



Application of the Case Management Methodology Process

Guatemala Report

March 2020

Changing THE WAY WE care



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Changing the Way We Care is a global initiative implemented by a consortium formed by Catholic Relief Services, Maestral International and the Lumos Foundation, in collaboration with donors including the MacArthur Foundation, the American People through the United States Agency for International Development (USAID), the GHR Foundation and individual donors.

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ACRONYMS

Acronym	In Spanish	In English
CTWWC	Cambiando la Forma en que Cuidamos	Changing the Way we Care
CNA	Consejo Nacional de Adopciones	National Council of Adoptions
GAC	Directrices sobre las Modalidades Alternativas de Cuidado de los Niños	Guidelines for the Alternative Care of Children
GDA	Alianza Global para el Desarrollo	Global Development Alliance
GDI	Directrices sobre la Reintegración de Niños, Niñas y Adolescentes	Guidelines on Children's Reintegration
GHR	Fundación Gerald y Henrietta Ruaenhorst (GHR)	Gerald and Henrietta Rauenhurst (GHR) Foundation
NNA	Niños, niñas y adolescentes	Child (boy and girl) and adolescent
OJ	Organismo Judicial	Judicial Branch (Body)
PGN	Procuraduría General de la Nación	Guatemala's Attorney General
SBS	Secretaría de Bienestar Social de la Presidencia de la República	Secretariat of Social Welfare
USAID	Agencia de los Estados Unidos para el Desarrollo Internacional	United States Agency for International Development

GLOSSARY OF KEY TERMS

Assessment: A process for identifying the specific needs and strengths/resources of the child and a family. Assessments explore issues related to socio-economic status, health status, nutrition, psychosocial wellbeing, emotional status and education. Each child, as well as the conditions affecting the family should be evaluated individually. The assessment is conducted by social service and psychology professionals, who will document and provide evidence that the child and the family are candidates for the reintegration, according to the best interest of the child.

Best interest of the child: Determining the best Interest of the child requires a clear and thorough assessment of the child's identity, especially his or her nationality, upbringing, ethnic, cultural and linguistic background as well as his or her vulnerabilities and special protection needs.¹ The concept of the child 's best interest is flexible and adaptable. It must be determined and adapted to each child's specific and individual needs. The decisions pertaining to the child should also be made and assessed on a case-by-case basis.²

Birth family: The child's biological parents and siblings.³

Care plan: Is the process of planning a written document that outlines how to improve the child's wellbeing and safety and increase the resilience of the child and the family to risks and vulnerabilities. It is based on the child's best interest, the views of the child and the family and other individuals who are close to the child and the family to support successful family reintegration. The plan shall include goals and actions towards child reintegration.

Care reform: It refers to the changes to the systems and mechanisms to promote and strengthen the capacity of families and communities to care for their children in a family environment. It addresses the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based care options are available.⁴

Case analysis: Research and learning tool aimed at learning and understanding the characteristics of a specific situation found in case management, allowing practitioners (psychologists, social workers,

¹ RELAF (2014). International Human Rights Standards Manual Applicable to Migrant Children and Adolescents, Buenos Aires, Page 24.

² UN Committee on the Rights of the Child (2013). General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1).

³ Guatemalan Supreme Court, Agreement 40-2010, "Regulations for the Application of Protection Measures to Children Deprived of their Family Environment by Courts Exercising Jurisdiction in the Matter of Children and Adolescents whose Rights have been Threatened or Violated", Article 6.

⁴ Better Care Network and Global Social Service Workforce Alliance. (2014). Working paper on the role of social service workforce development in care reform. Washington, DC: Intrahealth. Retrieved from: file:///C:/Users/kelley.bunkers/Dropbox/CTWWC%20Mapping/The%20Role%20of%20Social%20Service%20Workforce%20Development%20in%20Care%20Reform_0.pdf Retrieved from: file:///C:/Users/kelley.bunkers/Dropbox/CTWWC%20Mapping/The%20Role%20of%20Social%20Service%20Workforce%20Development%20in%20Care%20Reform_0.pdf

academics and lawyers) to inquire about the needs of a child and find answers and options to improve his/her situation. After an in-depth analysis of all factors, a selection will be made based on the solution that is in the child's best interests.

Case closure: Case closure occurs after reunification through planned regular follow-up to the child in his/her family environment and when caseworkers are confident, based on evidence that the child's safety and wellbeing are effective. Case closure should only be considered when the objectives agreed in the most recent version of the care plan have been met – i.e. when there has been adequate progress against clear benchmarks and based on relevant assessments that the child is emotionally stable and integrated within the family and community.⁵

Case follow up: Regular home visits to the child and the family to ensure that the reintegration process is serving the child's best interest. The care plan is reviewed with the child and the family and needed psychosocial services and service providers are identified. These visits also serve to monitor child's progress in establishing an emotional connection and reintegrating to the family and to identify challenges. Follow up will be conducted for two consecutive years.⁶

Case management process: It is the process of organizing, planning and implementing the work in different stages for prevention, reintegration and adoption of children deprived from parental care or who are at risk of separation. The first step is to identify a child or adolescent who is vulnerable or whose situation requires support or assistance. Case management involves a professional (on social work and psychology) or a team of professionals who assess the needs of the case and organize, coordinate, supervise and define a package of services to meet the needs of the specific case. It involves the participation of all the organizations working in the child protection system at each stage of the protection process.

Caseworkers: Social work and psychology professionals responsible for coordinating child reintegration process in the demonstration area, conducting assessments and case analysis, linking the child/family with necessary support social services and conducting the training process towards reunification. They are also in charge of coordinating with the protection home and partner organizations involved in child reunification including PGN, SBS and the OJ (Child and Youth/First Instance Court).

Child (boy and girl) and adolescent: A child is any human being under the age of 13 years and an adolescent is anyone between the ages of 13 to 17.⁷

Child preparation for reunification and reintegration: Work conducted to prepare children/adolescents for reunification and reintegration with the birth family or extended family or to

⁵ Guidelines on Children's Reintegration, Inter-agency group on Children's Reintegration, Op Cit. page 37.

⁶ Standard Operating Procedures for Reintegration of Children in Residential Care into Family Care – Pilot, Op Cit., Page 9.

⁷ Guatemalan Congress (2003). The Law for the Comprehensive Protection of Children and Adolescents, decree 27-2003, article 2.

prepare them prior to the placement with a foster family care. Preparation includes working with the child's physical, emotional, social, and relational aspects to prepare him or her prior to the reunification with the family and community as well as activities to disconnect the child from the orphanage to link him or her with the family that he or she will be placed/reunited with.

Child protection measures: Actions carried out by a competent judge to reinstate the rights of children and adolescents whose rights have been violated. The application of the measures will take into account the needs of the affected person, prevailing those aimed at strengthening family and community ties, respecting personal and cultural identity.⁸

The Law for the Comprehensive Protection of Children and Adolescents establishes two types of measures depending on the functions, purposes and the stage of the proceedings of the case in question. Precautionary protection measures and definitive protection measures: Precautionary or provisional measures are aimed at preventing further physical or moral damage to the child or adolescent as a consequence of a threat or violation of their rights. These must be issued immediately after learning about the event and the victim child's best interests must be a primary consideration at all times over any other interest. An example of a precautionary measure is the provisional placement in a foster family/foster care. The definitive protection measures are determined by the competent Child and Youth Court and are intended to restore the right violated and stop the rape or abuse to which the child is being subjected to. The judge applies a definitive measure to ensure that the event that lead to the violation is not repeated, but a thorough investigation of the specific case must be conducted and all interested parties must be heard, especially the affected boy or girl and the state duty bearers responsible by law to intervene in this type of process. An example of a definitive measure is when the court declares a child's adoptability.⁹

Children's views: Ensure that the opinion of the child is heard and taken into consideration by the authorities when making decisions and that the child is informed and advised about his/her rights.¹⁰ States parties should ensure the right of the child to be heard, "when the child is capable of forming his or her own views". These terms should not be seen as a limitation, but as an obligation to the states parties to assess the child's ability to form his or her own opinion as much as possible. This means that states parties cannot act based on the assumption that a child is incapable of forming his or her own views. On the contrary, States Parties shall assume that the child is capable of forming his or her own views and recognize their right to express those views. It is not up to the child to prove her or his capacity

⁸ Guatemalan Congress (2003). Law for the Comprehensive Protection of Children and Adolescents, Decree 27-2003, Chapter II, article 111.

⁹ Universidad de San Carlos de Guatemala, Law and Social Science. "Análisis jurídico de los aspectos negativos del internamiento de niños y adolescentes en un centro estatal de protección y abrigo cuando no se especifican legalmente las circunstancias particulares de cada caso concreto" Alegría Hernández Jeammy Corina, (2008), page 45.

¹⁰ UN General Assembly (2010). Guidelines for the Alternative Care of Children *Op. Cit.* 103, b, Page 17.

before expressing it.¹¹

Extended family: Extended family is defined as a person's relatives outside the birth family, related by blood or affinity or a person who maintains the equivalent of a family relationship with the child whose rights have been threatened or violated based on national and community cultural practices and customs.¹²

Family preparation for reunification and reintegration: Orientation provided to the birth or extended family that will receive a child or adolescent. Foster care/families are also prepared prior to child placement. Families are prepared socially and emotionally and with actions to protect the physical and emotional integrity of the child and to strengthen parenting capacities needed for reunification, taking into account the child's life cycle and development stages towards a sustainable and healthy reintegration.

Family tracing: Planned investigation and search activities undertaken by a professional social service worker or PGN to locate the birth family or the extended family of the child currently living in residential care. The existing family care option must meet the principle of suitability and comply with the relevant assessments in order to shelter and protect the child, as well as provide evidence of their ability to build/rebuild the bonds or relationships between the child and the family-based alternative care option.

Foster family/foster care: A foster family is a family that temporarily cares for a child who is not theirs either by blood or by affinity, a child who is deprived of his/her biological or extended family environment and whose right to family has been declared threatened or violated. The United Nations Guidelines for the Alternative Care of Children defines foster care as situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected and declared as suitable, approved, and supervised for providing such care. In Guatemala, it is the role and responsibility of the Secretariat of Social Welfare (SBS) to select, assess and train families who enter the foster care program.¹³

Identification: It is the first step of case management. It encompasses identifying children who will go through an assessment and eligibility process for reintegration. Identification is based on a specific profile. The child must comply with certain criteria that includes age, reason for entering the orphanage and family situation.¹⁴

Orphanage: Per the United Nations Guidelines for the Alternative Care of Children, this term refers to "residential care" for children provided in any non-family-based group setting, such as safe places for emergency care, emergency transit centers, and other short and long-term residential care facilities,

¹¹ The Committee on the Rights of the Child (2009). General Comment No. 12. "the right of the child to be heard" Geneva, page 9.

¹² Guatemalan Supreme Court, Agreement 40-2010, Op. Cit. Article 8.

¹³ Guatemalan Supreme Court, Agreement 40-2010, Op. Cit. Article 8.

¹⁴ Standard Operating Procedures for Reintegration of Children in Residential Care into Family Care – Pilot, Components of Case Management, February 2017, page 9.

including orphanages.¹⁵ In Guatemala, it refers to public and private institutions whose main role is to provide child protection and shelter.¹⁶

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her family (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life. It is the process that takes place after reunification and it means that a stable emotional connection has been established between the child and the family and that a healthy and sustained reintegration has taken place.¹⁷

Reunification: The physical reuniting of a separated child and his or her family or previous caregiver. It only refers to the physical reunion, always seeking a permanent family for the child.¹⁸

United Nations Guidelines for the Alternative Care of Children: Desirable orientations for policy and practice with the intention of enhancing the implementation of the Convention on the Rights of the Child and of relevant provisions of other international instruments regarding the protection and well-being of children deprived of parental care or who are at risk of being so.¹⁹

¹⁵ UN General Assembly 2010 “Guidelines for the Alternative Care of Children,” Scope of the Guidelines, section IV, Page 7.

¹⁶ Guatemalan Supreme Court, Agreement 40-2010 “Reglamento para la Aplicación de Medidas de Protección a Niños Privados de su Medio Familiar por parte de juzgados que ejercen competencia en materia de Niñez y Adolescencia Amenazada o Violada en sus Derechos Humanos”, article 11. Page 4.

¹⁷ Inter-agency Group on Children’s Reintegration (2015). Guidelines on Children’s Reintegration, Page 7.

¹⁸ Standard Operating Procedures for Reintegration of Children in Residential Care into Family Care – Pilot, Op Cit, Page 10.

¹⁹ UN General Assembly (2010). Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, February 24, 2010, A/RES/64/142, Page. 1.

PRESENTATION

[Changing The Way We Care](#) (CTWWC - Cambiando la Forma en Que Cuidamos) is a global initiative designed to promote safe family-based care and prevent unnecessary separation of children from their families. This includes family strengthening interventions and reform of the child protection and care system at national level, family reunification and reintegration and developing family-based care alternatives (in line with the UN Guidelines for the Alternative Care of Children).²⁰

The CTWWC consortium formed by Catholic Relief Services, Lumos and Maestral International, through a Global Development Alliance (GDA), with the support of donors – the McArthur Foundation, USAID and the GHR Foundation. CTWWC is operating in a context of growing interest in care reform, and as a result of a growing global understanding that institutional care of children is a significant problem that will be best addressed through collaboration among national, regional and global stakeholders to develop alternative care systems supportive of family care.

Demonstration interventions in Kenya and Guatemala and regional and global influence work began in October 2018. In 2019, CTWWC Board of Directors renovated its commitment to implement the initiative in seven demonstration countries. During implementation year 2, interventions will be extended to Haiti and India based on SRI seed funding, a fundraising strategy that includes eventual intervention in Lebanon and Indonesia.

Changing the Way We Care has three main strategies: 1) Governments promote family care through the improvement and implementation of policies, workforce investment (social workers, therapists and other social service staff) and national and community systems serving vulnerable children and families; (2) Children stay or return to families through various family strengthening interventions that consider the child's opinion, the engagement of the local community, and the transition of orphanages into family care centers; and 3) Family care is promoted globally through global, regional and national advocacy to advance policies, best practices and the redirection of resources by multi-lateral, bilateral, corporate, philanthropic, faith-based and secular organizations and individuals, increasing the interest of other countries to support family-based care. The global effort will use learning and evidence from CTWWC demonstration countries, as well as other countries going through similar reforms to influence policies and practice that leads to redirection of funding to support family care over institutions.

In January 2019, CTWWC began advocacy efforts towards signing a collaboration agreement with the

²⁰ UN General Assembly (2010). Guidelines for the Alternative Care of Children

<https://bettercarenetwork.org/spanish-section/marco-internacional/directrices/directrices-sobre-las-modalidades-alternativas-de-cuidado-de-los-ni%C3%B1os>

Secretariat of Social Welfare (SBS), which was officially signed on March 27, 2019. Signing parties agreed working on the Special Early Childhood Protection Program (Temporary Protection Home of Zacapa), selected to implement the case management methodology towards planned children reunification and reintegration and focusing on children and adolescents who are originally from the Zacapa department.

The department of Zacapa was selected as the CTWWC demonstration area and one of the goals of the initiative is to implement best practices to prevent unnecessary family separation and strengthen families by identifying primary and specialized social services and bringing those services closer to the families.

The implementation of the agreement has included initial interviews and meetings with the Director and social workers of the Temporary Protection Home of Zacapa as well as the director, social workers and psychologists of the SBS departmental offices, as well as lawyers, social workers, psychologists and the Coordinator of the Interinstitutional Office of Guatemala's Attorney General (PGN) to identify collaborative interventions and to design an inter-institutional coordination roadmap towards a healthy and sustainable reunification and reintegration of children currently living in the temporary home in Zacapa. After validating and rolling out the roadmap, CTWWC's team of one psychologist and one social worker was assigned to work in the temporary home in Zacapa where they reviewed children's files to identify potential cases.

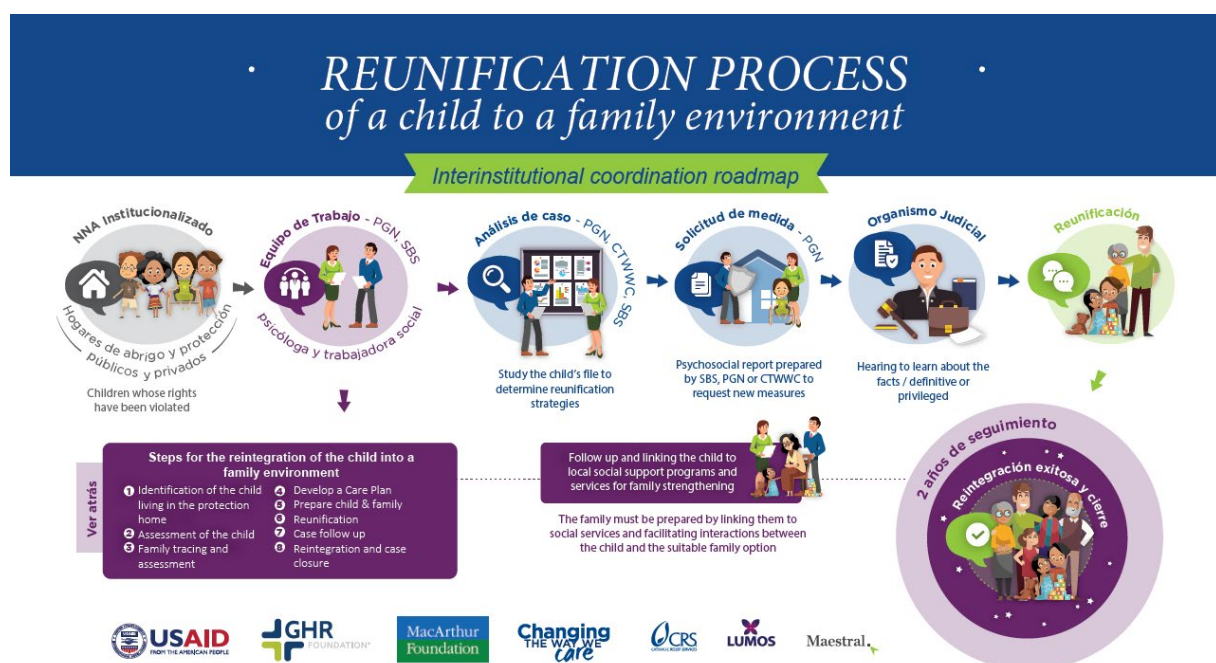


Illustration 1: Interinstitutional coordination roadmap for Zacapa

In June 2019, the CTWWC team identified **105 children and adolescents** living in the temporary home in Zacapa due to different reasons. A review of their files found that the majority of the children came from different departments, only nine files were from children originally from the department of Zacapa, which correspond to a total of 16 boys and girls (case files of siblings count as one single case). From June to November 2019, the CTWWC team conducted a revision, analysis, assessment and

investigation of the nine files. Below is a summary of the process, results and lessons learned during this stage.

BACKGROUND

Overall status of children and adolescents currently in residential care in the [Special Early Childhood Protection Program – the Temporary Protection Home in Zacapa](#)

The home is located in the center of the Zacapa municipality (Figure 2).²¹ As of June, 2019, 105 children were living there. However, the number of children in residence at any particular time fluctuates constantly due to reunifications and new admissions every day.

A situational report dated May 16, 2019, revealed that 103 children (**69 boys 34 and girls**) were living in the temporary home in Zacapa back then. Although the home is meant for early childhood (ages 0-6), children from ages **0-14** were actually there. This means 40 boys and girls from ages 0-6 and 63 children above age 6, who fell outside the early childhood profile authorized by the SBS for this program.

16 children from 0 to 23 months

24 children from ages 2-6

54 children from ages 7-12

9 adolescents ages 13 and up



Ilustración 2: Mapa político de Guatemala

The number of children in the residence may vary every week, with an average of 90-120 children and adolescents usually in-house. Their legal status is diverse. For example, **11 residents have had a firm declaration of adoptability** since 2011, but an adoptive family has yet to be found. These cases are often related to a cognitive disability and are identified as difficult placements.

Judicial delays also affect the children living in the temporary home in Zacapa, with 11 children and adolescents awaiting a court hearing. In some cases, a hearing has been delayed for over one year with no follow-up to their legal status, which extends the child's unnecessary separation from a family environment.

²¹ Guatemala Map: <https://geology.com/world/guatemala-satellite-image.shtml>

The classification of the reason for admission is complex as it is generally associated with structural causes of poverty and extreme poverty, such as overall **risk and social risk** and neglect, which sometimes can be associated with malnutrition. Hence, it is important to analyze each case individually considering that judges tend to classify each situation differently, so it is possible that the child ended up in the protection home for different reasons than the ones reported.

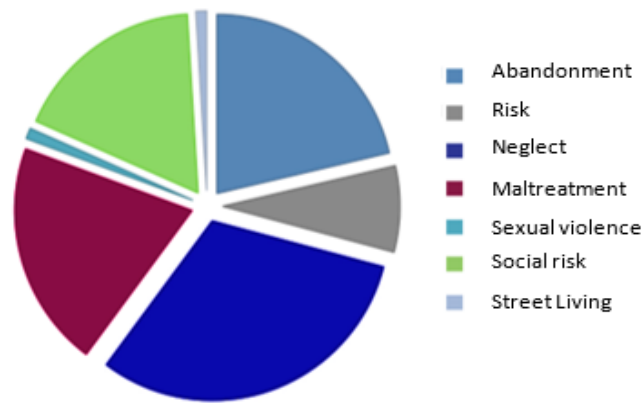


Figure 3: Reasons for admission in the Temporary Protection Home in Zacapa

Looking into the child's personal and family medical history helps identify the push factors that forced the children out of their homes which are not always accurately reflected in the court records.

A revision of the situational report of the Temporary Home in Zacapa showed that the majority of the children in the facilities have received the visit of at least one relative, which means there is at least one potential family care option that is interested in the child's well-being and may be willing to take care of him/her. However, the investigation is not always as effective and relatives cannot be located as quickly. This is, in most cases, due to the few staff from the government institutions dedicated to ensure that the investigation actually takes place. The socio-economic stability of the families is also an issue. Although many families have the desire and are willing to take care of the children, they lack the means to do so. The most complex cases are those associated with child maltreatment and sexual abuse, making the family tracing process more challenging for a number of reasons including stigma or in many cases, the perpetrator is within the birth or extended family. If there are criminal charges, but the aggressor has yet to be convicted, he/she remains within the family. All these issues increase the period of time that the child has to stay in the residential institution.

The average number of years that a child remains in the temporary home in Zacapa is **from one to two years**. However, there are complex cases where a child has remained in the facilities for more than four years. The children who have stayed the longest are those who have a declaration of adoptability and those who have some type of disability. Sixteen children out of 105 children who were living there as of June 2019, were diagnosed with some type of cognitive, language and motor disability.

The time that child remains in the temporary home in Zacapa directly affects his/her physical, cognitive, emotional and social development, so it is important to learn about the effect that institutionalization has on each stage of development and what is the best way to prepare children and families for an adequate and safe reunification while ensuring follow-up to achieve a sustainable and healthy reintegration.²²

²² **Reintegration:** The process of a separated child making what is anticipated to be a permanent transition back

From 2013 to 2015, the SBS and a cooperation agency in Guatemala organized a project aimed at deinstitutionalizing the children between ages 0-3 living in the Temporary Protection Home of Zacapa, regardless of the geographical location they were referred by the child and youth courts. The project managed to deinstitutionalize more than 50% of the children. The goal of the cooperation agency was to conduct an investigation, trace a family care option and promote the reunification of 0-3 aged children. However, there was no follow-up to the children that were reintegrated and the process used was never systematized, so there is little information about this collaboration with the temporary home in Zacapa.

The Changing the Way We Care initiative works at territorial level and only with those children and adolescents who are originally from the department of Zacapa regardless of their age. It also provides close follow-up to the cases of children reunified with their family, seeking sustainability.

The application of the case management methodology designed by CTWWC and used in 2019 is described below. It includes all stages and the importance of each one of them for child reunification and reintegration in the department of Zacapa, Guatemala.

CASE MANAGEMENT PROCESS - CTWWC GUATEMALA

Methodology

CTWWC uses a case management methodology consisting of planning, organizing and determining a specific package of tools to guide each step of the process, holding the child's best interest and emotional wellbeing paramount. The child and the family are involved in every step of the process – assessment, investigation, development of a care plan, child/family preparation, reunification, follow-up, reintegration and case closure. (Figure 4).

The first step taken in the Temporary Protection Home of Zacapa was to adapt and re-write the terminology used globally to the local context, in line with the protection system in Guatemala. **The second step** was to review the global tools and develop new tools applicable to Guatemala in order to organize and plan the specific interventions appropriately for each case. This included forms for psychological evaluations, socio-economic evaluations, follow-up, care plan, independent living arrangements and reports. **The third step** was to create a roadmap for interinstitutional coordination for reunification of children in the demonstration area of Zacapa. The roadmap outlines each step of the case management process and the responsibilities of each organization involved.

Case analysis is an important step in this roadmap. Case management is new in Zacapa and it required

to his or her family (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life. It is the process that takes place after reunification and it means that a stable emotional connection has been established between the child and the family and that reintegration has been successful.

Reunification: The physical reuniting of a separated child and his or her family or previous caregiver. It only refers to the physical reunion, always seeking a permanent family for the child.

the creation of a multi-inter disciplinary technical table formed by Guatemala’s Attorney General, the Secretariat of Social Welfare and the Judicial Branch (Child and Youth/First Instance Court) as well as CTWWC team of psychology and social work professionals. The objective is to present before the technical table the cases of children and adolescents living in the Temporary Protection Home of Zacapa who have been investigated and assessed. After that, the aforementioned entities standardize the conclusions and recommendations, seek solutions and work on joint proposals to promote children reunification in a safe and healthy environment with a high probability of sustainable reintegration, in line with the child’s best interest.

CTWWC is currently leading this process as a means of instilling a good practice that can become a sustainable process. The plan is that caseworkers from the SBS at departmental level of Zacapa are also incorporated to the technical table as their role in the SBS is to provide follow up to children who have been reunited.

CTWWC formed a working team led by the Case Management Coordinator responsible for coordinating and supervising the team to implement case management in demonstration areas. In Guatemala, this team is formed by a psychologist and a social worker known as the “caseworkers” who work together to analyze the cases and seek solutions for the children and families in the process of reunification.

Case management and the work laid out on the interinstitutional roadmap began in June 2019. CTWWC caseworkers analyzed the files of the children/adolescents residing in the temporary home in Zacapa, who are originally from the department of Zacapa.

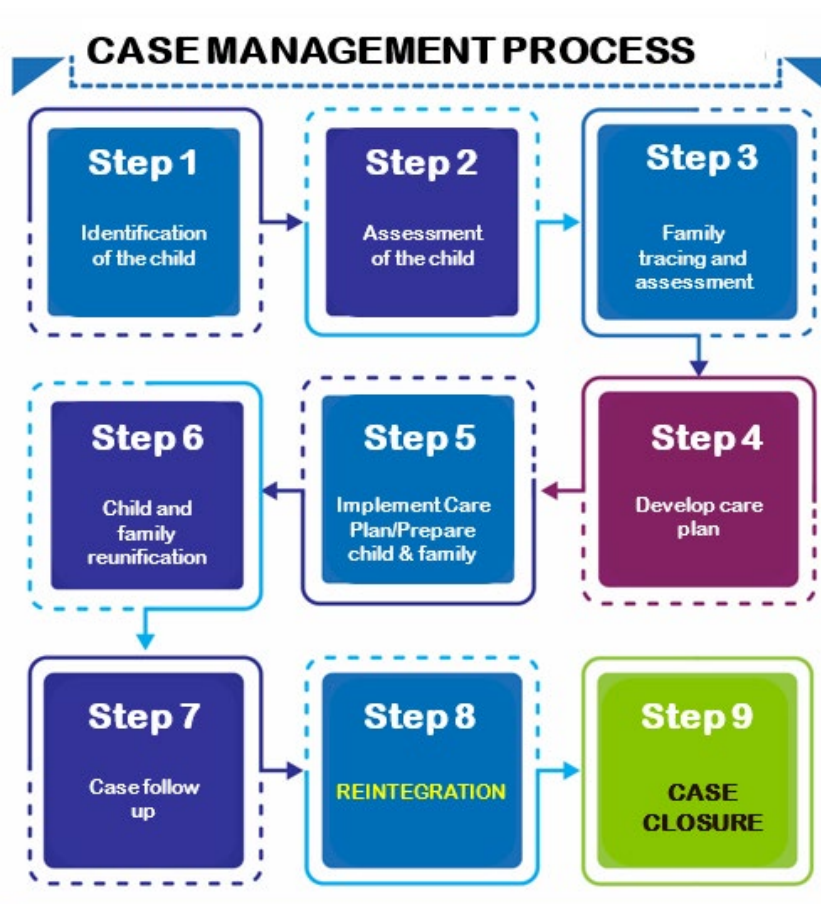


Figure 4: Case Management Steps

Each step of the case management process and the interventions conducted by CTWWC in 2019 are described below:



STEP 1: Identification of the child (profile, case selection, identify reasons for institutionalization)

CTWWC only selected the cases of children from ages 0-17 who were originally from or were residing in the department of Zacapa prior to being sent to the Temporary Protection Home in Zacapa and who ideally had a family-care option in the Zacapa area. CTWWC Case Management Coordinator and the social worker reviewed the files and preliminarily identified **five cases**. Eleven additional cases emerged in the following months which were incorporated into the case management process.

After one case is identified, CTWWC begins planning and organizing how to address the case and provide support as needed in an individual manner.

The reasons for institutionalization of the 16 children and adolescents (identified in the timeline referred below) were known by the PGN and the Child and Youth Court in Zacapa and were classified as neglect and physical abuse. The rights violated: child's right to identity and education.

CTWWC in-depth analysis of each case revealed that none of the children identified should have ever entered the special protection system/residential care, had they received access to timely services such as day-care facilities, birth registration, school enrollment or parenting training including the use of assertive discipline. A thorough assessment on a case-by-case basis is crucial to preventing unnecessary placement in residential care along with identifying existing social services and bringing those services closer to families.

SUMMARY OF KEY ACTIONS DURING THIS STAGE

- ✓ Verify the cases identified within the protection home
 - ✓ Review the child's profile and file to determine his or her origin and current legal status
 - ✓ Confirm how long the child has been living in the protection home based on previous reports of the residential facilities
 - ✓ Review the court's order or decision regarding a child or the general information available
 - ✓ *Review previous reports issued by social workers to identify potential family options*
-

A timeline of the cases identified by CTWWC in 2019 is available [here](#)

(https://1drv.ms/x/s!AobDCWHRzWWXjUk1EL5cJ1pnv_b?e=Vo9Mgr). It describes the child's status from his admission to SBS's temporary home in Zacapa to his/her incorporation to CTWWC case methodology process.

DESCRIPTION OF COLORS AND SYMBOLS ON THE CHART (see link)	
	Marked in red. Period of time that the child has been institutionalized in the temporary home in Zacapa
	Marked in orange. Period of time when the multidisciplinary team of CTTWC has reach out to the child and when he or she was incorporated into the case methodology process to prepare and plan child reintegration to a safe and stable family environment.
	Marked in green. Period of time when the child has been and still is reunified with his/her family and when CTWWC multidisciplinary team provides follow using the case management methodology to ensure a sustainable and safe reintegration.

Reunited with Birth Family 	Reunited with Extended Family 	Child and family follow up to ensure a sustainable and safe reintegration 
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STEP 2: Assessment of the child

After identifying potential cases and determining the possibility of reunification with a family, 16 children/adolescents had to undergo a psychological evaluation to determine their emotional health status and the time needed to prepare them for reunification.

Results of the 160 psychological evaluations conducted from June-October 2019 showed children's emotional deprivation and difficulty forming emotional attachments, especially those who have stayed in the residence for a long period of time.



Ilustración 5: Trabajadora social de CTWWC en entrevista con familias

SUMMARY OF KEY ACTIONS DURING THIS STAGE

- ✓ Interview
- ✓ Observation
- ✓ Mental status examination
- ✓ Building empathy
- ✓ Administration of projective tests and IQ test
- ✓ Identification of child strengths
- ✓ Strengthen emotional wellbeing to address possible family estrangement
- ✓ *Review children files to determine their health and nutrition status, psychosocial wellbeing, emotional status and education*



STEP 3: Family tracing and assessment

Caseworkers traced a suitable family option for the selected children in the Zacapa temporary home and conducted a psychological and social evaluation to the family option for potential reintegration. The process involved home visits to determine suitability of the caregiver, specially to assess the bond developed with the child and the family's socio-economic conditions. CTWWC conducted the assessment of nine families of children/adolescents to determine who could take care of them.

The majority of the families were experiencing financial hardships which have made it difficult to take care of their children as they also have to meet their daily food needs and pay for rent, etc. One option to address this issue would be to facilitate families' access to social services such as food cards for a reasonable period of time to help families support each other and promote the child's permanence in their family environment.

Psychological evaluation results showed a high degree of insecurity and frustration among families; without a doubt, the physical separation of their children has triggered these feelings.

SUMMARY OF KEY ACTIONS DURING THIS STAGE

- ✓ Visit to the potential family option that meet the criteria for reunification to strengthen relationships due to estrangement caused by institutionalization to the children and the families.
 - ✓ Assess the family to determine their emotional stability and their capacity to teach values to their children in an assertive manner and to have clear objectives for children's wellbeing.
 - ✓ Conduct an emotional intelligence assessment of the potential care option that will support the children in their emotional, spiritual, education, family and social growth.
 - ✓ Conduct a family socio-economic assessment to identify the social dynamics of the family environment, their economic status, health and nutrition status, psychosocial wellbeing, education and suitability of the care option
 - ✓ *Identify the interest and commitment of the care option to receive and take care of the children.*
-



STEP 4: Develop a **care plan**

After identifying a family option for each child, **16 care plans were developed** based on the child/family strengths and needs for each case. The plan includes actions before and after reunification and setting targets that promote the child's healthy development, their reunification and sustainable and healthy reintegration into a family environment.

Once the child was placed within the family, caseworkers worked with the family option or the family-based alternative care option to get them involved and hold them responsible for the placement or reintegration to family, social, education and community environment. The care plan was developed to strengthen weak areas which can be addressed within the family environment as long as they receive appropriate support and referral services. The plan focuses on these areas: protection and safety, health and development, relationship and attachment with primary caregiver, psychosocial wellbeing & community belonging, education and training and household economy. Caseworkers follow up families in each of these areas during home visits to evaluate progress to determine if the reintegration is being successful.



Figure 3: Care Plan Areas



STEP 5: Implement a care plan – Prepare children and family

Child preparation occurs before the placement to build or restore a relationship with the family option and strengthen the child's emotional needs so that he or she can integrate or reintegrate to a family environment. This stage promotes initial meetings to facilitate mutual bonding between the child and the family option or the family-based alternative care option prior to reunification. Family preparation occurs at the same time, which includes visits to promote interaction and identify support areas that need strengthening within the family to increase the likelihood of successful adaptation for the child. For example, CTWWC caseworkers identified schools close to the caregiver's home and activities that are available in the community to facilitate the child and family transition and worked with the families so that the child has an adequate place to sleep. Children and families also received therapeutic support to facilitate interaction and mutual bonding and caseworkers helped families identify economic opportunities and develop a plan to pursue those opportunities.

REUNIFICATION

The physical reuniting of a separated child and his or her family or previous caregiver. It only refers to the physical reunion, always seeking a permanent family for the child

SUMMARY OF KEY ACTIONS DURING THIS STAGE

- ✓ Provide orientation to families/care option to receive the child and to let them know all the elements of the care plan so that they can address the needs of the child more affectively.
 - ✓ Provide orientation about caring for the child's emotional wellbeing to prevent violations of their rights.
 - ✓ The socioeconomic assessment helps determine the family's sources of income and if the income of the potential caregiver is lower than the minimum wage authorized by the Ministry of Labor, a plan of economic opportunities is developed
 - ✓ Strengthen the child's emotional connection with the family option for reunification. This includes asking if the child is aware of his/her legal status (using language appropriate to his/her age) and asking him/her who has visited or called him/her and when is the court's hearing)
 - ✓ Provide orientation to the child so that he or she can adapt and adjust to living in a new home.
 - ✓ Prepare the child on social-emotional skills.
 - ✓ The child living in the residential facilities conduct home visits to the caregiver option to strengthen the child's bonds with him/her.
 - ✓ Provide guidance to the family in order to make the changes that may be requested by a child or youth court for child reintegration.
 - ✓ Assist families on assertiveness in parenting, creating a loving family environment, and setting boundaries and rules for improved family harmony.
-



STEP 6: Reunification

According to the legal framework in Guatemala and the child protection system, when a complaint is filed with the duty bearer, they conduct a verification and investigation. If they determine that any of the rights of children are being violated, they request a precautionary measure from a Justice of the Peace or a Child/Youth Court as appropriate which means it is now officially a legal case.



STEP 7: Follow up

Follow-up is a process that occurs after reunification and consists of accompanying visits to children and their families to verify that the reintegration process is being carried out successfully, verifying that the child's rights are being restored, that there are no other violations to their rights and that the child's return to the family environment is satisfactory for his/her healthy and sustainable development.

Follow up is based on the plan outlined in the care plan which includes the actions before and after the placement for each area that needs to be strengthened. A follow up form is filled with the findings and the **progress made on the six wellbeing areas (protection and safety, health and development, child-caregiver relationship and attachment with primary caregiver, psychosocial wellbeing and community belonging, education & training and family's economic stability) to measure the overall progress they have made towards reintegration** to a family environment and against the care plan objectives.



Ilustración 7: Trabajadoras sociales de CTWWC y Secretaría de Bienestar Social en visitas de seguimiento

The frequency of the visits depends on the severity of the cause of separation and the analysis of the case carried out by the multidisciplinary team that includes the analysis of the cause for institutionalization, which will determine the timing and the frequency of the visits and the type of social services to which the family and/or the child will be referred to. For example, there are cases of sexual violence that may require weekly visits or visits every other week, however for those cases where the reason for institutionalization was violating the child's right to identity (lack of a birth certificate), where the lack of attachment with the family is not an issue, they may require visits on a monthly basis.

Accompanying families requires a series of actions for a healthy and successful child reintegration to a family environment. Main activities include:

- **Therapeutic follow-up:** For the cases where psychological support is needed, CTWWC provides a therapeutic process to families and children carried out in the environment where the child was reunited. The type of therapeutic process is determined by psychology professionals. As of December 2019, nine families had received psychological counseling. Due to the type of case, none of them had to undergo a psychotherapeutic process.
- **Support groups:** Groups formed by individuals who are facing or have faced challenges related to issues such as the separation from their children, nephews, nieces and grandchildren and have become families that have facilitated the return of the child to a family through birth family care or

kinship care. The purpose of the support group is to exchange experiences and provide moral support to each other. These will start functioning in 2020.

- **Customized guidance on positive parenting:** CTWWC provides guidance on positive and assertive parenting. Children institutionalization is in many cases due to poor parenting practices. Hence, raising awareness of the importance of positive parenting with each child and on a case-by-case basis is crucial. All families participating in CTWWC case management have received guidance about positive and assertive parenting practices.
- **Plans of economic opportunities:** CTWWC develops a plan for selected families to improve their economic opportunities based on their context. This includes identifying their strengths and support income generation opportunities to improve their living conditions, thus increasing the likelihood of successful reintegration. CTWWC supported nine families develop a plan of economic opportunities based on the socioeconomic assessment conducted earlier. These nine families correspond to 16 children and adolescents (case files of siblings count as one single case).
- **Income-generating projects:** These are projects to help families generate an income and make a profit. The promoters of these projects will be the actual families that are interested in achieving economic stability to improve their living conditions. These projects came as a result of the plan of economic opportunities and it is developed together with the families with the goal of achieving financial sustainability. Each plan of economic opportunities included a potential income-generating project designed based on the preferences and skills identified in each family.
- **Subsidies:** A sum of money granted to support the restitution of the rights (threatened or violated) of children who are at risk of being institutionalized due to the lack of financial resources, as well as children reunited with their birth families, extended families or foster families, as a way to assist families and promoting care in a family environment.

Beginning in 2020, families within the CTWWC case management process will be initially supported with food cards. These prepaid cards can be redeemed at a supermarket chain for selected items meant to improve the quality of life of children and their families.

- **Identification and referral to social services:** Before children's placement with the families, CTWWC team of psychology and social work professionals conducted a mapping of the social services available in the community. Next, they contacted the service providers in order to link families to those services. In 2019, CTWWC informed the families about the social services they can access in their communities.
- **Family strengthening social services** must be consistent with the specific problems evidenced in the care plan and the plan of economic opportunities prepared by caseworkers after the assessments and investigations carried out as part of the case management process.
- **Support for school insertion or re/insertion:** It refers to the efforts made so that a child who has not been attending to school has the opportunity to re-integrate to the formal education system. Many of the children in residential care separated not only from their caregivers and their immediate environment but also from the school system. So, when they are reunited to a family environment, their right to education must also be restored. Social workers identify schools accessible to the children and make the necessary arrangements to enroll them there or look for out-of-school education alternatives in their communities. Thus far, CTWWC has supported nine children and adolescents to enroll in a school nearby.
- **Health referral services:** CTWWC social workers and psychologists must support the promotion and referral to primary and specialized health services to the families that need them and coordinate with the relevant health services to restore the child's right to primary health and medical assistance programs in their communities and/or map the most accessible services for families according to their place of residence. All families participating in the CTWWC case management have received guidance to access health services.

- **Nutrition guidance:** CTWWC social workers and psychologists must identify the families that need nutritional support based on their medical history included in the case files and refer them to specialized nutrition recovery centers/services. All families participating in the CTWWC case management process receive guidance to access good nutrition services.
- **Coordination for interinstitutional support:** The case management team coordinates with the organizations involved in the child protection system (Guatemala's Attorney General, the Judicial Branch, and the National Council of Adoptions), as well as with schools, Guatemala's National Registry of Persons, public and private protection homes, the local government and the Catholic Church in order to link and bring services closer to the families. In 2019, CTWWC coordinated effectively with the Secretariat of Social Welfare to follow up cases. In 2020, CTWWC will implement a roadmap for referrals and case follow-up among CTWWC, SBS's Department of Special Early Childhood Protection and departmental offices.



STEP 8: Reintegration

During follow up, CTWWC team implements the actions necessary for a sustainable and healthy reintegration based on the Care Plan and the six reintegration criteria (**Protection and Safety, Health and Development, Relationships, Community Belonging, Education, Family's Economy**) and the analysis on a case-by-case basis. The social services needed and the duration of follow up will be determined on the specific needs of each case.

The following criteria are reviewed throughout case follow up to measure progress towards achieving a successful reintegration:

1. **Protection and safety factors:** They relate to children and caregivers' level of protection and safety to violence, exploitation and neglect, including witnessing or experiencing violence and exploitation at home, at school, in the community, and online).
2. **Health and development:** This area refers to children's physical health in terms of malnutrition, access to healthcare, and food intake as well as cognitive changes that characterize normative and social development.
3. **Child relationship and attachment with primary caregiver:** It encompasses children's relationship and attachment with their caregiver/mentor, family option or the alternative family caring for him/her including spending dedicated time with each other, building connections and communication between the caregiver and child, and feeling accepted and loved.
4. **Psychosocial wellbeing and community belonging:** This area encompasses children and family option or alternative family/based care option's psychological health and wellbeing, and their socio-emotional wellbeing, including self-esteem, resilience, and belonging. Additionally, this area measures the child and caregiver's feelings of acceptance, welcome, inclusion, and support to the child and family within their wider community.
5. **Education and training:** This area includes children's access to school including school enrollment, attendance and progression, and inclusive education for children with disabilities, skills/vocational training.
6. **Family's economy:** This area encompasses caregiver's ability to meet basic and unexpected urgent needs of the household members. It measures caregiver's capacity to manage his or her budget efficiently and productively, savings and knowledge around financial education.

REINTEGRATION

The process of a separated child making what is anticipated to be a permanent transition back to his or her family (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life. It is the process that takes place after reunification and it means that a stable emotional connection has been established between the child and the family and that reintegration has been successful.



STEP 9: Case closure

Case closure occurs based on quarterly analysis of each case when the CTWWC team has determined that the child's rights have been reinstated, when a bond between the child and the family has been established, when the child has remained within the family for more than one or two years and there is evidence of significant progress in the reintegration criteria. Only then, a case is considered closed.

IMPORTANCE OF FOLLOW UP AND ACCOMPANIMENT TO REDUCE RISK AND ACHIEVE EMOTIONAL RECOVERY

During the implementation of case management in 2019, there was an evident need to create a roadmap to work with the organizations of the protection system in the demonstration area. The roadmap allowed CTWWC to approach duty bearers and obtain mutual support. It was also important to see that duty bearers identified the need to follow-up the cases to prevent the children from reentering the protection system. Case follow-up allowed identifying the progress against the care plan and allowed CTWWC identify relevant changes in children/families' legal status. There was a clear improvement on children's emotional recovery and their development after placement. Without follow up, these changes would have not been tracked and no immediate actions would have been taken to prevent family separation again.

The following is a case study about one of the reunification cases managed by CTWWC which highlights the importance of follow up for a successful reintegration.

BUILDING OR REBUILDING AN EMOTIONAL CONNECTION IS KEY TO ACHIEVING SUCCESSFUL REINTEGRATION

On June 6, 2019, CTWWC learned that Armando,²³ age 3, had been living in the special early childhood protection center – the Temporary Protection Home of Zacapa for two years because her mother was in prison and finding a relative that would take care of him had not been possible.

CTWWC worked with the staff from the protection home in Zacapa to conduct a family tracing for Armando. After a thorough revision of the files and interviewing social workers from the temporary home, they finally found the name of an aunt who lived in the neighboring department of Chiquimula.

CTWWC traced and found Micaela,²⁴ age 45, who was related to Armando's mother. An assessment showed that she was able and willing to take care of Armando.

On September, 9, Armando was placed with Micaela. During follow-up visits, CTWWC social worker and physiologists saw first-hand physical development improvements in Armando and a bond formed with caregiver Micaela, who he now calls Mom. Armando has stayed with Micaela for seven months and a huge change is already visible. He has adapted very well to his new environment and family and is already considered a successful case for CTWWC. A case that continues receiving follow-up to ensure a sustainable and healthy reintegration.



Ilustración 8: Armando y su primo

²³ Fictional name

²⁴ Fictional name

CONCLUSIONS AND LESSONS LEARNED TO DATE

- The creation of an **interinstitutional coordination roadmap** helped **bring together the organizations working on the protection system and to collaborate work** in the demonstration area.
 - The **implementation of meetings to conduct technical analysis of the cases** helped **standardize conclusions and recommendations and created an opportunity for the organizations within the child protection system to exchange ideas and share learning** in the demonstration area.
 - **Coordination with the organizations** within the child protection system **to conduct investigations, home visits and follow up** to families helped **visualize the need to have staff within those organizations specifically** dedicated to follow up cases to prevent children's readmission to residential care.
 - Family **accompaniment prior to reunification** **increased their knowledge about the protection system and their understanding of the commitment** they are making when they accept to take care of the child.
 - **Accompaniment and follow up post placement** helped visualize **significant improvements on children's social-emotional adjustment** to the family environment.
 - The implementation of a **case management methodology** allows **planning child-centered interventions that focus on the child's best interest** and **reduce the likelihood that children and adolescents have to be readmitted** to the protection system.
 - It is important to strengthen the **core competencies of the professionals** in psychology, social work, and education as well as the lawyers working in the special child protection for prevention and response.
 - It is crucial that the Secretariat of Social Welfare, Guatemala's Attorney General, the National Council of Adoptions and the Judicial Branch implement the new case management best practices being conducted by CTWWC in the demonstration area in the department of Zacapa.
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For more information about Changing the Way We Care, contact us at info@ctwwc.org

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