

# Standard Operating Procedures for Case Conferencing

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# List of Acronyms

<b>4Children</b>	Coordinating Comprehensive Care for Children	<b>LIP</b>	Local implementing Partner
<b>AAC</b>	Area Advisory Council for Children Services	<b>MOE</b>	Ministry of Education
<b>ACC</b>	Alternative Care Committee (of the AACs)	<b>NCCS</b>	National Council for Children Services
<b>CBO</b>	Community-Based Organization	<b>NGO</b>	Non-Governmental Organization
<b>CC</b>	County Commissioner	<b>OVC</b>	Orphans and Vulnerable Children
<b>CCI</b>	Charitable Children's institutions	<b>SCAAC</b>	Sub-County Area Advisory Council
<b>CHV</b>	Community Health Volunteer	<b>SCAAC</b>	Sub-County Level Area Advisory Council
<b>COVID-19</b>	Corona Virus Disease 2019	<b>SCCO</b>	Sub-County Children's Officer (DCS)
<b>CPV</b>	Child Protection Volunteer	<b>SCI</b>	Statutory Children's institution
<b>CTWWC</b>	Changing The Way We Care	<b>SOP</b>	Standard Operating Procedure
<b>DCAC</b>	District Children Advisory Committee	<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>DCS</b>	Department of Children's Services	<b>UNICEF</b>	United Nations Children's Fund
<b>FBO</b>	Faith-Based Organization	<b>USAID</b>	United States Agency for International Development
<b>FGC</b>	Family Group Conference	<b>WAAC</b>	Ward Level Area Advisory Council
<b>GoK</b>	Government of Kenya		
<b>HIV</b>	Human immunodeficiency Virus		
<b>LAAC</b>	Locational Level Area Advisory Council		

# Glossary of Terms

**Alternative care:**<sup>1</sup> Alternative care applies to a formal or informal arrangement whereby a child is cared for at least overnight away from the parental home. This can either be by the decision of a judicial or administrative authority, or at the initiative of the child, his/her parent(s) or primary caregiver(s), or spontaneously by a care provider in the absence of biological parent(s). As presented in these guidelines, alternative care services include the following: kinship care, *Kafaalah*, foster care, temporary shelter, guardianship, adoption, supported child-headed households, supported independent living, institutional care, aftercare and care for children in emergency situations.

**Area Advisory Council (AAC):** AACs were formerly known as District Children Advisory Committees (DCACs), formed in 1992 through a Presidential Administrative Directive to address issues affecting children at the district level. This was in line with the District Focus for Rural Development strategy, formulated to decentralize delivery of government services to *wananchi*—from the national to the district level—with the acknowledgement that local people had the ability to more clearly understand their own regional issues.<sup>2</sup> The composition and mandate of the AACs is intended to promote public and private partnerships in line with the composition of the National Council for Children’s Services (NCCS). It is also appreciated that communities best understand issues affecting their children at that level—hence the need to decentralize services to county, sub-county, ward and location levels. Sub-County Level Area Advisory Councils (SCAACs), Locational Level Area Advisory Councils (LAACs) and Ward Level Area Advisory Councils (WAACs) also exist.

**Alternative Care Committee (ACC):** The ACC, located at the sub-county level, is a subcommittee of the AAC and reports to them. Its overall objective is to coordinate and strengthen family and alternative care services within the sub-county. Members include specialized professionals

who provide family strengthening and alternative care services in the sub-county. The AAC may co-opt people who are not members of ACC to provide expertise.

**Best interests of the child:** This is one of the guiding principles of the United Nations Convention on the Rights of the Child (UNCRC), Article 3 notes “in all actions concerning children ... the best interests shall be a primary consideration.”<sup>3</sup> The interests of children are different from adults; therefore, when adults make decisions that affect children they must think carefully about how their decisions will impact children. Additionally, the best interests of each child should also be informed by globally recognized rights but also the individual strengths, needs, context and situation of the child in question.

**Care reform:** This refers to the changes to the systems and mechanisms that promote and strengthen the capacities of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families and ensure appropriate family-based alternative care options are available.

**Case conference:** A case conference is a multi-disciplinary meeting of professionals known to and/or working with the child to discuss risk factors; the care and protection needs of the child; required supervision and support interventions with the child, family, and alternative caregivers; and the roles of the professionals involved.<sup>4</sup> The aim is to review service options across sectors and agencies and to make formal decisions that conform to the best interests of the child.<sup>5</sup>

**Case management:** Is the process of identifying, assessing, planning, direct service delivery, referring/tracking referrals and monitoring the delivery of services in a timely, context-sensitive, individualized and family-centered manner to achieve a specific goal (e.g., child protection and well-being).<sup>6</sup>

1 Government of Kenya (October 2014), Guidelines for the Alternative Family Care of Children in Kenya, <https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya>.

2 NCCS (2015), Guidelines for the Formation and Operation of the Area Advisory Councils.

3 United Nations General Assembly, *Convention on the Rights of the Child* (20 November 1989), Article 3, <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

4 Better Care Network Toolkit, Glossary of Terms. Retrieved from <https://bettercarenetwork.org/toolkit/glossary-of-key-terms>

5 Global Protection Cluster Child Protection, European Commission Humanitarian Aid, USAID (2014), interagency Guidelines for Case Management and Child Protection, [http://ovcsupport.org/resource/inter-agency-guidelines-for-case-management-child-protection/Better Care Network \(2019\). Toolkit Glossary of Key Terms \[webpage\]](http://ovcsupport.org/resource/inter-agency-guidelines-for-case-management-child-protection/Better%20Care%20Network%20(2019).Toolkit%20Glossary%20of%20Key%20Terms%20[webpage].pdf), <https://bettercarenetwork.org/toolkit/glossary-of-key-terms>.

6 *ibid.*,

**Case plan:** Are documents used by caseworkers to outline step-by-step actions that will be taken to meet the goals of the household and the program. The case plan, which should be regularly updated, also includes information such as who is responsible for each step and the timeline for which actions will take place.

**Case planning:** This refers to the process of collaborating with the child and family to identify the goals to be reached with available assistance.

**Case review:** Refers to a holistic process to evaluate the progress made toward reintegration. This is done by measuring progress against the case plan, and against objective “benchmarks” of sustainable reintegration. It is usually done every six months after reunification or placement for a period of two years.

**Charitable Children’s Institution:** This refers to a home or institution established by a person, corporate/noncorporate, religious or non-governmental organization (NGO), which has been granted approval by the NCCS to manage a program for the care, protection, rehabilitation or control of children.<sup>7</sup> The definition applies to privately run children’s homes that have been granted approval by the NCCS to manage a program for the care and support of orphans and other vulnerable children, and includes institutions offering accommodation for any child overnight or on a longer-term basis.<sup>8</sup>

**Child:** Is any human being under the age of 18 years.<sup>9</sup>

**Client:** A person who uses or receives a service is a client. A client can be a child or an adult.

**Confidentiality:** The process through which information is protected against falling into the wrong hands and is accessible only to those authorized to access it.

**Duty-bearer:** Is any person or institution, including the State, with responsibility for the welfare of a child.

**Family:** These are a child’s relatives, including both immediate family (mother, father, stepparents, siblings

and grandparents) and extended family—also referred to as relatives or “kin” (aunts, uncles and cousins).

**Family-based care:** This refers to short- or long-term placement of a child in a family environment with one consistent caregiver and a nurturing environment where the child is part of a supportive family and the community.

**Family strengthening:** This is a deliberate process of empowering parents with necessary opportunities, skills, support and guidance to raise their children successfully, and thus preserve their families.

**Integrated case management:** This is an approach to delivering services and support by different actors (including case managers, social/health service providers and informal actors (such as extended family members or community leaders) in a coordinated way to avoid gaps and overlaps and maximize benefit for the child.<sup>10</sup>

**Institutional/residential care:** This refers to orphanages, children’s homes and other group-living arrangements for children in which care is provided by paid adults who would not be regarded as traditional carers in wider society.

**Rapport:** Means a cordial relationship between the caseworker/case manager and the child and/or family.<sup>11</sup>

**Referral:** A referral, in this case, is understood as the process of recognizing a risk or concern about a child or household, deciding that action needs to be taken and providing information about or referring the client to the identified service. Referrals include self-referral (e.g., calling a helpline) or a referral from a service provider to another service provider (e.g., a social worker referring a family to the health clinic for HIV testing).<sup>12</sup>

**Referral mechanism:** Referrals are supported by a referral mechanism. This can be understood as the identified steps or processes that enable a referral to go from start to completion. A referral mechanism is a process of referring clients (i.e., vulnerable child, caregiver or household) to another organization or service provider for the purpose of receiving a service

7 Children’s Act (2001), Section 58, Alternative Family Care of Children in Kenya (2014).

8 Alternative Family Care of Children in Kenya (2014).

9 Government of Kenya (2001), Children’s Act. <http://www.kenyalaw.org/lex/rest/db/kenyalaw/Kenya/Legislation/English/Acts%20and%20Regulations/C/Children%20Act%20Cap.%20141%20-%20No.%208%20of%202001/docs/ChildrenAct8of2001.pdf>.

10 Keeping Children in Healthy and Protective Families (2017), Standard Operating Procedures for Reintegration of Children in Residential Care into Family Care.

11 Hepworth, D. H., R. H. Rooney, G. D. Rooney, K. Strom-Gottfried and J. Larsen (2010), Direct Social Work Practice: Theory and Skills, Brooks/Cole Cengage Learning, Belmont, CA

12 4Children (2017), Reference guide on referral mechanisms within OVC Programming.

or services that the referring organization does not provide but that the client requires.<sup>13</sup>

**Reintegration:** The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin) in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.<sup>14</sup>

**Resiliency:** The ability to manage adversity and change without jeopardizing future well-being of the child and their family.

**Service provider:** An individual employed or attached to a formal institution that provides professional care or services.

**Social service workforce:** This refers to a broad range of governmental and non-governmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. The social service workforce focuses on preventative, responsive and promotive services that are informed by the humanities and social sciences, indigenous knowledge, discipline-specific and interdisciplinary knowledge/skills and ethical principles. Social service workers engage people, structures and organizations to facilitate access to needed services; alleviate poverty; challenge and reduce discrimination; promote social justice and human rights; and prevent and respond to violence, abuse, exploitation, neglect and family separation.<sup>15,16</sup>

**Standard Operating Procedures (SOPs):** Are intended as a guide for caseworkers, case managers, social workers and other officials in handling the cases of children in need of care and protection. It aims to ensure that operations and procedures are standardized and consistent to maintain quality standards in the approach to children in need of care and protection.

**Statutory children's institution:** In Kenya, these are children institutions established by the Government of Kenya (GoK) for the purpose of 1) rescuing children

who are in need of care and protection (rescue homes), 2) confining children in conflict with the law while their cases are being handled in court (remand homes) and 3) rehabilitating children who have been in conflict with the law (rehabilitation schools). The court commits a child into one of these institutions as appropriate.

**Strengths-based approaches:** These use a view of the wisdom, assets and knowledge of individuals, groups and communities as potential resources. They should be at the core of the competencies being sought for para-professional social service workers.<sup>16</sup>

**Supportive supervision:** This is a relationship that supports the caseworkers' technical competence and practice, promotes well-being and enables effective/supportive monitoring of casework.<sup>17</sup>

**Vulnerability:** Being easily open or exposed to risks of well-being.<sup>18</sup>

**Vulnerable child:** This refers to a child whose safety, well-being and development are, for various reasons, threatened, including children who are emotionally deprived or traumatized.<sup>19</sup>

13 4Children (2017).

14 interagency Group on Children's Reintegration (2016), Guidelines on Children's Reintegration.

15 Global Social Service Workforce Alliance (2019), Social Service Workforce Mapping Toolkit, <http://www.socialserviceworkforce.org/resources/social-service-workforce-mapping-toolkit>.

16 Global Social Service Workforce Alliance (February 2017), Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies, Second Edition.

17 interagency Child Protection Case Management, Supervision and Coaching Training (2018), The Alliance for Child Protection in Humanitarian Action, USAID.

18 Keeping Children in Healthy and Protective Families (2017).

19 National Council for Children's Services (2015), National Plan of Action for Children in Kenya 2015–2022, [http://www.childrenscouncil.go.ke/images/documents/Policy\\_Documents/National-Plan-of-Action-for-Children-in-Kenya-2015.pdf](http://www.childrenscouncil.go.ke/images/documents/Policy_Documents/National-Plan-of-Action-for-Children-in-Kenya-2015.pdf).

# 1. Purpose and Objectives of the Standard Operating Procedure for Case Conferencing

The purpose of this Standard Operating Procedure (SOP) is to provide a standard and consistent approach to case conferencing as part of a comprehensive case management approach utilized during decision-making processes for children. The SOPs should be utilized by institutions (e.g. Charitable Children's Institutions, or CCIs) and organizations as well as other actors engaged in decision-making around children's care and protection.

The **objectives** of the SOP are to:

- Outline an approach for structured conversations and decision-making around solutions for specific cases of children's care with appropriate and relevant stakeholders
- Explain the different steps and accompanying actions involved in case conferencing
- Define the roles and responsibilities of each actor involved in the different aspects of case conferencing

The **target audience** for the SOP on case conferencing are:

- Changing the Way We Care (CTWWC) staff
- Local implementing partner (LIP) staff engaged in care reform
- Social workers, caseworkers and other child protection professionals working in CCIs or Statutory Children's institutions (SCIs)
- Social workers, caseworkers and other child protection professionals working with the Department of Children's Services (DCS) at all levels
- Social workers and other child protection professionals and service providers working with children in alternative care in the public and non-public sectors



## 2. Structure and Human Resources in Charitable Children's Institutions

For the purposes of this SOP, the following are the various positions, roles and functions of staff in institutions/organization. The setup and number of staff can vary in different institutions depending on size, location and resources.

**CCI manager**—the individual managing the institution.

**Case manager/lead social worker**—the individual providing technical support to and oversight of caseworkers and managing data flow. ideally, this person is a qualified social worker.

**Social worker**—a qualified social worker who typically fills the role of the primary caseworker or supervisor

(also referred to as a case manager). This person maintains responsibility for the individual case management process from identification through to case closure.

**Caseworker**—refers to the primary worker responsible for a case. This person is typically a social worker (see above) or someone with similar skills and knowledge. This person maintains responsibility for the individual case management process from identification through to case closure. These persons may or may not be qualified caseworkers.

# 3. Introduction

CTWWC is an initiative designed to promote safe, nurturing family care for children, specifically those reunifying from institutions or those at risk of child-family separation. This includes strengthening families and reforming national systems of care for children, such as family reunification/reintegration and development of alternative family-based care (in keeping with the United Nations Guidelines for the Alternative Care of Children). CTWWC launched in mid-2016 during a period of growing interest in care reform, and as a result of a growing global understanding that institutional care of children is a significant problem, and is best addressed through collaboration between national, regional and global stakeholders to develop alternative care systems supportive of family care. Grounded in the work of focus countries, as well as regional and global engagement, CTWWC is seizing the momentum to help advance care for children toward and over a tipping point where government and non-government care systems, civil society initiatives and public attitudes/behaviors focus on keeping children in safe and nurturing families.

To achieve its purpose, CTWWC has been articulated around a theory of change that is based on the hypothesis that:

- **If** governments promote family care through the improvement and implementation of policies, workforce investment and national/community systems strengthening.
- **If** children stay in or return to families through family strengthening interventions that consider the wants and needs of children, the engagement of the local community in reintegration/appropriate family-based care and the transition or closure of orphanages; and
- **If** family care is prioritized by a global movement through global, regional and national advocacy to advance policies, best practices and the redirection of resources by multi-lateral, bi-

lateral, corporate, philanthropic, faith-based and secular organizations and individuals,

- **Then**, children will thrive in safe and nurturing families.

## 3.1 CASE MANAGEMENT

Case management is a process utilized within social services,<sup>20</sup> especially those targeting vulnerable children and families. It is a way of organizing and carrying out work so that vulnerable children and families are handled in an appropriate, systematic, and timely manner.

The goal of case management is for children and their families to achieve a state of well-being where they are stable and secure enough to meet their needs (e.g., financial, protection, social, emotional, health and education) and resilient enough to withstand modest shocks.

The standard operating procedures included in this guide outline case management for reintegration tools and processes.

<sup>20</sup>Case management started within the field of social work but has since expanded to be included in the health, education, and social protection fields.

### 3.2 DEFINITION OF A CASE CONFERENCE

A case conference is ***a multidisciplinary meeting of professionals known to and/or working with the child to discuss risk factors; the care and protection needs of the child; required supervision and support interventions with the child, family and alternative caregivers; and the roles of the professionals involved.***<sup>21</sup>

The aim is to review service options across sectors and agencies and to make formal decisions with the best interest of the child in mind and toward the reintegration of the child in family-based care.<sup>22</sup> This inter-agency discussion is intended to help support the situation of the child and family, gain agreement regarding the best way to proceed and make needed adjustments to the case plan.

Case conferencing can take place any time throughout the case management process from assessment, case planning, monitoring to closure. It is advised to have at least one case conference a month.

In most cases the family and/or children is not invited to a case conference, but can participate if it is well coordinated, planned and facilitated by the professional. **Case conferencing is not the same as family group conferencing/family case meetings.**

A family group discussion (FGD) or family case meeting is a restorative approach practiced in social work that builds on the strengths of the family to ensure protection and well-being of children. The key objective of a FGD is to provide the family group (which includes nuclear/extended family and friends) with a voice in the decision-making process to ensure the safety and well-being of children.<sup>23</sup>

CTWWC Kenya has developed these SOP's to ensure a standardized approach to case conferencing is in place to review all cases of children served by institutions (CCIs, SCIs) and its partners. The case conferencing approach utilized by CTWWC can also serve as a model to government and non-governmental actors involved in care reform.

### 3.3 CASE CONFERENCING AS AN ENABLER OF CASE MANAGEMENT AND DECISION-MAKING

Case conferencing is a tool utilized within the case management process. It ensures that the case management process enables children and families receive comprehensive services. Case conferencing facilitates case management within and between organizations—normally referred to as integrated case management.

A case management process requires that the many different actors providing protective care and support communicate and work together, using a standard set of processes and procedures to refer and collectively find solutions to the problems that a child may have. An integrated case management approach means that children and families receive a comprehensive package of care and support, that services are mobilized and provided across the spectrum of social services to support the child and family, and data on outcomes for child and families are shared across different sectors. Case conferencing is a technique that creates the platform for different actors to collaborate, coordinate services and ensure that children are referred to the most appropriate service.

### 3.4 GUIDING PRINCIPLES

Since case conferencing is a tool of case management, the principles of case management (which are informed by and reflect many of the core values and principles of child rights, child protection work<sup>24</sup> and international/domestic child rights-based legal policies) must form the foundation of all decisions in relation to the child. The following principles should also be apparent in all decisions made about a case:

- **Do no harm.** Consider how your actions will affect the children and households that you serve.<sup>25</sup>
- **Prioritize the best interests of the child.** Within child protection, this is a key principle, reflecting national and international rights-based legal and

21 4Children, [https://www.crs.org/sites/default/files/tools-research/case\\_conferencing\\_an\\_innovative\\_approach.pdf](https://www.crs.org/sites/default/files/tools-research/case_conferencing_an_innovative_approach.pdf); Global Protection Cluster Child Protection, European Commission Humanitarian Aid, USAID (2014); interagency Guidelines for Case Management and Child Protection, [http://ovcsupport.org/resource/inter-agency-guidelines-for-case-management-child-protection/Better\\_Care\\_Network](http://ovcsupport.org/resource/inter-agency-guidelines-for-case-management-child-protection/Better_Care_Network) (2019); Toolkit Glossary of Key Terms [webpage].

22 Global Protection Cluster Child Protection and interagency Guidelines for Case Management and Child Protection.

23 Karen, Rotabi Smith, L. Joan Pennell, Jini L. Roby and Kelley McCreery Bunkers (2012) Adapted from Family Group Conferencing as a culturally adaptable intervention: Reforming inter-country Adoption in Guatemala.

24 United Nations Convention on the Rights of the Child (1989), African Charter on the Rights and Welfare of the Child and the Government of Kenya Children Act (2001).

25 National Association of Social Workers (2008), Code of Ethics, <https://www.socialworkers.org/pubs/code/default.asp>.

policy frameworks<sup>26</sup> to have all decisions and related actions involving the child's welfare be guided by the best interests of the child.

- **Do not discriminate.** All individuals, regardless of ethnicity, race, sex, age, religion, custom, ability, opinion, sexual orientation, marital status, health status and social/economic status, should be treated with respect, recognizing the dignity and worth inherent in all humans.<sup>27</sup> All actors involved in the case management process will practice respect for ethnic and cultural diversity.
- **Provide client-centered and child-centered services.** Self-determination should be promoted whenever possible (i.e., promoting the idea that clients are best-positioned to make their own decisions about what is most beneficial for themselves).
- **Use a strengths-based perspective.** Instead of focusing on needs and deficits, social workers and other professionals should focus on a client's strengths and abilities. This will build on the resilience and potential for growth inherent within each individual.<sup>28</sup>
- **Be goal oriented.** The goal of case conferencing and case management is case plan achievement, reintegration and sustainability.
- **Ensure accountability.** This refers to being responsible and taking responsibility for one's own actions.
- **Respecting confidentiality and sharing information on a need-to-know basis.** Confidentiality is the process through which information is protected against falling into the wrong hands and is accessible only to those authorized to access it.
- **Foster trust and privacy within the client-social worker relationship.** The close working relationship between clients and social workers is critical for clients to achieve their goals. All those engaged in a case conference should be sensitive to issues that may lead to stigma (e.g.,

HIV status, single mother and child bride) and respect their privileged relationship with clients by keeping all information confidential.<sup>29</sup>

- **Collaborate with others.** Proactive collaboration with the DCS; other NGO, FBO, and CBO service providers; social protection; Ministry of Education (MoE); Ministry of Justice; other sectors and organizations—as well as through similar processes such as the health sector multidisciplinary teams, is integral to the success of a case conferencing process.<sup>30</sup> Case conferencing is the primary way to support this principle of cross-sector collaboration.

### 3.5 TYPES OF CASE CONFERENCING

During the case management process, there are different types of meetings between and among different actors engaged in certain aspects of the case management process. These meetings, however, are not the same as a case conference. As described above, a case conference is structured and planned, and **is called in order to solicit input and take actions to address issues affecting the child.** The case conference can be held internally within the institutions or organizations, or externally with an inter-agency or multi-sectoral team to focus on the case of one specific child/adolescent to develop an action or case plan as a team. This is done to ensure that each person is aware of who is responsible for following through on which referral, with the understanding that there will be a conference within a specified timeframe to assess progress on this plan and note results.

The case conferencing can take place under the following circumstances: 1) internally, within the institutions or organization staff and without external partners/ service provider present; 2) internally, within the institutions or organizations with external partners/service providers; or 3) externally, within the context of a sub-county level AAC meeting.

All three types of case conferencing will be addressed in this SOP:

<sup>26</sup> Children's Bill (April 2018), Article 7, The National Children Policy (2010); United Nations (1989), Convention on the Rights of the Child; and African Union (1990), African Charter on the Rights and Welfare of the Child.

<sup>27</sup> Children's Bill (April 2018), Article 8; The National Children Policy (2010); United Nations (1989), Convention on the Rights of the Child; and African Union (1990), African Charter on the Rights and Welfare of the Child.

<sup>28</sup> PEPFAR (2012), Guidance for orphans and vulnerable children programming, <http://www.pepfar.gov/documents/organization/195702.pdf>.

<sup>29</sup> Nigeria Case Management Rapid Response Group (11 August, 2016), Draft SOP for Assessment, internal document.

<sup>30</sup> National Association of Social Workers (2013), Op. cit.

1. **Case conferencing internally, within the institution or organization *without* external partners/service providers.** This is held within the institution/organization with staff. The case conferencing has a focus on the particular child to ensure the needs and rights of the child are addressed, that the actions in the case plan toward reintegration are followed and addresses/challenges any obstacles toward this goal.
2. **Case conferencing internally, within the institution/organization *with* external partners/service providers.** This is held within the institution/organization together with an external multidisciplinary team with the purpose of providing cross-sectoral input to address the needs of the child and actions required.
3. **Case conferencing externally, *within* a sub-county level AAC meeting.** This is held within the structure of the Alternative Care Committee (ACC) within the AAC at the sub-county level, chaired by the DCS, with key institution/organization staff (case manager or social worker) attending, where cross-sectoral input is provided toward addressing the needs of the child.

in most cases it would be the responsibility of the institution/organization staff in charge for calling and holding the case conference. In other cases, it will be DCS who chairs and calls for the case conference.

Case conferencing is a useful approach to facilitate coordination, information sharing and cross-sectoral referrals at all levels. However, who is involved in a case conference and how it is conducted might be different at each of the different levels.

Case conferencing is also a useful approach for supportive supervision or as a peer-learning tool between social workers. Information on how this might be utilized is explained in Sections 6 and 7 below.

In some cases, **the child and family member** may be called to participate and would be prepared to attend the conference. This should be in situations where it is in the best interests of the child, reflects the age and evolving capacities of the child to participate and where the child's opinion is required to help inform a decision.

The Case Conferencing SOP also takes into consideration public health emergency situations (such as COVID-19) and provides guidelines for what procedures to follow in case of such emergencies (see Section 8).

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## Case Conferencing

- *Promotes partnership and hence ownership of the CM process by families and children*
  - *Helps to prevent overlapping or duplication of interventions*
  - *Facilitates solutions by promoting referrals and identifying services that may not be overtly apparent*
  - *Enables members to understand their roles and responsibilities in facilitating well-coordinated and comprehensive responses and services*
  - *Shares ideas/perspectives which contributes to people getting involved*
-

## 4. Key Steps in Case Conferencing

Here are some of the key steps in case conferencing, further explained in the detailed SOP in Section 5:

1. Identify the cases to be presented and discussed at the case conference.
2. Set the date and inform participants seven days in advance of the meeting.
3. Prepare the case presentations for the meeting.
4. Ensure that an agenda for the meeting is prepared.
5. Make sure participants understand and sign the confidentiality agreement.
6. Take notes of decisions made, action points and responsibility for follow-up.
7. Update case plans after the meeting to reflect decisions and updates. Complete the child assessment by commenting on the child's readiness towards reintegration

# 5. Standard Operating Procedures (SOPS)

## 5.1 CONFIDENTIALITY AGREEMENT

in case conferencing, the principle of **confidentiality** should always be adhered to as expected good practice. Confidentiality is the preservation of privileged information and is a basic component of social work ethics. The information learned from work with a family and children is necessary to provide services to the child or family and is shared within the development of a supportive, trusting relationship. All information concerning children, caregivers or family members is confidential. This means that social workers and case managers are not permitted to disclose child/caregiver/family names, locations or talk about them in ways that will make their identity known for any other purpose than the provision of services or on a need-to-know basis.

Confidentiality protocols should be based on the understanding that the child/family owns the case information and that only with the family's consent (adolescent/child's assent) can the information be shared beyond the case management relationship, unless ordered by an authorized statutory entity—such as a court.

All possible efforts should be made in order to ensure confidentiality of the cases and clients discussed. All members of the case conferencing meeting will need to sign a confidentiality agreement before a meeting begins or give verbal consent if written consent is not possible. Provision of verbal consent should be noted in the case file. The agreement needs to be read, completed and signed by all members participating in a case conferencing meeting before they start any

meeting, and will need to be signed once per member. The chairperson should remind all participants they have signed and need to respect the confidentiality agreement at the beginning of every case conference meeting. Any member who does not respect the confidentiality agreement will be barred from any case conferencing meetings.

Furthermore, as a staff member providing case management to children and families, you are expected to respect the privacy of children, caregivers and families and to maintain their personal and household information as confidential. All records dealing with specific children and families must be treated as confidential. General information, policy statements or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are also responsible for maintaining the confidentiality of information relating to other staff members and volunteers.

## 5.2 DATA PROTECTION AND CASE CONFERENCING PROCESS

Data protection relates to the protection of all personal data collected, either through individual discussions or as the recipient of secondary data. Institutions/organizations involved in case management, including case conferencing as part of this process, must have data protection protocols in place based on the principles of confidentiality and “need to know,”<sup>31</sup> with the ultimate aim of safeguarding the best interests of the child. Data protection protocols serve as a guide for what information to collect, how the information

<sup>31</sup> The term “need to know” describes the limiting of information that is considered sensitive, and sharing it only with those individuals who require the information in order to provide services to the family and children. Any sensitive and identifying information collected on families and children should only be shared on a need-to-know basis with as few individuals as possible.

will be used, and how the information will be stored. All staff involved in the case management process should be aware of the data protection protocols.<sup>32</sup>

in preparation for the case conferencing the **retrieval and any other movement of files from the filing cabinet (in a secure location, with restricted access) must be documented within a register to ensure that case files can be tracked between caseworkers, social workers, lead social workers and other relevant staff. The staff retrieving the file should complete a register.**

Because multiple agencies or government departments are working together to address the needs of families and children (through the provision of multiple services and referral pathways) it is essential to also implement **agreed-upon information sharing protocols**, which define what information about the family and children should be shared, when and with whom. How this information will be shared—verbally, electronically or through a paper system—also needs to be defined with appropriate procedures to ensure that the confidentiality of the family and child is protected and always respected.<sup>33</sup>

And as above, it is important that **confidentiality agreements** be signed when confidential information is being shared among multi-disciplinary actors participating in an integrated case management effort, such as a case conference.

### 5.3 CASE CONFERENCING WITHIN THE INSTITUTION OR ORGANIZATION WITHOUT EXTERNAL PARTNERS OR SERVICE PROVIDERS

**What:** The lead social worker/case manager presents the specific cases for that period. The case conferencing meetings are intended to take place in the relevant institutions/organizations' premises and with staff only.

As a first step, every case should go through a case conferencing process as soon as they enter the institutions to immediately work toward family reunification or placement into another type of family-based care. This is good practice and reflects the principle that placement in residential care should be temporary in nature. Every child coming into an institution must be reassessed by a social worker within the institution, since not all children come in through the DCS or a court order. After the reassessment and development of the case plans, the case can then be addressed within the case conferencing setup.

The case conference should take place monthly; however, extraordinary meetings can be called when and if needed. It is proposed that a maximum of six cases should be discussed per case conferencing.

The lead social worker/case manager is expected to identify the cases for presentation during the regular case meetings with social workers/caseworkers. The lead social worker/case manager will work closely with caseworkers to develop oral case presentations and prepare for the case conference using the checklist found in Section 7, Form 3.

**Who facilitates:** The lead social worker/case manager in collaboration with the social worker/caseworker will be responsible for calling and facilitating the case conference. It is recommended that case conferencing be conducted every month; in special instances, they may be conducted more often when there is a particularly challenging case (or cases).

**Tools:** Six items are needed for a case conference, including 1) Form 1, steps for presenting a case; 2) Form 3, case conferencing checklist; 3) Form 4, sample agenda; 4) Form 7, case conference minute format; 5) Form 8, sample case conferencing report;

<sup>32</sup> Child Protection Working Group (2014), inter-Agency Guidelines for Case Management and Child Protection.

<sup>33</sup> Child Protection Working Group.



and 6) relevant case plans. These are found in Section 9 of this document.

**Who participates:** To ensure that the case conferences are as focused and effective as possible, the number of participants at each conference should range from a minimum of five to a maximum of ten; these are restricted to only those institution/organization staff who are directly involved with the implementation of the child's case plan.

#### **Lead social worker/case manager**

- Supports the social worker/caseworker in identifying critical cases for conferencing
- Reviews identified cases from the social worker/caseworker to determine final set of cases for discussion
- Sets date and time for regular case conference to be held every month or calls for extraordinary meetings if there is an especially challenging case
- Chairs the conference, in collaboration with the social worker
- Reviews case conference report before finalizing and circulating
- Conducts random case file audits to ensure modifications have been made to the case plan, checking with social workers/caseworkers that referrals have been completed, etc.

**Social worker** (if not other social workers, then lead social worker)

- identifies cases for discussion at the case conference
- Develops case presentations, highlighting issues for discussion
- Facilitates the presentation, including background information on child and households, goals in case plan, assessment of current situation, issues identified, and actions taken to-date
- Takes notes of action points to adjust case plans

- Reviews case conference notes and reports/ circulates after review by lead social worker
- Follows up on action points and together with the caseworkers, reviews the case to see if action points decided in the case conference have been completed

#### **Caseworker**

- identifies cases for discussion at the case conference and shares with social worker/lead social worker
- Supports social worker in developing case presentations, highlighting issues for discussion
- Supports the social worker in undertaking the case presentation, including background information on child and households, goals in case plan, assessment of current situation, issues identified, and actions taken to-date
- Updates case plans
- Follows up on action points in case plans during regular case planning

### **5.4 CASE CONFERENCING WITHIN THE INSTITUTION OR ORGANIZATION WITH EXTERNAL PARTNERS/ SERVICE PROVIDERS**

**What:** The lead social worker/case manager presents the specific cases for that period under the guidance of the institution/organization program manager. The case conferencing meetings are intended to take place in the relevant institution/organization premises, together with an external multidisciplinary team with the view to providing cross-sectoral input to addressing the needs of the child and actions required.

During COVID-19 or similar public health emergencies, it is necessary that the meeting take place away from or at a physical distance from where children are housed, since outside members will be attending the case conference.

The purpose of the case conference is to explore multisector service options that are available and could support the case, facilitate cross-sectoral referrals and

make formal decisions in the best interests of the child toward the reintegration.

During the case conference, the identified cases will be reviewed by the group, focusing on issues affecting a child's progress toward case plan achievement and reintegration, joint identification of resources, ways to strengthen referrals and any changes that should be made to the case plan.

It is recommended that the case conferencing should take place at a minimum of every two months, but extraordinary meetings can be called if needed.

**Tools:** Eight items are needed for a case conference, including 1) Form 1, steps for presenting a case; 2) Form 2, case conference preparation template; 3) Form 3, case conferencing checklist; 4) Form 4, sample agenda; 5) Form 5, confidentiality agreement; 6) Form 6, case conference form; 7) Form 7, case conference minute format; 8) Form 8, sample case conferencing report.

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## Tools

- *Form 1: Steps for presenting a case*
  - *Form 3: Case conferencing checklist*
  - *Form 4: Sample agenda*
  - *Form 7: Case conference minute format*
  - *Form 8: Sample case conferencing report*
  - *Relevant case plans*
- 

**Who facilitates:** The lead social worker/case manager in collaboration with the social worker/caseworker will be responsible for calling and facilitating a case conference.

**Who participates:** To ensure that case conferences are as focused and effective as possible, the number of participants at each conference should range from a minimum of five to a maximum of ten; these are restricted to only those who are directly involved with the implementation of the child's case plan. In addition to the CCI relevant staff, others involved are DCS (usually a sub-county children officer) social

worker, selected representatives from various GoK departments (e.g., education and justice) and other stakeholders (including NGOs) who provide services relevant to the case. The lead social worker/case manager will take an active role by presenting the identified cases. The lead social worker will provide guidance in response to the issues identified in the presentation, and the DCS will contribute based on their knowledge of community resources. Depending on the key issues among the identified cases, selected representatives from other sectors working with vulnerable children—such as specialized health care providers, counselors, educators, county government and law enforcement agencies—may be invited to participate.

### Lead social worker/case manager

- identifies cases for discussion at the case conference together with social worker
- Reviews identified cases from the social worker/caseworker to determine final set of cases (no more than four per conference is preferable) for discussion
- Sets date and time for regular case conference or calls for extraordinary meetings if there is an especially challenging case
- Coordinates preparation of conference venue, including necessary facilities equipment
- Moderates the conference in collaboration with the DCS
- Presents the case, including background information on child and households, goals in case plan, assessment of current situation, issues identified, and actions taken to-date
- Reviews case conference report, shares with DCS and circulates to conference team members for action
- Notifies participants of time, date and location for conference
- Nominates a representative to take minutes during the case conference
- Coordinates communication among case conference participants

- Ensures the principle of confidentiality is always understood/adhered to by all participants
- Conducts random case file audits to ensure modifications have been made to the case plan, checking with social workers/caseworkers that referrals have been completed, etc.

#### **Social worker (if no other social workers, then lead social worker)**

- Supports the lead social worker in identifying critical cases for conferencing
- Works closely with the lead social worker to notify participants of time, date and location for conference
- Supports lead social worker in presenting the case, including background information on child and households, goals in case plan, assessment of current situation, issues identified and actions taken to-date
- Works with caseworkers to develop case presentations, highlighting issues for discussion
- Keeps a copy of the participants' attendance list
- Takes notes of action points to adjust case plans
- Follows up on action points and together with the caseworker, reviews the case to see if action points decided in the case conference have been completed

#### **Caseworker**

- identifies cases for discussion at the case conference and shares with social worker/lead social worker
- Supports social worker to develop case presentations, highlighting issues for discussion
- Participates in case conference and contributes to case presentation if/when requested by lead social worker/case manager
- Follows up on action points in case plans

#### **DCS**

- Co-chairs case conference together with the lead social worker
- Contributes to case presentation on child protection/rights-related issues
- Responds to protection specific questions and action items
- Reviews case conference report
- Responds to social protection and child welfare/rights-related questions, such as psychosocial support, child protection, violence, stigma and discrimination
- Ensures the principle of confidentiality is understood/adhered to and practiced by all participants

#### **Other members of the case conference**

- Actively participates in the conferencing sessions
- Responds to specific issues (e.g., health care, education and legal) related to cases presented for conferencing
- Present details of the case (if a case that they are managing is selected)
- Reviews relevant documents that may be used to inform decision-making during case conference
- Documents the case conference proceedings as requested and in a rotating manner
- Undertakes duties that may be assigned from time-to-time during the conference proceedings
- Provides relevant information about the organization or institution that they represent and provides any necessary referrals for service provision as needed or identified in the case conference
- Responds to concerns regarding referrals, processes and response times of the services
- Presents feedback to the case conference on cases previously referred or reported at the service for action
- Provides follow-up information as requested regarding specific actions outlined in past

case conferences that specifically relate to the organization or institution they are representing

**All meeting participants should**

- Confirm attendance with the case conference chairpersons
- Review agenda and prepare any questions or additions in advance of the case conference
- Help determine and prioritize action items for responding to challenges identified during discussion
- Review conference minutes and respond with any information that may have been omitted
- Relay key conference outcomes to supervisor and another staff in his/her department or sector
- Follow up on action items related to his/her specific department or sector to report on progress at next quarterly conference

**How:** Case conferences will be called bi-monthly (every two months) or in special circumstances at the request of the members (e.g., during an especially challenging case) to discuss critical cases for discussion. A case can be identified by the DCS, lead social worker, social worker/caseworker or other government body for consideration to include in a case conference meeting if service options have been exhausted or it is a case in which there is an unresolved child protection concern (e.g., signs of abuse/neglect or early marriage/child labor that has been reported but not handled) or a case that is proving especially difficult to resolve.

## 5.5 CASE CONFERENCING AT THE SUB-COUNTY LEVEL AREA ADVISORY COUNCIL

**What:** The institution/organization lead social worker/ case manager (may be supported by social worker or accompanied by caseworker) attends a case conference chaired by the DCS and held within the forum of the ACC as part of the structure of the sub-county AAC (SCAAC), where cross-sectoral input is provided to address the needs of the child. The lead social worker/case manager can be called upon to present the specific case(s).

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## Composition of sub-county AACs

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### PERMANENT MEMBERS

- *Deputy County Commissioner (DCC), Chairperson of the AAC*
- *Sub-county Children Officer (SCCO), Secretary of the AAC*
- *Sub-county Director Education Officer*
- *Sub-county Director Medical Officer*
- *Divisional Commander of Police (OCPD)*
- *Sub-county Social Development Officer*
- *Sub-county Probation Officer*
- *Children's Court Magistrate*
- *Prosecution Counsel*
- *Sub-county Administrator (County Government)*
- *Sub-county Statistical Officer*
- *Sub-county Registrar of Birth and Deaths*
- *Sub-county Planning Officer*
- *Sub-county Labor Officer*

### NON-PERMANENT MEMBERS

- *Six persons representing NGOs engaged in child welfare activities*
- *Two representatives of the private sector (business community)*
- *Three persons representing FBOs*

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The sub-county level case conferencing meetings are intended to take place in the relevant GoK sub-county offices, including but not limited to DCS offices, DCC offices, sub-county health facility or other facility. The purpose of the case conference at this level is to explore multisector service options that are available and could support the case—often regarding a child about to be reintegrated, or to follow up a child who

has recently been reintegrated into family-based care, or facilitate cross-sectoral referrals and make formal decisions in the best interests of the child.

During the case conference, the identified cases will be reviewed by the group, focusing on issues affecting a child's progress toward case plan achievement and reintegration, joint identification of resources, ways to strengthen referrals and any changes that should be made to the case plan.

It is recommended that the case conferencing should take place at a minimum every two months, but extraordinary meetings can be called if needed.

**Tools:** Eight items are needed for a case conference, including 1) Form 1, steps for presenting a case; 2) Form 2, case conference preparation template; 3) Form 3, case conferencing checklist; 4) Form 4, sample agenda; 5) Form 5, confidentiality agreement; 6) Form 6, case conference form; 7) Form 7, case conference minute format; 8) Form 8, sample case conferencing report.

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## Tools

- *Form 1: Steps for presenting a case*
  - *Form 2: Case conference preparation template*
  - *Form 3: Case conferencing checklist*
  - *Form 4: Sample agenda*
  - *Form 5: Confidentiality agreement*
  - *Form 6: Case conference form*
  - *Form 7: Case conference minute format*
  - *Form 8: Sample case conferencing report*
- 

**Who facilitates:** Each sub-county Children's Officer (SCCO) in collaboration with the Deputy County Commissioner (CC) is responsible for calling and facilitating a case conference at their assigned jurisdictions. These case conferences should take place every two months, while extraordinary case conferences can be called if needed. Case conference meetings will be organized with support from lead social workers/case managers as requested.

**Who participates:** To ensure that sub-county case conferences are as focused and effective as possible, the number of participants at each conference should range from a minimum of five to a maximum of ten; these are restricted to only those who are directly involved with the implementation and monitoring of the case and case plan. In addition to the DCS and the health facility staff, CHVs and selected representatives from various GoK departments such as education, social protection, etc. are expected to participate. Lead social workers/case managers will take an active role by presenting the identified cases. SCCOs will provide guidance in response to the issues identified in the presentation and their knowledge of community resources. Depending on the key issues among the identified cases, selected representatives from other sectors may be invited to participate. Many of the SCAAC may have specific sub-committees, including ACCs or other sub-committees on child protection/children, which could be used as the appropriate platform and whose members may be best placed to discuss issues in the case conferencing. Other members may be co-opted as necessary, on a case-by-case basis.

## DCS at the sub-county level (the SCCO)

- identifies cases for discussion at the case conference (cases can include those from the DCS, those that are "managed" by other organizations or other government bodies)
- Reviews identified cases to determine final set of cases for discussion
- Sets date and time for regular case conference (suggested to be held every two months) or calls for extraordinary meetings if required
- Coordinates preparation of conference venue, including necessary facilities, equipment, etc.
- Contributes to case presentation on child protection/rights-related issues
- Responds to child protection, social protection and child welfare/rights-related questions, such as psychosocial support, child protection, violence, stigma and discrimination
- Responds to protection specific questions and action items

- Reviews case conference report and circulates to conference participants
- Notifies participants of time, date and location for conference
- Nominates a representative to take minutes during case conferencing
- Keeps a copy of the participants' attendance list
- Coordinates communication among case conference participants; circulates the meeting report
- Follows up on action points
- Ensures the principle of confidentiality is understood/adhered to and practiced by all actors

#### **CCI/local partner lead social worker/case manager**

- Support DCS in identifying cases related to alternative care and reintegration for conferencing
- Can support CPVs to develop case presentations
- Can present relevant case
- Takes notes of action points to adjust case plans
- Follows up on action points and together with the caseworker, reviews the case to see if action points decided in the case conference have been completed
- Lead social worker/lead case manager conducts random case file audits to ensure modifications have been made to the case plan, checking with caseworkers/CPVs that referrals have been completed, etc.

#### **Other members of the case conference**

- Participates in the case conferencing sessions
- Responds to specific issues (e.g., health care, education and legal) related to cases presented for conferencing
- Presents details of the case, if a case that they are managing is selected
- Reviews relevant documents that may be used to inform decision-making during case conference

- Documents the case conference proceedings as requested and in a rotating manner
- Undertakes duties as may be assigned from time-to-time during the conference proceedings
- Provides relevant information about the organization or institution that they represent and provides any necessary referrals for service provision as needed or identified in the case conference
- Responds to concerns regarding referrals, processes and response times of the services
- Presents feedback to the case conference on cases previously referred or reported at the service for action
- Provides follow-up information regarding specific actions outlined in past case conferences that specifically relate to the organization or institution they are representing, as requested

#### **All meeting participants should**

- Confirm attendance with the case conference chairpersons
- Review agenda and prepare any questions or additions in advance of the case conference
- Help determine and prioritize action items for responding to challenges identified during discussion
- Review conference minutes and respond with any information that may have been omitted
- Relay key conference outcomes to supervisor and another staff in his/her department or sector
- Follow up on action items related to his/her specific department or sector to report on progress at the next quarterly conference

## **5.6 DURATION AND ORGANIZATION OF CASE CONFERENCE**

Case conferences will last approximately three hours, accommodating three–six case presentations (for case conferencing taking place within the CCI). For each case presentation, the lead social worker/case manager will deliver the oral case presentation he/

she has prepared following the steps outlined in Section 6, Form 1. For case conferencing taking place with external partners/service providers, the timing for the conferences will be agreed upon by the case conference members in order to ensure efficient roll-out of case conferencing activities without interrupting service delivery at various levels.

Follow-up after the case conference will be based on the action items captured in the conference report. Each action item should have an individual responsible for follow-up, designated by the group during the

conference. For case conferencing taking place monthly within the institution/organization, individual caseworkers will be the primary persons responsible for follow-up on actions identified. For case conferencing taking place with external partners, the health facility representative in charge will most likely be assigned as responsible for follow-up with health care providers and other partners supporting health service delivery— should that be noted as a recommended referral or action item; the DCS will oversee follow-up of cases on child protection issues.

# 6. Case Conferencing to Facilitate Supportive Supervision and Case Management

Case conferencing taking place among institution/organization staff is useful for case managers and lead social worker supervisors as a supportive tool for the supervisory framework of the institution. Supportive supervision fulfills multiple functions. It is a key tenet of good social work practice, promoting the well-being and professional development of staff and as a quality assurance mechanism within an organization. Constructive feedback can be provided directly to caseworkers, facilitating learning and joint problem-

solving, and an opportunity for learning across the board. It promotes and enhances skills, knowledge, clarity on roles/boundaries, professional growth, performance, and accountability. More experienced caseworkers can also be supported to present cases to case conferencing taking place with external partners/service providers.

More on supportive supervision can be found within the SOP for Supportive Supervision.



# 7. Case Conferencing to Facilitate Peer Learning to Strengthen Case Management Process

Case conferencing within the institution or organization can also be used as a peer support mechanism with caseworkers coming together to discuss and share ideas and provide suggestions for how challenges can be addressed. This can be done on a regular basis and incorporated into the staff development strategy of the organization. The lead social worker can support the facilitation of discussions but should encourage caseworkers and social workers to come up with solutions and identify gaps and challenges.

A combination of challenging and good practice cases can be identified, presented and discussed, to balance

both critical thinking and positive learning about what worked well in a particular case through good examples; highlighting what contributed to the success of the case is a valuable means of recognizing and learning from innovative or helpful interventions/solutions to a case. It is also important to learn from the lesser/more challenging examples in terms of what could be done differently or what needs to be addressed to overcome the challenges presented. Specific follow-up actions should always involve individual caseworkers making the needed changes to the case plans determined during the case conference.

# 8. Covid-19 (and other Public Health Emergencies) Considerations and Precautions

Since early March 2020 when the first COVID-19 case was confirmed in Kenya, the government took various measures to contain the spread of the virus. This included closing international airports; limiting, discouraging and prohibiting travel in some places; introducing a nightly curfew; closing schools; and recommending that those who could work from home do so to observe principles of physical distancing. These measures sought to reduce mobility of citizens and residents in an attempt to slow transmission of the virus and prevent an overwhelming burden on the healthcare system. Children were and are continuing to be impacted by the pandemic and the measures introduced to prevent and control the spread of the COVID-19 virus can expose children to protection risks.

Several reports of residential institutions for children are reported being closed globally, and it appears that children are being sent back to their communities without proper consideration of where they will reside, how their transition will be supported, and whether their safety will be monitored.<sup>34</sup> The abrupt closure of residential care institutions, without the appropriate guidance and organization, can result in mass and poorly planned reunifications—often without monitoring and into unprepared families—putting children at great risk for infection, protection violations and re-separation. Quarantine and social distancing measures—such as school closures, community center and other service limitations, prohibitions of family visitation to children in alternative care (especially residential institutions) and general restrictions on movement—can disrupt children’s routines and stress family social supports.

With the disruption of the education system, the propensity of children being exposed to a host of abuses and psychosocial issues have increased. Children and families who are already vulnerable due

to socio-economic exclusion, living in overcrowded settings, or are already separated, are particularly at risk for protection and care disruptions. For example, parents could lose employment, which causes both economic and emotional stress; stress can lead to parents/caregivers giving less attention to their children and increase the likelihood of domestic violence. With schools closed and children now at home, tensions within the household can rise, potentially resulting in heightened levels of harsh discipline and even violence, abuse or neglect of children. It can be expected that the number of children at risk of separation and in need of alternative care will increase—both during the crisis, where containment measures may lead to separation of children from families, and because of the long-term socioeconomic impact of the COVID-19 crisis on families’ capacity to care.<sup>35</sup>

There is a critical need for institution/organization staff to have the knowledge and skills necessary to do as much as they can under the current situation to prevent the spread of COVID-19 and keep children and families safe—as well as respond to the increased risks. Institutions/organization should be proactive in keeping abreast of developments and government guidelines, adapting procedures and work processes to ensure that they continue to provide the necessary services while keeping themselves and the children safe.

In circumstances where conditions change rapidly—and will continue to do so for an unknown period—it is important for institutions/organizations to seek ways to collaborate and leverage existing resources to meet the ever-changing needs of their children. There is need to be creative in using virtual communication and new ways of communicating/connecting with families and service providers.

<sup>34</sup>Goldman, P., M. Marinus H van Ijzendoorn and EJS Sonuga-Bark, Lancet Institutional Care Reform Commission Group (2020), published online April 21, 2020, [https://doi.org/10.1016/S2352-4642\(20\)30130-9](https://doi.org/10.1016/S2352-4642(20)30130-9).

<sup>35</sup>The Alliance, BCN, UNICEF (2020), Protection of Children during the COVID-19 pandemic Children and Alternative Care, [https://alliancecpha.org/en/system/tdf/library/attachments/covid-19\\_alternative\\_care\\_technical\\_note\\_final.pdf?file=1&type=node&id=37605](https://alliancecpha.org/en/system/tdf/library/attachments/covid-19_alternative_care_technical_note_final.pdf?file=1&type=node&id=37605).

it is important for those working with vulnerable children to stay informed about the increased safeguarding risks that can and do occur during an emergency and when families, caregivers and communities are under stress. It is critical to prepare, plan and be ready to respond to the new and increased needs post-COVID-19 when restrictions of movement are lifted.

Please see Section 9 for links to useful and relevant guidelines on COVID-19 and alternative care.

## 8.1 CASE CONFERENCING AND COVID-19

During COVID-19 it becomes even more important to ensure the continuation of case management and that effective monitoring of cases takes place.

### Virtual case conferencing

If case conferencing meetings are not possible face-to-face, then virtual case conferencing can take place via phone or through online platforms. Fewer cases may be discussed, and a prioritization of issues will need to be done. The same procedures for holding the meeting should be followed:

1. identify the platform (i.e., phone, WhatsApp, Zoom, Google Hangout, etc.) well in advance to give participants adequate time to familiarize themselves with the platform, ensure they have the necessary gadget/app and access and know how to use the platform
2. Ensure confidentiality procedures
3. Designate chairperson and record keeper
4. Record virtual case conferencing sessions
5. Supply the written form of case presentation

In addition to the regular issues for discussion, the following should be discussed and taken into consideration:<sup>36</sup>

- For reasons of safeguarding, children should not be de-institutionalized if they cannot be monitored regularly, at least by phone
- Maintain records on children who have left institutions and where they have been placed,

as well as records on children who remain institutionalized

- Prioritize needs in the case plan to ensure basic needs are addressed
- identify what measures will be needed to support the children, and what families can expect after distancing measures have been lifted; systems for monitoring placements should be put in place
- Planning should begin immediately on the care and protection of these children after public health measures are lifted

### Face-to-face case conferencing

When case conferencing meetings are scheduled with external partners and service providers (bi-monthly), the meeting should take place in a location that is separated from where the children reside. Sanitation and hygiene measures should be implemented, and participants should 1) wash their hands with soap and water or use a hand sanitizer before entering and 2) wear a face mask. Physical distancing in seating arrangements should be observed.

When institutions/organization staff attend an external case conference meeting, they should observe physical distancing during the meeting as well as the use of a facemask. Upon return, before entering the institution/organization premises, staff should wash their hands with soap and water or use a hand sanitizer.

For further information, please see links to useful guidance and resources in Section 7.

### Social workers/caseworkers well-being and self-care

Since COVID-19 places increased pressure on caseworkers to cope with ever-changing circumstances and responding to increased need, social workers/caseworkers' mental and physical well-being may be at risk, and the risk of burnout and secondary trauma may be high. Case conferencing forums provide an opportunity for supervisors to more closely observe how staff are coping, in addition to checking in regularly with staff regarding their personal/family situation, reminding and supporting staff on the importance of self-care, and supporting case load management.

<sup>36</sup> CTWWC, USAiD, GHR Foundation, MacArthur Foundation (2020), Case Management considerations for children in residential care, <https://bettercarenetwork.org/sites/default/files/2020-05/CMCOVID-19residentialcare.pdf> and Lancet institutional Care Reform Commission Group (2020).

# 9. Tools

## FORM 1: STEPS FOR PRESENTING A CASE<sup>37</sup>

The presenter of the case will provide an overview of the case being presented, highlighting the following details:

1. introduction of self
2. Date when the case was opened as in the case plan
3. Brief description of the case, including the core problem or primary vulnerability, magnitude of problem/contributing factors and anticipated consequences if not addressed
4. Actions taken to-date by caseworkers/social workers, including current efforts being undertaken by caregivers and other service providers (what is completed and what is pending)
5. Gaps/challenges identified
6. Recommended actions and resources needed

Below is a more detailed template to support the presenter in preparing the case to be discussed with her/ his supervisor:

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<sup>37</sup> Adapted from Mwendo OVC Program, Kenya, Case Conference Training (September 24-26, 2018); Mwendo SOP Case Conferencing (2019); and Pathways Zimbabwe draft SOP on case conferencing (2020).

## FORM 2: CASE CONFERENCE PREPARATION TEMPLATE

BACKGROUND CHILD INFORMATION/FAMILY COMPOSITION	NOTES FROM DISCUSSION
<ol style="list-style-type: none"> <li>1. Referral source and date</li> <li>2. Date case opened</li> <li>3. Child's sex, age, nationality</li> <li>4. Current residence/location</li> <li>5. Care arrangement (living with whom and where?)</li> </ol>	
CURRENT SITUATION/PROTECTION CONCERNS	
<ol style="list-style-type: none"> <li>6. Describe the main issues in the case, including any specific abusive or violent incidents, if applicable.</li> <li>7. Are there immediate safety concerns? If yes, from where/whom? Who can provide immediate care and protection to the child (explore network and resources)?</li> <li>8. How does the child view the situation?</li> <li>9. What are the roles and attitudes of parents/caregivers? Are they supportive? Motivated to collaborate towards a change? How is the relationship with the child? Are parents/caregivers or others in the household implicated in the protection or other concerns?</li> <li>10. Is the child at risk of further abuse or violence?</li> <li>11. Are other children experiencing or at risk of abuse?</li> <li>12. Does the child have other needs that make the case higher-risk (e.g., disability, HIV, chronic illness, family separation)?</li> <li>13. What are the strengths or resources for the child, individually and within the environment?</li> <li>14. What do the different people involved, including the child, see as possible ways forward?</li> </ol>	
ACTIONS TAKEN/CHALLENGES	
<ol style="list-style-type: none"> <li>15. Briefly describe the work done on the case so far.</li> <li>16. What services have been provided directly?</li> <li>17. What referrals have been made? Has the child received those services?</li> <li>18. What have been some of the particular challenges (e.g., concerns, referrals, engagement)?</li> </ol>	
OPEN DISCUSSION	
<ol style="list-style-type: none"> <li>19. What are the possible options to respond to the challenges with the case?</li> <li>20. What are potential positive and negative effects of the options?</li> <li>21. What are the best interest considerations with the different options?</li> <li>22. Are there contingencies that we should consider?</li> <li>23. For the people involved, what are ideas and tips for dealing with their resistance and enhancing motivation toward a positive change?</li> </ol>	
GOOD PRACTICES/LEARNING POINTS	
<ol style="list-style-type: none"> <li>24. Highlight particularly good practices or successful approaches (e.g., child involved in decision-making, age-appropriate communication, finding ways of enhancing collaboration and motivation to change)</li> </ol>	
IDENTIFY NEXT STEPS	
<ol style="list-style-type: none"> <li>25. Agree on a way forward, including any services to be provided, discussions to hold with the child/parent/caregivers or follow-up to be conducted by individual agencies (identify person responsible and timeline).</li> <li>26. Highlight any broader advocacy issues.</li> </ol>	
ACTIONS TO BE TAKEN	
Social worker supervisor/case manager	

**FORM 3: CASE CONFERENCE CHECKLIST<sup>38</sup>**

(Case conferencing with external partners/service providers)

NO.	ITEM	RESPONSIBILITY	STATUS (√ IF ACCOMPLISHED OR X IF NOT)	COMMENTS
1	Cases submitted for nomination by caseworkers or other service providers	Caseworkers, case manager		
2	Priority cases identified for conferencing	Case manager		
3	Venue identified and agreed upon	Social workers' supervisor, case manager		
4	Case conferencing plan (list of expected participants, date, time/ location, agenda and anonymized list of selected cases for presentation) developed and approved at least one week prior to conference	Social workers' supervisor, case manager		
6	Invitation sent to participants at least one week prior to conference	Social workers' supervisor, case manager		
7	Participants confirmed attendance at least three days prior to conference	Case manager		
8	Report compiled detailing action points within 24 hours of conference	Case manager		
9	Immediate follow-up of agreed-upon action points	Case manager, caseworkers, other service providers		

<sup>38</sup> Adapted from Mwendo OVC Program, Kenya, Case Conference Training (September 24-26, 2018); Mwendo SOP Case Conferencing (2019); and Pathways Zimbabwe draft SOP on case conferencing (2020).

**FORM 4: SAMPLE AGENDA<sup>39</sup>****CCI (INTERNAL CASE CONFERENCING)**

1. Welcome and introductions (as needed): 10 minutes
2. Updates on relevant issues (e.g., COVID-19): 15–20 minutes
3. Debrief on action item progress from previous meeting: 15–20 minutes
4. Presentation and discussion of individual cases: 90 minutes
5. identify trends and patterns: 15–20 minutes
  - a. Key issues affecting children and families based on last month's issues
  - b. Challenges in terms of services and other gaps
  - c. Opportunities for cross-sectoral engagement
  - d. Opportunities for strengthening existing referrals
6. Planned actions for follow-up, including timeline and individual responsible
7. Date for next meeting

**CCI (EXTERNAL CASE CONFERENCING WITH PARTNERS/SERVICE PROVIDERS)**

1. Welcome and introductions (as needed): 15 minutes
2. Updates on relevant issues (e.g., COVID-19): 15–20 minutes
3. Debrief on action item progress from previous meeting: 20–30 minutes
4. Presentation and discussion of individual cases: 45–60 minutes
5. identify trends and patterns: 20–30 minutes
  - a. Key issues affecting children and families based on last two month's issues and data
  - b. Challenges in terms of services and other gaps
  - c. Opportunities for cross-sectoral engagement
  - d. Opportunities for strengthening existing referrals
6. Planned actions for follow-up, including timeline and individual or institution responsible
7. Date for next meeting

<sup>39</sup> Adapted from Mwendo OVC Program, Kenya, Case Conference Training (September 24–26, 2018); Mwendo SOP Case Conferencing (2019); and Pathways Zimbabwe draft SOP on case conferencing (2020).

## FORM 5: CONFIDENTIALITY AGREEMENT

### CONFIDENTIALITY AGREEMENT (FOR CASE CONFERENCE MEETINGS)

#### ACKNOWLEDGEMENT OF CONFIDENTIALITY OF FAMILY AND CLIENT INFORMATION

I agree to treat as confidential all information about all children and their families that I learn during the performance of my duties as \_\_\_\_\_ (position title) and member of the case conference meeting. I understand that it is a violation of policy to disclose such information to anyone outside of the care conference meeting membership.

Name of Member \_\_\_\_\_

Signature of Member \_\_\_\_\_

Position/Designation \_\_\_\_\_

Date \_\_\_\_\_



**FORM 6: CASE CONFERENCE FORM**

Date: \_\_\_\_\_ Venue \_\_\_\_\_ Number of participants: \_\_\_\_\_

Name of Chairperson: \_\_\_\_\_

INSTITUTION/ORGANIZATION	NAME	POSITION	CONTACT INFORMATION

**FORM 7: MINUTES FORMAT FOR CASE CONFERENCE<sup>40</sup>**

Date: ___/___/___		Chairperson/Facilitator Name and Title: _____			
DISCUSSION NOTES					
Key issues					
Challenges and service gaps					
Opportunities for cross-sectoral engagement					
Opportunities for referral pathway strengthening					
PLANNED ACTIONS FOR FOLLOW-UP					
Unique ID	Nature of Risks/Needs	Case Summary	Agreed-upon Planned Actions	Responsible Person	Timeline

NB: No client names should appear in case conference proceedings (minutes). Planned actions are to be updated into individual case plans by caseworkers.

<sup>40</sup> Adapted from Mwendo OVC Program, Kenya, Case Conference Training (September 24-26, 2018); MWENDO SOP Case Conferencing (2019); and Pathways Zimbabwe draft SOP on case conferencing (2020).

## FORM 8: SAMPLE CASE CONFERRING

Date (DD/MM/YY) / / \_  
 Name of Chairperson/Facilitator and Title: \_\_\_\_\_  
**PART I: Preparations**  
**NB: Planned actions to be updated into individual case plans by caseworkerS**

## CASE INFORMATION

	Unique Identifier and Date	Name of Caseworker	Date Case Opened	Location of Case (district, ward, village)	Basic Information	Bottlenecks/Challenges/ Primary Vulnerabilities	Progress/Actions to Date	Successes/Challenges to Date
1								
2								
3								
4								
5								

## PART II: CASE CONFERENCE NOTES

	Unique Identifier OR Reference Code/Date	Ongoing Issues or Assessment of Current Situation	Recommended Actions	Timeline for Actions	Responsible Person	Resources Needed	Summary Notes, if Needed
1							
2							
3							

# 10. Useful Guidance and Resources

1. Changing The Way We Care (CTWWC) Kenya:  
<https://www.changingthewaywecare.org/project/kenya/>
2. Guidelines for Alternative Family Care in Kenya:  
<https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya.pdf>
3. OVC support—children outside of family care:  
[https://ovcsupport.org/resource-database/?fwp\\_resource\\_categories=children-outside-family-care](https://ovcsupport.org/resource-database/?fwp_resource_categories=children-outside-family-care)
4. Case management consideration for children in residential care during COVID-19 pandemic:  
<https://bettercarenetwork.org/sites/default/files/2020-05/CMCOVID-19residentialcare.pdf>
5. Protocol for case management for statutory children’s institutions in Kenya during COVID-19:  
<https://www.socialprotection.go.ke/wp-content/uploads/2020/07/protocols-for-case-management-for-statutory-children-institutions-in-kenya-during-covid-19.pdf>
6. Case management considerations for children at risk of separation, including recently reunified children during COVID-19 pandemic:  
<http://socialserviceworkforce.org/system/files/resource/files/case-management-considerations-for-children-at-risk-of-separation.pdf> or <https://bettercarenetwork.org/sites/default/files/2020-05/cmcovd-19final.pdf>
7. Protection of children during the COVID-19 pandemic Children and Alternative Care. The Alliance, BCN, UNICEF (2020): [https://alliancecpha.org/en/system/tdf/library/attachments/covid-19\\_alternative\\_care\\_technical\\_note\\_final.pdf?file=1&type=node&id=37605](https://alliancecpha.org/en/system/tdf/library/attachments/covid-19_alternative_care_technical_note_final.pdf?file=1&type=node&id=37605)
8. Better Care Network, COVID-19 Case Management and Virtual Monitoring Guidance Tools:  
<https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/covid-19/package-of-covid-19-case-management-and-virtual-monitoring-guidance-and-tools>

# Appendices

## APPENDIX 1: REFERENCES

1. African Union (1990). African Charter on the Rights and Welfare of the Child.
2. Children's Bill (April 2018).
3. CTWWC, USAID, GHR Foundation, MacArthur Foundation (2020). Case Management considerations for children in residential care. <https://bettercarenetwork.org/sites/default/files/2020-05/CMCOVID-19residentialcare.pdf>
4. CTWWC, USAID, GHR Foundation, MacArthur Foundation (2020). Case management considerations for children at risk of separation, including recently reunified children during COVID-19 pandemic. <http://socialserviceworkforce.org/system/files/resource/files/Case-management-considerations-for-children-at-risk-of-separation.pdf> or <https://bettercarenetwork.org/sites/default/files/2020-05/CMCOVID-19FINAL.pdf>
5. Global Protection Cluster Child Protection, European Commission Humanitarian Aid, USAID. (2014). interagency Guidelines for Case Management and Child Protection. <http://ovcsupport.org/resource/inter-agency-guidelines-for-case-management-child-protection/>
6. Government of Kenya (October 2014). Guidelines for the alternative family care of children in Kenya. <https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Family%20Care%20of%20Children%20in%20Kenya.pdf>
7. Lancet institutional Care Reform Commission Group (2020). Goldman, P., *Marinus H van Ijzendoorn, M., Sonuga-Bark, EJS*. Published online April 21, 2020. [https://doi.org/10.1016/S2352-4642\(20\)30130-9](https://doi.org/10.1016/S2352-4642(20)30130-9)
8. National Children Policy (2010).
9. NCCS. (2015). Guidelines for the formation and operation of the Area Advisory Councils.
10. The Alliance, BCN, UNICEF (2020). Protection of children during the COVID-19 pandemic Children and Alternative Care. [https://alliancecpha.org/en/system/tdf/library/attachments/covid-19\\_alternative\\_care\\_technical\\_note\\_final.pdf?file=1&type=node&id=37605](https://alliancecpha.org/en/system/tdf/library/attachments/covid-19_alternative_care_technical_note_final.pdf?file=1&type=node&id=37605)
11. United Nations Convention on the Rights of the Child (1989). African Charter on the Rights and Welfare of the Child and the Government of Kenya Children Act (2001).

## APPENDIX 2: ALTERNATIVE CARE COORDINATION MECHANISM<sup>42</sup>

it is recommended that the Area Advisory Council (AAC) in each sub-county establishes an Alternative Care Committee (ACC) as a sub-committee of the AAC. The ACC's overall objective is to coordinate and strengthen family and alternative care services. The committee will report to the AAC.

### Membership

The committee should be composed of professionals providing family strengthening and alternative care services in the sub-county, such as representatives from the sub-county children's office, the judiciary, the police, local hospitals, CCI and adoption societies, along with local administrators and civil society representatives.

### Roles and Responsibilities

The roles and responsibilities of the ACC are to:

Facilitate information-sharing and networking among key stakeholders in each sub-county

Support the DCS in the registration and maintenance of the alternative care register

Coordinate alternative care service provision, including family strengthening, tracing and reunification

Support the development and strengthening of referral mechanism among duty-bearers in family and alternative care services

Review and make decisions about the placement of a child in alternative care, the transfer of children between alternative care services, and issues related to compliance with existing legal statutes supporting alternative care

Monitor the progress of each child

Ensure follow-up of cases in the counties and sub-counties

The DCS will develop Terms for Reference for the operation of the ACC and reporting mechanisms within the provisions of Guidelines for AAC.

### Meetings

The frequency of committee meetings shall depend on the caseload in each sub-county. However, it is recommended that the committee meets at least quarterly to ensure that there is adequate review and follow-up of cases.

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<sup>42</sup> Government of Kenya (October 2014), Guidelines for the Alternative Family Care of Children in Kenya



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