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4Children
Coordinating Comprehensive Care for Children

Case Study Of 4Children's OVC Project in Lesotho

CASE CONFERENCING: AN INNOVATIVE APPROACH TO ADDRESSING COMPLEX NEEDS OF VULNERABLE CHILDREN

Acknowledgements

This case study describes the learning gained from implementing case conferencing within 4Children Lesotho's OVC project. The information in this case study was gathered from project records and from interviews with representatives of the following organizations: 4Children Lesotho's OVC project, SWAALES, LIRAC and the Ministry of Social Development. Data collection also involved observation of a case conference. The information gathering approach ensured that all people consented to shared confidentiality, and that all personal information about children or families concerned has been modified to ensure that they cannot be identified.

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

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Context of case conferencing in 4Children Lesotho OVC project

Initiated in September 2014, 4Children is a five-year USAID-funded consortium of organizations led by Catholic Relief Services (CRS) with partners IntraHealth International, Maestral International, Pact, Plan International USA and Westat. The project aims in part to strengthen and build the evidence base for effective OVC programming through research and evaluation.

4Children Lesotho is housed within the CRS Lesotho office, and receives funding from USAID-PEPFAR to implement two projects — DREAMS and OVC. PEPFAR and the Government of Lesotho target all children vulnerable to or affected by HIV, not only those living with the virus or who have lost a parent. Since October 2017, the OVC project has reached orphans and vulnerable children and their caregivers in 46 community councils in the five districts in Lesotho with the highest HIV prevalence—Maseru, Berea, Mafeteng, Leribe and Mohale's Hoek. In 2019, an estimated 65,180 vulnerable children and family members will be reached. 4Children Lesotho is also part of Lesotho's DREAMS project, targeting, along with three other implementing partners, the most at-risk adolescent girls and young women (ages 9 to 24 years) in the two districts with highest HIV prevalence — Maseru and Berea districts. There is a strong link between the OVC and DREAMS projects, with referrals between the two sets of activities.

The OVC project aims to build on the resourcefulness of households and communities and on existing systems and structures that support children and families in order that OVC and their households have improved well-being and resilience. The activities focus on ensuring access to appropriate care and support services for OVC and their families through referrals and direct service delivery, the implementation of program quality improvements using Community Improvement Teams, and support to the Ministry of Social Development (MoSD) to develop a harmonized framework for case management for vulnerable children.

The OVC project uses a case management approach to identify OVC and their households at or close to clinical and other support services. Case management services are used as a platform to improve identification of HIV-positive children, adolescents and their caregivers, and improve access to HIV prevention and care and treatment services. The project recognizes the strong two-way link between HIV and child protection. 4Children has introduced case conferencing as a central part of this approach. This case study outlines what case conferencing is within this program, and why and how it is being introduced into the OVC project and nationally.

What is case conferencing?

Case conferencing is an important step in the case management approach. In Lesotho, **case management** is defined as "the process of identifying vulnerable children, assessing, planning and referring and tracking referrals and monitoring the delivery of services in a timely, context-sensitive, individualised and family-centred manner to achieve a specific goal (e.g., child protection and wellbeing) and case closure."[1]

A **case conference** is a planned meeting that brings together all the different actors who have a role in supporting a vulnerable child or children and families. At this meeting, participants discuss the various options open to supporting children and families, and discuss any concerns or challenges that any or all stakeholders are facing. The meeting allows everyone to bring their own perspectives to the case and to come up with a set of agreed-upon short-, medium- and long-term action points that are based on the best interests of the child.[2]

A case conference is not always necessary. Usually a case manager can work directly with the child and family to address the challenges, bringing in other stakeholders or

Overview of vulnerable children in Lesotho

The Kingdom of Lesotho, a country of just under two million people, is among the countries hit hardest by HIV. An estimated 25% of Basotho ages 15 to 49 years are living with HIV, and approximately 21,000 Basotho become newly infected every year, of whom nearly one quarter are girls and young women ages 15 to 24 years.[1] The country faces a huge challenge in bringing the epidemic under control, and will be dealing with the impacts for generations to come.

HIV and other socio-economic factors have a huge impact on children. An estimated 27% of children in Lesotho have lost one or both parents, and AIDS is the most common cause of orphanhood.[2] In 2010, an estimated 57% of households lived below the basic needs poverty line. Almost two in five children (39.2%) are stunted, and 14.8% are severely stunted.[3] Preliminary data from a national survey on violence against children suggests that more than two in five girls (42.4%) and almost three in five boys (58.3%) have experienced some form of violence in childhood, and 14.5% of girls and 5% of boys have experienced some form of sexual violence.[4]

The Government of Lesotho has invested significantly in developing a range of social protection, child protection and health and education strategies to provide an integrated response to vulnerable children.

1 UNAIDS data 2017, http://aidsinfo.unaids.org/

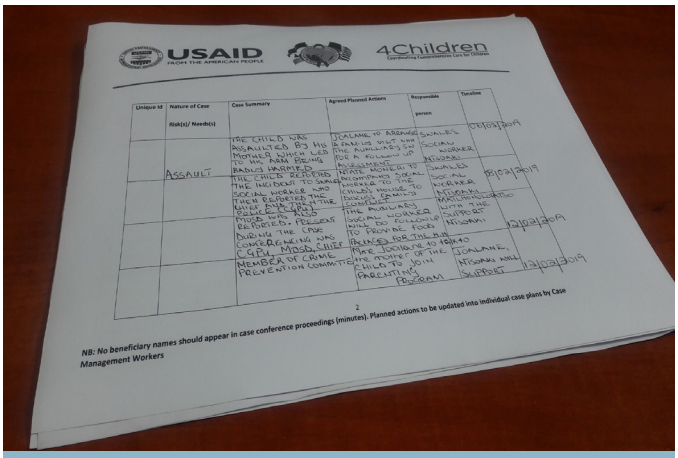
2 UNICEF data, 2018

3 Ibid.

4 Preliminary data from Lesotho's National Violence Against Children Survey

1 Ministry of Social Development (2018). MoSD Social Worker Child Protection Case Management Operations Manual. Draft currently being piloted, February 2019.

2 Ibid.



Case conference action plan (example; not a real case).

referring for services when useful. This can usually be done with individual meetings and referrals. A case conference becomes useful when the case is very complex and there is either a blockage to be addressed in service delivery, or when multiple perspectives will help to identify suitable institutions and/or individuals to provide this support.

It is essential in all case management processes that the child's and family's voices are at the center of the process, from listening carefully to the child and family when a concern is first raised to involvement in finding solutions that build upon the child's and family's own strengths and resilience. One of the most important benefits is that case conferencing creates a platform where the voices of the children and family will be heard. A family group conference is a case conference at which an older child and/or family members are present and fully involved in identifying the issues, which are almost always complex and linked, as well as the agreed-upon interventions.[3]

How is case conferencing delivered within the OVC project?

4Children Lesotho is supporting two different approaches to case conferencing:

The **Ministry of Social Development**, with technical support from 4Children Lesotho, is piloting a case management process for MoSD social workers engaged in child protection. This process includes case conferencing in which an MoSD social worker brings together professional stakeholders involved in statutory services for children in need of protection and care (external case conference), or brings together social workers from different districts and/or other actors working in the MoSD to identify how best to address complex issues that cross departments or districts. An internal case conference can also be convened at which social workers discuss trends or patterns they are noticing. The case management process is being piloted in three districts — Leribe, Maseru and Mafeteng. Once the pilot is completed and any necessary adaptations made, the case management process will be rolled out to all other MoSD programs and nationally.

The **4Children OVC project** has introduced case conferencing approach as part of its direct service delivery to vulnerable children, which is delivered through case management (see Box 1: Steps in OVC case management, 4Children Lesotho). The OVC project is delivered at community level with the support of five local NGOs. These implementing partners work with and support 435 trained case management workers (CMWs), who are locally recruited and trained, and receive a monthly stipend. The CMW's role is to visit homes, assess needs, develop individual care plans, and ensure that needs are met. The CMWs are supervised by 42 qualified social workers, employed by the implementing partners, and 65 specialized case workers who provide more intensive family-based support in the areas of early childhood development and nutrition. Any case that needs specialist support – or any case of possible abuse, violence, neglect or exploitation – is immediately referred by the CMW to his or her supervising social worker, who supports or leads the case management approach, including making other referrals, such as referrals to MoSD social workers for statutory protection interventions.

Implementing case studies—examples from the field

Case conferencing has only recently been introduced in the OVC project, but the following two cases illustrate how case conferencing is working and what potential opportunities this approach poses.

Box 1: Steps in OVC case management, 4Children Lesotho

1. Case Management Workers identify and assess households within the community using a comprehensive Household Vulnerability Assessment Tool (HVAT), which address the four domains of 'healthy, stable, safe, schooled'.
2. Enrolled households are supported by a dedicated Case Management Worker, who works with the family to develop a family-centered case plan that is based on identified needs and strengths. The plan includes referrals for 4Children support and services, such as parenting support or nutrition programming, referrals to others for services such as HIV testing, birth certificates or school enrolment, and mobilization of support 0from family and friends.
3. Ongoing household visits and support from the CMW, during which key messages are provided, ongoing support and monitoring is undertaken, and the case plan is updated and revised. Changes in the household are noted, and progress and achievements measured against standard benchmarks of 'healthy, table, safe and schooled'
4. Ultimately, when the child and family are felt to have achieved the benchmarks, the household will 'graduate' from the program.

3 Ibid.

In **Lilala Community Council**, the local OVC implementing partner, Society for Women and AIDS in Africa Lesotho (SWAALES), convened a case conference to respond to a complex case of violence and neglect. The case conference was convened by SWAALES and took place in the village chief's home; additional participants included a member of the local crime prevention committee (a community structure linked to local government), the case management worker and the local MoSD auxiliary social worker. The following were the key steps undertaken:

1. All participants read and signed a binding confidentiality agreement.
2. The CMW introduced the case, explaining how the vulnerable family initially came to her notice and what action she had taken. The initial concern was for a young girl who had been beaten, and was taken to hospital by the crime prevention officer, where she disclosed that the perpetrator was her mother. The CMW then noticed that other children in the house were also being neglected by the largely absent mother, and identified additional concerns about a vulnerable adolescent girl and her male cousin who was also staying at the house.
3. Others then supplemented with further information on the family. The village chief and crime prevention committee representative both knew more about the challenges within the family, including violence that the mother herself had faced in the past from the father of the abused girl.
4. The police officer then recounted his previous efforts to register the physical violence, which was not supported by neighbors. The group discussed the risks and concerns about taking a punitive approach as the meeting participants explored the complex risks that all family members faced from a history of sexual and physical violence across multiple generations.
5. Having all shared knowledge about the immediate and broader challenges, the participants discussed the best response for the children's and mother's long-term well-being. The SWAALES social worker assisted discussions with social work experience, and the MoSD auxiliary social worker contributed perspectives on the economic and social vulnerabilities in the home.
6. An action plan was collectively agreed upon, and the notes signed and stored confidentially with the social worker. The action plan put the safety of the children first, prioritizing access to medical care for the injured child and further exploration of the older children's vulnerabilities. Actions further included a package of care for the whole family, including an MoSD food package, support for the mother to address her past experiences of violence, follow-up to ensure that the children were in school, and more. The action plan listed who was responsible for which action point and the SWAALES social worker and CMW committed to follow-up. A joint MoSD–SWAALES home visit was also conducted.

Mahuu village, Maseru Council: Case conference participants share their unique knowledge and perspectives to agree on practical actions to support a vulnerable family.

In **Berea**, a case conference was urgently called when an HIV service provider, Baylor, raised concerns about the health of an adolescent boy who was failing to respond to HIV treatment. Baylor and the OVC project implementing partner, LIRAC (Lesotho Inter-Religious AIDS Consortium), had been unable to access immediate food support from MoSD, due to heavy demand on their services. In this instance, the LIRAC social worker, along with 4Children Lesotho colleagues, the Baylor social worker and an MoSD social worker convened in an MoSD district manager's office. The purpose of the meeting was the same — to identify the multiple challenges facing the family, which included issues of conflict between siblings within the household, a number of HIV and other health-related issues faced not only by the boy, but children of his siblings, and issues of extreme poverty and lack of access to school. The same steps were followed. Sadly, and tragically in this case, the boy passed away shortly after the case conference, but the coordinated actions of the MoSD, NGO and health sector continued to be provided to support emergency family costs and ongoing support.

What are the results?

The case conferencing approach is newly introduced and it is too soon to demonstrate tangible results, but preliminary experiences and feedback suggest that it offers a number of unique benefits.

Different perspectives and expertise expand the range of possible interventions to be considered. In the case of the physical abuse, the initial options focused on an intervention to protect the girl from physical harm by punishing the mother. When village elders contributed information about the family – including earlier experiences of sexual and physical violence, knowledge about the extended family and the range of needs – it became clear that a wider range of solutions was needed. These included post-violence support for the mother, exploration of extended family care options

for all children and immediate social security support, including obtaining birth certificates for all the children (none of whom had one).

In the Berea case conference, it was only during the meeting that it became clear that the history of HIV and violence was not being fully shared across all organizations — different household members felt they could trust different actors with different information. Once the entire team understood the bigger picture, it became easier to develop a comprehensive plan to meet all needs, while still respecting client confidentiality and acknowledging the clients' fear of stigma and discrimination. The shared confidentiality assisted in providing a more comprehensive package of HIV-related care and support. One person noted that *"all stakeholders should know what each other is doing and know when we can do no more"* and a case conference can assist with this. The MoSD noted that *"each one, regardless of our status at work, picks up approaches we didn't know to ensure that the case is treated well."* One representative ended the conference with the Basotho saying, *"When we work as a team, we win!"*

A further step is to bring in the children's and families' perspectives through a family group conference. This would have to be managed sensitively by an experienced social worker to ensure that children and family members are able to fully participate in decisions and that their perspectives are listened to sensitively.

Case conferencing takes a "whole family" approach. *"The case conference is important because we learn to understand what is behind the situation (i.e., what are the earlier drivers of the immediate situation). It was good that we went slow by slow. The decisions were not harsh,"* noted the police officer, who said that he was first thinking about punishment until he learned that there was so much more to consider not only about the girl, but also about all of the other family members.

The Berea case conference action plan covered the wide range of issues for all members of the family, including food assistance, TB screening, counseling between siblings who were in conflict, education access, early childhood and nutrition support, keyhole gardening and water and sanitation support. The actions were divided among different actors, making it easier to act rapidly.

The case conference can help overburdened social workers and police to prioritize. In both case conference scenarios described above, social workers and police officers observed that their huge workload and very limited resources make it hard to prioritize and know when a case tops their priority list. One person noted that *"Normally, when we refer, there is a queue, and then we are told 'we don't have resources.' When we are all in the room together, it can give attention to urgent cases."*

Reach, adoption and sustainability

4Children Lesotho currently plans to introduce case conferencing across all five implementing partners in the OVC project, which covers five of the country's ten districts. The five implementing partners, all nationally recognized Basotho NGOs, will have developed the expertise in this area and are engaged in a wide range of related work. Although the case conference approach is at a very preliminary stage, and it is not yet possible to confirm that the approach can expand beyond the initial project phase, people did feel that the project was very useful. 4Children Lesotho will be actively learning lessons from these initial steps and integrating a scale up approach shortly.

In Mahuu village, the case conference participants felt that other people, such as community councillors, nurses, teachers, pastors and traditional healers, might also have important perspectives in other cases. One participant suggested that, in future, chiefs could consider a similar approach at their monthly meetings with councillors. These are just two examples of how the model might possibly be adopted elsewhere, if properly supported and mentored in the early stages.

The two examples illustrated here are different — one at community level and one at district level — and there is not yet enough data to measure the cost (in transport, time, etc.) of either a community or a district-level meeting. Informants felt that there were cost benefits to the approach: *"This helps us bring our resources together. Sometimes we find we are tracking a case when someone else can do it better."* However, there will need to be a more consistent and regular use of the case conferencing approach, possibly at community council level, to make the investment more "resource efficient."

The examples illustrated here are part of the OVC project's direct support to families, but these are in line with the MoSD's new case management processes. The hope is that ultimately this case conferencing approach is validated, rolled out and overseen by MoSD as the lead government ministry for children. It will be important to ensure that the approach remains inclusive — and can be promoted by any person directly responsible for supporting vulnerable children and families.

Recommendations for further strengthening case conferencing

Track the costs and benefits of case conferencing. If 4Children can track the human inputs for each case conference and the resource benefits of shared planning, these could be assessed in partnership with MoSD, once there is a regular process for case conferencing, to identify which models (community-based, district council-based) are most likely to result in meeting the needs of vulnerable children, mobilizing resources across different sectors, and proving the most sustainable. This tracking could also identify how the process unfolds, who initially reports a concern, who picks up the concern and assesses the child, who convenes a first meeting, and who is accountable for case closure.

Include children and families in the case conferencing process, when appropriate. For very sensitive and complex family situations, such as the two cases illustrated here, it would not be suitable to bring together families who are facing internal conflict and stress. But future case conferences may benefit from having known and trusted family members, including children, to identify shared solutions. This should only be

done when the lead case worker has the trust of the child and family, to ensure that child and family are not pushed into actions that they are not ready to undertake (the principle of "client self-determination").

4Children can proactively support the case conferencing approach through different forums, such as community council meetings or other service provider forums, to demonstrate the benefits of the approach. The model clearly has benefits in many sectors, such as the DREAMS project, other HIV prevention approaches and a wide range of MoSD-related issues. It is a very simple technique to use, as long as people adhere to the core principles of best interest of the child and confidentiality.

Extend case conferencing and case management training to auxiliary social workers; they are key to the process as they often have their ears to the ground within communities.

Annex 1: List of key informants and focus group participants

Lesotho CRS/4Children:

- Molarisi Mehale, Chief of Party, 4Children Lesotho
- Mamolemo Phalatsi, OVC Technical Specialist Systems Strengthening, 4Children Lesotho
- Thato Mokaeane, DREAMS Monitoring and Evaluation Coordinator, 4Children Lesotho

4Children Implementing Partners:

- Malekulo Lekulo, Senior Social Worker, LIRAC, Berea District
- Mamoeletsi Koatsi, Social Worker, SWAALES, Maseru District

Mahuu Village, Lilala Community Council, Maseru District:

- Joalane Mabope, Case Management Worker, SWAALES
- Khafa Moneri, Crime Prevention Committee, Mahuu Village
- Matlhohonolofatso Ooane, Auxiliary Social Worker, Lilala Community Council
- Matsoete Khoabane, Lesotho Mounted Police Service, Child and Gender Protection Unit
- Mohapinyane Tlali, Chief, Mahuu Village

Ministry of Social Development:

- Phomolo Mohotlane, Maseru District Manager, Ministry of Social Development

Coordinating Comprehensive Care for Children (4Children) is a five-year (2014-2019), USAID-funded project to improve health and well-being outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International, and Westat.