

National Authority for Child Protection and Adoption

Order no. 69/2004

of June 10, 2004

Published in the Official Gazette, Part I no. 539 of June 16, 2004

For the approval of the mandatory minimum standards
for case management in the child welfare sector

Based on the provisions of the Emergency Ordinance of the Government no.12/2001 on the establishment of the National Authority for Child Protection and Adoption, approved and amended by Law no. 252/2001, and of article 9 paragraph 3 of the Government Decision no. 770/2003 on the organization and operation of the National Authority for Child Protection and Adoption,

the Secretary of state of the National Authority for Child Protection and Adoption issues the present order.

Article 1 The mandatory minimum standards for case management in the child welfare sector, listed in the appendix that is an integral part of the present order are hereby approved.

Article 2 The present order shall enter into force as of January 1, 2005.

The secretary of state of the National Authority
for Child Protection and Adoption.
Gabriela Coman

Bucharest, June 10, 2004
No. 69

Appendix

**MANDATORY MINIMUM STANDARDS FOR CASE MANAGEMENT IN THE
CHILD WELFARE SECTOR**

Case management, applied in the child welfare sector, represents a coordination method of all social work and special protection activities developed in the best interest of the child by professionals from various private and public services/institutions.

The present mandatory minimum standards are complementary to the mandatory minimum standards for child welfare services. The indicators in the present document shall be verified together with the indicators provided in the mandatory minimum standards for services. At the same time, the present mandatory minimum standards are complementary, in particular, with the Order of the Secretary of state of the National Authority for Child Protection and Adoption, the Minister of education and research, the Minister of health and family and of the President of the National Authority for People with Disabilities no. 18/3.989/416/142/2003 on the approval of the methodological guide for the assessment of the child with disability and inclusion in a disability degree.

The standards are grouped on the following areas of interest:

Use of method

1. Conditions for using the method

Stages in case management

2. Stages in case management
3. Initial assessment
4. Detailed/complex assessment
5. Multidisciplinary team
6. The individualized protection plan and the service plan
7. Monitoring and reassessment
8. Post-service monitoring and case closure

The case manager

9. Recruitment and employment
10. Main responsibilities and delegating responsibilities
11. Initial and ongoing training
12. Supervision

USE OF METHOD

Standard #1

Conditions for using the method

Case management is used whenever the child situation requires it because of the emergency, complexity and duration of interventions required for solving it.

Standard #

By using case management in the child welfare sector, a organized, rigorous, efficient and coherent multidisciplinary and inter-institutional intervention is ensured for the child, family/legal representative and other individuals important for the child.

Implementation procedures for Standard #1

1.1 All child welfare service providers use case management for at least the following situations: a) taking a protection measure and b) inclusion in a disability degree and school/professional guidance for children with disabilities. In cases of child abandonment and institutionalization prevention, the service provider employs this method in compliance with the mandatory minimum standards, further referred to as MMS, both present ones and others standards approved in the child welfare sector.

1.2 The service provider supplies the resources (human, financial, material) required for the optimum development of case management in compliance with the provisions of the present MMS and of the methodologies specific to each type of service provided.

1.3 In the purpose of correctly using case management, the service provides sets, together with the service coordinator, the eligibility criteria (also referred to as admission criteria) for the clients' access to the services provided by them, as well as methodologies and work procedures specific to each type of service. These documents are created based on the provisions of the MMS corresponding to the respective services and of the related methodologies and, at the same time, may be developed according to the practice, experience and specialty literature.

1.4 Service coordinators ensure that these documents are made known to the specialty staff.

1.5 The service provider ensures that these documents are reassessed on a regular basis and, as appropriate, revised, based at least on the following factors: community needs, service evolution, legislative amendments in this sector and suggestions made by the specialty staff.

Indicators for Standard #1

(I)1.1.1 All children with a protection measure have been appointed a case manager.

(I)1.1.2 All children with disabilities tracked by the complex assessment service of the specialized public service for child protection have been appointed a case manager.

(I)1.1.3 The number of children tracked by prevention services providers having a case manager or case officer supervised by a case manager.

(I)1.3 The existence of eligibility criteria/admission criteria, work procedures and methodologies for each child welfare service supplied by service providers authorized/licensed under the law. Eligibility criteria for beneficiaries may refer, for example, to: case complexity degree, type and number of clients, needs and service diversity, etc.

(I)1.4 The staff of child welfare services know and enforce the provisions indicated in these documents.

(I)1.5 Periodicity of reassessments, number of revisions and reasons for this.

STAGES IN CASE MANAGEMENT

Standard #2

Stages in case management

Case management is a process involving the completion of certain interdependent stages, the same in solving each

particular case, regardless of the order in which they are completed or of their duration.

Result

Case managers and case officers enforce unitarily the same procedures for solving cases, typical for case management, regardless of the service they function in.

Implementation procedures for Standard #2

2.1 Case management, applied in the child welfare sector, involves the completion of the following main stages:

- a) identifying and handling cases: children in difficulty or in risk situations, children with disabilities;
- b) the comprehensive and multidimensional assessment of the child's situation in his/her socio-family environment;
- c) service and intervention planning materialized in an individualized protection plan or, as appropriate, service plan;
- d) providing services and interventions to the child, family/legal representative and other individuals important to the child;
- e) periodical monitoring and reassessment of the progress recorded, decisions and specialized interventions;
- f) case closure, or closure of service and intervention provision process respectively.

2.2 The activities conducted during these stages are based on the principles of individualization and personalization, as well as on the active involvement (consultation and participation) of the child and family/legal representative.

2.3 The case manager ensures the completion of these stages for all eligible children according to the provisions of the present MMS and records all information in the child's file.

2.4 In documenting the case, the case manager and case officer use specific methods and instruments required by law and the ones recommended by the National Federation of Romanian Social Workers.

Indicators for Standard #2

(I)2.1, 2.2 Work procedures and methodologies specific to the service, children's files.

(I)2.3 Case manager's job description.

(I)2.4 In service rulebooks, the service provider has regulated the use of documents and work instruments, as well as methods for recording data and information on the child and family/legal representative.

Standard #3

Initial assessment

The case manager ensures the completion of the initial assessment within 72 hours after recording the direct request, the referral or case notification, if another term is not required by other mandatory minimum standards in the child welfare sector.

Result

The initial assessment of the child's situation takes place in the shortest time, according to the emergency and severity of the case.

Implementation procedures for Standard #3

3.1 The service provider must create procedures for identifying, recording, handling and assigning cases, as well as for appointing the case manager, so that the initial assessment of the child's situation would be completed within the term indicated by the present MMS. These procedures comply with the legislation in force, including MMS in the child welfare sector.

3.2 Case identification is done through at least one of the following situation: a) direct request by the child and/or family/legal representative, b) referral by another public or private service/institution and c) written or telephonic notification by other individuals than family members/legal representative.

3.3 In appointing the case manager, the service coordinator considers at least the following aspects: a) number of cases in his/her responsibility, b) case complexity, c) experience, d) knowledge of the respective problem, e) relationship with the child and family and f) collaboration with the service and institution network.

3.4 The initial assessment is regularly conducted by the case manager. It can be performed by other professionals in the conditions indicated by the MMS approved in the child welfare sector.

3.5 An initial assessment report or, as appropriate, form are created that must be approved by the hierarchical chief.

3.6 Based on the information in the initial assessment report/form a decision is made to continue case management or to close the case by referral or direction to other competent services/institutions. The content of the initial assessment report/form, as well as the decision taken based on it are communicated to the clients in the shortest time following the creation of the initial assessment report/form and is recorded. The referral involves creating a recorded document, sent to the competent service/institution, both directly, and through the client, and in certain situations phone contact with the respective service/institution.

Indicators for Standard #3

(I)3.1-3.3 The existence of procedures for identifying, recording, taking over and assigning cases, as well as for appointing the case manager.

(I)3.4 The number of initial assessments performed by the case manager or by other professionals respectively per month/year.

The initial assessment may be performed by other professionals in the following situations, for example:

- The respective service does not have case managers, in which case the initial assessment is made by the case officer;
- In emergency situations when the arrival of the case manager or of the mobile intervention team requires more than one hour, the initial assessment is made by case officers from the local authority in the community where the child is located. In lack thereof, the initial assessment may be performed by resource persons closest to the child. Resource persons are professionals trained in the field in which the specialized

intervention is made for the respective child, and may be from child welfare services or other services/institutions.

(I)3.5 Initial assessment reports/forms are approved by the hierarchical chief.

(I)3.6.1 The number of cases referred or directed to other competent services/institutions per month/year.

(I)3.6.2 The children's files or other documents recording the information of clients in respect to the content of the initial assessment report/form and the decision taken based on it.

Standard #4

Detailed/complex assessment

The case manger, together with an appropriate team of professionals, performs the detailed/complex assessment of the child's situation in his/her socio-family environment.

Result

By using case management, the child is provided with a comprehensive and multidimensional assessment of his as well as of his family specific and individual needs. The child and the family/legal representative are actively involved in the assessment process.

Implementation procedures for Standard #4

4.1 The initial, as well as the detailed/complex assessment takes place mainly following direct meetings with the involved parties, in their life environment.

4.2 The service provider ensures the resources required for the field trip of the case manager and, as appropriate, of the other professionals involved in the assessment and encourages meetings with the family and his/her family, in their life environment.

4.3 The case manager records the information obtained during these meetings in visit reports including at least the following aspects: resume of discussions during meetings, date, place and purpose of the next meeting, previously agreed with the family and the child.

4.4 Visit reports are submitted to the hierarchical chief for approval. The content of these reports is made known to the family and the child solely if it does not impede on the assessment process.

4.5 Visits to the family home are made based on a schedule mutually agreed with the family and the child. If needed, the case manger may also pay unannounced visits, only if he/she considers that there are solid grounds and with the approval of the hierarchical chief.

4.6 The case manager requests the family and the child to provide a list with the persons that can provide references about their situation. At the same time, the case manager informs the child and the family about contacting other persons than the ones indicated by them in the purpose of obtaining references.

4.7 Following the detailed/complex assessment, the case manger creates the detailed/complex assessment report that must be approved by the hierarchical chief and conveyed, within 3 days following its creation, to the team members, family/legal representative and, as appropriate, to the child.

Indicators for Standard #4

(I)4.1.1, 4.4, 4.6, 4.7.1 The procedures and methodologies specific to the service include this data.

(I)4.1.2 Meeting schedule with the family and the child at their home, as well as in specially deigned locations (for conducting certain assessments by the professionals in the multidisciplinary team or collaborators).

(I)4.2 Administrative and financial documents certifying the assignment of funds and other resources for traveling in the field.

(I)4.3 The existence and content of visit reports signed by the hierarchical chief.

(I)4.5 Visit planning and the record of field trips.

(I)4.7.2 The existence and content of the detailed/complex assessment report, signed by the hierarchical chief. In case a protection measure is taken, the content of the detailed assessment report coincides with the psychosocial assessment report indicated by the legislation in force.

Standard #5

The multidisciplinary team

The case manager ensures the involvement and collaboration, during all stages of case management, of a team of professionals, commonly multidisciplinary and, as appropriate, inter-institutional, as well as the punctual intervention of collaborating professionals whenever necessary.

Result

Team work and inter-institutional partnership ensure a global approach to the child's situation, by synergic and coherent actions in an individual, family and community plan and also contribute essentially to solving the case.

Indicators for Standard #5

5.1 The service provider makes the necessary efforts for working in a multidisciplinary and inter-institutional team, as well as for securing the expertise of collaborating professionals, according to the written suggestions and requests of case managers.

5.2 The case manager submits annually written suggestions to the coordinator of the service in which he/she works, relating to modifying the service organizational chart in the purpose of ensuring team work at optimum efficiency.

5.3 The case manager request, in writing, from the hierarchical chief, whenever required, the additional intervention by professionals outside the team, activating in other services/institutions the service provider does not have an agreement with.

5.4 In order to make the suggestions and requests indicated before, as well as to create the individualized protection plan/service plan, to refer or direct the case to other services/institutions, the case manager has access to the map of social services existing at the level of the county/sector created by the county/local (Bucharest Municipality sectors) councils. Also, the service provider supplies the case manager with a list of services/institutions and professionals it has collaboration agreements with, as well as the list of public institutions for children and families existing at county/local level.

5.5 The case manager organizes team meetings (called case meetings) on a regular basis – at least once a week in order to discuss cases and take decisions necessary for solving them. According to situation, the case manager may also meet individually with the professionals involved in solving the case. The family/legal representative and the child may participate in these meetings if the team/professionals deem it necessary.

Indicators for Standard #5

(I)5.1.1 The service organizational chart. Collaboration contracts closed by the service provider and/or by the service with legal personality with other services/institutions, as well as with independent professionals from the social, medical, educational, legal, financial sector. Children's files.

(I)5.1.2 The procedures and methodologies specific to the service include this data. For example: the structure of the service's team, team work procedures (roles and responsibilities of each member, meeting schedule, communication among team members, etc.).

(I)5.2 The existence of suggestions both at the level of the service coordinator, and of the service provider and the measures taken following them, as well as the reasons for which no measures have been taken.

(I)5.3 The existence of written requests for additional expertise and the measures taken following them, as well as the reasons for which no measures have been taken.

(I)5.4 The case manager has the following documents: social services map, list of services/institutions and professionals the service provider has collaboration agreements with, list of public institutions for children and families existing at county/local level (police inspectorate, public health direction, hospitals, school inspectorate, etc.).

(I)5.5.1 The schedule of team meetings.

(I)5.5.2 The minutes/other documents recording individual meetings with the professionals and with the team.

(I)5.5.3 The number of meetings in which the family/legal representative have participated per case/year and per total cases/year.

Standard #6

The individualized protection plan and the service plan

The case manager, together with the team, creates the individualized protection plan, or the service plan respectively within 30 days after recording the case. The child and his/her family/legal representative are actively involved in the process of creating the individualized protection plan, or the service plan respectively.

Result

The child and his/her family/legal representative, as well as other individuals important to the child are provided with personalized services and interventions according to the needs identified and their own choices.

Implementation procedures for Standard #6

6.1 Based on the detailed/complex assessment the case manager creates the individualized protection plan/service plan. It is recommended that the project of the individualized protection plan be created in the shortest time possible after recording the case at the specialized public service for child protection, so that it is presented to the child protection commission along with the initial psychosocial report when a decision for a protection measure is taken and the plan will represent an appendix to the commission's decision. It is recommended that the service plan be created when the child and his/her family require more than one type of service or facility in the purpose of preventing the child's separation from the family. In case it is intended to create the individualized protection plan or the revision of the service plan requires separating the child from the family by taking a protection measure by the child protection commission, it is recommended the case manager provided the conditions for the meeting of the family council.

6.2 The content of the individualized protection plan/service plan is set in agreement with the team, family/legal representative and the child based on age and maturity level.

6.3 The case manager organizes at least one meeting with the team in the purpose of finalizing the individualized protection plan/service plan.

6.4 The individualized protection plan/service plan is approved by the hierarchical chief and conveyed, in the maximum 30 day term indicated by the present MMS, to the team members, family/legal representative and, appropriate, to the child. The child is informed about the content of the plan using means and materials appropriate for his/her age, maturity level, and disability type and/or disability degree.

6.5 The case manager must send to each team member the responsibilities and the schedule of team activities required for implementing and monitoring the individualized protection plan/service plan.

6.6 The services and intervention included in the individualized protection plan/service plan are provided based on a contract with the family/legal representative closed with the case manager. It is recommended to adapt the draft of contract with the family included in the Order of the Secretary of state of the National Authority for Child Protection and Adoption, the Minister of education and research, the Minister of health and family and of the President of the National Authority for People with Disabilities no. 18/3.989/416/142/2003 on the approval of the methodological guide for the assessment of the child with disability and inclusion in a disability degree.

Indicators for Standard #6

(I)6.1 The existence of an individualized protection plan for each child for whom the Child Protection Commission decides a protection measure. The existence of service plans for the children for whom separation from the family is avoided under the conditions of the present MMS. The existence of the document (minute, report, etc.) certifying the meeting of the family council in the situations indicated by the present MMS.

(I)6.2, 6.4.1 The individualized protection plan/service plan is signed by the case manager, team members and family/legal representative, as well by the hierarchical chief and each of these persons has a copy.

(I)6.3 The minute of the meeting (child's file).

(I)6.4.2 The child knows the content of the individualized protection plan/service plan.

(I)6.5 The team members know the schedule for activities, terms and responsibilities of each person in implementing and monitoring the individualized protection plan/service plan.

(I)6.6 The existence of contracts with the family/legal representative.

Standard #7

Monitoring and reassessment

The case manager monitors the completion of the individualized protection plan/service plan, and the progress recorded in solving the child's situation until the support and/or protection program no longer proves necessary.

Result

The child and his/her family/legal representative and other individuals important to the child are provided with services and interventions permanently appropriate to the real and present situation, as well as with the specialized support and assistance of the case manager in relationship with the professionals and services/institutions included in the individualized protection plan or the service plan respectively.

Implementation procedures for Standard #7

7.1 In respect to monitoring, the case manager considers at least the following aspects: a) checking the initiation of services/activities indicated in the individualized protection plan/service plan, in maximum 2 days after the initiation terms set in the respective plan; b) checking the provision of services/activities (for example, obtained progress, objectives fulfillment, problems occurred) at least monthly in the time limit set for each service/activity; c) immediate response to any problem occurred in the implementation of services/activities (for example identifying resources for the transportation of the child and the family, solving logistic or procedural problems); d) ensuring the flow of information among team members, other professionals involved in implementing the individualized protection plan/service plan, family and child; e) mediating the relationship between the child and the family on one hand and professionals on the other hand (for example by accompanying, conflict negotiation); f) reassessing the child's situation, and the method for implementing the individualized protection plan/service plan, at least once every 3 months and, if necessary, the revision of the respective plan; g) permanent recording of case information, progress, evolution in the child's file; h) modifying the contract with the family/legal representative whenever needed.

7.2 In the purpose of performing the monitoring, the professionals deemed responsible for the implementation of the individualized protection plan/service plan have the obligation to write monitoring reports, on a monthly basis or whenever necessary (for example upon the request of the case manager, when revising the intervention program or in case of changes in the situation of the child and the family). In his/her turn, the case manager is obligated to announce to the team members any change in the child's situation affecting the completion of the objectives included in the individualized protection plan/service plan.

7.3 The monitoring reports are sent to the case manager within 3 days after their creation (in case of monthly reports), or after the occurrence of the problem/situation for which they have been created (in case of occasional reports).

7.4 The case manager together with the team perform the reassessment of the child's situation once every 3 months or whenever necessary, as well as the revision of the individualized protection plan/service plan if necessary.

7.5 The case manager organizes meetings with the team in the purpose of reassessing the child's situation and of revising the individualized protection plan/service plan respectively.

7.6 The reassessment of the child's situation and, as appropriate, the revision of the individualized protection plan/service plan take place under the same conditions of active involvement by the family/legal representative and the child (for example, by encouraging free expressions of opinions, including fears, consultation in taking decisions).

7.7 The reassessment of the child's situation and the revision of the individualized protection plan/service plan take place within 48 hours after recording the situations involving the child's intake in an institution of any type for children or for children and families not included in the initial plan (for example hospitalization, including in socio-medical facilities, protection measure in a residential type child protection service, accommodation in shelters for victims of domestic violence).

7.8 The case manager creates the reassessment or, as appropriate, the revision report which must be approved by the hierarchical chief and sent, within 3 days after their creation, to the team members, family and, as appropriate, child.

7.9 During monitoring of extremely difficult cases, in exceptional situation, it is recommended that the case manager, with the approval of the service provider, organized a meeting (called case conference) or a videoconference of the team members with recognized experts in the respective sector in the purpose of solving the respective cases.

Indicators for Standard #7

(I)7.1 Documentation on case monitoring and reassessment (children's files, case specific methodologies and procedures, job descriptions).

(I)7.2, 7.3 The existence and content of monthly and, as appropriate, occasional monitoring reports. The number of monitoring reports per case/year.

(I)7.4.1, 7.8 The existence and content of quarterly and occasional reassessment or revision reports. The number of revision reports per case/year.

(I)7.4.2, 7.5 The minutes of reassessment/revision reports.

(I)7.6 Children's files.

(I)7.7 The number of cases in which revisions of the individualized protection plan/service plan took place due to situations involving the child's intake in an institution. The compliance with the terms indicated by the present MMS.

(I)7.9 The number of cases in which case conference/videoconference is used.

Standard #8

Post-service monitoring and case closure

In the purpose of consolidating the result obtained following the completion of the objectives of the individualized

protection plan or service plan, the case manager ensures the implementation of post-service monitoring activities.

Result **Case closure is done when the child's assistance and/or protection program no longer proves necessary and the family regains its optimum autonomy and operation capacity.**

Implementation procedures for Standard #8

8.1 Post-service monitoring takes place for a duration of minimum 3 months after the completion of the individualized protection plan/service plan. It is recommended that this monitoring period be in average of 6 months, with the option for extension in certain situations, with the approval of the service provider.

8.2 In the post-service monitoring process, the case manager collaborates with the local authorities from the community where the child's family lives.

8.3 In the post-service monitoring process, the case manager collaborates with professionals from services/institutions who may consolidate the results obtained following the implementation of the individualized protection plan/service plan, maintains children-family relationships and ensures the child social (re)integration.

8.4 For the entire duration of case management, the case manager prepares the family/legal representative and the child in the purpose of case closure. At the same time, the case manager, the team and the rest of professionals involved in solving the case encourage the family's autonomy in order to avoid creating its dependence on social services.

8.5 For the entire duration of the case, the children having attained the age of 10, as well as the family/legal representative have access to the data in the child's file, only if this does not contravene the child's best interest. In case some of the data in the file might harm the child, the service coordinator may decide to restrict the access of the above indicated persons to this information for a determined period of time, with the consent of the service provider, and this is recorded in the child's file alongside the motivation for this fact.

8.6 The information in the child's file are confidential and may not be disclosed to other professionals not part of the team, except for the provisions of the Criminal procedure code.

Indicators for Standard #8

(I)8.1 The duration of the post-service monitoring period per case. The motivation for the extension of this period and documents certifying the approval of the service provider (for example written request to the service provider and its approval, financial documents certifying the provision of additional funds for extending this period).

(I)8.2 Written information from local authorities in respect to the situation of the child and family, as well as on services provided or facilitated, the existence of a service plan, etc.

(I)8.3 Collaboration contracts closed with service providers, written information from professionals on the situation of the child and the family, as well as on the services provided.

(I)8.4 Children's files.

(I)8.5 The annual number of cases in which access to certain information in the child's file has been temporarily restricted by the service coordinator, with the approval of the service provider.

(I)8.6 As appropriate: the existence of confidentiality clauses in labor contracts, job descriptions, signing of confidentiality contracts, etc.

THE CASE MANAGER

Standard #9

Recruitment and employment

Case managers and officers are recruited with attention and responsibility by means of a recruitment and employment process taking place in compliance with the legislation in force.

Result

The service provider ensures the employment of case managers and officers under the conditions of the present mandatory minimum standards and in accordance with mission of the respective child protection service.

Implementation procedures for Standard #9

9.1 The case manager must have superior education in social work and experience of at least 3 years in child and family services. Priority will be given to professionals with training in case management, as well as to those with experience/training in the reference sector of the respective child protection service (for example in case of a service for children with disabilities, priority will be given to professionals with training/experience in the sector of assistance and protection for children with disability).

9.2 Case managers may also be graduates of superior education in the socio-human sector with experience of at least 5 years in child and family services. Priority will be given to professionals with training in case management.

9.3 The case officer must have superior education in socio-human studies. The case officer is the professional ensuring the creation and implementation of the specific intervention program which is an integral part of the individualized protection plan, and, respectively, the professional ensuring the creation and implementation of the service plan in the absence of a case manager. The activity of the case officer is supervised by a case manager. The provisions of the present MMS shall also apply to case officers when they perform responsibilities corresponding to case managers.

9.4 If the respective social service operates in an area with communities of ethnic minorities, it is recommended that part of case managers and officers spoke the language of the respective minorities. At the same time, the employment of professionals with empathic and child and family communication skills is recommended.

9.5 The number of case managers in a child protection service or the total number of case managers employed by the service provider must be sufficient so that the needs of the clients are satisfied, the mission of the service completed and the caseload per case manager is maximum 30 active cases. Active cases are considered those underway until

the post-service monitoring period; referred cases and the cases in which the case manager partially or completely delegates responsibilities are not considered active cases.

9.6 The number of case officers in a child protection service or the total number of case officers employed by the service provider must be sufficient so that the needs of the clients are satisfied, the mission of the service completed and the caseload per case officer is maximum 25 active cases, with the exceptions indicated by other mandatory minimum standards in the child welfare sector.

Indicators for Standard #9

(I)9.1-9.4 Study diplomas, graduation or qualification certificates, job descriptions, labor contracts, etc.

(I)9.5 The number of active cases per case manager. The number of cases per case manager per year.

9.6 The number of active cases per case officer. The number of cases per case officer per year.

Standard #10

Main responsibilities and delegating responsibilities

The service provider creates job descriptions for case managers and officers according to the legislation in force and the provisions of the present mandatory minimum standards. At the same time, in setting procedures and methodologies specific to each child protection service, the service provider considers with priority the case management method.

Result

Case managers and officers know and enforce the provisions of the present mandatory minimum standards.

Implementation procedures for Standard #10

10.1 The main responsibilities of the case manager are as follows: a) coordinating efforts and activities relating to social work and special protection developed in the best interest of the child; b) assembling the multidisciplinary and, as appropriate, the inter-institutional team and organizing team meetings, as well as individual meetings with the professionals involved in solving the case; c) ensuring the collaboration and active involvement of the family/legal representative and of the child, as well as supporting them in all actions taken for the entire duration of case management (for example, organizing periodical meetings or upon their request, accompanying, emotional support, counseling); d) ensuring communication among all parties involved in solving the case; f) creating and updating the child's file.

10.2 The case manager is appointed under the conditions of the present MMS and of other MMS approved in the child welfare sector. In case the child protection commission must take a decision on a protection measure for the child, the specialized public service for child protection, immediately after recording the case, appoints the case manager from its own ranks or from an authorized private body, or from the child welfare services under these two service providers.

10.3 Responsibilities are delegated with the approval of the hierarchical chief. The complete delegation of responsibilities is done towards professionals meeting the same minimum requirements as the delegating professional. On a case by case basis, the partial delegation of responsibilities is done towards professionals meeting the same minimum requirements as the delegating professional, the minimum conditions for case officers or sufficient conditions for performing the respective activities as indicated by other mandatory minimum standards in the child welfare sector or due to the training/experience of the respective professional.

Indicators for Standard #10

(I)10.1-10.3 Job descriptions, work procedures and methodologies specific to each child welfare service, children's files.

Standard #11

Initial and ongoing training

The case manager has the appropriate professional training and abilities for working with children and in a team.

Result

The children and their families are provided with quality and personalized services by well trained professionals, with empathic and communication abilities.

Requirements for the implementation of Standard #11

11.1 When employed, if lacking initial training in case management, and in the reference sector of the respective child welfare service, each case manager is provided with training in these sectors, covered by the employer's budget.

11.2 The case manager communicates his/her training needs to the hierarchical chief. At the same time, based on the annual assessment of the case manager's activity, the hierarchical chief may identify other training sectors.

11.3 Case managers are provided with at least 42 hours per year of ongoing training in case management and with at least 42 hours of ongoing training in the child welfare sector or in related/interdisciplinary sectors, financed from the employers' budget. Themes recommended for ongoing training: case management functions, child/family-case manager relationship, professional ethics and confidentiality, eligibility criteria for access to services, the nomenclature of services, the public welfare system and the facilities, legal frame, promoting the interest of the child/family (advocacy), social services at local level, assessment methods and procedures, planning and monitoring.

11.4 Case managers are encouraged to participate in different training courses, including seminars and conferences, which may help them to optimize their work.

11.5 The permanent education and the ongoing professional training of case managers will be promoted, supported and recorded by service coordinators and providers.

11.6 The permanent education and the ongoing professional training of case managers is done in compliance with the legislation in force, through courses organized in the educational, medical and adult professional training system.

Indicators for Standard #11

(I)11.1 – (I)11.5 The personal file of each employee, including the file of the service coordinator and of the volunteers, contains the documents required by the legislation in force, including graduation certificates for the initial and ongoing training mentioned in the present mandatory minimum standards.

The list with training programs contracted or organized by the service provider. Training courses participation schedule.

Case managers are informed in respect to the news and changes in their activity sector.

(I)11.6 The graduation certificates with national recognition and the ones with recognition by the employer. For the latter, the manner in which the training program was organized will be checked using the criteria listed in the legislation regulating the adult professional training.

Standard #12

Supervision

The service provider possesses an efficient system for the supervision of human resources, allowing its operation at optimum efficiency.

Result

Case managers are supervised by trained professionals with experience in this sector.

Requirements for the implementation of Standard #12

12.1 Service coordinators and providers have the obligation to provide the internal and external supervision of case managers.

12.2 The service coordinators organize periodical individual or team supervision meetings with case managers, and upon their request. All meetings are recorded.

12.3 Supervision is provided by professionals with a University degree in social-human studies, 5 year experience in child and family services, training in supervision and at least 2 years of extra experience in child and family services than the supervised.

12.4 The service coordinators and other professionals employed by the service provider conducting supervisions activities are provided with at least 42 hours of ongoing training in this sector, financed from the employer's budget.

Indicators for Standard #12

(I)12.1-(I)12.2 The number of individual and team supervision meetings per case manager/month/year.

The number of supervision meetings at the request of case managers/team per year.

(I)12.3 Recorded documents pertaining to supervision. The list of professionals conducting supervision activities, employed by the service provider and with whom it has collaboration agreements.

(I)12.4 Supervision training schedule, the schedule of professionals in supervision courses.