Initial assessment of the child - within 48 hours.
- Complex assessment of the child - within seven days.
- Planning - within 14 days of initial assessment.
- Plan review (within six months).
- Closure of the case.

Assessment of the child:
Based on eight areas:
- Family.
- Survival.
- General health.
- Development.
- Social history.
- Behavior.
- Education.
- Aspirations.

Service mapping
Represents the assessment of capacity, coverage, and quality of services provided. Mapping also identifies informal/community resources or structures that can be used.

Documentation and recording:
- The information system of the Ministry of Public Services, Labor, and Social Welfare is linked to the information systems of the various constituents to coordinate data.
- An official numbered file is opened for each child. The file must contain details of the case from the initial assessment to date. Files must be kept safe.

Roles and responsibilities.

Training and supervision in CM:
The National Case Management System involves numerous volunteers. Before they start work, they must be trained.
Initial training of case managers should include the following topics:
- Structure, functions, and requirements of the CM system.
- Child development.
- Effects of neglect and abuse.
- Basic child and family assessment and counseling skills.

In addition to initial training, skill building is provided through ongoing training and supervision.

Annexs:
- Annex 1: Case registration and allocation.
- Annex 2: Assessment and planning.
- Annex 3: Record of significant events and contacts.
- Annex 4: Referral form.
- Annex 5: Case review form.
- Annex 6: Case closure form.

19. Mandatory minimum standards for CM in the field of child rights protection
(National Authority for the Protection of Children's Rights, Order No. 288 of July 6, 2006, Romania)

Definitions
- A **case manager** ensures the coordination of social work and special protection activities carried out in the best interests of the child.
- A **special protection case manager** is the professional in residential services (except maternity centers) who, through delegation of tasks by the case manager, ensures the coordination of activities related to the development and implementation of all specific intervention programs.
- The **case manager of the maternity centers**, through delegation of tasks by the case manager, ensures the coordination of activities related to the development and implementation of personalized intervention programs.
- The **prevention case manager** ensures the coordination of social assistance activities carried out in the best interest of the child with the main purpose of developing and implementing the service plan for the prevention of separation of the child from the family.
- **Case management** is the mandatory working method used in the field of protection of children's rights and refers to the set of techniques, procedures, and working tools that ensure the coordination of all social assistance and special protection activities carried out in the best interests of the child by professionals from different public and private services/institutions.

Standard 1. Conditions needed to successfully implement CM standards.

Standard 2. Stages of case management:
- Identification, initial assessment, and case intake.
- Detailed/complex assessment of the child's situation.
- Planning of services and interventions by legislated plan, individualized protection plan, recovery plan, rehabilitation and/or social reintegration plan, and service plan.
- Provision of services and interventions for the child, family/legal representative, and other persons important to the child.
- Regular monitoring and re-evaluation of progress, decisions, and specialized interventions.
- Closure of the case.

Principles:
Individualization and personalization.
Active involvement (consultation and participation) of the child and family/legal representative.

Standard 3. Identification, initial assessment, and case processing:
- Initial assessment of the child's situation is carried out within 72 hours of registration of the request/application, except in emergency situations when it is carried out as soon as possible, but not more than one hour after the request is made.
- Case identification:
  - Direct request from the child and/or family/legal representative, referral from another institution, public or private, written or telephone referral/referral from persons other than family members/legal representative, or self-referral.

- An initial assessment report shall be drawn up within 24 hours of the assessment.
- The content of the initial assessment report and decisions made on the basis of it (confirmation or rejection) shall be communicated to the clients within three days of its preparation and receipt.

Standard 4. Comprehensive/complex assessment:
- The complex assessment is carried out by the MDT of the complex assessment service of the General Directorate of Social Assistance and Child Protection.
- Following the detailed assessment, the case manager draws up a detailed assessment report based on the reports of the specialists involved in the assessment and visit reports within 24 hours of the last assessment/visit. The report must be endorsed by the line manager and forwarded to the team members, family/legal representative and, where appropriate, the child, within a maximum of three days of its preparation.

Standard 5. MDT:
- The case manager ensures that team meetings (called case meetings) are organized on a regular basis—at least once a week.

Standard 6. Individualized protection plan and service plan:
- The case manager, together with the MDT, draws up the individualized protection plan, or where appropriate, the other plans provided for in the legislation, within a maximum of 30 days of the case being registered.
- The case manager organizes at least one meeting with the MDT to finalize the plan.
- The plan is endorsed by the line manager and sent to the team members, the family/legal representative and, where appropriate, the child within a maximum of 30 days.

Standard 7. Monitoring and reassessment:
- Re-evaluation of the child's situation, i.e., how the plan is being implemented, at least every three months.

- An initial assessment report shall be drawn up within 24 hours of the assessment.
- The content of the initial assessment report and decisions made on the basis of it (confirmation or rejection) shall be communicated to the clients within three days of its preparation and recorded.

Standard 8. Post-service monitoring and case closure:
- The case manager shall ensure the conduct of post-service monitoring activities for a minimum of three months.

Standard 9. Recruitment and employment:
- Persons may be hired as case managers who:
  - Have a higher humanitarian, social services or medical degree and at least three years of experience in child protection services.
  - Have a higher education degree other than social-humanitarian or medical, have completed a postgraduate course in social work, and have at least five years of experience in child protection services.
- The caseload per case manager cannot exceed 30 active cases. Active cases are those in work up to the post-service monitoring period. Referred cases and cases where the case manager delegates responsibilities partially or fully are not considered active cases.

Standard 10. The role of the case manager and case worker respectively.

Standard 11. Initial and continuing training:

- At least 42 hours per year of continuous training in the field of case management and at least 42 hours of continuous training in the field of child protection or related/interdisciplinary fields, covered by the employer.
- Recommended topics for continuing education: CM functions, child/family relationship - case manager, confidentiality and professional ethics, eligibility criteria for access to services, service nomenclature, public social assistance system and benefits, legal framework, promoting the interest of the child/family (advocacy), local social services, evaluation, planning and monitoring methods and procedures.

Standard 12. Supervision:
- At least once a month internal supervision meetings with case managers, individually and in teams, and at their request.
- External supervision is performed by specialists with higher education in the social services field or medical education with experience of at least 5 years in services for children and families, training in supervision and experience of at least two years in services for children and families in addition to those whose they are provided with that supervision.

20. CM in social work for vulnerable groups - Practical guide for network intervention (Steaua Association, Romania, 2015)

Purpose:
- To define CM, present its elements, and provide a set of principles to guide the work of the parties involved in the CM process. It also describes the criteria for using CM, clarifies the roles and responsibilities of institutions and organizations involved in CM of vulnerable groups, and proposes an effective networking procedure between organizations involved in social work with vulnerable groups.

CM Aims:
- The aim of CM is to optimize the functioning and well-being of the beneficiary by providing and coordinating high quality services in the most efficient way possible to solve complex needs.
- The objective of using this approach is to ensure a multidisciplinary and inter-agency intervention that is organized, rigorous, effective, and coherent for the child, family, legal representative, and/or others important to the child.

Principles:
- Single point of contact.
- Beneficiary-oriented advocacy.
- Draws on formal and informal resources in the community.
- Pragmatic.
- Flexible.
- Sensitive to cultural differences.

Steps in CM quality assurance:
- Creating a friendly climate.
- Obtaining information.
- Check for full understanding.
- Propose an action plan.
- Get agreement on what needs to be done.
- Provide agreed upon assistance.
- Monitoring to ensure results.

Forms of Case Management:
- Resource-focused case management.
- Outcome-focused case management.
- Problem-focused case management.
- Appreciative case management.

CM Functions:
- Planning.
- Organizing.
- Coordinating.
- Directing.
- Evaluating.

Stages of CM:
- Case identification and registration.
- Initial assessment.
- Case opening.
- Complex assessment.
- Individualized service plan.
- Intervention or implementation of individualized intervention plan.
- Monitoring.
- Reassessment of the case and review of the individualized care plan.
- Case closure.

Methods/techniques and tools for each stage.

Multi-disciplinary Teams.

Duties of the case manager:
- The case manager ensures the coordination of social work activities with the aim of developing and implementing interventions.

Duties of the case worker:
- Case workers, through delegation of duties by the case manager, ensure the coordination of activities related to the development and implementation of all specific interventions.

Communication and information management.

Assessment and intervention tools.

Annexes:
- Initial assessment file.
- Social survey.
- Service plan.

ANNEX 2

ANNEX 2 – KEY ELEMENTS OF THE REVISED NATIONAL GUIDELINES

1.Support guide for practical application
(P4EC, Moldova, 2016)

Purpose:
To propose a standardized version of the CM methodology, which is the core methodology for all social services and is used by all social workers involved in the provision of social services. The presented version of the CM methodology focuses on strengthening the family and developing its competences with the aim of ensuring the well-being of each child.

General concepts.

CM principles:
- Do no harm.
- The best interests of the child are paramount (non-discrimination).
- Respect for ethical standards (informed consent/consent required).
- Respect confidentiality.
- Empower the child and family based on development of existing capacities and resources.
- All interventions based on knowledge of child development, child rights, and child protection.
- Facilitate child participation.
- Coordination and collaboration.
- Comply with legal and regulatory framework on mandatory reporting.

Risks associated with the application of case management.

Stages:
- Case identification and registration.
- Assessment (initial and complex).
  - Risk levels.
  - Areas of child well-being.
  - Family protective factors.
    - Signs and symptoms of trauma.
    - Examples of findings from complex family assessment
- Development and implementation of the ISP:
  - Structure of the IAP.
  - Examples of actions for IAP.
  - Implementation of IAP.
- Monitoring the implementation and review of the ISP.
- Closure or referral of the case.
- Monitoring the situation of the child and the family after closure of the case.

Documentation developed as part of case management.

Algorithms for working with cases with different risk levels.

Annexes:
- Initial assessment of the child's situation.
- Comprehensive assessment of the child's situation.
- Comprehensive assessment of the family's situation.
- Individual plan of assistance to improve the child's well-being.
- Action plan for family strengthening.
- Collaboration agreement between parent/caregiver and community social worker (CSW)/service provider.
- Records of monitoring actions on the implementation of the IAP.
- Record of follow-up actions on the situation of the child and the family after the closure of the file.
- Social survey.
- Code of ethics of the social worker (guidelines for obtaining informed consent).

2. CM for children identified without legal guardians in other countries (ToH, Moldova, 2014)

Purpose:

To provide methodological support and strengthen the capacities of professionals involved in the repatriation process of children abroad without legal accompaniment, as well as in the post-repatriation monitoring process.

Stages:
- Reception of information.
- Family assessment.
- Development of IAP.
- Expression of the MHLSP position on child repatriation.
- Repatriation of the child.
- IAP review.
- Case referral.
- Monitoring.
- Case reassessment.
- Case closure.

Reintegration procedures by categories of children:

- Specifics of reintegration of school-age children.
- Specifics of reintegration of the child with disabilities.
- Specific reintegration of children without parental care.
- Specific reintegration of children of different ages in the family.
- Specifics of reintegration of the child temporarily without parental care.
- Specifics of reintegration of a newborn child into the family.
- Specific case of a child whose biological/extended family refuses to take him/her in for upbringing and education.
- Specifics of reintegration of the child infected with tuberculosis.
- Specifics of reintegration of the child infected with HIV/AIDS.
- Specificity of reintegration of the undocumented child or the child whose identity documents have been lost.

Annexes:
- Child situation monitoring sheet.
- Report on the progress (monitoring) of the repatriated child.

3. Organizing and functioning of the APP Service (P4EC, 2019)

The APP service is part of the Family Alternative Care group of services, as is the guardianship/custody service and the family foster care service. The APP service involves the placement of one or more children left without parental care in an alternative family for a fixed period of time while the biological parents are experiencing various problems.

Definition.

Basic concepts.

Service provision.

Stages:
- Placement of the child.
- Assessment of the child's care and development needs.
- Matching stage.
- Child's Individual Care Plan - placement of the child with the professional caregiver's family.

Ensuring the welfare of the child placed in APP service:
- Monitoring the child's placement and reviewing the individual care plan.
- Preparing the child for discharge from the APP service and ending the placement.

Management of human resources and planning the work of the service.

Complaints procedure and examination.

Documentation of the service:
- Personal file of the applicant for the position as a professional parental assistant.
- File of the child placed in the APP service.
- Documentation held by the professional parental assistant.
- Documentation of the APP service.

Annexes:
- Annual community outreach plan for the APP service.
- Information booklet for applicants for the position of professional parental assistant - professional parental assistant application survey.
- Register of applicants.
- Applicant self-assessment survey.
- APP service incoming correspondence register.
- Initial interview with the applicant.
- Record of outgoing correspondence from the APP service.
- Application for the post of professional parental assistant.
- Initial home visit of the applicant.
- Medical report on the applicant.
- Report on the opinion(s) of applicant's reference(s).
- Assessment report on applicant.
- Record of training carried out within the APP service and certificates issued.
- Register of professional parental assistants.
- Annual review report on professional competence(s) of professional parental assistant(s).
- Comprehensive assessment report of the child's situation for placement.
- Professional competence report of the professional parental assistant.
- Minutes of the provisional matching meeting
- Professional parenting assistant's agenda (for respite placement).
- Information on the matching process between the child and the APP service.
- Matching report.
- Child's ISP for ensuring the child's welfare in the service.
- Cooperation agreement between the social worker responsible for the child, the CSW, and the biological family (parents, grandparents) of the child placed in the family of the professional parental assistant.
- Arrangement for the placement of the child in the APP service.

- Agreement between the service provider and the professional parental assistant on the placement of the child.
- Register of children placed in the APP service.
- Child protection policy.
- Record of child's meetings with biological/extended family members, friends.
- Monitoring report on child placement and IAP implementation.
- Minutes of IAP and placement review meeting.
- Report on the appropriateness of ending the child's placement.
- Disposition on termination of placement.
- Minutes of the supervision meeting.
- Annual activity plan for the APP service.
- Annual report on the functioning of the APP service.
- Register of complaints.

4. Guide for territorial MDTs on how to deal with cases of domestic violence (Promo-LEX, 2018)

Purpose: To clearly present the legal framework on preventing and combating domestic violence; to provide EMT members with an integrated, multidisciplinary, and efficient approach to domestic violence cases and to providing quality services to the beneficiaries; and to stress the need for multidisciplinary and inter-institutional cooperation.

Legislation:
- Council of Europe convention on preventing and combating violence against women and domestic violence.
- United Nations convention against torture and other cruel, inhuman, or degrading treatment or punishment.
- Council of Europe Recommendation No. R(85) on domestic violence, adopted on March 26, 1985.
- Law No. 45 on preventing and combating domestic violence.
- GD No. 228 of March 28, 2014 on the approval of the Regulation of the Activity of Territorial MDTs Within the National Referral System.

Composition of the MDT.

Definitions:
- **CM** is a method of coordinating all legal, medical, and psycho-social assistance services. It involves the identification of the needs of the victim(s) of domestic violence and planning, coordinating, and monitoring the implementation of measures in the IAP according to the available resources, aiming at:
  - Prevention of domestic violence.
  - Assisting and protecting (medically, psychologically, legally, socially) victims of domestic violence.
  - Psycho-emotional rehabilitation of victims of domestic violence.
  - Socio-occupational reintegration.

- **The case manager** coordinates the assistance and protection activities for victims of domestic violence to be carried out by a MDT and facilitates interaction between team members involved in assisting people affected by domestic violence.

Stages:
- Identification and registration of cases of domestic violence.
- Initial assessment of cases of domestic violence.
- Detailed/complex assessment.
- Development of IAP.
- Implementation of IAP.
- Monitoring and case reassessment.
- Case closure.
- Post-intervention monitoring.

Working procedures based on three levels of risk:
- Low, Medium, and High.

Role of sectors involved.

Annexes:
- Social survey.
- Initial assessment (differs from CM).
- Complex adult assessment (differs from CM).
- Individualized care plan (differs from CM).
- Reassessment of the case and revision of the individualized care plan or closure of the case (differs from CM).
- Informed consent for beneficiary's care through CM methodology.
- Referral form for suspected domestic violence case(s).
- Visit report.
- List of centers for assistance and protection of victims of domestic violence at the national level.

5. Guide for specialists from the socio-professional integration service (A.O. Demos, 2016)

Purpose:
- To provide informational and methodological support to providers of social services to disadvantaged young people in order to increase their standard of living and their integration into society.
- Social assistance:
  - Social Counseling.
  - Labor mediation.
  - Information/access to community services.
- Psychological assistance:
  - Psychological counseling.
  - Vocational guidance.
- Legal assistance:
  - Legal information and advice.
  - Mediation in the documentation process.
  - Mediation in the resolution of other legal problems.
- Development of social skills and independent living skills:
  - Individual assistance.
- Thematic trainings:
  - Development of entrepreneurial skills.
  - Individual assistance.
  - Training.
- Vocational training.
- Assisted housing.
- Assistance in developing banking skills.
- Initiation and management of entrepreneurial activity.
- Purchase and transfer of assets for entrepreneurial activity.
- Providing social benefits.

Beneficiary profile.

Selection criteria.

Principles:
- Universality.
- Objectivity and impartiality.
- Efficiency and effectiveness.
- Integrated approach to social service delivery.
- Cooperation and partnership.

- Respect for human dignity.
- Freedom of choice.
- Independence and individuality of each person.
- Transparency in participation and delivery of social services.
- Confidentiality.
- Security of the beneficiary.

MDT Teams:

Supervision and evaluation of professional performance.

CM Stages:
- Identification and registration of referrals (potential beneficiaries).
- Initial assessment (of potential beneficiaries' situation).
- Admission to the service (case opening and registration).
- Comprehensive assessment (of beneficiaries).
- Service Planning – ISP.
- Implementation of the ISP.
- Implementation of interventions.
- Monitoring.
- Reassessment of the ISP.
- Case closure.
- Post-intervention monitoring.
- Recording, archiving, and data retention.

Data reporting.

Definitions.

ANNEX 3

SPECIFIC FINDINGS OF THE MAIN ACTORS IN MOLDOVA ON THE CURRENT GUIDELINES

1. LUMOS

The numerous additions to Law No. 238 (of November 8, 2018), including the amendment of certain legislative acts (e.g., the powers of the social worker are divided with the specialist in the protection of children's rights; custody…), requires changes to administrative acts. There is no glossary correlated with the current legislation. Operational tools and procedures are difficult to apply due to the volume of paper requiring preparation and the time necessary for completion. There is no clear stipulation on the integration of socio-cultural norms into CM. Forms are only good for social support service for families with children (SSF) and are not applicable for children placed in residential institutions. Not all needs of the child are covered by the assessment tools. The tools for assessing the monitoring of the case plan are unclear. Assessment procedures do not cover deinstitutionalization situations. The CM guidelines only state how the CSW operates at the community level with a case, however, each case has its own specificities and may involve services at other levels. Planning procedures do not cover deinstitutionalization situations. There is no description of how to involve the child in monitoring progress. Processes for monitoring the case by the case manager are unclear. Coordination with other professionals is provided for as a principle but not described as a procedure. The guidelines do not clearly indicate up to which stage the CSW remains as the case manager.

2. DEMOS

There is no procedure for conducting the strengths-based assessment of the child and caregiver/family. There is a description of how to assess the child, but not the family and community. There is a description of how the MDT should carry out monitoring, but not the local public authorities. Little information on age/developmental stages in children under five.

3. CONCORDIA

The procedures and MQS of specialized services strongly outline the process of reintegration of the child into the family and the post-reintegration monitoring process, but they are not fully applied in all cases. Each stage of CM requires a standardized form (from identification of the child through referral to a temporary placement service). For example, when the child is placed in a placement center for children separated from their parents, the child will be accompanied by a personal file completed with the standard CM tools, but within the service, as provided for by the MQS, a series of tools are required to be applied during the assessment process (an assessment report of the child's care and development needs and the tool that determines the next intervention in the ISP). These tools lack an approved standardized model, which creates confusion and leads each service provider to then develop its own model. From the moment the child is referred to the services offered by "Concordia, Social Projects," insufficient completion of CM tools is observed; the initial assessment lacks reference information specifying details on family/child welfare or reasonings for necessary actions etc.; complex assessments miss detailed information and comments on well-being of affected persons; the IAP is only completed with intervention actions up until the child is referred to specialized services; planned intervention actions to work with the child's family to facilitate the reintegration process are not found; and the monitoring process of the child in the specialized foster care service is not carried out by the CSW.

4. CONCORDIA...

Completing the dossier of the beneficiaries takes too much time, which reduces the amount of direct contact between the child and his/her family. Assessment tools are not always completed and applied. Often children are not even aware of the presence of a structured, planned intervention and are not informed about the actions outlined in the IAP, or why they are separated from their family, which decreases their participation and stops them from voicing opinions regarding the intervention(s) to be carried out. Social workers use language that is not understood by the child and family members, which is also problematic.

There is a low level of involvement of families in resolving the difficulties they have encountered. The identification process needs to be better structured and described in the operating procedures (OP) for clarity of the role of each actor in the community.

NGO roles and responsibilities in the identification process are not specified

5. FREE INTERNATIONAL UNIVERSITY OF MOLDOVA (ULIM)

There is no glossary that clearly defines the key concepts. Some notions are clarified in the guide, but not all and not exhaustively. The guide lacks the characteristic forms for opening, referring, and closing cases (e.g., referral forms, closing forms).

The "strengths-based approach" is the least integrated principle. It is mentioned in some explanatory compartments, but in practice the main focus is on identifying problem points. There is no clear mechanism for identifying strengths and using them to improve/resolve problems.

Involvement of family members is a guiding principle that runs through the whole process of CM. At the same time there are no clear procedures or tools for involving adults in identifying resources, strengths, etc. Knowledge of socio-cultural norms is indicated as a competency for the case manager. However, in the CM mechanism itself, how to integrate socio-cultural norms foreign to the case manager is not indicated or described.

The guidelines are focused on listing the sources of case identification. There are no clear criteria that will help the social worker identify a vulnerable child (e.g., direct and indirect signs presented by the child/parents). The guide lacks a referral form. In the section "Comprehensive assessment of the child's situation," each block describing areas of well-being ends with "details" only if weaknesses are identified; identifying and recording strengths would be easier if each if the block ended with "conclusions."

No tools are presented that would facilitate the process of prioritizing needs. The section that would contain outcome indicators is missing; including outcome indicators in the IAP would contribute substantially to its quality.

The guide does not contain the case referral form or the referral monitoring form. There is a monitoring action record sheet on the implementation of the IAP; however, it would be more effective if the IAP contained outcome indicators which could be reflected there.

The guide does not contain a case closure sheet.

There is no description of an active case identification mechanism in the community that could be applied by the CSW.

6. STAS CĂUȘENI

In the CM guidelines (page 19), it is written that the comprehensive assessment is carried out by the CSW and the child rights protection specialist in the municipality, but it is not specified which of these two completes the assessments or who plans and keeps track of their review. Law 140 should be adjusted to clearly specify if the 2016 CM guidelines apply to child rights specialist based in the municipality. The difficulty lies in the fact that the child rights protection specialist in the municipality only issues the order to carry out the initial assessment and registers the child at risk. The CSW becomes that child's case manager. He or she registers data from assessments and individual plans and keeps track of reviews. Besides children at risk, other beneficiaries of social assistance are also registered to whom the CSWs also ensure access to social benefits and services. What is the role of the child rights protection specialist in the municipality? The CM guide (page 52) also states that the closure of the case must be coordinated with the supervisor or manager of the service to avoid premature closure. The opening of the child's case is not coordinated with the supervisor, but is decided by the local MDT. This procedure should also be followed when closing the child's file (i.e., the MDT should decide when to close the case in consultation with the specialist for children at risk from the Directorate of Social Assistance and Family Protection (DASPF).

The working tools (complex child assessment, child plan) are voluminous and time consuming to complete.

There is no template for the plan monitoring report.

7. STAS SOROCA

The CM guide does not stipulate the purpose and/or objectives of the CM. The guidelines do not reflect the involvement of all specialists in the areas of intervention; they only reflect the involvement of the CSW. Therefore, other MDT members are not involved and wait for the CSW to solve the case. Key concepts are found in government decisions, laws, and regulations, but there is no single glossary for all key concepts. CM explains general concrete steps for cases of separation of children from families, or keeping a child in a family, but does not explain the steps in cases of child abandonment, deinstitutionalization of children, etc. Complex assessments and IAPs take too much time to complete because there are many unnecessary questions. The child comes into the protection system from a difficult situation, with certain problems (usually based on certain risks and pathologies in the home environment), which need to be improved/solved by specialists and family. Therefore, we cannot omit the pathology-based approach and focus only on a child's strengths.

The CM guide does not reflect the direct tasks of the MDT specialists in all structures and acts required to carry out assessments (e.g., characterization, medical history, police inspectorate minutes, information notes, etc.) and it is not stipulated that the CSW has the right to request such documents or that other members are obliged to submit them. As a result, the CSW remains solely responsible for the case without confirmatory documents and the file reflect only accounts from the MDT members. The organizations represented in the MDT also request briefing notes from the CSW on the interventions made on the case, which is a paradox, as they are supposed to participate in the casework and be aware of everything that is being done. The guide has CM steps, but they are general and not specific to certain categories of children (e.g., for de-institutionalization, reintegration of the child into the family from emergency placements, etc.).
There is a single standardized form for referral to specialized and highly specialized social services (APP, CCTF, personal assistance, placement centers, etc.), approved by the Ministry of Social Protection, Family and Children (MPSFC) Order No. 55 of June 12, 2009 in the guide for the practical application of the referral mechanism. Referral forms are not filled in for other services because the MDT usually has to include specialists from the listed areas and, based on the actions planned in the IAP, each area specialist intervenes. There are no monitoring forms for referrals.

7. STAS SOROCA...

Tools for CCTF and kinship/custody cannot be taken over from APP as they are not approved. Reporting is done by categories of children (ages, types of risk, etc.) according to new, different forms. It is not known what information is needed to be systematized for reporting. As such, reporting is done haphazardly, on an ad hoc basis in very narrow terms. Further, there is no information system that would allow for storing and/or selecting the information needed for reporting. Reporting is done to the MHLSP, ANAS, DASPF, and the district council. Reporting of data from the IAP is not done as it would be very complicated and difficult to report data from the IAP without having an information system and/or clear forms from the beginning of the year, which would allow the qualitative collection of the required data. The lack of child protection specialists in each municipality, as required by Law No. 140/2013, is also a problem as the CSWs are not only concerned with CM in child protection.

There are no models for:
- Initial assessment provision of the child's situation issued by the local guardianship authority.
- Order for complex assessment of the child's situation and registration of the child at risk.
- Order for emergency placement.
- Notice of planned placement.
- Notice of extension of placement.
- Notice of reintegration of the child into the family.
- Act of forced removal of child from parents.
- Act of abandonment.
- Report of finding the child.
- Planned placement order.
- Provision on extension of placement.

8. STAS ORHEI

The aims and objectives of the CM guide seem to denote the work in the system only of the CSW, the other members of the MDT are not included; therefore, the case remains to be worked only by the CSW.

There is no single glossary for all key concepts.

CM explains concrete steps to prevent child separation or to remove the child from the family, but there are no steps regarding reintegrating the child from services or institutions. Comprehensive assessments and IAPs take a long time to complete. Family pathologies are at the root of vulnerability so it is important to identify what the pathologies are, to work to prevent them, and to encourage the strengths of the child and parents.

The direct tasks of the MDT specialists in all sectors are not clearly reflected in the guide, and although there are other cross-sectoral instructions, MDT members are not involved in the case as they should be. CSWs have to ask for a document (characteristic, certificate, etc.) to be issued with the file.There are CM steps outlined but they are general and not specific to certain categories of children (e.g., for de-institutionalization; reintegration of child into family from emergency placements, etc.).

There is a single form approved by MPSFC Order No. 55 of June 12, 2009 (in the practical application guide of the referral mechanism). Referral forms are not filled in for other services because the MDT usually has to include specialists from the listed areas and, based on the actions planned in the IAP, each area specialist intervenes.

Tools for CCTF and guardianship/custody cannot be taken over from the APP as they are not approved. There are no monitoring forms for referrals.

8. STAS ORHEI…

There are no models for:
- Initial child assessment order issued by the local guardianship authority.
- Order for complex assessment of the child's situation and registration of the child at risk.
- Order for emergency placement.
- Notice of planned placement.
- Notice of extension of placement.
- Notice of reintegration of the child into the family.
- Act of forced removal of the child from the parents.
- Act of abandonment.
- Report of finding the child.
- Planned placement order.
- Provision on extension of placement.
- Provision on reintegration of child into family.

9. KEYSTONE

In the introduction there is a general mention of the objectives of CM, but any methodological guide must contain clearly formulated objectives. CM guidelines define and explain a number of concepts and notions, but lack a glossary of key terms. CM guidelines clearly explain and define the steps or components of the process, but it is not clear what to do if it is discovered during the initial assessment stage that the referral needs to be closed and/or it is not necessary to carry out a complex case assessment. The concept of partial case closure reflects the criteria for case closure. At the same time, there is no clarity as to which specialist/structure decides to close the case. There is a lack of explanation of suspension of service provisions.

CM guidelines do not contain forms on case closure and referral, nor do they include explanations for service mapping. The tools presented in the CM guide are well structured but do not cover all categories of children at risk. The indicator referring to housing accessibility is missing in the comprehensive assessment form, which is particularly important in the assessment of the family of the child with locomotor disabilities, etc. Explanations for determining the level of risk are complex and difficult to understand and apply in practice. CM does not explain in detail the importance of identifying the strengths of the child and family. The section on monitoring does not specify monitoring methods from the child's perspective; more emphasis is put on the family. The principles of social work are very well integrated in the CM methodology, but they only reflect the theoretical perspective.

CM is based on the prevention of institutionalization, but there is no explanation of how this works. CM does not reflect how socio-cultural norms and the gender perspective are integrated into the assessment and assistance process. The CM guide does not contain models of registers of beneficiaries, visits, complaints, etc. The intervention section of the CM guide includes only superficial information on the intervention process. There is no form on the monitoring of the child's progress based on the indicators of well-being.

There are no clear provisions for when a case is opened for only one child in a family.

There is no clear explanation in the CM guide on the retention of documentation (e.g., retention conditions). In Table 2 of the guide, "Planning according to the level of risk for the child," disability is implicitly considered as an imminent risk (the wording is not clear).

10. Child, Community, Family (CCF)

There is no glossary, but the definitions are explained in the text. They should be separate. No reference forms are included.

Case files could also be transferred through an information note. There is no case closure form and there is no description of how to close the case. Tools for families are well described and are easy to complete, however the tools for children are not.

CM refers only to the forms and algorithms that are well and clearly described. CM forms are filled out only on the basis of the file of a child receiving other specialized social services. It is not clearly highlighted who is the case manager (i.e., who is responsible for the case if the child benefits from more than one social service). It is not clear up to what stage the case manager remains in control in cases of placement in an institution, nor are the actions of the case manager clear after the placement of the child in the residential service or in an alternative service. The tools in the CM guide are well structured, although they do not always cover all aspects of welfare areas.The explanations for determining the level of risk are complex and difficult to understand and apply. The CM guide does not explain in detail the importance of identifying strengths in the child and family assessment process.There is no form on how to monitor the child's progress based on the indicators of well-being.

11. PARTNERSHIPS FOR EVERY CHILD (P4EC)

CM applied in the Republic of Moldova follows approximately the same structure as the foreign guidelines, which shows that it follows the same philosophy and has the same objectives. CM applied in the Republic of Moldova refers to the provision of a specialized social service, namely, the SSF, which is outlined in the CM guide. The guide describes CM for children who live with their biological families and face certain difficulties. At the same time, the guide stipulates that the described methodology can be adapted to the specifics of each specialized service by extending the indicators for assessment and intervention. This leads to different interpretations and applications of CM by different providers, especially taking into account that not all services have regulated procedures and tools. The CM guide contains procedures and working forms that aim to help case manager assess, plan, and intervene at each stage of CM. It also addresses the creation of MDTs and the involvement of other specialists in casework within the teams. It is important to note that the CM guidelines refer only to the MDT in the community, which is created by order of the local guardianship authority (the mayor). If the child benefits from a specialized service (with the exception of the SSF), another MDT is created within that service and the procedure for creating, convening, and involving this team differs from the procedure described in the CM guidelines.

CM is built on two approaches to assessment and planning: the child welfare framework and family protective factors. The child well-being framework uses eight well-being domains (health, safety, caring, activism, achievement, respect, responsibility, and inclusion), which show how the child is growing and developing and what his/her needs are. The well-being framework is applied both to assess the child and to plan activities to address the child's situation. At the same time, bearing in mind that without working with the child's family and without strengthening parents' skills and resources it is not possible to improve the child's situation, a framework for assessing and planning parents/caregivers is introduced. There are the family protective factors (parental resilience, family social support network, parental capacity for child care and development, concrete support when needed, and parents' capacity to develop the child's emotional and social competences) that determine to what extent parents are able to provide for the child's well-being and what they need to make that happen. Thus, the forms in the CM guide are developed on the basis of these two approaches and are separate for the child and the parents/caregivers.
Although the CM guide is not targeted at specific groups of children, it does focus on children in the family, which means that it needs to be adjusted for other situations in which children may find themselves (separated from their family, victims of violence, has disabilities, leaving care, etc.).

12. NATIONAL CHILD ABUSE PREVENTION CENTER (NCAPC)

The CM guide does not contain a glossary either in general or on specific issues such as violence, neglect, exploitation, and trafficking (VNET) of children. The concept of case closure and referral is integrated but not defined. There are criteria, but it is not clear whether the decision is made by the case manager or by the MDT that implemented the ISP.

CSWs reported that the forms are voluminous, and they find it difficult to orient themselves in their content, which is why they prefer to qualify low-risk cases in order not to apply the CM method. The principle of "Do no harm" is stated, but no specific recommendations are given. A more up-to-date approach on the best interests of the child, based on individualization, needs to be presented. In this context, there is also a need to review the definition of best interests of the child in the legal framework.

The case manager is presented as the one who largely carries out the interventions. The guidelines should promote more intersectoral cooperation and active involvement of MDT members at all stages, especially in cases of violence, neglect, exploitation, and trafficking of children (the guidelines present them more as consultants to the case manager). How to conduct the protection interview in suspected cases of violence, neglect, exploitation, and trafficking of children is not presented. It is suggested that the case manager applies techniques in the assessment process for which the case manager is not trained. Ways of involving the family are presented to a limited extent; reference is only made to discussions with family members.

The CM guide does not present recommendations on methods of communication or cooperation with service providers in the community. It only specifies that this cooperation should exist.There are no aspects of integration of socio-cultural norms in CM. Registration of child victims of VNET according to the normative acts regulating this field is not specified, i.e., the specific registration tool for such cases is not presented. There are many shortcomings in CM in terms of assessment of child abuse cases. Prioritizing the needs of the child is not reflected in the guide.

There is too much information on intervention, which needs better structuring. There is a form to monitor the implementation of plan interventions, not there is no tool to measure progress or achievement indicators. The CM guide does not provide a tool for case closure, but does present the necessary criteria. No clear models are provided for the involvement of local authorities in identifying vulnerable children, however, the guide does outline who can report cases.

The role of the case manager in the assessment process is largely described. The assessment process includes directions on how to identify and focus on the strengths of the family/caregiver, but does not include mention of the child's strengths. There is a lot of information in the assessment chapter, however, it needs to be made clearer and more concise.

There is description of the roles/responsibilities of the case manager, but less of the parents/caregivers and none at all of the child's responsibilities (it is only specified that the child should be consulted on the plan).

The issue of confidentiality is not reflected. It is not clear whether the case manager closes the case or whether closure is decided by members of the MDT, but there is reference to the fact that case closure must be coordinated with the supervisor or service manager.

There are explanations on referral and take-over of cases by specialized services.

ANNEX 4

SPECIFIC RECOMMENDATIONS FROM KEY ACTORS IN MOLDOVA ON KEY NEEDS FOR A NEW CASE MANAGEMENT GUIDE

1. LUMOS

12.1. Goals should be clearly defined and cover the entire child protection segment. Objectives should be focused on measurable outcomes on the well-being of different vulnerable groups of children.

12.2. A glossary needs to be developed in line with current legislation.

12.3. Assessment tools need to be adapted for cases of removal of children from one setting to another.

12.4. Provisions on the mechanisms/procedures for transferring children from one setting to another, on the basis of which the CM process should be applied, need to be included in the regulatory framework.

12.5. Depending on the profile of the respondent (child), specific modules should be attached to facilitate communication with them.

12.6. It remains to be seen whether the mechanisms for the processes of prevention of separation are successful for the reintegration/transfer of the child from residential institutions.

12.7. Clear guidelines on the measurability of indicators of achievement of the actions in the IAP need to be included in the annex—impossible to do without qualified human resources!

12.8. The algorithm of intervention in cases of de-institutionalization of children as well as in cases of transfer of children from one service to another needs to be clarified.

12.9. The methodology for child/family involvement needs to be included in the CM guide as an annex.

12.10. CM should be built on groups of children not groups of services.

12.11. The case manager should be the person who refers the case to other services.

12.12. The CM guidelines must stipulate until which stage the CSW remains case manager.

12.13. There must be a separate case manager and file in each service.

12.14. Aspects related to risk level, vulnerability, and algorithms that present the work process depending on risk levels should be removed from CM as they are very subjective; there are no clear criteria for determining the risk level.

12.15. Brief guidelines for communicating with children at different ages should be added to the guide or annexes, taking into account whether the child has been affected by violence, neglect, and exploitation. These guidelines should be developed by psychologists. This is important for encouraging the child's opinion, i.e., how the child feels in the family environment.

12.16. A universal referral form should be developed for all cases (there was a split position here—another Lumos opinion stated, "Referral forms should be specific as the referral form should contain the child's history and needs which may differ depending on the service to which the child is referred.").

12.17. The referral form should include reasons, objectives, and timescales, as well as if a complex assessment has been carried out or if it is an emergency referral.

12.18. The guide should include references to legislation where information on monitoring, MDT involvement, and referrals can be found.

12.19. The electronic format of the CM guide should allow for quick navigation.

12.20. The CM guide should specify how the file is closed when the abuser is not yet convicted and the child returns home.

12.21. The CM guide should stipulate that for cases referred to a specialist, the person making the closure decision should be someone from STAS, not the CSW, even if they are the case manager.

12.22. The CM process must be approved as a regulation, not as a guideline, to be binding. It must also be approved by government decision.

13. DEMOS

13.1. The assessment procedure for the child and caregiver/family should be based on strengths.
13.2. The assessment procedure for family and community assessments needs to be described.
13.3. Describe how the local public authorities (LPA) carry out monitoring.
13.4. Add information on age/developmental stages in children under 5 years of age.

14. CONCORDIA

14.1. Develop a Child Development Model, a Support Needs Assessment Report, and a tool to determine which intervention in the ISP should be taken next.
14.2. A more detailed description of the identification process is needed so that each actor in the community knows their role, including NGOs.
14.3. Introduce examples of communication with children at different ages.

15. FREE INTERNATIONAL UNIVERSITY OF MOLDOVA (ULIM)

15.1. A glossary of terms is required.
15.2. Define the process for opening, referring, and closing the case (referral file, closing file).
15.3. Develop a clear mechanism for identifying strengths and using them to improve/resolve problems.
15.4. Develop clear procedures and tools for involving adults in identifying resources, developing strengths, etc.
15.5. Describe how to integrate foreign socio-cultural norms to the case manager.
15.6. Develop very clear criteria that will help the social worker identify a vulnerable child (e.g., direct and indirect signs presented by the child/parents).
15.7. Rename the "details" blocks of the comprehensive child assessment form after each area of well-being "conclusions." This will make it easier to identify and record strengths.
15.8. Introduce tools to facilitate the process of prioritizing needs.
15.9. Include performance indicators in the IAP. This will contribute substantially to its quality. These indicators should also be included in the IAP implementation monitoring action sheet.
15.10. Describe/develop an active case identification mechanism in the community that can be applied by the CSW.
15.11. There should be one file and one case manager regardless of whether the child is in more than one service concurrently.

16. STAS CĂUȘENI

16.1. Open a file in the SSF only if it needs to be submitted for payment of cash aid.
16.2. Specify that CM is applied by the child rights protection specialist of the municipality, i.e., the case manager working with the file.
16.3. Clearly specify the case manager's duties in drawing up the individual intervention plan and convening the MDT meeting.
16.4. Specify who takes the child physically and accompanies him/her to social services in case of urgent removal of the child from the family.
16.5. Draw up a model plan monitoring report.
16.6. Indicated who should coordinate the closure of the case: the manager of the community social welfare service or the family support service manager.

17. STAS SOROCA

17.1. There should be only one IAP for the child and family (actions for child and parents are the same).

17.2. There should be a case manager in each specialized service.

17.3. Goals and objectives of the CM process should be included in the guidelines.

17.4. Dictate the obligation of all specialists in the fields of intervention to work on the case.

17.5. Draw up a glossary of terms.

17.6. Describe the OP for cases of abandonment, deinstitutionalization, and reintegration into the family from emergency placement, etc.

17.7. Remove unnecessary questions from the complex assessment and the IAP.

17.8. Maintain a pathology-based approach and do not focus solely on the child's problems as the child comes into the protection system in difficult situations, with certain problems that are usually based on specific risks and pathologies in the living environment and need to be improved/solved by the specialists and the family.

17.9. Clarify the direct tasks of the specialists in the MDT and the necessary documents required for carrying out assessments (e.g., characterization, medical history, police inspectorate reports, information notes, etc.). Stipulate that the CSW has the right to request such documents and that members of the MDT are obliged to present them.

17.10. Tools for CCTF and guardianship/custody cannot be taken from the APP as they are not approved.

17.11. Update the referral form from the referral mechanism as follows: the community social service manager (and/or perhaps a STAS specialist) who knows the case and knows where the child is going should be consulted for approval of referrals rather than a supervisor.

17.12. Develop a form for when the child returns to the family, reflecting details of the services the child has received.

17.13. Templates need to be developed for:
- Initial child assessment order issued by the local guardianship authority.
- Comprehensive assessment of child's situation and registration of child at risk.
- Emergency placement order.
- Notice of planned placement.
- Notice of extension of placement.
- Notice of reintegration of the child into the family.
- Act of forced removal of the child from the parents.
- Act of abandonment.
- Report on the finding of the child.
- Planned placement order.
- Provision on extension of placement.

18. STAS ORHEI

18.1. Actions for children and parents should be included in the IAP form (separated, but on the same form).

18.2. Stipulate the direct tasks of the MDT members working on a case.

18.3. Stipulate that monitoring is the joint responsibility of all MDT members, not just the CSW.

18.4. Develop a glossary of terms.

18.5. Describe OP for cases of reintegration from services or institutions, reintegration into family from emergency placement, etc.

18.6. Indicate that casework involves identifying and addressing pathologies and encouraging the strengths of the child and parents.

18.7. The tools for CCTF and guardianship/custody cannot be taken over from the APP as they are not approved.

18.8. The CM guide must be available in hard copy as well as electronically.

18.9. The CM guide must specify that all files must be closed with the signature of all members of the MDT and a STAS specialist.

18. STAS ORHEI...

18.10. Develop models for:
- Initial child assessment order issued by the local guardianship authority.
- Comprehensive assessment of child's situation and registration of child at risk.
- Emergency placement order.
- Notice of planned placement.
- Notice of extension of placement.
- Notice of reintegration of the child into the family.
- Act of forced removal of the child from the parents.
- Act of abandonment.
- Report on the finding of the child.
- Planned placement order.
- Provision on extension of placement.

19. KEYSTONE

19.1. Insert a separate paragraph reflecting the objectives of CM.

19.2. Develop a glossary of key terms, including the most important notions regulated in the legislation of the Republic of Moldova (e.g., guardianship authority, case manager, initial assessment, complex assessment, individualized assistance plan, referral mechanism, monitoring, risk, resilience, etc.).

19.3. Explain/specify when it is not necessary to carry out a complex case assessment. Develop clear criteria to conceptualize the case closure procedure and explain who makes the decision on case closure. Explain the concept of suspension of services (conditions and criteria under which services can be suspended).

19.4. Develop case closure and referral forms.

19.5. Explain in a (brief) paragraph what social service mapping is and what resources and services can be accessed at different levels of intervention.

19.6. Revise the forms to provide space for comments and include specific sections (children with disabilities, children in contact with the law, children exposed to abuse, etc.).

19.7. Revise the complex assessment form by completing it (Section IV. Housing conditions and family welfare, pg. 74) with information on the accessibility of housing (in the case of children with disabilities this is particularly important).

19.8. Simplify the explanations of the risk assessment for children.

19.9. Include more rigorous explanations on assessing and building on the strengths of the child and family.

19.10. Develop a model monitoring report with a focus on areas of child well-being.

19.11. Provide brief and clear examples for each principle described in CM.

19.12. Reflect on the role and tasks of the district commission for the Protection of Children in Need (to provide an overview).

19.13. Explain what socio-cultural norms and the gender approach are, and present examples to understand how the case manager in the assessment and assistance process always takes into account sociocultural norms and the gender approach.

19.14. Develop model registers, which will ensure uniform data collection and indicators on children and families at risk.

19.15. Present several examples of actions, reflecting methodological suggestions/recommendations for intervention.

19.16. Reflect (in the case review form) the child's progress against the indicators of the child's well-being domains.

19.17. Reflect situations where the case is only open for one child in the family, not all (e.g., sexual abuse or abuse in a school environment, etc.).

19.18. Refer to the national legal framework on the protection of personal data.

19.19. Exclude from the table the phrase "child with disabilities," as the presence of disability cannot be considered as an imminent/serious risk without other circumstances.

19.20. Develop a set of reporting indicators such as the degree of implementation of the objectives in the plan. There should also be explanations, e.g., to whom the CSW reports.

20. CHILD, COMMUNITY, FAMILY (CCF)

20.1. Draw up a glossary of terms.

20.2. Create a set of universal forms (those currently in the guide need to be improved!) and a set of forms specific to the service in which the child is placed to be filled in (if necessary) at the discretion of the service provider. The specific forms do not have to be contained in the CM Guide, but should be in the service regulations.

20.3. Develop a case referral form or indicate that the case can be transferred through an information note (CCF has a case referral form that the LPA completes when referring beneficiary children aged 0-7 years at risk of family separation).

20.4 Develop a case closure form to be completed at the MDT meeting.

20.5. Describe tools for children in more detail.

20.6. Add Life Line to assessments.

20.7. If the child is placed in/referred to another specialized social service, the procedures and forms will be applied according to the rules of the specialized service. The specialized services must adapt their tools and working procedures according to the CM process and the legislation in force.

20.8. The stipulations of Act 140 and the guide for the practical application of the case referral mechanism in the social service system must be supplemented. It is also necessary to describe the mechanism of cooperation between the CSW and the specialist of the service where the child has been placed.

20.9. Some tools need to be completed with additional questions, e.g.: Complex assessment for beneficiaries with disabilities in conflict with the law to highlight the problem and plan necessary support. (E.g., on the child assessment form, in the inclusion domain, the question "Does the child participate in school/day care events?" can be added.)

20.10. Explain by example the determination of the level of risk.

20.11. Include in the CM guide, but also in the initial and in-service training of social workers, ways of identifying the child's and family's strengths and explain why these are important and useful.

20.12. Reflect in the case review form the child's progress against the indicators of child well-being.

20.13. The CM guide should be arranged by categories of children.

21. PARTNERSHIP FOR EVERY CHILD (P4EC)

21.1 Revise the CM manual so that it becomes universal, i.e., contains general information about the CM method, describes CM in general terms without targeting specific social services or groups of children. Also, the guide should not contain working tools, only model structures for them.

This model structure will help in the development of tools for each social service, which will be annexed to the organizational and operational regulations of these services. Thus, the proposed structure for the CM Guide is:

- Introduction
- Glossary
- Principles (the principle "best interests of the child" will be updated).
- Benefits and risks of applying CM.
- Description of the eight domains of well-being, which form the basis of assessment and planning in any social service.
- Description of the five family protective factors that underpin assessment and planning in social services where family assessment is required.
- General stages (child participation to be added to all stages).
- Referral.
- Case manager (including naming the main case manager when the child receives several services and has open files for each of these services).
- MDT.
- Recommended model structure for forms.
- Documentation and record keeping requirements.

21.2. Indicate in the Introduction to whom the CM guide is addressed: CSWs, social workers from social services, STAS specialists, NGO staff, local public authorities, etc.

21.3. Indicate in the Introduction the target groups that will benefit from CM: vulnerable children in families, children in alternative care, children with disabilities, child victims of violence, children leaving the care system.

21. PARTNERSHIP FOR EVERY CHILD (P4EC)...

21.4. Indicate in an Introduction and the aim and/or objectives of CM.

21.5. Introduce a glossary, which will define, among other things, the following concepts: child, young person, biological parent, caregiver, initial assessment, complex assessment, individual care plan, case, case file, case management, case manager, case manager, best interests of the child, self-determination, child participation, welfare area, protective factor, reintegration, separation prevention, referral, transfer, review, monitoring, case closure, alternative care, supervision, disability, violence, alternative care, care leaver, biological family, extended family, economic strengthening, etc.

21.6 Add to Principles: Individual approach and child and family centeredness.

21.7. Insert Benefits and Risks of CM implementation after the Principles section.

21.8. Delete the sections on the differences between vulnerability and risk, the levels of risk to child well-being, and the algorithms for working according to the levels of risk.

21.9. Replace the section on referral with one on transfer and explain.

21.10. Introduce a Case Manager section by utilizing the information from Annex 10 (and introducing the concept as a whole) and include the tasks and criteria for employment. When the child receives several social services in parallel, there must be one main case manager. This role will be filled by the CSW if the child is with the family or the employee of the placement service in which the child is placed. The complementary service employees who still support the child will also be "case managers."

21.11. Insert an MDT section with a general description of the team's tasks, how teams are convened, and how its members communicate with each other without associating it with a specific level of service provision.

21.12. Insert a Requirements section for record keeping and documentation with a description of how files are completed and numbered and how case documentation is kept secure.

21.13. General recommendations relating to the legal framework for social services include updating the nomenclature of social services in order to add the following services:

- Guardianship/custody.
- Day care center for children aged 4 months–3 years.
- Specialized autism spectrum disorder intervention center.
- Early intervention service.
- Regional integrated support center for child victims/victims of crime.
- Resource and support center for children and young people (post-institutional).
- Placement and rehabilitation center for young children.
  - Social reintegration center for children and young people at risk in post-institutional period.
  - Center for street children.
- Reassign the following services:
  - Temporary placement center for children at risk.
  - Placement center for children separated from their parents

21.14. In addition to the regulation and MQS, the regulation of each service should contain working tools (including a reintegration form) developed on the basis of the model structure stipulated in the CM guide, as well as the child protection policy and registers of records.

21.15. Approve the framework regulation and the MQS of kinship care/custody.

21.16. Draw up and approve MQS for day care centers for children aged 4 months–3 years.

21.17. Develop and approve the framework regulation for day care centers.

21.20. Develop and approve the framework regulation and the minimum standards for centers for the assistance and protection of victims and potential victims of human trafficking.

21.21. Draw up and approve MQS for the placement and rehabilitation center for young children service.

21.22. Develop and approve the framework regulation and the MQS for social reintegration centers for children and young people at risk in the post-institutional period.

21.23. Approve the framework regulation and the MQS for assisted social housing service.

21.24. Draw up and approve the framework regulation and the MQS for centers for street children.

21. PARTNERSHIP FOR EVERY CHILD (P4EC)...

21.25. Add when the initial assessment should be implemented on the form for the SSF.

21.26. Add a section for including the child's opinion to the initial assessment form for the SSF.

21.27. Add a section for the parent/caregiver's opinion to the comprehensive family assessment form in the SSF.

21.28. Amend the legal framework in which reference is made to CM, e.g., Law No. 140, GD No. 270, GD No. 1182, GD No. 716, etc.

22. NATIONAL CHILD ABUSE PREVENTION CENTRE (NCAPC)

22.1. The CM guide should be divided into chapters by groups of children.

22.2. Develop a general glossary, and one for specific issues such as child victims of VNET.

22.3. Define the concept of case closure and referral, and clearly state that decisions are made by the case manager or by the MDT that implemented the ISP.

22.4. Simplify the forms.

22.5. Provide specific guidance on the "Do no harm" principle.

22.6. Present a more up-to-date approach to the best interests of the child based on individualization. In this context, it is also necessary to review the definition of the best interests of the child in the legal framework.

22.7. The CM guidelines should promote more intersectoral cooperation, and the active involvement of MDT members at all stages, especially in cases of VNET of children (the guidelines present them more as consultants to the case manager).

22.8. The CM guide should contain a chapter with a clear description of how to organize meetings, gatherings, and communication between members of the MDT.

22.9. Describe the registration procedures for different situations (e.g., VNET, other groups of children) so that users of the CM guide know how to proceed in different situations (i.e., as the monitoring of the case manager implies, different actions and different degrees of involvement are required depending on the category of beneficiaries).

22.10. Present the model register of referral files in the guide's annex.

22.11. Present the modalities for conducting the protection interview in suspected cases of VNET of children (in the annex or as a procedure in the text).

22.12. Describe the modalities of family involvement.

22.13. Describe recommendations on how to communicate and cooperate with service providers in the community.

22.14. Describe the of integration of socio-cultural norms into CM.

22.15. Specify how to register cases of VNET of children according to the normative acts regulating this field.

22.16. Include prioritizing the needs of the child.

22.17. Clarify and reorganize information on intervention.

22. NATIONAL CHILD ABUSE PREVENTION CENTRE (NCAPC)

22.18. Develop a case closure tool that reflects the areas of child welfare and the extent to which the situation has improved in the affected areas as a result of the intervention. This form should serve as the basis for the disposition of the guardianship authority.

22.19. Describe who informs the family about the closure of the case and how that information is communicated.

22.20. Provide clear patterns of local authority involvement in the process of identifying vulnerable children.

22.21. Add tools for the assessment of cases of child abuse and/or develop a separate CM for child abuse cases.

22.22. Describe more clearly how the strengths-based child assessment should be carried out. Information on assessment needs to be better structured.

22.23. Describe the responsibilities of the child in the planning process.

22.24. Include confidentiality protocols in the guide.

22.25. The CM guide should indicate where each set of information is located, i.e., in which register and what information can be found there.

22.26. The CM guide should describe what information should be included in the reference form. For example, when the case comes to the NCAPC services, the complex assessment form must also be received.

22.27. Referral forms must be specific.

22.28. The CM guide should state who makes the final decision to close the file.

22.29.   The CM manual must be approved by GD as a regulation to cover specialists in other fields (as regulations are mandator and guidelines are optional by nature.)

23. DATA FOR IMPACT (D4I)

23.1 The CM guide should contain case studies as appendices. The case studies should reflect the most common situations encountered in CM.

23.2. The CM guide should contain performance evaluation benchmarks that will help the case manager improve his/her performance and help supervisors and managers evaluate the performance of case managers.

23.3. The CM guide should contain a qualitative survey model in an annex..1.

ANNEX 5

CASE MANAGEMENT FORMS

The following lists the titles of forms used in the analyzed CM guidelines. These forms can serve as a reference for the process of drafting relevant forms for social services in the Republic of Moldova according to the recommendation that each social service should have approved regulations with working tools as an annex.

The forms are structured by categories of children and for each one the source is indicated.

1. Forms for children in the family:

- Case registration and allocation (National CM System for the Welfare and Protection of Children in Zimbabwe, UNICEF 2017).
- Initial assessment of the child's situation (CM Guide, Moldova 2016).
- Initial assessment of the child (Common Assessment Framework Partnership for Every Child (P4EC) Russia).
- Initial assessment of the child in the family (CM Pusat Dukungan Anak dan Keluarga(PDAK) Guide, Indonesia, Save the Children, 2016).
- Social investigation (Case management in social work for vulnerable groups. Star Association, Romania, 2015).
- Initial assessment (Case management in social assistance to vulnerable groups. Steaua Association, Romania, 2015).
- Comprehensive child assessment (CM Guide, Moldova, 2016).
- Comprehensive child assessment (Common Assessment Framework, P4EC Russia).
- Child assessment (Handbook of CM in Families, India, 2012).
- Child status index (Family CM Handbook, India, 2012).
- Strengths identification form (Child Protection CM Manual, CRS & Maestral, 2017).
- Child and family vulnerability assessment form (PDAK CM Guide, Indonesia, Save the Children, 2016).
- Bio-psycho-social-spiritual assessment (PDAK CM Guide, Indonesia, Save the Children, 2016).
- Food security questionnaire (Family CM Handbook, India, 2012).
- Comprehensive family situation assessment (CM Guide, Moldova, 2016).
- Family assessment (CM in Family Handbook, India, 2012).
- Risk assessment (CM Handbook in Child Protection, CRS & Maestral, 2017).
- Assessment and planning (Zimbabwe National CM System for Child Welfare and Protection, UNICEF, 2017).
- Individual support plan for improving child welfare (CM Guide, Moldova, 2016).
- Individual Support Plan (CM Practices in Save the Children Programs, 2011).
- Service plan (Case Management in Social Work for Vulnerable Groups, Star Association, Romania, 2015).
- Child plan (CM Handbook in Child Protection, CRS & Maestral, 2017).
- Short-term plan (Common Assessment Framework, P4EC, Russia).
- Long-term plan (Common Assessment Framework, P4EC, Russia).
- Family strengthening action plan (CM Guide, Moldova, 2016).
- Collaboration agreement (CM Guide, Moldova, 2016).

1. Forms for children in the family...

- Contract and consent of the child (CM PDAK Guide, Indonesia, Save the Children, 2016).
- Contract and consent of the family (CM PDAK Guide, Indonesia, Save the Children, 2016).
- Minutes of the family conference (CM PDAK Guide, Indonesia, Save the Children, 2016).
- Evidence of monitoring actions on the implementation of the IAP (CM Guide, Moldova, 2016).
- Record of follow-up actions on the situation of the child and the family after the closure of the file (CM Guide, Moldova, 2016).
- Recording of significant events and contacts (Zimbabwe National CM System for Child Welfare and Protection, UNICEF, 2017).
- Case review (Child Protection CM Handbook, CRS & Maestral, 2017).
- Case review (National CM System for Child Welfare and Protection in Zimbabwe, UNICEF, 2017)
- Plan review (Child Protection CM Handbook, CRS & Maestral, 2017).
- Case referral (PDAK CM Guidelines, Indonesia, Save the Children, 2016).
- Case referral (Child Protection CM Handbook, CRS & Maestral, 2017).
- Case referral (Family CM Handbook, India, 2012).
- Case reference (National CM System for Child Welfare and Protection in Zimbabwe, UNICEF, 2017).
- Minutes of the MDT Meeting (Child Protection CM Manual, CRS & Maestral, 2017).
- Minutes of the MDT meeting (PDAK CM Guide, Indonesia, Save the Children, 2016).
- Case closure (Child Protection CM Handbook, CRS & Maestral, 2017).
- Closing the case (National CM system for child welfare and protection in Zimbabwe, UNICEF, 2017).
- Case closure (PDAK CM Guide, Indonesia, Save the Children, 2016).

2. Forms for separated children:

- File cover sheet (Case Manager Form Set, Kenya, CTWWC, 2020).
- List of contents of the case file (Case Manager Pack, Kenya, CTWWC, 2020).
- File assessment form (CM Monitoring Indicators, Kenya, 2020).
- Child identification and assessment form (Case Manager Form Set, Kenya, CTWWC, 2020).
- Intake form (National Standards for Best Practices in Placement Centers, Kenya, UNICEF, 2013).
- Parent consent form (National Standards for Best Practices in Residential Care, Kenya, UNICEF 2013).
- Caregiver consent (Case Manager Form Set, Kenya, CTWWC, 2020).
- Child's consent (Case Manager Form Set, Kenya, CTWWC, 2020).
- Initial assessment of the child in residential care (CM PDAK Guide, Indonesia, Save the Children, 2016).
- Initial assessment (National Standards for Best Practices in Residential Care, Kenya, UNICEF, 2013).
- Registration form (initial assessment), (Intersectoral Guide in CM and Child Protection, USAID, 2014).
- Extended registration form (initial assessment), (Cross-sectoral Guidance in CM and Child Protection, USAID, 2014).
- Generic model registration form (Cross-Sectoral Guide in CM and Child Protection, USAID, 2014).
- Simplified best interests of the child assessment (Intersectoral Guidance on CM and Child Protection, USAID, 2014).

2. Forms for separated children...

- Best interests determination report (Guide to Determining the Best Interests of the Child, United Nations High Commissioner for Refugees [UNHCR], 2008).
- Medical assessment (National Standards for Best Practices in Residential Care, Kenya, UNICEF, 2013).
- Comprehensive assessment report of the child's situation for placement (APP Guide, Moldova, 2019).
- Disability and functioning assessment form (Case Manager Form set. Kenya. CTWWC, 2020).
- Family assessment (Case Manager Form Set. Kenya. CTWWC, 2020).
- Family assessment (National Standards for Good Practice in Foster Care, Kenya, UNICEF, 2013).
- Family readiness and opportunity assessment (Reunification, Alternative Care and Community Reintegration, Rwanda, International Rescue Committee, 2003).
- Poverty assessment (Reunification, Alternative Care and Community Reintegration, Rwanda, International Rescue Committee, 2003).
- Placement center assessment (Reunification, Alternative Care and Community Reintegration, Rwanda, International Rescue Committee, 2003).
- Child matching report (APP Guide, Moldova, 2019).
- Individual child support plan for ensuring the child's well-being in the APP Service (APP Guide, Moldova, 2019).
- Planning form (Case Manager Form Set, Kenya, CTWWC, 2020).
- Individual support plan (National Standards for Good Practice in Foster Care, Kenya, UNICEF, 2013).
- Family conference form (Case Manager's Form Set, Kenya, CTWWC, 2020).
- Transitional guardianship placement in reintegration form (Case Manager's Form Set, Kenya, CTWWC, 2020).
- Transitional placement form in supported independent living in the reintegration process (Case Manager's Form Set, Kenya, CTWWC, 2020).
- Report on the progress (monitoring) of the repatriated child (CM for Children Identified Without Legal Guardians in the Territories of Other States, ToH, 2014).
- Monitoring form (Case Manager's Form Set, Kenya, CTWWC, 2020).
- Follow-up sheet on the situation of the repatriated child (CM for Children Identified Without Legal Guardians in the Territories of Other States, ToH 2014).
- Case referral form (Case Manager's Form Set, Kenya, CTWWC, 2020).
- Referral form (National Standards for Good Practice in Foster Care, Kenya, UNICEF, 2013).
- Child situation review form (Case Manager's Toolkit, Kenya, CTWWC, 2020).
- Plan review form (National Standards for Good Practice in Residential Care, Kenya, UNICEF, 2013).
- Young person's situation review form (Case Manager Form Set, Kenya, CTWWC, 2020).
- Case closure form (Case Manager Form Set, Kenya, CTWWC, 2020).
- Case transfer form (Case Manager Form Set, Kenya, CTWWC, 2020).
- Child feedback form (Case Manager Form Set, Kenya, CTWWC, 2020).
- Caregiver feedback form (Case Manager Form Set, Kenya, CTWWC, 2020).
- Feedback form from parent/caregiver at case closure (CM Monitoring Indicators, Kenya, 2020).
- Record of child turnover in placement service (National Standards for Best Practices in Placement Centers, Kenya, UNICEF, 2013).
- Child asset register (National Standards for Best Practices in Placement Centers, Kenya, UNICEF, 2013).
- Record of visits and correspondence (National Standards for Best Practices in Residential Care, Kenya, UNICEF, 2013).
- Documentation policy (National Standards for Best Practices in Residential Care, Kenya, UNICEF, 2013).

Forms for child victims of violence:

- Referral form (CM Training Guide, Namibia, 2017).
- Referral form (CM Framework in Child Protection, Malawi, UNICEF, 2014).
- Family registration form (CM Framework in Child Protection, Malawi, UNICEF 2014).
- Initial assessment of cases of domestic violence (CM Domestic Violence, Promo-LEX, 2018).
- Initial assessment of child in the family (CM Framework in Child Protection, Malawi, UNICEF, 2014).
- Initial assessment of child victims of commercial sexual exploitation (CM PDAK Guide, Indonesia, Save the Children, 2016).
- Assessment and planning form for child victims of sexual abuse (Intersectoral Guidance in CM and Child Protection, USAID, 2014).
- Assessment and registration form for government organizations (CM manual in child protection, Save the children, 2016).
- Assessment and registration form for community actors (Child Protection CM Handbook, Save the Children, 2016).
- Family assessment (CM Framework in Child Protection, Malawi, UNICEF, 2014).
- Child situation assessment report (Cross-sectoral guide in CM and child protection, USAID, 2014).
- Planning form (Intersectoral Guidance in CM and Child Protection, USAID, 2014).
- Child support plan (CM Framework in Child Protection, Malawi, UNICEF, 2014).
- Planning form (CM Handbook in Child Protection, Save the Children, 2016).
- Plan form (Intersectoral Guidance for CM in Gender-based Violence, UNICEF, 2017).
- Monitoring form (Intersectoral Guidance in CM and Child Protection, USAID, 2014).
- Monitoring form (CM Handbook in Child Protection, Save the Children, 2016).
- Plan monitoring form (Intersectoral guide for CM in Gender-based Violence, UNICEF, 2017).
- Visit report (CM Domestic Violence, Promo-LEX, 2018).
- MDT meeting report (Intersectoral Guide in CM and Child Protection, USAID, 2014).
- Case referral form (CM Handbook in Child Protection, Save the Children, 2016).
- Case referral form (CM Framework in Child Protection, Malawi, UNICEF, 2014).
- Case transfer form (Intersectoral Guide in CM and Child Protection, USAID, 2014).
- Case transfer form (CM Handbook in Child Protection, Save the Children, 2016).
- Case closure form (CM Framework in Child Protection, Malawi, UNICEF, 2014).
- Case closure form (Intersectoral Guide for CM in Gender-based Violence, UNICEF, 2017).
- Case closure form (Intersectoral Guidance in CM and Child Protection, USAID, 2014).
- Case closure form (CM Handbook in Child Protection, Save the Children, 2016).
- Informed consent template and beneficiary bill of rights (Intersectoral Guidance in CM and Child Protection, USAID, 2014).
- Informed consent for beneficiary assistance through CM methodology (CM Domestic Violence, Promo-LEX, 2018).
- Intersectoral memorandum of understanding for case management data sharing (CM Handbook in Child Protection, Save the Children, 2016).
- Beneficiary feedback form (Intersectoral Guide for CM in Gender-Based Violence [GBV], UNICEF ,2017).
- Anti-suicide agreement (Intersectoral guide for CM in GBV, UNICEF, 2017).
- Consent to share confidential information (Intersectoral Guide for CM in GBV, UNICEF, 2017).
- Community case register (CM Handbook in Child Protection, Save the children, 2016).

4. Forms for children with disabilities:

- Disability and functioning assessment (Case Manager Form Set, Kenya, CTWWC, 2020).
- Family assessment of the child with disabilities (Mobile Team Operational Manual).
- Psychological assessment (Mobile Team Operational Manual).
- Functional behavioral assessment (Mobile Team Operational Manual).
- A-B-C assessment (Mobile Team Operational Manual).
- Summary medical history (Mobile Team Operational Manual).
- Kinesiological assessment (Mobile Team Operational Manual).
- Individualized plan (Mobile Team Operational Manual).
- Review meeting minutes (Mobile Team Operational Manual).
- Service agreement (Mobile Team Operational Manual).
- Individual development plan (Mobile Team Operational Manual).
- Behavioral support plan (Mobile Team Operational Manual).
- Monitoring report (Mobile Team Operational Manual).
- Assessment of behavioral support plan (Mobile Team Operational Manual).
- Reassessment of individual support plan or case closure (Mobile Team Operational Manual).
- Intervention record register (Mobile Team Operational Manual).

5. Forms for people leaving the care system:

- Content of needs assessment and plans for care leavers (Social Care Service, Camden, UK, 2017).
- Plan form (Training Manual "Supporting Care Leavers," York University, 2001).

ANNEX 6

ASSESSMENT FRAMEWORK

As part of the initiative, existing national guidelines, operational procedures, tools, and materials in the field of CM (approved by the Order of the Minister of Labor, Social Protection, and Family No. 96 of May 18, 2016) were reviewed to identify strengths and weaknesses. Methods to make the materials applicable to all children, regardless of age, capacity, or social service from which they may benefit were also identified. This evaluation framework is part of the review process and can indicate strengths and gaps of CM that need to be addressed.

The CM assessment framework includes three major components:
1. Tools used by the case manager at each stage of CM. Tools include forms for analysis, recording, assessment, planning, referral, monitoring and review, and case closure.
2. OPs include detailed guidance, steps, processes, and procedures used at each stage of CM. In addition, OPs describe how the above tools are to be used. It is important that case managers know, understand, and follow OPs; they are the backbone of CM. OPs clearly define the steps of case identification, assessment, planning, monitoring, referral, and closure. OPs also define concrete actions when the child is at imminent risk and immediate action is needed in the best interests of the child.
3. Training materials are geared toward strengthening the capacity, knowledge, and skills of the case manager. Training materials may include training for facilitators, trainers, or case managers.

The CM assessment framework contains six sections:

A brief description that includes general questions about the materials evaluated and shows the extent to which the key principles of social work and recognized CM practices are respected. Answers to the questions will be formulated using a scale from 1 to 5 where 5 is excellent; 4 is good; 3 is somewhat; 2 is below expectations; and 1 is not at all. Evaluators are encouraged to add comments.

An evaluation of the instruments that is organized around each step of the CM process. Answers to the questions will be formulated using a scale from 1 to 5 where 5 is excellent; 4 is good; 3 is somewhat; 2 is below expectations; and 1 is not at all. Evaluators are encouraged to add comments.

An evaluation of the OP that is organized around each step of the CM process. Answers to the questions will be formulated using a scale from 1 to 5 where 5 is excellent; 4 is good; 3 is somewhat; 2 is below expectations; and 1 is not at all. Evaluators are encouraged to add comments.

An evaluation of the training approaches and materials. Even if required to answer Yes/No, evaluators are encouraged to add details where possible.

A summary of the strengths of the CM process.

Document name:	Case Management—support guide for "practical application" approved by the order of the Ministry of Labor, Social Protection and Family No. 96 of May 18, 2016.
Name of the Organization **Contact information**	
Brief description of the CM components to be evaluated (i.e., tools, OP, training materials, and/or other documents that are part of CM). Include details if there is more than one instrument or OP at each stage of the CM process.	
Target groups, which the tools will be used for.	
Clear links between MC tools and OPs (e.g, MC tools and POs support each other, training materials provide implementation support).	
Clear linkages or references to other systems that contain data on the consolidation activities of family resilience (e.g., clear connections between CM with other programs and governmental services).	
Training approach has clear connections with the tools and OPs of CM (training is assessed separately).	

Brief description
General information
Please tick the score for each question: 5=excellent; 4=good; 3=fair; 2=below expectations; 1=not at all

Question	Score					Comment
	5	4	3	2	1	
Scope and objectives of CM are clearly formulated.						
CM approach is integrated in the theory and principles of social assistance.						
CM explains and defines clear steps or components of the CM process.						
The concept of case closure is integrated in CM and includes a definition and clear indicators.						
Each stage of the CM process has a tool or form.						
CM (tools and OPs) is user-friendly. For example, the tools are easy to complete, filling in does not take too much time, etc.						
CM includes tools both for the child and for the family, where necessary, in order to evaluate the strong and weak points and the child's needs.						

The CM approach integrates social work principles
Check the score for each principle: 5=excellent; 4=good; 3=fair; 2=below expectations; 1=not at all

The following fundamental principles of social assistance are integrated into the CM approach

Principle	Score					Comment
	5	4	3	2	1	
Focus is on the child, the context of the family/caregiver, school, community.						
Do no harm.						
The best interest of the child at the center of all decisions.						
Opportunities for the child to take active part in decisions that affect his/her life in accordance with age and level of understanding.						
Ensuring confidentiality.						
When it is possible, self-determination and self-care is facilitated, solving issues together, making decisions, and educating.						
Approach based on strengths, which identifies and consolidates strengths, resources, and potential contributions of the beneficiary for the improvement of welfare and protection, instead of an approach based on weaknesses that focus on the beneficiary's needs or problems.						
Focus on coordination and integration between different sectors (i.e., link community resources).						
Focus on objectives with clear stages to reach them.						

The CM approach also includes guidance on:

Principle	Score					Comment
	5	4	3	2	1	
Method of communication with the child according to his/her age and level of understanding.						
Method of involvement of family members in the process. For example, identifying strong points, resources, needs, establishing objectives, and formulating roles and responsibilities.						
Method of communication with the service providers in the community.						
Method of integration of sociocultural norms in CM. (Socio-cultural norms are norms that form the method in which we interact. The case manager must know what is and is not suitable from the cultural point of view.)						

Evaluation of CM instruments
Check the score for each principle: 5=excellent, 4=good; 3=fair; 2=below expectations; 1=not at all

CM stages (to be assessed more in-depth than the general questions from above).	Critical Aspects	Score					Comments
		5	4	3	2	1	
Identification	Presents clear criteria to identify vulnerable children; Includes an instrument to register the results of child's identification.						
	Includes a tool for recording child's identification.						
Evaluation	Includes tools that facilitate the identification and record of the child's strengths.						
	Includes tools that facilitate the identification and record of child's needs and prioritization of needs (not all the needs can be covered)						
	Includes tools that facilitate identification of strong points and vulnerabilities of caregiver/family.						
Planning	Includes a standard format for that describes which information must be in a plan (measurable actions, deadlines, and responsible persons) and identifies the direct interventions that can be ensured by the case manager and necessary references.						
Intervention	Includes guidance on the intervention process, including examples of actions.						
Reference/Monitoring (**Note**: In foreign guides, reference refers to the involvement of other social services without the transfer of the case to other services or another case manager. In this document, reference shares this meaning.)	Includes monitoring of references in order to ensure services have been provided by the provider to which the case was assigned.						
Plan Monitoring	Includes a tool to measure the progress/success of plan/intervention implementation.						
Closing the case	Includes a tool to close a case and indicators for measuring success.						

Operational procedures
Check the score for each principle: 5=excellent; 4=good; 3=fair; 2=below expectations; 1=not at all

CM Stage	Procedures	Score					Comments
		5	4	3	2	1	
Identification and registration	Clearly describes the community method of identifying and checking the identification of vulnerable children. Clearly describes the communication with the family, community, and LPA in order to identify and register						
	Clearly describes the communication/involvement method of local authorities in identifying vulnerable children.						
	Clearly describes the role of local NGOs and LPAs in cooperating to identify vulnerable children.						
	Clearly describes the communication with the family, community, and LPA in order to identify and register the child.						
Evaluation	Clearly describes the roles and responsibilities of the child, caregiver/family, and care manager in the evaluation process.						
	Clearly describes how the child/caregiver/family's evaluation should be based on strengths.						
	Clearly describes the method of identifying and prioritizing needs.						
	Clearly describes the method of evaluation of the child, family, and community.						
Planning	Clearly describes how objectives should be drafted, and how measurable activities should be planned and limited in time.						
	Clearly describes the child's, caregiver's, family's, and manager's roles and responsibilities.						
	Clearly describes the intervention steps.						
	Clearly describes the organization of MDT meetings and how to overcome difficulties or escalation of interventions.						
	Clearly describes how children and caregivers should be involved in progress monitoring. There are monitoring processes for the case manager, which are based on the vulnerability level of the child/family (e.g., frequency of involvement of the child/family in order to monitor the results that will depend on the level of vulnerability of the child/family and on their resilience/strengths).						
	Explains what should be done when there is no progress and there are concerns for the child.						
	Explains the necessary actions for monitoring other interventions based on the family in order to assess their impact on the child's action plan.						
	Describes the method of conducting joint monitoring with other relevant local authorities.						
	There are OPs, guidance and/or tools that support data reporting (including all organizations to which reporting is required).						
	Describes the procedure of reference to service providers.						
	Explains solutions for when services are not delivered even if the child/family has consulted with the service provider to which they were referred.						
Closing the case	Clearly describes case closure.						
	Describes how to communicate the case closure process to the child/family.						
	Case closure procedures include guidance on when the case should be closed and the closing method, etc. with respect to confidentiality and who has the authority to close the case.						

	There are procedures for case transfer when the risks of child protection are reduced, but other needs linked to health or education remain.						

Training approach
Answer Yes or No and add comments

Question	Response (Yes/No)	Comments
How is the training approach organized? For example, is there a manual for trainers and a manual for trainees? Describe.		
Is the training approach based on the fundamental skills required of the case manager for the efficient implementation of the CM? If yes, are the fundamental competencies listed in the training materials? Indicate.		
Is the training organized in such a way that it reflects the CM process (tools and OPs), with clear learning objectives and tools of self-assessment of learning?		
Is the training easy to understand? Is it repetitive?		
Does the training approach use the principles and methodologies of adult learning theory (for example, uses case studies, role-playing, practical exercises, etc.)? What is the link between training, tools, and OPs?		
Does the training approach include key information for case managers including: • Does the training method include teamwork and/or provide opportunities for professional growth and welfare (e.g., stress management, support from the colleagues, etc.)? • Does the training include information on the services provided? • Does the training include methods of gaining trust with the child and family? • Does the training include information on age/stages of development for children younger than 5 years of age? • Does the training include information on the emotional and social needs of the adolescents? • Are the training materials simple for case managers to use? • Is there a strategy/approach of coaching in order to support the participants after the training ends?		

END NOTES

1.The materials reviewed for reference were provided by CTWWC.

2. The working group is composed of eight NGOs (P4EC, CCF Moldova, Keystone Moldova, Lumos, Concordia, Demos, Institute for Penal Reforms [IRP], National Center for Prevention of Abuse towards Children [CNPAC]); and four STASs (Soroca, Orhei, Causeni, Chisinau), ULIM, and the Data for Impact (D4I) project.

3. https://www.who.int/classifications/international-classification-of-functioning-disability-and- health.

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