

Case Management is a
process not one time event

Poster 1

(Transition of Children from Child
Care Institutions to Families)

Steps of the Case management

The process is highly individualized and focused on the child.

Note: the process is presented as steps, but it is often non-linear and can involve several steps happening at the same time or circling back in the process.



Intake:

- Look for concerns that need to be addressed immediately such as health issues, signs of abuse, etc.
- Collect all required documents and present them to the appropriate authorities (JJA Form 17 to CWC within 24 hours)
- If the child is lost or abandoned, to notify the Police or other authorities, the CCI must submit Form 17 to the local Police)
- Determine the immediate, short-term placement into a CCI



Assessment:

- Focus on understanding more about the child's strengths and challenges in all of the child development areas, as well as learning about his/her family's current situation. This process includes:
 - Identifying the child's interests, concerns, needs, strengths, and support system
 - Collaborating with family members and professionals in the child's life (health, education, mental health, etc.)
 - Completing a comprehensive child care plan to address the child's needs and identify potential interventions. Child Case History – JJA Form 43 and Individual Care Plan (ICP) – JJA Form 7 need to be submitted within one month
 - Assessing the safety of the family environment through Red Flag items identified on the Home Thrive Scale™
 - Determining if reintegration is possible after contact with the family (Social Investigation Report – JJA Form 22 within 15 days)



Planning

- Having knowledge about the child and his/ her family's strengths and challenges, the case manager turns to child-focused decision making and service planning to address child' and the family's needs.
- The Case Manager can utilize the Home Thrive Scale™ to provide a clearer picture of services needed to surround the child with security and an opportunities to thrive in the family home.



Implementation

- Once reintegration has been determined for the child, it is time for the Case Manager to facilitate the implementation of support and follow the progress. This includes:
 - Preparing the child and family for the reintegration – working through emotions related to the separation and reunification.
 - Linking them to their support network and community services.
 - Keeping the family involved and updated throughout the process.



Follow Up

- The Case Manager must connect with the child and the family frequently. The primary objective is to ensure that they are finding the support helpful, to understand any issues or concerns, and to revise the care plan as needed.
 - Regular calls and visits by the Case Manager.
 - Conversations with teachers and healthcare providers offer additional insight into the family's adjustment.
 - The Home Thrive Scale™ should be completed at every follow-up contact, and plans should be modified as needed to help the child and family build upon their strengths and continue to develop their coping skills.



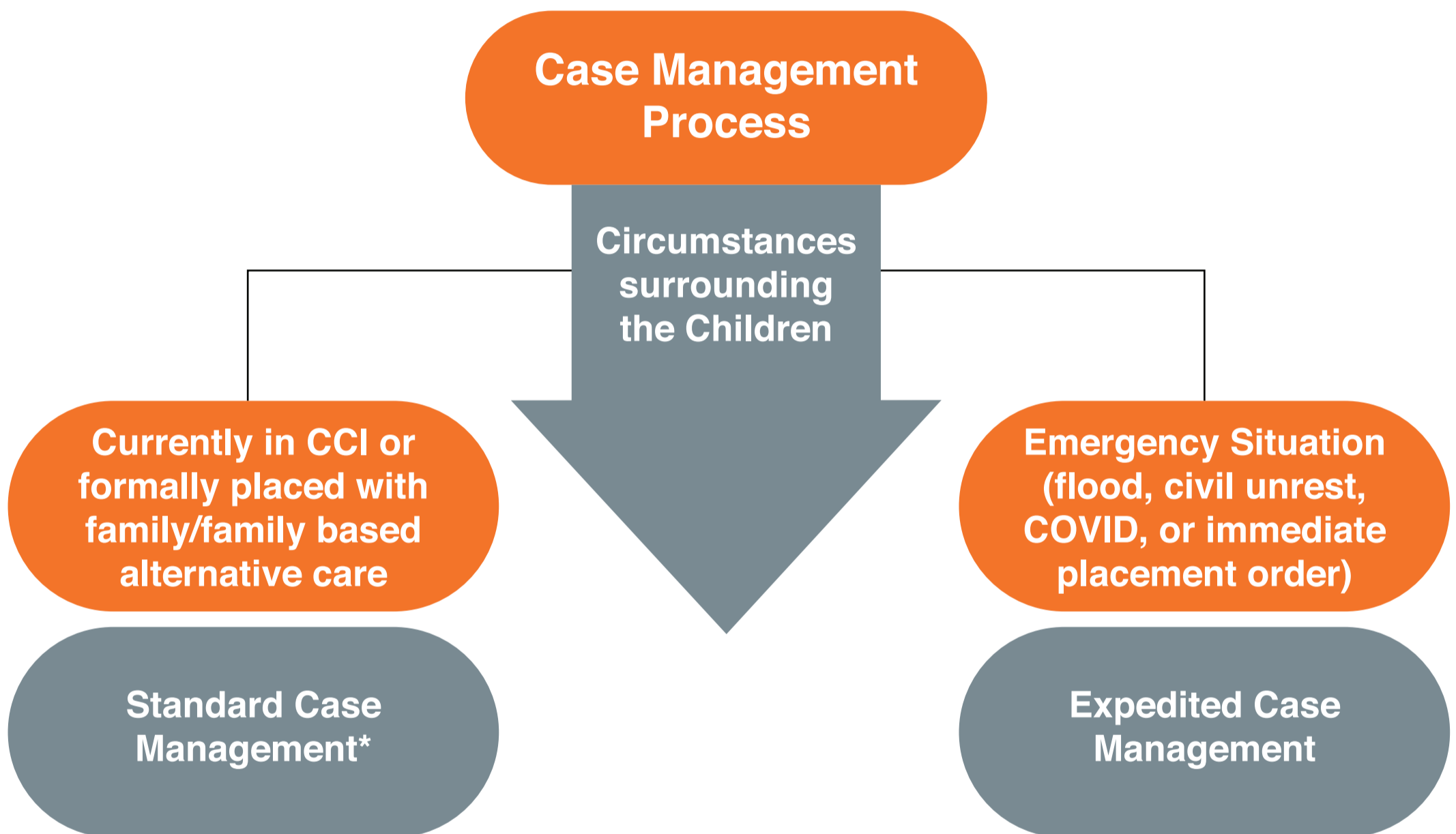
Close Case

- Cases are typically closed because:
 - Goals of the plan have been met and long-term care is assured.
 - Permanency goal has been met.
 - The child can successfully live independently at the age of 18.
 - Care of the child has been transferred to another agency or organisation.
- Even after closure, the child and family should always know whom to reach out to for assistance in the future.

Case Management is a
process not one time event

Poster 1

GOAL: Reintegration and Family Based Alternative Care



Let's understand the structure of Case Management process first

With the goal of reintegration and Family-Based Alternative Care, there are two circumstances when the case management process is applied.

- One which is for children in CCIs or those who are formally placed with family as a Standard Case Management.
- The second is an emergency situation such as floods, pandemics, or the sudden restoration of children took place as during the Covid-related lockdown, in which case Expedited Case Management is applied.

Step One: Intake/Admission

Present child to CWC within 24 hours with JJA Form 17
Collect all required documents and submit to appropriate authorities
If child was lost or abandoned, submit copy of JJA Form 17 to Police within 24 hours

CWC places Child at CCI

CWC places child in family
(Not dealt through these steps), need based follow up

Step Two: Assessment

SIR (JJA form 22) within 15 days,
Case history (JJA form 43) within 15 days
ICP part A (JJA form 7) within 15 day
Enter children's details on Track Child Portal
Thrive Scale™ to identify Red Flags, safety issues and determine if reintegration is possible after contact with the family

Is Family Placement Possible?

NO

YES

Child Remains in CCI

Repeat SIR annually or as needed
Fill ICP Part B every 2 weeks for months, then once a month;
follow intervention plan for child's overall development
Update Track Child Portal monthly
Explore other alternative care options e.g. foster care, Adoption, Semi/Independent living
If options become available, go to step three: Planning

Step Four: Implementation After CWC order for placement

Thrive Scale™ after family visit to reassess safety and to ensure early critical interventions have been successful within 3 months
ICP Part C- 15 days prior to the placement
Family visit to ensure critical issues are addressed and update the interventions
Repeat SIR, if not done minimum 3 months before placing the child
Move child in new living situation
Identify who would continue to provide support to child and family post placement and continue support
Continue to provide support to child and family as outlined in the Thrive Scale™

Step Three: Planning

Child focused decision making- Multi disciplinary team (MDT) discussion regarding placement in F-BAC
Thrive Scale™ for children at least quarterly and work on interventions, monitor Red Flags
Present findings of the assessment and recommendations to the CWC
Update ICP part B monthly while child is in CCI
Prepare family and child for the placement (counselling, education plan, linkages, etc)
Prepare planning of the post placement implementation and support
Present the case and recommendations to CWC/appropriate authorities

Disruption in Placement

Ascertain the reasons for disruption
Move to emergency foster care, kinship care, respite care, etc. whenever possible.
Re-admit to CCI only as if its the last options.
If child is returned to CCI, start case management process at step one

Step Five: Follow Up and Evaluate (minimum 1.5 to 2 years of placement)

ICP Part D in 1st follow up visit
Thrive Scale™ post visit within 2 months post placement. Thereafter once in every quarter
Continue remote calls in 15 days for 6 months, thereafter once a month.
Keep monitoring the progress and plan/change the strategy if needed using Thrive Scale™
Continue in-person visit to support family and link for interventions/local community resources (wherever possible/applies)
Focus on all well-being domains- Family and Social/ Education/Living conditions/Household economy and Health
**** Refer ICP and SIR**

Support still needed after 1.5-2 years of follow up?

NO

YES

Continue follow-up contacts as needed.
SIR at Follow-up Visits (in case of critical issue in family)
Assessment and intervention on Red Flags
Share the follow up report to the CWC
Depending upon case scenario, case worker has to make decision on frequency

Step: Six

Close Case
Criteria- Child is thriving and working towards being self-sustaining,
No Red Flags, Resilience in family (Family believes in their strengths and ready to face challenges), Path of employability (need-base follow up continues)
Celebrate case close

**Case Management is a
process not one time event**

Poster 3

What Assessments are used during the Case Management Process?

- When child enters CCI:
- JJA Form 17 (used to present child to CWC If child is presented to CCI first)
- JJA Form 43 Case History of the Child within first 14 days to be used for considering placement options (tracing family/kin).
- JJA Form 7 ICP (completed in first month) – use form modified by Miracle Foundation
- Social Investigation Report (SIR)– JJA Form 22

Effective Assessments: Key Things to Consider

- Building trusting relationship: Respond to family members in a non-judgmental and respectful manner
- Consider all aspects of the child's well-being – physical, educational, social, spiritual, social and emotional
- Questioning skills – Asking the right questions in the right way

For children

- Ask questions appropriate to the child's age
- Be creative – use art, storytelling, or whatever appeals to the child

For families

- Avoid closed-ended questions
- Avoid leading questions
- Ask indirect questions
- Listening and observation skills
- Practice active listening
- Empathetic listening
- Listening to feelings as well, and not just the words
- Gather information by observing behavior and non-verbal communication

Child Participation in Reintegration

Importance of Child Participation in the Reintegration Process

Addressing their fears at each step

- Valuing their opinions regarding reintegration
- Children are prepared and have a say in decision making
- Not losing ties with CCI even after they are back in the family

Assessments in the best interest of the Child

How Do You Know if Your Assessments Are in the Best Interest of the Child?



Case Management is a
process not one time event

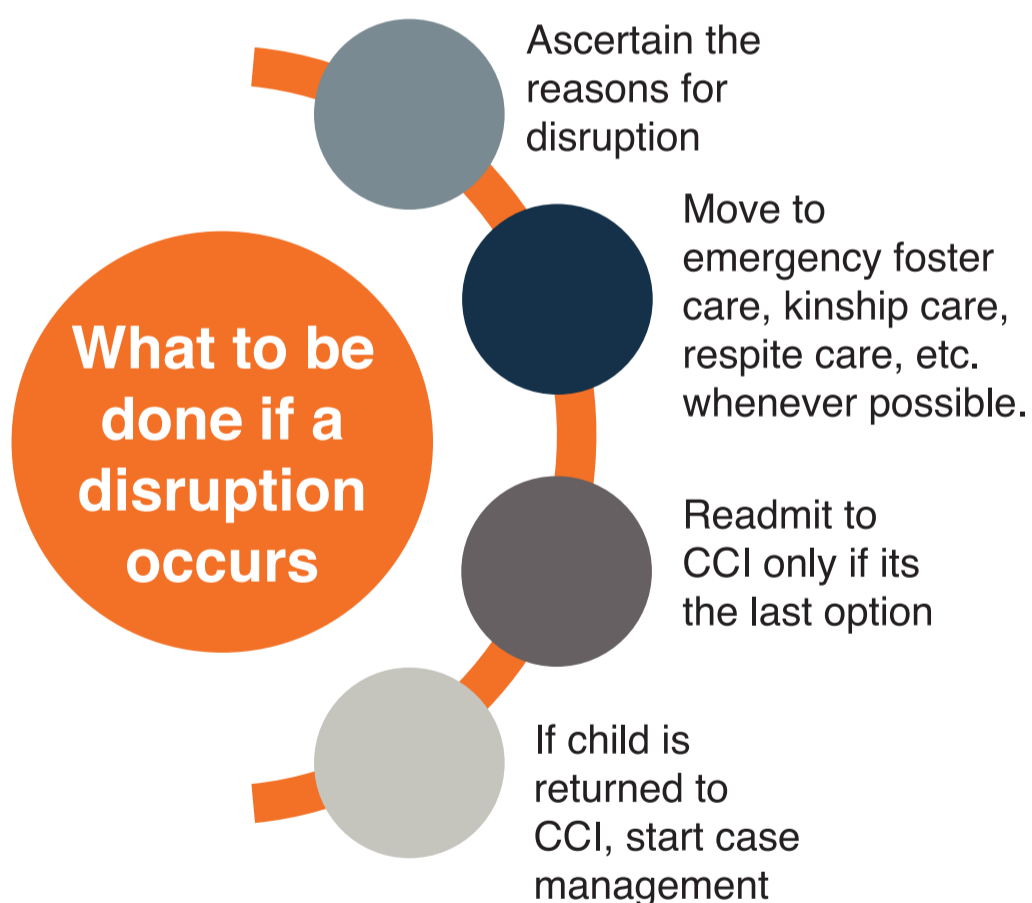
Dealing with Disruption

Despite following the entire process and ensuring the assessments and interventions are planned to keep the best interest of the child, there are cases of disruption.

Placement disruption can be defined as circumstance where the child is removed from a placement due to a number of reasons including but not limited to:

- Child's behaviors and needs are beyond their family's parenting capabilities – even after support is in place.
- Immediate risk of danger or harm/safety concerns to child (factors can include abuse or maltreatment of the child and sexual abuse) which are cited by Child/ family member etc. during follow ups.
- Unexpected change in circumstances including displacement, terminal illness or death of the primary caregiver and absence of another adult to care for the child.

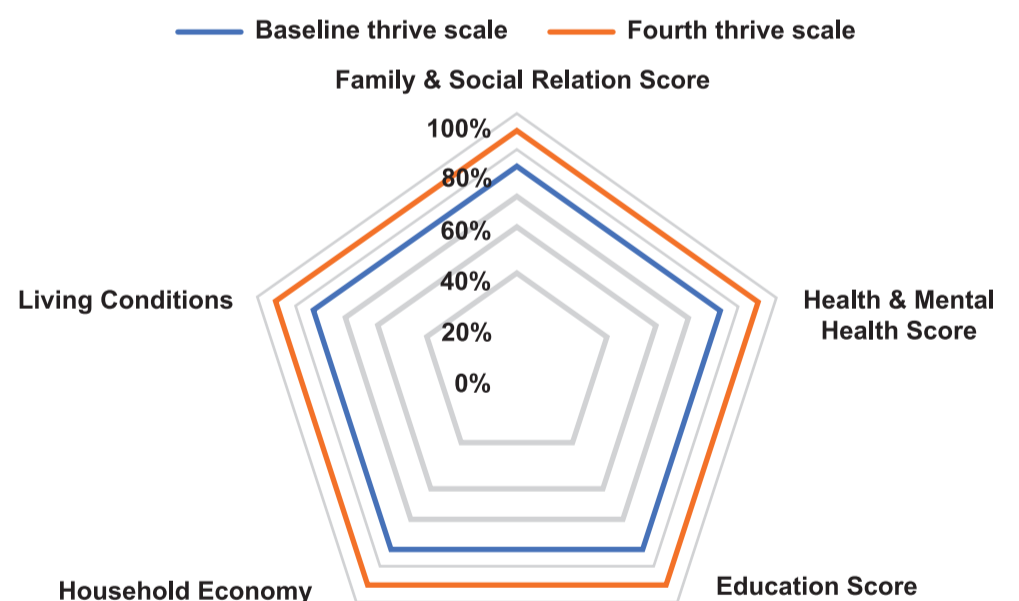
In case of disruption in placement, present the case to the local authority (CWC) with latest HTS and any other reports supporting the recommendations.



The Social Worker must work with the family with true compassion for the parents' and child's suffering – they deserve care rather than judgment and condemnation.

Help the child grieve or process their emotions. Counseling for the child is mostly about listening and being a source of support for their sorrow, disappointment, anger and guilt. Give the child a space to draw, play, use dolls, etc. Use art, journals, boxes and whatever tools you like to help them just grieve. Allow them to release their anger when it comes up, noting the fact that "...This will pass, as all feelings do, but for now would you like to jump up and down? Beat this pillow?"

Thrive Scale™



The tool helps to assess the family's situation on a scale of 1 (needs immediate attention/in crisis) to 4 (needs no attention/thriving) to determine ability of caregiver to support the child reintegration under the following 5 key domains:

- Family and Social Relationships
- Household Economy
- Living Condition
- Education
- Health and Mental Health

While also ensuring serious Safety concerns (RED FLAGS) about the reintegration are addressed as a priority

Case Management is a process not one time event

Red Flags are nothing but the areas where there is some risk associated with the child and which needs to be addressed and kept in mind while planning the interventions for the reintegration of the child in the family.

	Red Flag	Description
HEALTH AND MENTAL HEALTH	Alcohol/substance abuse in child or family	Alcohol/substance abuse in child or family
EDUCATION	All children do not attend school, chronic health issue	If teacher (s) are absent or not recruited in the school
FAMILY AND SOCIAL RELATIONSHIPS	Physical or emotional abuse in the family	A child or another family member is a victim of physical/emotional abuse, bullying/cyberbullying, non-accidental injury, or domestic violence.
	Sexual abuse in the family	A child or another family member is a victim of inappropriate touching, molestation, forced viewing of pornography, cyber molestation , etc.
	Child marriage	
HOUSEHOLD ECONOMY	Insecure income/employment	Employment can support the family's financial needs (Risk factor: Migratory workers, wage earners, farm laborers, etc)
LIVING CONDITIONS	Unsafe living situation/environment	(Risk factors: high crime, Alcoholism/substance abuse common in the community, parent or community engages as commercial sex workers, community trauma such as a pandemic, flood)

