

Ministry of Community Development and Social Services



COMMUNITY CASE MANAGEMENT

TRAINING MANUAL

Version 4.0 – April 2023

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Introductions, Expectations and Ground Rules

Learning Outcomes	By the end of this session participants will get to know each other Share expectations
Corresponding materials	Flip chart Markers Pens Plain papers / A4 color papers for name cards Sticky notes for expectations
Preparation ahead	Ensure all materials are ready for the session
Time	30 minutes

Delivery of session

- Welcome everyone to the training.
- Sing the national anthem
- Ask a volunteer to pray

Say that;

- You are all welcome to this training and feel free to participate
- The training will take 3 days and all participants will need to fully engage, participate and attend all the sessions.

Introductions

- Ask every participant to introduce themselves by stating:
 - their name;
 - their village and name of the CWAC;
 - their role in the CWAC and how long they have been a CWAC member.

Ground Rules

Ask participants to set out ground rules for themselves in this training, examples may include;

- listening to each other
- respect for others' views,
- cell phones off

- full attendance etc.

Expectations



Activity 1: Give *each participant* at least 2 sticky notes and ask them to write their expectations of the training (one expectation per note). These expectations specifically refer to what they are hoping to learn from the training.

- Ask them to stick their sticky notes on the wall.
- Group the notes into common themes
- Ask all participants to stand at the wall and read out the common themes
- These expectations need to be kept safe for referring to at the end of each day and at the end of the training.

Overall Objective

- **The overall objective of the training is to equip you (Case Workers) with knowledge and skills needed for implementation of Community Case Management.**
- Each session will outline specific learning objectives that feed into the overall objective

Module One: Overview of Case Management

Session one (1): What is Case Management

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Understand and become familiar with case management approaches, principles and process
Corresponding materials	
Preparation ahead	Sticky notes - 5 per participant Pens – one per participant Handout 1 – Diagram of community case management
Time	30 minutes

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Session objectives

1. To introduce the concept of Community Case Management
2. To Become familiar with case management approaches, principles and process

Preparations

HANDOUT 1 - diagram of community case management

Flip chart, sticky stuff and markers

Delivery of session

Expectations



Activity 2

Distribute **HANDOUT 1 - diagram of community case management**



- Ask participants to spend a few minutes (2-3) to reflect on the diagram.
- After 2-3 minutes ask participants to tell you what they see and write the feedback on the flip chart. Writing feedback on the flip chart will help you as the facilitator to summarize
- After a few participants share their thoughts explain community case management using the diagram and the notes in the box below;

Facilitators notes

Summarizing and explaining the diagram on Community Case Management

Say that;

- The goal of case management is to promote access to essential services to vulnerable children and adolescents and their families in a conducive environment that facilitates their holistic growth, development and resilience.
- One of the objectives of case management is to ensure that all children experience wellbeing (being happy, healthy and safe). However, some children are not able to achieve wellbeing because of various problems in their family and community.
- One of the roles of the CWAC members to identify what is stopping a child from achieving wellbeing by finding solutions within the community and family as well as external services that can help a child reach a state of improved well-being.
- Common problems that prevent wellbeing include ill health and chronic illnesses related to HIV, lack of access to adolescent sexual and reproductive (ASRH) health services, being out of school, poor nutrition, peer pressure, lack of supervised recreational activities, protection issues (violence in the family / neglect; loss of one or both parents, child marriage) and poverty.
- ***Emphasize that most of the resources and services required to help resolve the challenges VCA's face are found within the community, external resources only supplement and add to community and family resources. All the stakeholders on the diagram are a resource***
- *As you summarize, ensure that you mention all the stakeholders on the diagram and explain their roles in improving and contributing to the wellbeing of children.*
- Emphasize that CWAC members hold a respected position in the community and can support vulnerable children and families to identify and build upon their existing strengths (as they will have already solved problems in the family) to address new or more difficult problems. This is something we are calling ***community case management.***

Wrap up session

- After giving a summary, ask if anyone has questions? (5 minutes)

Session Two (2) – Introduction to Case Management

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Define community case management • Explain the case management process
Corresponding materials	
Preparation ahead (Before the training)	Materials Needed <ul style="list-style-type: none"> • Flipchart paper • Markers • Masking tape / bostick • HANDOUT 2- Definition of Case Management • HANDOUT 3 - Case Management Flow Chart • Flipchart • Marker • Tape
Time	90 minutes

Delivery of the session:

- In plenary, ask participants what case management is.
- Read out the definition of case management (**HANDOUT 2**)

Distribute **HANDOUT 3** (case management flow chart)



Activity 2 What is Case Management	10 mins
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Our goal is to support improved wellbeing of VCA and the family they live in. We are using a process called 'case management', so we need to understand what that means.



- **In Plenary;**
Probe, what do you think case management is?

Use notes in the table below to define Case Management and distribute **handout 2** to participants.

KEY MESSAGE - Definition of Case Management:

Case management is defined as an **organized** and coordinated process of care provision to **identified clients to improve their wellbeing in an efficient and effective and efficient way.**

Community case management starts building upon the strengths that exist in an individual and family and community.

Remember that a vulnerable child or adolescent lives in a family. If one child is vulnerable it is likely that the other children in the family are also vulnerable because the family as a whole is vulnerable. This means we need to talk with the children in the family to understand what they identify as any problems **and** we need to talk with caregivers in the family. We are likely to need to work with the whole family to address any problems, not just one child in the family. Short files will be kept on a family with separate information for each child/adolescent. Remember that sometimes our work will be with the entire family and so **It is very important to talk to the children/adolescents not just the adults.**

Activity 3 The Case Management Process	30 mins
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Use **Handout 3 (Case Management Flow Chart)** to explain the case management process. Use the notes below to provide detail on all the steps.



Presentation on case management process

The purpose is to understand where we want to end up (improved wellbeing) and work directly with individual VCAs and their households/ families to reach that end goal. The assumption is that CWAC members are trusted and well-known members of the community, which will assist them in their engagement with the households; they can build on this trust in their support to vulnerable families.

Some of the difficulties that VCAs and their families may be experiencing could be as a result of structural issues, such as pervasive poverty, or personal incidences such as death of main breadwinner, family dispute or a chronic illness, or a combination of structural and personal issues.

Case management is a process – there are a number of steps to take and all of them must be followed to make sure the desired end result is achieved. You may already be practicing a form of case management which can be a foundation to this training. The difference between what you may already do and this community case management is that we would like you to record on paper the information on the VCA and family, the problem and the joint solutions you have decided on to address the problems.

Effective case management helps to build linkages amongst community leaders, government departments, service providers, CBOs and NGOs. Collaboration and coordination in the interests of community members' wellbeing are hence key functions of community case managers in ensuring that the entitled services are accessed and are efficiently delivered.

The following are the steps in the Community Case Management Process:

2.3.1 Identification

A vulnerable child/adolescent is [formally] identified by a Community Welfare Assistant Committee (CWAC) member so that he/she can receive support.

- However, any adult or child in the community who suspects that a child requires protective services or care should verbally report their concern to the CWAC member, the Community Development Assistant (CDA), the District Social Welfare Officer (DSWO).
- Any professional working in government or civil society can also refer the child/adolescent to a CWAC member or to the CDA.
- When a child/adolescent in need has come to the attention of a CWAC member, it is important that the CWAC member engage with the child and their caregiver to understand if the issues raised are relevant and to build rapport.
- The CWAC member identifying a VCA in need of assistance should fill in the Identification and Assessment (Form 1) to provide comprehensive information on the adverse condition affecting the child or adolescent. This is called *the identification phase*. The CWAC member must ensure all parts of Section A are filled in to ensure that if or when a child needs support, other children and adults in the household are also captured in case they have a need.

2.3.2 Assessment

The assessment is a process of gathering information in which the CWAC member using the designated Form 1, Section B to identify the risks and challenges being faced by the child/adolescent and their family. Assessment includes appraising the situation based on information provided by the child/adolescent and/or their caregiver or household head (facts, feelings, people, circumstances).

Case workers should be aware of these standards and ensure that they are applied when conducting assessments.

The **Identification and Assessment Form (Form 1)** is focused on evaluating the following aspects of a child / adolescent's wellbeing:

1. Health Conditions

Including, but not limited to: Does the child/adolescent suffer from chronic illness? Does the child have a disability? Is the child pregnant? Does the child know about and access sexual and reproductive health services? Does the child/adolescent seem distressed or traumatized?

2. HIV

Does he/she know his/her HIV status? If his/her HIV status is positive, is he/she receiving care and treatment? If on treatment, is he/she adherent to ART? Is he/she virally suppressed? Do the child's siblings know their HIV status? Does the child's caregiver/guardian live with HIV?

3. Access to Education

Is the child enrolled in school and if so, does he/she regularly attend school? Does the child meet school requirements and school targets? Did the child miss more than 4 school/learning days last month?

4. Child Protection Risks

Does the child have good relations with friends and family members? Does the child feel safe in his/her house, school and community? Has the child experienced violence or neglect? Is the child engaged in risky activities? Has the child been married?

5. Child/Adolescent Household Income/ Economic status of the family

Does the household have enough resources to meet the child's basic needs? What is the main source of income? Does the family receive support in kind or cash from family members who do not live in the household?

Engaging with the family to complete the assessment

CWAC members might not be able to collect all the required case information at once. Children/adolescents in distress may take several sessions to feel comfortable enough to provide information (if ever), or it may take them time to remember information about themselves and their past.

CWAC members could use different techniques (e.g. drawing, storytelling, etc.) to gather as much information as possible from the child in a manner that helps them feel comfortable. The approach of CWACs during the assessment should be child friendly and use age-appropriate language. They should also make sure that the assessment takes place in a setting where the child feels comfortable and safe.

Children/adolescents and family members should understand why they are being asked questions and for what purpose the information will be used. While children/adolescents should be encouraged to participate and speak out, they should never be placed under pressure to do so or threatened or punished if they refuse.

Case Workers determine the specific need based on:

- The wishes and needs expressed by the client;
- The root causes of the problem;
- Issues that impede or are barriers to progress toward resolving the problem and/or preventing it from occurring again;
- The ability of the parent or household head and other family members to support the child/adolescent;
- The nature and severity of the problem itself.

During an assessment, the CWAC members should try to consider not only the immediate risks and adverse conditions that the child/adolescent faces, but also the child/adolescent's and their family's strengths, resources, and protective influences.

2.3.3 Case Plan Development

Assessment leads to the development of the case plan for each child/adolescent identified in a family. A case plan includes a goal or goals and action steps, with specific timeframes and responsible persons. The case planning process is a collaborative decision-making process that is carried out by a case worker in collaboration with the client and or other service providers. It is an ongoing process that functions to identify, organize, and monitor activities and services to children, adolescents, and their families in order to achieve agreed upon case objectives and outcomes.

Case planning is dynamic and continues throughout the life of the case in a sense that the case plan can be reviewed and updated should the circumstance change and new goals be developed.

Involving families and other important stakeholders improves outcomes when it:

- Facilitates engagement in order to make sure the child and family's thoughts, feelings, and experiences are heard, considered, and respected;
- Increases the family and stakeholder's motivation and commitment to work on a common plan and toward common goals;
- Strengthens and **empowers** the client and family to take action to make agreed upon changes and reduce the risks;
- Ensures that other stakeholders involved in the case work towards the same agreed upon goal(s);
- Improves accountability of stakeholders involved in the case, particularly the family themselves.

Types of case plans

In Community Case Management, many cases will require **care and treatment planning**, which includes planning for frequent contact visits, follow-ups, and home visitations to ensure adherence to treatment (ART). This approach requires CWAC members to support and encourage the child and their family to follow the treatment plan following referral to the health facility. Care plans therefore must be specific to health and other facilities and services in the area and are easily accessible to the child.

Reunification planning involves outlining the conditions necessary for a child's safe return home or community. A properly formulated case plan regularly reviewed and amended, when necessary, is the most legitimate means of determining when a child can be safely reunified with his/her family. The reunification plan outlines the specific steps to guide the reunification process and to identify services to support the family to promote placement stability.

A third common type of case plan is **safety planning**, wherein protective measures are considered and require daily or frequent visits by the case worker. In some situations, safety planning may involve the CWAC member working with the encouraging the family to accept the child to live in a different home for alternative care, for a period. Alternative care may be the home of a relative or foster family. Placing a child in alternative case is a last resort.

Goal setting

Goal setting is part of the case planning process; it functions as the initial step toward specifying concrete objectives. When there are many issues, which are realistic in complex cases, the CWAC member should determine which one to focus on first. The CWAC member will decide with the client/family whether to work on several goals at one time or not; and decide which goals should be short-term or long-term. However, such decisions would depend on the aged and other characteristics of the client, the nature and severity of the needs identified, and the scope of challenges and types of services to be provided available.

Setting goals is most effective when it is a shared process. Ownership of the problem-solving process and motivation are increased when there is mutual involvement.

In general, there is one overall goal, such as *reducing the incidence of HIV among vulnerable children and adolescents*. Then there are more immediate short-term goals, sometimes called objectives that break the broader goal into smaller steps that are measurable and attainable.

Example of a case plan goal and its objectives

Goal: Increase access to care and optimize health outcomes for vulnerable children and adolescents living with HIV.

Provide direct support to vulnerable children and adolescents to remain engaged in comprehensive care;

Provide support for treatment adherence Ensure vulnerable children and adolescents living with HIV have good nutrition

The case plan includes what the specific actions are, who needs to take action, and when the actions should take place up to the case closure. The case plan should include a clear goal or goals and should detail immediate, short-term, medium term and long-term actions where necessary.

Actions may include prevention and early intervention (parenting support to the family or life skills for child), and other specialised services such as education guidance, disability support, HIV counselling, etc.

Clear actions to undertake to respond to specific issues, and due dates for the completion of the agreed actions should be recorded in **Form 2: Case Plan, Monitoring and Closure Form**.

Where possible and appropriate, the child and the caregiver or household head involved in the development of the case plan should be provided with a copy of the plan that they can understand. This is especially important when it is their responsibility to take some of the action points forward.

2.3.4 Case plan implementation

Once the case plan is completed, the CWAC member proceeds to support the family to implement the case plan. During case implementation, the CWAC member works with the client and the family and/or caregiver, the community, and relevant service providers to ensure the client receives appropriate services. There are 3 core ways in which case workers and case managers may support a child:

Direct support by CWAC member

This is when a CWAC member provides basic counselling or supports the child/adolescent to access services they have been referred to. CWAC members might provide direct services according to need (for example advocacy or parenting advice). Using child friendly communication, providing advice on daily challenges, and being a resource for the family are means for CWAC members to develop a positive relationship with the family. These routine interactions are a unique form of support, which can contribute to the entire family's wellbeing.

Referrals to specific services

These should be based on the needs of the child/adolescent as agreed on during case planning stage and must be documented in the Referral Form (Form 3). In some situations, the receiving agency may require that the formal written assessment be shared. In this case the CWAC member may fill in the Vulnerability Assessment Form to identify the core issue being faced by the child. If it is a complex case, the child/adolescent and their caregiver or household head may be asked for their consent to share the full assessment to the receiving agency.

Family conference

Family conferencing is an approach used by the CWAC member to engage with the family in discussing the child/adolescent and their family's needs during assessment and case planning. Family conferences involve immediate and extended family and network in the decision-making to improve the supportive environment for the well-being of the child/adolescent. Family conferencing is strengths-based, recognizing family resilience.

2.3.5 Case Plan Monitoring and Follow Up

Follow up involves checking that a child/adolescent, and their family, is receiving appropriate services and support to meet their needs, as outlined in the case plan. It is vital that the CWAC member, serving as a case worker, follows the progress of the client in achieving the jointly set case plan goals. This follow up must be both with the family and with the service provider.

Form 2-Case Plan, Monitoring and Closure form (Section B) is the primary tool used for following up by the case manager's during this phase.

Follow up can occur at any point during the case management process, from when the client is first registered, and the initial intervention begins (responding to a child/adolescent's immediate needs) until the case is closed. Once a case plan is developed, the schedule of follow-ups can be recorded in the case plan.

2.3.6 Case Closure

A case should be closed if any of the following occurs:

- The client has reached all or most of the goals; the goals yet to be reached are well underway and the case management supervisor determines that the client will be able to complete the goals without further monitoring;
- The client has moved to another district and the case has been transferred to the appropriate case manager (DSWO);
- The client refuses to work on his or her goals despite many attempts by the case manager to assist and the time frame for service provision (3 months minimum, and 6 months maximum) has expired. Typically, this will be an adult client. If the children in the household are not at risk, the adult's case can be closed but the children's cases could remain open; or
- The client has moved out of Zambia or passed away.

The CWAC member must ensure that the child's well-being is being supported, and that there are no additional concerns or problems before this step is taken. The CDA should discuss the case progress and closure with the family and ensure they understand they can reach out to the CWAC should subsequent issues arise, or support be needed.

The case manager can also close the case if the child/adolescent moves to another location.

Table 1: Summary of steps and tools for community case management

Documenting case closure

- Complete a case closure form, which is under **Section C of Form 2-Case Plan, Monitoring and Closure Form.**
- Review the case with a supervisor and obtain approval for closure of the case.
- Review all the forms in the file and ensure that they are completely filled, and the file is complete.

	Step	Who?	What?	Form
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1	Identification	CWAC member	Document the location of the household and the characteristics of <i>all household members</i> . Informed consent to document and potentially proceeds with other case management steps, as per the needs identified.	Section A of Form 1: Identification and Assessment Form 1A-Consent Form
2	Vulnerability and Risk Assessment	CWAC member With Support from CDA	Assesses risks and strengths of child and family. Utilizes GREEN ORANGE RED traffic light risk matrix to determine level of risk.	Section B of Form 1: Identification and Assessment Section C of Form 1: Identification and Assessment
3	Development of a case plan	CWAC member with support from CDA	Set goals and specific steps to mitigate the risks. This is done jointly between case worker and child/adolescent and their caregiver.	Section A of Form 2: Case Plan, Monitoring & Closure
4	Implementation of the case plan	CWAC member with support from CDA and DSWO	Delivers actions to address the risk. May include referrals and case conferencing. Case Supervisor and Case Manager provide supportive supervision and mentorship to CWAC member and CDA respectively, as per the needs of the case.	Section A of Form 2: Case Plan, Monitoring & Closure Form 3: Referral Mentorship and Supervision Form
5	Follow up and Review	CWAC member with support from CDA	Monitor how well the client and family are meeting the set goals due to the services, interventions and support provided. Case Supervisor and Case Manager provide support to the CWAC to improve quality of case management.	Section B of Form 2: Case Plan, Monitoring & Case Closure Mentorship and Supervision Form

6	Case Closure	CWAC member with support from CDA	Close the case as per the circumstances of the client.	Section C of Form 2: Case Plan, Monitoring & Case Closure
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Session Three (3): When to use Community Case management



Delivery of session

- In three groups ask participants to identify who is the most vulnerable children are in their communities (answers should be documented on a flip chart (20 minutes)
- Give each group 5 minutes to present their answers
- In plenary Give handout 4 to the participants and summarise all the eligibility criteria

Activity 3 Eligibility criteria	20 mins
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We are trying to reach the most vulnerable children and families – who do you think they are?

- Write up responses on flipchart
- Ensure correct information is on the flipchart (check box below)

HANDOUT 4: Qualifiers for Case Management

- **KEY MESSAGE – Eligibility for community case management:**

Community case management and the role of CWACs is crucial to support vulnerable children and adolescents and their families. If a child or family comes to you for support or help then of course you must help them.

However, we also want to make sure we reach the most vulnerable families and these are likely to be the following – so these are the ones where you might have to do a lot of intensive follow up visits:

Health Qualifiers

- Child/adolescent is acutely ill
- Child/adolescent is chronically ill
- Child/adolescent has low weight for his/her age
- Child/adolescent is experiencing serious trauma or distress
- Child/adolescent has a disability
- Child/adolescent is pregnant

- Child/adolescent is severely malnourished
- Children/ adolescents is living with HIV (C/ALHIV)
- HIV-Exposed infants (HEI)
- Children of female sex workers
- Children of an HIV positive caregiver (Children of PLHIV)
- Adolescent mothers (At-Risk AGYW – Adolescent Girls and Young Women)
- Survivors of Sexual Violence Against Children (SVAC) and Gender-based Violence (GBV)

Education Qualifiers

- Child/adolescent is of school age but not enrolled in school
- Child/adolescent is enrolled but not attending school
- Child/adolescent is enrolled, attends schools but caregivers is struggling to pay school fees and have other school requisites
- Child transitioning into school from Early Childhood Development (ECD) Centre
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Living and Care Arrangement Qualifiers

- Child/adolescent is orphan (lost one or both parents)
- Child/adolescent is the head of the household
- Child/adolescent lives with an elderly family member
- Child/adolescent lives with a parent with disability
- Child/adolescent lives in the street

Protection Qualifiers

- The child is at risk of physical or sexual abuse
- The child has experienced physical and sexual abuse
- The child is at risk of being abandoned or has been abandoned
- The child has been abandoned
- The child is at risk of child marriage
- The child is already married
- The child is in a harmful environment and at risk of physical injury/ harm
- The child is at risk of substance abuse
- The child has experienced substance abuse
- The child witnesses family violence
- The child at risk of being trafficked
- The child has experienced trafficking
- The child is at risk of neglect
- The child has experienced neglect
- The child is at risk of engaging into child labour
- The child is engaged in child labour
- The child is at risk of child prostitution
- The child is engaged in child prostitution



Session Four (4): Social Work Values and Case Management Principles

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Understand principles guiding community case management
Corresponding materials	
Preparation ahead	<ul style="list-style-type: none"> • A copy of HANDOUT 5 , 6 and 7 (Case Management Principles and Cards) cut up into 13 individual principles
Time	50 minutes

Delivery of the session:

Social Work values and Principles (15 Minutes)


- Read out presentations in the boxes provided on key Social Work values and principles.
- Tell participants that they will get Handout 5 at the end of the session so that they can refer to this information.
- Mention or define the term principles
- Make sure to provide practical examples of each principle and how they can be understood
- (15 Minutes)

Read out presentation in the boxes below

Values and Principles for Case Workers	15 mins
There are 6 key Values which guide social work practice and the way you interact with people. Principles are values translated into practice. I will briefly describe them but you will get a handout at the end, so you can refer back to this information.	
Values that inform principles	Principles for practice

<p>A. Value: Service</p>	<p>Ethical Principle: Case Workers' primary goal is to help people in need and to address social problems.</p> <ul style="list-style-type: none"> - Case Workers elevate service to others above self-interest. - Case Workers draw on their knowledge, values, and skills to help people in need and to address social problems.
<p>B. Value: Social Justice</p>	<p>Ethical Principle: Case Workers challenges social injustice.</p> <ul style="list-style-type: none"> - Case Workers pursue social change, particularly with and on behalf of the poor, marginalized, and vulnerable individuals and groups of people. - Case Workers' social change efforts are focused primarily on issues of poverty, discrimination, and other forms of social injustice, and strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.
<p>C. Value: Dignity and Worth of the Person</p>	<p>Ethical Principle: Case Workers respect the inherent dignity and worth of the person.</p> <ul style="list-style-type: none"> - Case Workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. - Case Workers promote clients' socially responsible self-determination. - Case Workers seek to enhance clients' capacity and opportunity to change and to address their own needs.
<p>D. Value: Importance of Human Relationships</p>	<p>Ethical Principle: Case Workers recognize the central importance of human relationships.</p> <ul style="list-style-type: none"> - Case Workers engage people as partners in the helping process. - Case Workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities. -

E. Value: Integrity	<p>Ethical Principle: Case Workers behave in a trustworthy manner.</p> <ul style="list-style-type: none"> - Case Workers act honestly and responsibly by remaining true to their word and “walking their talk.”
F. Value: Competence	<p>Ethical Principle: Case Workers practice within their areas of competence and develop and enhance their professional expertise.</p> <ul style="list-style-type: none"> - Case Workers continually strive to increase their professional knowledge and skills and to apply them in practice.

Case Management Principles	15 Mins
<p>Say that;</p> <p> The principles of case Management are anchored on the core values of Social Work practice, including both international and domesticated rights based legal and policy frameworks.</p> <ul style="list-style-type: none"> • When implementing community case management targeted at vulnerable children and adolescents, there are principles to be followed which guide the practice of all actors engaged in the implementation process. These principles should be reflected in all decisions made in each case handled. <p>Case Management Principles</p> <ol style="list-style-type: none"> 1. Best interests of the child: The <i>basis for all decisions and actions taken</i>. Make sure you jointly choose the least harmful course of action. Make sure that in all actions the child is safe and able to fully develop. 2. Do no harm: In all your work make sure no harm comes to children/adolescents or their families because of something you did or said, a decision that was made or actions taken. In everything you do make sure not to create conflict between individuals, families or communities. 	

- 3. Non-discrimination:** Do not discriminate (treat poorly or deny services) because of a child's individual characteristics or a group they belong to. Avoid negative/ judgmental / labelling language in your work, such as "lazy", "stupid", "childish". All individuals regardless of their race, socio economic status, ethnicity, sex, creed. Religion, political affiliation, health status, or disability should be treated with respect, recognizing the dignity and worth inherent in all human being.
- 4. Confidentiality:** Keep all information on the child and family in the file and only share with other service providers with the knowledge of the client. Explain that it can only be shared with the permission of the child/family. Any sensitive and identifying information collected on children should only be shared on a need-to-know basis with as few individuals as possible. Explain that sometimes you need to give information to other service providers (for example when you refer a case to the CDA or DSWO).
- 5. Accountability:** refers to being held responsible for one's actions and for the results of those actions. All case workers and managers involved in case management are accountable to the child/adolescent, the family, and the community. They must also comply with the Zambian legal and policy frameworks and code of conduct.
- 6. Child participation:** Children and adolescents have the right to make their own decisions. You must respect the child/adolescents and family ability to make their own decisions and should work with them to identify and achieve goals. Do not impose decisions on children/adolescents and their families.
- 7. Respect cultural traditions and values:** all those involved in the community case management should recognize and respect diversity in the communities where they work and be aware of individual, family, group and community differences. Case workers must make every effort to work with children/ adolescents and their families to identify culturally acceptable solutions that at the same time uphold children's rights. Children should be cared for within their immediate or extended family. This is the most important thing needed for children to grow up feeling safe and loved. Children also learn their culture and language and feel part of the family and community. Any decision to remove the child/adolescent from their family should be treated as a measure of last resort. In the case of a family member being the person causing harm to a child it is preferable that the family member leaves the house. In extreme situations the child/adolescent can live with someone in their extended family.
- 8. Integrity:** All case workers and case managers **must** be honest, truthful and responsible by promoting and following ethical standards.

9. Avoid Conflict of interest: All case workers and case managers **must** not allow their personal interests to interfere with their work, step must be and will be taken to address conflict of interest where these arise.

Activity 4: Group work Community Case Management Principles

30 mins



- Put participants into 2 groups.
 - Give each group 2 cards from the pre-prepared set of cards on CM principles (**HANDOUT 7**).
 - Ask group 1 to come up with an example of a good way to apply the principle
 - Ask group 2 to come up with a bad way to apply the principle. Give the groups
 - Bring the participants back to plenary and ask each group to **BRIEFLY** present one good and one bad application of the principle.
- Wrap up session**
- Ask if there are any questions (to ensure common understanding of the principles)

Module Two: Resources to support implementation of case management

Session Five (5) – Wellbeing of a Child

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Understand the term ‘wellbeing’ • Understand different roles CWAC members play in enhancing wellbeing.
Corresponding materials	MCDSS Research Report on Community Perceptions of Children’s Wellbeing (2019)
Preparation ahead	<ul style="list-style-type: none"> • Box of coloured pencils or pens for 5 groups • Bostick • 3 pieces flipchart for each group of 5 participants • Marker pens • Sticky notes / small cards

	<ul style="list-style-type: none"> • Copy of HANDOUT 8 – Wellbeing and Vulnerability for each participant
Time	30min

Delivery of the session:

- Ask participants to think about the meaning of wellbeing (5 minutes)
- Ask participants to spontaneously call out their ideas
- Record the answers on a flip chart
- Summarize using the guide in the training manual

Remember to identify the areas of education, health, safety/protection, empowered.

Activity 5	Discussion on the wellbeing of a child	30 mins
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Now let's look at our goal - which is for all children to achieve wellbeing.



- Ask participants to think about the meaning of wellbeing. Give **5 minutes**
- Ask participants to spontaneously call out their ideas
- Record the answers on flipchart.
- Ensure definition is close to what is noted below from Zambian research

KEY MESSAGE — Understanding of Wellbeing

Children and adolescents who experience wellbeing are perceived to be happy, healthy and safe.

Research in Copperbelt and Lusaka identified that children who are most likely to experience wellbeing are the following:

- a) *Having access to school, and schools being of good quality*
- b) *Being in a loving family, preferably living with both parents*
- c) *Being free from hunger and poverty*
- d) *Having access to livelihood opportunities*
- e) *Having other basic needs met: shelter, clothing and water and sanitation*
- f) *Being healthy and having access to quality health care*
- g) *Being clean and looking well cared for*
- h) *Protection from abuse and exploitation*
- i) *Being able to go to church and receive religious and moral guidance*
- j) *Having opportunities to play*
- k) *Living in a nice environment*

l) *Being treated with dignity and respect*

Session Six (6) – Challenges Experienced by VCA

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none">• Understand common problems facing VCA in Zambia that prevent wellbeing
Corresponding materials	Handout 9
Preparation ahead	<ul style="list-style-type: none">• Box of coloured pencils or pens for 5 groups• Bostick• 3 pieces flipchart for each group of 5 participants• Marker pens• Sticky notes / small cards
Time	30 mins

Delivery of the session:

Activity 6	Challenges Experienced by VCAs	30 mins
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Having understood the concept of wellbeing, ask participants to work in pairs to think about the things that prevent wellbeing from being achieved by VCA in their communities:

- Think about common problems experienced by VCA in the communities - they can think of many but only one to be written per piece of paper (**10 mins**)
- One pair at a time to stick each piece of paper on the wall; as more pairs add to the gallery on the wall, they are to find similar items so that the vulnerabilities can be clustered into themes; (**10 mins**)
- Facilitator to assist participants to reflect on the themes in the gallery, recognizing adversaries and deprivations that children and adolescents face in their communities.
- Ask participants to call out their answers
- Record the answers on a flipchart.
- Go through the answers and fill in any missing areas

KEY MESSAGE - Key vulnerabilities facing VCA in Zambia include:

Research in Copperbelt and Lusaka provinces shows that vulnerable children and adolescents are at the risk of not being happy, healthy and safe for one or more of the following reasons:

- orphaned (lost one or both parents) or living with step parents
- living with a relative or living with adults that are not parents or family members
- living with abusive adults (family violence)
- having a disability (Seeing; Hearing; Comprehension (understanding); Movement (mobility); Communicating; Managing their emotions)
- living in poverty – parents not earning money
- not attending school (not enrolled; enrolled but not attending)
- neglected by parents
- experiencing discrimination (treated badly because they are different somehow)
- not eating enough or nutritious food (malnutrition)
- working or living on the streets.
- HIV
- Teenage pregnancy + associated maternal mortality (for child births)
- Mental health – child is very sad all the time, lethargic, unwilling to be engaged in anything
- Chronic illness (requires constant treatment and might limit the child in his/her daily activities)
- Child marriage

Also note that under the SCT, the Ministry of Community Development and Social Services defines vulnerable households in terms of the following criteria. Some of the Government criteria of vulnerability are the same as those expressed by child and adolescents:

- Persons with Disabilities: at least one household member has been certified by a medical officer as severely disabled;
- Chronically ill on palliative care: at least one household member has been certified by a medical officer as chronically ill or on palliative care;
- Elderly: Households have at least one member aged 65 years or more;
- Child-headed households: household headed by person aged 18 years or less;
- Female head with 3+ children: household headed by a female and has 3 or more children aged 18 years or less.

At the end of the activity give each participant a copy of **HANDOUT 8 (Wellbeing and Vulnerability)**

Session Seven (7) – Identify Community Strengths

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Understand and identify strengths within the community key to enhancing to solving common problems facing VCA in Zambia that prevent wellbeing 	
Corresponding materials	Handout 9	
Preparation ahead	<ul style="list-style-type: none"> • Box of colored pencils or pens for 5 groups • Bostick • 3 pieces flipchart for each group of 5 participants • Marker pens • Sticky notes / small cards 	
Time	30 mins	
Activity 7	Identify Community Strengths	30 mins

SAY: “Let us start by looking at your communities. We want to emphasize that children and adolescents live in a family, and a family is situated in a community. Therefore, the community, the family and the child/adolescent will have inner strengths that can be used to help overcome problems. Our focus is on identifying the strengths”.



- Ask participants to work in *pairs*
- Think about common strengths within their community and write them down - they can think of many but only one to be written per piece of paper (**20 mins**)
- One pair at a time to call out what they have written on each piece of paper and stick each piece of paper on the wall; as more pairs add to the gallery on the wall, they are to find similar items so that strengths can be clustered into themes; (**15 mins**)
- Repeat steps a and b, but this time think about common challenges and as a group identify themes within and amongst their communities; (**15 mins**)
- Facilitator to assist participants to reflect on the themes in the gallery, recognizing factors (internal strength – how people have found ways to address problems) that help to create resilience within their communities, whilst also acknowledging their hardships. (**20 mins**)

Think about strengths that children and adolescents may have – for example,

- Willingness to attend school, age appropriate help with chores and gardening, respect for elders, cheerfulness.
- Parents willingness to send children to school

- Free education
- Free basics health care
- Willingness of the extended family system to help.

Note: Here try to encourage a link between (internal community strengths and resources) and addressing problems that VCA face.



Session Eight (8) – Roles and Responsibility of CWAC members in community Case management

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • CWAC members to understand their roles and responsibilities in CCM.
Corresponding materials	Handout 10 Case Management guidelines
Preparation ahead	<ul style="list-style-type: none"> • Box of colored pencils or pens for 5 groups • Bostick • 3 pieces flipchart for each group of 5 participants • Marker pens • Sticky notes / small cards
Time	40 mins

Delivery of Session

Activity 8	Summary - current CWAC role to support VCAs	40 mins
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- Put participants into pairs
- Ask participants “What do you do if you know about a family with children that you consider to be ‘vulnerable’ or facing one of the problems we have just mentioned”?
- Ask them to think of 2 examples (**Give 5 minutes**)
- Bring participants back to plenary. Ask for volunteers to give examples of their existing role in supporting vulnerable families and children within the family.

- Write the examples on flipchart.

Session Nine (9) – Strengthening Skills for Case Management Process



Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Understand and practice key skills for case management process
Corresponding Materials	
Preparation ahead	<ul style="list-style-type: none"> • Pre-prepared flipchart with left hand side (the steps) written down • Flipchart • Markers • Masking tape
Time	30 minutes

Delivery of the session:

Act 6.1 Case Management Process	30 Mins
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For each step in the case management process, different skills will be required.

Let us look at each step and define the skills required.

- For each step, ask the participants what skills they think are needed here.
- Fill it in on the flipchart
- The following provides a guide:

Step	Skills:	Process:
Step 1 – Identification - identify a child/adolescent that needs support	<ul style="list-style-type: none"> • Knowledge on children and families in your community 	<ul style="list-style-type: none"> • Identify child/adolescent (up to age of 19) that needs support
S– Enter the HH, with clear purpose; engage with the	<ul style="list-style-type: none"> • Understanding of Culture 	<ul style="list-style-type: none"> • Introduce self

Step	Skills:	Process:
family and establish rapport with each member of family.	<ul style="list-style-type: none"> • Good Communication skills 	<ul style="list-style-type: none"> • Clearly state the purpose of your visit to head of household and main caregiver. • Communicate at appropriate level with each person • Children and adolescents are generally more engaging when they sense genuine concern, feel accepted and discuss what they are interested in e.g. a game they like to play, their friend(s), what they do when it rains. • Clarify what you will/ will not be doing to not raise false expectations.
Step 2 Assessment: – Complete registration form and note conditions that need to be addressed as well as those that do not need to be addressed.	<ul style="list-style-type: none"> • literacy skills: reading, writing • Technical Skills: Knowledge of the contents of the form 	<p>This process needs to be done with care and understanding of the following:</p> <ul style="list-style-type: none"> • Clarify any suspicions related to registration process • Recognise positive conditions in the household; • Consider full picture of the household, the family composition as well as the condition of individual members • Assess caregiver’s role and ability to fulfil this role • Assess caregiver’s level of stress • Affirm good practice by caregivers where conditions are positively addressed (birth certificates, children in school, meals provided).
Step 3 Case Plan Development: – Jointly discuss how to address problems identified in the	<ul style="list-style-type: none"> • Active listening, • Showing empathy, • Facilitation in seeking optional solutions, 	<ul style="list-style-type: none"> • Clarify understanding of the problem • Seek consent • Support and guide the child and caregiver in finding solution

Step	Skills:	Process:
<p>registration process and agree on an end result</p>	<ul style="list-style-type: none"> • Provision of relevant and appropriate information • Resist taking authority. 	<ul style="list-style-type: none"> • Remind the child and caregivers of their ability to contribute to the solution • Classify cases which need emergency help or referral: if a child’s condition is threatened by abuse, violence or exploitation, immediate intervention and referral will be required • Document child (and caregivers) wishes or desire (end result)
<p>Step 4 Implementation of the case plan:</p>	<ul style="list-style-type: none"> • Active listening to understand the problem to be addressed • Knowledge of service providers in the area 	<ul style="list-style-type: none"> • Facilitate discussion on what needs to be done to meet the child (and caregivers) wish (see step above) • Discuss which partners or stakeholders can help • specify roles • Work out realistic timeframe for the action points • Examples of end results could be: <ul style="list-style-type: none"> a) Birth certificate obtained from civil registrar (by caregiver after CWAC member provides relevant information and if necessary accompanies caregiver to health facility or the district civil registration office on specified days) b) Bereaved child playing with other children and has appetite (after grief counselling provided by CWAC or local FBO because CWAC member identified that the orphaned child is displaying “troubled” behaviour) c) Eloped child returned to family household and attending school (matter referred to traditional

Step	Skills:	Process:
		<p>leader who counselled daughter and boyfriend)</p>
<p>Step 6 – Follow up: Agree follow up meetings; inform how to contact you; clarify what you can and cannot do</p>	<ul style="list-style-type: none"> • Understanding stakeholder’s roles • Decision making (determine if the problem is resolved or not) 	<p>Depending on your joint plan of action:</p> <ul style="list-style-type: none"> • Agree on frequency of contact and set dates before leaving household. • Agree on how to ascertain achievement or failure • If there is no need for follow up actions, recognize the positive conditions of the family members and close case. <p>If joint problem solving and/ or referral has been planned, agree on follow up activities and dates before leaving household.</p> <p>Case manager needs to ascertain the level of support the caregiver requires</p>
<p>Step 6 Case Closure: – close/ transfer case</p>	<ul style="list-style-type: none"> • Ability to analyse the current situation against original assessment • Identifying roles and responsibilities 	<ul style="list-style-type: none"> • Case manager agrees with VCA and caregiver that the action plan has been completed and they are no longer in need of his/her services. • This closing process should include some reflection on what they have achieved and recognition of their role in doing so. • The case manager could assist the VCA and caregiver in identifying what strengths they displayed in solving their problem and how these same strengths can be used in other situations. • Case Manager completes section C of registration form and ensures that administrative process is complete.

Step	Skills:	Process:
		<ul style="list-style-type: none"> • If there are still actions to be taken which are beyond the Case Manager's ability, consent must be obtained for transfer • When a case is to be transferred, ensure that the CDA is aware of his/her role in supporting the VCA and family.

Session Ten (10) – Strengthening skills for Communication

Learning Outcomes	<p>By the end of this session participants will:</p> <p>Enhance skills in:</p> <ul style="list-style-type: none"> ▪ Identifying HHs with VCA ▪ Entering HHs ▪ Engage with HHs and build relationship ▪ identify strengths ▪ observational skills ▪ Reflective listening
Corresponding Materials	<ul style="list-style-type: none"> • Community Case Management Guidelines
Preparation ahead	<ul style="list-style-type: none"> • HANDOUT 11 – Set of Pictures • Flipcharts • Flipchart stand • Markers/Pens • Bostic
Time	minutes

Delivery of the session:

Act 10 Entering a Household	20 mins
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Facilitator(s) to do a demonstration showing how to enter a household ***without respect***. (on purpose do a role play on how not to enter a household). Demonstration should last no more than **3 minutes**.

- Now ask the audience what they thought of the demonstration?
- Encourage people in the audience to give their ideas on how to enter a household in the most respectful way where the intention is to offer support. **10mins**
- Ask for a volunteer to show you the best way to enter a household. Allow at least 2 volunteers to show you different ways. **Up to 10 mins**

At the end of the session, ask the following questions in plenary:

- What do you think the family would think or expect of a visit?
- Would they possibly suspect this is an inspection?
- Would they have any grievances about any service availability?
- How will they feel about the assessment being done with form 1?

One way of opening the conversation is to focus on the children and adolescents in the household. Acknowledge the fact that we are only interested to ensure that their children are ok, that they are able to support their children.

Act 11 Engaging with the family and building the relationship
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20 mins



- Ask 5 participants to
- come up with a sketch that shows how they would talk when they are in the household with a VCA.
- They need to show how they would have a conversation with the family to start to understand some of the problems in the family.
- the sketch cannot last longer than 5 minutes. DO NOT try to find out what all the problems are – first you need to build a relationship. **(10 mins)**
- Ask each the group to show their sketch to the others.
- the facilitator should ask how it went?
- For the person providing the service – how did you feel about that introduction to your client? “what went well?” “what didn’t go well?” and “how could you do this differently?”
- For the person receiving the service – how did you find the introduction? Did you feel your case manager was genuine?
- After the sketch, ask the plenary if they have any feedback.

The purpose of this activity is to help case managers learn how to identify and recognize strengths in the VCAs and their caregivers. The activity has three components:

- Facilitator to describe an occasion when she/ he had to call upon her/his personal strengths to overcome a challenge. The description should include the situation, the feelings, the action taken and what effect this action had on the situation. Attention should be drawn to the fact that the facilitator chose a positive route which was a strength as opposed to doing nothing (such as staying in a situation of conflict and allowing the conflict to fester like a sore), or of doing something unproductive (such as calling the opponent names and spreading rumours about her/him). Examples of challenges are described below, but facilitators should personalize a situation, feelings, behavior and effect this had for themselves. (10 minutes)



Situation	Feelings	Behaviour	Effect of action taken
Conflict in the family	Anger, disappointment	Sought mediation	Both parties listened to opponent's views and they came to compromise to resolve conflict
Economic challenge when spouse laid off work	Anxious, desperate	Problem solved by seeking employment herself; joined an income generation group	Income assisted their family to buy chickens which are now generating income
Death of significant member of family	Sadness, loss	Expressed grief with family at funeral, shared stories of how special the person was in their lives.	Shared grief helped to lighten the sadness so that business of living could continue.
Child's serious illness (severe diarrhea and vomiting for few days, child was listless)	Worried, frightened,	Sought help from neighbour to get to clinic because they did not know what to do	Clinic advised to take child to hospital as drip was required.



- Ask participants to divide into pairs and to follow the same procedure as above – each participant to take 5 minutes to describe a situation, how they felt, what they did and the positive effect that this had on the situation. In pairs identify and name the strengths of the actions that they took. **(20 minutes)**
- In the same pairs, participants to list situations that they expect VCA and their caregivers to be in and to list the strengths they believe they would have **(15 minutes)**.



- In plenary write these strengths up for everyone to see.
- Discuss ways of affirming these strengths. For example: “That must have been a difficult situation for you, which you overcame with strength. It seems to me you were resourceful in the way you looked for help.” Or, “I see you have managed to ensure that your children are in school, even though there is no regular income at home. I recognise this as a strength in you and your family. Do you agree? What other strengths would you like to talk about?” **(45 min)**

Act 14 Identifying Problems	20 mins
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- Ask participants to get into groups of 3 people. They should be from the same CWAC and are likely to work together in the field
- Give out one picture from **HANDOUT 11 (set of pictures)** to each group. Each group should have a different picture, with only a few groups with the same picture.
- Ask each group to decide who will be the child, who will be the CWAC member and who will observe.
- **Give 30 mins** for the group to discuss the picture – use these questions to guide the conversation (write them on a flipchart)
 - a) “what do you see in the picture”
 - b) “what do you think the child is feeling”
 - c) “why do you think the child is feeling this?”
 - d) “what would you do, as a CWAC member, if you see a child in this situation or showing this behaviour?”
- Facilitators must be walking around all the groups to listen to the discussion.
- Ask the participants to come to plenary and then for each group to give a **5 minutes** summary of what they discussed. **40 mins**

KEY MESSAGE – Identifying a child or adolescent or family at risk or vulnerable where there are no identifiable signs

- In the exercise before, we went through identifiable signs of problems. Some of it is quite obvious to see. But what if you can't see it? How do you know an individual has a problem (is vulnerable or at risk)?
- You need to look at body language – if the person is withdrawn, seems fearful, seeks attention all the time, bully's other children, starts bedwetting s etc
- You need to look at the house, the outside of house – does it tell you anything? Even very poor households have a sense of pride in their home maintenance if they are coping with life.
- You need to listen to *what is not being said*. Sometimes people "say" a lot when they don't talk about something.
- You need to identify the feeling underlying what is being said – sometimes the emotional content says more than the words. For example, a caregiver may say that everything is fine, but she appears angry, worried or sad. Reflecting what you are sensing, you may invite the person to talk about what is worrying them.
- You will use the form to identify problems, but your conversation and observation may indicate something more than what is identified in this initial phase of the assessment and that needs to be followed up on.

Act 15 Reflective listening Skills

20 mins

Listening skills A (reflective listening)



This activity should be done in triplets: One person to be **service provider**, one person to be the **beneficiary (client)** and one to be an **observer**.

Facilitators to prepare participants in this exercise:

- a) We learn best by using real situations, as opposed to fictitious / simulated scenarios;
- b) We have limited time, so we should not talk about situations that are very disturbing and cannot be explained within a few minutes;
- c) We need to respect each other and ensure that we maintain principles of confidentiality and self-determination.

The exercise should be done as follows (10 min listening and 10 min feedback) (20 mins):

- Put participants into groups of 3.
- Read out the instructions below:

- Participant a: Describes a personal situation that worries him/her (e.g. child’s illness; argument in the household; children not interested in school)
- Participant b: Faces the “client”, listens attentively, and reflects what she/he hears the client saying and tries to identify what the client is feeling (e.g. What I hear you saying is that you are very concerned about.... And this makes you feel anxious...).
- Participant c: Observes silently, mentally noting what is being communicated, heard and reflected and the extent to which the client is helped to explain the situation.
- After each exercise in reflective listening, the service provider to give feedback first, the client second and the observer third, answering the following questions:

How did you feel being the listener?

How did it feel being listened to?

What did you observe about the reflective listening that took place between participant a and b?


This exercise must be repeated three times, allowing each member of the triplet to play the role of the listener.

In plenary discuss what was learnt and emphasize that listening is not about problem solving it is about listening. You can only demonstrate you listened if you can give feedback to the person what you heard them say and what your impressions are of what they are feeling.



Act 16 Active Listening with Family	20 mins
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Listening skills B (Active listening)

the  Facilitator to demonstrate an interview with a single mother which builds on lessons learnt on reflective listening and demonstrates how to engage with multiple members of a household.

Facilitator describes the following scenario to participants:

Household - single mother with 5 children, oldest being a girl of 16 (who is a mother of an infant), and her youngest is six, none of whom are in school. The oldest and youngest child are mostly homebound, whereas the middle three children are out of the house most days selling

groundnuts and tomatoes to support the family. The second eldest child has been accused of petty thieving in the neighbourhood.

Ask a participant to play role of mother in front of the room. The facilitator starts a conversation with the mother to start building a relationship. **After 5 or so minutes**, the facilitator invites anyone to take over the role of case management.

Remember to establish a rapport in which the client feels heard and understood, before moving into fact gathering on issues that she needs help with. In this scenario the mother is likely to feel overwhelmed and unable to resolve the issues that she faces. It is therefore really important to recognise her strengths, before looking for solutions. Her strengths may include the ways in which she has coped thus far – for example seeking help from extended family, establishing a garden, livelihood efforts, intention to keep her children safe.

At the end of the activity, ask in plenary for participants to give **one** thing that they have learnt from the exercise.

Session Eleven (11) – Strengthening skills for Communication

Learning Outcomes	By the end of this session participants will: Enhance skills in: <ul style="list-style-type: none"> ▪ Understand the Family Group Conference principles and procedures
Corresponding Materials	<ul style="list-style-type: none"> • Community Case Management Guidelines
Preparation ahead	<ul style="list-style-type: none"> • HANDOUT 12 – Family Group Conference • Flipcharts • Flipchart stand • Markers/Pens • Bostic
Time	30minutes

Delivery of the session:



- Go through notes on family group conference in the handout 12.
- Walk through the Handout for Family group Case Conference thoroughly.

Module Three: Stakeholder mapping and coordination



Session 12: Collaborating with other case workers

Learning Outcomes	<p>By the end of this session participants will:</p> <ul style="list-style-type: none"> ▪ Understand the concept of coordination and its importance in implementing community case management. ▪ Identify potential areas of collaboration with other stakeholders <p>Enhance skills in:</p> <ul style="list-style-type: none"> ▪ Stakeholder identification ▪ Stakeholder engagement
Corresponding Materials	<ul style="list-style-type: none"> • Community Case Management Guidelines
Preparation ahead	<ul style="list-style-type: none"> • Flipcharts • Flipchart stands • Markers/Pens • Bostic
Time	30 minutes

Community level Case Management requires coordination and collaboration with different players and parts of the child welfare system.

It is therefore imperative for caseworkers to be equipped with knowledge consistent with case management in order to effectively identify, assess and address any issues bordering on the welfare of the child together with their families.

Explain what coordination means in the context community case management

Say: Case coordination includes;

- communication,
- information sharing,
- and collaboration,

which has to occur regularly between case workers and other stakeholders serving the client within/outside and between agencies in the community.

PLENARY

Ask?	Why do we need to coordinate with other stakeholders at community level?
<p>KEY MESSAGE -</p>	

It is important for case workers to understand the importance of coordination in case management and move in the direction of strengthening collaboration with other stakeholders/service providers. Examples of coordination Notably, coordination leads to;

Unity of Direction: case workers need to integrate the efforts and skills of different stakeholders in order to achieve common objectives when it comes to meet the needs of VCA.

Avoidance of Duplication in service provision: Coordination also eliminates duplication of work leading to cost-efficient operations. i.e. it helps case workers to know what other service providers are doing or have done for the client and focus on meeting other VCA/family needs.

Functional Differentiation: different stakeholders at community level play different functions in the continuum of care for VCA. i.e. some focus on service provision, others on capacity building and some on linkages. All these functions are important for achieving the overall goals of enhancing wellbeing of VCA. If all stakeholders' work in isolation from the others, then they might not work in tandem. Therefore, coordination is essential for integrating the functions.

Encouragement of team spirit: Coordination encourages case workers, and everyone working towards provision of child welfare to work as one big team and achieve the common objectives. Therefore, it encourages team spirit.

Activity 16

In 10min: Ask participants to

- work in pairs
- identify and brainstorm potential areas in which they can coordinate with other stakeholders when attending to the needs of VCAs? i.e. *family conferencing, referral, joint planning, updating of service directory*, etc.
- identify and propose potentials ways that can be used to strengthen coordination with stakeholders at community level?

Session 13: Mapping and documenting services

Learning Outcomes	<p>By the end of this session participants will:</p> <ul style="list-style-type: none"> ▪ Understand service mapping ▪ Identify existing service providers key in meeting the needs of VCA and their families ▪ Be able to use the service mapping tool. ▪ Developed plan for development of service directory. <ul style="list-style-type: none"> ○ Enhance skills in: <ul style="list-style-type: none"> ▪ Service mapping ▪ Utilize service directory for meeting VCA needs.
Corresponding Materials	<ul style="list-style-type: none"> • Service Mapping Tool. • Community Case management Guidelines.
Preparation ahead	<ul style="list-style-type: none"> • Flipcharts • Flipchart stands • Markers/Pens • Bostic
Time	100 minutes

KEY MESSAGE -

SAY: 'As part of the work of a CWAC it is important to know what the services and important people around us are so when a child and/or family needs help you know who can help and where to refer the child/adolescent/family to for help and support. Services and resources include government services, NGO services and people in your community who are trusted by children/adolescents and able to support them. This means we need to map the services and resources (people) in your community, at ward level and even at district level.

Hence it is important for Case workers to:

- ensure wards have complete service directories detailing the services available in the community.
- It is important that service directories are developed or updated in close collaboration with other stakeholders, including local councils, line ministries and non-governmental organizations (NGOs). This will enhance coordination and effective case planning, referrals and preparation for case conferences.

Delivery of session:



Distribute copies of the Service Mapping Tool to all participants

As a case supervisor, you will now go through the service mapping tool with case workers and ensure they understand what information is required to fill out all components the service mapping tool.

DISTRICT: _____ CONSTITUENCY: _____ WARD: _____ ACC: _____

THEMATIC AREA: *HIV*

Name of Service Provider / Organisation	Type of Service Provider (GRZ, NGO, CBO FBO)	Contact details: (Name, physical address, email, phone #)	Type of Services Provided	Target Group	When services offered can be accessed	Catchment Area	
						CWAC	Health Centre

Reference must be made to the service mapping guidance tool to aid the documentation of services at ward level.

Activity: identify key services a child may need and that need to be included in the service directory.

- resilience within their communities, whilst also acknowledging their hardships. (20 mins)

Act 17	Community Service Mapping	30 mins
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Developing a service Directory

- Ask participants to sit in groups of no more than 5 people, all people in the group must be from the same village/ward.
- Ask them as a group to fill out information in the service mapping tool on existing service providers for all key thematic areas: *education, health and nutrition, HIV, protection, household income, and other.*
- Using the draft created service directories, ask participants to identify the gaps and missing information in the service directory drafted?
- Ask them to develop a plan of how they will develop a full-service directory that includes all services available in their community.
 - How will the directory be developed? (what approach or method will be most useful?)
 - Who will be involved? (identify key people in the service mapping and assign responsibilities)
 - What local resources will be needed for the task?
 - How much time is needed to have a draft service directory?
 - How will the directory be utilized?

Developing Service Maps

- Using the same groups, give each group 3 pieces of flipchart, markers, pencils and colored pens.
- Ask each group to draw a map of its community /village. Put in major landmarks such as rivers, roads, electricity pylons etc.
- Then ask each group to mark on the map any...

- a) Important areas such as water points, latrines, taxi/bus stops stations;
 - b) Services available to the village such as police station, health post, birth registration desks, schools, one stop centres, Government offices, camp extension officers
 - c) Organizations (NGOs, CBOs, FBOs) working in and around your village or at ward or district level who provide services for children and families who need support (life skills, economic empowerment, psychosocial support, sport, culture, health and education services etc)
 - d) Community structures that operate under Government supervision to support service provision (NHC, SMAG, women's group, Community Action Group (CAG), peer educators, GBV focal point, youth group, CWAC, PTA, SIP committee)
 - e) communal spaces such as churches, community halls, kiosks
 - f) houses of significant individuals in the village – Government extension officers/doctor/nurse/teacher/village headperson/Induna/CWAC chair).
 - g) Mark the houses of individuals who children go to talk to if they have a problem or individuals who already or are willing to organize and support recreational activities
 - h) places of risk e.g. areas where children do not feel safe to walk
- For each resource or service the group must write next to them what service they provide and their time of operating (when anyone can come and ask for help) – as far as they know. Try to write the actual name of the person they would go to see at the service. This person must be someone who is non-judgmental, child friendly, kind. If they can, they must include a contact number. If they can go beyond the village up to services at the ward level, they must also include them.
 - The facilitator must go around each group and probe to make sure they think of all possible resources and services and information. Ask them to think 'outside the box'. For example, CWACs are a resource!
 - Ask groups to stick their map on the wall (or place it securely on the floor). Ask the other groups to go around looking at all the finished maps. Give **20 mins** for this.
 - Bring all participants to plenary and ask for feedback about how useful the exercise was? Did they learn anything new about their village?
 - At the end request all participants to keep their maps and take them back to the village and store them where they can be referred to and updated.
 - ***Ask the CWAC to repeat the exercise in their village so that anything they might have forgotten is added. This is important to make sure that the community (and CWAC) know who all the other volunteers and committees and individuals are working in the community – there are a lot and they all have a desire to support children, adolescents and families.***
 - Maps should be **updated every six months** as things change.

Session 14: Case Classification & Referrals

Learning Outcomes	<p>By the end of this session participants will:</p> <ul style="list-style-type: none"> • Understand classification of cases using the traffic light system • Know which cases they can handle and those that need to be escalated
Corresponding materials	<p>HANDOUT 14 - Case studies HANDOUT 15 – Referral Flow Chart HAND OUT 16 – Low, Medium, High Risk Game REFERRAL FORM 3</p>
Preparation ahead (Before the training)	<p>Materials Needed</p> <ul style="list-style-type: none"> • Flipchart paper • Markers • Masking tape / Bostick
Time	65 minutes

Delivery of the session:



Activity 18: Determining the High, Medium and Low Risk	25 mins
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In plenary, ask participants if they know which cases CWACs can deal with and which cases need referring?

- Stick the pre-prepared sign HIGH RISK, MEDIUM RISK and LOW RISK in 3 different locations around the room.
- Tell participants you will read out a scenario and they have to run quickly to the sign that says HIGH, MEDIUM or LOW depending on what risk level they think it is (**HANDOUT 10**)
- After each question ask each of the 3 groups why they chose HIGH, MEDIUM or LOW. Make sure you give correct information for each scenario
- At the end of the game, ask everyone to sit down and remind them of HIGH, MEDIUM, LOW risk and what to do in each case.

KEY MESSAGE – High, Medium Low risk

Delivery of the session:

Say that; Cases are classified according to levels of risk as explained below:



HIGH RISK¹ – The child or adolescent needs urgent medical attention and is likely to be seriously harmed or injured. The child is being subjected to immediate and on-going sexual abuse. The child may be permanently disabled, trafficked, or die if left in his/her present circumstances without protective intervention.

Needs to be referred immediately to DSWO or hospital



MEDIUM RISK – The child or adolescent is likely to suffer some degree of harm without an effective protective intervention plan. Intervention is warranted. However, there is no evidence that the child is at risk of imminent serious injury or death.

Case should be referred to the CDA for oversight and support (or Local/ Traditional Leader if CDA not available)



LOW RISK – The home is safe for children/adolescents. However, there is the potential for a child to be at risk if services are not provided to prevent the need for protective intervention.

Case can be addressed at CWAC level using traditional approaches

Say that;

- Case managers and case workers must follow the traffic light classification method when concluding an assessment.
- The results of the assessment indicating **RED** requires action by the DSWO.
- Assessments indicating **ORANGE** are medium risk and should be closely supervised by the CDA and reported to the DSWO.
- **GREEN** cases require regular and consistent monitoring by the CWAC with support from the CDA.

NOTE: Community case management focuses on non-statutory cases, i.e., those that do not have to do with grievous incidents such as physical or sexual assault, child marriage and juveniles in conflict with the law. In such cases, the DSWO should be informed immediately. However, specific needs such as education of a child/adolescent may be supported through community case management and the associated tools.



- Group participants according to their area of location (wards where they come from) to practice referral processes.
- Give each group one case study (**HANDOUT 14**)
- Ask them to identify what the main problem (vulnerability) is that requires attention
- Ask them to think about after having engaged with the child and main caregiver, who would the case manager refer the child to?
- Ask each group to suggest an appropriate way of referring child to service from the following options: (remember need to gain consent and ensure confidentiality and encourage clients to take action can build resilience and confidence)
 - Provide information on where to go, when and what to take with them (e.g. clinic services for HIV testing, birth registration desk)
 - Complete an application form with the family which the CWAC member will take to DSWO (e.g. education bursary)
 - Accompany a child to the services (e.g. one stop centre)
 - Call someone for assistance (e.g. neighbourhood health committee member for advice on nutrition; agriculture extension officer to advise on crop rotation, livestock and access to cooperatives; CDA for inclusion in FSP and village savings and loans)
- Call the groups to plenary and ask them to share what was discussed.

Use **HANDOUT 15 REFERRAL FLOW CHART**

Session fifteen (15) – Joint Review of Form 1

Learning Outcomes	<p>By the end of this session participants will:</p> <ul style="list-style-type: none"> • Acquire knowledge on how to fill in form 1 • Acquire knowledge on how to use the CWAC Case Management Practical Guide
Corresponding Materials	<ul style="list-style-type: none"> • Form 1 • SOP Identification and Assessment
Preparation ahead	<ul style="list-style-type: none"> • A copy of form 1 for each participant • A copy of community level CWAC Case Management Practical Guide for each participant • Pens and pencils • Flipchart • Markers
Time	40 minutes



Delivery of the session:

- Facilitator to ensure he/she familiarize yourself with SOP for identification and assessment.
- Explain the purpose and content of Form 1: Identification and Assessment.
- Facilitator to ensure participants familiarize with the material, a read through and for questions and answers.
- Use the identification and assessment SOP

Activity 20 Joint review of Form 1	40 mins
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- Go through the form, line by line and explain how to fill it in
- Also refer to the CWAC case management guide
- Allow time for questions

Session fifteen (16) – Practice Filling in Form 1

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Should be able to fill in form 1 competently.
Corresponding Materials	<ul style="list-style-type: none"> • Form 1 • SOP Identification and Assessment
Preparation ahead	<ul style="list-style-type: none"> • A copy of form 1 for each participant • A copy of community level CWAC Case Management Practical Guide for each participant • Pens and pencils • Flipchart • Markers
Time	40 minutes



Delivery of the session:

- management guide
- Allow time for questions

Activity 21 Practice Form 1	40 mins
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- Put participants into pairs. One person has to be a VCA and the other a CWAC member.
- Ask the VCA to think of a scenario in their head.
- The CWAC member will fill in the form based on the information provided by the VCA. Remember to use your skills to get information from the VCA who might be shy or nervous or scared.
- Then swap roles
- Facilitator to go round each group and listen and guide / correct as necessary.

Activity 22 Complete activity 21 of practicing Form 1	
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- Gather the most common mistakes or areas of confusion and then at the end of the activity go through the most common mistakes in plenary, correcting them.
- *KEEP ALL COPIES OF THE COMPLETED FORM 1 (you need them for the next session)*



Session fifteen (17) – Practice Filling in Form 2

Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • Should be able to fill in form 2 competently.
Corresponding Materials	<ul style="list-style-type: none"> • Form 2
Preparation ahead	<ul style="list-style-type: none"> • A copy of form 2 for each participant • A copy of community level CWAC Case Management Practical Guide for each participant • Pens and pencils • Flipchart • Markers
Time	40 minutes

Delivery of the session:

- management guide
- Allow time for questions

Activity 23 Practice Form 2	40 mins
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- Using the same pairs of participants, continue to complete form two. One person has to be a VCA and the other a CWAC member.
- Using the same scenario in form 1, participants in their pairs should proceed to develop the case plan and follow-up.
- Gather common mistakes and go through them in plenary with participants; discuss the forms parts,
- Ask participants to keep their filled in copies of Form 2
- *KEEP ALL COPIES OF THE COMPLETED FORM 2 (you need them for the next session)*

Session Eighteen (18) – Mentorship and Supervision



Learning Outcomes	By the end of this session participants will: <ul style="list-style-type: none"> • To understand the Importance of mentorship and supervision
Corresponding materials	
Preparation ahead	<ul style="list-style-type: none"> • Case supervisor to understand mentorship and go through the mentorship form they are supposed to use on CWAC members. • Mentorship and supervision Form (CDAs on CWACs) • Flip charts • Markers • Bostick / masking tape
Time	20 minutes

Activity 24. Mentorship and Supervision for CWAC	20 mins
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Delivery of the session:

- Inform CWAC about Mentorship and Supervision Form
- Highlight the key areas of the form and its purpose
- Key is for the form to be used to support CWAC members with case management, and not as much for monitoring.

Session Nineteen (19) – Planning to implement Case Management by CWACs

Learning Outcomes	<p>By the end of this session participants will:</p> <ul style="list-style-type: none"> • Have outlined their common activities. • Have shared responsibilities and allocated time to undertake activities.
Corresponding materials	
Preparation ahead	<ul style="list-style-type: none"> • Flip charts • Markers • Bostick / masking tape • HANDOUT 18 Planning Format one per participant
Time	40 minutes

Delivery of the session:



Activity 25 Brainstorming on Planning	15 mins
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- In plenary, ask participants to mention activities that they are involved in as CWAC members
- Ask participants if they sit to plan for their community activities and how planning is conducted
- Ask the participants what can be done to improve activity planning
- Facilitator to record responses on the flip chart

Activity 26 Planning Case Management Activities	25 mins
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- Ask CWAC members to sit in their CWAC group.
- Ask them to brainstorm all the activities they will need to do as part of

their new role in case management

- Ask them to think about how they will start the process of rolling out the case management. They must think about prioritization and scheduling; if they are going to work with another CWAC member or on their own.
- Provide a copy of the action planning template (**HANDOUT 18 planning**) to each participant and ask them to use this to plan to reach the required number of SCT households in their ward.
- Facilitator to go around providing support and guidance to groups.
- If time allows, pick a couple of groups with a good workplan and ask them to present it to others
- Use the key messages below to provide support as CWACs are doing work planning

KEY MESSAGE TO SUPPORT PLANNING PROCESS

- Each CWAC member trained in community case management should work with a maximum of 15 households at a time
- CWACs are involved in more than one activity i.e. identifying and registering new cases; providing traditional services to existing and new cases; referring existing and new cases (some cases may require accompaniment to service provider, long conversation with CDA or DSWO); all cases require follow up. Serious cases where a child's life is in considerable harm must be prioritized during planning.
- Planning is an important aspect of your work as a CWAC member as it helps you have a set of activities and period for which activities should be undertaken.
- CWAC members should regularly make work plans to ensure they have the time to do all the needed activities for existing and new cases.

Session Twenty (20) – Parking Lot and Evaluation



Learning Objectives	<p>By the end of this session participants will:</p> <ul style="list-style-type: none"> • Have gone through any questions on the Parking Lot • Reviewed their expectations and given feedback on the training programme • Evaluated the training
Corresponding materials	
Preparation ahead	<ul style="list-style-type: none"> • Flip charts with Parking Lot notes from all previous activities • Markers • Bostick / masking tape • HANDOUT 19 Evaluation Form one per participant
Time	20 minutes

Delivery of the session:

Activity 27. Review Parking Lot	10 mins
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Go through the Parking Lot flipcharts and:

- 1) For all questions that were covered during the training, ask participants what the answer is. Correct if their response was incorrect or only partial
- 2) Answer any outstanding questions
- 3) Go through participants' expectations of the training and see what was not covered

Use this opportunity to correct misunderstandings

Activity 28 Evaluation Form	10 mins
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- Hand out one copy of **HANDOUT 19 Evaluation form** to each participant
- Take time to go through the evaluation form with the participants and explain the meaning of the questions
- Give them time to fill it in.
- Collect all response and keep them safe
- Hand over the evaluation forms to DSWO who will hand over to PSWO who will hand over to headquarters
- Discuss follow up activities and agree on timelines,
- Distribute and share any **HANDOUTS** that participants did not get e.g. CWAC guidance notes, case management Flow Charts, etc.
- Close training and thank participants for their time and active participation during the 4 days of training. Encourage them to use the CWAC guidance notes as their user guide for their work and to seek support from CDAs as appropriate. Share phone number of Facilitator (DSWO + ASWO, DCDO, ACDO, SWF, CDA) as necessary



Notes for trainers during the Training of Trainers (TOT) only;

- Ask DSWOs + assistant, CDAs, DCDO + assistant and any other participants who will roll out the training to CWAC members to sit together in district groups and plan how they will roll out the training to CWACs.
- Ideally there should be no more than 20 - 25 CWAC members in each training.
- This training of CWACs will take 3 days.
- It is ideal to bring CWACs together in one village (not a village where a CWAC member already lives) and train them together.
- You can use a school or church as the venue to conduct the training
- You should be planning to roll out so that 2 lots of training are taking place in different locations at the same time (so up to 25 CWACs trained at a time in location A and location B); rest for a week and then repeat until all CWACs trained.
- CWAC members who participate will need the following costs to be covered: a) transport to get to and from the training location. We suggest 50 kwacha each way; b) costs to cover accommodation. We suggest 100 kwacha a night including the night before to get to the location and the night at the end of the training as it finishes late.
- Remember, the training of CWACs should be conducted concurrently
- Before leaving the TOT, the district team must plan the roll out training of CWACs

Additional Modules

Module Four: Working with children and families (0,5 day)

- Communicating with children and caregivers (consider smaller children under 10 and adolescents)
- Child safeguarding and child protection – basics and GBV prevention
- HIV prevention (including mother to child)

Module Five: Positive parenting (0,5 day)

- Listening principles
- Building relationships between caregivers and children
- Importance of communication and dialogue on education, nutrition, safety, HIV, etc.

Module Six: Standard Operating Procedures (1 day)

- Identification and Assessment
- Referrals and case conferencing
- Case Planning

- Case Implementation, follow up and closure
- Coordination with various stakeholders