



REPUBLIC OF KENYA

CASEWORKER'S HANDBOOK

Case Management for Reintegration of Children
into Family- or Community-Based Care



Changing
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care

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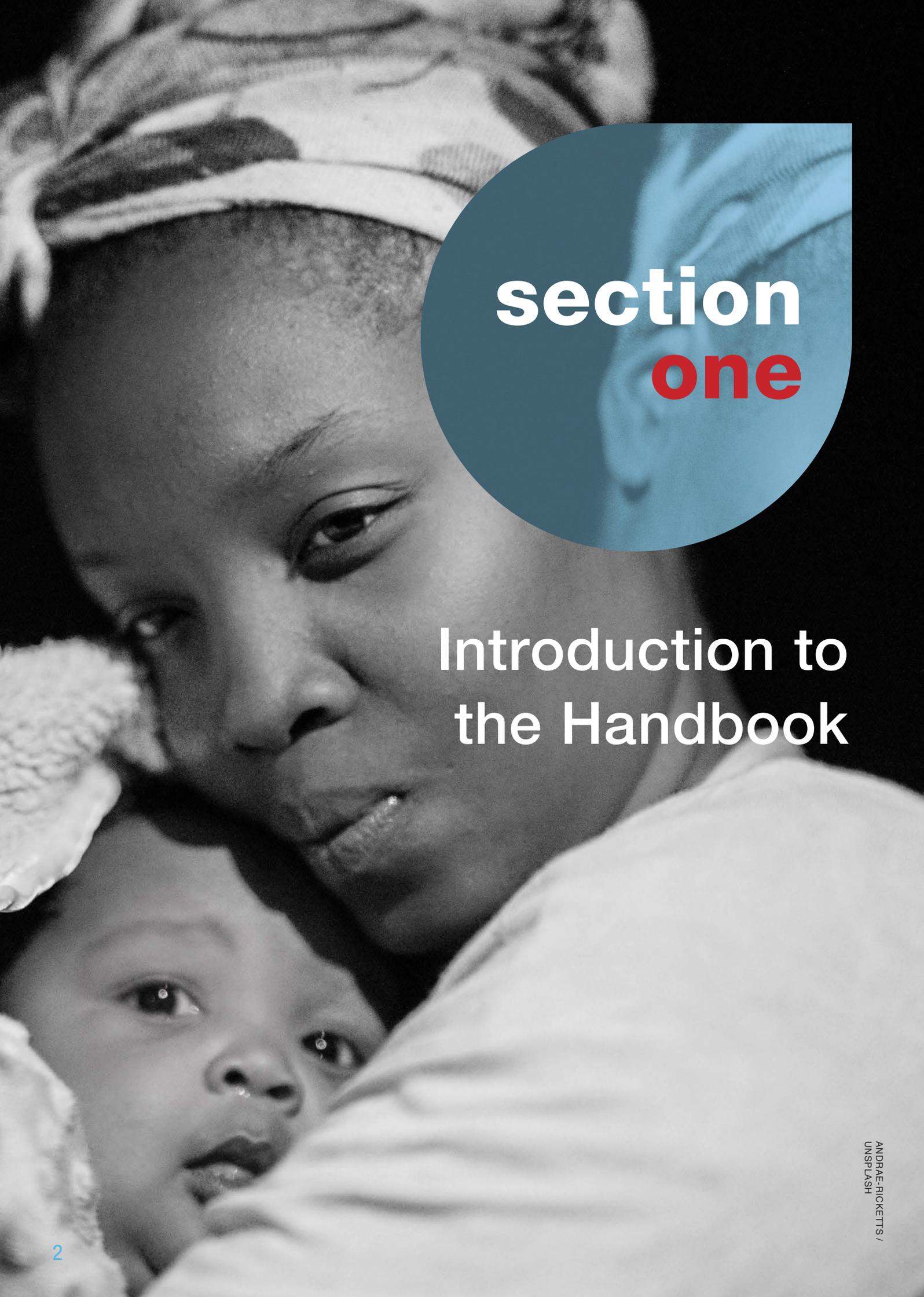
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section
one

**Introduction to
the Handbook**

What is in the Handbook?

This Handbook is a summarized, simplified version of the *Case Worker's Guidebook for Case Management for Reintegration of Children/Young Adults into Family- or Community-Based Care*. It provides an overview of the principles and practices of case management for reunification and placement of children/young adults outside of parental care (e.g., street-connected children/young adults or from Charitable Children's Institutions and Statutory Children's Institutions) into family- and community-based care, up until sustainable reintegration is achieved.

The Handbook aims to provide an easy and quick reference to critical information and "how to" about case management for reintegration.

Intended Audience

This Handbook should be used by case workers and case managers who work directly with children/young adults and families for reintegration of children/young adults outside of parental care to family or community-based care.

How to Use the Handbook

The Handbook should not be considered a replacement for the detailed *Case Worker's Guidebook for Case Management for Reintegration of Children/Young Adults into Family- or Community-Based Care*; rather, it is recommended that the full Guidebook is read and understood before this handbook is used for quick reference.

The Handbook is structured sequentially, so that introductory information is featured at the beginning with detailed instructions for each case management step following thereafter. Users can jump between sections to easily find the information they need (using the Table of Contents for page number reference).

As you use this Handbook, you should keep in mind that you can also refer to the *Case Worker's Guidebook for Case Management for Reintegration of Children/Young Adults into Family- or Community-Based Care* for more detailed information.

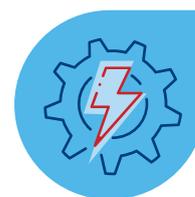
The Handbook should also be used together with the *Caseworker's Toolkit for Case Management for Reintegration of Children/Young Adults into Family- or Community-Based Care*, which contains all the forms needed to conduct case management for reintegration.

You will see these symbols used throughout the handbook. Here is their corresponding meaning.

Purpose



Action



Documentation



Outcomes



section two

Introduction to Case Management

Definition

Case management...

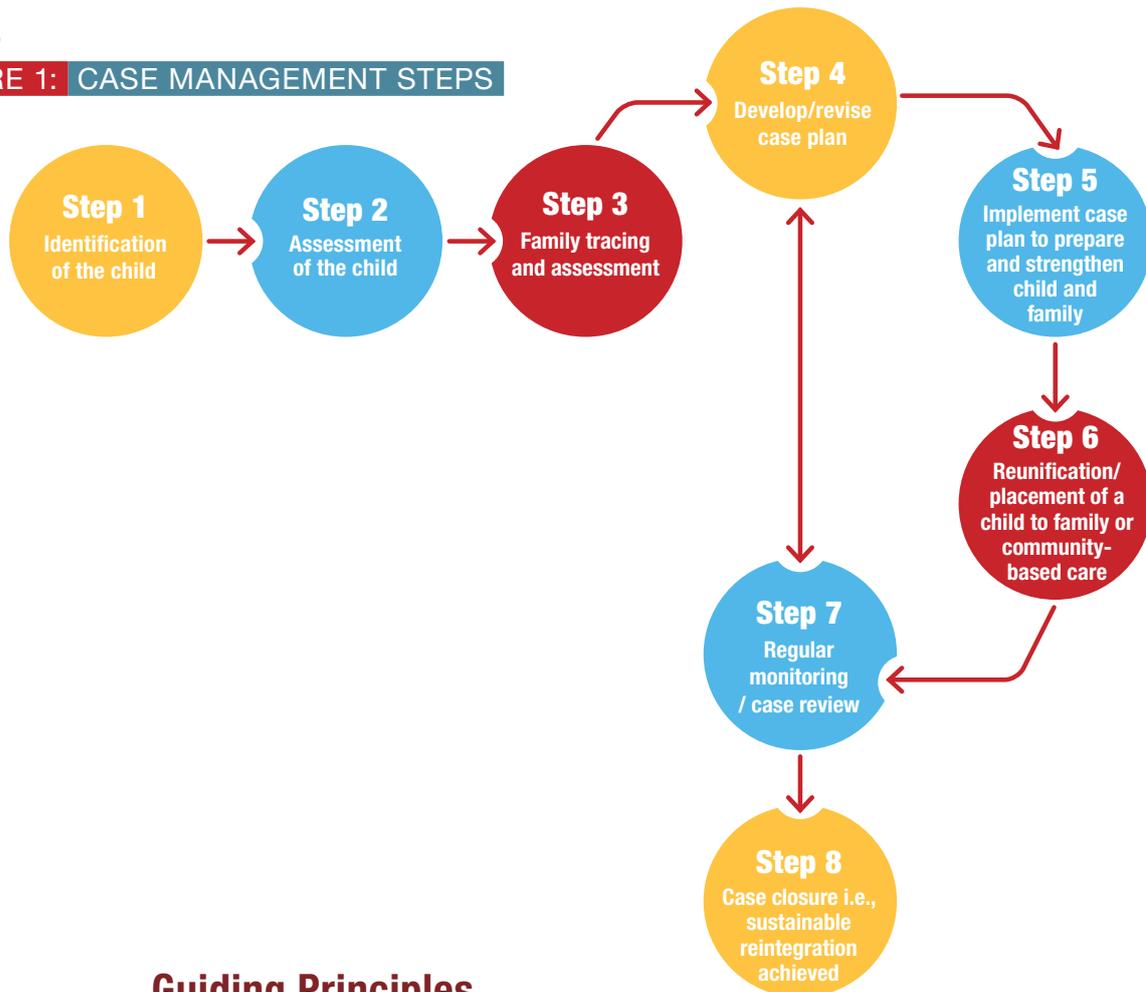
- is a method to organize work with children/young adults and families to address their individual needs in a relevant, systematic and timely way;
- is a sequential process with each step building on the previously completed step and contributing to the following step; and
- helps ensure quality, consistency and coordination of services.



It is essential that all processes are completed to ensure complete reintegration of children back into family- or community-based care. Failure to complete all processes can lead to serious child protection risks.

Steps

FIGURE 1: CASE MANAGEMENT STEPS



Guiding Principles



Child-centered and family-focused

The child's best interest should be the top driving factor for all decisions, interventions and plans; their safety and wellbeing should always be your top priority.

Similarly, decisions, interventions and plans should always take the family's wellbeing into consideration; all actions you take should be for their benefit.

It is important you spend enough time getting to know the child/young adult and family; you must deeply understand their unique strengths, needs and experiences (especially any trauma they have experienced) in order to truly act in their best interest.



Rights-based approach

All children, regardless of age, gender, ability or any other status, have the right to safety, protection, family and to participate in all decisions that affect them. A child's best interest should guide all interventions, decisions and plans.



Do no harm

In all decisions, interventions and plans, you must aim to **avoid/prevent harm to children**. “Harm” is not always violence and abuse; it can be more subtle.

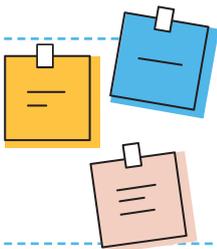
Some issues to look out for which may cause harm include:

- promising the child/young adult you will find their family, then not being able to do so
- not keeping appointment times with children/young adults and families, e.g., coming late
- forgetting to attain informed consent and assent
- not spending enough time to truly understand the child’s/young adult’s previous trauma, and then accidentally exposing them to something that retraumatizes them (for example, they were attacked by dogs when younger, and you place them in a house with similar dogs without first preparing and teaching them how to keep themselves safe)
- breaking confidentiality
- asking the child/young adult to choose between family members when they are too young to do so
- not giving the child/young adult enough time to say goodbye to their friends and caregivers before reunifying them, leading to emotional suffering and no sense of closure
- not preparing the family about the child’s/young adult’s health needs (allergies, medication, etc.)
- not preparing the community well, leading them to stigmatize the child/young adult upon their return



Child participation

Children/young adults must have a say in all activities and decisions that affect their lives—it is their right. You must give them information about the case management process (in a manner appropriate for their age and development) so they can fully participate. You must regularly ask and listen to their views (which they might express verbally or non-verbally) throughout the case management process and consider their views according to their age and level of maturity.

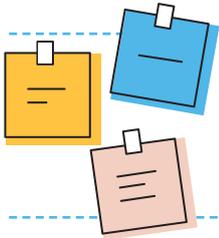


Remember! *To make children comfortable with you so they feel more open, you should use simple words in the language most comfortable to the child, dress casually (so as not to intimidate the child by looking too official) and sit at the child’s level (for example, on the floor or same height chair).*



Family participation and self-determination

When working with families, you must respect and promote their right to make their own choices and decisions, even if they do not align with your own thinking or values; your role is to support families to make their own decisions (not make decisions for them), provided these do not threaten the rights of the child/young adult.

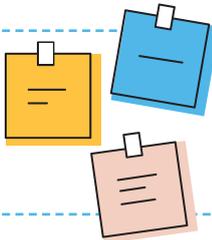


Remember! *You are an equal partner with the family. Be warm and non-judgemental with families, reassure them of confidentiality, and assure them that your role is to support them – not tell them what to do.*



Strength-based approach

All children, young adults, families and communities have a range of strengths; you must identify, appreciate and build upon them, even if the strengths seem small and require support to be grown.



Remember! *The child/young adult and family were surviving before you met them, so look for the personal attributes, resources, relationships and other strengths that helped them survive.*



Non-discrimination and respect for diversity

You must treat all people with equal respect; no distinctions will be made between children, adults or communities on any grounds of status, age, wealth, gender, race, color, ethnicity, national or social origin, sexual orientation, HIV status, language, religion, ability, etc.

Be aware of your own biases to avoid being judgmental and letting your biases affect your work with children, young adults and families; e.g., do not show any favoritism among children. Actively prevent stigma and discrimination from others, e.g., children who have not lived in a family for a long time may behave differently than children raised in a family; it is important you explain this to families and communities so the child/young adult does not experience discrimination for these differences.

Supports Available to Help You with Your Work

There are many supports available to you to help you conduct case management; you should never feel that you are alone! The actors you should collaborate with during case management are shown in **blue**; they can offer support in many areas. The different methods you can use to get support are shown in **yellow**.

FIGURE 2: CASE MANAGEMENT SUPPORTS

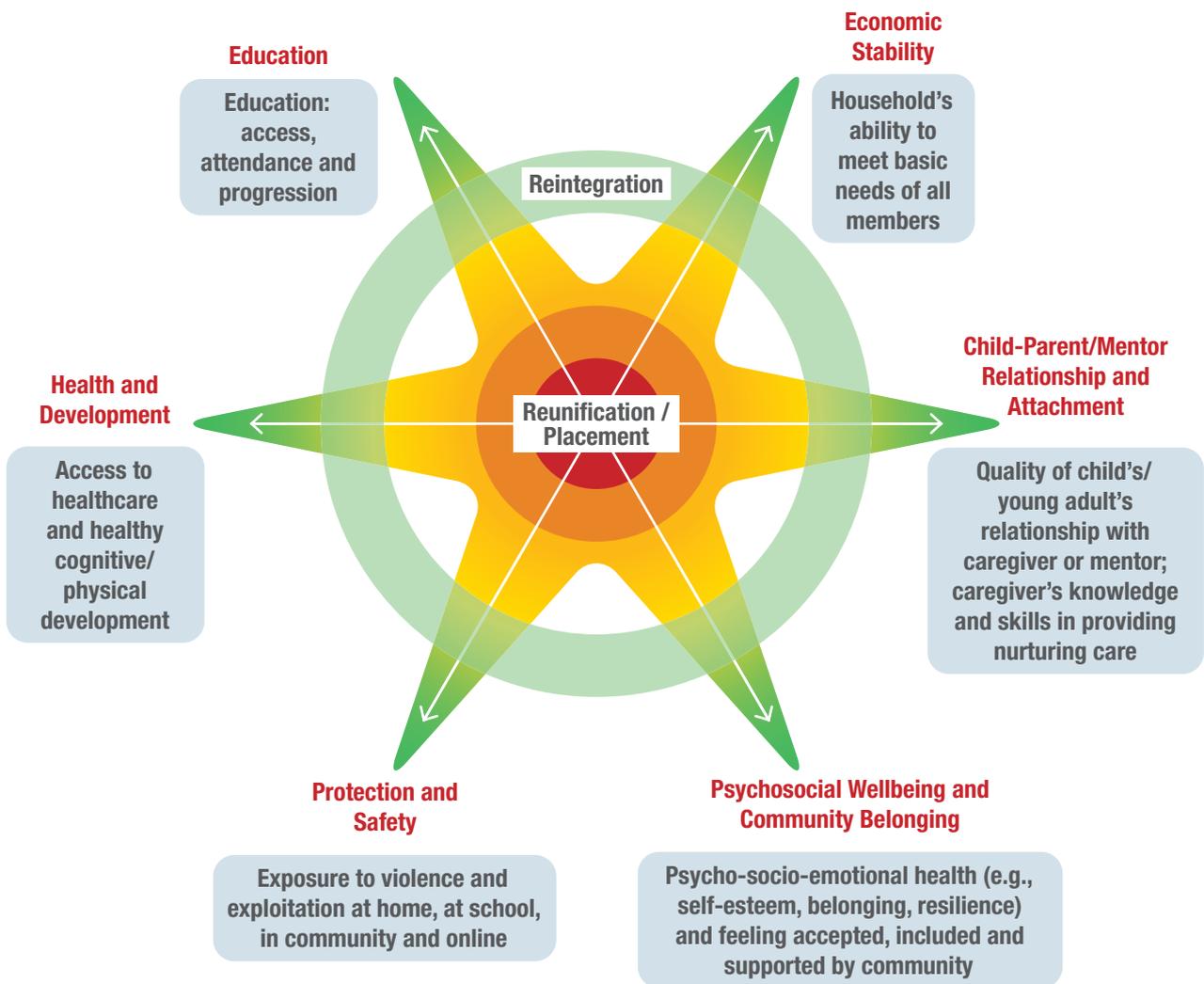


Child Protection Volunteer (CPV), Community Health Volunteer (CHV), Non-Governmental Organizations (NGOs), Community-Based Organizations (CBOs)

Goals of Case Management

When reunifying/placing children/young adults who were living separately in family- or community-based care, the overall goal is to ensure that each child/young adult is cared for and protected, has a sense of belonging and identity within their family and community, and feels a sense of purpose in life. This is achieved by gradually improving the child's/young adult's lives across the six domains below.

FIGURE 3: CASE MANAGEMENT GOALS



When the child/young adult is first reunified/placed, they may “score” low on some of these domains (see red center of the star). As the child/young adult progresses through reintegration, case management should help ensure improvement across each of the domains (notice how the red changes to orange and then yellow). Eventually, case management will help ensure that a child is sustainably reintegrated into their home (the scores on each domain become green—see outside of the star).

Outcomes of Case Management: Reintegration Benchmarks

What are reintegration “benchmarks” and why are they important?

Everything we do in case management should be guided by and build toward a set of outcomes, known as benchmarks.

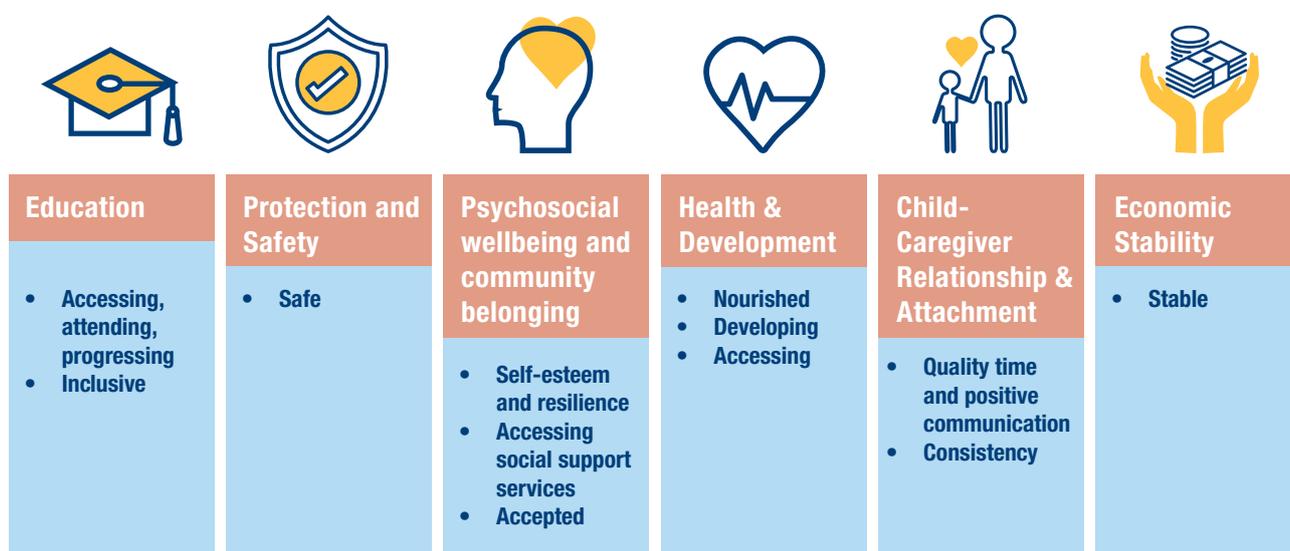
Benchmarks are a useful indicator that allow us to track how reintegration is progressing and to measure when reintegration is sustainable, so a case can be closed (i.e., when most of the benchmarks are achieved, this is how we measure that a child is sustainably reintegrated).

When do I use the reintegration benchmarks?

Use the benchmarks:

- 1. During case planning.** Use the benchmarks to guide the type of goals you need to develop— together with the child/young adult and family/mentor.
- 2. During monitoring and case review.** Use the benchmarks to monitor cases routinely and track/measure progress toward reintegration.
- 3. During case closure.** Use the benchmarks as a checklist; all benchmarks must have been achieved for the case to be closed.

FIGURE 4: CASE MANAGEMENT FOR REINTEGRATION DOMAINS AND BENCHMARKS





section three

Standard Operating Procedures (SOPs)

SOP 1: Identification

Purpose



To collect basic information about a child who is at risk of separation or outside of parental care and to determine if action is needed to protect the child.

Action



- Interview child in a place that feels comfortable for them, using child-friendly techniques (e.g., drawing, role play) focused on their strengths and sensitive to their gender, age and evolving capacity.
- Siblings can be interviewed together if it makes them more comfortable.
- Other actors who may have information about the case should also be interviewed (e.g., neighbors, chief).
- It is important to find out the physical location of the family (as last known by the child), the names of caregivers/other significant relatives/others who looked after the child, and any possible contact details.

Documentation

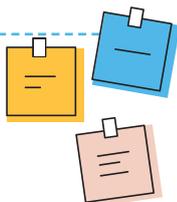


- Record all information on the Child Identification and Assessment Form.
- At minimum, Section 1 (Biographical Information) must be completed; if possible, Section 2 (Details of Admission), Section 3 (Status of Family) and Section 4 (Medical history at admission) can be completed.
- If possible, a referral document (e.g., Care Order, police referral documentation) should be attained.

Outcomes



- Biographical data on the vulnerable child is recorded to support in the determination of need for reintegration to family-/community-based care.
- Immediate tracing and resettlement of the child, or referral of children who need temporary protection to family-based, community-based or—as a last resort—residential care.



Remember! Poverty should never be the driving factor for removing a child from their family. If temporary care for protection is necessary, follow the Continuum of Care to prioritise family- and community-based care options.

SOP 2: Child Assessment

Purpose



Collect information about the child's/young adult's background, strengths, needs, family, feelings about their family and any challenges to reintegration. Child Assessments are **not interviews or "tick box" activities**, but an **interactive conversation** with the child/young adult and supportive adults around them. Children/young adults must be given ample opportunity to express their views and participate meaningfully.

Action



- Allow the child/young adult to guide the time and place where they are most comfortable to participate; they may also identify another person or people they want present.
- Sessions should usually be no longer than 45 minutes. Plan for at minimum two or three sessions.
- Wear casual clothes; not too formal or official so as not to scare the child.
- Sit at the same level as the child.
- In simple language (preferably in the dialect most comfortable to the child/young adult), introduce yourself and explain your role. Tell them you would like to spend some time getting to know the child and ask if that is okay. Tell them that anything they share with you will be kept private.
- Spend time building a friendship with the child/young adult before starting the assessment; give them time to get to know and trust you, and to ask questions.
- Use the child's likely experience to explain things, e.g., "I have a friend who is also your age. She loves playing outside with her friends. What do you like to do?"
- Use creative activities that encourage children's/young adults' full participation (e.g., storytelling, drawing, games, singing, happy/sad faces on cards to show how they feel rather than saying).
- Ask simple, open-ended questions.
- Smile and nod and show you are listening and understanding.
- Pay attention to non-verbal cues, verbal inconsistencies, and what they might **not** be saying.
- Move at a pace comfortable to the child/young adult; do not rush them.
- If the child/young adult tells you something concerning, do not let your face show you are worried. Show compassion and comfort, then follow relevant Child Protection Policy if reporting is required.

Do's and Don'ts for Engaging Children/Young Adults with Disabilities

DO! speak directly to the child and not through a third person.

DON'T! speak about the child as if they are not in the room.

DO! ask for guidance of how to best communicate with the child and get creative to ensure their maximum participation.

DON'T! assume that a child who cannot speak or see, also cannot think or understand.

Documentation



- Child Identification and Assessment Form
- Child Assent/Consent Form
- Disability Assessment Tool (if needed)

Outcomes



Information is obtained about the child's/young adult's development, any known disability, health status, psychosocial wellbeing, education, protection, background and initial information about their family. This information will be used as clues to support tracing, reunification, placement, and later guide case planning and monitoring.

Determining a Child's Wishes About Reintegration

"Hi Rembo, I am so happy to meet you today. Wow! I like the way you have tied your hair! It makes you look so pretty. I will have to work hard so that I can have my hair long like yours."



"Hello Sasha, thank you. This is my best hairstyle."

Spend time to build rapport with the child, allowing them to trust you and feel comfortable. Make a joke; laughter increases trust.

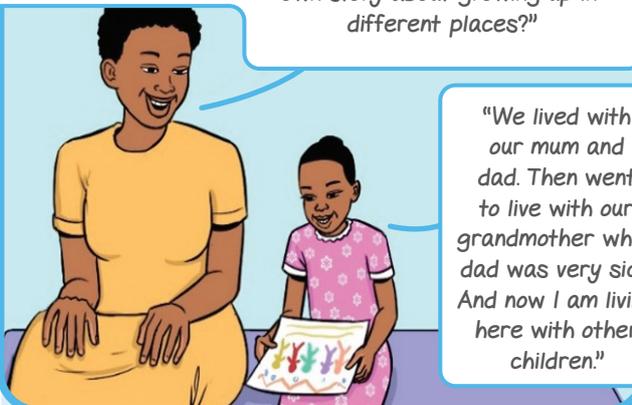
"When I was your age, I loved school! Math was my favorite subject. I lived with my mother and four siblings; their names were Moses, Peter, Janet and Nelly. Tell me about your family - maybe you could draw them for me?"



"Yes, I love drawing. Let me draw for you my family; I used to live with my mother, two brothers and a sister. I miss them so much."

This introduces the subject of family in an indirect way. Look to see if the child feels safe before proceeding. Are they excited to engage – or withdrawn? Are they showing open or closed body language?

"What a beautiful drawing! You're very talented. I can see you've drawn your parents and many different relatives. When I was young, I grew up sometimes with my mum, and sometimes with my auntie. Then when I was older, I also lived at boarding school. Maybe you can share with me your own story about growing up in different places?"



"We lived with our mum and dad. Then went to live with our grandmother when dad was very sick. And now I am living here with other children."

Use open-ended questions and prompts to facilitate the child's offering of information rather than choosing a Yes/No answer that interrupts the flow of conversation.

"So, you were very little when you came here. You have been growing up here for the last 3 years. Tell me what you like about being here. (discuss) And are there things you don't like about being here? (discuss)"



"I was brought here by mum when I was 4 years. I have a lot of friends and I like playing with them. I would have loved to be with my mum and siblings back at home. I miss them."

Summarize to confirm you've understood correctly and to show the child you're listening and engaged.

"I see there are some things you like about this place, and some things you don't like. Let's think about some different places you could finish growing up until you become fully grown. What are those places? Let's draw them."

"I have always wanted to grow up with my siblings in our mother's house or with our grandmother in her big farm in the rural. I can draw this for you."



Draw each item as the child brings it up, one side for the current place and other side for home.

"It seems like you could finish growing up here, or maybe it might be possible for you to grow up at home. What do you like about each option? What do you think might be a problem in each place?"

"I would like to grow up at home. There I will get to see my mother every day, and also play with my siblings, eat together... Although it is far from here, I like it there."



You may need to prompt the child about the family members they drew earlier; remind them that for now, you are just imagining different possible places together. Continue asking open questions: "Can you imagine yourself growing up to be an adult here? What would be the good things about growing up in that place? Who might you spend time with? How might that feel?" Pay attention to the child's emotions as they discuss.

"It sounds like there are things you like about this place and also things you might like about growing up at home. It seems you really miss your family. I can remember doing that, too, when I was younger. Regardless of where you finish growing up, I'm sure you will have a great future! I can see you're special and have a lot of talents! Thank you for sharing your story with me."

"Thank you, Sasha. I will be very happy if I can be supported to stay with my family back home again. I liked talking with you."



Summarize and show you understand. Don't say that you will make sure they go home.

"I've enjoyed spending time with you today. Is it okay if I come to see you again next week?"

"I enjoyed talking with you too. Yes, please do come again. I will help you make your hair like mine."



Leave the child in a cheerful, happy mood (perhaps continue playing a game or drawing) and let them know when you will see them next.

SOP 3: Tracing

Purpose



Gather information and locate the child's/young adult's parents and/or relatives or legal guardian. If parent/s and relatives cannot be identified, the purpose is to trace any other individuals connected to the child/young adult.

Action



- Review the Child Identification and Assessment Form for initial leads.
- Inform the child/young adult that you will be conducting tracing and explain the process; do not make any "promises" to locate the family but explain you will try your best.
- If there are no initial tracing leads, develop posters and/or TV/radio/newspaper ads describing the child/young adult and story of separation, which may help community members recognize them.
- Tracing usually takes several visits; prepare your schedule, transport, etc.
- Children/young adults can be involved directly in tracing if safe and appropriate (e.g., some children/young adults may be able to recognize the home community and the exact household if they are included in field visits).
- If no family can be traced despite considerable effort, the Sub-County Children's Officer should be informed so alternative families can be explored.
- Upon finding/meeting the family, introduce yourself and explain your reason for visiting. Inform the family you would like to come meet them again and agree to a time.

Documentation



Use the Family Assessment Form to record all findings

Outcomes



Identification or contact of parent/s and relatives, and an initial indication of their willingness to care for the child/young adult

SOP 4: Family Assessment

Purpose

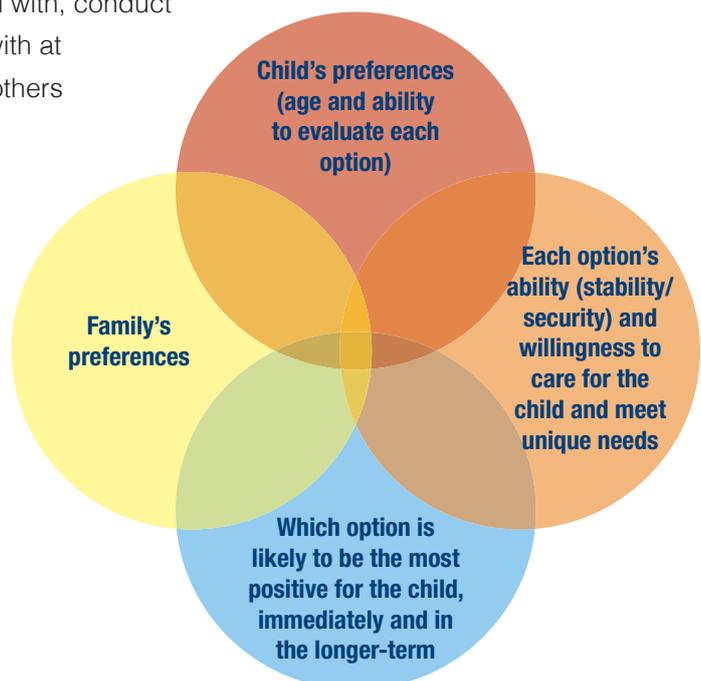


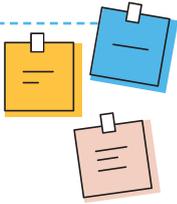
Gather detailed information about the family—including structure, circumstances, strengths, needs, health status, household income/livelihood skills, child protection risk factors (including cause of separation if it is the family of origin being assessed) and views around reunification/placement. The overall objective of family assessment is to determine the family's willingness and ability to take care of the child/young adult.

Action



- Re/introduce yourself to the family and explain the purpose of the visit (that you would like to get to know them, understand their relationship to the child/young adult, and explore their feelings about/ability to care for the child/young adult).
- Explain that your conversation will be confidential and that the family should feel free to be open.
- Explain that as part of the process, you would like to meet as many family members as possible (both within and outside the household), and also people within the family's community. Ask if this is okay.
- Ask caregiver/s to thumbprint/sign consent form.
- Ask if the family has questions about the child/young adult.
- Ask who the family thinks might be best to care for the child/young adult and why (this could include themselves, relatives or others).
- Ask the family what supports they think they may need if they were to care for the child/young adult.
- After assessing several possible households for the child/young adult to be placed with, conduct a case conference (SOP 14) with at least the case manager (and others if possible) to compare and *tentatively recommend* the most appropriate family for the child/young adult (i.e., which placement option is in their best interest).
- The case conference should consider the issues in the diagram, above, as well as issues that must be addressed before reunification/placement and the availability of services that can assist.





Remember! Approach the assessment like a discussion and not an interrogation; be warm and non-judgmental. The family is your equal partner!



Family group discussions (FGDs) can help families make decisions about the care of a child/young adult. FGDs ensure full family participation and ownership of decisions; when families feel they are in charge regarding planning for the child, they are more likely to remain committed to carrying plans forward. To conduct an FGD:

- Set a day and time with the family and ask them to invite family members and others of influence.
- Explain that the purpose of the meeting is to make plans for how the child/young adult can be brought into the family's care.
- Facilitate the discussion, allowing the family to discuss and make decisions; record agreed-to actions in case plan.

Documentation



Family Consent Form, Family Assessment Form, Referral Form (where immediate needs are identified), Family Group discussion Form and Case Plan Form (to record any goals set during FGD), Disability Assessment Tool (if needed)

Outcomes



A completed Family Assessment Form, a completed Child Profile and a Case Conference Report with an initial conclusion on the most appropriate family for the child/young adult (this will be presented to the Sub-County Children's Officer or Alternative Care Committee for formal approval)

SOP 5: Case Planning

Purpose



Create a “joint work plan” with and for the child and family/young adult that will improve their wellbeing and resilience, based on the strengths and needs found during assessment. The plan will have **goals**, clear **step-by-step actions** that will help achieve those goals, and **assigned people** to carry out each action within a set **deadline**. The case plan will include who does what, how they do it, and when they do it.

Case planning is an **ongoing process**; it maps out all case management steps. It begins after assessment and continues throughout pre-placement case review and approval (SOP 6), child preparation (SOP 7), family preparation (SOP 8), reunification/placement (SOP 10), monitoring (SOP 11) and up to case closure (SOP 13).

You are **responsible for coordinating** the planning process and checking that they are being completed on time. You are **not responsible for carrying out all agreed-upon actions**—many different actors can be assigned to those (e.g., the child/young adult, staff at CCI/SCI, caregivers, relatives, service providers).

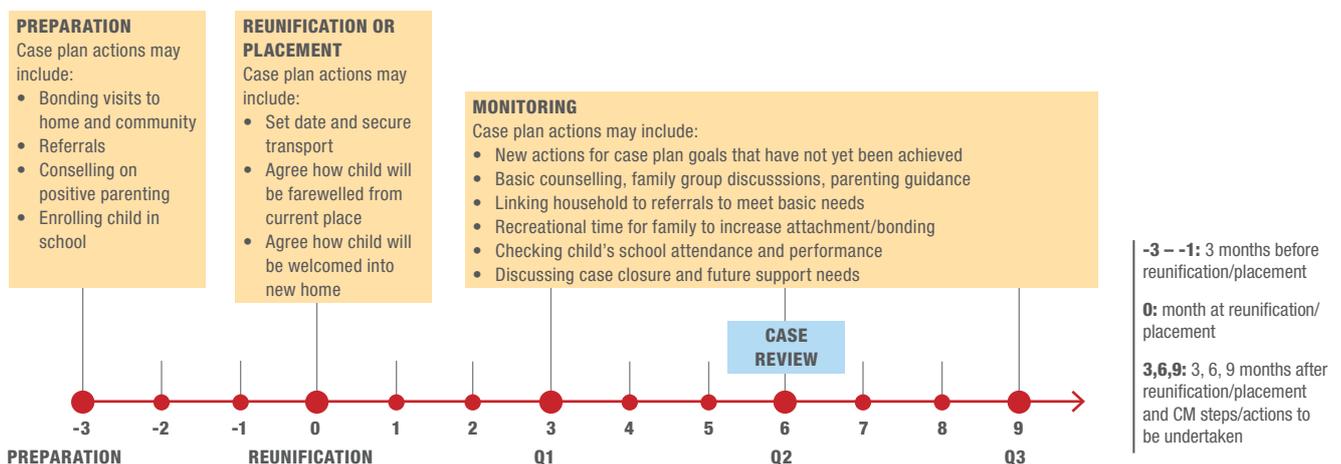
New goals and actions can be added to the case plan any time a need arises (i.e., any time you meet the child/young adult or family and realize something is needed to improve the child’s/family’s wellbeing/resilience to move closer to the reintegration benchmarks). There is **no limit on the number of goals** which can be included in the case plan—it is driven by the needs of the child/young adult and family.



Case plans will be developed with **short-term goals to prepare the child and family for placement and reunification, and then with longer-term goals to help achieve the reintegration benchmarks.**

If you and the family cannot think of goals, use the reintegration benchmarks. Look at the benchmarks (figure 4) and work backwards, developing small, achievable actions that build toward achieving each benchmark.

FIGURE 5: EXAMPLES OF CASE PLAN ACTIONS ACROSS CASE MANAGEMENT PHASES





Action

- Discuss the findings of the assessments with the child/young adult and family, including the strengths, resources and needs.
- First discuss the immediate basic needs that would need to be met to reunify/place the child/young adult; brainstorm ideas for how the family can meet these needs—along with your support.
- Next discuss the longer-term needs that would need to be met for the child/young adult to feel fully settled into the new home and community; brainstorm ideas for how the family can meet these needs—along with your support.
- Where a placement is temporary, goals related to permanency planning should be developed (e.g., continue to trace biological family aiming toward reunification, identify/ assess prospective adoptive parents or prepare the child/young adult to move to supported independent living).
- After adding a goal (and its actions) to the case plan form, check to make sure it is “SMART.”



It is very important to prepare before a new child comes into the household. What actions do we need to take as a family to make sure the child will feel welcomed and comfortable at home, at school and in the community?

FIGURE 6: SMART GOALS

SPECIFIC

The goal and actions are clear and direct—it is clear who should do what.

MEASURABLE

There is a clear output for each action, so it will be equally clear when the goal is achieved.

ATTAINABLE

The goal and actions are realistic.

RELEVANT

The goal and actions will support the child to progress toward reintegration and contribute to the benchmarks being achieved.

TIME-BOUND

There is a clear deadline by which the actions should be completed and goals achieved.

FIGURE 7: SMART EXAMPLE

Specific:
Who does what

Measurable:
Clear output for the action

Kevin's father will go to the bank to open a savings account where he can deposit savings to go toward Kevin's school fees for Semester 2 by 10-02-2021

Relevant: Supports child for reintegration and benchmarks

Time-bound: Specific date

Documentation



Case Plan Form (includes pre- and post-placement sections), Referral Form, Family Group Discussion Report (if family group discussion is used)

Outcomes



A case plan with short-term goals (to prepare the child/young adult and family for placement) and longer-term goals (focused on sustainable reintegration and achieving the benchmarks), with clear actions, time frames, responsible persons and outputs to know when actions have been completed

SOP 6: Pre-Placement Case Review and Approval

Purpose



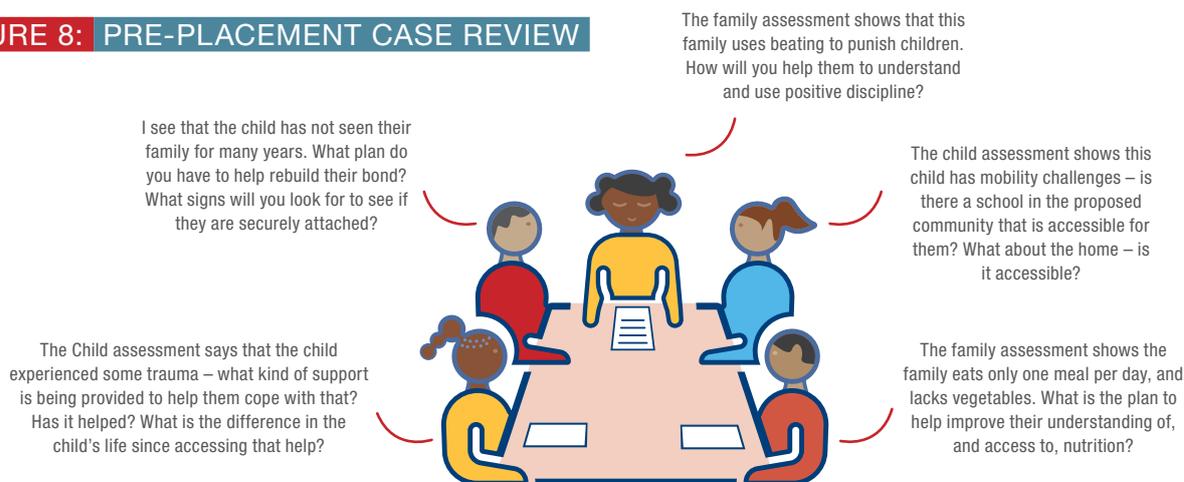
Get the final decision on the most appropriate form of care (preferably family- and community-based) and formal approval by the appropriate statutory authority

Action



- Prepare a summary of the case (including assessments and case plan).
- Share the case summary with the Sub-County Children's Officer for review. The Sub-County Children's Officer will then either directly approve/not approve or share with the Alternative Care Committee and agree on a date that you should present the case to the Committee.
- Be prepared to answer all questions that the Sub-County Children's Officer or Alternative Care Committee may ask; it is their role to do their due diligence in verifying all details of the case.

FIGURE 8: PRE-PLACEMENT CASE REVIEW



Documentation



Complete Case Summary (consisting of summarized Child Assessment, Family Assessment/s, Case Plan, Case Conferencing Report, Case File Checklist, Child Assent and Family Consent Forms). The Sub-County Children's Officer or Alternative Care Committee will issue formal approval documentation which should be saved in the child's/ young adult's file.

Outcomes



The placement will either be formally approved (with documentation issued by the Sub-County Children's Officer/Alternative Care Committee) or not approved. If the case is not approved, additional families should be assessed, with guidance from the Sub-County Children's Officer.

SOP 7: Child Preparation

Purpose



Support the child/young adult to understand what life will look and feel like upon moving into the family and community, to understand what they see as the pros and cons, to understand their hopes and fears, and to help them to prepare for the move with realistic expectations.

Action

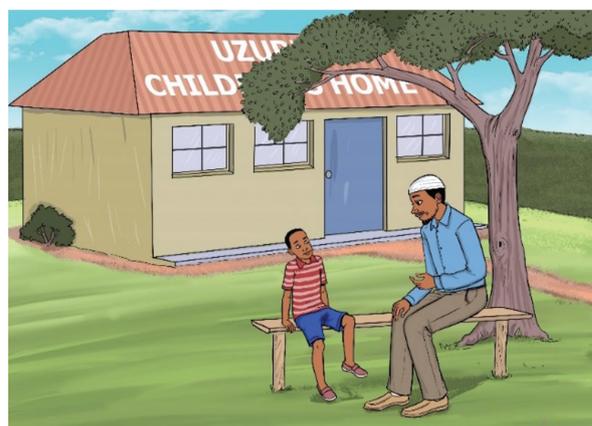


- Allow the children's/young adult's curiosity to lead the process; let the child/young adult ask questions and move at a pace comfortable for them.
- Make sure they feel they are being heard and have some sense of control; this will reduce fears of being "rushed" to move to the new home and help create excitement about the move as they learn about their new home in a way that feels safe for them.
- Provide as much information as possible to the child/young adult about the family and the plan for their reintegration, including:
 - family structure, gender and ages
 - who lives in the home
 - daily routine
 - rules and values of the household (including discipline)
 - how disability or health needs will be addressed
 - where they will go to school
 - what the family knows about the child/young adult
 - what steps have been put in place to address the child's/young adult's needs
 - what the child/young adult will take with them
 - how you will continue to follow up with them once they are at the new home
 - how they can keep in touch with their friends from their current living arrangement, etc.
- Once the child/young adult has been provided all this information, ask if they feel ready to receive a visit from the family. This visit should take place in the child's/



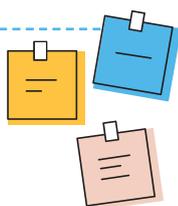
Generally, the time needed to prepare children/young adults varies, but babies and younger children need shorter and more intense preparation (they adjust more quickly) while older children/young adults and children with disabilities require longer preparation (taking more time to adjust).

To help prepare babies, children with disabilities and young people moving into supported interdependent living arrangements, see job aids "Preparation for Children with Limited Capacity" and "Support for Young Adults Moving to Supported Independent Living" in the back of the Case Management for Reintegration Guidebook.



young adult's current place. If the child/young adult says they are not ready, continue to provide more information (including showing photos/videos of the family/home/community).

- For the first visit, it is helpful to prepare a game for the child and family to play in order to reduce nerves and get to know each other. Stay with the child/young adult throughout the visit and reflect with them afterwards, reassuring them that it is okay to feel both happy to meet the family and nervous or sad.
- Suggest that for the next visit, you would like to take the child to the home and community.



Remember! Children/young adults may express both excitement and fear/sadness about the move; this is normal. Children/young adults should be encouraged to express this and be supported through it, but it should not be seen as a reason not to reunify/place the child.

FIGURE 9: THINGS TO CONSIDER BEFORE, DURING AND AFTER HOME VISITS

Before Home Visits	During Home Visits	After Home Visits
<ul style="list-style-type: none"> • Agree with the child and family about key objectives for the visit (for example, if child is nervous about not knowing how to do chores, perhaps siblings practice doing chores together). • Brief the child on what to expect of the visit. • Make a plan with the child for a date they feel ready to visit, and confirm with family. • Reassure the child you will accompany them. 	<ul style="list-style-type: none"> • Observe the interaction, especially the child's reactions and non-verbal communication. • Support the interactions where the child or family needs help; encourage children to talk about their likes, dislikes, worries, etc. (e.g., "Mum, I remember Grace said she wonders what kind of food you eat in this house, perhaps you can show Grace how you make ugali. Grace, can you tell Mum what other foods you like to eat?"). • Emphasize the child's interests, needs and desires. • Visit their new school/ vocational training and meet teachers/trainers/employers, visit church/mosque, visit new doctor if there are ongoing health management needs. 	<ul style="list-style-type: none"> • Allocate time to debrief with the child and discuss the pros and cons of the visit. • Allow the child to express themselves and prompt for next steps and future visits (e.g., "Given what you know about the home and family, what might you like to learn more about next time?").

Documentation



Record goals and actions that will help prepare the child on the Case Plan Form (pre-placement section)

Outcomes



The child feels confident they can make a healthy and safe move to the family and expresses a desire for family reintegration

SOP 8: Family Preparation

Purpose



Prepare all household members to receive the child and set realistic expectations of the transition

Action



Family preparation may include:

- Providing information about the child's personality, strengths, immediate and long-term needs
- Setting up a place for the child/young adult to sleep
- Enrolling the child/young adult in school
- Linking the household to referral services (including economic strengthening where needed)
- Providing counselling and guidance on certain topics (e.g., it is normal for the child to feel both happy and sad about reunification/placement; explaining dietary, health, disability, and education and care needs of the child/young adult; explaining child's/young adult's need for attachment and bonding; articulate any trauma-related/institutionalized behaviors, positive parenting, home hygiene, basic health, etc.)
- Providing information about what to expect of next steps (e.g., placement day, monitoring)
- Guiding the family through visits with the child/young adult (see more detail in SOP 7—Child Preparation)
- Ensuring the family visits the child/young adult at their current care arrangement; showing the child's/young adult's daily routine will help the family understand the conditions and child's/young adult's experiences in their current placement (e.g., the child/young adult may not know how to do household chores and will need to be taught)
- Confirming the date and time of the child's/young adult's arrival and helping the family prepare a welcome for them
- Informing the family what information has been shared with the child/young adult about the household and their expectations
- Confirming how often monitoring visits will be and how and whom to contact if emergencies or needs arise
- Helping the family share their placement/reunification plans with neighbors and significant community members and helping handle any questions or potential discrimination

Documentation



Record goals and actions on the Case Plan Form (pre-placement section)

Outcomes



Immediate household concerns regarding child protection and care are addressed; the family feels confident to receive the child/young adult; the household is prepared for a healthy and safe reunification placement

SOP 9: Referrals to Services

Purpose

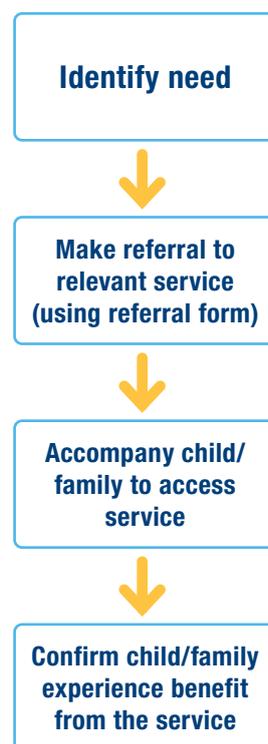


Support children/young adults and families to access services that will support the reunification/placement and reintegration process; identify service providers, help children/young adults and families access the services, and follow up with children/young adults and families to confirm the service(s) had a positive effect

Action



- Once a need has been identified during assessment and a case plan goal for referral has been developed/documentated on Case Plan Form), explore services and organizations in the child/young adult/family's community (if needed, ask your Sub-County Children's Officer for referrals).
- Once you have identified an organization, call and ask for their eligibility criteria (i.e., who do they provide services for), which services they provide, if an appointment is needed, any cost associated with the service, etc. to ensure the service is appropriate.
- If the organization is suitable, inform them that you will be sending a child/young adult/family to access a service.
- Agree to a day and time with the child/young adult/family.
- Fill in the referral form.
- Accompany the child/young adult/family to the service on the agreed-upon day/time and support them to access this service. This may mean you actively advocate for them (if they want that support) or that you wait in the waiting room while they access the service.
- Ensure the organization provides documentation of the service given and add those details to your Referral Form.
- Check with the child/young adult/family that they are satisfied with the service given, both immediately after the service is accessed, and during the next home visit to check the child/young adult/family benefited from the service.



Documentation



Department of Children's Services Referral Form (accessible at the County Children's Office)

Outcomes



The child/young adult/family benefited from the service they accessed

SOP 10: Reunification/Placement



Remember: Placement is similar to replanting a seedling. “Replanting” the child/young adult will be much more successful if we surround their roots with soil (e.g., things that are familiar to them and help them remember their past—like their belongings and photos), take our time to carry the seed to the new place, and carefully replant them into their new home, surrounding their roots with the old soil, and gradually introducing the new soil.

Purpose



Physically re/unite the child with a family; reunification/ placement is the day the child moves from where they currently live to their home.

“Reunification” means the child/young adult is returning to somewhere they lived before. “Placement” means the child/ young adult is moving to a place they have not lived before.

Action



During case planning with the child/young adult and family/ mentor, **jointly** decide upon the date of reunification/ placement. Write it in the case plan; all goals should work toward that date. If the goals in the case plan **are not** being achieved—reflecting the child/young adult and family/ mentor are not yet prepared—the date may be pushed slightly, **if agreed**.

- Arrange transport and other logistics for the day in advance.
- On the day, allow the child/young adult time to say goodbye to the friends and caregivers at the place where they currently live. If possible, a farewell celebration can be arranged to show the child/young adult that everyone is excited for their transition to a family/community and allow the child/young adult to take mementos with them that s/ he loved while at the present care facility; this will help the child/young adult feel a sense of continuity—both past and present.
- Accompany the child/young adult to their new home. If possible, a welcoming celebration can be arranged to show the child/young adult that everyone is excited for their arrival.
- Schedule the first monitoring visit so the child/young adult and family/ mentor know when you will return.
- Leave contact details with the child/young adult and family/mentor so they know how to reach you if needed.

Documentation



Case Plan (which has date and actions for placement/reunification day)

Outcomes



A successful transition of the child/young adult from their current place to a family or the community

SOP 11: Monitoring

Purpose



Home visits to support the child/young adult and family/mentor in achieving the case plan and to continually check that the child/young adult is doing well, and that reunification/placement is still in their best interest



Remember: Monitoring visits should be informed by the case plan. One of the ways the caseworker can organize her/his visits and help reduce workload.

The main aim of each visit is to check on the child's/young adult's wellbeing, document their progress (and their family's/mentor's progress) on the case plan goals, realign goals if needed, add new goals as needed.

Action



- Prepare to visit the household (see checklist, below).
- You must physically see the child/young adult to be able to “count” the monitoring visit.
- Review the case plan goals together with the child/young adult/family/mentor to discuss and record progress; the success of reintegration depends on their sense of “owning” the process.
- All areas of a child's/young adult's/family's wellbeing should be checked, including any new issues since the last visit.
- Talk to others around the child/young adult (see graphic below), which may include visits to places other than the household (e.g., school, clinic, neighbor's homes, other service providers).
- Between home visits contact can be made by telephone.
- Family Group Conferencing can be used whenever a difficult decision needs to be made.
- If the young adult/family seems to be having difficulty coping, case conferencing should be used to brainstorm solutions.
- Follow the visit schedule below; continue monitoring for minimum of 12 months.

Community members who see child occasionally

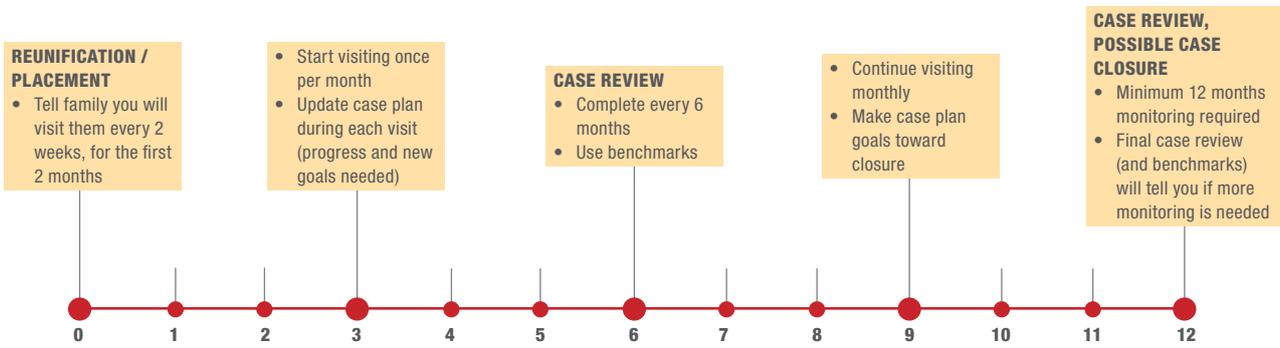
Community members who see child regularly



PREPARING FOR MONITORING VISITS

- Review notes from last visit
- Review case plan
- Make calls to check progress on case plan
- Check on any referrals
- Prepare and bring copies of:
 - Case plan (on-going)
 - Monitoring Form (blank)
 - Referral Form (blank)
- Bring contact information for important stakeholders (chief, teachers, etc.)
- Call caregiver to confirm convenient time

FIGURE 10: EXAMPLES OF ACTIVITIES/PLANS TO UNDERTAKE AFTER REUNIFICATION/PLACEMENT OF A CHILD/YOUNG ADULT



0: month at reunification/placement
 3,6,9, 12: months after reunification/placement and CM steps/actions to be undertaken

Documentation



Case Plan Form, Monitoring Form, Referral Form (available through local Children’s Office, DCS)

Outcomes



Confirmation that the child/young adult is well cared for and if the reunification/placement is still in his/her best interest; when monitoring reveals the child/young adult is not okay, actions should be taken to improve the situation

SOP 12: Case Review

Purpose



Make a full and thorough evaluation of the progress made toward reintegration; review progress against the case plan, as well as against the reintegration benchmarks; identify new resources and needs that have come up since the original child and family assessments; proceed for closure preparation once case plan goals and benchmarks have been achieved—this is an indication the reintegration is sustainable

Action



- Review the case plan and monitoring forms; revise and refresh your memory on the progress made to-date.
- Organize a home visit with the family and inform them you will be doing a case review together (in simple terms, explain what a case review is).
- Bring the case review tool with you to the household visit and discuss each indicator with the family; agree on a score for each.
- For any indicator that is scored 0, work with the family to develop actions that will help meet the goal associated with the indicator. For example, if a score of 0 is given to the indicator: *“The caregiver can clearly articulate and give examples of how to manage stress in a nonviolent manner,”* add an action to the case plan to help meet this goal. An example of an action might be: *“Case worker and caregiver will have a one-hour learning session on self-care on June 5; the case worker will bring an illustrated job aid to use during the session and the session will be held at the household.”*
- Discuss the case review and updated case plan with the case manager; it can also be provided to the Sub-county Children’s Officer as an update.
- As the case approaches reintegration, the case review is used to discuss what kind of supports will be needed to safely close the case. Cases should only be closed one month after case review to allow time to prepare the family.

Documentation



Case Review Form, Case Plan, Monitoring Form

Outcomes



Completed Case Review Form which will show which domains the child/young adult and family are doing well on, and which domains need more actions added to the case plan to achieve; updated case plan with new goals and actions to achieve on the domains which had low scores

SOP 13: Case Closure



Purpose



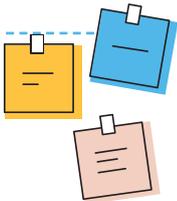
To ensure that the family is able to continue caring and providing for the reintegrated child independently, or that the young adult is able to continue caring for themselves independently, without case management support.

Today is finally the day we have been talking about and planning for a long time—it's Graduation Day! I've enjoyed working with you! You've worked very hard and should be so proud of how you've improved your lives. If you need help in the future, here are contact details for service providers and authorities in your sub-county, the Child Helpline, and my organization's phone number. If you need any help in the future, you have so many resources to call.

Action



- After conducting a case review which confirms all benchmarks have been achieved, present the case to the case manager and Sub-County Children's Officer in a case conference.
- If both the case manager and Sub-County Children's Officer approve the case for closure, schedule a home visit with the family to discuss the details of case closure.
- During the home visit, reflect on the experience of working together; celebrating the child's/young adult's/family's achievements; ending the relationship; what supports, if any, they think they might need in the future; and future problem-solving tools if/when issues arise.
- Provide contact information for the Sub-County Children's Officer, local services, local authorities and CBOs/NGOs, so the family can contact these actors directly in the future if they need support. Give the caregiver the Feedback Form to complete.
- Give the child/young adult Feedback Form to a neutral person to read out to the child and help them to complete (if the child can read and understand the form, a third person will not be needed).



Remember! *Closure does not mean that the child and family, or young adult, will never need support in the these supports themselves future; it means that you have supported them to identify the range of supports within their community that can help them in the future, and that they know how to access*

Documentation



Closure Form, Caregiver Feedback Form, Child/Young Adult Feedback Form

Outcomes



Children, young adults and other family members are safe/well and feel confident to continue to provide for their personal needs without the support of case management; they know there are supports available to them in their community; they know how to access these themselves

SOP 14: Case Conferencing

Purpose



Help solve problems or make decisions in complex cases or cases where you feel there are challenges, risks or bottlenecks and need help/ideas from others on how to solve the issues. You can schedule a case conference anytime during the case management process where they need support with problem solving. A case conference consists of a meeting between two or more professionals who know the case or the problem (e.g., another case worker, case manager or healthcare provider who has worked with the family) and who can reflect on the challenges to help generate ideas. Wherever possible and appropriate, children and family should be included in case conferencing because they are equal partners in all decision-making that relates to their lives.

Action



At a minimum, case conferencing should be used to reflect on the most appropriate possible home for the child/young adult to move into (after you have assessed several homes/families) and for decision-making about case closure. The steps for conducting a case conference are below.

Documentation



Any decisions made or actions decided upon, should be documented in the case plan form (including who is responsible or doing the actions). The case notes form can also be used to make general notes about the meeting.

Outcomes



The caseworker will have proposed solutions and clear next steps for how to safely proceed with the case.

FIGURE 11: STEPS TO CONDUCT A CASE CONFERENCE

Case Identification	Identify the cases to be presented and discussed at the case conference
Prepare Participants	Set the date and inform participants seven days in advance of the meeting
Create Case Presentation	Summary of strengths, resources and protective factors that are within and around the child and family. Summary of gaps or challenges which are difficult to solve/address
Prepare Agenda	Ensure that an agenda for the meeting is ready
Sign Confidential Forms	Make sure participants understand and sign the confidentiality agreement
Record Keeping	Take notes of decisions made, action points and responsibilities for follow-up
Update Case Plans	After the meeting, reflect on decisions and updates; complete the child assessment by commenting on the child's readiness toward reintegration



Changing
THE WAY WE
*care*SM