

LEARNING BRIEF

HOW CASE MANAGEMENT CONTRIBUTES TO SUSTAINABLE REINTEGRATION OF CHILDREN FROM RESIDENTIAL CARE TO FAMILY-BASED CARE & COMMUNITY SERVICES

INTRODUCTION TO THE CASE MANAGEMENT APPROACH

Case management is the process of identifying, assessing, planning, referring, and tracking referrals, and monitoring the delivery of services in a timely, context-sensitive, individualized, and client-centered manner. Case management is used within child welfare and protection programming, and has been shown to improve decision-making and service delivery, to enhance child and family outcomes.

Changing the Way We CareSM (CTWWC) recognizes the importance of using case management as the preferred approach when supporting children to reintegrate from residential care to family care, whether with their family or origin or into family-based alternative care.

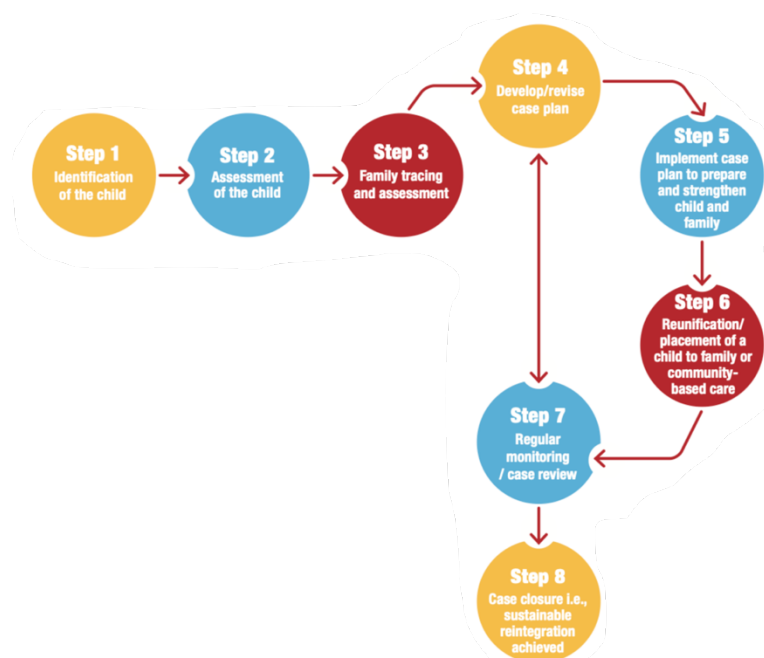
Case management for reintegration can:

- Ensure that support is tailored to the unique strengths, needs and circumstances of the child and family, and be flexible to changes in those strengths/needs/circumstances over time,
- Help families to access multisectoral family strengthening services and help to ensure these services are delivered in a coordinated manner,
- Enhance the child and their family's coping skills and resilience, and
- Promote greater autonomy, safety, community belonging and well-being.

PRINCIPLES of CASE MANAGEMENT

CTWWC's case management for reintegration approach is underpinned by guiding principles and aligns to the [Kenya National Package on Case Management for Reintegration of Children into Family or Community Based Care](#):

- **Child-centered and family-focused:** All decisions, interventions, and plans are made on an individualized basis, keeping the child's best interest and safety paramount.
- **Do no harm:** All case management processes aim to benefit and avoid/prevent harm to children; prioritizing the prevention of all forms of violence, addressing stigma, ensuring informed assent, and respecting confidentiality.





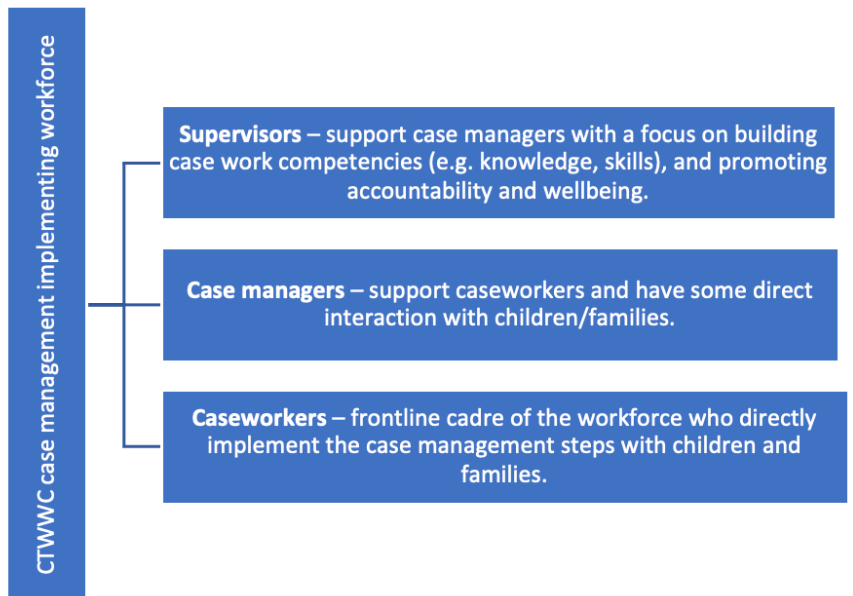
- **Child participation and family self-determination:** Caseworkers/managers respect and promote people's rights to make their own choices and decisions, irrespective of their own values. Children and families are at the heart of case management efforts; they are listened to, their input is regularly and intentionally solicited, and they are fully engaged in all case management processes.
- **Respect and promote the worth, dignity, and strength of children and families:** Caseworkers uphold the physical, developmental, psychological, emotional, and spiritual integrity and wellbeing of every child and family and recognize that every person and community has specific innate strengths, resources and assets. Caseworkers identify and build upon these strengths to promote empowerment and resiliency.
- **Partnership approach:** Caseworkers act as equal partners with children, families, and communities, rather than acting as experts or using a top-down approach.

- **Non-discriminatory and respect for diversity:** All individuals are treated with equal respect by caseworkers; no distinctions is made between children, adults, or communities on any grounds of status—including age, wealth, gender, race, color, ethnicity, national or social origin, sexual orientation, HIV status, language, religion, ability, health status, political, or other opinion.

WORKFORCE for CASE MANAGEMENT

CTWWC's case management for reintegration approach is implemented by a workforce as illustrated below. These cadre work closely with the child, family, local authorities, residential care facility staff, community leaders, and multisectoral service providers.

A supportive supervision approach is utilized at all levels of the case management workforce. The CTWWC supportive supervision approach promotes the development of the skills, knowledge, attitudes, accountability, and ethical standards required to implement high-quality case management for reintegration in accordance with the SOPs. Supportive supervision techniques include: individual and group supervision sessions, shadowing, observation, coaching, and case conferencing.



LEARNING ABOUT CASE MANAGEMENT

In 2022, after three years of implementing case management for reintegration, CTWWC conducted participatory reflection sessions with caseworkers across three demonstration counties to answer a primary learning question, *“How does case management contribute to sustainable reintegration of children from residential care institutions?”*

The reflection sessions sought to answer this question by exploring caseworkers’ experiences using the case management for reintegration package, children and families’ experiences of reintegration, and the most significant changes that caseworkers had observed whilst providing case management (changes to both their own practice, as well as changes in child- and family-level outcomes).

The ultimate aim for the reflective sessions was to collate learnings related to the implementation and adoption of the case management for reintegration approach, which could be disseminated among practitioners and other key actors to support local and national scaling. A range of participatory approaches were utilized to capture caseworkers’ experiences and perceptions, including:

- Self-assessment and reflection on social work practice before and after using the case management approach.
- Identifying most significant changes (MSC).
- Making meaning of MSC stories, identifying themes/common domains of change across stories, and examining key contributors to those changes.

Using Most Significant Change Storytelling for Learning Reflection

For the participant to tell their stories the following steps in the Story Telling Process were used:

In response to an open-ended question about the change, the participants were asked to:

1. Think of a story about an individual, group, or institution that illustrates the change
2. Share stories in a small group
3. Identify the different domains that the stories are likely to illustrate (can be done before or after story collection)
4. Sort the stories by domain and decide how the group will select stories—criteria and process
5. Select the stories that the small group believes best illustrate the most significant change
6. Small groups share their MSC stories in the plenary
7. Repeat steps 4 and 5 in the plenary
8. Reflect on the stories, the selection criteria, and process
9. Identify common themes and how frequently they occur. Reflect on the story chosen by the group as indicative or representative of the MSC

Jointly with the participants an assessment of all the stories was done using the following criteria:

- How many stories are about a particular type of change?
- What the stories tell you about the project?
- Who the stories are about?
- Whose stories were selected?
- Which stories were not selected and why?
- Are the stories about negative or positive changes?
- How do these changes compare to the project objectives?

What follows is a collection of case studies shared and collated by caseworkers in Kenya. Using the Most Significant Change Storytelling, the caseworkers, supervisors and program managers working in CTWWC Kenya selected and discussed stories from their work with children and families. They discussed what lessons these stories and the discussion drew out about the case management practice. They demonstrate how case management contributes to sustainable reintegration of children from charitable children’s institutions to families and communities and the lessons learned. Each story illustrates one or more of the case management steps.

Step 1

Identification
of the child

Stakeholder Involvement and Engagement

Child and family assessment often happen in parallel. This allows information from each assessment to be used to 'triangulate' and validate information from the other assessment. It also allows the caseworker to move efficiently through the case management sequence, which is important where a child is eager to return to their family.

Caseworkers should be intentional in building and maintaining relationships with a wide range of multisectoral key actors, including, for example the Directorate of Children Services, Ministry of Agriculture, Livestock, and Cooperatives, CPVs, religious leaders, local administrators, and CCIs. These partnerships underpin the success of case management, by making a range of family strengthening referral services available to reintegrating families, contributing to the achievement of sustainable, holistic reintegration. These relationships additionally build an enabling environment for improving the broader community's attitudes toward care reform.

Step 2

Assessment
of the child

Juliet was 15 years old when she was admitted to a CCI in Nyamira, Kenya. It was 2018. The area chief and religious leaders referred her after church congregants identified that Juliet and her three older brothers (ages 13, 10, and 8 years) were left orphaned by the death of both of their parents. The siblings required urgent assistance with food, health, clothing, and safe shelter. As advised by the Department of Children's Services (DCS), at the time, Juliet was admitted to the CCI as she was older and needed to access schooling, while her siblings were taken in by a relative. After admission to the CCI, Juliet became withdrawn and shy.

In early 2019, two of the CCI managers attended a CTWWC case management for reintegration training. A caseworker was assigned to Juliet's case, and began a child assessment to understand Juliet's strengths, abilities, family connections and needs. A key need that was identified was Juliet had no birth certificate. The CCI manager immediately collaborated with the area chief to attain the death certificates of Juliet's parents, which then enabled them to also secure a birth certificate. This was critical for school enrolment and other government services.

The child assessment was conducted alongside a family assessment. The caseworker led the assessment with support from CTWWC and the local Sub-county Children's Officer. Several strengths were identified during the assessment, including:

- The family had a relatively big and productive plot of land that had been planted with sugarcane and tea (a form of cash crop that is usually used for commercial farming).
- Juliet's older brothers were hard-working, and the chief and assistant chief were supportive of the brothers.

Using the assessment findings, the caseworker collaborated with Juliet and her brothers to develop a case plan. Among the goals identified were:

- Ensuring Juliet would have consistent access to sanitary items upon reunification, as this was one of Juliet's main fears, as she felt embarrassed to ask her brothers.
- Finding tutoring or other academic support for Juliet, as the assessment revealed poor school performance.
- Assisting the family to enroll for the National Health Insurance Fund.
- Linking the family with the Ministry of Agriculture, Livestock, Fisheries, and Cooperatives to further boost the boys' farming efforts.
- Linking the brothers to the Deputy County Commissioner to help resolve a land dispute.

Preparation was underway for Juliet's return to her family when the COVID-19 pandemic hit in early 2020. By March, Juliet had been sent home under a government directive to close all institutions to curb the spread of the virus. Given the unexpected and unprepared reunification, CTWWC supported the family with an emergency cash transfer that the brothers used to purchase bedding and sanitary items for Juliet, food and basic household items, face masks, and to make small renovations their house so it could accommodate their sister.

It is important that caseworkers equip children with the **life skills** they need to feel confident when reintegrating. Children may be worried they don't know how to do things, or interact in ways, that their agetmates in the community do. Caseworkers can help to reduce potential stigma (which can interfere with reintegration) by preparing children with life skills in advance.

Child protection volunteers can support caseworkers in a variety of ways. They can: help to find/verify information in the family assessment, provide family strengthening support such as life skills and positive parenting training, and basic psychosocial support, conduct monitoring home visits and follow-up and provide feedback to caseworkers. They can also act as a quickly accessible safe contact for reintegrating children, should they feel unsafe at home. Caseworkers should always identify local CPVs ahead of reunification/placement.

Step 5

Implement case plan to prepare and strengthen child and family

The caseworker recognized that Juliet lacked certain life skills that were needed to live at home and in the community, so they referred Juliet to *Life Promoters*, a non-governmental organization providing life skills mentorship. Juliet learned how to build healthy friendships with her peers, to manage conflict, basic household chores, and tips to focus on her academics. These life skills were important to ensure that Juliet would not be stigmatized by her brothers or her community. Concerned about how the siblings would manage their dynamic given the stressful circumstances of COVID-19 and the long period of separation, the caseworker asked the local Child Protection Volunteer (CPV) to provide positive parenting training to the family. the CPV was previously trained by CTWWC on the [Families Together Parenting Curriculum](#). The CPV conducted two sessions on family relationships with the siblings to enhance positive communication and bonding among the siblings. The caseworker also ensured Juliet knew how to contact the CPV if she was ever concerned about her safety.

To ensure that Juliet could return to school, the caseworker requested that the local Children's Officer to enroll her in the Presidential Bursary and the Member of County Assembly (MCA) for other education support. The Children's Officer secured an MCA Bursary of Ksh. 21,000 per year for four years, and the Member County Assembly supported with Ksh. 5,000. CTWWC additionally supplemented Ksh. 15,000 to cover other scholastic items. The Children's Officer additionally visited the school administration to advocate for Juliet's immediate admission even as they awaited the government cheque, and to request that a guidance counselor support Juliet as she transitions into the school. Additionally, the Children's Officer requested that the school management avail any other possible support to the siblings; the school suggested that they purchase kale from the family to supplement additional school fees.



MANY HANDS MAKE WORK LIGHTER

Family group discussion is a useful tool for ensuring the whole family participates in care-related decision making. It is an effective way of securing 'buy-in' from the child's extended family, and for mobilising resources to support the child's return.

When receiving a child to their home, caregivers/families often need support to **prepare for the child's arrival**. This could be emotional, financial and material support. It is important that case workers facilitate the mobilization of these supports from within the family, community and relevant, nearby service providers.

It is important that case workers **share with children early that they are working together toward the goal of reunifying them to their family, or another safe, caring family in the community**.

In 2019, Joshua, a six-year old boy from Kilifi, lost his father. Shortly after, his mother had a mental health episode and began to neglect Joshua. Concerned for Joshua's wellbeing and for assistance, his aunt, Sofia, reported the situation to the area sub-chief. The chief referred Joshua's aunt to the Sub-County Children's Officer who then admitted Joshua to a Charitable Children's Institution for temporary care.

A caseworker from the CCI was assigned to Joshua's case and began having discussions with his aunt to learn more about their extended family. Next, the case worker conducted family tracing and was able to locate several relatives. Joshua spoke a lot about his Auntie Sofia, seeming to be closest to her. The caseworker conducted a family assessment over several visits to Sofia's home to establish her strengths and needs, and her potential willingness to care for Joshua if she had the right support. During the assessment, the case worker identified a key strength – there were several other relatives living in close proximity to Sofia's home. The caseworker initiated a family group discussion (FGD) to enable the family to collectively decide on the best place for Joshua to live and to mobilize support for Joshua's return from the CCI. Joshua's maternal aunt, uncle, grandmother, and paternal aunt, and cousin all attended.

During the FGD, Joshua's extended family expressed strong willingness to receive him back. Each relative made plans for support they could offer to help meet Joshua's needs (including bedding, school fees, food) and then highlighted the additional support they would need for Joshua, which they asked the caseworker to look for. Each of these actions was added to Joshua's case plan. One of the key gaps highlighted by the family was a more stable income for Sofia to enable her to provide for Joshua's day-to-day needs. Sofia was introduced to a business empowerment seminar provided by a local bank and later she joined a savings and internal lending community group. Sofia was provided with a 20,000ksh business grant from CTWWC to start poultry keeping. The CCI agreed to provide for additional needs.

In March 2020, the Government of Kenya issued a circular stating that all children living in CCIs must be reunified to their families to curb the spread of COVID-19.

Fortunately, Joshua felt prepared as his caseworker had discussed reunification with him ever since he entered. Joshua had been supported to maintain contact with his family throughout the separation and was looking forward to returning to them. Equally, Joshua's family had been regularly visited by the caseworker, had participated in



Reunification/placement should **never come as a surprise to the child**, contact between the child and family should be retained where ever possible. Children should be given the opportunity to express their preferences and feelings about the placement.

the family group discussions, and had made a clear plan for how each family member would support Joshua's reunification to his aunt's home. The family felt confident they could care for Joshua upon his return.

Once Joshua was placed with his aunty, the case worker continued to monitor the placement. After just three months, Sofia's business was thriving and able to meet her household's basic needs. Sofia expressed her pride and satisfaction. The monitoring visits also showed that the extended family continued to support Sofia and Joshua when needed, and that Joshua was having all of his basic needs met and was adjusting well. The caseworker will continue to monitor Joshua and Sofia until the goals in their case plan are achieved and the case management benchmarks are met, indicating the case can be safely closed as the reintegration is likely to be sustainable.

There are 17 **reintegration benchmarks** across six wellbeing domains. The benchmarks are used to measure how reintegration is progressing. Progress made against the benchmarks is evaluated during case review.



THE NEED FOR CONSISTENT & REGULAR CASE MONITORING

Caseworkers must **invest time into building rapport** with children.

Separated children have experienced the trauma of being separated from their family, at minimum, and many have experienced other traumatic events. Children may be fearful, and need time to feel comfortable with new adult; initially children may lie/hide information until they trust the caseworker. The first time meeting a child should be focused on building a relationship with them – ask about their likes, talents, and interests. Allow the child to lead – let them choose the time, place, and duration of the visit, and an activity to do together.

Caseworkers should conduct **tracing of the extended family as early as possible** in the case management process. Where the primary caregiver needs a break, relatives can get respite care options, which can prevent reintegration breakdown. Additionally, if the primary caregiver is no longer able to care for the child, the extended relatives can be an important safety net to prevent children from entering the formal care system.

Mokeira was 11 years old when he was admitted to a CCI in Nyamira in March 2020 after being found living on the streets of Nairobi. The Sub-county Children's Officer requested Mokeira's admission so that he was safe while tracing efforts commenced. A caseworker was immediately assigned to Mokeira's case. Mokeira told the caseworker, police, and the Children's Officer that he had lost both of his parents to death and that he had been living on the streets in Nairobi. He came to Nyamira County as he heard that his father was from there and he thought that was where he should go. He said that after being given a lift up by well-wishers when he was on his way to Nyamira, he ended up in Kisii and had slept on the street before being picked up by the police for loitering at night.

Despite Mokeira's narrative, the case worker noticed that the boy spoke Kisii and therefore suspected that his story was probably true. The case worker commenced family tracing in the Nyamira area. The case worker collaborated with police, the Children's Officers, and local leaders, and eventually traced Mokeira's stepfather and his extended family in Nyamira.

The case worker initiated family assessment and found that Mokeira's parents had separated, and that Mokeira had been living with his stepfather before he ran away from home. The stepfather noted that he did not always have money to take care of Mokeira. Mokeira's old school confirmed that there seemed to be frequent issues in Mokeira's family and, in their view, the family did not follow up on his welfare and educational progress. The household also had Mokeira's step-grandparents and a number of other children.

Psychosocial support was given to the step-grandfather and to Mokeira towards reuniting them under a healthy relationship. The grandfather was given stipend for food from the CCI. The step-grandparents were willing to stay with Mokeira if they would be supported since livelihood was



Step 2

Assessment
of the child

A motivated parent/caregiver is an important protective factor underpinning the reintegration process. Caregiver disinterest in case management presents a major risk to reintegration breakdown and secondary separation. Where a caregiver does not want to participate and set case plan goals to improve their family's life, it can be an indicator of unwillingness to care for the child. Caseworkers should act swiftly to evaluate the suitability of any placement whereby the primary parent/caregiver is showing unwillingness to care for the child.

Step 4

Develop/
revise case
plan

hard enough just for the two of them and the household. They were engaging in small scale farming and from that at least they could get food.

The family also agreed to a monitoring schedule with the case worker visiting them regularly and included this in the case plan. During the first post-reunification monitoring visit, Mokeira's stepfather revealed that he had run away from home again. Community members had informed him that Mokeira was found loitering in Keroka town. The case worker quickly collaborated with the Chief, Department of Children's Services, and some community members and located Mokeira at the Keroka police station.

Realizing the risk of reintegration breakdown and secondary separation, the case worker conducted a fourth assessment Mokeira and his family. The strengths and needs identified included:

- The family was willing to take in and care for the child.
- Education and psychosocial support were needed for all.
- Mokeira needed a mentor.

The caseworker initiated discussions with Mokeira's stepfather and step-grandparents in order to update the case plan, however the stepfather showed little interest in participating in the process. He expressed that he did not see why he should care for Mokeira when he "wasn't even his own biological child".

Unfortunately, Mokeira's stepfather would not commit to caring for him, and, even with regular monitoring visits, Mokeira continued to run away. The Children's Officer recommended that Mokeira be readmitted to the CCI temporarily, while the case worker traced Mokeira's mother and her extended family to find and assess more suitable potential family care options.

THE POWER OF PROPER DOCUMENTATION: Perspective from a case worker

".... Before case management documentation was not standardized. We used to develop our forms that had little information and less supportive supervision. remember before CM a file would have a few documents (admission form, letter from chief/church, photo of a child). After we were trained, we understood all steps that needed to be followed. I'm proud to acknowledge that CM has helped me and my colleagues embrace care reform and that it has made the work easier and improved the documentation of child case files.

We also noted that it requires enough time to finish a case of a child. Adequate time needs to be invested in getting to know and understand the child. The Caseworker should move at a pace that is comfortable for each child, focusing first on building rapport and trust through play and/or age-appropriate activities. Caseworkers should pay particular attention to children's non-verbal cues during this process. The child trusting the Caseworker is essential for reintegration, as this trust is the foundation for the child's full participation in the process. Getting to know the child very well is also essential, as the Caseworker will be able to read if the child is demonstrating signs of discomfort throughout the case management process. Documentation of each stage in time as it happens is key in tracking, monitoring, and intervention or service provision..."

HOUSEHOLD ECONOMIC STRENGTHENING KEY TO SUSTAINING REINTEGRATION

Though the Guidelines for the Alternative Care of Children in Kenya (2014) state that **poverty should never be a reason for child-family separation**, children are often admitted to CCIs because their families are seeking education support not affordable at home. Ideally, families should be supported to keep their children, with provision of scholarships and/or other family strengthening like household economic support.

When reunification/placements are rapid, and the family has not had time to prepare for the child's arrival, **emergency non-conditional cash transfers** are an effective way to help the family to meet their immediate basic needs. This may include, for example, additional bedding, clothing, and food.

Case reviews help to assess the outcomes of HES initiatives, and ensure that profits are being appropriately used to meet the needs of the family.

Christine, 15 years old, had been living with her grandparents for several years, after losing her parents at a young age. After facing some financial hardship and being unable to pay for Christine's school fees, her grandparents asked that Christine be admitted to a Charitable Children's Institution (CCI) in July 2019. Her grandparents had heard that the CCI would cover the cost of Christine's school fees and they were determined for her to get a full education.



In March 2020, the Government of Kenya issued a circular stating that all children living in CCIs must be reunified to their families to curb the spread of COVID-19. Christine was placed back with her grandparents. CTWWC's local implementing partner, Kesho Kenya, in collaboration with the Directorate of Children's Services, quickly initiated a family assessment to understand the family's strengths and what they would need to take care of Christine. Given the reunification was so rapid, and came as a shock to Christine's grandparents, CTWWC distributed an emergency fund to support the family to meet their immediate basic needs.

Aware that the emergency fund would cover only the family's immediate needs, but not support more sustainable household economic strengthening (HES), the caseworker and grandparents commenced discussion on potential income generating activities. Christine's grandparents expressed interest in doing poultry farming. The caseworker added a goal for setting up a poultry farm to the family's case plan.

In August 2020, the family was issued with a 10,000ksh grant to support startup of the poultry farming business. Unfortunately, after just a few months, the business began to fail. The caseworker realized that they had failed to assess the family's capacity to run the business; although the grandparents' noted their desire to do poultry farming, they had no prior experience. Kesho Kenya realized the failure to adequately assess, prepare, and plan with the family to effectively manage their endeavor. In response, Kesho Kenya linked Christine's grandfather to a Ministry of Trade agricultural extension officer for training and to entrepreneurship training.

The agricultural extension officer joined the caseworker for their subsequent monitoring visits to assess how the business was progressing and to offer technical guidance to

Income generation is an important family strengthening activity which can support families to care for reintegrating children; they are especially essential when the child was separated because of poverty. However, it is critical that families' skills and experience are properly assessed, and that training is provided to fill any identified skills gaps, to ensure the family is well-equipped to manage the income generating activity.

Caseworkers are not expected to work alone when supporting families with business startups. Ongoing monitoring and coaching by relevant multisectoral technical experts helps to ensure that start-ups grow and become sustainable.

Step 5

Implement case plan to prepare and strengthen child and family

enhance it. Seeing that Christine's grandfather was effectively putting his new skills and knowledge into practice, a second grant was provided to bolster the business. Upon the agricultural extension officer's advice, Christine's grandfather purchased a vaccinated local chicken breed which was likely to be more robust. The agricultural extension officer continued to join the caseworker for monitoring visits and coached the family, providing information on diseases, chicken feeds, appropriate medicine, and the perfect environment for keeping poultry.

In December 2021, Christine's grandfather reported having sold all of the 40 chickens he had bought for a handsome profit. The profit was used to expand the project and meet the family's basic needs, including covering Christine's educational expenses. Regular case reviews showed school progress, good nutrition and savings being put aside. With the case management reintegration benchmarks close to being achieved, the caseworker began discussing case closure with Christine and her family.



ANYTHING ABOUT THE CHILD WITHOUT THE CHILD IS AGAINST THE CHILD

Ideally, when a child is admitted to a CCI, **caseworker should be assigned to the child's case**, who opens a case file and begins child assessment, family tracing, and family assessment. The information attained during these three steps is then utilized to **create a case plan**.

A case plan is essentially a joint work plan between the child, CCI, the child's family, and other relevant service providers, with a joint goal of reunifying the child to their family, or to another safe family in the community.

All of these actors **work together in partnership** to ensure the child and family are well-prepared for the placement, and then monitored and supported post-placement as the child gradually reintegrates into the family.

Step 5

Implement case plan to prepare and strengthen child and family



Halima was 15 years old when she was admitted to a Charitable Children's Institution (CCI) in Malindi, after she suffered abuse in late 2019. The Child Protection Volunteer in Halima's village heard about the case and immediately reported to the Sub-county Children's Officer, who removed Halima and placed her in the CCI as a temporary safe shelter. Halima never knew her mother, and her three older siblings had also previously been removed from her father's care when he was imprisoned. Her three older siblings lived with Halima's aunt in a nearby village.

Child participation is a critical guiding principle of reintegration case management; children must be given the opportunity to express their preferences and concerns about all issues that relate to them.

When a child is placed into a home they haven't lived in before, it is very important that the caseworker conducts regular checks on how the child and family are adjusting; these are called monitoring visits. The CTWWC case management package outlines a **minimum monitoring schedule**, where visits are most frequent immediately after placement, then taper off over time as reintegration moves towards sustainability.

Reintegrating children and their families may need a **range of support**, for example a combination of positive parenting education, family mediation, household economic strengthening, school scholarships, links to services and case management

Halima had only lived at the CCI for a few months when in early 2020, at the onset of the COVID-19 pandemic, the Government of Kenya issued a directive to CCIs across the country to immediately send children back to their homes, in an attempt to contain the spread of the virus. Thorough assessment and family tracing had not been conducted for Halima; her records showed only that her aunt and three older siblings stayed together in a nearby village. Given the pressure to decongest the CCI as soon as possible, Halima was rushed to her auntie's house. Time didn't allow for Halima to be consulted about the move.

Halima's aunt equally was not consulted, and felt overwhelmed when Halima was dropped off at her home. She was already caring for Halima's three older siblings, alone, and did not have any formal employment. Halima's aunt expressed her concerns to the CCI staff, but the staff explained they felt they had no other option, as all CCI's were ordered to send children home. Halima overheard the conversation and felt bad she had inconvenienced her aunt. Though Halima was happy to see her siblings, she felt insecure, unwanted, and uncomfortable staying in her auntie's home knowing her aunty felt overwhelmed.

The COVID-19 pandemic restricted the CCI staff's movement, so they did not visit Halima. In July 2021, Changing the Way We Care (CTWWC) initiative entered a partnership with the CCI. Recognizing the importance of checking that Halima and the household were safe, a caseworker picked up the case, and immediately commenced monitoring phone calls. However, Halima's aunt was reluctant to discuss Halima, and continued to imply she was resentful to have to care for her. The caseworker visited the home, and the aunty admitted she had sent Halima back to the CCI (which, following a brief closure at the height of the pandemic, had since reopened).

In the absence of any support, Halima's aunt felt overwhelmed by the extra mouth to feed, and continued to express her frustration toward Halima. Halima felt unwelcome and unsettled. When the CCI staff said Halima could return, both Halima and her aunty agreed.

Unfortunately, Halima's story is ultimately one of secondary separation. Where the child and parent/caregiver are not intentionally and meaningfully involved in decision-making, the decisions made on their behalf are often not the best fit for them, and therefore not sustainable. It is critical that caseworkers make deliberate efforts to ensure that children, according to their evolving capacity, and family members are continually and meaningfully involved in case management, and that they are supported to actively participate in decision-making. Having children and families' input ensures that decisions that are made are suitable to meet their unique needs, and sustainable within their unique context / circumstances.

Step 6

Reunification/
placement of a
child to family
care

Step 4

Develop/
revise case
plan

WHERE THERE IS A WILL THERE IS A WAY

Where the child's family is known, it is critical that caseworkers begin to map out the **family tree** as soon as possible, to explore possible kinship care options. This ensures that the duration of child-family separation is kept to the shortest possible time.

It is critical that caseworkers conduct **case planning** *with* the child and their family, not *for* them. When all relevant actors are supported to participate in case planning, their ownership of the plan is enhanced, and they are more likely to implement the plan, toward the achievement of safe and sustainable reintegration.

Linda is the fourth born in a family of nine living in Magarini sub-county in Kilifi. Linda has always been an excellent student; she completed her KCPE exams in 2017 and emerged as the best female pupil in her class. Given her excellent results, she was admitted to a public high school. Linda's father, however, did not value education. Despite Linda's high school admission, her father insisted that she marry a 17-year-old neighbor upon completion of her KCPE exams. Immediately after completing her KCPE exams, Linda disappeared from home and was married off to the neighbor, without her mother's permission. Linda was just 15-years-old at the time. Recognizing that the marriage was illegal because Linda was still under 18 years of age, Linda's mother reported the case to the police. The police, in collaboration with the local administration and the area child protection volunteer, rescued Linda, and she was admitted to a nearby Charitable Children's Institution (CCI) for protection and safety.

Upon admission, the CCI caseworker conducted an initial assessment of the situation, and recognizing the complex family dynamics, initiated a family group discussion (FGD). The caseworker requested that both parents attend. The FGD participants did not ultimately reach consensus, with Linda's father still insisted the marriage be upheld, and her mother demanding that Linda be returned home. Recognizing that the CCI should only provide emergency care, and that Linda may not be safe if returned to her father's home, Linda's mother informed the caseworker of her mother and sister (Linda's grandmother and aunt) who lived close by and who may be able to care for Linda and keep her safe.

The caseworker conducted family assessment and collaborated with Linda, her mother, grandmother, and aunt to develop a case plan with the overarching goal of placing Linda with her grandmother and aunt at least until Linda finished her schooling. The caseworker ensured that each party had clear roles and responsibilities and key actions assigned to them in the case plan, to help them achieve their joint goal. Linda was excited by the prospect of being able to finish her schooling, and began expressing her readiness to return to her family to the caseworker. Recognizing the importance of securing financial support for Linda's schooling, the case worker collaborated with the children's department, and the county and national governments to secure Linda's school fees throughout her high school education. Once the scholarship was secured, Linda was able to be placed with her grandmother and aunt.

The caseworker's assessment had revealed that Linda's mother was the sole breadwinner for her family; Linda's father was a chronic alcohol drinker and did not contribute financially. Linda's mother was a peasant farmer and casual laborer, but often unable to meet the basic needs of her nine children. Having identified the need for economic empowerment, the caseworker enrolled Linda's mother into an economic strengthening program which supported her to start a vegetable kiosk, enabling her to continue to support Linda even while she stayed with her grandmother and aunt. Seeing the efforts being made by Linda, her mother, grandmother, aunt and the caseworker, and how life was improving, Linda's father slowly started becoming more engaged. He attended some of the parent-teach meetings, and began contributing to Linda's essentials for school, indicating he was realizing the value of Linda receiving an education.

The caseworker conducted regular monitoring to ensure that the plans developed by Linda, her mother, grandmother, and aunt were adhered to, and that Linda remained safely placed in family-based care. Linda continued to excel in school and was soon offered a scholarship that will see her through her tertiary education level. She is currently pursuing a certificate in laboratory science technology at one of the best private colleges in Nairobi and aspires to be a professional lab technician.

IT LOOKS IMPOSSIBLE UNTIL IT IS DONE



It is essential that children and caregivers are involved in **case planning**; they are the experts on their own lives, and know what they need most. Caseworkers should guide the development of goals to be added to the case plan, but empower caregivers and children to lead.

Kabunda is a 38 years old mother of three children; Mapenzi (16yrs), Raha (14yrs), and Neema (10yrs). The family comes from Watamu. The children's father passed away in 2014. Soon after the death of her husband, Kabunda also became very ill. She was unable to work and struggled to take care of her three children. Kabunda's sister sought help from the Sub-County Children's Officer and the three children were admitted to a Charitable Children's Institution in Malindi in April 2017.

Kabunda was relieved that her children's education would not be interrupted by her illness. As she started recovering, Kabunda managed to secure a job as a security guard in a hotel in Watamu; Kabunda felt things were looking up.

Then, in March 2020, the government ordered that all children in CCIs who had relatives must be returned home to contain the spread of COVID-19. Mapenzi, Raha, and Neema all went home to their mother; there was no time to prepare either Kabunda nor the children. Though she was elated

When there are major changes reported in child/family's situation, the caseworker should conduct a **reassessment** as soon as possible, to identify the strengths and needs that contributed to the change, as well as any new strengths and needs that have arisen from the change.

Reassessment can, and should, be conducted at any point of the case management process, when new information has arisen; the caseworker should always endeavour to keep the assessment up-to-date.

The **case plan should be adapted** based on the new strengths and needs identified.

When a family's circumstances have recently changed, close monitoring is essential.

Varied monitoring methods can be used, including phone calls, home visits, school visits, and follow-ups with other service providers involved in the case.

to see her children, Kabunda lost her job at the hotel (which could not operate due to COVID) shortly after the children's arrival, and she again faced a situation where she could not care for their basic needs.

A CTWWC caseworker was assigned to Kabunda's family, and visited them to conduct a rapid family assessment to identify the family's strengths and immediate needs. Identifying Kabunda's lack of income as a key risk to the family's wellbeing and ability to stay together, the caseworker advocated for Kabunda to receive an emergency cash transfer of Kshs. 12,000. The caseworker, Kabunda, and the children planned how the family would use the transfer to ensure it met some of the immediate needs of the children, and included the actions in the family's case plan. When the caseworker conducted a monitoring visit, the family confirmed they utilized the cash transfer to purchase food and other household essentials.

Despite the children having been at home and well taken care of for almost one year, in January 2021, Kabunda informed the caseworker during a monitoring call that Raha and Neema had been picked up and taken back to the CCI. The CCI informed Kabunda the girls could only attend the CCI school if they resided there. The caseworker requested to visit the family to conduct a reassessment and learn more about the situation. Kabunda informed the caseworker that she and Mapenzi (who by then had completed her primary schooling) had moved to stay with her sister in a single rented room after Kabunda was unable to pay rent for their house. The caseworker visited, and conducted the reassessment to identify new strengths and needs, and to adapt the case plan based on the family's new circumstances.

Kabunda confirmed that income was an ongoing challenge. The caseworker advocated for a second emergency cash transfer of Kshs. 15,000 to cover three months' rent and foodstuff. Concerned about the impact that another bout of illness would have on the family, the caseworker also enrolled Kabunda into the National Health Insurance Fund. Cognizant that the CCI was seeking to readmit Mapenzi for education, the caseworker secured a scholarship via a local NGO. Kabunda told the caseworker she wanted Neema and Raha to come home. The caseworker added goals for their reunification to the case plan, and Kabunda and the caseworker began brainstorming how Kabunda could secure a stable income to ensure she could meet their needs. They decided that Kabunda would go back to the hotel, which had recently reopened, to get her old job back, and also start a charcoal-selling business using a business grant that the caseworker knew about.

In April and August 2022, Neema and Raha were again reunified. The caseworker and Kabunda secured bursaries from office of the Member of County Assembly, and with the profits from her charcoal-selling business, Kabunda was able to afford school materials for her daughters.

Cautious of a second re-separation, the caseworker closely monitored the family, via a total of 14 monitoring calls and six face-to-face monitoring visits, both at the school and at home, checking on the wellbeing and progress of both the caregiver and the children. The family continues to achieve the goals in their case plan, and will soon undergo a second case review to assess progress toward sustainable reintegration and case closure.

Step 8
Case closure
sustainable
reintegration
achieved

Economic stability and education are two of the six reintegration domains, and they are often closely linked; that is, economic stability often needs to be achieved for children's education needs to be met. Both poverty and education are common driving factors for child-family separation in Kenya, so it is critical that these two domains are adequately addressed in preparation for reunification, and as a case progresses toward reintegration, to prevent re-separation.

CHILD PARTICIPATION

Case conferencing is a multi-disciplinary meeting of relevant multisectoral actors who explore a child's needs. Case conferencing is an efficient way of engaging the many actors needed to support reintegration.

Children should be prepared to meaningfully participate in case conferences wherever possible, to ensure they can express their preferences and concerns.

Step 2

Assessment
of the child

Collaboration between government and non-government is critical to effectively manage reintegration cases: information sharing between government and non-government organizations can make case management more efficient; statutory authorities can help to move cases being managed by NGOs that are facing bottlenecks; government can facilitate collaboration between NGOs to ensure efficient referrals/linkages.

In early 2020, at 17-years-old, Marcus was placed by a court order into Kisumu Children's Remand Home; a statutory children's institution for children in conflict with the law. Because the crime was petty, and Marcus was still a child, he was given a free bond, however his family continually did not avail themselves in court as a surety. With the case having dragged for a year the magistrate decided to close the file. Strangely however, Marcus requested to remain in the Remand Home.

Confused by Marcus's decision not to return to his home community, the Remand Home counselor began conducting sessions with Marcus. Marcus soon revealed that he previously ran away from home because of neglect and constant violence. His mother had a chronic illness, his father struggled with substance abuse, and there was regular violence between his parents. Marcus then lived on the streets of Kisumu where he faced further violence. Marcus was worried to go back to the same environment he had already fled, and wanted to rebrand himself which he feared was impossible because of the stigma the local administration exhibited toward him.

The caseworker invited CTWWC to attend a case conference together with the case manager, other Remand Home staff, and Marcus, with the aim of finding a safe way for Marcus to reintegrate into his community. Together, the group decided that CTWWC's local implementing partner, ICS, would lead on providing case management, whilst closely collaborating with the local Sub-county Children's Officer and child protection volunteers. Marcus expressed that he would prefer to be helped to live independently, rather than be reunified with his family, and that he would like to continue his education, but preferred to learn a vocational skill. The case worker committed to explore these areas

The Sub-county Children's Officer confirmed that they had recently been in contact with Marcus's family through his younger sibling whose case was also being managed by the Children's Office. The Children's Officer shared information with the caseworker which was added to the family assessment form. The caseworker used this information to guide their first home visit to Marcus's family. Even though Marcus preferred to live independently, the caseworker noted the importance of him retaining contact with his family, and made the intentional decision to help strengthen the family to ensure ongoing contact would be possible.

The SCCO also informed the caseworker of a nearby NGO, Undugu Society, which provides youth mentorship and vocational training. The SCCO facilitated an introduction between the caseworker and Undugu Society to discuss Marcus's eligibility for the vocational training program.

The caseworker mobilized a second case conference and invited the Remand Home case manager, Undugu Society, the County Children's Coordinate, and Marcus. They discussed the progress made in Marcus's case to date, and the development of a detailed case plan with individualized responsibilities for each actor. Some of the goals included: enrolling Marcus into a vocational



Marcus at his apprenticeship

It is important that **case plans** detail the specific actions required of each key actor, and a deadline for each action, to ensure that actors are working in a coordinated way. The case plan can be thought of as a joint work plan for all actors involved in the case.

When a young person is moving into a **supported independent living** placement, it is critical that the caseworker assesses their needs and strengths holistically, and facilitates mobilizing the unique support they need. This could include, for example, training, employment / income generation, accommodation, material support, life skills, and support to build community connections.

training apprenticeship, finding accommodation for Marcus to live independently, family strengthening services for Marcus's family, and community reconciliation to ensure that Marcus would not face stigma upon his return.

After the second case conference, all actors began to implement the case plan that had been agreed to. Soon, Undugu Society placed Marcus with a mentor for two weeks who introduced him to different vocational skills including spray painting, mechanics, wiring, and masonry to enable Marcus choose which skill he would like to pursue. Marcus chose spray painting, and was enrolled into a two year course. CTWWC and Undugu Society supported Marcus with training materials, course fees, and accommodation. CTWWC additionally provided basic household items such as beddings and cooking utensils, and life skills training, to help Marcus to live independently. As a stigma-prevention strategy, the local Area Chief also advocated to the community to welcome Marcus. Simultaneously, the Children's Officer in Marcus's home sub-county linked his family with the government cash transfer.

Marcus has made excellent progress; he has been able to reconcile with his family, is living independently, and is continuing his apprenticeship. The caseworker conducted a case review and found that Marcus's reintegration into his community, via his supported independent living placement, is sustainable. As such, the caseworker has begun preparing Marcus to graduate out of case management, and will soon close the case.



Multisectoral collaboration challenges in Case Management

A case of Vincent

Child, family, and community preparation are critical steps in case management for reintegration. Ensuring that the child has realistic expectations of life at home (usually attained through bonding visits) and feels a sense of closure with their current care placement is critical to minimise disruptions to the child.



Equally, helping parents / caregivers to **prepare for the child's arrival**, and to understand the child's experiences during separation, is important to empower them to provide tailored nurturing care. Finally, the community must be supported to understand why the reunification is taking place, and their role in supporting the child's wholistic reintegration.

Step 6

Reunification/
placement of a
child to family
care

Vincent is 12 years old. He was admitted to a charitable children's institution two years ago after the death of his father, leaving him under the care of his mother, Risper. Noticing that Risper struggled to pay school fees for Vincent following the death of her husband, a local teacher informed her of the nearby CCI which offered education sponsorships. The teacher helped Risper to lobby to the CCI and Vincent was admitted and promised a sponsor who would provide education support. Vincent stayed at the CCI for two years.

In early 2020, at the onset of COVID-19, all institutions in Kenya (including CCIs and schools) were ordered to close to contain the spread of the virus. Risper had missed Vincent, so was delighted when he returned home, however she felt unprepared. CTWWC worked closely with the Department of Children Services (DCS) and CCIs across four counties to monitor children who had returned home without prior assessment or preparation. Rapid child and family assessments were conducted, to inform case planning and immediate service provision, to ensure that children and families' basic needs were met.

Risper and Vincent collaborated well with the caseworker, and actively participated in all assessment sessions; both Risper and Vincent told the caseworker they were eager for Vincent to stay at home. Supported by the caseworker, Risper and Vincent made important decisions about Vincent's care which were included in the case plan. To address the root cause of separation, which was education, Risper, Vincent, and the caseworker agreed that Vincent should be enrolled in a

Many individuals and community groups have key responsibilities in achieving sustainable reintegration, including government, CCI, non-government, community-based, and faith-based organizations, local cultural leaders and administration, and health and education service providers. All of these actors must understand their role, and be walking the same path, under the guidance of the Directorate of Children's Services, toward the prioritization of family-based care.

The Sub-County Children's Officer and the Care Reform Sub-committee are the statutory authorities who assess and approve children's care placements.

Caseworkers will benefit from keeping these statutory authorities up-to-date on case management progress.

nearby school which he would attend whilst living at home with his family, once schools reopened. The goal was added to the case plan, and Risper was tasked with seeking school admission information. During the next monitoring phone call, Risper confirmed that she successfully enrolled Vincent into the school, and requested support to buy scholastic materials.

Unfortunately, this positive progress took a sudden turn when schools were advised to reopen. During a monitoring phone call, Risper reported to the caseworker that the CCI management had called to advise her to take Vincent back to the CCI. Though Risper reminded the CCI social worker (who had participated in the development of the case plan) about the agreed upon case plan goals, especially having Vincent stay with her whilst attending the nearby school, the social worker noted the CCI could not provide any support while Vincent lived at home. Soon, the teacher who originally linked Risper to the CCI came to convince her to send Vincent back. The teacher told Risper that having Vincent live at the CCI was the only way they would continue providing education support. Risper felt pressured and worried, and began to question her ability to care for her son – it seemed her community did not have confidence in her. Without the support of her community, Risper reluctantly send Vincent back to the CCI. Vincent was also sad, telling the caseworker he was happy at home, and wanted to stay with his family and go to the nearby school.

Unfortunately, Vincent's story is ultimately a story of re-separation. There are many individuals and community groups who influence reintegration. Caseworkers must try to mobilise and coordinate these actors (for example, involving them in assessment, case planning, monitoring, and case conferencing) to support the child, family, and receiving community; this is not an easy task. Where one key actor is not supportive of the case plan, there is a risk of destabilizing progress made toward sustainable reintegration. Caseworkers should always seek the guidance of the local Sub-county Children's Officer or their local Care Reform Sub-committee (the statutory authorities who can approve/disprove children's care placements), where they need support to effectively engage actors who may not support the reintegration process.

During COVID-19, caseworkers' movement was often restricted, and home visits were not always possible. Where caseworkers were not able to visit children and families, they substituted scheduled visits with **monitoring phone calls**. These calls allowed caseworkers to confirm children and families were safe and able to meet their basic needs. Caregivers were equally given their caseworkers contacts, and told to call whenever they needed support.

QUALITY AND CONSISTENT MONITORING CONTRIBUTES TO POSITIVE CHANGE IN THE FAMILY

Zilpa was born in 2001 with special needs. Unfortunately, Zilpa was born out of incest to a mentally challenged mother, and was abandoned, and admitted to a Charitable Children's Institution (CCI). The CCI focused on adoption, but after two years of caring for Zilpa, the institution was still unable to find adoptive parents for her, so they transferred her to another CCI.

Zilpa spent her entire childhood growing up in the CCI. However, in 2018, when Zilpa was 17-years-old, the Directorate of Children's Services (DCS), in partnership with CTWWC, mobilized a county-wide sensitization meeting for CCI Managers to promote the message that "Home and family are best for children." Following this sensitization meeting, CCI social workers participated in a weeklong case management for reintegration training. The DCS, CTWWC, and CCIs developed action plans to embark on a county-wide deinstitutionalization and reintegration pursuit for children living in Kisumu's CCIs.

It is critical that a **strength-based approach** is used during family assessment. This approach is empowering, and helps families to see the many protective factors they have within themselves, their households, and their communities, which can be leveraged to strengthen their resilience.

Step 7

Regular monitoring / case review

A caseworker was assigned, who conducted a child assessment and commenced family tracing. Despite Zilpa having been separated from her family for 17 years, the caseworker successfully located Zilpa's grandmother in nearby Vihiga County. The caseworker first reviewed all documentation in Zilpa's case files from the two institutions; luckily there was good documentation conducted when Zilpa was admitted to the institution, which had details of her family's location. Next the caseworker engaged the Kisumu County Children's Coordinator, and requested an introduction to the Vihiga County Children's Coordinator, and for their support in conducting tracing efforts within the county. Finally, the Vihiga County Coordinator introduced the caseworker to the chief, assistant chief, and village elders in several sub-counties to narrow down to the exact area where Zilpa's grandmother resided. Zilpa's grandmother did not know her granddaughter was alive. Upon learning the news, Zilpa's grandmother began frequently visiting her granddaughter at the CCI; a strong attachment was built.

The caseworker conducted a family assessment and identified key strengths, including that the grandmother was willing to receive and care for Zilpa, she had a home, and was running a small-scale business and practicing farming which gave her a stable income. When the caseworker assessed the broader community, they found that neighbors were also supportive of the reintegration, and did not express any stigma about Zilpa's special needs.

Tips for tracing:

- Always start by reviewing existing case file and supporting documentation - these may contain initial tracing clues.
- Work closely with DCS, particularly if tracing is taking place outside of your organization's normal operating area.
- Ask for government-to-government introductions, and request support.
- Collaborate with a variety of local administrative actors, e.g. chief, assistant chiefs, village elders



Attachment is the bond between the child and their caregiver based on the need for safety, security and protection. It is one of six key reintegration domains because having a strong attachment between the child and their caregiver is a strong contributor to sustainable reintegration.

Positive parenting education is a family strengthening activity which can greatly support reintegration. It helps to ensure that parents/caregivers who are receiving children can understand the child's experiences during the period of separation, and their resulting behaviors. It can also help parents/caregivers of children with disabilities to understand the child's capacities and how to best support them. It equips caregivers with positive communication and non-violent discipline techniques, and gives them the opportunity to practice these techniques in a supportive, guided environment, alongside other parents who are receiving children into their home.

Using the strengths and gaps found during both the child and family assessments, the caseworker collaborated with Zilpa and her grandmother to develop a case plan, with the aim of reunifying Zilpa to her grandmother's care. Zilpa's grandmother was supported with a cash transfer of Ksh. 3000 provided bimonthly for eight months to boost her business to ensure her profits would be sufficient to care for Zilpa. She was also supported to enroll for medical insurance and positive parenting education, and the CCI provided basic beddings for Zilpa to take home with her. Before Zilpa was reunified, the caseworker assured her grandmother that they would visit frequently to confirm that reintegration was progressing. The caseworker and grandmother agreed on a post-placement monitoring schedule, guided by the minimum schedule in the national case management for reintegration SOPs, and added it to the case plan. The first visit was planned for two weeks after Zilpa's placement day, and then monthly thereafter. Confident that there would be support in place once Zilpa was placed in her care, Zilpa's grandmother grew more and more eager to receive Zilpa, indicating to the caseworker that preparation was complete. Zilpa was placed with her grandmother in Vihiga county in September 2019.

The caseworker conducted monitoring visits as per the schedule in the case plan; the Sub-county Children's Officer would also join the visits when possible. Zilpa's grandmother business was doing well and earning enough profit to provide for Zilpa's basic needs. Zilpa also said she was happy living with her grandmother, and was making friends in the community as well. The caseworker conducted a case review, which revealed that Zilpa was thriving across all six of the reintegration domains. Both Zilpa and her grandmother said they were happy to stay together, and Zilpa's grandmother was confident she could continue to care for her. The caseworker presented the case review to the Sub-county Children's Officer, who approved the case for closure in late 2020, following the recommended minimum 12 month monitoring period.

Step 8

Case closure
sustainable
reintegration
achieved



The six **reintegration domains** are: education, protection and safety, psychosocial wellbeing and community belonging, health and development, child/caregiver relationship and attachment, and economic stability.

KEY LEARNING ABOUT CASE MANAGEMENT

About case work

- **Child and family assessment often happen in parallel.** This allows information from each assessment to be used to ‘triangulate’ and validate information from the other assessment. It also allows the caseworker to move efficiently through the case management sequence, which is important where a child is eager to return to their family.
- **Case reviews help to assess the outcomes** of HES initiatives, and ensure that profits are being appropriately used to meet the needs of the family.
- **Caseworkers must invest time into building rapport with children.** Separated children have experienced the trauma of being separated from their family, at minimum, and many have experienced other traumatic events. Children may be fearful, and need time to feel comfortable with new adult; initially children may lie/hide information until they trust the caseworker. The first time meeting a child should be focused on building a relationship with them – ask about their likes, talents, and interests. Allow the child to lead – let them choose the time, place, and duration of the visit, and an activity to do together.

About workforce

- **Child protection volunteers can support caseworkers in a variety of ways.** They can: help to find/verify information in the family assessment, provide family strengthening support such as life skills and positive parenting training, and basic psychosocial support, conduct monitoring home visits and follow-up and provide feedback to caseworkers. They can also act as a quickly accessible safe contact for reintegrating children, should they feel unsafe at home. Caseworkers should always identify local CPVs ahead of reunification/placement.
- **Caseworkers are not expected to work alone** when supporting families with business startups
- **Ongoing monitoring and coaching** by relevant multisectoral technical experts helps to ensure that start-ups grow and become sustainable.
- **Caseworkers should be intentional in building and maintaining relationships** with a wide range of multisectoral key actors, including, for example the Directorate of Children Services, Ministry of Agriculture, Livestock, and Cooperatives, CPVs, religious leaders, local administrators, and CCIs. These partnerships underpin the success of case management, by making a range of family strengthening referral services available to reintegrating families, contributing to the achievement of sustainable, holistic reintegration. These relationships additionally build an enabling environment for improving the broader community’s attitudes toward care reform.
- **It is important that caseworkers equip children with the life skills** they need to feel confident when reintegrating. Children may be worried they don’t know how to do things, or interact in ways, that their agetmates in the community do. Caseworkers can help to reduce potential stigma (which can interfere with reintegration) by preparing children with life skills in advance.

About children & families

- When receiving a child to their home, caregivers/families often need support to **prepare for the child's arrival**; this could be emotional support, financial support, and material support. It is important that case workers facilitate the mobilization of these supports from within the family, community, and relevant service providers.
- A **motivated parent/caregiver** is an important protective factor underpinning the reintegration process. Caregiver disinterest in case management presents a major risk to reintegration breakdown and secondary separation. Where a caregiver does not want to participate and set case plan goals to improve their family's life, it can be an indicator of unwillingness to care for the child. Caseworkers should act swiftly to evaluate the suitability of any placement whereby the primary parent/caregiver is showing unwillingness to care for the child
- **Positive parenting education** is a family strengthening activity which can greatly support reintegration. It helps to ensure that parents/caregivers who are receiving children can understand the child's experiences during the period of separation, and their resulting behaviors. It can also help parents/caregivers of children with disabilities to understand the child's capacities and how to best support them. It equips caregivers with positive communication and non-violent discipline techniques, and gives them the opportunity to practice these techniques in a supportive, guided environment, alongside other parents who are receiving children into their home.
- When reunification/placements are rapid, and the family has not had time to prepare for the child's arrival, **emergency non-conditional cash transfers** are an effective way to help the family to meet their immediate basic needs. This may include, for example, additional bedding, crockery/cutlery, clothing, and food to accommodate the child.



Need to know more? Contact *Changing the Way We Care* at, info@ctwwc.org or visit changingthewaywecare.org

The Changing *The Way We Care*SM (CTWWC) consortium of Catholic Relief Services and Maestral International have partnered with other organizations to change the way we care for children around the world.

This product is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Changing the Way We Care and do not necessarily reflect the views of USAID or the United States Government.

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