



The Government of Malawi

CHILD PROTECTION CASE MANAGEMENT

FRAMEWORK





ACKNOWLEDGMENTS

This framework has been developed with the aim of providing standard procedures, assessment and planning tools, and guidance in the delivery of case management services. This Case Management Framework represents the efforts of the Department of Social Welfare and Case Management Desk with support from UNICEF Malawi. The effort to establish case management services began in 2011 and the tools have gone through two iterations of field testing. The remainder of the Case Management Framework has been developed through of many discussion groups and workshops and validated in July, 2014 by the core working group on case management.

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As Malawi moves forward to build a holistic child protection system, case management will serve as a core anchor and a mobilizing force for child protection.

LIST OF ACRONYMS

ADC	Area Development Committee
AIDS	Acquired Immune Deficiency Syndrome
CBCC	Community Based Child Care Centre
CBO	Community Based Organization
CCPJA	Child Care, Protection and Justice Act of 2010
CCPW	Community Child Protection Worker
CP	Child Protection
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
CVSU	Community Victim Support Unit
DCP	Division of Child Protection
DCPC	District Child Protection Committee
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
FBO	Faith Based Organization
GCY&S	Gender, Children, Youth and Sports
GVH	Group Village Head
HIV	Human Immunodeficiency Virus
JSSP	Joint Sector Strategy Plan
LDC	Least Developed Country
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
NGO	Non-Governmental Organization
NTWG/CP	National Technical Working Group on Child Protection
OSC	One-Stop Centre
OVC	Orphans and other Vulnerable Children
PVSU	Police Victim Support Unit
SWG	Sector Working Group
TA	Traditional Authority
UNICEF	United Nations Children's Fund
VDC	Village Development Committee
VSU	Victim Support Unit

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DEFINITIONS

ADVOCACY	A set of targeted strategies and actions aimed at decision makers in support of specific policy or programme to address an identified need.
CHILD PROTECTION CASE MANAGEMENT	A coordinated service delivery approach at the individual and household levels involving the identification of vulnerable children, assessment and planning, referral to services and follow up, in collaboration with the extended family, community and other service providers.
CASE MANAGER	A person responsible for overall coordination of identification, assessment and management of individual cases of children in need of care and protection using the Child Protection Case Management approach.
CASE WORK	The process of helping individuals, families and communities to solve their problems. Case work deals with the problems of an individual on a one to one basis; it may also involve intervention with family members and linking with the community around them.
CHILD	A person below the age of eighteen (18) years.
CHILD ABUSE	Any act that endangers a child's physical or emotional health and development, including non-accidental physical violence or injury to the child, sexual violation of the child, and verbal/psychological abuse that humiliates, shames, or frightens the child.
CHILD DEVELOPMENT	The process of change in which a child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and situations in the environment.
CHILD LABOUR	Work that is physically, morally, socially and mentally harmful to the child, or work that robs the child of his or her rights to education, health, play and association. However, light work that does not affect the child's development and is meant for socialization and preparing the child for adult responsibility does not constitute child labour.
CHILD PROTECTION	Preventing and responding to specific situations where children are at risk of or subject to abuse, neglect, violence, exploitation, discrimination, or deprivation of parental or other family care, with a view to upholding and protecting their rights.

CHILD PROTECTION WORKER One who works with families, children and communities to ensure that support is offered to minimize the risk of harm to children. This label can be broadly applied to all those who are employed or volunteer to provide child protection services.

CHILD TRAFFICKING The recruitment, transfer, harbouring or receipt of persons by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation i.e. sexual, labour, services or removal of organs among others.

COMMUNITY A group of people living in a particular local area with shared elements such as territory, culture and interaction networks.

COMPETENCIES The values and ethics, knowledge base, and skills needed to implement case management services.

ECOSYSTEM The entire system that surrounds an individual, starting with family, extended family, community, and larger society containing the resources and challenges that impact the wellbeing of the individual.

FAMILY The basic unit of the society composed of various members who are related or not but who identify themselves as belonging together to nurture and support each other.

NEGLECT Failure by parents / guardians / caregivers or other adults to provide adequate physical, emotional or educational care for a child to develop into a healthy person physically, intellectually, emotionally and psychologically.

NETWORKING A process by which two or more organizations / individuals collaborate to achieve a common goal. In child protection, networking is used to exchange information, strengthen partnerships at all levels and building coalition among stakeholders to improve policies, programming and services.

ORPHAN A child under the age of 18 who has lost one or both parents through death.

PSYCHOSOCIAL SUPPORT	The ongoing process of helping to meet the social, emotional, physical, spiritual and mental needs of children. It goes beyond meeting a child's physical needs and places more emphasis on the child's psychological / emotional needs and their need for social interaction.
PROTECTIVE ENVIRONMENT	An environment in which a child lives in safety and dignity made possible by having the necessary laws, social norms, and resources to assist children at risk of abuse, neglect, exploitation or violence.
SERVICE PROVIDER	An individual or institution that provides services to those in need of the services and products they offer.
SEXUAL ABUSE	This is actual or threatened physical intrusion of a sexual nature with a child by adults or peers. It includes fondling a child's genitals, making the child touch the offender's genitals with any part of the child's body, sexual intercourse, incest, rape, sodomy, exhibitionism, and sexual exploitation.
SEXUAL EXPLOITATION	Any abuse of a position of vulnerability, differential power or trust for sexual purposes. This includes profiting monetarily, socially or politically from the sexual exploitation of another person from pornographic acts and prostitution.
VALUES	A set of deeply held beliefs about what is right and wrong, and how one should relate to others.
VULNERABLE	Condition in which an individual's basic needs of survival, safety, and development are jeopardized or threatened due to poverty, illness, violence, abuse, exploitation or neglect.



1. BACKGROUND



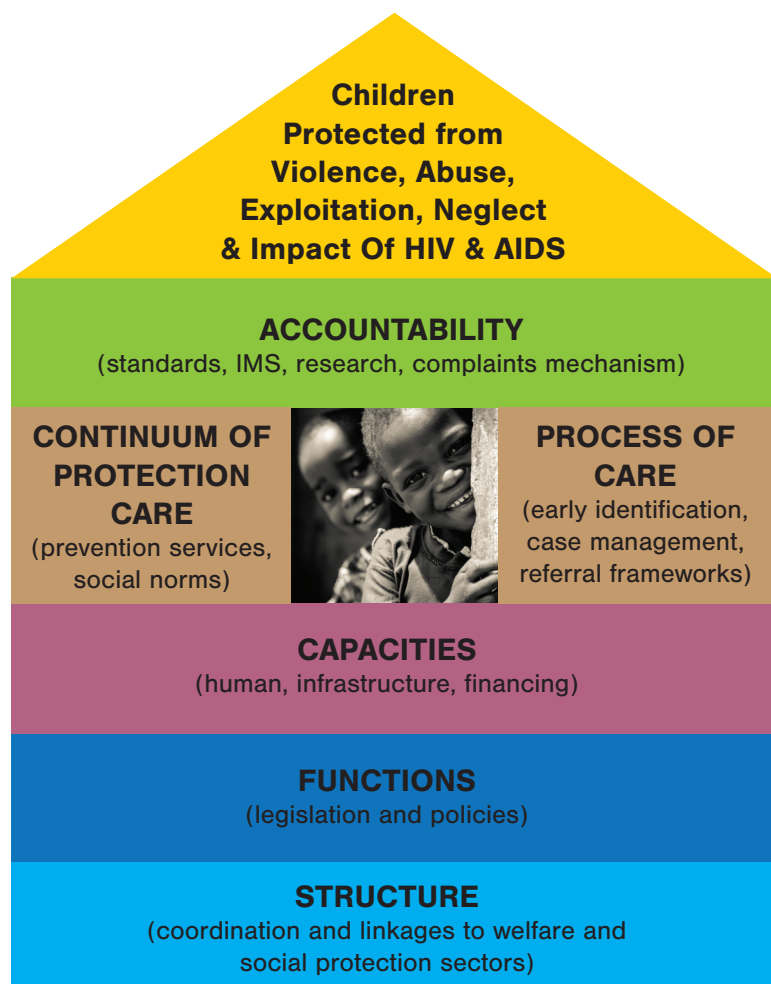
1.1 DEFINITION OF CASE MANAGEMENT

There are variations in the definition of case management, but it is generally viewed as a “mechanism for ensuring a comprehensive program that will meet an individual’s need for care by coordinating and linking components of a service delivery system”¹Case management is widely used around the world to provide child protection and other services.



Child Protection Case Management in the Malawian context has been defined as: “A coordinated service delivery approach at the individual and household levels involving the identification of vulnerable children, assessment and planning, referral to services and follow up, in collaboration with the extended family, community and other service providers”.²

1.2 THE ROLE OF CASE MANAGEMENT IN THE CHILD PROTECTION SYSTEM



◀ **FIGURE 1: THE MALAWI CHILD PROTECTION SYSTEM** (source: Child Protection Strategy 2012-2016)

In order to provide effective services to children at risk of abuse, neglect, violence and exploitation, the Government of Malawi has recognized the need for a holistic child protection system. In keeping with the global trend, the holistic Child Protection System Model that has been adopted by Malawi has six ‘components’ that are interlocked together to create a holistic system that can address child protection issues. As seen in Figure 1, these system components are the ‘building blocks’ that constitute the Child Protection ‘house’ representing the entire child protection system. The idea is that all of these components must be developed and combined to facilitate child protection services. Case management is

1 Frankel & Gelman, 2012
2 Definition deliberated and agreed upon by the core working group in Mangochi, Malawi in July, 2014.

one of the core services in the Process of Care component of the larger Child Protection System. In addition, case management is a key method that brings together all of the other components to actually deliver services on the ground at the individual and household levels, as a foundational function of the system.

1.3 DEVELOPMENT OF CASE MANAGEMENT PROGRAMMING IN MALAWI

Because of the central role of case management in child protection services, taking case management to scale was identified in the National Child Protection Strategy 2012-2016³ as one of the six major goals that will help build the national Child Protection System. The Child Protection Strategy also set other goals related to child protection, many of which will impact the work done at the case management level, such as fortifying the human resources of the child protection sector and improving the quality and coverage of services.⁴ Accordingly, the Ministry of Gender embarked on a child protection case management programme as a core service delivery mechanism in 2011. Case management tools for assessment and case planning were first field tested in five pilot districts.⁵ After six months of pilot implementation and many stakeholder discussions, revisions were made and the new tools were tested again in early 2014.⁶ These were finally revised again and streamlined in July, 2014 at a three-day retreat to increase user-friendliness and data generation capacity, improve detailed assessment, goal planning and follow-up functions, and significantly reducing the number of pages. These tools are found as Appendix A attached to this document.

Case management is not only a part of the child protection system in Malawi, it is poised to lead the way in mobilizing resources, creating collaborations and delivering significant services to the vulnerable children and families. With its 800 Community Child Protection Workers, 130 social workers and probation officers, and the NGO sector involvement, case management already has a strong presence in Malawi. The challenges are many, as have been noted in numerous documents especially in terms of material and human resources, but the political will is strong and there is general enthusiasm and appreciation for the work on the ground.

3 Unicef Malawi (2012). Child Protection Strategy 2012-2016.

4 Ibid.

5 Blantyre, Lilongwe, Mchinji, Mzimba and Zomba.

6 In Lilongwe, Blantyre, and Mangochi Districts.

2. CORE COMPETENCIES OF A CHILD PROTECTION CASE MANAGER



A case manager’s primary role is to assess, plan, and monitor the client’s progress on identified problems impacting the safety and wellbeing of children. In this process the case manager plays many roles such as informant, advisor, confidant, planner, motivator, comforter, mentor, and monitor. In addition to these roles, the case manager is engaged in advocating for necessary services, linking and collaborating with other stakeholders, compiling reports, raising awareness of important child protection concerns, and continuing to add to their knowledge and skill base.

To fulfill all of these functions well, a case manager must embrace a set of values and ethics, and have a solid foundation of relevant knowledge, as well as a set of skills necessary in delivering services. In harmony with international guidelines, all of these are referred to collectively as “competencies”.⁷ In Table 1 below, item #1 is the values/ethics base, items 2 - 6 are the fields of knowledge needed, and items 6 -10 are the skills needed for case management. In the remainder of this section each of these competencies will be discussed in some detail.

TABLE 1 MINIMUM CORE COMPETENCIES OF A CASE MANAGER

1. Values and Ethics of Case Management
2. Knowledge of major child protection issues and dynamics
3. Understanding the Child Protection System
4. Knowledge of child development, specifically related to child protection
5. The case management process and standard operating procedures
6. Reporting and supervision skills
7. Counselling and communication skills
8. Coordinating, networking and collaboration skills
9. Interpersonal skills: conflict management, persuasion, and leadership
10. Personal skills: self-awareness, organizational, stress & trauma management

2.1 VALUES AND ETHICS FOR THE CHILD PROTECTION CASE MANAGER

Case Management ethics are derived from guiding principles and values regarding the nature of human beings, the forces that impact their wellbeing, and society’s responsibility to care for them. These shape and provide parameters for case management practice. Therefore, the case manager’s own values and world views must be compatible with those that have been identified with effective case management work. A strong commitment to these values and principles will be a guide and provide the moral fuel for the often difficult work that case managers must do.

2.1.1 Guiding Principles and Values of Case Management

The fundamental guiding principles and values of case management⁸ are:

1. **Dignity and Worth of a Person:** Each human being has inherent worth, and deserves to be treated with respect and dignity. This is true of everyone, including (especially) those who are not considered important by society, or even those who have made mistakes or have acted on bad decisions. Each person is unique and adds to the diversity of society.

⁷ Interagency Guidelines for Case Management and Child Protection, p. 73-75. Available on line at <http://www.socialserviceworkforce.org/system/files/resource/files/Interagency%20Guidelines%20for%20Case%20Management%20and%20Child%20Protection.pdf>.

⁸ Adapted from numerous social work and case management sources, specifically tailored for the Malawian context.

2. **Basic Human Needs and Motivation:** Each human being has basic needs such as survival needs, safety and security needs, love and belonging, and self-improvement.⁹ These needs motivate their behaviour, sometimes in unhealthy ways, especially when they lack access to healthier ways to meet their needs.
3. **Client-Centered Service:** The client is the consumer of case management services. A case manager puts the client first above self-interest. In handling cases, the most vulnerable of the client group should be the priority focus. In child protection work, this means that the best interest of the child should be of paramount consideration.¹⁰
4. **Ecosystem Perspective:** Case management is founded on a holistic framework, recognizing that each person lives in an ecosystem where they interact with multiple systems such as family, community and society, and further interact with dimensions of culture, economy, politics, religion, etc. These present both resources and challenges that can be identified and applied in case work.
5. **Empowerment:** Power is an essential dynamic in human relationships, and power structures in the ecosystem impact the resources and wellbeing of individuals and groups. Empowering the most vulnerable in society requires balancing the inequities that arise from discrimination, injustice and inequality of access and opportunity.
6. **Competence and Humility:** A child protection case manager must have the knowledge and skills to do the work well, and to adhere to the accountability procedures. Equally important is the attitude of humility, recognizing that they must constantly improve their knowledge and skills to perform their responsibilities.

2.1.2 Code of Ethics for Child Protection Case Managers

Based on the principles and values guiding case management, case managers should accept and conduct themselves according to the Code of Ethics set out in Table 2.

9 Adapted from Maslow's hierarchy of needs.

10 See the Convention on the Rights of the Child. "Paramount" is a stronger word than "primary", meaning that the child's interest should weigh more heavily than the interest of any other person or group.

TABLE 2 CODE OF ETHICS FOR CASE MANAGERS

1. Principle: Dignity and Worth of a Person

- a. The case manager should treat each client with respect even when they disagree with the case manager or have made wrong choices.
- b. The case manager should recognize the uniqueness of each individual, and avoid stereotyping.
- c. The case manager should focus full attention on the client(s) when they interact, without interruptions.
- d. The case manager should recognize the principle of individual autonomy and promote the client's right to participate in making case management decisions, taking into consideration the age and development of the client.
- e. The case manager should protect the confidentiality of private information. The only exceptions are: by consent by the client or the client's parent or guardian (in the case of children); in true emergencies to protect the client; for supervision within the same agency; in case conferences where all parties sign a Confidentiality Agreement; and for data entry in which case the client's name will not be identified.

2. Principle: Basic Human Needs and Motivation

- a. The case manager should uphold the child's life; survival; health; protection from abuse, neglect, exploitation and violence; education and family-based care.¹¹
- b. The case manager should recognize and promote the importance of family and other close relationships.
- c. The case manager should recognize that human behavior is purposeful, motivated by fundamental human needs; and use this information to help the client.
- d. The case manager should explore creative ways of reaching each client, particularly when the client does not seem motivated to achieve the goals of the case.

3. Principle: Client-centred Service

- a. The case manager should put the best interest of the client above their own comfort, convenience, social status, or recognition, while maintaining professional and personal boundaries to take care of their own physical and emotional health.
- b. The case manager should endeavor to understand the client's perspective and exercise empathy, rather than acting out of sympathy or negative judgment.
- c. When a case manager is dealing with a client, he or she should treat the client in such a way that the client feels respected, focused on, and understood.
- d. The case manager should respect the principle of client self-determination in the context of the client's maturity and developmental level, and provide the necessary guidance and information to serve the client's best interest.
- e. The case manager should focus on developing and implementing individualized case plans for the particular needs of the client.

11 U.N. Convention on the Rights of the Child, 1989

4. Principle: Eco-system Perspective

- a. The case manager should recognize that each client has both challenges and strengths, and that their strengths can often be applied to solve their challenges.
- b. The case manager should individually assess the impact of the client's ecosystem to examine challenges as well as potential resources in the client's environment, such as within the family, extended family system, neighborhood and larger community.
- c. The case manager should serve as a bridge between clients and their social environment by creating linkages and referrals, utilizing the multiple perspectives of those involved in the service provision.
- d. The case manager should raise awareness and collaborate with communities to provide child protection services at that level, and advocate to fill the gaps in the services and resources.

5. Principle: Empowerment

- a. The case manager should exercise care not to re-oppress or re-victimize, but to empower the client through respectful and professional service.
- b. The case manager should apply the principle of equity among his or her clients, using best professional judgment in determining the amount of time and attention each case should receive, depending on the urgency and severity of needs.
- c. The case manager should exercise empowerment and capacity building with clients; however, enablement may be extended to clients in acute crises or those who are not able to help themselves.

6. Principle: Competence and Humility

- a. The case manager must possess the requisite knowledge and skills for conducting case management activities, and demonstrate competence in a measurable way.
- b. The case manager must maintain physical and emotional health necessary for the work, through good self-care including the management of stress and vicarious trauma.
- c. The case manager should continually learn and add new knowledge and skills to his or her professional repertoire.
- d. The case manager should act upon his or her need for supervision and case conferences to ensure that he or she is managing cases in ways that will appropriately serve the client's best interest.
- e. The case manager should maintain accurate records and standards of accountability required by his or her organization.

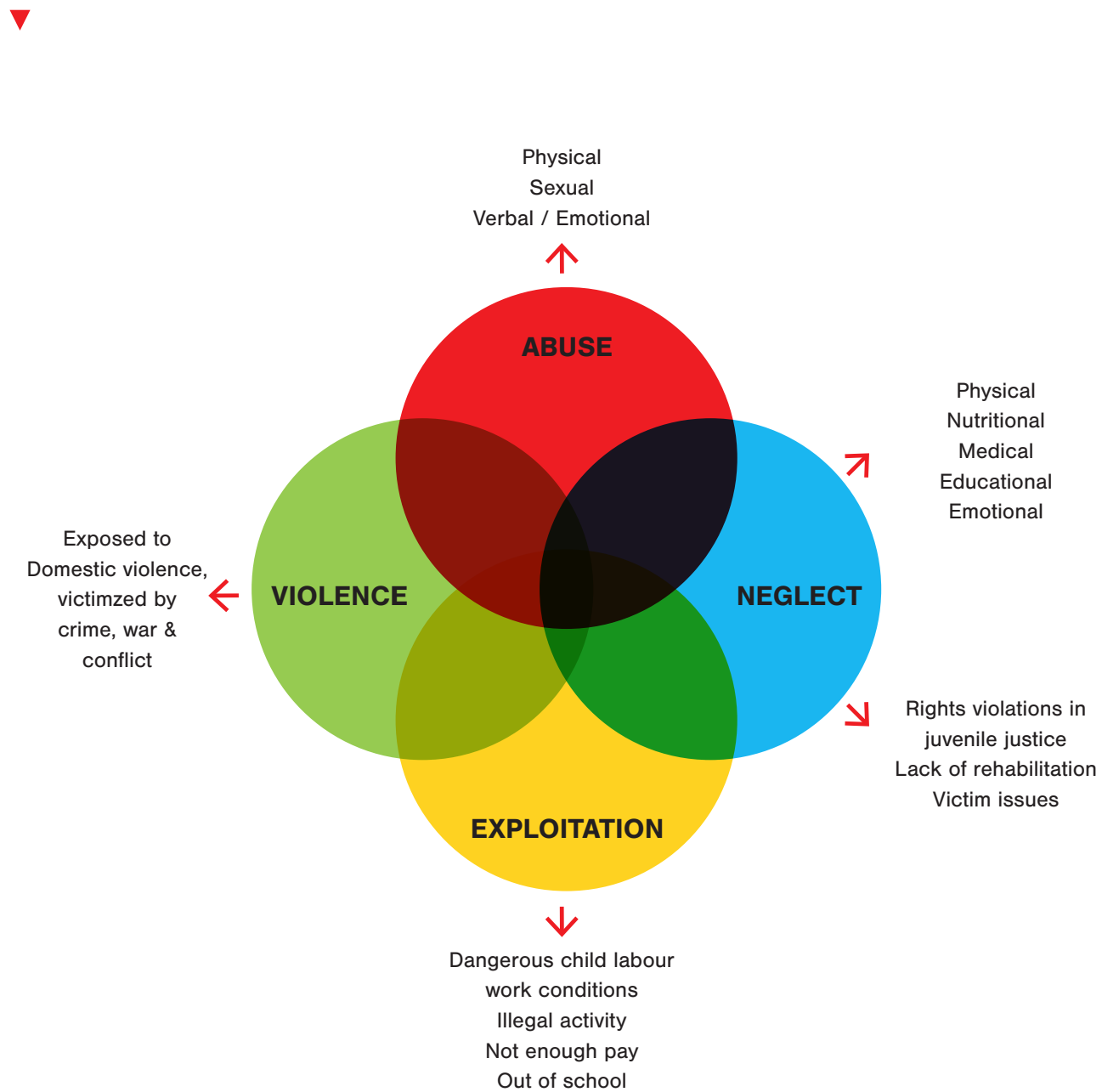
2.2 KNOWLEDGE OF MAJOR CHILD PROTECTION ISSUES

For the case manager, having a thorough knowledge of the nature and scope of child protection issues is of critical importance. Although this section is not meant to be a detailed report on the prevalence of the various types of child protection issues in Malawi,¹² the case manager should be constantly learning about these issues at the national, district, and local levels. In addition, they are usually on the front lines of child protection issues, so they can compile data and have a role in raising awareness and increasing support for intervention including through case management.

¹² For more detailed analysis of child protection issues and system response, see *infra*, note 12.

Generally, child protection issues encompass a broad range of abuse, neglect, violence and exploitation. As shown in Figure 2, each of these categories has sub-classifications.

FIGURE 2 TYPES OF CHILD PROTECTION ISSUES



In terms of prevalence the latest available data portray a desperate picture of the child protection situation in Malawi. Malawi is one of the Least Developed Countries (LDC) in the world, with a Human Development Index of 170 out of the 186 countries ranked in 2013.¹³ With a per capita Gross National Income of \$320 US,¹⁴ and 75% of people living under \$1.25 USD a day, poverty is a major dynamic that generates child protection issues.¹⁵ Among other consequences of such extreme poverty, an estimated 41% of children under five are moderately to severely failing to meet their potential.¹⁶ Child labor is widely prevalent, with 28% of the 5-11 age range, and 21% of the 12-24 age range working outside of the home.¹⁷ Malawi is a country of origin for the trafficking of children for labor and sexual exploitation, as well as a host country for internal trafficking.¹⁸

There are further signs of the plight of children in Malawi. One-third of the girls marry before age 18 (compared to only 2% of boys).¹⁹ Significant proportion of children experience bullying, sexual abuse (up to 65% of girls) and other forms of violence at school, at home and in the community.²⁰ Only 9.7% of boys and 10.4% of girls are actually attending secondary schools, far below the enrollment rates of 29.7% and 28.8% respectively. Over 1.3 million children have lost one or both parents, 770,000 of them due to AIDS.²¹ The number of children in Child Care Institutions has increased from 6,000 in 2011 to over 10,000 in 2014 while the number of vulnerable children has increased from 1.1million in 2004 to 1.8 million in 2014.²² Only 9% of children in residential care centres have individualized care plans.²³ Many of these children are recruited by the institutions or placed there by Social Welfare Officers who may lack other, family-based alternative care placement options.

In response to the child protection challenges, the government of Malawi has launched a major effort to establish a holistic child protection system. To provide the policy foundation, the Child Care, Protection and Justice Act (CCPJA) was enacted in 2010. The CCPJA provides broad guidance on assisting several categories of children who are deemed to be “in need of care and protection” (see Table 3). These include children subjected to or at serious risk of physical, sexual and emotional abuse; neglect; trafficking and exploitation; conflict with family and with the law and others deemed to be in need of care and protection by duty bearers. It should be noted that Social Welfare officers may also include other children who are not listed by the CCPJA including children affected by HIV and AIDS. As detailed later, each child experiencing these types of abuse or neglect should receive individualized case management services.

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- 13 UNDP (2014). Human Development Report 2013, p. 143. Last accessed on 5 July, 2014 from http://hdr.undp.org/sites/default/files/reports/14/hdr2013_en_complete.pdf.
- 14 Unicef (2012). Statistics>Information by Country>Malawi. Last accessed on 5 July 2014 from http://www.unicef.org/infobycountry/malawi_statistics.html#113
- 15 Government of Malawi & Unicef, 2012. Protecting Children in Malawi: A report on the major findings of the mapping and assessment of the National Protection System.
- 16 Demographic and Health Survey, National Statistics Office, 2010.
- 17 Multi-Indicator Cluster Survey (MICS), National Statistics Office, 2006
- 18 Malawi Law Commission (2011). Report of the Law Commission on the Development of Trafficking in Persons Legislation. Last accessed 5 July, 2014 from http://www.lawcom.mw/docs/Report_on_the_Development_of_Trafficking_in_Persons_Legislation.pdf
- 19 MICS and DHS data, as reported in *supra*, Footnote 3, p. 27.
- 20 *Ibid.*
- 21 Unicef (2012). Statistics>Information by Country>Malawi. Last accessed on 5 July 2014 from http://www.unicef.org/infobycountry/malawi_statistics.html#117
- 22 Situation Analysis Report for Vulnerable Children, 2014
- 23 Ministry of Gender, Children and Community Development, Malawi & Unicef Malawi, 2011. All Children Count: A baseline study of children in institutional care in Malawi.

TABLE 3

**CHILDREN IN NEED OF CARE AND PROTECTION
UNDER THE CHILD CARE, JUSTICE AND PROTECTION ACT**

- a. The child has been physically, psychologically or emotionally injured or sexually abused or is at substantial risk of such abuse, including by the parent or guardian or member of the family;
- b. The child has been physically, emotionally, or sexually abused or is at substantial risk of such, and no parent, guardian, or other person has protected the child, or is likely to protect the child;
- c. The parent or guardian of the child is unfit or has neglected the child, or is unable to exercise proper supervision and control over the child and the child is falling into undesirable association;
- d. The parent or guardian of the child has neglected the child or is unwilling to provide for the child's adequate care, food, clothing, shelter, education and health;
- e. The child has no parent or guardian or has been abandoned, and after reasonable inquiries the parents cannot be found while no other suitable person is willing and able to care for the child;
- f. The parents or guardians neglect the child or refuse to have the child examined, investigated or treated for the purposes of restoring or preserving the health of the child;
- g. The child behaves in a manner that is, or is likely to be harmful to the child or to others, and the parents or guardians are unable or unwilling to take the necessary measures to remedy the situation; or the measures they have taken have failed;
- h. There is such a conflict between the child and the parents or guardians of the child, or between the parents or guardians, that family relationships are seriously disrupted;
- i. The child is in the custody of a person who has been convicted of committing an offence in connection with that child;
- j. The child frequents company of immoral, vicious or otherwise undesirable person or persons or is living in circumstances calculated to cause or induce the seduction, corruption, or prostitution of the child;
- k. The child is allowed to be on a street, premises or any place for the purpose of begging or receiving alms as a habitual beggar; or is carrying illegal hawking, illegal lotteries, gambling, or other illegal activities detrimental to the health and welfare of the child;
- l. The child cannot be controlled by his/her parents or guardian or the person in custody of the child; and
- m. If the child is assessed by the Social Welfare to be in need of care and protection.

NOTE: In the last category (m), the Act allows for other types of child protection risks to be identified by the representatives of Social Welfare, which includes all of the Community Child Protection Workers as well as social workers at One Stop Centers, Victim Support Centers, government-run care institutions, and reformatories. This gives broad discretion to those who are investigating allegation to make a determination of abuse, neglect, exploitation or violence even when not listed in the Act. For example, children who are affected by HIV/AIDS should most certainly be considered at risk although they are not specifically listed.

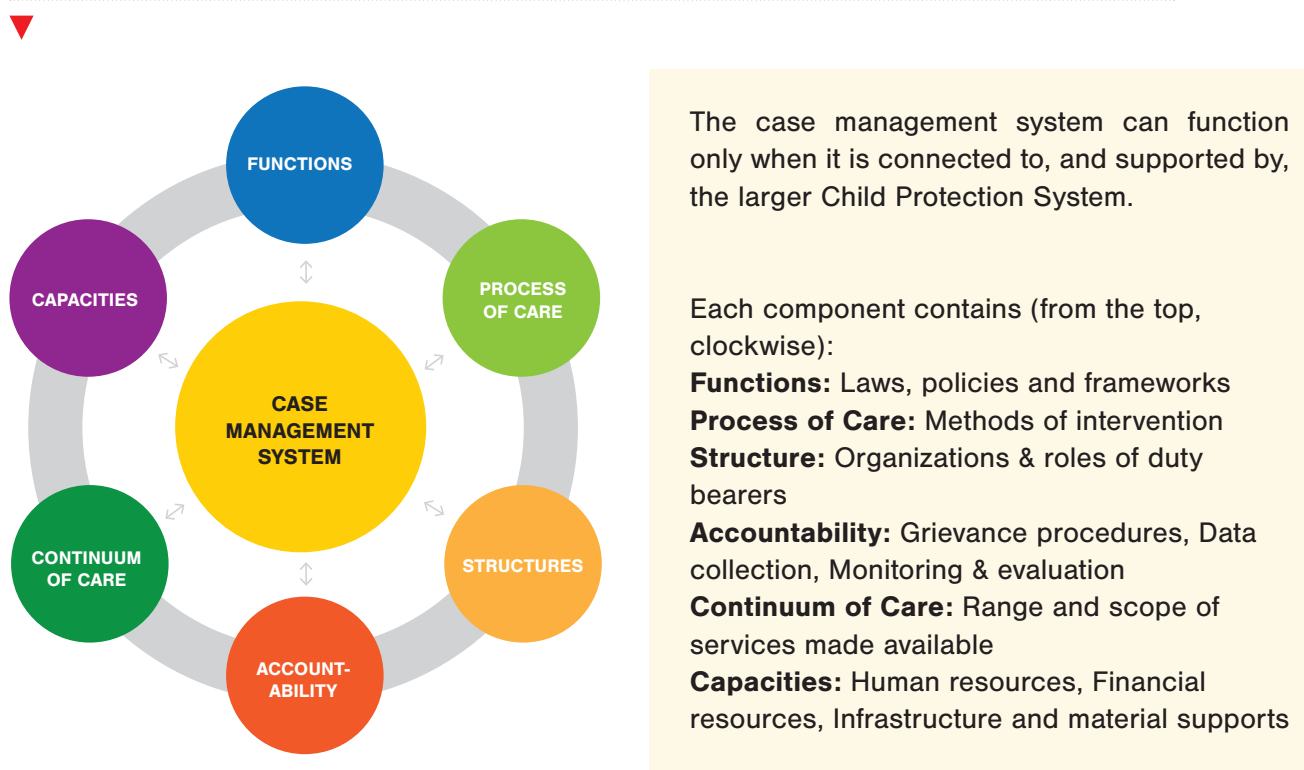
2.3 UNDERSTANDING THE CHILD PROTECTION SYSTEM

2.3.1 Case Management in the Larger Child Protection System

To address the situation of child protection in Malawi, the government has embarked on building the Child Protection System, introduced in the earlier sections of this document. Case management has been described as part of the Process of Care component of the larger child protection system, as a primary method of service delivery. Case management is further described as a core service delivery mechanism that is activated through the deliberate coordination of all of the components of the child protection system.

Case management is also viewed as a smaller system nested within the larger Child Protection System that was introduced earlier (see Figure 1). This relationship between the larger system and the case management system is represented in Figure 3. The outer ovals represent the six components of the larger child protection system, which were represented as building blocks in Figure 1. With each component linking with the case management system which also must have the same six components that link with the larger system, allowing for support and interaction between the two systems. For example, the Ministry of Gender, Children, Disability and Social Welfare has various system levels and functions that must reach down to the local level where the actual work of case management occurs. Information must also flow up from the case management field, through supervision, data, and continuous feedback on what is happening on the ground. The larger system, then, should respond by improving policy, adjusting resources, etc.

FIGURE 3 CASE MANAGEMENT SYSTEM NESTED IN THE CHILD PROTECTION SYSTEM



2.3.2 Implications for Case Management

This conceptualization of the case management system being nested in the larger child protection system has many implications. The primary implication is that case management can function well only when it is connected to and supported by the larger child protection system. Regardless of the best tools or most dedicated case managers, if the entire system is not supportive, case management cannot be sustained. Conversely, a child protection system cannot function without effective case management, as it is a core building block of that system and the primary service delivery tool. Therefore it is critical that the two systems develop in a coordinated fashion.

For case managers on the ground, navigating the system requires knowledge of all six components as they exist now, and the gaps that need to be filled in order to develop case management functions to their optimal levels. Case managers should know the contents of the major laws and policies such as the Child Care, Protection and Justice Act of 2010, the National Plan of Action for Vulnerable Children (2015-2019), and the Child Protection Strategy (2012-2016). They should know about the available resources to refer clients to, and where the major gaps are. In addition, the Case Managers should have a solid understanding of the case management procedures and be able to participate in coordination mechanisms;²⁴ should be supported in capacity building, and national information management and data collection efforts need to be established and monitoring and evaluation put into effect.

2.4 KNOWLEDGE OF CHILD DEVELOPMENT DIRECTLY RELEVANT TO CHILD PROTECTION

Child protection case managers should have a fundamental knowledge of how children develop and learn to relate to their family members and then to the larger world. This information is helpful in the fundamental task of determining the strengths and problems in a particular child protection scenario, and deciding what is in the child's best interest. While most of what has been written and taught is based on theories and research generated in the Western world rather than in the African region, there are basic points of agreement in the international child protection community as to indicators of child wellbeing across cultures and regions. These are also reflected in the rights that are protected under the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of Children. All children, regardless of their nationality or culture, need to be supported in the following developmental areas:

2.4.1. Physical Developmental Needs

Children have the right to life and physical development through adequate nutrition, health, sanitation and safety. Since all children are dependent on adults to meet these needs, the protective capacity of their immediate environment—typically their family—is of central importance. Preventative measures such as immunizations, sleeping under mosquito nets, drinking safe water and adequate nutrition can ward off much larger problems later. Children with physical disabilities or illnesses, children who experience violent crimes or abuse, children subjected to early marriage and child bearing, children performing harmful forms of child labour, and those lacking in adequate nutrition are at heightened risk of developmental deficits or permanent physical damage. Besides these direct results of physical impairments, trauma and lack of attachment can also impact the child's neurological (brain) functioning, impacting many areas of their lives. Malnutrition can multiply the negative impact of both acute

²⁴ For a more detailed description of each of the child protection system components and the necessary development of the case management system, the reader is referred to the Strategic Case Management Development Plan 2014-2018. This Plan was developed simultaneously with this document.

and chronic diseases. Case managers should assess these needs at both the household and individual children levels (see Forms 1 and 3), and connect them to the needed services.

2.4.2 Emotional/Psychological Developmental Needs

Children have the right to grow up in a family setting with happiness, love, and understanding.²⁵ Children can best achieve the fullness of their potential in a family setting where they can experience belonging and emotional safety. While many families provide these needs, some children who experience physical, sexual or verbal abuse are at risk of losing this sense of emotional safety and having a difficult time securing lasting and nurturing relationships in the future. In addition, they are more likely to be involved in the youth justice system, in the adult criminal system, more likely to be depressed, more likely to be unemployed, and more likely to abuse their own children.²⁶ Children who are emotionally neglected or feel 'thrown away' by their loved ones struggle to find a sense of emotional safety. Children living in child headed households, or living with relatives who don't treat them as their own children, or children living away from their families experience a serious deficit in this area.

Children being cared for in institutional settings are also at a great risk. In studies conducted in Romania, children in institutions where they received little individual attention showed a significant lag in their cognitive abilities compared to children who were transitioned to foster homes. The third group of children who were never removed from their homes were much better off than either group.²⁷ This highly respected study shows that warm and nurturing interaction between children and their caregivers is an essential part of a child's development. Case managers should be sensitive to these emotional and psychological needs of children which are not always as obvious as the physical needs of the child, but just as important.

2.4.3 Social Developmental Needs

Human beings are inherently social from the beginning of life. The baby who cries or laughs is interacting with the social environment. When the environment responds appropriate to their signals, they gain confidence in themselves and in those around them. When their signals are ignored or answered in painful ways they become confused and withdraw, or lash out in anger.

In figure 4, a child's entire ecosystem is shown. The child's first line of defense is the family, so the family is responsible for the child's wellbeing. However, some families are not able or willing to fulfill this responsibility, and can sometimes even be harmful to the child. In this case, the child protection system must step in to assist the child and the family so that the child can continue to be nurtured in that family. If this is not possible, then another family setting should be found for the child, preferably within their extended family, community, and within their culture.

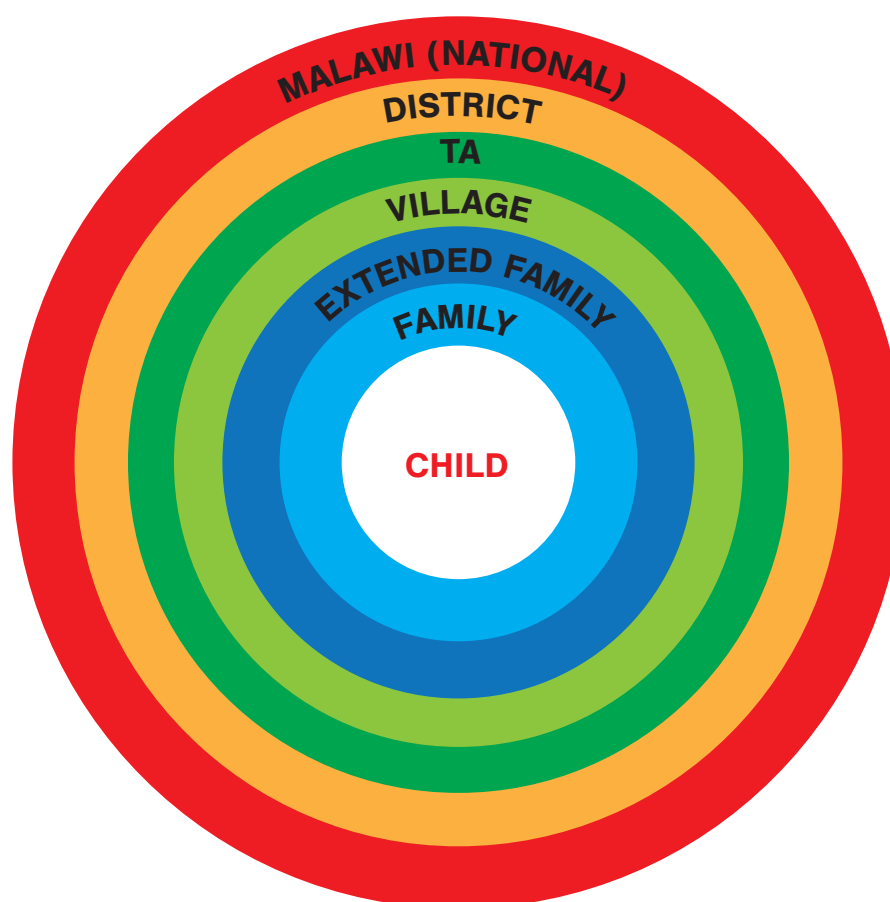
25 Convention on the Rights of the Child

26 Child Welfare Information Gateway (2006). Long-Term Consequences of Child Abuse and Neglect. Washington, District of Columbia, US: US Department of Health and Human Services (HHS), Administration for Children and Families (ACF).

27 Fox, Almas, Degnan, Nelson, & Zeanah (2011). The effects of severe psychosocial deprivation and foster care intervention on cognitive development at 8 years of age: findings from the Bucharest Early Intervention Project.

As a child grows up, he or she will continue to increase their interaction with the larger world: first with their extended family members or within their immediate environment, widening to the outer systems of their social environment. The child is a part of his or her family, or should be. The family may have an extended family network, which is connected to the community, the district, and national level of systems. As the child interacts with the larger systems, there may be barriers that his or her family may not be able or willing to remove. The Case Manager is a part of the child's eco-system with the role of a 'bridge' between the child and the child's larger environment.

FIGURE 4 ECO-SYSTEM MODEL OF A CHILD'S PROTECTION SYSTEM



2.4.4 Educational Needs

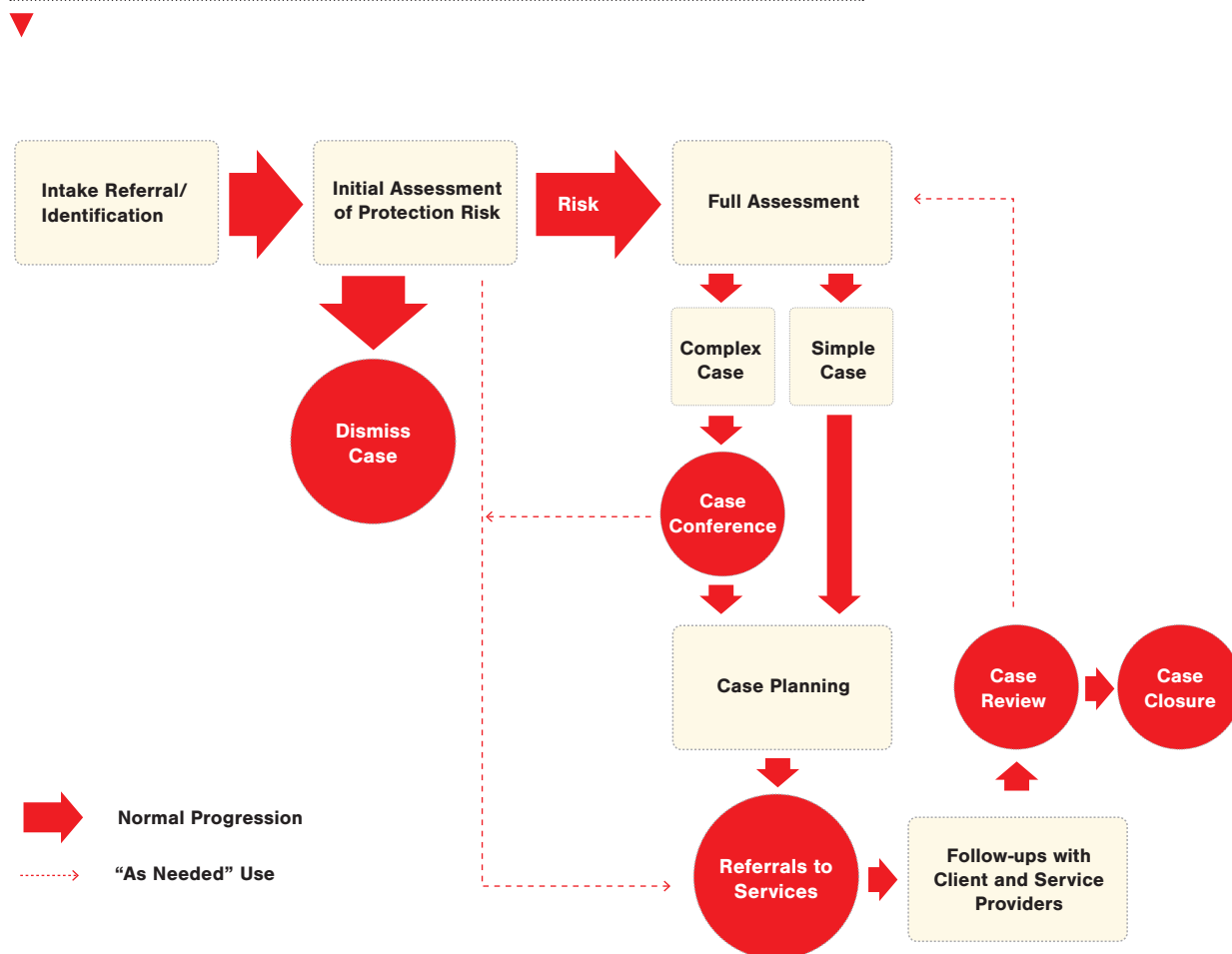
Education is a basic necessity for a child to develop the knowledge and skills for self-sufficiency and citizenship in the world. Thus, it is one of the fundamental rights of the child.²⁸ Children who are deprived of education due to poverty, child labour, early marriage, bullying or abuse at school or other circumstances are in need of intervention from the child protection system.

28 See Article 28 of the Convention on the Rights of the Child

2.5 BASIC CASE MANAGEMENT PROCESS

In this section the basic case management process is described and guidance provided for case managers.²⁹ These procedures will be applicable to all case managers in Malawi, but there may be some variations depending on the setting.³⁰ The solid lines are the expected progression of a case, while the dotted lines represent alternate use of the procedures as needed. For example, referrals to service providers are expected to occur after case planning, but a referral can be made immediately upon determination of risk in cases of severe injury or trauma such as sexual abuse. Referrals can also be made after the case conference or after the case review. Similarly, a case conference usually takes between full assessment and case planning, but it can also be used anytime throughout the course of the case, as further elaborated on the next page.

FIGURE 5 BASIC CASE MANAGEMENT PROCESS



²⁹ For details of case management steps, see Sections 2.5.1-2.5.9.

³⁰ Although the Case Management procedures vary slightly depending on the setting, the basic process illustrated above should be used across all case management contexts. The variance is often in the referral phase rather than the case management phase.

2.5.1 Intake/Acceptance of Referral

The Child Care, Protection and Justice Act specifies the categories of children considered in need of protection.³¹ In addition to those categories, a social welfare officer, police officer, chief or any member of the community may initiate actions to notify the social welfare officer of a child in need of protection.³² This will include ordinary members of the community and civil society actors. Children and youth may also refer themselves and have the information and access to the CCPW in their Area. The referrals should be sent to the CCPW or Social Welfare Officer that is nearest in distance to the alleged child in need of protection. Where a case is reported directly to the District Social Welfare Office, the case manager at the district level should make preliminary assessment, provide immediate support and link the client to the CPW in the area of residence for the client.

The primary purpose of the intake process is to identify the name, age, location, and circumstance of the child in need of protection as well as the primary adults or peers perpetrating the abuse/neglect or exploitation. It is also advisable to note the name and contact information of the person making the referral for possible follow-up questions or coordination (e.g. an NGO referring). However, the source of the referral should not be shared with the alleged perpetrator or the child(ren) who are the subjects of the referrals to maintain the privacy of the referral source and to encourage others to make referrals. This does not apply if a referral is made with the knowledge of the perpetrator. A standard form can be used to note the identifying information, to be used in conducting the assessments. For data purposes a copy of this form should be sent to the District Social Welfare Office, while another copy should be kept in the case management folder.

2.5.2 Initial Assessment

Initial assessment is the process through which the case manager makes a quick evaluation of the situation based on the information obtained through intake. If all of the information was not provided at intake, the case manager may need to make further inquiries before determining whether there is a protection risk.³³

If there is no protection risk, the initial assessment results in the dismissal of a case. For example, if two siblings get into a squabble over doing house chores and one of them contacts the case manager, and it is determined that there are no protection risks, the case manager can quickly provide some advice and dismiss the case. If a teenager calls about a romantic relationship and protection issues are not detected, the case should be dismissed. In these instances, the case manager should simply document the date, child's names, the nature of their complaints and the contact information on a list of dismissed cases, but does not need to start a case folder.

However, the case manager should not be too quick to dismiss a case, since careful probing may lead to the discovery of actual protection issues. For example, the fighting children may be very young and left unattended for long periods without food, or the teenager might be experiencing sexual violence or bullying. Therefore skillful interviewing skills are necessary to probe enough to determine the actual reason behind each referral, whether self-referred or through a third party. It should be remembered that the protection issues listed in the CCPJA automatically qualify for case management services, as this is required by law (see Table 3). In addition, the case manager is authorized to make a determination of risk in other cases not mentioned in the law.

31 See Section 23 of the CCPJA, see also Table 3.

32 See Section 26 of the CCPJA.

33 It is noteworthy that the vast majority of the Child Helpline calls were made by teenagers asking for advice on romantic relationships that did not have protection issues. This is probably due to a misperception of the use of the Helpline.

2.5.3 Full Assessment

If the brief initial assessment results in enough information to raise a child protection concern, the case manager should make a full assessment. These are the steps involved in the full assessment using the case management tools:

For Children Living in Households

- a. First, the entire household is registered using Form 1 (Household Registration Form).
- b. Next, the household is evaluated using Form 2 (Household Assessment and Progress Chart). At this point the case manager may go on to goal setting with the family if they feel they have enough information.
- c. Third, all of the children in the household are assessed using Form 3 (Initial Child Assessment Chart). At this point the case manager needs to determine whether the case is a 'simple' one or a 'complex' one. This determination is somewhat subjective, but a 'complex' one involves serious cases of physical or sexual abuse or issues that are beyond the knowledge and skill levels of the case manager. For 'complex' cases, the case manager should contact the supervisor as soon as possible and discuss the case before moving on to Form 4 (case planning). If time and distance pose a serious challenge the case conference may be held on the phone, but a face to face meeting is preferable. For all other cases which are considered 'simple', the case manager can proceed to Form 4 if they feel they have enough information to make a case plan.
- d. Form 4, (Child's Case Plan) can be filled out after the assessment is done on Form 3 and a case conference or consultation has been held in complex cases. One form should be filled out only for each child in the household who is experiencing protection issues that are different from the household problems (housing, safe water, toilet/latrine). Although this form is used mostly for case planning, it may also unearth some additional problems that individual children are having.

For Children Living in Institutions

- a. If the child will be living at an institution for at least three months, the household forms (1&2) should not be filled out. If, however, the child is going to be reintegrated back to his or her home or to another household within three months, the household forms should also be filled out with the family. If the child and family live in different areas, the workers should coordinate to have the assessments completed and exchange the information.
- b. At this point, the case manager should have a good idea of the problems at the household and children's levels. They can then determine whether they have enough information to make case plans for the household (on the Household Assessment and Planning Form), or if they should consult with their supervisor, especially in complex cases where there may be serious domestic violence or substance abuse issues.

2.5.4 Case Conference

A case conference is a meeting of some or all individuals who can contribute directly to a case, to review information, discuss desired outcomes, and assign tasks to achieve those outcomes. It is a helpful tool for case managers who would like input from more sources than just the client, especially if the case is complex and others have been involved in the case. Sometimes the case manager simply wants to know if he or she is on the right track by meeting with his or her peers or supervisor. In short, case conferences are helpful collaborative tools for the case manager. Case conferences can be held anytime during the term of a case, but typically they are the most helpful before case planning and again before case closure.

2.5.4.1 Types of Case Conferences

a. Supervisory: The most common type of case conference occurs as part of the supervisory process, regarding all of a case manager's current cases or on selected cases for guidance and mentoring. The case manager presents the background information and identifies the questions or concerns they have. The supervisor may not always have the answer, but in discussing it they are likely to come up with a solution, or the supervisor can explore or refer the worker to another resource. Agencies employing many case managers can have joint supervisory case conferences as a whole group or in smaller units. Both types of supervisory case conferences can be held on a regular basis or on an as-needed basis. In any case, supervisory case conferencing should ideally occur at least once a month.

b. Information Exchange: Some case conferences are held simply for the purpose of exchanging information on complex cases. This is primarily limited to a single agency or organization when it is important that everyone understands the same information. This can be held for just one case, or for many cases.

c. Consensus Building & Collaboration: Some case conferences are held for the purpose of consensus building, especially if there are many players who disagree with each other on how the case should be handled. In other cases, there might be agreement but multiple agencies or individuals are necessary to do their parts to make the whole case successful. In cases like this, it is best to hold case conferences to determine how the case should proceed. Everyone in attendance should sign a Confidentiality Agreement, promising that the information exchanged at the conference will not be shared with anyone outside of the group.

2.5.4.2 Case Conference Procedures

The key steps of a case conference are:

- The person who feels that the case would benefit from the conference (usually the case manager) arranges a time and place and invites those who are pertinent to the case.
- Prior to the conference they will have reviewed their case records and narrowed down the questions or issues they want to discuss. It is often helpful to put these on the flipchart, blackboard, or screen to stay focused.
- Everyone attending should sign the Confidentiality Agreement Form³⁴ upon arrival, and no confidential information should be shared until everyone has signed.
- The case manager who calls the meeting usually conducts it.
- Once the meeting is opened by welcoming everyone, the agenda items should be announced, followed by an introduction of everyone in the group, then the discussion. The idea is to share information and make plans.
- The conversation should be respectful of clients, and if other agencies are involved, as little information as is necessary for the point of discussion should be shared, and no more.
- It is often helpful to assign someone to keep minutes of the meeting and the decisions made, and any assignments made.
- The minutes should be sent to the attendees for use in follow-up.

34

This can be a simple form drafted by the agency hosting the case conference, indicating that attendees agree not to share information that is discussed in the case conference. Attendees should print and sign their name, and indicate their organizational affiliation.

2.5.4.3 Client Attendance at Case Conference

The case manager should use his or her professional judgment to decide if it is in clients' best interests to attend the meeting. Attending a decision-making process such as a case conference can be empowering for the client if the attendees are likely to be respectful, there are no immediate risk to the client (e.g. being confronted by abuser or family member), and there is likely to be harmony in the group. If the client attends, the case manager needs to ensure they are introduced and treated with respect. The case manager should prepare the client for what will happen, sit next to them and interrupt the meeting (if necessary) to advocate for the client if anyone is disrespectful.³⁵

2.5.5 Case Planning

2.5.5.1 Knowledge and Skills Needed

The outcome of a case will be largely dependent on the quality of case planning, so planning is a pivotal point in case management. Case Planning is the process of evaluating the problems that have been identified through intake and assessment, and setting goals to achieve the necessary changes. The goals should be individualized for the unique situation of the client, directly relevant to that client's problems, measurable by an objective standard, and realistically achievable by that client within the time frame of the case. As such, planning is probably the stage of case management that requires the most knowledge and skill on the part of the case manager, and can be time consuming. Case conferences are often recommended before planning especially in complex or very serious cases.

2.5.5.2 Conducted Together or Separately?

Although the assessment, case conference, and planning can each be a separate process, in the Malawian context it may be more efficient (and more effective, in some cases) to do all of them at the same time due to issues of resources, distance and caseloads. With this in mind, the case management tools have combined the assessment and planning into one series of tools. Typically, then, a case manager receives a referral, does a quick initial assessment and determines that a case should be opened. The case manager goes out to the home with the case management booklet containing the forms for assessment and planning. As they are assessing or planning, the case manager may wish to consult with the supervisor with any questions or concerns they may have, before finalizing. In most cases current practice suggests that the three processes will occur in the first meeting or home visit.

2.5.5.3 Key Points in Case Planning

Whether being done separately or combined with the assessment, the planning phase is a distinctly separate phase. The case manager has to now shift from being the evaluator to the roles of informant, counselor, facilitator, organizer and resource expert, keeping in mind both the problems and the strengths of the client. Furthermore, the case manager has to take the time to assist the client in making their goals, rather than making them for the clients (unless, of course, the client is very young or developmentally not capable).

35 UNICEF Myanmar (2008). Case Management Training for DSW Child Protection Social Workers.

The main points of case planning are:

2.5.5.3.1 Strengths-based: Once the problems have been assessed, it is important to look for strengths. This is a step that is important yet often overlooked in the planning stage. Strengths can lie at the individual, family or community levels, but sometimes they are not very obvious to begin with. However, if a deliberate effort is made, there will always be strengths to be found, and they can be applied to the problems. It is often validating to point out these strengths to clients, as it helps them feel more capable of overcoming problems. For example, at the individual level, a girl who is being exploited for her labor might be healthy, has a desire to go to school, and has done well in the past. At the family level, a parent who is abusive may love the child, works hard to provide, and is willing to learn different ways of dealing with anger. Or a father who is absent may be sending money and genuinely loves his children. There may be extended family support to be tapped into. At the community level, an active child protection committee, or a village chief can be tremendous assets to the child and family. The presence of NGOs or CBOs providing services is also an important strength. Perhaps there is a teacher at the local school who cares about the child, or a health care outreach service. All of these strengths should be identified and applied.

2.5.5.3.2 Setting Goals: Setting appropriate and achievable goals with the client has a pivotal function, as the goals will direct all the activities that will be implemented thereafter. Thus, goal setting should be attended to with great care.

- **Goals should be individualised:** Each client has unique characteristics and likes/dislikes, needs, strengths, abilities and skills, and ways of perceiving their environment and adapting to it. This is true of both adults and children. For example, Child A might enjoy playing with other children and being very active, while Child B would rather stay close to his parents and play quietly. Recognizing these characteristics will guide the case manager in respecting and relating to the child and help set appropriate goals. Adults, too, have developed into unique individuals. It is important to recognize and respect this uniqueness of each client when making a case plan with them.
- **Goals should be Client-driven:** It is important for the client to feel the 'ownership' of the plan. The client should participate in making their own plan as much as possible, depending on their age and developmental level. The case manager's role is to provide information and to facilitate the client's problem solving. To a large degree, the case manager needs to trust the client to know what will work for them unless it is clearly obvious that the client does not have good judgment. When the client's and the case manager's views conflict, the case manager should explain the pros and cons of various different options in a way the client can understand, and suggest several good options and let the client choose from among them so that in the end the client feels ownership.
- **Goals should be Measurable:** Each problem should be addressed by setting a measurable goal. A measurable goal is something that is observable or is quantifiable. In other words, the results can be seen or counted. For example, if Client is too sick to care for her children, 'XX (client) will improve her health' is not a measurable goal. But 'XX (Client)

will get medical treatment at the community clinic by _____ (date)' is a measurable goal. Another example: 'XX will increase his parenting ability' is not a measurable goal; 'XX will receive ___ sessions of parenting skills and earn the certificate of completion' is.

- **Goals should be Realistic:** The set of goals should not only be measurable, it should be realistic for that client and considering the resources. The case manager should be careful to see that the client is set up for success, not for failure. This is true even when clients want to set very high goals, and the case manager may need to diplomatically bring down their expectations. Or, at times the client has no faith in him- or herself and is afraid to set goals, or the resources are not available for reaching those goals. In both of these situations, the case manager needs to guide the client based on the client's ability to achieve realistic and beneficial goals in the case management time frame, typically 90 days.
- **Goals can be Incremental:** Some clients do better by setting small goals and reaching them quickly, then setting another easily achievable goal. A series of successful experiences like these can encourage and motivate the client better than a difficult goal that takes a long time to reach. For this reason, case managers should feel free to use additional forms as needed besides the initial ones in the booklet. Those who are in an acute crisis, lack self-confidence or are easily discouraged, or those with short attention spans are good candidates for incremental goal setting.

2.5.6 Making Referrals to Service Providers

The primary role of the case manager is that of a generalist: to assess, plan, facilitate and follow up, rather than providing direct services. In other words, after they have conducted assessment and planning, their main role now is to connect clients with the necessary services.

2.5.6.1 Referral Checklist

Attention should be paid to the following checklist when making referrals:

- Having a full and thorough knowledge of the resources available, including eligibility requirements, the types of services provided, etc.
- Ensuring that the referrals specifically address the problem identified
- Manageable distance or means of transportation for the client
- Checking on the affordability of the service—if there is a fee, how it will be paid
- Calling ahead to sensitize the service organization to the forthcoming referral
- Providing a means of confirming whether the service organization will accept the client for services, when services will start, and how long the service period will be.
- Systematic way of checking on the client's progress with the service organization

2.5.6.2 Using the Referral Forms

By filling out the Referral Form (Form #5-A), the case manager is asking to enter into an agreement with the service provider that they will provide the services and there will be mutual communication regarding the client. If Form 5-B is not returned to the case manager, the service provider should be contacted within a few days to see if the referral was delivered to them, and if they can provide the necessary services and feedback. Form 5-B should also be in the client's case management file as there could be several service organizations the case manager is working with.

2.5.6.3 Time for Making Referrals

Making referrals is not limited to the planning stage. As shown in Figure 5, referrals can be made at any time in the case management process. Although referrals are made as a part of the case planning process, preliminary referrals may be made before a full assessment can take place, and as late as just before closing the case. Referrals made before closing the case may be related to the expiration of case management time frame before the goals are reached, or because the case goals have been met but the client wishes to improve his or her situation even more beyond the case management goals.

2.5.7 Follow-up with Service Providers and Clients

2.5.7.1 Importance of Follow-up: Once referrals have been sent (using Form #5-A) by the case manager and accepted by the service provider (using Form #5-B), they are now under an agreement that the service provider will provide the services and exchange information regarding the client's progress with the case manager. Experience shows that services providers will not generally provide this feedback unless they are specifically contacted, as their main job is to focus on service provision. Therefore, the case manager's regular inquiries will improve the communication and the services provided to the client.

2.5.7.2 Common Reasons for Lack of Follow up: It is common for both the service provider and the client to delay or fail to follow through with the services they have been referred to. The lists below identify some of the most common reasons why service providers and clients do not follow through with the referrals, although these lists are not exhaustive.

For the service provider, these include:

- They do not provide the service the referral was made for, or they have lost funding,
- They do not have an open slot for the client (there may be a waiting list)
- They misplace the referral form and do not contact the client
- They decide to discontinue services if the client fails to attend

For the client, common reasons for lack of follow through include:

- They are intimidated to interact with service agencies
- They may not have the transportation or child care support
- They may have to work during the agency's open hours
- They may feel hopeless and feel the service would be useless
- The referral may have been irrelevant to the client's true needs

2.5.7.3 Following up with Service Providers: When following up with the service providers, it is important to ask the right questions to get the necessary information. Again, the questions should be tailored to the specific context of each client and service provider.

When talking to the service provider, the case manager should ask:

- When did Client start receiving services? (If not, why not, and when will services start?)
- What specific goals is the service provider helping the Client with? (note: These goals should be compatible with the Case Plan).
- Is Client complying with the requirements of the service provider—e.g. attending weekly sessions, doing assigned homework, etc? If not, why not—and what can be done to improve compliance?
- How many times (or how often) is Client receiving assistance?
- How well is the Client progressing?
- How much longer will Client be receiving services at that agency?
- By the time Client is finished at the agency, will he or she have achieved the goal(s)?
- Have you learned of any other needs of the Client in the process of helping him or her?

Keeping a log of the communications with the service provider will help the case manager track the case better, make any additional referrals, and prepare for the next follow-up call. If the regular follow-ups reveal that the service provided is not meeting the client's needs, the case manager should arrange for a different service or provider, if there are such options. If not, the case manager may want to discuss the client's needs in a case conference and determine if the service can be better tailored for the client or to seek other options. In addition, the service provider may have discovered other needs of the client in the process of helping the client.

2.5.7.4 Following up with the Client: When following up with the client, the case manager should remember that the follow-up is not just about the referrals but about the entire Case Plan. This should occur, at minimum, monthly after the Case Plan has been made. But this depends on the urgency of the case, with more serious cases requiring more frequent contact. The case manager should have the client's Case Plan in front of them to review the Client's progress on each of the goals on the Case Plan. Remember that children and many vulnerable adults are very sensitive and intimidated by authority figures, so a gentle, supportive approach is best.

For each goal, ask:

- You set a goal to do XXX. How are you doing on that?
- If Client is improving, be sure to show enthusiasm and congratulations, and encourage them to continue until they reach the goal.
- If Client is not improving, probe to find out what the barriers are, discuss them and find solutions together. Gently probe to find out what the problems are, avoid being judgmental or disapproving. It is OK to set new goals and discard old ones if they are no longer important.
- Remind the client that you will be following up again in XX weeks and let them know that you have confidence in them to reach their goals.

If you made referrals for services, ask the Client the following questions:

- Have you been able to meet with the service agency (or agencies) you were referred to? (If not, why not, and what can be done to help you?)
- How do you transport yourself to the appointments?
- Who cares for your children while you attend your appointments? How often are you receiving assistance?
- What are the goals for the services you are receiving?
- How much longer will you be receiving services?
- Will you be able to reach your goals with that agency by the time services end?
- Do you need any other services that are not on your Case Plan?

After these follow up calls or visits, necessary actions should be taken to keep the client on track to achieving the goals on the Case Plan. These may include making further referrals, setting new goals, asking for supervisory assistance, or calling for a case conference.

2.5.8 Case Review

Case review is slightly different from a case conference or supervision, because the case review is usually done to see if the case can be closed.

2.5.8.1 When a Case Review should be Held:

The Case Review is held near the end of the case management period to determine whether the case should be closed, reassessed, or new referrals made. This is set up by the case manager for several reasons:

- The Client has reached most, if not all, of the goals on the Case Plan and the case manager anticipates closing the case.
- Or, the client may have moved away in which case the case should be transferred to the new location, and the case in the old location closed.
- Or, the adult Client is not motivated and refuses to work on the Case Plan. After trying to use creative methods and encouraging the Client, the case manager may wish to terminate the case and focus limited resources on more productive cases. But even in these cases the case manager must ensure that no children will suffer due to the closure of the case. Even if the household client's case is closed, the child's Case Plan should continue when necessary.
- Or, an agency may have a case management term of a certain time frame. . The MoGCDSW has determined that the case management time frame will be a minimum of 3 months and a maximum of 6 months for most cases. This is recognition of the resource constraints as well as the evidence shown in other countries that longer periods can be demotivating and create dependency rather than empowering the clients. Of course, if a child's safety or wellbeing will be directly impacted, the child's case should remain open. In addition, in some institutions where children reside (such as in reformatories or residential care centres), a child could receive case management services for longer period with reunification or reintegration as their primary goals.

- In any case the case manager should notify the client that a Case Review will be held and what the potential outcomes will be.

2.5.8.2 Who should Attend a Case Review: Typically case review is held between the case manager and the supervisor, but in complex cases a full case conference can be held in the agency or involving multiple agencies. If it does involve multiple agencies, please refer to the Confidentiality Agreement requirement discussed in the Case Conference section of this Framework. In addition, it is preferred to have the client attend if it will not cause further conflict or trauma (see Case Conference section). If the client does not attend, he or she should be given an opportunity to provide any input, and provided with an explanation of the decision and the reasons for the decisions.

2.5.8.3 Outcome of Case Review: The typical outcome of a case review will be to close the case. However, the decision may be to close the Household case but leave open the children's cases, or to make further referrals, or to reassess the situation and set new goals (see Figure 5). For example, if a client has not been able to access the needed services but is motivated to do so, a new referral may be made. If a client seems to have developed new problems it is appropriate to conduct another full assessment and set up new case plan goals. The important point is that the case review is an opportunity to assess the progress of the case and make further adjustments as needed, and case closure should not be considered the automatic next step.

2.5.9 Case Closure

A case should be closed if any of the following occurs:

- The client has reached all or most of the goals; or the goals still need to be reached are well underway and the case manager determines that the client will be able to complete the goals without further monitoring
- The client has moved away and the case has been transferred to another district;
- The client refuses to work on his or her goals despite many attempts by the case manager to assist, and the time frame for service (3 months minimum, 6 months maximum unless a child is at risk)) has expired. Typically this will be an adult client. If the children in the household are not at risk, the adult's case can be closed but the children's cases could remain open; or
- The client has moved out of Malawi or passed away.

In some cases exceptions to the above closure rules should be determined by a meeting of the case manager and his/her supervisor but only in rare circumstances. Consideration should be given to other needy clients who can benefit from case management services. If the case remains open, a new assessment and new referrals may be helpful, on a case by case basis.

Once the case is determined ready to be closed, the case manager should meet with the client and explain why the case will be closing. The case manager should recognize that the clients may feel that they are not ready to be left on their own and ask to continue. Many will usually have grown fond of the case manager, and termination will be difficult for some of them. This might be especially true of children; however, if the case was handled correctly the child should be under the care of caring

adults. The case manager should take the time to reassure these clients that they will be fine, and that it has been a pleasure to work with them. The reason for closure should be marked on the correct form and signed by both the case manager and the supervisor.

Termination can be difficult for the case manager as well, and they can continue cases when they really should be closed for the sake of everyone, including the client who has developed a dependency. The case manager should be self-aware of these issues and use good professional judgment. In addition, the supervisor should review each case at supervision and ensure that cases are closed in a timely fashion.

2.6 REPORTING AND SUPERVISION

Reporting and supervision are monitoring and accountability mechanisms with complementary roles. Making accurate and timely reports and receiving/providing supervision constitute essential competencies for the case manager and supervisor. Reporting is typically done along the lines of authority from the bottom to the top while supervision goes in the reverse direction (top to bottom). Figure 6 shows the lines of reporting and supervision for the case management system within the Ministry of Gender in coordination with the Traditional Authorities and the informal community organizations. Civil society organizations working in child protection case management have their own structures but should submit their aggregate data on case management to the government on a quarterly basis.

2.6.1 Informal Community Sector Reporting

The communities at the Village level have informal child protection mechanisms although they are not always well established. Typically there is a Child Protection Committee at Traditional Authority and Group Village head levels, with a designated Community Child Protection Officer, and they should handle many of the day to day child protection issues that arise that is within the authority and resources of the Village. These might include an acute food shortage, a leaky roof, or the need to take a child to a hospital. These routine incidences should be kept in a log and submitted to the Community Child Protection Worker (CCPW) on a monthly basis. However, cases requiring more intensive interventions such as sexual abuse, youth in conflict with the law, worst forms of child labour, or abandonment should be immediately and directly referred to the CCPW.

2.6.2 Formal Government Sector Reporting

The CCPWs are the grassroots level extensions of the formal government sector. They receive referrals from the informal community sector on more serious cases beyond resources of the community. Each CCPW reports to an Assistant Desk Officer at the District Social Welfare Office, who consolidate the CCPW's reports and answers to the Desk Officer for Case Management, who in turn reports to the District Social Welfare Officer. The Desk Officer for Case Management and the DSWO report to the National Case Management Coordinator in the Ministry of GCDSW. At each level there are forms and procedures that have been created and these should be used in all cases for record keeping and data maintenance. Case management data will feed into the Integrated Information management System (IIMS)³⁶. Cases on violence against women and children will be entered, followed up and reported in the system. Officers at the district and national level will be able to generate reports detailing the type and status of cases of abuse against women and children.

³⁶ The Integrated Information Management System (Which is broader than the CPIMS and will also include the GBV IMS) is being referred here because we are dealing with cases of children and women. As UNICEF we are helping the Ministry to set up the architecture for the IIMS (which is already done) and the CPIPMs as a starting point.

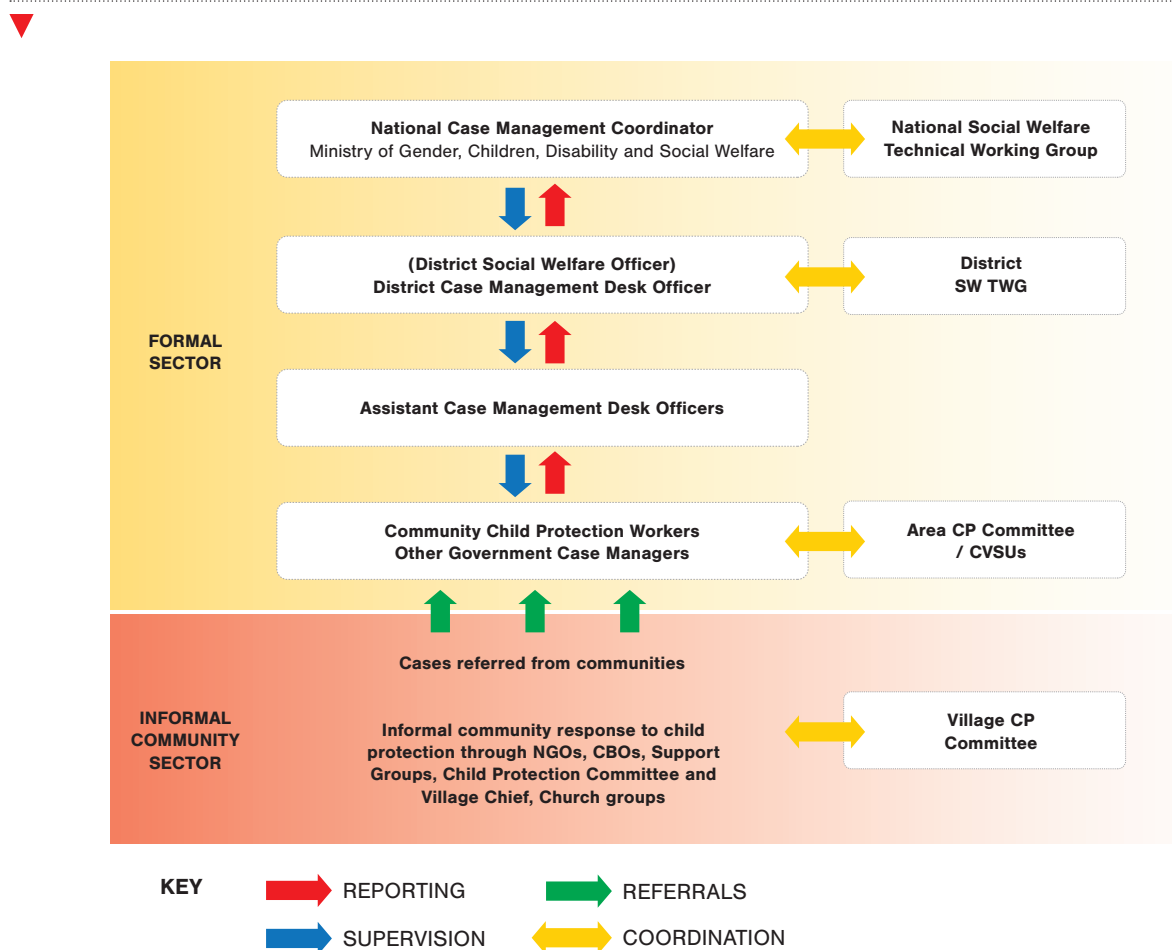
2.6.3 Civil Society Organizations (CSOs) and Case Management

Civil society organizations are engaged in case management services in Malawi on a limited basis, and have developed their own methods in the absence of standardized tools and procedures. With the government taking leadership in this arena, all governmental and non-governmental organizations are expected to use the Framework, Tools and Procedures that are being disseminated by the government for ease of cross-sectoral communication, and standardization of tools, data collection, and services. While these organizations will continue to provide selective case management services, it is recognized that their services are typically fund-driven and short term in nature. Therefore, whenever it is feasible they should refer case management needs to the relevant government offices while providing the specialized services at the request of the case manager. In this sense they are important partners and collaborators with the government.

2.6.4 Supervision

2.6.4.1 Goals of Supervision: The goals of supervision are to provide support, guidance, and monitor performance. Proper supervision is key to keeping the case managers and middle level supervisors motivated, informed, and on track with correct implementation of case management. The individual attention received during supervision is a powerful motivator.

FIGURE 6 CHILD PROTECTION CASE MANAGEMENT REPORTING AND SUPERVISION STRUCTURE



2.6.4.2 Line of Supervision (Refer to Figure 6)

Each level of authority is responsible to supervise the level directly below its own. Therefore, the National Coordinator supervises the District SWOs who supervises Case Management Desk Officers their Assistant Desk Officers, who in turn supervise the CCPWs and other government case managers. CCPWs should liaise with the CVSUs, PVSUs, Children's Corners, CBCCs, One Stop Centers and primary schools amongst others to provide support and guidance. The DSWOs are mandated to supervise the Probation Officers and social workers at the One Stop Centers. The DSWOs also liaise with the Principal and Case Managers at the reformatories for cases managed at reformatory centres. The District SWO is also responsible for the monitoring of the case management data input from civil society organizations.

2.6.4.3 Frequency of Supervision

- Supervision should be provided by the Assistant Desk Officers for the CCPWs at least once a month in a face-to-face setting in the communities where they work.
- Each of the Assistant Desk Officers and the Desk Officer should meet at least monthly, after each Assistant Desk Officer has met with the CCPWs in case they have questions about any of the cases.
- The District SWO should supervise the Probation Officers and the social workers at the One Stop Centers and get feedback from reformatory centres, at least monthly.
- The National Coordinator should have at least monthly phone contact with each of the District SWOs and Case Management Desk Officers, but meet with them quarterly face to face.
- Supervisors should also provide input and guidance as requested on a case-by-case basis by the supervisee.

These supervisory meetings should be documented and signed off by both parties. For purposes of motivation, a verbal or written praise or an award can be given to officers that have performed well while encouraging others to improve their performance. If resources allow, and as part of the government's human resource process, each employee and volunteer case manager should have an annual performance interview to review and set goals.

2.7 COMMUNICATION SKILLS

Case management requires a variety of skills, but in context of child protection work, none are more important than communication skills. This is because it is through communication that the case worker interacts with the client and other individuals and systems pertinent to the case, to ultimately shape the course and outcome of the case. In interacting with clients the three most important subsets of communication skills are: 1) interviewing skills, 2) general counseling skills and 3) crisis management skills. In this section these important skills will be discussed.

At the onset of this discussion it is important to note that case management is not simply the application of technical knowledge and skills but requires the use of the case manager's whole self as a tool in the process. Hence, communication skills are not a set of pre-composed speaking patterns that can be learned, but are manifestations of the case manager's entire set of knowledge, ethics, experience, and personal qualities that is used to maintain professional boundaries and focus on the best interest of the client. These are further impacted by social and cultural norms and the unique characteristics of the client. Therefore, while most educational and training material on communication

skills identify and train on specific communication methods, effective communication arises out of the whole person of the case manager. Recognizing these concepts of the 'whole person', professional boundary maintenance, the social/cultural context of the case management relationship, and the client characteristics puts the emphasis on the depth and range of the case manager's preparation for effective communication skills.

At the same time, when sincere interest is present on the part of the case manager, some communication skills and techniques can be honed to shape and refine responses, improve facilitation and convey important ideas and facts in a way that assists in collecting more accurate information, conveys genuine caring, and facilitates better outcomes.

In addition, the importance of non-verbal communication should not be neglected. Non-verbal communication includes eye contact, gestures, facial expressions, body positioning, interpersonal distance, and non-audible sounds made. Some of these are culturally constructed, but in general, there are forms of non-verbal communications that are commonly understood to convey respect and empathy while others convey lack of care, disapproval, or lack of attention. For example, reaching out to shake hands, smiling, and maintaining eye contact convey a welcome; sitting upright and listening attentively convey respect, nodding and showing a warm facial expression convey empathy. On the other hand, cold or distant expressions, withholding a handshake, slouching in the seat, frowning or shaking the head, being distracted and looking away all convey a lack of interest, respect or disapproval.

The Case Manager must be skilled enough to collect information from both verbal and non-verbal (Client behavior) communication in all stages of the case management process as this may give clues and help the case manager to identify the root causes of the problem.

2.7.1 Interviewing Skills

Interviewing consists of asking the right questions to elicit the necessary information, while at the same time listening and interacting in such a way as to convey the case manager's concern, respect and empathy, leading to trust building. Interviewing skills are essential in all phases of the case management process, especially where the case manager will be dealing directly with the client. Interviewing skills facilitate gathering information, building a relationship of trust with the client, helping the client consider various alternatives, and reviewing progress, just to name a few.

The main areas of interviewing skills are:

2.7.1.1 Preparing for an Interview

Preparing for an interview is as important as the interview itself.

Before the interview, think of what you want to accomplish in the interview:

- What information do you hope to gain from the interview? (make a list)
- How will you obtain the information you need? (take forms, list of questions, etc.)
- How will you use the interview to build or continue a good working relationship with the client?
- How will you conduct the interview so that the client feels supported, understood?
- How will you motivate the client to work toward realistic goals?
- How will you manage a hostile or resistant client?
- How will you deal with lack of resources or information needed for the case?
- What personal stresses and distractions do you need to deal with ahead of the interview, so you can focus on the client with your whole self?

2.7.1.2 Showing Respect and Care

- Remember the saying ‘People don’t care how much you know, until they know how much you care’. Caring alone is not enough, but it is a foundational requirement in case management.
- Concentrate your whole self on the client in front of you. Bring all of your experience, knowledge, skills, and personal qualities to the interview, and dedicate them exclusively (during the interview) to serving that client’s best interest. Remember the client is the most important person in the world to you at that moment. Do not allow distractions such as a phone call get in the way of full concentration.
- Try to ‘jump into the client’s skin’ and find out how the world looks and feels from their vantage point (without losing your own orientation).
- Engage yourself in a way that the client will be comfortable engaging with you. Be sensitive to social and cultural norms of the client in terms of making eye contact, sitting too close or too far, asking certain types of questions, volume of voice, manner of dress, etc.

2.7.1.3 Listening with Empathy

Good listening expedites the collection of accurate information, builds trust, and begins to heal clients who have often experienced trauma and hardships. Listening accounts for at least half of good communication between a case manager and client.

- LISTEN with concentration and with a sincere desire to understand the client’s world view. Do not assume that you know how they feel. Respond with respect and convey understanding. This is often called “listening with empathy”.
- In exercising empathic listening, the case manager should avoid using strong emotional responses of their own, but try to acknowledge and/or reflect back the client’s perceptions and feelings.

Bad examples:

- ‘How horrid! No wonder you are so messed up!’
- ‘This is so bad...I can’t deal with it’.
- ‘Just a minute, I have an important call’
- ‘I don’t think you should feel that way’.
- ‘This is not even a problem. Stop complaining.’
- ‘You don’t need to tell me, I already know how you feel.’

Good examples:

- ‘Thank you, I am glad you told me this’.
- ‘I see how it is for you. I am glad to know how you see it (feel about it)’.
- ‘I am so sorry to hear how hard this has been for you. I can see that you are very sad (worried, anxious, concerned, hurt, angry, etc).’

2.7.1.4 Probing and Planning: In case management, the client can benefit just by being listened to, when it is supportive and empathic. However, interviewing skills are also essential to move the case forward toward planning and goal achievement. The key skills are to convey understanding, provide information, and promote the client’s ownership of the case. The more ownership the client feels, the better he or she will be motivated, and their success will increase their self-esteem and sense of competence (rather than feeling dependent on the case manager).

Bad examples:

- 'I know just what you should do, so we'll make that your goal.'
- 'I am going to fill out all the goals for you on this form. It will just take a few minutes.'
- 'It looks like you are too lazy to do anything about your problems.'
- 'You should just give up; there is nothing that can be done.'
- 'You don't really want to do this, do you?'

Good examples:

- 'Now I understand how you feel. How do you think your wife might feel?'
- 'Can you tell me more about that?'
- 'I see... Have you dealt with a similar problem in the past?'
- 'Have you thought about what you would like to do?'
- 'Can you tell me what you have done already to solve this problem?'

2.7.1.5 Use of Closed and Open-ended Questions

Interviewing should incorporate both 'closed' and 'open' ended questions. Closed-ended questions are generally used for obtaining a Yes or No answer, or a very short answer. In contrast, an Open-ended question widens the topic and allows the client to discuss it to the degree that they would like. It can be asked by itself or after asking the closed question. Typically open-ended questions start with Who, When, How, What, etc. but they are not always in a question form.

Closed-ended question: "Do you have a source of income?" (Yes/No answer) or 'How long does it take to go to school?' (very short answer)

Open question: "Tell me how you support your family?" or "What is like when you walk to school"? In both of these case the questions invite further discussion than just a simple answer.

2.7.1.6 Interviewing a Trauma Survivor

Ideally, only those with specialized skills should interview children or vulnerable adults who have suffered recent and serious trauma, such as through physical or sexual abuse or loss of a parent. This may be applicable to social workers working in One Stop Centers, Children Corners or in the Victim Support Units. There are several reasons why specialized skills are required for interviewing these clients. First, they may be difficult to interview because they may still be in a state of shock, denial, or under pressure to protect the perpetrator. Symptoms such as depression, hostility, sadness, lethargy, or suspicion may be present. In extreme cases they may be in a state of disassociation and may need psychiatric help.

Second, it is very common for trauma victims to feel re-victimized through the interview process. Pushing the survivor beyond the point where they are comfortable can have negative effects, and yet gentle probing and sharing of information will serve the survivor's best interest. Being able to gauge the survivor's response and knowing where that line is, and managing the delicate situation is key to a successful interview. For this reason, if at all possible, interviewing victims should be limited to a one time, video-taped session and done with collaboration

of law enforcement at One Stop Centres or specialized Victim Support Units only. Third, it is important to preserve evidence for upcoming legal action. For this reason, it is important that these interviews are highly structured and pre-planned with the participation of all stakeholders involved in the system.

Unfortunately, at the current stage of the child protection system development in Malawi, One Stop Centres are only available at four locations, and many of the Victim Support Units are not staffed with qualified people to conduct the interviews. Even where those facilities are available the Community Child Protection Worker is the first responder on the scene and may need to provide crisis assistance and conduct the preliminary assessment. In that situation, the CCPW should use his or her best skills to manage the crisis and exercise good interviewing techniques; however, they should refer to specialized trained interviewers whenever they are available.

Some things to keep in mind for interviewing traumatized children are:

- Traumatized children are often in shock and may not be able to engage. Sometimes this can be misunderstood as the child may not be willing to talk.
- While most children would prefer to have a parent or another adult they trust present at an interview, in the Malawian culture they may be reluctant to reveal anything that may worry the adult. In these cases, it is best to talk to the adult first and ask them to wait in a space close to the interview but outside of hearing range.
- Depending on the skill level of the interviewer, the child can be re-traumatized by the interview. It may be a good idea to engage in friendly conversation about what they like—favorite food, school subject, what they want to be when they grow up, etc and see how comfortable the child feels before asking any ‘heavy’ questions regarding the abuse. Often a bit of shared sweet treat or looking at a picture book together can be helpful.
- If some of the interview materials will be used in criminal cases it is important to be trained in forensic interviewing before engaging in it.

2.7.1.7 Interviewing a Hostile or Resistant Client

Dealing with angry, resistant or hostile persons is very often inevitable when working in the child protection system. They may be clients or others connected to the abuse, neglect or exploitation of children. The case manager must be prepared with personal and professional skills to conduct effective interviews with them. There are several key skills to remember.

First, maintain calmness and professional neutrality. People in a crisis tend to become very emotional, so the professional needs to maintain calm and stability. This will keep things from escalating out of control, and give the client a chance to express him- or herself. Remember, he/she may have a very good reason for being angry, hostile or resistant. Allow for the expression of anger at least for a reasonable time and within reasonable boundaries. Of course, the case manager should protect him- or herself from becoming the target of physical violence or emotional abuse. If these become issues, calmly but firmly state your observations and ask the person to show you the same respect that you are showing them. If it is a client, the case manager should remind the client that they are meeting so the client can be helped. If he/she still refuses, leave as soon as possible and report to your supervisor. In extreme cases (e.g. gun in sight, or threatened violence against the interviewer) you may need to call the police.

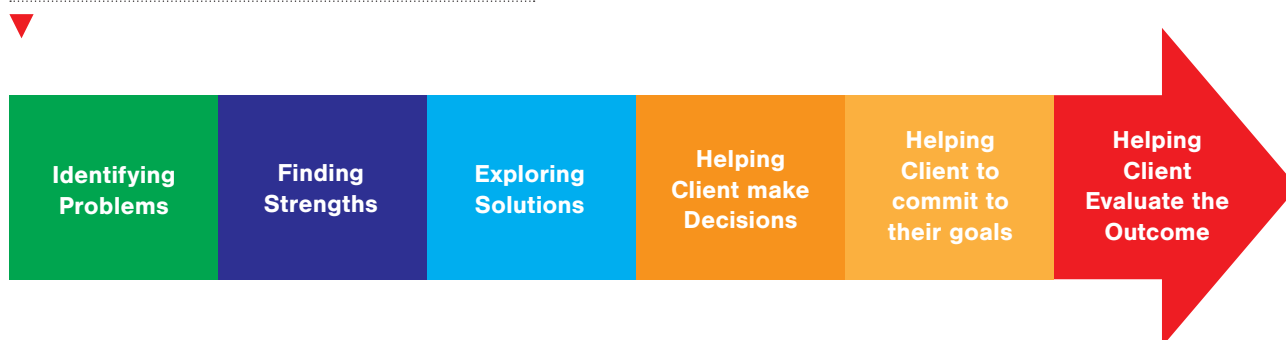
Second, listen carefully to what they are saying, both in terms of content and emotion, and respond in a respectful manner. People usually have a good reason for being angry even if you may not agree with their perspective. Use good empathy and listening skills mentioned above.

Third, observe non-verbal behaviors and cues. People can resist for many reasons: a client who seems very depressed and doesn't want to set any goals may need help with the depression first. A child who doesn't want to talk about the abuse may still be in shock. A mother who is hostile may be afraid that you will take her children away. All of this is important information for conducting case management.

2.7.2 Counseling Process and Skills

As noted throughout this document, case managers typically have not received specialized training in counseling, especially if the case involves complex and/or traumatic events. Cases requiring specialized therapeutic skills should be referred to those who are qualified to handle such cases. However, case managers routinely counsel clients through listening, providing information, helping to identify problems as well as strengths, assisting clients in making choices, helping clients to explore problem solving, and generally being a trusted guide. A model of the counseling process is shown in Figure 7 below.

FIGURE 7 THE COUNSELING PROCESS



2.7.2.1 More than Interviewing Skills

All counseling involves interviewing skills discussed above: listening with empathy and respect, effective use of questions and responses. However, while interviewing is used primarily to collect information, counseling skills are used to help the client identify problem and strengths, explore solutions, make and commit to decisions, and to evaluate them as shown in Figure 7.

2.7.2.2 Finding Challenges and Strengths

Problems trigger the counseling process, and they are often easily identified by the client. However, case managers should make a routine part of their assessment and on-going work to help the client find strengths in him/her self and in their environment. Some methods to help them find strengths include:

Asking questions such as:

- “What are some things you have done that you are proud of?”
- “What kind of skills do you have?”
- “What do you enjoy doing?”
- “What kinds of nice things do people say about you?”
- “What is a very hard thing that you have done?”
- “Who are some people you are close to?”
- “Who are some people who could help you?”
- “What are some resources you would like to explore?”
- “What are your fondest dreams/ ambitions/ aspirations that you would like to work toward?”

And making encouraging observations such as:

- “You seem to care a lot about your children.”
- “You seem to really enjoy doing that, and you are good at it.”
- “That was a nice thing you said. You are very kind.”
- “I see you have been working hard.”
- “You did a good job on that.”
- “You did a hard thing. You must feel very good about that”
- “I am really confident that you can do that.”
- “There are people who care about you.”
- “Let’s explore the resources to be found around you.”

2.7.2.3 Exploring Solutions

Counseling also involves helping the client to explore solutions for their problems. This involves problem solving skills as well as having information about resources to help the client explore options. Applying the client’s strengths to solve his/her problems is the first step to good problem solving. For example:

- A boy who has been on the streets for the last few years may be far behind his peers in school, but he may recognize that he has a strong desire to get caught up and that he can work very hard to do so. Or, perhaps he might recognize that he has good skills with his hands and he has an interest in a skilled occupation.
- A girl whose mother has passed away may realize that she has a very close relationship with her maternal auntie and will feel loved in her home. Or, she might also recognize that her older sister is also able to take her in.
- A mother who is sick may be helped to see that she has several things she can do: she can get medication, she has caring neighbors who will care for her children at times, and she can do some handy craft work and sell them even while she is recovering. She may also be helped to see that there is an excellent CBCC near her home where her children could attend.

2.7.2.4 Helping Clients Make Decisions

Once clients have recognized their strengths and have seen the various ways to deal with their problems, the case manager can help the client make decisions. This typically involves going over the various alternatives and deciding on the course of action. Will the boy back from the streets continue with school, or will he enroll in an occupational skills training programme? He might think of how each alternative will work out in the long run and what the short term costs

will be in terms of time, money or other factors. The girl whose mother has passed away might be helped to imagine what it would be like to live with her auntie or her sister, and consider which will help her achieve her personal goals better in terms of education, future job or family, etc. The mother may determine which steps she will take first, and what she hopes will be the outcome.

2.7.2.5 Helping Clients to Commit to Their Goals

As discussed in the Case Planning section, it is important to help clients set achievable and realistic goals. If some 'easy' goals are reached, additional goals can be set during the case management time frame. The case manager needs to reinforce the client's decision to reach those goals. This involves frequent follow-up, encouragement and continued support as needed.

2.7.2.6 Helping Clients Reflect and Evaluate the Outcome

Not all goals will be reached by clients. Perhaps they were unrealistic, or the resources were not available. Part of counseling clients involves helping them to celebrate their success and process their disappointment. Dealing with client's disappointment can be difficult for the case manager, if he or she has invested in the client. The case manager may feel a sense of failure as well. These feelings should be discussed in their supervision session, but not with the clients (unless it is to acknowledge responsibility for any negligence on the part of the case manager, if any occurred). The focus should be on supporting the clients to deal with the disappointment and perhaps set new, more realistic goals.

2.7.3 Crisis Management Skills

Case managers are often the first responders at a personal or family crisis. As such, they should know some basic crisis management skills. A crisis is a condition that exists when a person or family is suddenly faced with an unexpected situation that they feel little or no control over. These might include a violent episode of abuse, a terrible accident resulting in injuries, very bad news about a family member, etc.

2.7.3.1 Recognizing Individual Responses to Crisis

The typical reaction to a crisis covers a wide range depending on the person. Some people feel sad, shocked, agitated or angry while others may feel numb, immobilized or depressed. While all the factors that impact the differential responses are beyond the scope of this Framework, we know that past abuse or unresolved issues can be a major factor in how a person may be able to cope with a crisis.³⁷ Recognizing that individual responses can be very different even within the same family is important and useful, and compatible with the principle of individualization. The case manager should not assume that a client in a crisis will act in a certain way or have one approach to dealing with clients in crisis situations. However, there are certain basic steps that should be taken in crisis management as detailed below.

37 Okun, B. & Kantrowitz, E. *Effective Helping*, p. 265.

2.7.3.2 Basic Steps in Crisis Management

There are several steps to assisting clients in a crisis.

- The client needs to feel safe and able to trust the case manager. This is done largely by using the listening and interviewing skills already discussed. The case manager's own personal composure and maintenance of calmness is essential.
- The client's immediate needs such as food, shelter and clothing must be met. This requires that the case manager has access to the available resources to be able to support clients' immediate needs.
- The client needs on-going opportunities to express their feelings of hurt, anger, or sadness in an atmosphere of acceptance and respect. The client may repeat the same things over and over again, because they have the need to do so. Patience and empathy are key.
- The client must be connected to their trusted loved ones. This requires the knowledge of the client's family and peer relationships so that the most supportive persons can become a part of the client's recovery.
- The client must be assisted to set tangible goals (e.g. to receive counseling, to go to police, to receive medical care, etc.). Short term goals to get the client stabilized are appropriate at this stage. Once the client has achieved a measure of stability, a full assessment should be undertaken.
- The client must be connected to services to deal with their trauma/shock or injury. Again, the case manager is typically not trained to engage in therapeutic counseling; therefore a speedy referral to a specialist is best.
- The client needs to be supported and followed-up on. The case manager should continue to visit the client and follow up on referrals.

2.8 COORDINATING, NETWORKING AND COLLABORATION SKILLS

The case manager must have not only good client management skills but also many other skills at the personal and interpersonal levels. Among the most important skills is to navigate the various levels and areas of the multi-disciplinary arena in which they work.

2.8.1 Coordination Skills

Coordination is defined as multiple individuals and organizations working together toward common goals. In child protection work, this can involve case managers, community actors, social workers, the court system, law enforcement, juvenile justice, health, education, civil society and development partners, just to name a few. In addition, many other sectors such as the labor market, business, and others can be indirectly involved.

2.8.1.1 Why Coordination is Important to Case Management

Child protection coordination structures and their functions are important to case management to ensure that the focus is on the best interest of vulnerable children and families, as competing interests can derail this focus. It is also quite common to focus on specific child protection issues (e.g. child marriage) that is getting the most attention at the moment from the public or the donors, rather than advocating for the holistic development of a large scale service delivery method—such as case management—that can prioritize and address the needs of all children experiencing all forms of abuse, neglect, exploitation or violence. Ensuring that

case managers have direct input to a wide range of coordinating mechanisms with their unique input from the lessons learned and realities on the ground is essential. In addition, district and national leadership in the case management system should be involved at the highest level of coordinating bodies to raise awareness, and advocate for policies, programming and resources for vulnerable children.

2.8.1.2 National Level Coordination Structures

The new The Gender, Children Youth And Sports Sector Working Group Joint Sector Strategic Plan (JSSP) established a new coordination structure with clear responsibilities at both national and district levels. Pertaining to child protection, the Gender, Children Youth and Sports Sector Working Group (GCY&S/SWG) was developed to facilitate the planning, coordination, budgeting, implementation and monitoring of development initiatives, and it is co-chaired by the MoGCDSW and the Ministry of Youth and Sports, both at national and district level. The GCY&S/SWG will also oversee the implementation activities by its Technical Working Groups (TWGs), both at national and district levels.

The six technical Working Groups (TWGs) at the national level are:

- 1) Gender
- 2) Integrated Community Development
- 3) Child Development
- 4) Social Welfare
- 5) Youth Development and
- 6) Sports

At the district level, there will be three TWGs:

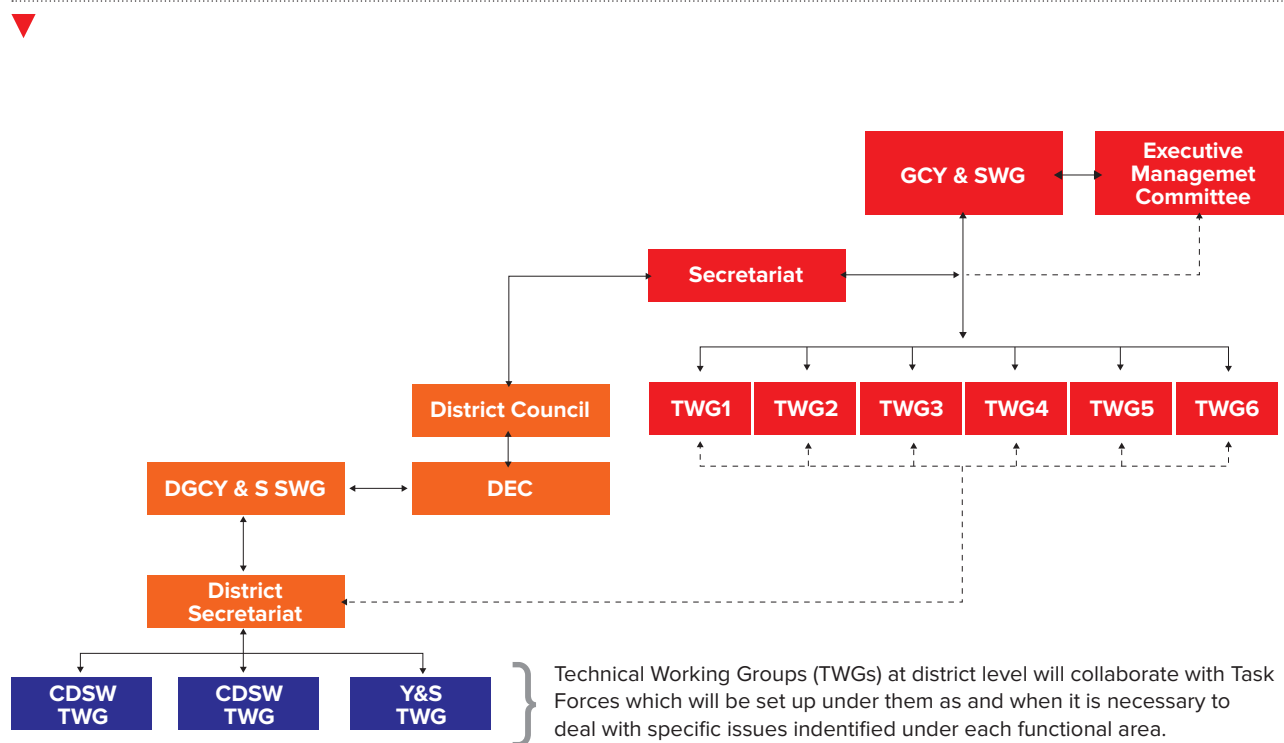
- 1) Gender and Integrated Community development,
- 2) Child Development and Social Welfare, and
- 3) Youth development and Sports.³⁸

Figure 8 presents an overview of the current child protection coordination arrangements at the national and district levels, taken from the JSSP.³⁹

³⁸ GoM, Joint Sector Strategic Plan 2013-2017. 2012, The Gender, Children, Youth and Sports Sector Working Group.

³⁹ Ibid.

FIGURE 8 MANAGEMENT STRUCTURE OF NATIONAL AND DISTRICT GENDER, CHILDREN, YOUTH AND SPORTS SECTOR WORKING GROUP



2.8.1.3 District Level Coordination

At the district level, the District Council oversees the work of the District Executive Committee which will coordinate with the District GCY&S/SWG. In turn, the District Secretariat will oversee the work of the three District level TWGs mentioned above. Case management likely falls under the Child Development and Social Welfare TWG.

The District level TWG will be chaired by the District Social Welfare Officer and includes other members of the District Social Welfare Office, Community Development Offices, Health Offices, Judiciary and Police, as well as representatives of civil society active in child protection work. All 28 districts will have a TWG. The important work here for the case management team will be to shift the focus from issue-based to holistic child protection approach to include all children experiencing abuse, neglect, exploitation or violence of all kinds, to advocate for needed services, and exchange information about the realities of children on the ground.

2.8.1.4 Traditional Authority Level Coordination

There are about 300 Traditional Authorities (TAs) in Malawi each governed by the Area Development Committee (ADC) under the decentralization model of government. Area Development Committees must address all development issues including case management because it identifies, prioritizes and advocates for important village-based projects and submits them to the District. The ADC also supervises and monitors the implementation of such projects. The Area Executive Committee (AEC) advises Village Development Committees (VDC) and ADCs

and has a role in training VDCs and ADCs, and assisting them with the preparation of projects and project monitoring. Thus, the AEC is also an important body which could advocate for case management projects originating from the Village or Area units. Case managers, particularly the CCPWs, should attend these meetings consistently to raise awareness and advocate for child protection.

2.8.1.5 Village Level Coordination

A Village Development Committee (VDC) serves at the Group Village Head (GVH) level, composed of several villages. The functionality of the VDCs vary from district to district due to factors such as inadequate support and lack of child protection awareness. However, many case managers have reported that the communities where they have been able to conduct the Journey of Life programme activities have been much more willing to be involved in child protection work at the informal level. Thus, coordination with the VDCs plays a crucial role in connecting the informal community mechanisms of child protection with the case management system. The goal should be to strengthen the link between the VDC and the CCPW. The CCPW should be encouraged to attend VDC meetings to provide Child protection information, raise awareness, plan village level activities, follow up on cases, and collaborate on case planning and monitoring.

2.8.2 Networking Skills

“Networking” is defined as the cultivation of productive relationships.⁴⁰ It is different from coordination in that networking is strictly about building relationships. However, unlike business networking (which is mostly about getting a job or expanding one’s own business), the primary goal of child protection networking is to cultivate relationships for the promotion of children’s best interest. However, a case manager with good networking skills are also likely to receive professional recognition, promotions, or leadership roles in key child protection organizations. Here are some keys to effective child protection networking:

- When attending meetings, prepare ahead. If you are reviewing cases, prepare good notes. If a document will be relevant to the discussion, read it and make notes. If you know what the agenda will be, become familiar with the topics of discussion. Without being too obvious participate in the discussion from a well-informed position.
- Think of ways to offer genuine and sincere compliments to those you interact with. One of the most sincere forms of praise is to ask them for their opinion about something.
- Try to remember names and faces of people, and something about them that you want to remember. Take notes.
- Have business cards if at all possible and share as appropriate. Even if it is one that you printed at a copy shop, it is better than none.
- Volunteer to do things; capitalize on the chance to be seen and heard regarding child protection and your passion for it.
- Pay attention to grooming and hygiene, and dress as professionally as possible. A clean and professional appearance promotes confidence and respect.
- After you meet new people, take the opportunity to call or email, reminding them of who you are and where you met that person. Bring up topics of mutual concern (might be a client) and express a genuine interest in staying in touch.

40 Merriam-Webster on-line dictionary. <http://www.merriam-webster.com/dictionary/networking>.

- Networking is a two-way street. Think of what you can offer the other person. Everyone has something to give, in your case it might be a document they are looking for, or a method that you mentioned in a conversation.
- Enjoy the synergy of different personalities and don't expect others to be like you. Be accepting and respectful of the individual personalities and differences of people you meet. If you disagree with someone do it in a pleasant and respectful manner.
- If you use social media, make sure to post material that represents you well. Many graduate schools, employers and others routinely check these to see what kind of a person you really are.
- If you follow these tips, it is likely that you will have opportunities for leadership. Accept them as opportunities to make a greater impact for vulnerable children.
- Leadership typically leads to mentoring others. This, too, is networking to build relationships with those that are coming through the ranks to do the work. Be willing to guide them and advise them to reach their full potential.

2.8.3 Collaboration Skills

Collaboration skills are crucial to effective case management. In reviewing the definition of case management, case managers are engaged in “a coordinated service delivery approach at the individual and household levels involving the identification of vulnerable children, assessment and planning, referral to services and follow up, in collaboration with the extended family, community and other service providers.”⁴¹ Coordination and Collaboration can be distinguished from each other, since coordination is the setting up of structures and procedures that must be harmonized, and collaboration is the actual work that is done by multiple actors to bring about the desired outcomes.

When collaborating, the case manager is working with several actors to assess, plan and implement the Case Plan. The CCPWs must work with the community to receive referrals, then refer the client to one or more service providers and follow up with them. There may be a child's relatives, school personnel, health care personnel, or others they need to coordinate and collaborate with. For example, the social worker at the One Stop Center and Victim Support Units must collaborate closely with health care staff, law enforcement officers, and the survivor's family and other entities. Likewise, workers at the reformatories must collaborate with probation officers, the court system and law enforcement officers.

Important collaboration skills include:

- Having a thorough knowledge of the terms of reference and standard operating procedures of one's own work as well as those of the others they are collaborating with;
- Being prompt in doing the tasks one is entrusted to do, as delay in one part can delay all others;
- Competence in performing one's portion of the work, recognizing that the weakest link in the chain of collaboration will impact the quality of the overall outcome;
- Being a supportive team player to the degree possible without compromising too much time, cost, or professional boundaries of assigned tasks;
- Understanding some of the basic terminology of others, for example medical language or legal/criminal terms;
- Sharing accurate information and professional opinion whenever it promotes the child's best interests;

⁴¹ See Definitions Section

- Advocating for more attention for the psycho-social aspects of a child’s wellbeing, not just the physical or legal aspects, for example, by writing a brief psychosocial report to be included in the police report for child rape victims.

2.9 INTERPERSONAL SKILLS

Another major competence for the case manager is a set of interpersonal skills which are not necessarily related to networking, coordinating or collaborating, but greatly impact the effectiveness of the case manager. These include conflict resolution skills, skills of persuasion, and leadership skills. While they are somewhat related, each can be explored separately.

2.9.1 Conflict Resolution Skills

Case managers often must deal with conflicts in their personal lives or at work, between clients, colleagues, or community members. Conflict resolution skills are extremely valuable in settling down interpersonal crises, promoting constructive discussions, and ultimately solving problems. The main points of developing conflict resolution skills are:

- Recognize that conflict is normal in relationships since all people cannot agree on everything. However, how they are resolved can harm or strengthen their relationships.
- Understanding that conflict usually arises out of a person’s need to feel safe, respected, understood, and valued even when that person is not aware of that need. Getting to this foundational issue is often key to resolving the conflict.
- Conflict also arises out of communication style. One person may say things in ways that trigger hurt or anger in another. Helping to recognize their different communication and emotional response styles can facilitate a mutual commitment to ‘meet half way’.
- Unspoken expectations or needs at work can lead to conflict, whether between colleagues or between employer and employee. Clarifying them will improve mutual understanding.
- To assist in resolving conflict, the case manager must remain alert and calm, withhold judgment or siding with one party or another, listen to the feelings and views, and express respectful understanding to both. Then gradually, both sides must come to understand the other, with help from the mediator, until they can commit to a mutually acceptable solution which may involve a compromise.
- When it is the case manager who is involved in a conflict, he or she should remember to make the relationship the priority, not ‘winning’ the current battle. Especially if there is a client involved the case manager should put the best interest of the client ahead of winning the conflict, but this does not mean to give into unreasonable demands, it simply means that the case manager takes a course of action that will serve the client.

2.9.2 Persuasion Skills

A case manager is often in the position of advocating on behalf of a client or cause, and this takes skills of persuading others to adopt his or her point of view. This should be done with respect for different views of others, while being firm in one’s own views. Experts in persuasion skills offer the following tips⁴² for persuading others:

⁴² Adapted from Kent University Careers and Employment Service Website. <http://www.kent.ac.uk/careers/sk/persuading.htm>

- Careful listening to the other party is the first step. People who feel ‘heard’ tend to be more responsive than those who feel ignored or disrespected.
- When listening, pay sincere compliments, such as “I appreciate you telling me that. I see you have done a lot of thinking about this.” “I am really impressed with your knowledge.”
- Speak with confidence and use culturally appropriate body language to convey confidence. Avoid sitting low in the seat, hiding in a corner, or using hesitant language such as “ummm, I am probably wrong about this but...” or “I guess I think that, I am not sure.”
- Present all pertinent facts and logic first, but also share your emotional investment in the case or cause. People are inspired by not only your knowledge and clear presentation, but by your commitment and passion, while maintaining professionalism.
- Use positive language. Instead of saying “You are wrong about that” or “I disagree”, say “I understand your point of view, but I see it in a different way. May I explain?” Or “That is an excellent idea, but have you also considered...??”
- Learn to deal with objections to your ideas and proposals in a tactful and respectful way, and learn to identify common grounds.
- Sometimes persuading can include being willing to negotiate a compromise. Knowing when to make small concessions in order to get an agreement on a more important issue is key to having influence.

2.9.3 Leadership Skills

Leadership skills are often misunderstood as being applicable only to those in high authority positions, and case managers may not feel it applies to them. However, leadership skills are important for the case manager who hopes to influence the opinion and decisions of clients and those they coordinate or collaborate with. In addition, those who practice leadership skills often end up in positions of leadership.

As shown in Figure 8, many of the leadership skills are involved in working with clients such as persuading and motivating, creating enthusiasm, clarifying the problem and making decisions, listening, giving constructive feedback, planning and organizing, and setting objectives. Additional leadership skills such as taking initiative, accepting responsibility for mistakes and wrong decisions, persevering when things are not working out, and learning from failure are extremely valuable in working with both clients, colleagues and other stakeholders.

While some people have these leadership qualities more naturally, others can learn to be good leaders. The experts at Kent University give these valuable tips on cultivating leadership:⁴³

- Use initiative to act on opportunities. Become a leader before other people view you as one.
- Take responsibility for your own objectives, set priorities and achieve them.
- Display a ‘can do’ attitude even in demanding situations. Try to solve problems rather than to pass them on to other people. “Yes, I’ll make it happen.”
- When asked to do tasks, go the extra mile. Go beyond your job description; do the work that gets you noticed.
- Show enthusiasm for the work.
- Take ownership of problems: anticipate potential problems, take pre-emptive action and act quickly to resolve problems;

⁴³ Adapted from Ibid., <http://www.kent.ac.uk/careers/sk/leadership.htm>.

- Introduce improvements to the way things are done; develop innovative practices and thinking.
- Learn new skills that will enhance capability and constantly add to your tool box.

FIGURE 9 LEADERSHIP CHART

(Source: Bruce Woodcock, University of Kent, UK)



2.10 PERSONAL SKILLS

As mentioned earlier, the case manager brings his or her whole self to the work. In addition to the values, knowledge and skills that have been discussed thus far, the personal skills of the case manager will have a pivotal role in the quality of work as well as in the quality of his or her own life. There are many personal skills relevant to case management, but here three of the most important skills will be highlighted: 1) self-awareness, 2) organizational skills, and 3) managing stress and vicarious trauma.

2.10.1 Self-Awareness

Self-awareness has been defined as “a psychological state in which people are aware of their traits, feelings and behaviour. Alternately, it can be defined as the realization of oneself as an individual entity.”⁴⁴ Self-awareness is an important personal skill because it is an essential part of any relationship, including with clients, family members, colleagues and other stakeholders. When the case manager is aware of him- or herself, it increases their capacity for becoming aware of others’ feelings and behaviors. Yet, many do not have a finely honed sense of self-awareness and struggle to understand themselves as well as colleagues and clients.

2.10.1.1 Barriers to Self-Awareness

Developing self-awareness can be hampered by many things such as strong cultural morals that dictate how one should feel and behave, family upbringing that emphasize certain traits over others, and friends and society in general that stress acceptable or popular traits (often along gender or class lines). While some cultural and social boundaries must exist and be recognized, they can also discourage individualization and uniqueness of each person. Extreme trauma and loss can also play a role in suppression of painful feelings. These forces can be so strong that one can often be unaware of his or her true nature and are surprised to find themselves having certain reactions to people and situations.

As can be imagined, case managers are often at a loss as to why they react to certain clients or colleagues in the way they do, and try to brush it aside rather than deal honestly with their true feelings. For example, some have a difficult time working with people who have committed crimes or offences against children. Their sense of harsh judgment against these individuals and their inability or unwillingness to reflect upon their personal responses form a barrier in providing effective case management services.

2.10.1.2 Nurturing Self-Awareness

“Owning” or acknowledging how one truly is, feels, or acts, and understanding why they do, are the crux of tapping into self-awareness. This takes the willingness to observe oneself honestly and ask for feedback from trusted friends or supervisors. Once this acknowledgement occurs, the person can take action to deal appropriately with the situation. For example, a case manager who was raped as a child may have an unhealthy level of sympathy, rather than empathy, for the victim to the point of enabling rather than empowering. Once they are able to see this, they can work to regain balance and professionalism to their own benefit and that of the client. This type of discovery and correction will lead to other insights that can increase self-awareness.

Achieving self-awareness may involve sincere self-reflection, honest discussions with trusted colleagues and supervisors, learning skills to deal with them, and possibly professional counseling. In the meantime, the case manager may wish to ensure that they are being fair and professional to all clients, even with those he/she does not relate to very well. If there is a major problem, the supervisor may need to temporarily re-assign the case.

44 Crisp & Turner, 2010. Essential social psychology. London: Sage Publications.

2.10.1.3 Self-Consciousness

Some people are self-conscious, which is a heightened state of being aware of their negative emotions, fears, or behaviors while avoiding interacting with others fully. Case managers who experience this should realize that such a negative focus on the self contributes to ineffective relationship building, does not promote confidence, and generally does a disservice to them and their clients. They can focus on building a more well-rounded sense of self-awareness including their positive traits and behaviors, and giving themselves the unconditional positive regard that they give to others.

2.10.2 Organizational Skills

Busy case managers with large workloads and many meetings to attend, with little resources and support can feel overwhelmed. However, some organizational skills can lessen stress and improve productivity. Case managers may benefit from the following courses of action.

- Create a personal binder for keeping notes on each and every client, aside from the Case Management booklet. In this binder dedicate several removable pages to each client, keeping notes of the contacts with clients and service providers or other communication or meetings you have had. Once the case closes, remove the pages and file them in a secure place where you can retrieve them if you need to.
- Take these notes to the supervision or case conferences. Add notes to them at the meeting and put them back in the binder mentioned above.
- Keep an updated list of resources handy. If there isn't one, start the initiative to create one. This will save countless hours of hunting and searching.
- Combine trips. If you have a meeting in one location, also visit clients and meet with community leaders. Make a list ahead.
- Manage your time. In an organizer (hard paper or electronic), input annual, quarterly, monthly or weekly meetings and events. Each day, spend a few minutes first thing in the morning to make a 'to-do' list and schedule for the day and keep to it, breaking the schedule only for extreme emergencies. Check off tasks as you accomplish them.
- Prioritize the important tasks first, and get them done. Many people get distracted and focus on less important things, leaving insufficient time for the big things.
- Take time to refresh. During your work day, it is important to take care of yourself. This does not mean that one should take two hours lunches each day, but it does mean that during the one hour lunch, you completely relax, socialize, and try to get the most refreshment value out of the time 'off' the job.

2.10.3 Managing Stress and Vicarious Trauma

Child protection is work that contributes enormously to society, but it is also very stressful. For this reason, it is also common for child protection workers to be diminished or impacted by stress and vicarious trauma.

2.10.3.1 Symptoms of Stress:

Stress and vicarious trauma can lead to:

- Feeling drained; not having the energy for the work;
- Feeling emotionally overwhelmed and/or depressed by the cases to manage;

- Resenting clients and being impatient with them;
- Losing track of the different cases;
- Physical symptoms such as headaches, stomach problems, sleeplessness, or fatigue
- Having an overly negative perspective of yourself, clients, co-workers and situations

2.10.3.2 Dealing with Stress:

When these symptoms are present, it is best to explore the possibility that stress has the upper edge of the case manager. Stress and trauma can be prevented or dealt with in the following ways:

- Clearly separating work from personal life, and being fully present in the moment;
- Recognizing and accepting limitations on one's time and resources
- Enjoying a full and happy personal life when not at work
- Talking to supervisors and colleagues
- Attending workshops
- Taking good care of self—sleep, nutrition, exercise and relaxation
- Possibly taking time off of work to rejuvenate

2.10.3.3 What is vicarious trauma?

Vicarious trauma is the trauma experienced by those who work with victims and survivors of trauma. Child protection workers have a significantly high level of vicarious trauma. Vicarious trauma can at times 'feel' and 'look' like real trauma, with symptoms of depression, irritability, sleeping too much or too little, feeling overly sensitive, having a negative view of self and others. In extreme cases victims of vicarious trauma can have nightmares that they are experiencing their clients' experiences, or have short spans of panic attacks.

2.10.3.4 Dealing with vicarious trauma

Vicarious trauma requires similar but more intense coping skills than the everyday stress of working in child protection. Some helpful ideas include these:

- When working in child protection, the case manager's unresolved past trauma or loss issues can resurface. If so, it is good to recognize and deal with it. One might wish to confide in a professional counselor or a colleague/supervisor who understands and works with trauma victims. Don't be afraid to receive counseling, as all human beings have times when they need to be strengthened and empowered.
- Beware of compromising one's good judgment; emotional responses of extreme sympathy or hostility may override good professional judgment.
- Learning and using bracketing skills; that is, how to separate a client's trauma from the case manager's own reactions, and moving toward an intelligent solution based on best practices despite having strong trauma responses.
- If necessary, consider taking some time off to deal with trauma issues and retool the skill sets.

3: ROLES AND RESPONSIBILITIES OF KEY PLAYERS FOR CASE MANAGEMENT



In a comprehensive Child Protection System, two major types of structures must be developed: Coordination Structures and Implementation Structures. Broadly speaking, the coordinating structures are responsible for advocacy and development of policy as well as the ultimate oversight of the system's performance, while the implementation structures take the services to the intended beneficiaries and account for its performance to the oversight structures. These two types of structures need to collaborate with each other, to bring full effectiveness to the endeavour. The collaboration is done at all levels from the top to reaching down to the grassroots. Coordination and implementation groups often overlap, especially at the lower end of the organizational structures. For the case manager, it is important to understand the horizontal and hierarchical context in which they work, and how they should be coordinating with the various organizations.

There are very few structures in the child protection system specifically dedicated to the coordination and implementation of case management services only. As the larger system develops and becomes more complex, case management will become a more distinct system with its own system components; however, case management will always be a part of the larger child protection system.

Tables 4 and 5 lay out the mandates for case management coordination and implementation mechanisms respectively. It should be noted that these are specific to child protection in general and case management more specifically, and that the various entities may have other mandates and roles not specified in these tables.

LEVEL	TABLE 4 TERMS OF REFERENCE for COORDINATION MECHANISMS FOR CASE MANAGEMENT
NATIONAL	<p>Gender, Children, Youth and Sports Sector Working Group</p> <ul style="list-style-type: none"> • Clarify membership, mandate and reporting structure <ul style="list-style-type: none"> • Include child protection system building as a priority in its mandate • Explicitly include development of case management as a priority in its mandate. • Prioritize child protection and case management in its annual planning and budgeting process, with input from the relevant ministries and TWGs. • Provide support and oversight to the Ministry of Gender in its child protection activities, particularly in the national roll out of case management services. • Provide guidance to the TWGs on developing child protection and social protection initiatives and programs. • Support and collaborate with the Technical Working Groups in developing the costed plan of action to implement the CCPJA. • Encourage local governments to make child protection a priority development issue and advocate for policy, programming, and financial assistance.
NATIONAL	<p>Technical Working Groups</p> <ul style="list-style-type: none"> • Advocate for the policy instruments recommended in Table 1 of this document. • Act as primary engine for the establishment of the child protection system, with the Department of Social Welfare in the top leadership structure. • Explicitly promote case management as a core part of the CP System. • Advocate for improvements in policy and funding for case management (consider a sub-committee). • Clarify membership and mandate; include the national Case Management Desk as a core member of TWG 1-5 (see Figure 8). <p>The roles of TWG specific to child protection include:</p> <ol style="list-style-type: none"> 1. Child Development TWG: Focus on increasing resources for early childhood education, infant health and nutrition, parenting skills education. 2. Social Welfare TWG: Promote social protection mechanisms such as conditional cash transfers, school-based food programmes, age-based pension initiatives, mental health resources, shelters and safe homes.

NATIONAL	<p>National Case Management Task Force (limited term)</p> <ul style="list-style-type: none"> • In collaboration with the National Coordinator’s office and DSW, ensure that case management Strategic Plan is rolled out in a timely fashion with refined Framework, Tools, and SOPs. • Ensure that mechanisms are put in place to strengthen the capacity of CCPWs. • Advocate for increased resources for further training and incentives for case managers. • Oversee the implementation of the Case Management Strategic Development Plan. • Ensure that case management data are collected and entered into the Child Protection Information System from the Village to National levels. • Conduct periodic reviews of the data, provide support to district level SW Officers.
	<p>Malawi Human Rights Commission</p> <ul style="list-style-type: none"> • Advocate for the rights of children to be protected from abuse, violence, exploitation and neglect. • Conduct public service announcements, media campaigns and sponsor bill boards. • Advocate for the elimination of corporal punishment in schools. • Advocate for programs that address gender-based violence and promote harmonious family life.
	<p>Office of the Ombudsman</p> <ul style="list-style-type: none"> • Serve as a grievance committee when a case of child protection has not been addressed and a child is severely injured or killed, including conducting independent investigations. • Ensure that the CCPJA is followed to protect children from police brutality on the streets and in the conducting of law enforcement activities. • Investigate cases of abuse by government employees engaged in serving vulnerable children. • Conduct probes into other, less focused areas of child rights issues and bring them to the attention of the Steering Committee and Technical Working Group, as well as to the relevant Ministry.
DISTRICT	<p>District Gender Children Youth and Sports Sector Working Group</p> <ul style="list-style-type: none"> • Under guidance of the national CGY&S/SWG and in collaboration with the DEC: <ul style="list-style-type: none"> • Work to promote the building of the child protection system at the district level. • Provide local information on child protection issues and share information with other districts. • Support and promote the work of the district Social Welfare Office and its case management activities. • Support the strengthening of VDCs to empower them to play a vital role in local child protection issues.

DISTRICT	<p>Technical Working Groups</p> <ul style="list-style-type: none"> • Under guidance of the DGCY&S SWG, generally coordinate the efforts to promote child protection and case management in the district. • Work on similar goals as the corresponding national TWGs, except that these shall liaise more with the TA and community levels, specifically: <ul style="list-style-type: none"> • TWG on Gender and Integrated Community Development: Work to promote women’s rights, develop resources for domestic violence prevention and rehabilitation, support parenting skills education, work on prevention of child marriages. • TWG on Child Development and Social Welfare: Work on supporting CBCCs and other early education initiatives, promote immunizations, birth registration, access to health, self-sufficiency programmes such as occupational training, microcredit initiatives amongst others. • Ensure that the membership is inclusive of social welfare, education, law enforcement, justice and health as well as NGOs working in child protection, gender-based violence, and other CP issues. • Create an Action Plan that prioritizes supporting case management services within every area • Campaign to provide more resources to the CCPWs (wages, transport & phone support). • Create and disseminate a District-wide registry of resources for vulnerable children and families. • Receive training on the broad purposes and benefits of case management (1-2 days; could include accompanying CCPWs to vulnerable children and families). • Regularly attend Area Development Committee meetings to promote case management • Conduct awareness raising campaigns on child protection issues.
TRADITIONAL AUTHORITY	<p>Area Development Committee</p> <ul style="list-style-type: none"> • Prioritize and encourage the Village Development Committees to host the Journey of Life program. • Support case management efforts through allocation of resources and funding relevant projects. • Educate Village Development Committees on child protection issues and the resources available. • Work with Area officials and NGOs to create/expand necessary programs for vulnerable children.
GROUP VILLAGE	<p>Village Development Committee (at GVH level)</p> <ul style="list-style-type: none"> • Host the Journey of Life programme. • Create and support a Child Protection Committee with social welfare, education, health, labour, youth and sports and justice representatives from government and civil society sectors. • Work with the TA and District to bring the necessary resources for child protection. • Through the CPC, address the needs of vulnerable children and families on common issues (e.g. food, roof, schooling). • When requested, hold case conferences with CCPWs. • Create standard procedures and assign duty bearers for referral to CCPWs, police, and health. • Communicate child protection issues and resource needs to the Area and District authorities. • Create and support a Youth Club where youth 15-18 can be mentored in liaison with CCPWs. • Host village level activities to benefit vulnerable children and families.

TABLE 5 MANDATES FOR IMPLEMENTATION MECHANISMS FOR CASE MANAGEMENT	
NATIONAL	<p>Ministry of Gender, Children, Disability and Social Welfare</p> <ul style="list-style-type: none"> • Participate actively (and seek leadership positions) in the national coordination bodies, raising awareness of the system building efforts and the need to rollout CM. • Liaise with Ministries of Health, Education, and Local Development to promote CM: <ul style="list-style-type: none"> • Jointly sponsor campaigns on issues of common concern with other ministries. • Encourage a child protection national desk in each ministry. • Create an information management system on child protection, and work with other entities to monitor and analyze data related to child protection and case management. • Based on data, make adjustments to procedures and implementation of child protection programmes. • Create a clear guideline on the involvement of, and collaboration with, civil society on protection. • Systematically monitor the compliance of institutions caring for children, emphasize reintegration. • Advocate for the finalization/passage of the recommended policy instruments (see Table 1). • Obtain more funding to support District SW offices and CCPWs, create incentives for merit. • Provide vehicles for District SWOs & CM desk officers for traveling to provide supervision. • Certify CCPWs through a 2-month intensive training & put graduates on government payroll. • Increase the number of CCPWs to 1,200 by 2020 (at least half to be certified). • In collaboration with Magomero College, University of Malawi and the private sector, develop a system of training and certifying social work programs at certificate (1 year), diploma (2 years) and degree (4 years) levels. • Invest in sending some promising government employees to other countries to obtain Masters degree in Social Work.
NATIONAL	<p>Ministry of Gender, Case Management Office</p> <ul style="list-style-type: none"> • Participate in the relevant national Technical Working Group on developing the child protection system and promoting case management as a major vehicle (may include the TWGs on Gender, Community Development, Child Development, Social Welfare and Youth Development). • Take the lead on rolling out case management nation-wide. • Ensure equitable distributions of CCPWs throughout the districts based on need and challenges. • Visit each district quarterly to provide support and supervision. • Create a ToT team to take CM training to support districts at regular intervals. • Conduct training on CCPW supervision for District SWOs and desk officers. • Facilitate exchange of information and communication between all of the District SWOs and CM Desk Officers and Assistants DOs.

District Executive Committee

- Ensure that the District Implementation Plans reflect case management as a key component of child protection and ensure resources are allocated for the same.
- When evaluating proposals, give priority to case management services for vulnerable children with the long term view of making an investment in the future.
- Facilitate the collection of relevant data to illuminate child protection needs in the district.
- Ensure harmonization of implementation structures.
- Advocate for the recognition of child protection workers in the district.
- Provide overall oversight of district child protection issues.

District Social Welfare Officer

- Secretariat and chair for the Child Development and Social Welfare TWG meetings.
- Participate in the Gender/Integrated Community Development TWG meetings.
- Ensure functionality of ADC and AEC level Child Protection Committees.
- Supervise the Case Management Desk Officer and Probation Officers.
- Compile data from the various regions and submit to the national M&E office.
- Ensure resources for all CCPWs to receive face to face supervision at least monthly.
- Ensure resources for implementation are available.
- Advocate for case management at the District Executive Committee meetings.
- Plan for community level implementation of case management at community level.
- Review and strengthen case management referral systems in the district.
- Chair district level case conferences and case review meetings.

Case Management Desk Officer

- Attend the TWG meetings, advocate for case management services.
- Supervise the Assistant CM Desk Officers and assist them on difficult cases.
- With the Assistant Desk Officers, supervise all CCPWs at least monthly, then discuss their needs and how they will be met.
- Advocate for more paid CCPWs in the district.
- Consolidate reports from Assistant Desk Officers and provide feedback to ACMDO and CPW.
- Conduct on-job training for CCPWs and other case managers in the district.
- Attend case conferences and case review meetings.
- Monitor implementation of CM in Child Care Institutions.

Assistant Case Management Desk Officers

- Attend TWG meetings.
- Supervise CCPWs face to face at least monthly with the Desk Officer.
- Consult with CCPWs as needed on difficult cases.
- Attend case conferences and case review meetings.
- Maintain own case load.
- Assist in consolidating data from the CCPWs.
- Look for ways to encourage and motivate CCPWs and other social workers.

Area Executive Committee

- Work with the District SWO to bring greater awareness on child protection issues at the local level.
- Prioritize case management as a cost-effective program choice on project reviews.
- Incentivize villages to get involved in child protection.

Group Village Head Child Protection Committee

- Oversee Child Protection work at community level and provide assistance and resources in handling simple cases.
- Work in tandem with the CCPWs to raise awareness.
- Refer child protection cases to CCPWs.
- Identify volunteers who are willing to provide immediate assistance to children.
- Identify and report criminal cases to the Victim Support Units, police and CCPWs.
- Collect and submit data to the District office.

Community Child Protection Workers

- Help raise awareness of abuse, neglect, violence and exploitation in the community.
- Receive child protection case referrals from the community structures such as CVSUs, primary schools, children’s corners and CBCCs.
- Serve as the first responders in child protection cases.
- Screen out and dismiss non-child protection cases.
- Implement case management services (assessment, planning, referrals, follow-up).
- Initiate case conferences and reviews as needed.
- Close cases only after it has been reviewed with the supervisor.
- Be available for monthly supervision from the District office.

Initial Assessment Form



Person Filling out this Form (Olemba): _____ Title (Udindo) _____

Agency (Bungwe/ Ofesi) _____ District (Boma): _____ Date (Tsiku): _____

Particulars of the child (Mbiri ya mwana)

Child's Name (Dzina la mwana)	Age (zaka)	Gender (Mzazi/ Mwamuna)	Location of Child (Komwe amakhala)	Parents or Guardians (if Known) (Makolo amwana kapena omuyang'anira). Ngati mbiri yawo ikudziwika	Perpetrator (if known and applicable). Wachitira nkhanza mwana (ngati akudziwika)

Person Making the Referral (Yemwe watumiza mwana) ndi momwe tingampezere & Contact Information: Keep confidential (musungireni chinsinsi): _____

Type of case being referred (Vuto lomwe lachititsa kuti mwana atumizidwe):

- Physical abuse (Nkhanza ya pathupi) Sexual abuse (Nkhanza yogwilira) Verbal/Emotional Abuse (Nkhanza ya m'maganizo)
- Neglect ((Nkhanza yosalabadira mwana/ kulekelela) Exploitation (kudyera mwana masiku pamutu) Early Marriage (Nkhanza yokwatiwitsa mwana)
- Other/ Nkhanza ina (specify/ Tchulani) _____

Briefly describe the nature of referral (Fotokozani nkhaniyo mwachidule): _____

Does the alleged perpetrator know that a referral has been made (Ochitira nkhanza mwana akudziwa kuti nkhani yapita pena? Yes (Inde) No (Ayi)

Not Known (Sizikudziwika) There is no perpetrator (Palibe wachitira mwana nkhanza)

Does a parent or guardian know about this situation (Kodi makolo akudziwa zankhaniyi)? Yes (Inde) No (Ayi) Not known (Sizikudziwika)

Based on the above assessment, is there a child protection risk (Nenani pamanepo pali chiopsezo)?

Yes (Inde): Move forward to full assessment (pangani kafukufuku wakuya). If the situation is serious, make a referral to service providers NOW. (Ngati pali vuto lalikulu lofunika kuchitapo kanthu mwansangamsanga, tumuzani kwa omwe angathandize)

No (Ayi): Dismiss case but keep the record and send it to the District Office (Tsekani nkhaniji komabe sungani zomwe mwalembo komanso tumizani ku ofesi ya kuboma). Notify client that no action will be taken, but an informal service referral could be made without opening a case file if you feel it is appropriate (Muuzeni okhudzidwayo kuti simuchitapo kanthu pankhaniyo komabe mutha kutumiza kwa ena omwe angachitepo kanthu).

Remarks (Ndemanga)



**MALAWI
GOVERNMENT**

Form 1. Household Registration Form (Kalembela wa Khomo)

Household ID Code (Nambala ya nyumba) _____ Date Case Open (Tsiku loyamba Kafukufuku) _____
 Filled out by Case Manager (Olemba fomu) _____ Village (Mudzi) _____ GVH (Gulupu) _____
 Name of the household head (Dzina la mkulu wakhomo) : _____
 TA (Mfumu yayikulu) _____ District (Boma) _____

ADULTS (18+) in Household Eldest to Youngest (Anthu omwe ali pakhomo lomwe likuyang'anidwa ndi opitilila zaka 18)

First and Surname (Dzina loyamba ndi la bambo)	Relationship to Children (Ubale ndi ana) E.g. Mother to Child 3&4, Stepmother to 1&2; Father to all children, maternal uncle, etc.	Sex		Age (Zaka)	Responsibilities for the Household (Ali ndi udindo wanji pakhomopo) e.g works on the farm, cooks, watches children, etc.
		Female (Mkazi)	Male (Mwamuna)		

Children in Household From Eldest To Youngest (Ana Amene Ali Pakhomo) Kuyambira Wamkulu Kutsizira Wang'no

First & Surname (Dzina loyamba ndi la bambo)	Sex		Date of Birth (Tsiku lobadwa)	Age (Zaka)	Status of Parents (Mbiri ya makolo a mwana): (Living with child, Dead, or Living Away) (Kodi akukhala ndi mwana, anamwali- ra kapena amakhala kwina)		Brief comments (Ndemanga): (e.g. child is malnourished, stunted, have poor sight ,disability, etc) (Zowonjezela- Mwachitsanzo kodi mwana ndiwolum- ala,wonyetchera, osawona,
	Female (Mkazi)	Male (Mwamuna)			Mother (Mai)	Father (Bambo)	
1							
2							
3							
4							
5							
6							
7							



MALAWI
GOVERNMENT

Form 2. Household Assessment and Progress Chart (Kafukufuku wa khomo ndi ndondomeko zothandizila khomolo)

Household ID Code (Nambala ya nyumba) _____

Date of Assessment (Tsiku la kauniuni) _____ Case Manager (Olemba) _____

Assessment Codes: 3=no problem (<i>palibeVuto</i>)	2=slight problem (<i>Vuto lilipo pang'ono</i>)	1=serious problem (<i>Vuto lilipo lalikulu</i>)	Follow-Up (Kalondolondo) (Not less than three times) (osachepera katatu) (Observations and Next Course of Action) – Zomwe mwaona ndi zomwe zichitike	
Household Indicators (Kalozeza)	Rating (1,2, or 3) and Reason for rating	Goal (Cholinga chachikulu)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)
1. Household has enough food to eat (at least one week) (Pakhomo Pali chakudya chokwana sabata lonse)				
2. Household has a livelihood or on-going source of income sufficient to meet their needs (Khomo lili ndi upangili kapena njira zopezela ndalama zokwanila kusamala banjalo)				
3. Household has saved enough money or has items to sell to cover one month of basic needs (Khomo lili ndi ndalama zosunga kapena zinthu zoti atha kugulitsa ndikupeza ndalama zogullia zofunika zazikulu zapakhomo kwa mwezi)				
4. Caregivers in the household are healthy enough to care for the children (Osamallia khomo ali ndi moyo wathanzi ndipo atha kusamallia ana)				

Assessment Codes: 3=no problem (palibeVuto)		2=slight problem (Vuto lilipo pang'ono)		1=serious problem (Vuto lilipo lalikulu)	
Household Indicators (Kalozela)	Rating (1,2, or 3) and Reason for rating	Goal (Cholinga chachikulu)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)	Follow-Up (Kalondolondo) (Not less than three times) (osachepera katatu) (Observations and Next Course of Action) – Zomwe mwaona ndi zomwe zichitike
5. There is a feeling of peace and harmony in the home, free of domestic violence and hostility. (pakhomopo pakuoneka kuti pali bata ndipo sayambana)					
6. Household has access to safe drinking water including clean storage (Khomu lili ndi madzi akumwa aukhondo komanso malo osunga madziwo abwino)					
7. Household has safe, dry and ventilated house with strong walls and roof with no leaks (Nyumba yosadotha, yolowa bwino mpweya okwanila ndiponso ya makoma olimba)					
8. Family has extended family support within half an hour of walking (Khomu lili ndi achibale pafupi omwe angalithandize pa nthawi yamavuto- pamitunda osaposera kuyenda kwa phindi makumi atatu)					
9. A child-protection related committee is aware of family's needs and can help (Komiti ya atetezi a ana kumudzi ikudziwa zavutoli ndipo akhoza kuthandizapo)					
10. Other Problems, if any (Vuto lina ngati lilipo)					

Assessment Codes: 3=no problem (<i>palibeVuto</i>)		2=sight problem (<i>Vuto lilipo pang'ono</i>)		1=serious problem (<i>Vuto lilipo laikulu</i>)	
Household Indicators (Kalozele)	Rating (1,2, or 3) and Reason for rating	Goal (Cholinga chachikulu)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)	Follow-Up (Kalonolondo) (Not less than three times) (osachepera katatu) (Observations and Next Course of Action) – Zomwe mwaona ndi zomwe zichitike
Other Strengths, if any (kuthekera komwe kulipo)	List the family's strengths that have not been mentioned so far (education, job skills, etc). Incorporate these to solve problems (Lembani kuthekera komwe kulipo. Zitsanzo: maphunziro, ntchito zamanja). Izi zikuthandizireni pamene mukupanga ndondomeko yothandizira banjalo.				

HOUSEHOLD CASE CLOSURE (KUTSEKA KWA NKHANI):

Reason for Closure: (Chifukwa chotsekera nkhani) Chongani yankho loyenela munsimu

All goals reached (Zolinga zonse zakwaniritsidwa)

Case Management term (3months/extended by one month when needed) expired (Nithawi – miyezi itatu/ kapena taonjezera mwezi wina umodzi/ nthawi yatha)

Household moved away Yes/Inde No/Ayi If so, transferred to new district? (Banjalo linasamuka –ngati anasamukadi, anapita Boma lina?)

Household uncooperative: Yes/Inde No/Ayi Banjalo silikutsatira zomwe munagwilizana kuti zichitike

Case Manager (Olemba) _____ Date: (Tsiku) _____ Supervisor (Oyang'anira) _____ Date (Tsiku) _____

Signature _____ Signature _____



MALAWI GOVERNMENT




Form 3. Initial Child Assessment Chart
(for all children in the household) (Kafukufuku wa mavuto omwe ana alinawo pakhomu)

Guardian: _____ Village: _____ TA _____ Date of Assessment: _____
(Oyang'anila Mwana) (Mudzi) (Mfumu yayikulu) (Tsi ku la kafukufuku)




Case Manager (Olemba): _____




Location of Child(ren) (komwe mwana akukhala) if different from Guardian (ngati akukhala kosiyana ndi makolo): _____

Indicator (Kalozero)		Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chitukwa Choperekela mulingowu)						
		Child 1	2	3	4	5	6	7
1	Child is enrolled in CBCC, primary or secondary/vocational school. (Mwana analembera kusukulu ya mmela mpoyamba, pulayimale, secondale kapena sukulu za manja).							
2	Child attended (CBCC, primary or secondary/vocational school) all five days in the past week (Mwana anapita kusukulu masiku onse asanu mu sabata yangothayi)							
3	Child has education support materials (uniform, notebooks, pens, school fees, and pocket money) (Mwana ali ndi zomuyeneza pamaphunziro monga yunifolomu, makope, zolembela, sukulu fizi ndi ndalama zodyela kusukulu)							
4	Child is on target in school to progress to next level (Kutengela makhozndwe ake mkalasi, mwana akuoneka kuti akhoza ndikupita kalasi yapatsogolo)							

Indicator (Kalozero)		Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopelekela mulingowu)						
		Child 1	2	3	4	5	6	7
3 = NO PROBLEM (Vuto Palibe)  2 = SLIGHT PROBLEM (Vuto laling'ono)  1 = SERIOUS PROBLEM (Vuto Lalikulu)  OR USE N/A when not applicable								
5	At school, child feels safe and well-liked by friends and teachers (Akakhala kusukulu mwana sakhala wamantha ndi anzake kapena aphunzitsi)							
6	Child has birth certificate (Mwana ali ndi chiphaso chakalembera chosonyoza tsiku lobadwa)							
7	In the past two months when the child was sick, he/she was taken to the hospital (Mu miyezi iwiri yapitayi, pamene mwana anadwala anamutengela kuchipata)							
8	Put a rating of 3 for any HIV positive child and a rating of 2 if status is not known (child has not been tested). Ikani mulingo wa 3 ngati mwana ali ndi kachilombo ka HIV kapena 2 ngati sanakayesetse							
9	Child has no physical or mental disability (Mwana ndiwosalumala komanso alibe vuto losokonokela ubongo)							
10	Child has own blanket, shoes, and clothing; and well cared for (Mwana ali ndi bulangete lakelake, nsapato ndi zovala komanso ndi waukhondo)							

Indicator (Kalozero)		Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopekela mulingowu)						
		Child 1	2	3	4	5	6	7
<p>3 = NO PROBLEM (Vuto Palibe) 😊</p> <p>2 = SLIGHT PROBLEM (Vuto laling'ono) 😐</p> <p>1 = SERIOUS PROBLEM (Vuto Lalikulu) 😞</p> <p>OR USE N/A when not applicable</p>								
11	Child sleeps under a treated mosquito net (without holes) at all times (Mwana amagona m' masikito omutezeza ku udzudzu tsiku liri lonse (Wosang'ambika))							
12	Child has received at least 4 meals in the last 2 days. (Mwana anadya kosachepela kanayi masiku awiri apitawo)							
13	Child has access to all 6 food groups (Mwana amadya zakudya zamagulu onse asanu ndi imodzi)							
14	Child lives with his or her family (includes elderly headed, female-headed, male-headed, child-headed households) (Mwana amakhala ndi achibale ndipo mutu wabanja ndi agogo, bambo a mwana, mayi a mwana kapena mwana wapakhomo)							
15	Child is free from abuse (physical, sexual, verbal, emotional)—Explain and ASK children individually, about each type of abuse (Mwana ndi otetezedwa kunkhaza monga kumenyedwa, kunyozedwa, kugwilliridwa, kusalidwa ndi zina zotele). Funsani mwana alyense payekhapayekha							
16	Child is not exploited for labor (Mwana saumilidwa kugwira ntchito zoposa msinkhu wake)							

Indicator (Kalozero)		Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chifukwa Chopelekela mulingowu)						
		Child 1	2	3	4	5	6	7
3 = NO PROBLEM (Vuto Palibe)  2 = SLIGHT PROBLEM (Vuto laling'ono)  1 = SERIOUS PROBLEM (Vuto Lalikulu)  OR USE N/A when not applicable								
17	Child is not at risk of child marriage (Mwana ali wotezedwa kunkhaza yomuwumiliza kukwatiwa kapena kukwatira ali wamng'ono)							
18	Child has a strong attachment to at least one adult and one close friend (Mwana ali ndi munthu mmodzi kapena mzake yemwe amagwirizana naye)							
19	Child is treated the same as other children in the household (or institution) on amount of food & work (Mwana amasamalidwa chimodzimidzi ngati anzake pakhomopo pankhani ya zakudya, kagwidwe kantchito ndi zina)							
20	Child is happy and content, has positive mood (Mwana ndiwokondwa ndipo amakhala moyo wamsangala)							
21	Child obeys adults (does not have behavioral problems) (Mwana amamvera anthu aakulu ndipo alibe khalidwe loipa)							

Indicator (Kalozero)		Children (Ana) Oldest to Youngest in Household, Refer to Household Registration (Form 1) Rating and Reasons for Rating (Chitukwa Chopelekela mulingowu)						
		Child 1	2	3	4	5	6	7
		3 = NO PROBLEM (Vuto Palibe)  2 = SLIGHT PROBLEM (Vuto laling'ono)  1 = SERIOUS PROBLEM (Vuto Lalikulu)  OR USE N/A when not applicable						
22	Child is free to attend religious services (Mwana ali ndi mwayi opemphera)							
23	Child regularly participates in leisure activities with peers (e.g. Children's Corner, Sports Club, etc) (Mwana amasewera ndi anzake pakhomo, ngakhale m'magulu okhazikitsidwa mdela lake monga mabwalo a ana ndi makalabu)							
APPLICABLE TO CHILDREN LIVING AWAY FROM HOME								
24	Child lives in a safe, dry and ventilated shelter (Mwana akukhala mnyumba yosadontha, yamazenela okwanila)							
25	Child has access to a clean latrine/toilet (Mwana amagwilitsa ntchito chimbuzi cha ukhondo)							
26	Child has access to clean drinking water that is stored clean (Mwana amamwa madzi aukhondo ndiponso wosungidwa malo abwino)							



Form 4 - Child's Case Plan (Ndondomeko yothandizila Mwana)

Child's Name: _____ Child's Date of Birth: _____ Case Reference No. _____ Today's Date(Tsiku) _____
 (Dzina La Mwana) (Tsiku lobadwa Mwana) (Nambala ya kalozera)

Guardian (Osamaliia Mwana): _____ Village (Mudzi): _____ TA (Mfumu yayikulu) _____

Problem (Vuto)	Goal Set with Child Participation (Choyenela Kuchitika kuti vutoli lithe)	Action to be Taken (Chomwe chichitike pochepetsa vuto)	To be done by (Yemwe atsogolere ntchitoyi ndithawi)	Follow Up (Kalondolondo wa zomwe munakhazikitisa kuti zichitike)	
				Date (Tsiku)	Date (Tsiku)
Indicator # _____ (Kalozera)					✓
Indicator # _____ (Kalozera)					
Indicator # _____ (Kalozera)					
Indicator # _____ (Kalozera)					
Indicator # _____ (Kalozera)					
List the child's strengths and think of how they can be used to overcome the problems. Incorporate this information in the Case Plan. Lembani mndandanda wakuthekerera konse komwe mwana ali nako ndi momwe kuthekerera kumeneko kungathandizire kuthetsa mavuto omwe apezeka.					
Case Closure: (Kutseka) Reason for closing case: (Zifukwa zoyenera kuti ndondomeko itsekedwe) _____ All goals have been achieved: (Zonse zomwe tinakonza kuti zichitike zatheka) _____ Case management term has expired: (Nthawi yomwe tinalinganiza kuti ntchitoyi ichitike yatha) _____ Client is not available: (Mwana yemwe timafuna athandizikeyo anachoka) _____ Client not cooperating: (Mwanayo sakutsatira) _____ Signed by: _____ Supervisor (Oyang'anira) _____ Date (Tsiku) _____ Case Manager (Olemba) _____ Date (Tsiku) _____					



MALAWI GOVERNMENT

REFERRAL FORM A

Date: _____

Name of Organization _____

Address of Organization _____

Dear _____:

We are referring _____

(name of client) to you to receive relevant services. The reason for the referral is because:

Thank you in advance for your help with this referral. We look forward to your prompt feedback so we can expedite services. Please complete and return the attached form.

Sincerely,

(Case Manager—Print and sign)

Telephone: _____

Email: _____

Address: _____



MALAWI GOVERNMENT

RECEIPT OF REFERRAL FORM B

Date: _____

Dear _____ (Case Manager):

We have received your referral to assist your client whose name is _____.

We understand that you would like us to provide the following services:

At this time we are (please tick one):

- ___ Able to provide the services
- ___ Unable to provide the services
- ___ Willing to put your client on a waitlist

We understand you will call to check the progress of this client.

(Name of person filling this out, and Title)

(organization)












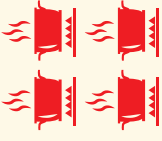












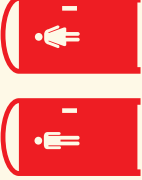

Telephone: _____

Email: _____



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Initial Assessment of all Children Indicators by Number

						
1. Enrollment	2. Attending BCC/ School	3. Educational Support	4. On target in school	5. Safe and well-liked at school	6. Birth certificate	7. When sick, taken to hospital
						
8. HIV-Negative	9. No physical or mental disabilities	10. Blanket, shoes, clothing and well- cared for.	11. Sleeps under a mosquito net	12. At least 4 meals in the last 2 days	13. Access to all 6 food groups	14. Lives with his/her family
						
15. Free from abuse of any kind	16. Not exploited for labor	17. Not at risk of child marriage	18. Attachment	19. Treated same as other children in the house	20. Happy and content	21. Obeys adults (no behavior problem)
						
22. Free to attend religious services	23. Leisure activities with peers	24. Lives in safe, dry house	25. Access to clean latrine/toilet	26. Access to clean drinking water		

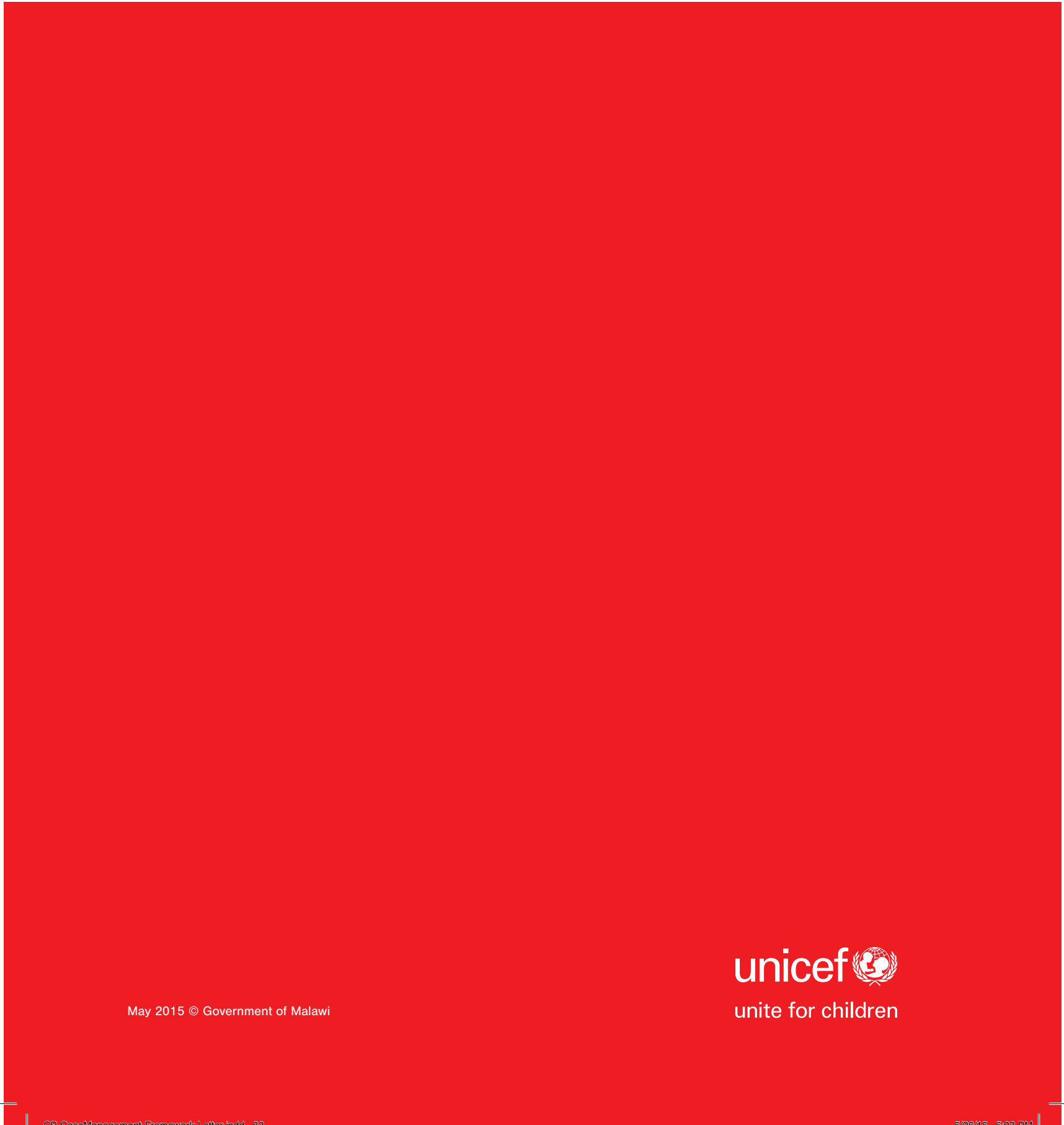
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