

OVC CASE MANAGEMENT

GUIDANCE FOR CASE MANAGERS

Standard operating procedures for case management



The job aids in this booklet are based on the Standard Operating Procedures for Case Management developed in partnership by USAID, PEPFAR, and 4Children. The toolkit for implementation is based on the same Standard Operating Procedures for Case Management and was developed in partnership by USAID, PEPFAR, CRS, and Picture Impact.



USAID
FROM THE AMERICAN PEOPLE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

4Children
Coordinating Comprehensive Care for Children

Introduction

You have learned a lot in your trainings. The Standard Operating Procedures (SOP) for Case Management is an excellent tool. This Case Manager Guide is a great tool for use in the field as a quick reference to the SOP material.

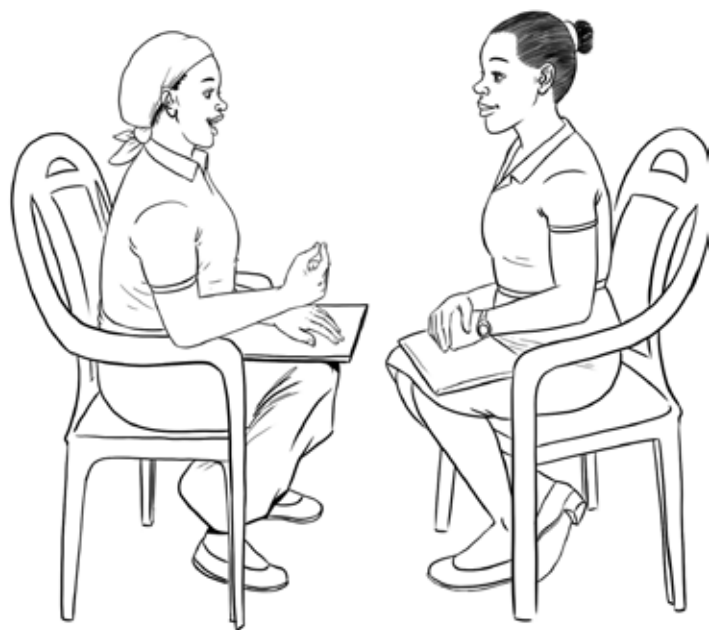


The job of a Case Manager is vital to case management of OVC programs. This guide can help you in your work.

You can use this guide to **REVIEW** training...

- ▶ **BEFORE** you train Case Workers
- ▶ **WHILE** you are training Case Workers
- ▶ **WHEN** you need a quick reference for answering Case Worker questions

If you believe the Case Workers are capable of implementing case management, and you believe the households can achieve graduation, OVC case management will certainly be a success.



1. Toolkit for OVC Case Management
2. Wellbeing Assessment Tools
3. Case Plan Conferencing
4. Using and Supporting the Household Action Plan
5. Benchmark Monitoring Tools
6. Child Engagement Tool
7. Adolescent Action Plan
8. Facilitation Techniques

Case Management Toolkit

PICTURE IMPACT TOOLKIT FOR OVC CASE MANAGEMENT



1. Wellbeing Assessment **1**

Wellbeing Assessment Guide
Wellbeing Assessment Record
Counseling Cards

2. Case Planning Tools **2**

Household Action Plan
Case Plan Summary
Adolescent Action Plan
Child Engagement Tool

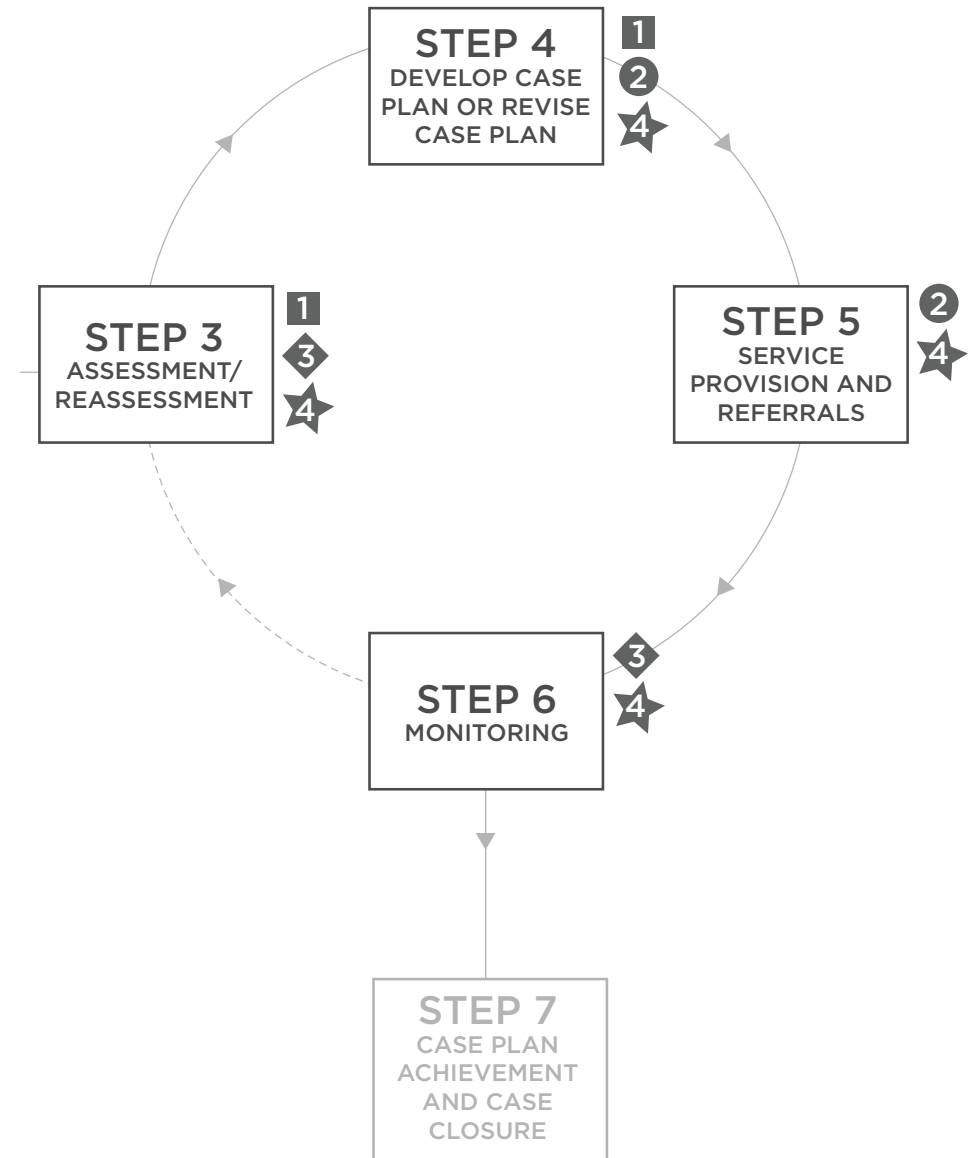
3. Benchmark Monitoring **3**

Graduation Readiness Assessment
Activity Deck

4. Supporting Tools* **4**

Case Manager Guide

*Tool for Case Managers



Wellbeing Assessment

There are 3 tools to make the Wellbeing Assessment simple.

1. Wellbeing Assessment Guide
2. Wellbeing Assessment Record
3. Activity Deck (optional)

KEY POINTS

Use the Wellbeing Assessment to get to know the family.

Involve the family in recording answers for their Wellbeing Assessment.

Information from the assessment helps to create a case plan.



Setup

Wellbeing Assessment Guide: the Case Worker will follow the guide, asking the household questions directly, and marking answers on the wellbeing assessment record.

Wellbeing Assessment Record: the Case Worker will bring one sheet for each family member and one for the household. The Case Worker mark answers to the questions on the record with a pen or marker as they go.

Counseling Cards: the Wellbeing Assessment Guide will let the the Case Worker know when a counseling card is available for a more in-depth conversation on a topic.

1. Ask the household about their wellbeing

The Case Worker will follow the Wellbeing Assessment Guide, asking the household questions and referring to the counseling cards when useful. Remember, the purpose of the wellbeing assessment is to discover a household's strengths and needs to make a case plan that responds to their situation.

2. Make a record of the conversation

The Case Worker will mark the answers to the questions on the Wellbeing Assessment record. They will mark answers, as they go, about each person in the household.

If a question is about a caregiver, they will mark the caregiver's sheet. If a question is about a child, they will mark the child's sheet. It is important there is a separate sheet for each member of the household.

3. Thank the family for their time

The Case Worker will thank the family for their time. The Case Worker will encourage the family to think and talk about their goals for the future. On the next visit, they will talk through a case plan together and create a household action plan.



Case Plan Conferencing

There are 2 tools to make case plan conferencing useful.

1. Wellbeing Assessment Record
2. Case Plan Summary

KEY POINTS

Connection between the Case Workers is important.

Start the case conference by getting to know the Case Workers better.

End the case conference by empathizing with the Case Workers.

Remember it is your job to help, but not to do.

Setup

- ▶ *The Wellbeing Record:* the Case Worker will use this to find the data necessary to mark the case plan summary.
- ▶ *Case Plan Summary:* the Case Worker will mark with a pen.

Using peer learning through case conferencing can help the Case Workers become more confident with creating a case plan from the wellbeing assessment and recording it on the case plan summary. Encourage Case Workers to bring their most challenging cases to the case conferencing time.

Split Case Workers into small groups of 3-4 people each. Lead the groups of Case Workers through the following conversations. This will help the Case Worker create a unique case plan for each household and become ready for action planning with the household.



Household Strengths

Strengths are often categorized as human, physical, or psychosocial.

- ▶ *Human assets* are those skills and knowledge a person has and can use.
- ▶ *Physical assets* are items and things we own or have access to.
- ▶ *Psychosocial assets* are our relationships and support.

Case Workers can refer to the wellbeing assessment and recall activity-deck discussions. Discuss as a group:

- ▶ What strengths were easy to identify for this family?
- ▶ What can they build from to increase their income and overall stability?
- ▶ What positive relationships did you notice?
- ▶ Did you have a hard time finding something positive in a family? Let's find something together.

Action: Mark one human, one physical, and one psychosocial asset on Case Plan Summary "Household Strengths" section.

Emergency Needs and Referrals

Case Workers can refer to the wellbeing assessment records and recall activity-deck discussions. Discuss as a group:

- ▶ What most concerned you for this family?
- ▶ Were there any red flags that caught your attention?
- ▶ How do you feel knowing these details about this family?

Action: Check carefully for each of the emergencies listed. Mark if they are present and if you have referred the family for services. Report to the LIP all emergencies you identified.

Priority Needs

Ask Case Workers:

- ▶ What priority needs or emergencies were you able to identify during the wellbeing assessment?
- ▶ Are you encountering a lot of emergency level needs? How are you feeling about that?
- ▶ How do you decide where to start when a family has a lot of needs? There is no right answer, it may be different for each family. Please share examples with the group.
- ▶ What needs are you seeing that are outside of what the program can do?

Action: Mark any emergencies on the case plan summary. For each domain, mark priority needs for this family on the case plan summary.

Direct Services and Referrals

Ask Case Workers:

- ▶ For each identified priority need, how are you able to respond in your role as Case Worker?
- ▶ What is the family's part? What action do they need to take?
- ▶ Please share any situations or needs you are not sure how to respond to, let the group help you with ideas.
- ▶ What results from referrals are you seeing? Are there any referrals which are harder or causing problems? How so?

Action: For each domain, draw an arrow from each priority need to an appropriate direct service or referral on the case plan summary. Note any actions the family needs to take.

Using the Case Plan Summary

Case managers can use the case plan summary to fill out the official case plan template for monitoring and evaluation purposes and to have officially filed in the case file. The case plan records are easy to use and transfer information well to the case plan template provided in the Case Management SOP.

Case workers will use the case plan summary to aid the family in completed a household action plan. The case plan summaries are easy to understand and useful in transferring case plan information into small, doable actions for the household.

Using the Household Action Plan

KEY POINTS

If you believe the family can meet their goal, they will!

Achieving a goal builds resilience and pride in a way that receiving a physical good cannot.

The Household Action Plan is a tool that helps the Case Worker and household:

- ▶ Prioritize and set goals.
- ▶ Plan steps to reach those goals.
- ▶ Track progress towards the goals.
- ▶ Celebrate when the goals have been achieved.

The Case Worker uses the results of assessments to complete a case plan. This case plan often has many large goals. The Household Action Plan helps to prioritize those goals and break them into small, more manageable goals. The household action plan is done with the family.

Prioritizing Goals

It is the role of the Case Manager to help Case Workers prioritize the goals for the household.

Goal priorities should include:

- ▶ 1 goal in each domain.
- ▶ 90/90/90 benchmark goals first.
- ▶ At least one specific goal that leads to quick completion of a benchmark.
- ▶ Goals that will affect multiple benchmarks.

Setting Goals

Goals need to be specific and small. They need to be something the family can accomplish in 3 to 6 months or sooner. Not all benchmarks are achievable goals.

- ▶ “Meeting all basic needs” **is not** a manageable goal.
- ▶ “Improving my business” **is** a manageable goal.

Selecting Actions

After setting goals, the household and Case Worker need to select actions to achieve those goals. Actions are:

- ▶ something the family can do,
- ▶ that can work with several domains, and
- ▶ is quick to accomplish

Examples of actions are:

- ▶ Talk to a neighbor, spouse, family, friend, or Case Worker.
- ▶ Go to the clinic, bursary, or child’s school.
- ▶ Join a group: SILC, youth, entrepreneur training, or parenting class.

It is very important for the families to take action. This builds resilience, confidence, and planning skills.

Using the Household Action Plan as a Program Tool

The household action plan can be used for program monitoring at the household level as a tool to:

- ▶ check benchmark progress as the household colors in the benchmark star for each they have completed,
- ▶ check the progress of the Case Worker in the case management process,
- ▶ check the progress of the family towards case plan achievement, and
- ▶ identify barriers to success and needed help.

Celebrating Success!

It is important to celebrate the success of the family when they accomplish their goals. Encourage the Case Worker and household to celebrate each completed goal.

Benchmark Monitoring Tools

There are 2 tools to make benchmark monitoring easy to do.

1. Activity Deck
2. Graduation Readiness Assessment

Setup

- ▶ *Benchmark cards (part of the activity deck):* the Case Worker and household will use cards 6-18 together on a table, blanket, or other flat, clean surface.
- ▶ *Graduation Readiness Assessment:* the Case Worker will use a pen or marker to fill this out.

The Case Worker will ask the household about each benchmark card and sort the cards into a “yes” pile and a “no” pile. Benchmarks which “do not apply” go in the “yes” pile.

From these piles, the Case Worker will record the results of benchmark progress and achievement on the Graduation Readiness Assessment.

STOP—If the family is not an open family (this means they have disclosed their HIV status to each other in an age-appropriate manner), then do not proceed with interactive benchmark monitoring.



KEY POINTS

Celebrate progress!

Each family member is important.

Any NO is a NO for the whole benchmark.

Does Not Apply means YES.

1. Sort the benchmark cards

The Case Worker will show the household the picture on the front of the card.

The Case Worker will ask the household questions and assess whether the statements on the back of the card is yes, no, or does not apply.

- ▶ If **does not apply**, place in the “yes” pile.
- ▶ If **yes**, places in the “yes” pile.
- ▶ If **no**, place in the “no” pile.

Remember, when there are multiple questions, a **no** to any question should be placed in the “no” pile.

Pause and celebrate each “yes!” Celebration is important. Then put the “yes” pile aside, you are finished with it. Have the household mark the star of the benchmark and the household action plan.

2. Make a record of benchmark results

The Case Worker writes the date in the next open “visit date” box. All marks should be made in the corresponding column for each benchmark.

The Case Worker looks at the “no” pile and circles the benchmark on the Graduation Readiness Assessment for each “no.”

Each family member matters! For each benchmark with a person icon, the Case Worker will mark on the Graduation Readiness Assessment how many people in the household can say “yes” to a benchmark.

The Case Worker then marks the rest of the benchmarks with a tick (check) to record a “yes.”

Child Engagement Tool

The Child Engagement Tool helps Case Worker and children interact. It is meant to be used with children ages 10 and under. Case Workers can use the tool in many ways at many times.

KEY POINTS

Play promotes connection and trust between the children and Case Worker.

Images can make it easier for children to answer assessment questions.

Children can play the games with each other to be entertained during case planning.

How to Play

Domain puzzles: The card deck includes a 4-piece puzzle of each domain: healthy, stable, safe, schooled. To play, arrange all 16 cards with the question side down on a flat surface. The 16 pieces can be mixed up and the children can then find the different pieces and arrange them into the 4 pictures. Very young children might need to do only 1 puzzle at a time.



16 questions: Each card has a question on the back. Case Workers or parents can ask the children the questions. Or children can ask each other the questions. Children can randomly choose cards from the deck to add an element of surprise/fun.



Matching game (memory game): On the other side of each card there are small images (8 pairs) and questions. To play the matching game, mix up the cards and arrange them question-side-down in a 4 x 4 grid. The goal is to match sets of cards. Have children take turns. Each player flips over 2 cards in their turn, revealing the images underneath. If the images are not a matching set both cards must be placed back as they were. If the cards are a match that player takes the matching set.

Facilitation Techniques

When to Use

- ▶ To start a conversation by playing when a child is quiet or withdrawn.
- ▶ During case planning, the children can build a puzzle of the domain while the family discusses it.
- ▶ During Wellbeing Assessment and CPARA, the questions on the cards can be asked of children under age 10.

For Engagement

Children are very important in OVC programming. Often Case Workers spend much of their time with the caregiver, and the children may not be involved. Playing a game together gets children involved and builds connection and trust.

For Assessment

The Wellbeing Assessment tool and the Case Plan Achievement Readiness Assessment (CPARA) contain questions that are intended to be asked of children under 10 years of age. Pictures can help children understand the questions and feel more comfortable answering.

Training the Case Worker

- ▶ Teach
- ▶ Play

Teaching and playing are 2 ways to train the Case Workers. First you will teach the Case Worker how to use the tool. Then you will play with the Case Worker so they know how to play. Then the Case Worker will teach the children how to play.

This tool has 2 main purposes. It will be important for you to teach the Case Workers how the tool can be used for both engagement and assessment purposes.

The tool will belong to the Case Worker, but it will be played with by the children.

The case management tools contained in Part 1 of this Case Manager Guide are all well-suited for low-literacy Case Workers. Sometimes, it can be challenging to train volunteer workers. Often traditional forms of training, such as formal presentations, do not work well in these contexts.

There are 3 facilitation techniques that case managers can use to improve their training of case workers.

KEY POINTS

People learn by doing!

- ▶ Role-playing
- ▶ Game-playing
- ▶ Storytelling

Role-playing works well for all the case management tools.

Role-playing

All of the tools in Part 1 of this guide are well-suited for role-playing. Role-playing allows case workers to pretend to be a character (caregiver, child, adolescent, case worker) in a fictional household interaction. This allows case workers to learn how to use the case management tools in a fun, interactive way while in a safe, learning environment. Role-playing builds confidence in Case Workers and helps Case Workers to develop creative communication techniques they can use with households. Role-playing also increases the Case Workers' ability to problem-solve.

Games bring energy to training.

Stories help people remember what they have learned.

Uses

Role-playing likely will work best with the following sets of tools. Remember, teach first, and then have a group act out the interaction with the household using that set of tools.

- ▶ Wellbeing Assessment tools: Wellbeing Assessment Guide, Wellbeing Assessment Records, Activity Deck
- ▶ Case Plan Conferencing: Wellbeing Assessment Records and Case Plan Summaries
- ▶ Benchmark Monitoring tools: Activity Deck, Graduation Readiness Assessment

Game-Playing

Another engaging way to train Case Workers is through game-playing. Playing games as a group helps to build confidence, solidarity, and a sense of joy. Case Workers will benefit from increased logical reasoning, critical thinking, and spatial reasoning skills. Also, Case Workers will be more likely to retain the information they learn in training through game-play.

Several components of the tools work well for game-playing in a large group.

Child Engagement Tool: The child engagement tool has 3 ways to play - puzzles, a question-asking card game, and a memory matching-game.

Planning Story: Each activity deck contains 6 cards that are part of the planning story. Case Managers can encourage Case Workers to shuffle the 6 cards, arrange into a story, and tell the story to another Case Worker. Or this can be done as a large group activity with 6 volunteers standing at the front of the training space.

Create your own: Case Managers can also create their own games or activities that will help to liven the training and assist Case Workers in retaining important information. Get creative and have fun!

Storytelling

Storytelling is another way to encourage learning and engagement from the Case Workers. Storytelling is an integral part of all cultures, and it helps to create shared language and characters to build group understanding. Storytelling helps to build curiosity, imagination, and communication. When done well, storytelling can help Case Workers retain the information they have learned and have a deep comprehension of the material learned.

Example:

Bucket Story: A family has a bucket with a hole in it. They ignore the hole and more holes appear. The family is very tired from always trying to keep the bucket full. They are not doing well. The family decides they are going to work together to patch the holes. They do. Each person in the family joins in. They all fill the bucket and can all draw from the bucket. When the family sees their problems and works together to fix them, they can thrive!

Create your own:

Case Managers can also create their own stories that will help Case Workers remember important concepts and build a shared story with other Case Workers.

1. Case Management for Children affected by HIV or living with HIV (see SOP annex 1)
2. The Best Interests of the Child (see SOP annex 7)
3. Supportive Supervision (see SOP annex 2)
4. Caseload Management (see SOP annex 3)
5. Data Protection Protocols (see SOP annex 14)
6. Obtaining Informed Consent and Assent (see SOP annex 10)
7. Explaining Case Management and Case Plan Achievement to the Families (see SOP annex 9)
8. Strengths-based and Resilience-based Approaches (see SOP annex 4)
9. Communicating with Children and Caregivers about Sensitive Topics (see SOP annex 8)
10. Communicating with Children about Trauma (see SOP annex 8)
11. What is Viral Load and How to Discuss It (see SOP annex 21)
12. Guiding Questions for Preparing a Household for Case-Plan Achievement (see SOP annex 25)

The Best Interests of the Child

What Do We Mean by The Best Interests of the Child?

The Best Interests of the Child Principle:

- ▶ balances the child's well-being and rights,
- ▶ the foundation to case management work,
- ▶ the basis for developing case plans,
- ▶ helps households work towards case plan achievement, and
- ▶ allows children to participate, even in the steps of case management.

What Do You Need to Do?

Case Managers should always think about the best interests of the child in the short-term and long-term. This is very important when the child needs removed from his/her home. You, along with the Case Worker, must document the best interest of the child, in the case file if you see evidence of **violence, abuse, neglect, or exploitation.**

1. Document the concern.
2. Tell your supervisor immediately.
3. Recommend an action.
4. Make an immediate referral to authorities, if needed.

If there is physical or sexual violence, the survivor should be removed from their home, or the alleged offender should be removed from their home.

It is not your role, or the role of the Case Worker, to remove the child or the offender.

KEY POINTS

Apply the best-interest principle when making assessments.

Start by putting the best interests of the child first.

There may be many good options. Choose one that seems best for all.

Six Key Areas to Consider

1. The child's freely expressed opinion and wishes. This is based on the fullest possible information. Keep in mind the child's maturity. Also examine, the child's ability to understand possible consequences of each option.
2. The situation, attitudes, capacities, opinion, and wishes of the child's family members. Include parents, siblings, adult relatives, and close others and their emotional relationship with the child.
3. The level of stability and security provided by the child's day-to-day living environment. This includes having a home, school, and community that is safe and stable.
4. If it is relevant, the likely effects of separation and the potential for family reintegration.
5. Gender should also be considered, as it relates to the safety and age of the child. For example, an underage girl child should not be put in the care of an unrelated man, without a female caregiver present.
6. The child's special developmental needs and the circumstances surrounding the child. This is related to physical or intellectual disability, HIV status, and impact.



Balance the Best Interests of the Child with the Rights and Legitimate Interests of Others.

Parents, caregivers, siblings, family members, and community members have rights and interests, too. Making a good decision may mean choosing one option from several others that are also good.

Supportive Supervision

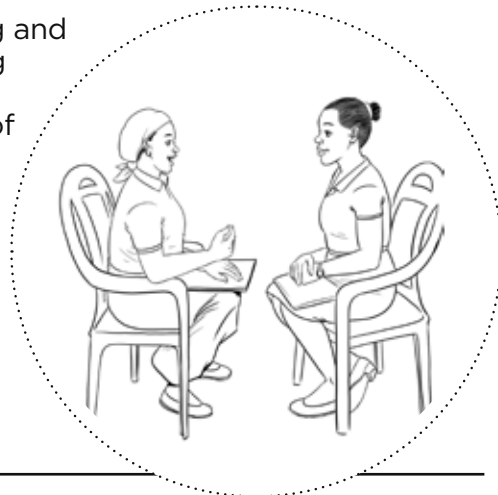
Case Managers are Supervisors of Case Management.

This is an important role. As a supervisor you are responsible for:

- ▶ Case managements results.
- ▶ Accuracy of case management documentation.
- ▶ Supporting the case management process.
- ▶ Communicating what Case Workers are doing well.
- ▶ Communication how Case Workers can improve.

Your role includes:

- ▶ increasing Case Workers' knowledge and skills,
- ▶ offering guidance, constructive feedback and monitoring,
- ▶ providing direction about goals, priorities, and next steps in a case,
- ▶ identifying any cases that need higher-level or urgent support,
- ▶ providing guidance with time-management strategies,
- ▶ providing strategies to prioritize urgent cases, and
- ▶ identifying and preventing work overload of individual Case Workers.



KEY POINTS

Supervision protects clients and supports the Case Workers.

Supportive supervision makes the work better for you, the Case Workers, and the OVC.

The key to good work is a good relationship with your Case Workers.

OVC programs use these 4 things in supportive supervision:

1. Reflective Practice

Reflective practice is when you ask the Case Workers you manage many questions that help them think about their work. This will help them continue to do a good job. Reflective questions might sound like:

- ▶ What do you think?
- ▶ What have you experienced?
- ▶ What things have you already done?
- ▶ What happened when you did those things?

Case conferencing is an example of a reflective practice.

2. Supervision Mechanisms

Supervision mechanisms are ways of providing skills training and mentoring to Case Workers about real case situations.

The mechanisms can include:

- ▶ individual meetings
- ▶ group supervision meetings
- ▶ all-team reflective meetings

The meetings usually lead to:

- ▶ supportive suggestions
- ▶ group decision-making
- ▶ improved quality of services

3. Self-Awareness

Self-awareness involves helping the Case Workers understand themselves better. This can help them make better decisions. Sometimes this happens in groups. Sometimes this happens in one-on-one meetings. You and your Case Workers should have regular meetings to talk about:

- ▶ work plans
- ▶ individual cases
- ▶ important decisions
- ▶ training opportunities
- ▶ how to cope with stress

4. Workload Management

Workload management is an important part of supportive supervision. It is covered in the Job Aid: Caseload Management.

Caseload Management

What is caseload management?

Caseload management is the concept of making sure each Case Worker has a workload that is similar to all other Case Workers. Caseload management considers each Case Worker's:

- ▶ experience
- ▶ capacity
- ▶ current workload
- ▶ distance between households

Three Components of Caseload Management:

- ▶ current caseload
- ▶ date of last and next visit
- ▶ time required by each Case Worker

Current Caseload:

- ▶ number of active cases
- ▶ household size

Date of Last and Next Visit:

- ▶ urgent cases will need more frequent visits
- ▶ less urgent cases will need less frequent visits

The Ideal Caseload

- ▶ 15 to 30 households per Case Worker
- ▶ 15 Case Workers per Case Manager

Time Required by Each Case Worker

This is an estimate of the weekly or monthly times required by each Case Worker considering:

- ▶ complexity or urgent needs of active cases,
- ▶ experience and capacity of Case Worker,
- ▶ distance required to travel, difficulty/security,
- ▶ other factors such as Case Worker health and abilities.

KEY POINTS

Caseload management is important for the program, the Case Worker, and the clients.

Balanced caseloads will help the program, Case Workers, and families thrive.

Caseload management requires Case Managers to:

- ▶ monitor caseloads,
- ▶ track and balance workloads,
- ▶ provide supervision specific to how complex the cases are,
- ▶ ensure support and accountability to Case Workers and households.



Caseload management, when done well, helps to make sure:

- ▶ cases receive enough attention, including emergency needs
- ▶ Case Workers create quality reports,
- ▶ the workload of Case Worker, who are volunteers, is manageable and fair,
- ▶ the success and wellbeing of the Case Worker are promoted, and
- ▶ the success and wellbeing of the households are promoted.

Caseload management, when done poorly or not done at all, can lead to:

- ▶ Case Worker burnout,
- ▶ reduced quality of services for households,
- ▶ reduced visits to households, and
- ▶ Case Worker drop-out.

This system is for the project manager/coordinator to:

- ▶ manage their own workload
- ▶ manage the workload of those they supervise
- ▶ prepare for each Case Worker supervision session
- ▶ plan and fairly distribute new cases
- ▶ respond quickly to requests for support from Case Workers
- ▶ report information to the OVC project about overall caseload

Protecting Data and Maintaining Confidentiality

KEY POINTS

It is important that you honor the confidentiality agreement you signed.

You may talk freely about the OVC project, the program, and your position.

You may not share child, caregiver, or family names or locations, or make their identity known.

What is data?

Data is all information that is shared in discussions, or gathered from other sources.

What is a data protection protocol?

A set of rules and guidelines that we always follow to:

- ▶ keep a person's private information private.
- ▶ maintain their confidentiality.
- ▶ know what data to collect, how to use it, and where it will be stored.

Why is it important to protect data?

- ▶ The information belongs to the family.
- ▶ You only have access to it with their consent or the child's assent.
- ▶ The information is necessary to your work, but private.

How do we protect confidentiality?

Confidentiality is keeping private information, private and secret. Names, locations, ages, and personal information should be kept from other family members, healthcare providers, or other Case Managers. Keeping private information confidential is in the best interest of the child.

Case Management has data-protection protocols based on 2 things:

1. Confidentiality.
2. Gathering only the information that is needed.

Sharing Data

OVC programs sometimes need to share confidential information with other organizations. Before information is shared, we make sure that the other organization will keep the information private. Sharing protocols make sure the family and child are protected and respected at all times.

Documentation, Data and Case Management

All case management work needs to be documented. It is important to document your work according to data protection protocols. Case Management uses 3 types of documentation that need to be kept secure:

1. Case files
2. Unique Identifier
3. Database

What do I need to know about my case files?

Case files are created for each individual family and include:

- ▶ documents for each child in the family, with important information, and
- ▶ standard forms and case notes documenting each step of the case management process.

These files should be kept in a secure location. They should be in a locked cabinet. When you take a case file from the cabinet, you must document that in the register.

What do I need to know about the unique identifier?

Unique identifiers are assigned to each case for confidentiality and tracking. The unique identifier is a code and is linked to information about the child and caregiver, such as names, location, and ages. Only this code should be used when you talk about the case. Write the code on paper or type it electronically. No identifying information should be recorded in any non-secure locations.

All case files should be filed by their code.

Obtaining Informed Consent and Assent

What is consent?

Consent means that a person has the capacity to make choices on their own. The person voluntarily agrees and gives permission for an action to take place.

What is informed consent?

Informed consent means that the individual giving permission has complete understanding of the situation. They need to understand the:

- ▶ Purpose
- ▶ Risks
- ▶ Benefits
- ▶ Limitations

Specifically, **what needs to be understood?**

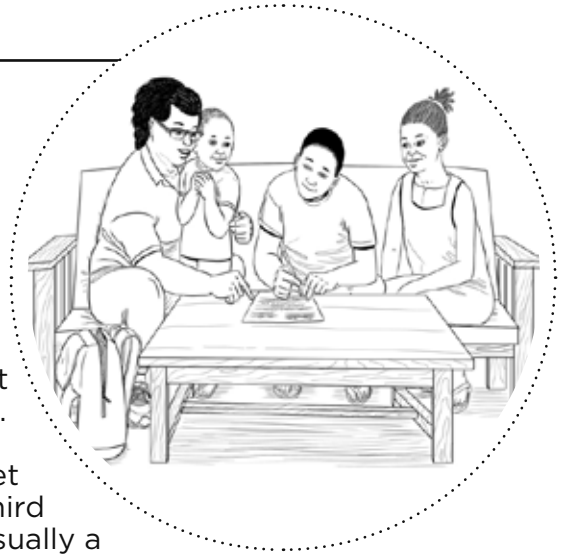
- ▶ The service that will be provided.
- ▶ The information that will be collected.
- ▶ How and by whom the information will be used.
- ▶ Their right to refuse to participate or answer questions.
- ▶ Their right to withdraw consent at any time.
- ▶ What confidentiality is and its limitations.

What is the Case Worker's role in ensuring consent?

- ▶ Use language that is clear, understandable, and age-appropriate when you explain case plan achievement.
- ▶ Let household members ask questions and be sure to respond to each question.
- ▶ If you are not sure they understand, ask the client to explain the process or service in their own words.

Program information can be given verbally and then documented. It can also be given in a written form. It needs to be written in the language most familiar to the client.

Sometimes the client cannot give consent for themselves. You should protect the client's best interests and get permission from a trusted third party. A family member is usually a trusted third party. Obtaining consent for a child to participate, is one example of consent from a caregiver.



Asking the Child for Their Permission (Assent)

Children are too young to give informed consent, but decisions affect them. Caregivers give consent for their child. A child's view should also be respected and considered when making a decision that will affect them. You can seek their informed assent.

Informed assent is a child agreeing to participate. When you try to get informed assent, be sure to use child-friendly language. You want the child to understand you.

Documenting Consent

- ▶ Always seek a caregiver's or adolescent's informed consent and a child's informed assent, and document it.
- ▶ Print the tool for Consent of Household to Participate in OVC Program.
- ▶ This should be explained and signed before doing the Wellbeing Assessment.

KEY POINTS

Consent is when a capable person makes a choice on their own, agreeing to specific conditions or actions.

Informed consent is when a person fully understands an agreement.

Children cannot give informed consent, but they can give assent.

Explaining Case Management and Case Plan Achievement to Families

Case Management is a Process.

The case management process includes identifying, assessing, planning, and monitoring a case plan using specific tools. We want families to be responsible for their own health, safety, stability, and schooling. We want caregivers and children to:

- ▶ Know they are an essential part of the process
- ▶ Be engaged in the case planning
- ▶ Trust us
- ▶ Respect us and know that we respect them

The case management process:

- ▶ focuses on strengths, and
- ▶ identifies problems or needs.

It is important that you are always aware of the positive or good characteristics in each family. You can encourage them with their strengths. This builds their confidence and ability to work towards a more safe, healthy and stable environment with children in school.

Achievement Is the Goal

The goal of case management is for families to reach case plan achievement. Once they have met all their benchmarks, they may be ready to graduate.

Key Tools Used in Case Management

- ▶ The case plan helps the family know what steps to take, in order to complete all benchmarks.
- ▶ We use benchmarks so we know how the family is progressing.
- ▶ We use the readiness assessment to see when they will be able to graduate.

KEY POINTS

We believe that families have strengths.

We believe caregivers and children are resilient.

Remember, we don't want to do the work for them. We want to work with them.

Assess Vulnerable Children and Families

Benchmarks are outcomes that enable the family and program to know when the family has made progress. We use the 17 benchmarks to show the goals of the OVC program. This assessment gives families ideas of what to work towards. It also shows where the family can improve.

Develop or Update the Case Plan

A case plan is like a road map. It helps you and the family know where they want to go. It also helps you and the family know what actions need to be taken and who is responsible for each action. This helps the family reach case plan achievement.

Implement the Case Plan

The Case Worker's role is to help the household make a case plan, take action on the case plan, and track their progress. The Case Worker helps connect the family with resources, in order to take action and encourage them along the way. It is your job to celebrate with them when they complete actions and when they achieve goals.

Monitor Case Plan Implementation

The case plan can take time. Meeting benchmarks can take many small steps. The case plan might need to be revised many times. The Case Worker's job is to monitor the household's progress, and help the household make case plan changes, when needed. The Case Worker will follow steps 3, 4, 5, and 6 many times with the household before they go to step 7. Repetition is needed and good. Case plans should be monitored regularly, as indicated, and updated after every 3 months.

Case Plan Achievement

Case plan achievement means the household has met the goals they set for themselves. It also means they have met the goals in this program. This is a BIG achievement and the goal of case management. They will be in a better place than before the OVC program. This is a huge success and should be celebrated!

Strengths-Based and Resilience-Based Case Management

KEY POINTS

Struggles are also opportunities to build resilience.

Listening to caregivers and children helps build their resilience.

It is important that the Case Managers and Case Workers believe in the household's ability to achieve their case plan!

What is resilience?

Resilience is the ability to recover from challenges, stresses, and shocks. Resilience focuses on positive aspects of life, also called strengths. This can help children cope and develop in a positive way.

It is the Case Worker's role to:

- ▶ identify strengths,
- ▶ help the child or adult grow those strengths, and
- ▶ build a case plan that uses their strengths.

Resilient children tend to have:

- ▶ higher self-esteem,
- ▶ greater belief in themselves,
- ▶ a sense of having some control over their lives, and
- ▶ the ability to make a difference for themselves and others.

Building Resilience

There are many things that contribute to resilience.

- ▶ Stable/positive relationships with at least 2 other caregivers or adults
- ▶ Positive parenting skills, effective communication and problem-solving
- ▶ Positive view of yourself and abilities
- ▶ Ability to develop and successfully complete a plan
- ▶ Strong social relationships

Gender and Resilience

Sometimes the road to resilience can take longer for girls than for boys. Harmful traditional practices, the burden of caregiving, and other gender norms can hurt girls. This can slow their progress, but they can overcome.

Everyone Experiences Difficulty and Pain

Being resilient does not mean a person does not experience difficulty or pain. Emotional pain and sadness are common. Often resilient children have experienced great emotional distress. Factors that can help their pain lead to resilience are:

- ▶ being able to talk about their struggles,
- ▶ thinking of a plan to get through the challenges, and
- ▶ having a consistent support network of people.

Case Management Helps to Build Resilience

Case management can do a lot to build resilience in boys, girls, and caregivers. Case management can:

- ▶ help build the family's capacity for care for themselves,
- ▶ help families recognize their strengths and abilities,
- ▶ help families use their strengths and abilities to initiate positive change,
- ▶ empower the family to recognize, prevent, and respond to challenges, and
- ▶ teach families a decision-making process which allows them to rebuild a healthy sense of control.

The end goal of the case management process is a well-rounded child. A child who is:

- ▶ living within a strong, committed, and stable family, with a supportive social network,
- ▶ receiving education and health care, who feels loved,
- ▶ self-assured about their ability to live a positive life, and
- ▶ self-confident in overcoming any challenges in the future.

Communicating with Children about Sensitive Topics

Effective Communication is Necessary in Case Management

This is especially true when talking about sensitive topics like HIV, child protection, death or inheritance. How you and the Case Worker communicate, and interact with children and caregivers, is very important. Good communication involves asking the right questions to receive good information. It also includes listening, in respectful ways, to build trust.

You Can Build Trust in Many Ways

- ▶ Explain that you will keep your conversations confidential.
- ▶ Make sure to keep those conversations confidential.
- ▶ Always tell the truth and communicate what will happen.
- ▶ Try to see the world from the child or caregiver's point of view.
- ▶ Be sensitive to social and cultural norms or stigmas.
- ▶ Listen with concentration and a desire to understand.
- ▶ Don't assume you know how they feel. Respond with compassion.
- ▶ Avoid strong emotional responses of your own, but acknowledge the feelings of others.
- ▶ Show understanding and provide information while promoting household ownership.
- ▶ Resist distractions, like your phone.
- ▶ Focus entirely on the person in front of you; think of their best interest.
- ▶ Avoid showing lack of care, lack of attention, or disapproval.

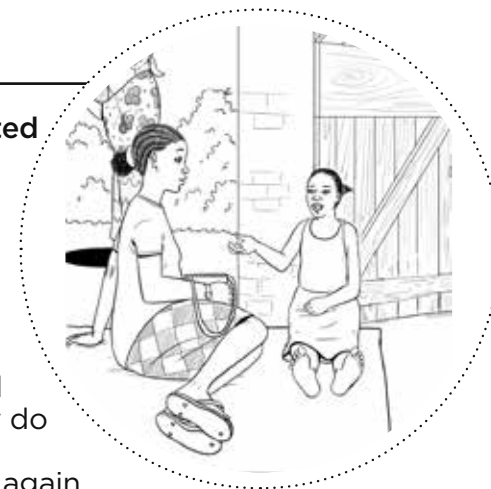
KEY POINTS

In all cases, you should reassure the child, adolescent or caregiver that you are available to provide support to the child and family.

Communicating about HIV-Related Issues Can Be Challenging.

It is important that you:

- ▶ Remind the children and caregiver that they do not have to answer questions if they are uncomfortable.
- ▶ Remind them you do not need to ask lots of questions, if they do not want you to.
- ▶ Tell the children and caregiver again that all answers are confidential and will not be shared.



When communicating with a child about HIV you should:

- ▶ use clear and age-appropriate explanations.
- ▶ discuss the topics with confidence.
- ▶ talk with the child, not at the child; allow the child to tell their story.
- ▶ let the child ask questions and respond to all the questions as clearly as possible.
- ▶ discuss with the child what information the child feels comfortable sharing, and who they are comfortable knowing the same information.

When communicating with an adolescent you should:

- ▶ make sure the adolescent is fully informed of their choices.
- ▶ provide information so the adolescent can make good choices.
- ▶ help adolescents take responsibility for their health and wellbeing.
- ▶ let the adolescent direct the conversation.

It Is Important to Be Sensitive to Gender and Other Dynamics.

Factors to take into consideration during these conversations:

- ▶ Girls and boys going through puberty may be experiencing other pressures and can be very sensitive.
- ▶ Age and sex of a caregiver can define the child/caregiver relationship.
- ▶ Gender roles and gendered expectations can shape interaction and relationships.

Communicating with Children about Trauma

When communicating with a child or adolescent you should **consider the child's**:

- ▶ Age
- ▶ Gender
- ▶ Developmental Stage

Age

- ▶ Young children might find it easier to trust you if you play with them or do an activity, like drawing together.
- ▶ Adolescents may trust you sooner if you start the conversation by talking about things they like, ask their opinion about a specific topic, or talk while walking.

Gender

Talking about sensitive topics can be more difficult for girls due to:

- ▶ society's high expectations of girls and young women.
- ▶ roles and stereotypes that put more girls at risk of abuse or violence than boys.

Development Stage

You may need assistance from your supervisor if a child has a developmental issue. A physical or intellectual disability can make it hard to communicate.

Trauma

Often traumatized children are in shock. Shock makes it hard for children to talk. **It is important for the child not to be re-traumatized by talking about the event.** If you see the child is getting very upset, you should comfort the child. You should change to a different topic or stop the interview in a calm way.

KEY POINT

In all cases, you should reassure the child, adolescent, or caregiver that you are there to be a support.

Managing Hostility or Resistance

When talking about sensitive things, you might see the caregiver, child, or adolescent get upset or not want to talk. People might not want to talk for several reasons.

- ▶ A depressed caregiver might need help with his/her struggles before setting goals.
- ▶ A hostile mother might be afraid you are going to take her children away from her.

Remind the caregiver, child, or adolescent that you are there to help them. Staying calm will help the household feel safe to express their emotions with you, and help the situation remain stable.

Child Protection

Sometimes children and adolescents don't want to talk about how they feel or describe events that have happened. They fear something bad will happen to them or to others if they tell the truth. For example:

- ▶ An adolescent may feel they are responsible for something bad that happened to them. It is important that you let them know you don't judge them.
- ▶ Children may not want the person who hurt them to get in trouble. It is important to repeat to the child/children that all conversations are confidential.

When Speaking With a Child

What to Do

- ▶ Provide time and a comfortable place for the child
- ▶ Be friendly and approachable
- ▶ Keep eye contact and sit at the same level as children
- ▶ Do not rush the child
- ▶ Listen and respond to the child
- ▶ Respect the child's or adolescent's opinions

What to Say

- ▶ Use simple language
- ▶ Use a child's experience to explain things
- ▶ Answer the child's questions honestly
- ▶ Remind the child that what they tell you will be kept confidential
- ▶ Summarize what the child has said and repeat it back to them
- ▶ Encourage the child or adolescent to find solutions to their problems

What is Viral Load and How to Discuss It

What is HIV?

HIV stands for Human Immunodeficiency Virus. HIV is an illness that attacks the immune system. That makes it difficult for a person's body to fight off other illnesses. A person with HIV can live a normal life.

A Person with HIV Can Live a Normal Life.

When an HIV-positive child or adult adheres to treatment plans, the viral load can be low. When the virus is suppressed, a person can live a normal life.

Treatment is Critical to Living with HIV.

The treatment for HIV is called antiretroviral treatment (ART). ART is made up of three or more drugs. A healthcare professional will match the right type of ART for each person. If a person with HIV does not take their ART, as directed by the clinic, they will get very sick. HIV will damage their immune system and this can lead to Acquired Immune Deficiency Syndrome, also called AIDS.

Medication Must Continue

Even if HIV is virally suppressed, each person must continue to take their medicine. HIV is lifelong and needs to be managed their entire life. They must adhere to treatment for at least twelve months and be virally suppressed to successfully exit from the OVC program.

Achieving Success

To achieve success and exit from Case Management, the HIV+ person must:

- ▶ take ART as directed each day for 12 months, and
- ▶ be virally suppressed.

KEY POINTS

HIV has no cure but it does have a treatment.

You can live a healthy life with HIV on ART.

Taking ART as prescribed, for 12 months, will suppress your viral load.

It is important to know your viral load.

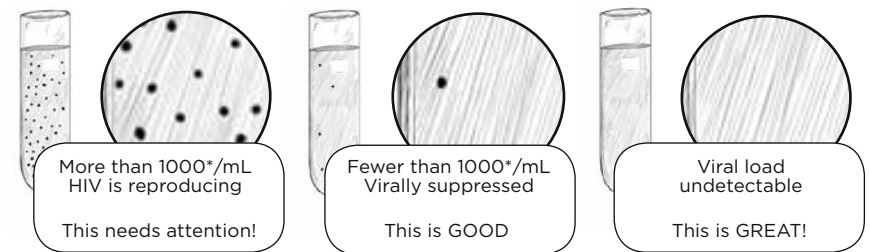
**Note: Viral load standards are set by program and country. 1000/mL is referenced here but needs to be contextualized based on the accepted country or program level.*

What is Viral Load?

Viral load measures how many HIV particles are in their blood. A clinician can tell if a person's viral load is high or low.

Measuring Viral Load is Important.

The goal of ART is to help a child, adolescent or caregiver have a low viral load. To determine if the medicine is working, a person needs to have their viral load measured.



Taking care of HIV is the responsibility of the infected person.

HIV+ caregivers and children over 10 years old, should be able to talk about their status and their treatment. They should know the answers to these questions:

- ▶ How many pills do you take each day?
- ▶ How many days last week did you miss your pills?
- ▶ What is the name of your medication?
- ▶ Why is it important to take your medicine?
- ▶ How do you remember to take your medicine?
- ▶ When was your last appointment?
- ▶ When is your next appointment?
- ▶ What does viral load mean?
- ▶ Do you know if your viral load status is high or low?
- ▶ Do you have a treatment buddy?



Preparing a Household for Case Plan Achievement

Celebrating the Success of Case Plan Achievement

Case Workers will talk to caregivers and children.

- ▶ Let's review your family goals. How do you feel about having reached them?
- ▶ What helped you reach your goals? Was there anyone whose help you believe was critical?
- ▶ How do you think you could help other families or children like you to become like you: a strong, caring, and healthy family?

Case Workers will act as the **primary caregiver**:

- ▶ How do you feel about having built upon your own strengths to be able to take care of the children in your family?

Case Workers will ask **children 6 to 17 years old**:

- ▶ What accomplishments are you proud of?
- ▶ Are you proud of being able to go to school, staying healthy, being part of a caring family?

KEY POINTS

You are soon going to successfully exit the program.

This means you have worked hard.

You are able to support your family without the assistance of OVC programming.

Let's celebrate!

Instructions

The purpose of these guiding questions is to facilitate the conversation between the Case Worker and members of the household on the progress that they have made while participating in the OVC program and to plan for their exit. The Case Worker should write down key points gleaned from the responses to each of the questions during the discussion. Some families who have reached case plan achievement (i.e., graduated) have found it useful to meet with another family that has gone through this same process and has exited the program.

Identifying Remaining Questions or Worries for the Family

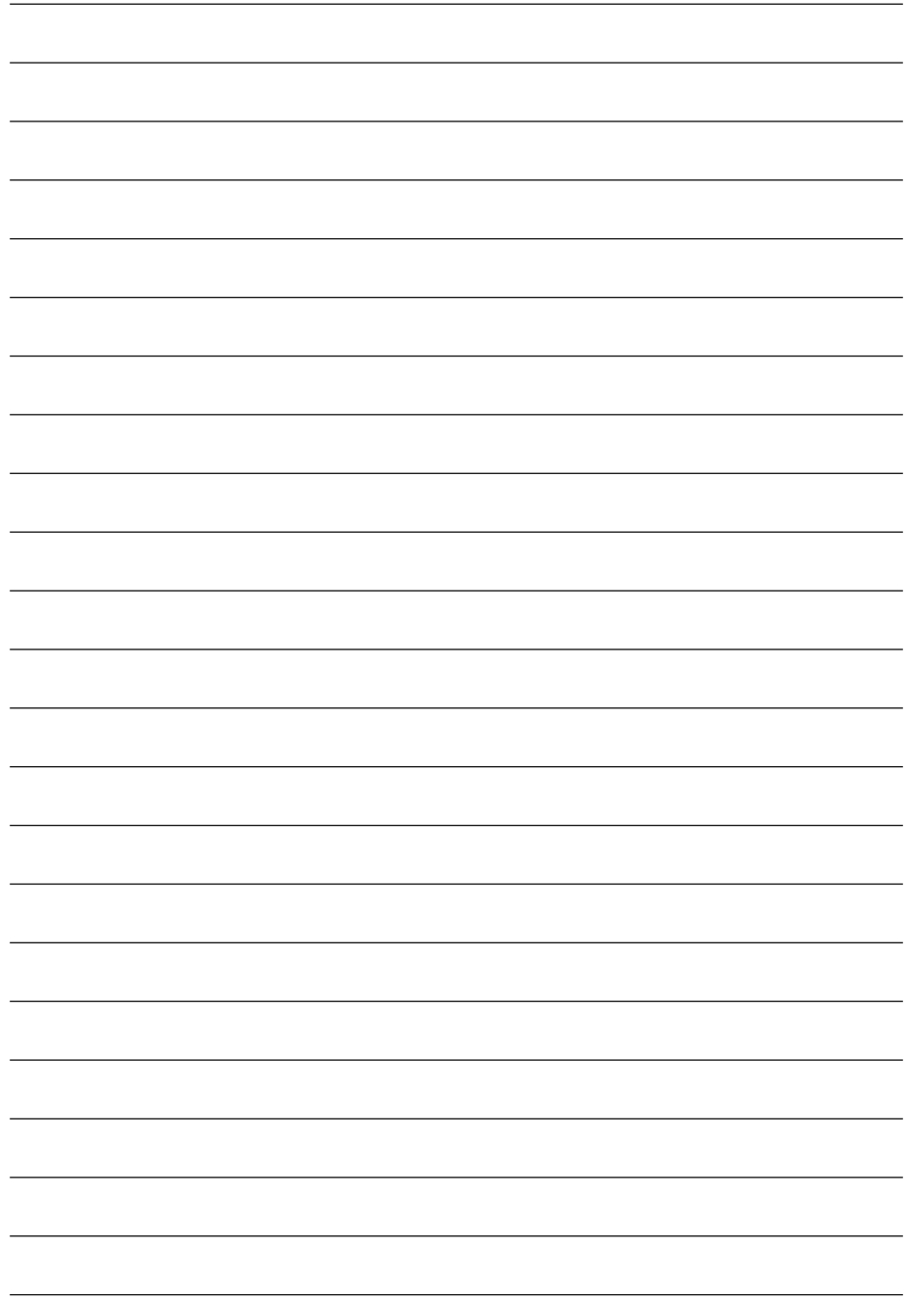
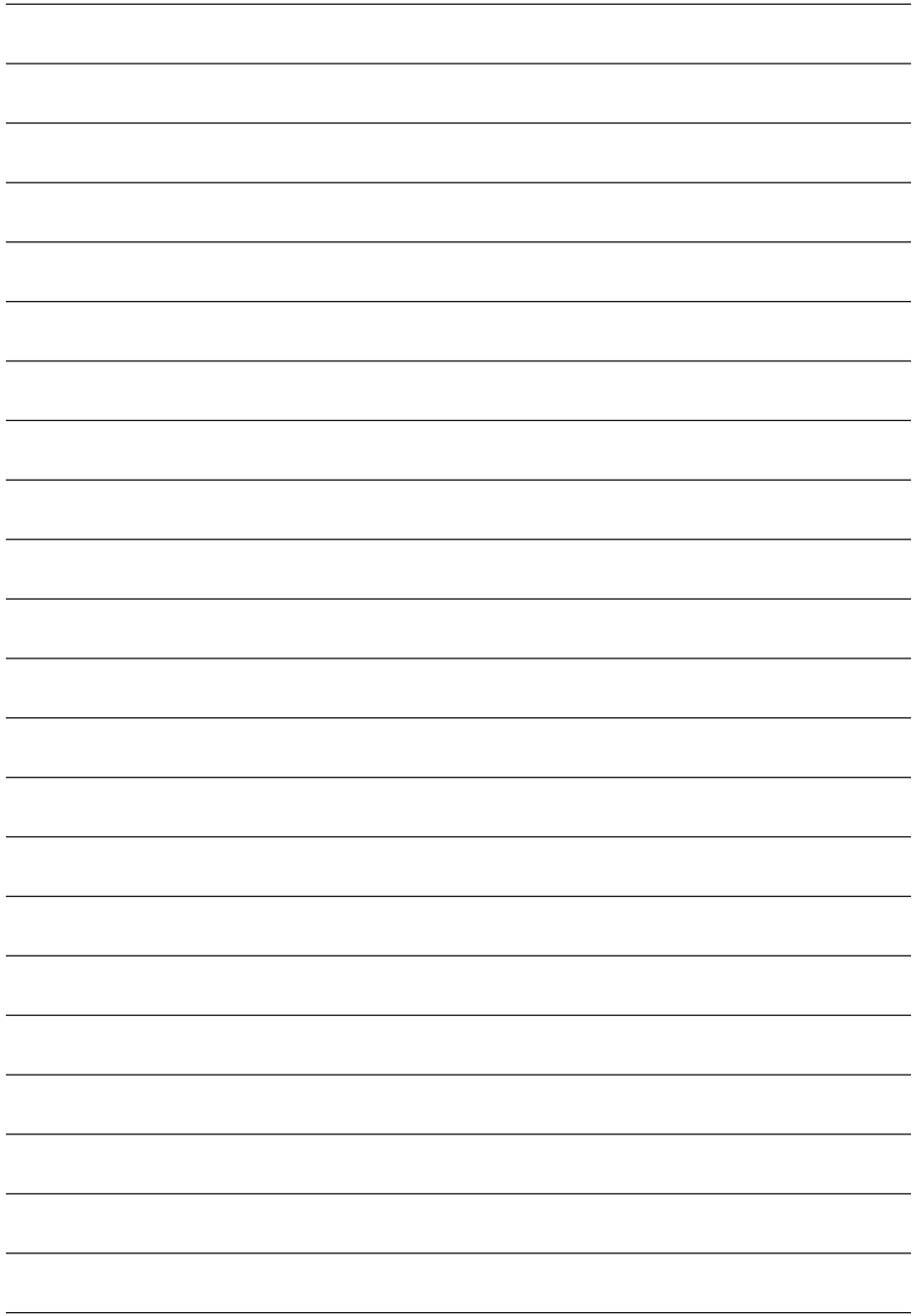
Case Workers will ask **caregivers and children**:

- ▶ How do you feel about successfully exiting the program?
- ▶ Do you have any questions? Is there anything that worries you?

Simple Steps to Support the Household after Case Plan Achievement

Case Workers will ask **caregiver and children**:

- ▶ Before you leave the program, I would like to give you my phone number. Would you like my phone number?
- ▶ Would you like to meet another family who has successfully exited the program?
- ▶ As you know our organization is always in the community. In addition to me, do you know others in the organization who can help if you need assistance?



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